



European Monitoring Centre
for Drugs and Drug Addiction



**2006 NATIONAL REPORT (2005 data) TO THE EMCDDA
by the Reitox National Focal Point**

**“SLOVENIA”
New Development, Trends and In-depth Information on
Selected Issues**

REITOX

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Report on the Drug Situation 2006 of the Republic of Slovenia

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Introduction

A national report on the drug situation in Slovenia is drawn up annually, the structure of the report has been provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to facilitate comparison with similar reports produced by the other European Focal Points.

This is the sixth time that the National Focal Point (NFP) at the National Institute of Public Health of the Republic of Slovenia launched its Annual Report on the Drug Situation. This report gives an overview of the political and legal framework, demand and supply reduction interventions; comprises qualitative and quantitative data and other relevant information from the drug field in Slovenia from 2005 and for the first half of 2006. Ten chapters cover the same subjects each year, three chapters on selected issues change every year.

This report (with other national reports and statistical tables provided by the other European Focal Points) will be used for the compilation of the EMCDDA's annual report of the drug situation in the European Union and Norway which will be published in 2007.

The website of the Information Unit for illicit Drugs is available on the website of the Institute of Public Health of the Republic of Slovenia at <http://www.ivz.si/>

Summary

Main findings

There were no fundamental changes to any drug-related laws, regulations or guidelines in 2005 and the first half of 2006. The Government adopted the Regulation on implementation of EC regulations on drug precursors in September 2005. Laws were regularly implemented by the competent authorities (e.g. ministries, police, customs, inspectors etc.).

The Regulation on the mode of dealing with seized and dispossessed illicit drugs was prepared in spring 2006. It will come into force by the end of 2006. With the Recording of the Production of and Trade in Illicit Drugs Act, the Ministry of Health (MH) started with the preparation of specific regulations on the method and form of record-keeping and of reports on production and wholesale trade in illicit drugs. The MH also started with the preparation of specific regulations on the technical and sanitary conditions and the method of protecting the premises where illicit drugs are kept. The mentioned regulations will come into force before the end of 2006.

Regarding data on drug use in the general population there are no new information available on the topic.

As the national research data suggests (financed by the MH, the aim was to study the tools of health communication in Slovenia for the period 1990 to September 2003), leaflets and brochures (56%) were the primary medium of health communications, following the traditional mass media (16%), alternative media (12%), posters (11%), posters in combination with leaflets (2%) and leaflets in combination with brochures and posters (2%). Health communications on illicit drugs mostly used as a medium the traditional mass media (46%), posters in combination with leaflets (15%) and leaflets in combination with brochures (15%). In as much as 8 percent of them, posters and alternative media were used as a medium of communication interventions. The first communication interventions for illicit drugs area were implemented in 1995, while in the period 1998 to 2003 they were carried out regularly.

According to the research, the final conclusions about health communication interventions and about health communication interventions for illicit drugs are as follows: communication interventions were too often designed on the basis of an insufficient situational analysis, the majority of interventions were short-term, very often the target public was not defined, the key messages were too universal, in some cases paternalistic appeals and fear appeals were also used. Moreover, often stated as a primary motive for a communication intervention was the motto "better something than nothing", there was no evaluation of the communication interventions' effects, there was also no co-operation among the sectors, disciplines and individuals involved in health promotion.

Regarding data on problem drug use there are no new information available on the topic.

Drug-related medical treatment (provided by CPTDAs) includes in 2005 alternative treatment of opiate addiction medicaments with the following active ingredients: methadone, buprenorphin and morphine (in a pharmaceutical form for prolonged relaxing).

The financial means for substitution treatment with methadone shows the increase in funds used for substitution treatment in all regional units and the highest use of financial means in 2004, on the other hand in 2005 we can see the surprisingly lower use of funds for all regional units in comparison with 2004. The review of financial means intended for activities of the CPTDA (only subscribed medicine by order forms) in the time period 1999-2005 for Slovenia shows a growing trend of use from 1999 till 2004 and a reversal of the trend in 2005.

Financial means intended for the activities of CPTDAs in the time period 2002-2005 in Slovenia reveal the slow annual rise of costs: for the activities of the Centres, for medicine subscribed by order forms and for the total costs of the Centres from 2002 till 2004. In 2005 the costs of the activities of the Centres increased, on the other hand the total costs fell and a higher reduction of costs was shown with the costs of medicine subscribed by order forms which were under the influence of new competition in the methadone market (Pliva, Krka, Alkaloid) and because of the appearance of substitution medicaments (buprenorphine, long-lasting morphine).

Within the scope of emergencies, doctors at the Pre-hospital Unit in the capital Ljubljana, also treat patients who abuse illicit drugs or are drug addicts. The interventions of the medical team in the field related to drug addicts are 90% due to the abuse of opiates. Life-threatening situations happen due to a deliberate or unintentional overdose of opiates which causes a depression of the breathing centre and consequently apnea. Only timely medical interventions can save lives. Those patients who need further observation are directed either to the Internal Emergency Department, where there is a hospital unit for 24-hour observation or the Psychiatric Unit for Crisis Situations. From 2003 to 2005 in Ljubljana at the PEU the number of all emergency treatments for illicit drug use was growing.

The basic starting points for addressing problems concerning the use of illicit drugs within the social assistance system are defined in the National Programme of Social Assistance and Social Services for the period 2006-2010 (Official Gazette RS 39/2006).

According to data selected by the Social Protection Institute of the Republic of Slovenia in 2005 there were 627 persons whose primary problem was connected with the use of illicit drugs treated in the Centres for Social Work in Slovenia. Of those, there were 28 minors (under 18 years).

Since there was an increase in the number of homeless drug users recorded a few years ago, in 2003 the first shelter of this kind was supported. It operates in Ljubljana within the network of low-threshold programmes and has a capacity of around 15 beds. At the moment there are an additional two programmes providing shelters for homeless users of drugs in Maribor and Žalec. Both are operating within two low-threshold programmes which are also providing day centres and other harm-reduction activities. The shelter in Maribor is capable of accommodating up to 8 users overnight and the shelter in Žalec can take 11 (at the moment the shelter in Žalec is financed only by the local community). In the near future a provisional shelter in Nova Gorica is also about to become available with a capacity of a few beds (for urgent cases there will be a possibility to sleep on premises organised within the day centre). In the case of need, the MLFSA will also support such a shelter in Koper.

The highest numbers of law offences are still due to cannabis for the categories use/possession and use and trafficking, for category dealing/trafficking is due to heroin.

In 2005 in Slovenia 78.8% of all drug-related use/possession (Article 33 of ZPPD) law offences were due to cannabis, 15.7% due to heroin, 2.7% due to cocaine, 1.9% due to amphetamines, 0.9% due to Ecstasy. Among all drug-related dealing/trafficking (Article 196 of the Penal Code) law offences in 43.9% of cases were due to heroin, 27.5% due to cannabis. Among all drug-related use and trafficking (Article 197 of the Penal Code) law offences in 88.4% of cases were due to cannabis.

According to the Annual Report of the Slovenian Police, in 2005 there was increase for 0.8% in total number of drug-related criminal offences at national level: 1,241 criminal offences related to Articles 196 and 197 of the Penal Code while, in 2004, there were 1,231 criminal offences and increase of 11,8% in total number of reported suspects..

In Slovenia police took different measures during road traffic controls (see table 8.3). Compared 2004 and 2005 in Slovenia, according to the 2005 Police Annual Report, police during road traffic controls used for 3.5% less alcohol tests (255.434 in 2005 and 246.611 in 2004) and required for 33.4 % less drivers to undergo an examination to confirm the presence of alcohol (3.452 cases in 2005 and 22.289 cases in 2004) or drugs: total expert examinations ordered for illicit drugs in 2005 were for 26.6 % less than prior year (total 2.727 in 2005 and 3.741 in 2004).

Among total expert examinations ordered for illicit drugs in 2005 in Slovenia there were for 26.4% less negative response, for 23.0 % less positive response and for 28.2% less refused cases in comparison with 2004. To ascertain the presence of PAS in the human body, the tool for estimating the size of the pupil in the eye - the "pupil-metre" (a small table which during the examination is put next to the person's eye to help the Police establish the size of the pupil) is used. The objective of the examination with the "pupil-metre" is to confirm the suspicion of the presence of PAS in the human body and to ensure the greater selectivity and rationalisation of ordering examinations.

Among total expert examinations ordered for alcohol in 2005 in Slovenia there were for 23.5% less positive response, for 15.7 % less negative response and for 50.7% less refused cases in comparison with 2004. Enforcement measures taken by the police when suspecting drugged driving during traffic surveillance in 2005 in Slovenia 6.699 persons committing offences have more than 1,5 g alcohol/kg blood (less for 28 % than in 2004 when 4.835 cases), but 2.728 drivers have more than 1,1 g alcohol/kg blood (less for 17 % than in 2004 when 2.270 cases).

On the basis of data received from the national database crossing for the period 2000 to 2004 it is possible to estimate that the proportion of illicit drug users among people charged with property crime is between 2.5% and 3%. We have to stress that the abovementioned proportion is probably larger, while the estimation is made on the basis of an aggregate base for the examined period (N=47157) and not on the basis of a year.

The estimated proportion of evidenced illicit drug users treated in the CPTDAs - who are among the people charged with property crime - over the last few years is 40%.

Estimation of the proportion of evidenced illicit drug users treated in CPTDA - which are among people denounced for property crime - on the basis of few last years shows 40%.

The procedure to recognise driving under the influence of drugs, psychoactive medicaments and other psychoactive substances in their organism started to be performed by the Police in June 2006 according to the Road Traffic Safety Act and the Regulations on the procedure to recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism (Official Gazette RS 52/2006) from April 2006. This Regulations exactly defines the procedure for recognising signs or symptoms which are the results of using drugs, psychoactive medicaments and other psychoactive substances in their organism and which reduce the capability of each participant in street traffic during their driving. The Police in accordance with the Regulations enter the results of the procedure into a protocol which has 3 phases: 1) an eye test; 2) an estimation of the size of the pupils; and 3) an ordered special test. The special test is ordered if at least one of the phases mentioned above confirms the suspicion that the participant in street traffic is under the influence of a drug, psychoactive medicaments or other psychoactive substances. Reasons for such a suspicion written in Article 7 of the Regulations include: eye shudder, reddened (red) eyes, floating eyes, eye turbidity or any other deviation of the eyes rather than a normal appearance, if the eyes do not focus directly on one chosen point or if the size of the pupils deviates from the normal size and if the reaction of the pupils to light is indirect (according to the Regulations of the procedure to recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism, 2006).

PART A:
New Developments and Trends

1. National policies and context prepared by Matej Košir

Overview/summary of the legal, policy and institutional framework, strategies and social context

Legal framework

There were no fundamental changes to any drug-related laws, regulations or guidelines in 2005 and the first half of 2006. The Government adopted the Regulation on implementation of EC regulations on drug precursors in September 2005. Laws were regularly implemented by the competent authorities (e.g. ministries, police, customs, inspectors etc.).

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A discussion is still going on relating to changes to the legislation which are foreseen in the new national strategy (see previous national reports).

Institutional framework, strategies and policies

The OD within the MH continued with procedures for the appointment of new members of the Government Commission for Drugs after the national elections in 2005 and new members of the Intersectoral Coordination Working Group for Drugs which is a more operational working group at the national level. The OD in co-operation with the Local Action Groups (LAGs) started with implementation of the Action Plan on LAGs 2005-2009. The Minister of Health appointed 10 regional coordinators of LAGs in spring 2005. The main task of the coordinators is to strengthen the existing network of more than 55 LAGs and to promote the establishment of new LAGs in specific regions.

Budget and public expenditures

The OD within the MH spent EUR 338,761 on different tasks and programmes in 2005 (EUR 70,073 for prevention programmes, EUR 11,778 for studies and expertise, EUR 101,450 for risk/harm reduction programmes etc.). The planned budget for the OD's tasks and programmes in 2006 is EUR 443,998 (EUR 32,549 for prevention programmes, EUR 15,023 for studies and expertises, EUR 12,101 for international cooperation, EUR 104,740 for risk/harm reduction programmes, EUR 256,252 for the Transition Facility project in the field of drug demand reduction etc.).

Social and cultural context

The National Council of the Republic of Slovenia (the upper house of the Slovenian parliament), the representative of social, economic, professional and local interest groups, and the OD within the MH organised a civil initiative debate on drugs in May (first part) and June 2005 (second part) in Ljubljana. The purpose of the debate was to link together all responsible and interested actors in the field of drugs and drug addiction to provide for a more efficient drug policy.

The OD organised 10 regional meetings with all Local Action Groups (LAGs) in specific regions at the beginning of 2005 and discussed the future regional coordination of several joint activities with them. The Minister of Health appointed 10 regional coordinators of LAGs after that in spring 2005. The main task of the coordinators is to strengthen the existing network of more than 55 LAGs and to promote the establishment of new LAGs in specific regions.

The OD organised a conference on reintegration with the co-operation of LAGs in Grosuplje in March 2005. The purpose of the conference was the preparation of a pilot project for the reintegration of drug users at the local level.

The OD organised the 8th National Conference on Local Action Groups (LAGs) in Piran in November 2005. This was organised in co-operation with the LAG of the Municipality of Piran. The main topic was "LAGs at the crossroads - 15 years of developing local action groups in Slovenia".

The OD put particular efforts into the development of a low-threshold programmes network. The OD organised a press conference in July 2005 and presented an analysis of harm reduction programmes in Slovenia. The OD bought a large quantity of the materials for the needle-exchange programmes in 2005 and 2006 (run mostly by NGOs), e.g. needles, syringes, condoms etc. The OD monitored and evaluated the programme of needle-exchange on the basis of regular reports from the NGOs.

The OD also published several publications, leaflets and brochures in the reporting period, e.g. the catalogue of presentations at the 7th National Conference of LAGs and conclusions (spring 2005), the brochure "Marihuana" (June 2005) and the pocket brochure "Overdose" (reprinted in January 2005).

The OD and NFP finalised the first EDDRA entry in September 2005 (National Network TOM - Children and Youth telephone helpline, run by the Slovenian Association of Friends of Youth). Promotional activities for new entries to the EDDRA database are still going on, although there is obviously a lack of interest to enter that database among possible EDDRA candidate institutions and organisations in Slovenia.

The OD and NFP started with the promotion of the European Legal Database on Drugs (ELDD) in March 2005 and sent information to different responsible and interested institutions and organisations. The "Country Profile" of Slovenia was finally published in the ELDD in February 2005.

The foundation "Odsev se sliši" (NGO) organised a SEEA conference on addiction and the 2nd Adriatic conference on drug addiction in May 2005 in Kranjska Gora. The SEEA is a network of experts and organisations in the field of addiction treatment in South-east Europe and the Adriatic region. The topics were treatment and harm reduction in the primary health care system and prisons, rehabilitation and new trends in substitution treatment, regional networking etc.

The Local Action Group (LAG) of the Municipality of Grosuplje organised a seminar on a holistic approach to drug users and addicts at the local level in June 2005.

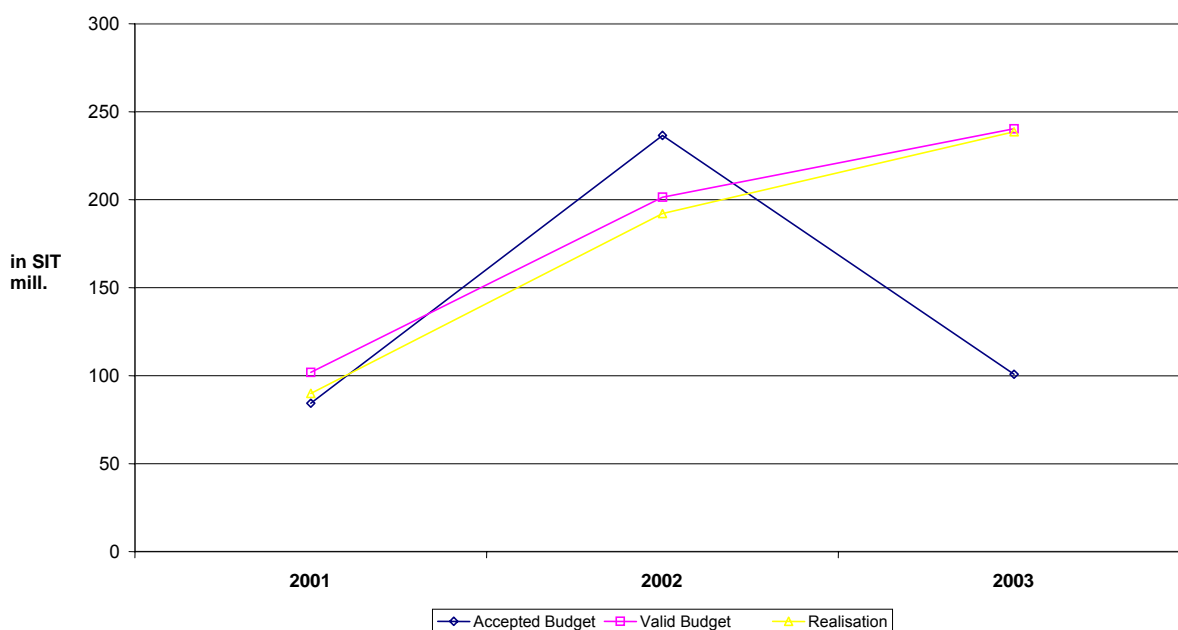
Budget and public expenditures prepared by Tomaž Deželan**Review of financial funds of other institutions in the field of illicit drugs**

The Ministry of Labour, Family and Social Affairs (MLFS) is the key source of financing for the activities and programmes of several Non-governmental Organisations. From data gathered from the MLFS we can identify the amount of financial means used for co-financing from the field of the social rehabilitation of addicted persons (limited financial means include all programmes for the prevention of addiction). Financial means grew extensively over the years reaching EUR 1.46 million (SIT 350 million) in 2004, which exceeds the realisation of financial means in 1996 by 15 times. The largest increases of the abovementioned financial means were recorded in 1997, 2000 and 2003. In 1997 the amount of funds increased by EUR 196.128 (SIT 47 million) in 2003 by EUR 250.376 (SIT 60 million) and in 2003 by almost EUR 333.834 (SIT 80 million).

The Prison Administration of the Republic of Slovenia, as a public service of the Ministry of Justice (MJ), gathered less financial funds for activities in the field of illicit drugs and consequently had a smaller "Drugs budget". The main part of the abovementioned funds was channelled to major projects: distribution of methadone and urine tests amongst prisoners.

At the review of budget funding for the OD we need meticulous with longitudinal comparisons due to the fundamental organisational changes seen at the OD itself. At the beginning of its existence, the OD was a governmental service but from 2004 onwards it has become an expert public service of the MH, under its supervision. The organisational changes are also visible from the balance of budget funds, in the rapid growth of financial means of the OD up till the organisational change and the consequent drastic reduction of funds. A highly exposed discrepancy of the budget was apparent before the reorganisation of the OD, where the incongruity between the accepted, valid budget and its realisation in 2003 is self-evident. Therefore, the organisational changes at the OD provide a satisfactory explanation of the changes and strategy to the consumption of budget funds by the OD.

Figure 1.1 *Budget of the OD in million SIT, Slovenia, 2001-2003*



Notes: 1 EUR = 239,64 SIT

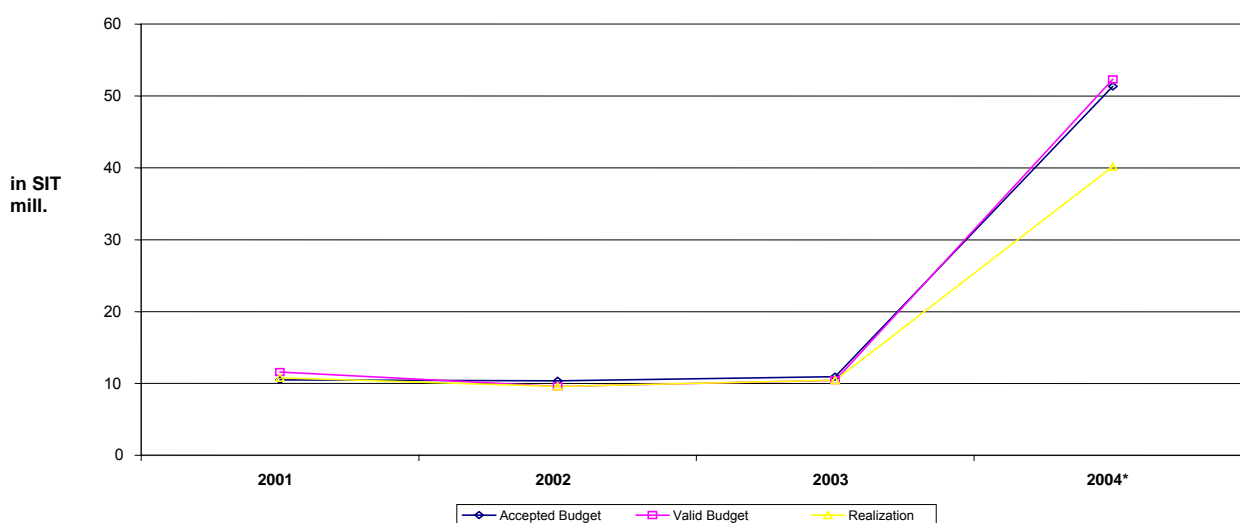
Source: Ministry of Finance

The OD, under the supervision of the MH, performs administrative tasks for the Commission of the Government of the RS for Drugs, monitors the implementation of the acts adopted by this Commission, harmonises the inter-ministerial preparations of the National Programme of the Prevention and Reduction of Use of Illicit Drugs, synchronises the propositions of the rational use of the budgetary funds, monitors the harmonisation of the various programme performances, coordinates the inter-ministerial formulation of priorities, experts opinions, evaluations and measure propositions, monitors international occurrences in the field of drugs etc. The OD contributes some of its financial means to the activities of the Association of Non-Governmental Organisations (NGOs). In 2004, financial means of the OD were consumed by the numerous programmes of prevention, various studies and expertises, international cooperation, programmes of harm reduction etc. (Annual Financial Statements of the Budget of the Republic of Slovenia for 2001, 2002, 2003 and 2004).

In accordance with the reorganisation of the OD, the budget of the MH in the field of illicit drugs in the corresponding period increased. The MH, with its prevention programmes, conducts demand-reduction activities, from informing activities for all age groups about the reduction of negative health consequences of drug abuse, the treatment and re-integration of former users into society. The MH includes in its activities elements of the harm reduction paradigm and attention is also devoted to qualitative and quantitative epidemiological research (Annual Financial Statement of the Budget of the Republic of Slovenia for 2004). In 2004, the budget of the MH increased from the formerly stable EUR 41.730 (SIT 10 million) in 2001, 2002 and 2003 to EUR 208.646 (SIT 50 million) in 2004.

The abovementioned dynamics of financial means in the field of illicit drugs within the MH is evident in Figure 1.1, where the growth of funding in 2004 is clear. Despite the five-fold increase in the budget in the field of drugs for the MH in 2004, an integral view of the budgetary funds for the two previously separate organisational units demonstrates the shear reduction of funds from the previous EUR 1.043.232 (SIT 250 million) in 2003 to the moderate EUR 208.646 (SIT 50 million) in 2004.

Figure 1.2 *Budget of the MH (prevention programmes of health service - prevention of drug addiction) in million SIT, Slovenia, 2001-2004*



Notes: 1 EUR = 239,64 SIT

Source: Ministry of Finance

The Information Unit for Illicit Drugs (IUID) within the Institute for Public Health performs the collecting, editing, monitoring, analysing and distributing of information and data on illicit drugs, illicit drugs users and the consequences of abuse of illicit drugs for national and international comparison. The IUID in performing its tasks helps all ministries, governmental organisations and non-governmental organisations which collect and monitor data in the field of illicit drugs. The IUID works with a budget which is a combination of national budgetary funds and EU funds. In 2002, the IUID received from the budget of the MH EUR 87.631 (SIT 21 million), in 2003 EUR 104.323 (SIT 25 million), while in 2004 this amount increased up to EUR 187.782 (SIT 45 million)*.

The Ministry of the Interior (MI) along with the Police in association with the MH, the Health Inspectorate of the RS, the Ministry of Finance and the Customs Administration of the RS carries out the major powers of supervision in the field of illicit drugs. The MI via the Police is engaged in border control and record keeping on criminal offences regarding illicit drugs. The "transparent" part of the so-called »Drugs budget«, which contributes to an integral budgetary analysis in the field of illicit drugs, amounted to EUR 650.977 (SIT 156 million) in 2002 and grew to EUR 671.841 (SIT 161 million) in 2003. The distribution of budgetary funds to the Police appears to be relatively stable due to its unaffected competences.

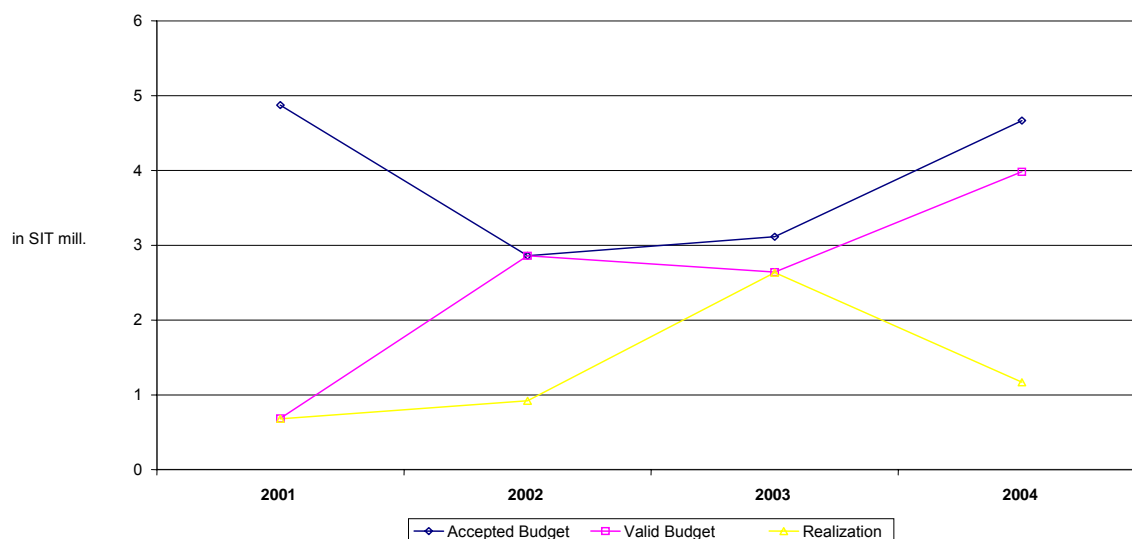
The Ministry of Education and Sport (MES) should, according to the Resolution on the National Programme in the Field of Drugs 2004-2009, be one of the organisers of prevention activities in the field of illicit drugs. Under the Resolution, a strategy of prevention activities should be established at all levels of education. Special care is to be devoted to scientific information in the field and the arrangement of a school climate which reinforces the healthy living for individuals. To accomplish these aims, an important factor is the additional education of teachers and other personnel in education institutions. For this purpose, the Resolution predicts the formation of a special working group at the governmental level which will form the standards of prevention activities and evaluation in education institutions. This group should be established in an inter-ministerial form by the MES in association with experts and non-governmental organisations. From data available from the MES EUR 121.015 (SIT 29 million) was distributed for prevention programmes, which refers to prevention inside schools. According to representatives of the MES, other programmes of prevention are performed by experts from the Office of Youth. The Office of Youth is the beneficiary of a large amount of funds for the abovementioned prevention programmes. In 2002 the amount of funds for the prevention programmes and activities reached EUR 571.691 (SIT 137 millions), but the amount decreased to only EUR 363.045 (SIT 87 million) in 2003.

The Commission of the Government of the RS for Drugs (the Commission) submits the proposed national programme to the Government of the RS and promotes and coordinates governmental policy and programmes, proposes certain measures and monitors implementation of the provisions of international conventions. The Commission operates at the inter-ministerial level and is composed of representatives of the ministries of health; finance; defence; education and sport; justice; labour, family and social affairs; interior and experts in the field of drugs. On the other hand, the mentioned OD under the MH carries out administrative work for the Commission and ensures the implementation of resolutions adopted by the latter. The activities of the Commission in 2004 were financed from the budget of the MH, from the item of prevention programmes health service - prevention of

* editor's comment: for correct comparison of data 'public EU funds' should be excluded. When the Republic of Slovenia became a member of the European Union, the IUID received from the EU (EMCDDA) funds for its activities when the obligations written in the annual Grant Agreement were performed. The IUID took also over the majority of tasks of the OD without receiving any additional funds for this work.

addiction, due to reorganisation of the OD. The budget of the Commission of the Government of the RS for Drugs is relatively small, which is also to be stressed in terms of its realisation. In 2004 realisation of the budget reached only 25%. This eye-catching discrepancy between the planned and actual budget should be highlighted.

Figure 1.3 *Budget of the Commission of the Government of the RS for Drugs in million SIT (till 2004 within the budget of the OD and from 2004 within the budget of the MH), Slovenia, 2001-2004*



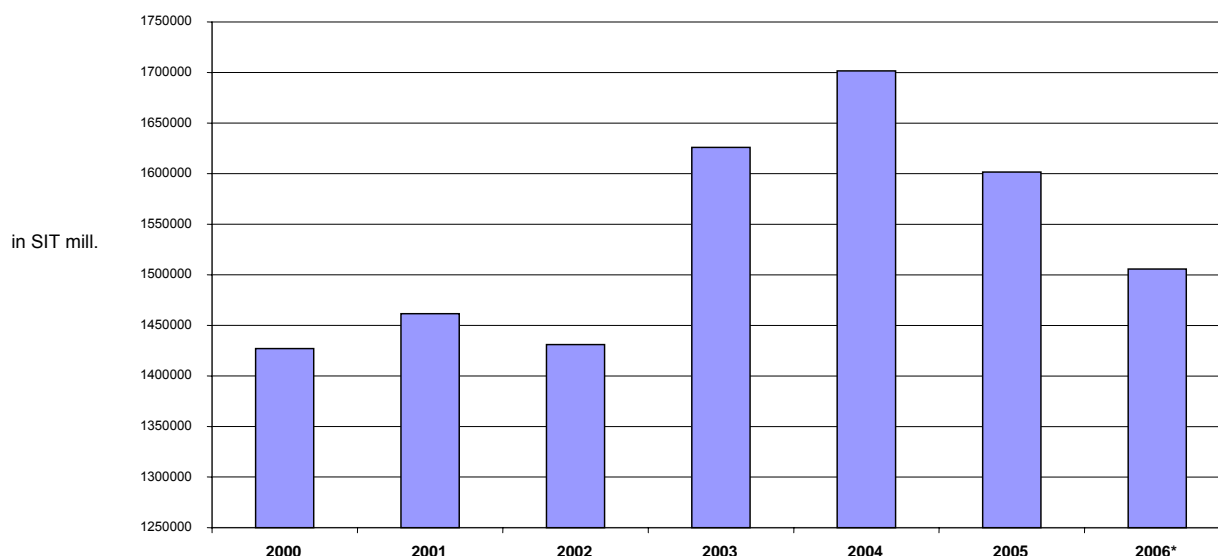
Notes: 1 EUR = 239,64 SIT

Source: Ministry of Finance

The budgets of the Local Action Groups (LAGs) may be characterised as mostly extremely modest. In the last 5 years, for example, two-thirds of the LAGs' budgets failed to exceed EUR 4.173 (SIT 1 million) on a yearly basis. The financial situation of the LAGs somewhat improved in 2004 when half of the LAGs managed to increase their budgets to at least EUR 5.842 (SIT 1.4 million) or more. The predictions for 2005 indicate a somewhat similar pattern. LAGs monitor and coordinate the implementation of measures regarding the prevention of the use of illicit drugs and are established and predominantly financed by the municipalities. 72.7% of all LAGs are entirely financed by their corresponding municipalities. A small number of LAGs is financed by certain ministries while other possible financial resources (regional institutions, the economy, the EU etc.) are poorly exploited (Košir, 2005).

According to the gathered data from LAGs that were prepared to reveal their financial reports, we are able to confirm the abovementioned findings of Košir (2005). LAGs experience the vast problem of the formalisation of their status due to insufficient funds which prevents them from implementing their activities on a regular basis. Instead, the LAGs are staffed by devoted individuals who do not receive any reimbursement for their initiatives. In such conditions the problem of a communication lag we experienced when gathering the financial reports takes on an entirely new dimension.

Figure 1.4 Average level of LAG budget (in million SIT), Slovenia, 2000-2006



Notes:

* For the 2006 budgetary year we used the expected or planned amounts where the exact numbers were unavailable.

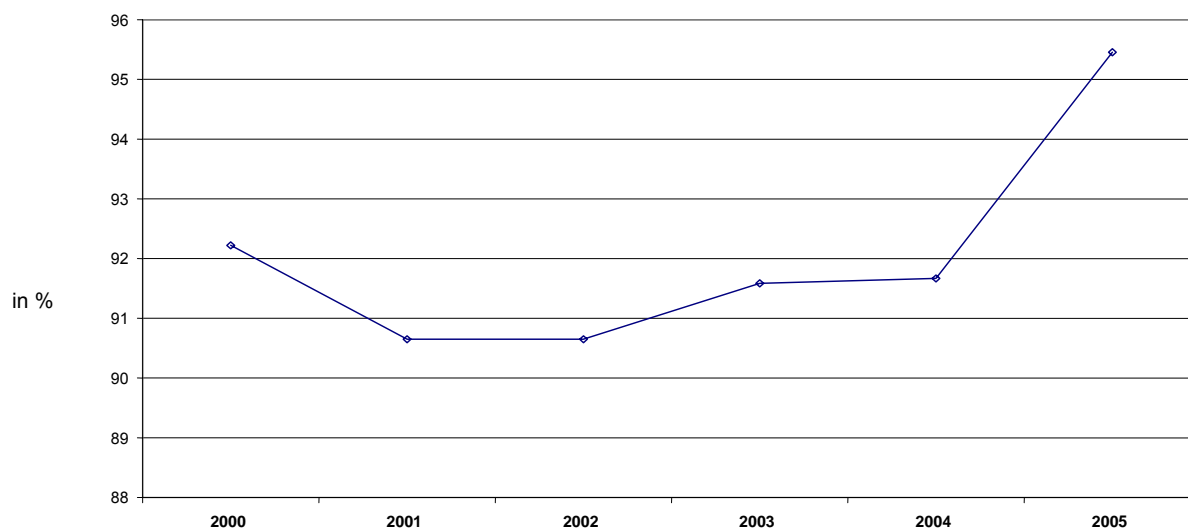
** The LAG of Ljubljana is excluded from the above calculation due to its vastly disproportional amount of funds.

*** 1 EUR = 239,64 SIT

Source: Ministry of Finance

The abovementioned remarks regarding the problems of the legal status of LAGs is entirely confirmed by the analysis of financial reports. Figure 1.4 demonstrates the modest character of LAGs. On average, the budget of an individual LAG reached EUR 7.094 (SIT 1.7 million) in 2004, while 2000 and 2002 saw the amount of EUR 5.967 (SIT 1.43 million). A slight increase in funds is to be noticed for 2005 and 2006. It is necessary to reassert the importance of municipal budgetary funds for the existence of LAGs. LAGs frequently fully depend on the corresponding municipality, which is shown by the fact that more than 90% of all LAG funds come from the municipalities. In 2000 this share was 92% and astonishingly in 2005 it had increased to an unbelievable 95%.

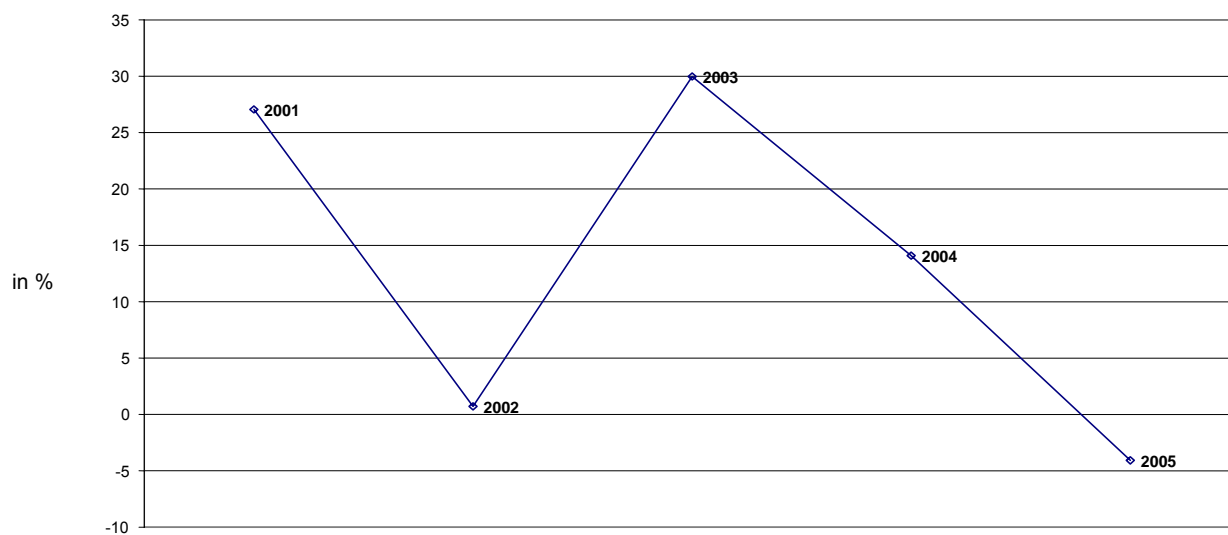
Figure 1.5 Average shares of financial means of municipalities in the budgets of LAGs (in %), Slovenia, 2000-2005



Source: Ministry of Finance

Figure 1.6 demonstrates the average annual growth of LAGs' budgets, which is very unstable and is in some years more or less in stagnation. The largest increase in LAGs' budgets was seen in 2003 when average growth reached around 30%, noting it was 27% in 2001. Amazingly, the growth of LAGs' budgets ended in 2005, with a decrease of financial funds of 4%. Preliminary data for 2006 confirm this negative trend.

Figure 1.6 Average annual growth of LAGs' budgets (in %), Slovenia, 2001-2005

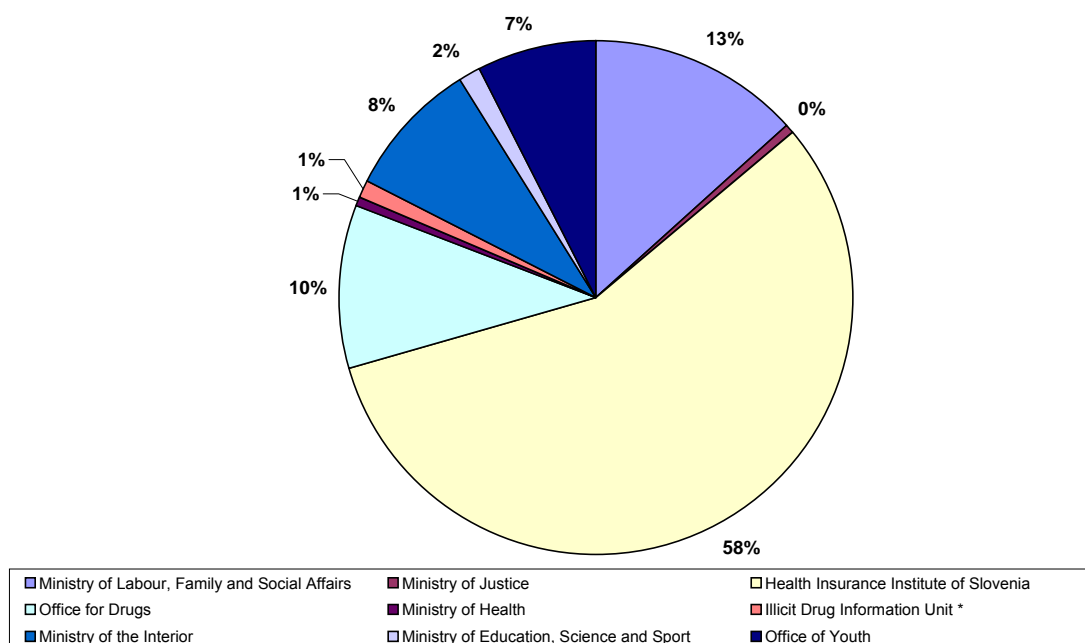


Source: Ministry of Finance

The so-called »drugs budget« in the case of Slovenia, as an indicator of public expenditures in the field of illicit drugs, remains largely unidentified and unclear due to public financing of the illicit drug field via the regular budgetary items (activities) of individual ministries. Therefore, a large part of the »drugs budget« is still to be clarified; nevertheless, we were able to make some interesting conclusions on the basis of an analysis of the transparent part.

A review of the distribution of budgetary and other public funds in 2002 (Figure 1.7), which represent the transparent part of the abovementioned »drugs budget«, allows us to identify the allocation of a vast amount of resources (58 percent) to the Health Insurance Institute of Slovenia (HIIS). The funds allocated to the HIIS were distributed among the programmes of the Centres for the Prevention and Treatment of Illegal Drug Addiction and the Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana for the medicine methadone.

Figure 1.7 *Distribution of budgetary and other public funds of a transparent type in the field of illicit drugs in Slovenia in 2002*

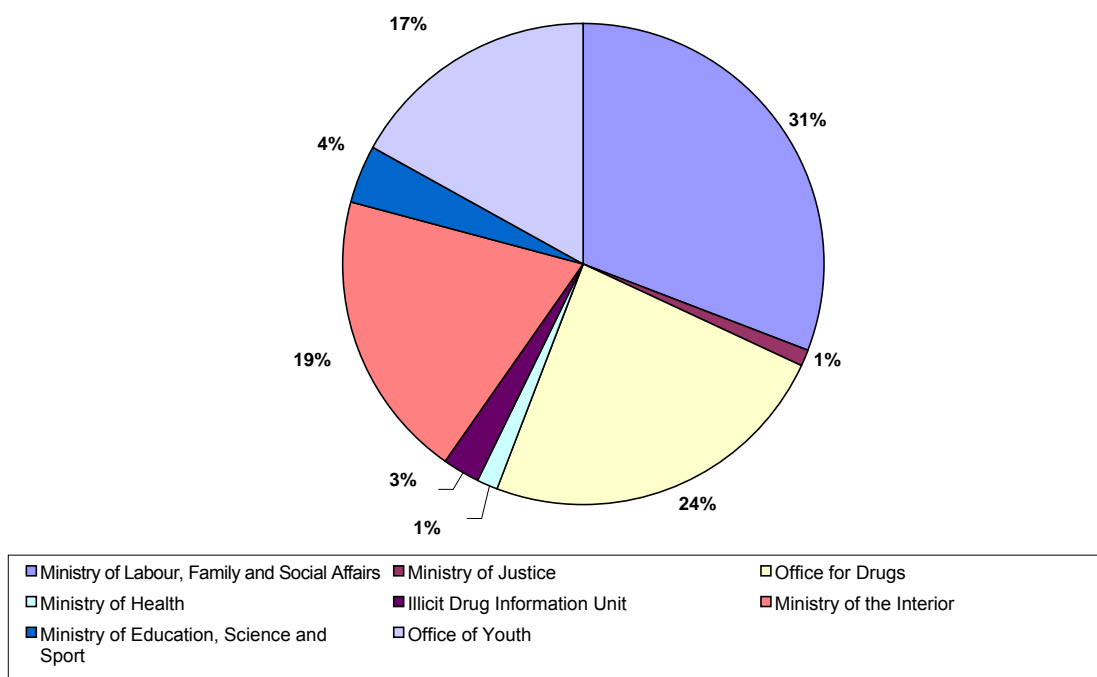


Source: Report on the Drug Situation 2004-2005; Ministry of Finance

If we ignore the financial funds allocated to the HIIS (Figure 1.8), we can perceive a somewhat different picture regarding the distribution of public funds. Figure 1.8 allows us to identify the four main beneficiaries of these funds: the MLFS with 31%, the OD with 24% (after the reorganisation into a special public service of the MH in 2004 its resources dropped considerably (Figure 1.8)); the MI with the Police with 19%; and the Office of Youth with 17%. Somewhat lower amounts of budgetary funds were allocated to the MES (4%), the IUID* (3%) and the MH (1%).

* editor's comment: for correct comparison of data 'public EU funds' should be excluded. When the Republic of Slovenia became a member of the European Union, the Information Unit for Illicit Drugs received from the EU (EMCDDA) funds for its activities when the obligations written in the annual Grant Agreement were performed. The IUID took also over the majority of tasks of the OD without receiving any additional funds for this tasks.

Figure 1.8 *Distribution of budgetary and other public funds of a transparent type in the field of illicit drugs in Slovenia in 2002 (excluding HIIS funds)*

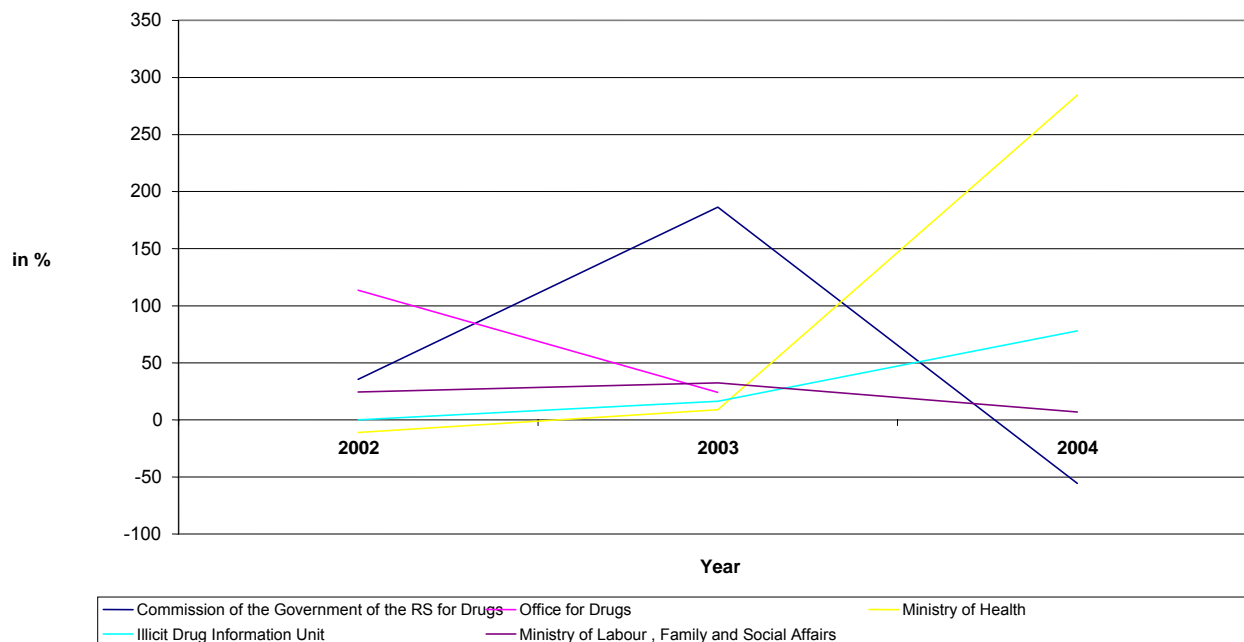


Source: Report on the Drug Situation 2004-2005, Ministry of Finance

Figure 1.9 allows us to identify the annual fluctuations of budgetary funds of specific institutions in the field of illicit drugs. According to the gathered data, tremendous instability describes the distribution of public funds in the field of illicit drugs. Among all analysed institutions, the IUID* has the most stable position regarding public funds allocation, with 16% growth in public funds in 2003 and a 78% increase in 2004. The multiple increases of funds for the MH correspond to the reorganisation of the OD in 2004, while the MLFS records an incremental amplification of the resources for its activities. From the item of realisation of budgetary funds of individual institutions we are able to see a large discrepancy between planned, valid and realised budget in the case of the Commission, which was initially financed by the OD. On the other hand, the non-governmental sector suffers from a shortage of financial funds.

* editor's comment: for correct comparison of data 'public EU funds' should be excluded. When the Republic of Slovenia became a member of the European Union, the Information Unit for Illicit Drugs received from the EU (EMCDDA) funds for its activities when the obligations written in the annual Grant Agreement were performed. The IUID took also over the majority of tasks of the OD without receiving any additional funds for this tasks.

Figure 1.9 Annual growth of budget of individual in the field of illicit drugs in %, Slovenia, 2002-2004



Source: Report on the Drug Situation 2004-2005; Ministry of Finance

According to the above presented research findings, we are able to perceive the institutional network in the field of illicit drugs in a totally new perspective, which somewhat fails to correspond to the institutional networks planned by the Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act and the Resolution on the National Programme in the Field of Illicit Drugs 2004-2009. A new dimension of the institutional network is established merely by an analysis of the gathered data on transparent public funds in the field. When taking into account the transparent part of the »drugs budget«, the initially perceived institutional network of individual institutions and actors in the field is rapidly reduced to certain ministries (MH, MLFS, MES, MI, Ministry of Justice and Ministry of Finance) and their corresponding organisational units.

This exploration of the budgetary and other public funds in the field of illicit drugs in Slovenia therefore offers us a few basic conclusions: 1) the so-called »drugs budget« in Slovenia somewhat mostly consists of a non-transparent part which prevents us from making a more accurate analysis of public fund spending in the field; 2) the transparent part of the »drugs budget« more or less corresponds with the »public health paradigm«; 3) the most stable functioning in the field is provided to actors from the public health sector due to its most defined budgetary items that allow them a direct inflow of resources for the field of illicit drugs; 4) the transparent part of the »drugs budget« more or less excludes non-governmental organisations, particularly their stable functioning; 5) financial incentives for the LAGs are obstructed and more or less absent; 6) the Resolution on the National Programme of Illicit Drugs 2004-2009 is not being implemented, which is obvious from the discrepancies between the responsible holders of individual programmes in the resolution and in practice (the case of the MES and its non-transparent actions in the field of prevention). Nevertheless, the firmest conclusion of the presented analysis appears to be the unbalanced and disproportional dispersion of budgetary and other public funds in the field of illicit drugs, which is vastly in favour of the public health sector.

Social and cultural context

Media Representations 2005 prepared by Andreja Drev

The campaign "Value Yourself - Make Healthy Choices"

The OD at the MH was in charge of implementing the campaign in the month of prevention - November 2005. The campaign was executed under the slogan "Value Yourself - Make Healthy Choices". Hence, in the month of prevention the OD undertook various activities like printing and distributing the poster with the slogan, publishing the brochure "Marihuana - The facts parents should be aware of". The brochure, originally edited and published by NIDA, stresses the responsibility of parents regarding education and upbringing and, moreover, the need for co-operation among parents, teachers, educators and other professional services. The publications were distributed to schools, public services, the police, the Caritas organisation, the Red Cross organisation etc...

The campaign was also active on the website of the OD, where the third net game "Fly to school" was published. The game was accompanied by a two-month-long contest - there was 46,000 visits to the game page (<http://www.uradzadroge.gov.si/>). The first version of the game was also published in Denmark and the Czech Republic (in Danish and Czech languages). The first and second versions of the game were also translated into English. The main purposes of all the games are to promote the website of the OD and to provide reliable information on drugs to youth. The third game won silver prize at the 15th Slovenian Advertising Festival in March 2006.

The OD also prepared press releases with information on the public health consequences of drug abuse and about problematic drugs in connection with HIV infections.

The OD also tried to prepare a travelling exhibition, presenting photographs from the life of a heroin addict. The exhibition was to travel around the country but because of legal complications it was cancelled.

A short film about drugs was made in association with the club MILF, the Municipality of Domžale and the OD; the objective of the film is to encourage debate about drugs and addiction. The educational film is intended for libraries, primary and high schools and public television.

Media and Other Public Relations Activities of the Information Unit of Illicit Drugs

In 2005 the IUID prepared two press conferences and 4 press releases, published information about illicit drugs and related issues on its website, took part in different television and radio broadcasts and answered questions posed by various journalists.

The first press conference was prepared on the International Day against Drug Abuse and Illicit Trafficking. Speakers stressed the importance of quality prevention programmes, the importance of the evaluation of prevention programmes, along with the role of schools and the mass media in prevention. The second press conference was prepared at the beginning of the month of prevention - November. The objective of the press conference was to raise awareness about drug abuse among juveniles, to build awareness of the dangers of drug use and to present new statistical data on the drug users treated in the CPTDA network and on deaths due to drug use. At the same time, special attention was paid to the promotion of forthcoming publications of the Early Warning System in Slovenia. Both events were covered by all national public and commercial mass media and by some regional/local media. The published articles were favourable to the IUID; moreover, the media reported very positively about the Early Warning System and highlighted the need for such a system.

The IUID prepared press releases on four different occasions - to present results of a pilot project regarding drug users searching for help in non-governmental organisations, to present the contents of the National Report on the Drug Situation and to warn the public about dangerous psycho-active substances that had appeared in the black market.

In 2005 the activities on gathering press clippings and publishing information about illicit drugs and related issues on the website continued.

The IUID was also cooperating with the EMCDDA on the preparation of press releases regarding the Annual Report, on the nomination of the country's top journalists, on preparing the mass media agenda and on gathering press clippings.

Scientific articles about the mass media and illicit drugs

The IUID also participated at the 11th International Conference on Corporate and Marketing Communication and presented a paper entitled "The role of public health advocates in media coverage of illicit drugs and the promotion of anti-drug-related behaviour". The objective of the paper was to raise debate about the media's presentation of illicit drugs as a problem pertaining to criminals instead of a whole society problem. The paper also exposed the main public health advocates in the illicit drug area, moreover, their most common mistakes in preparing messages and information about illicit drugs for the mass media and the limited range of knowledge that is visible in their attempts to cover illicit drugs in their publications.

2. Drug Use in the Population

Overview/summary of drug use and attitudes to drugs. Prevalence and incidence of use, patterns of use, characteristics of users (gender, social characteristics, age at first use)

Drug Use in the General Population

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Drug Use in the School and Youth Population

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Drug Use among Specific Groups (prisoners, minorities, sex workers etc.)

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

3. Prevention

Overview/summary of drug use and attitudes to drugs. Prevalence and incidence of use, patterns of use, characteristics of users (gender, social characteristics, age at first use)

Universal Prevention

Health Promotion Communication Interventions for the Illicit Drugs Area prepared by Tanja Kamin

According to WHO programmes and the opinions of WHO members mass health communications are becoming very important for regaining individual and community consciousness regarding medical issues. Therefore, health communications are the key strategy for informing the public about health issues, for keeping important health topics on the public agenda and for managing the health of a nation.

The aim of the research project entitled Knowledge, skills and experiences of the communication of topics about a healthy life (Source: Tanja Kamin & Zlatko Jančič, 2003, Znanja, spretnosti in izkušnje na področju komuniciranja zdravja v Sloveniji. Končno raziskovalno poročilo v okviru ciljno raziskovalnega projekta), financed by the MH, was to study the tools of health communication in Slovenia for the period 1990 to September 2003. In the final sample for the analysis, 472 collected communication interventions were included. The collected communication interventions included 18 different health topics, including illicit drugs. As much as 3 percent of health communication interventions were dedicated to illicit drug issues. Health communication interventions in the studied period were in the most cases ordered by the IPHRS and the MH.

As the research data suggests, leaflets and brochures (56%) were the primary medium of health communications, following the traditional mass media (16%), alternative media (12%), posters (11%), posters in combination with leaflets (2%) and leaflets in combination with brochures and posters (2%). Health communications on illicit drugs mostly used as a medium the traditional mass media (46%), posters in combination with leaflets (15%) and leaflets in combination with brochures (15%). In as much as 8 percent of them, posters and alternative media were used as a medium of communication interventions. The first communication interventions for illicit drugs area were implemented in 1995, while in the period 1998 to 2003 they were carried out regularly.

According to the research, the final conclusions about health communication interventions and about health communication interventions for illicit drugs are as follows: communication interventions were too often designed on the basis of an insufficient situational analysis, the majority of interventions were short-term, very often the target public was not defined, the key messages were too universal, in some cases paternalistic appeals and fear appeals were also used. Moreover, often stated as a primary motive for a communication intervention was the motto "better something than nothing", there was no evaluation of the communication interventions' effects, there was also no co-operation among the sectors, disciplines and individuals involved in health promotion.

Selective/indicated prevention

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

4. Problem Drug Use

Overview/summary on prevalence and characteristics of problem drug use.

Prevalence and incidence estimates

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Profile of clients in treatment (characteristics, patterns of use)

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Profile of clients in treatment by substance used, by centre types and by gender

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Main characteristics and patterns of use from non-treatment sources

By substance used

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Injecting drug-users

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Other specific sub-populations

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

5. Drug-related Treatment

Overview/summary of framework, strategies and interventions in relation to drug-related treatment (incl. national definitions)

The Health Insurance Institute of Slovenia (HIIS): financial funds from basic insurance for the treatment of illicit drug addiction *prepared by Doroteja Novak-Gosaric, Mercedes Lovrečič, Barbara Lovrečič*

The HIIS has the status of a public institute and was established in 1992 based on the Health Care and Health Insurance Act (HCHIA, Official Gazette RS 20/2004). The HIIS has 10 Regional Units (RUs: Ljubljana, Maribor, Koper, Nova Gorica, Kranj, Celje, Novo mesto, Murska Sobota, Ravne, Krško) and 45 branches all over Slovenia.

Health insurance (HI) in Slovenia is based on two levels - basic and additional (voluntary) and assures suitable health and social security at times of illness, injuries and other hospital services. Based on the HCHIA the rights from HI for each individual or for their dependant family members are tied to the application to insurance and the payment of a basic contribution (basic health insurance - BHI) or a premium (additional or voluntary health insurance - VHI).

The HIIS as a public service based on the HCHIA is the holder and performer of BHI for the whole area of the Republic of Slovenia. The HIIS performs and assures the collection (with obligatory payments) and the distribution of public funds for implementing rights arising from health insurance: rights to hospital and other health services, medicaments, medical and technical accessories and rights to get financial compensation (compensation of wage during a temporary withdrawal from work because of illness, traffic expenses in connection with diagnostics, treatment or rehabilitation in another city, a death grant and posthumous remainders). As a performer of BHI, the HIIS with its partners in the health system accept the detailed regulations of BHI and define the programme of hospital and other health services in the country, while it also ensures, collects and distributes funds for performing insurance and assuring rights in the use of health services by insured people.

The Institute as a holder of BHI in addition with the HCHIA signs contracts with the performers of health services. The various health activities, which are paid from BHI, have different systems of payment. Based on general and regional agreements with the performers of health services, the HIIS makes agreements on mutual cooperation in which they define the amount of a programme of services included and the price of their health services. To analyse the correct performance of health services defined in these agreements the HIIS conducts supervisory activities.

Services of the Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTDAs) are paid for by the HIIS in a lump sum so the performers of these services do not calculate their expenses in points (green book), but write a report about their services.

In the pharmaceutical market in Slovenia there are 2900 medicaments and 1450 of these are included on the list of medicaments covered by BHI, while some of them involve special conditions. The subscribing and issuing of the main prepared medicaments is arranged by special regulations.

"Medicine is every substance or combination of substances which is prepared and used for the prevention or treatment of illnesses by people and animals" (Law on Medicine and Medical Accessories, Official Gazette RS 101/1999).

CPTDAs can use for the alternative medical treatment of opiate addiction medicaments with the following active ingredients: methadone, buprenorfin and morphine (in a pharmaceutical form for prolonged relaxing). Medicaments with listed active ingredients which have a permit for trafficking and are used for alternative treatment the CPTDAs order with order forms in 3 copies at a pharmacy: one copy is kept and archived by the CPTDA, the second copy is kept and archived by the pharmacy and third copy is presented by the pharmacy as an obligatory enclosure with its invoices that are sent to the regional unit of the HIIS. Medicaments on the order forms are subscribed according to their non-proprietary names. The order form for complete medicine (general order form) for alternative treatment includes the whole list of medicine needed for a period of one month. For every prescribed medicine of a proprietary name, the following must be indicated: strength of the medicine, pharmaceutical form, packaging and number of packages and information on the number of people who will in a certain time period receive this medicine. Based on the fact that in Slovenia we have various packs of peroration solutions with methadone (from 10 ml to 1000 ml) with a strength of 10 mg/ml, doctors subscribe the amount of this medicine in millilitres (for example, methadone peroration solution: 2X200 ml; 1X1000 ml; 3X100 ml in 5X10 ml). Medicine can be exceptionally subscribed with a proprietary name but there must be indicated first the patient code, for whom this medicine is intended, the second daily portion of active ingredients in milligrams and finally the number of portions for a selected time period. Pharmacies supply the CPTDAs with methadone in the original packaging and/or with the main prepared peroration solutions of methadone with juice of various strengths. For an ordered final mixture of methadone and juice the pharmacy issues an adequate amount of medicine in the most suitable packaging, as a rule the most favourable medicine cost-wise (according to the rules of the HIIS). For the preparation of the main solutions pharmacies as a rule should use the most suitable packaging and cost-favourable final mixture of methadone and juice (according to the instructions of the HIIS). On the order form for the main prepared peroration solution with methadone (hereafter: internal order form) CPTDAs list the period of order, the non-proprietary name of the medicine, daily portion of active ingredients in milligrams, the patient code and number of portions for a selected time period. As a rule, this order form is issued for a period from one day to at least one week and kept in three copies. The first copy is kept and archived by the CPTDA, the second copy kept and archived by the pharmacy and the third copy is presented by the pharmacy as an obligatory enclosure to its invoices sent to the regional unit of the HIIS.

Every CPTDA is obliged to maintain a list (name and surname) of all receivers of substitution treatment, data about the basic health insurance of these people and their status (code of insurance base) and, if needed, to show this data to supervisors of the HIIS when checking a person's insurance.

The amount of financial means and criteria for assigning these funds to each CPTDA are described in the regional agreement for health care service and private health activity for the current year. In the fund with a regional agreement the CPTDA sends to the HIIS twice a year a report of the content and scope of work done of a programme in arranged working time. Financial and medicine control of other performers of health services, which are calculated as part of the burden of basic health insurance, lies in the competence of the HISS. With this control the supervisors can find out the accuracy of recorded and calculate professionally established health services as part of the burden of basic health insurance.

The legislative base for the work of CPTDAs and the performance of health services in the field of illicit drug addiction is defined in the Law on the Prevention of Illicit Drug Use (ZPUPD), the Law on Health Care and Health Insurance, the Law on Drugs and Medicine Accessories, the Law on the Health Service. Treatment is available in the framework of the public health service network on the primary level at the CPTDAs, based on a franchise or as a public health service. Hospital and clinical programmes of treatment and maintenance with methadone and other substitution medicaments are confirmed by the Health Council. For the

performance of hospital and special clinic treatment the Government of the Republic of Slovenia has established a public health institute - the Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana. Hospital treatment includes hospital detoxification, psychosocial-therapeutic treatment, prolonged treatment and health rehabilitation.

Control over the work of the CPTDAs is in the competences of the Commission for Controlling the work of the CPTDAs named by the Minister of Health. The jurisdiction of the Commission encompasses an overview of all documents of the centres, control over the scope of finished work, the checking of a maintained methadone programme, checking the ways of performing the doctrine about the treatment of drug addicts with consultations, checking of the performance of normative human resources, and finding out if the conditions of working places and equipment in the centres are appropriate.

The tables and figures show the use of financial means for substitution treatment with methadone for 10 (ten) regional units of the HIIS in the time period 1999-2005 in Slovenia. From these figures we can see the even increase in funds used for substitution treatment with methadone in all regional units and the highest use of financial means in 2004 (almost SIT 700 million), on the other hand in 2005 we can see the surprisingly lower use of funds for all regional units in comparison with 2004.

The review of costs shows the global rise in the trend and annual increase in costs especially at the RUs Ljubljana, Maribor and Koper in comparison with other RUs of the HIIS, which represent in the following order 40.4%, 10.3% and 27.3% of all financial means of RUs of the HIIS for 2005. Since the trend of costs increased in 2005, an equal increase of costs in all RUs of the HIIS could have been expected, but actually the real costs show a surprising turnover of trend and lower costs for all RUs of the HIIS, which is a result of new competition of medicaments in the field of substitution treatment from opioids and this competition led to lower prices of medicaments and reduced costs of the RUs of the HIIS.

The table shows the prices of medicaments with methadone in the time period 2001-2005 in the drug market in Slovenia. From the beginning of the 1990s till the middle of decade of the new millennium the drug market for substitution treatment in Slovenia was supplied by only one pharmaceutical firm (Pliva) and it did not have any competitive representatives for any of form of packaging and this allowed Pliva to set its prices in the market, which were relatively high. When other pharmaceutical firms entered the market with their products (Krka - September 2004, Alkaloid - July 2005) and started to fight for market shares, the prices of medicine in permitted forms of packaging of peroration solution or drops, as used in the CPTDAs, fell drastically. Other forms of packaging are not exposed to market rules such as pills and injections. According to the HIIS data, by introducing the new methadone to the market from other pharmaceutical firms the prices for packages of 100 ml dropped by over 40% and this also has had a large influence on reducing the costs of substitution treatment with methadone. For pills and solutions for injecting, where competition is not present (only Pliva products are available) the prices of methadone are not dropping (source: HIIS, 2006).

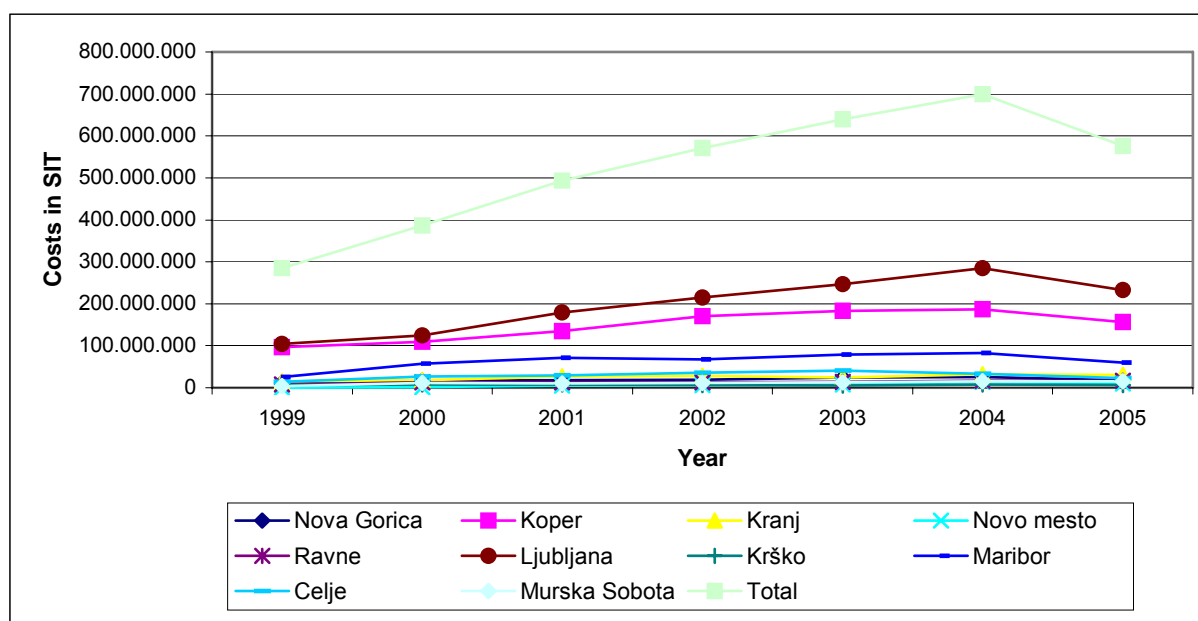
Table 5.1 *Costs of substitution treatment with methadone by regional units (RUs) of the HIIS in SIT and EUR, Slovenia, 1999-2005*

RU* HIIS	1999 SIT/EUR	2000 SIT/EUR	2001 SIT/EUR	2002 SIT/EUR	2003 SIT/EUR	2004 SIT/EUR	2005 SIT/EUR	Portion in %	Index 05/04
Nova Gorica	11.332.394 47.289	16.354.980 68.248	17.928.147 74.813	18.502.310 77.209	23.751.111 99.112	25.497.538 106.399	↓ 18.011.649 ↓ 75.161	3,1	71
Koper	96.413.147 402.325	109.392.504 456.487	134.256.908 560.214	169.986.038 709.339	183.752.217 766.784	186.537.440 778.407	↓ 157.072.335 ↓ 655.451	27,3	84
Kranj	14.900.000 62.177	18.239.000 76.110	26.440.000 110.332	28.188.266 117.628	24.239.620 101.150	32.080.891 133.871	↓ 29.943.469 ↓ 124.952	5,2	93
Novo mesto	148.968 622	1.574.369 6.570	5.083.096 21.211	6.587.670 27.490	8.252.918 34.439	13.713.834 57.227	↓ 10.283.165 ↓ 42.911	1,8	75
Ravne	7.337.271 30.618	12.459.854 51.994	12.743.710 53.179	12.273.980 51.218	14.213.137 59.310	17.140.642 71.527	↓ 16.051.646 ↓ 66.982	2,8	94
Ljubljana	104.421.907 435.745	125.149.648 522.240	179.023.336 747.051	215.464.489 899.177	246.381.280 1.028.133	285.342.868 1.190.715	↓ 232.652.929 ↓ 970.843	40,4	82
Krško	6.976.079 29.111	8.053.797 33.608	7.660.962 31.969	5.963.663 24.886	5.142.946 21.461	7.360.154 30.713	↓ 5.755.540 ↓ 24.017	1,0	78
Maribor	25.422.338 106.086	57.535.766 240.093	71.146.053 296.887	67.393.333 281.227	79.319.103 330.993	82.928.733 346.056	↓ 59.312.341 ↓ 247.056	10,3	72
Celje	14.050.564 58.632	26.217.313 109.403	29.752.674 124.156	36.059.831 150.475	41.147.739 171.707	33.607.558 140.242	↓ 23.226.618 ↓ 96.923	5,6	96
Murska Sobota	3.857.280 16.096	11.133.700 46.460	9.939.174 41.475	10.937.354 45.641	12.974.650 54.142	15.624.917 65.277	↓ 14.787.923 ↓ 61.709	2,6	95
Total	284.859.948 1.188.700	386.164.931 1.611.438	493.974.059 2.061.317	571.356.936 2.384.230	639.174.721 2.667.229	699.834.558 2.920.358	↓ 576.137.617 ↓ 2.404.180	100,0	82

Notes: 1 EUR = 239,64 SIT

Source: HIIS

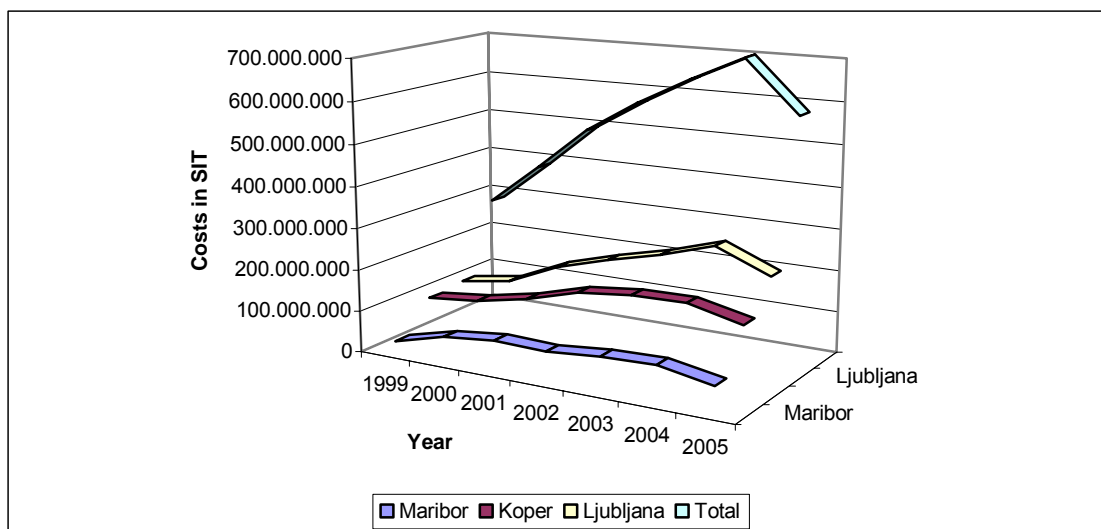
From the Figure 5.1 we can see the growing trend of the use of financial means by each RU and the total use from 1999 till 2004. In 2004 we can see the higher values of this trend, but in 2005 the trend falls in the use of financial means for both total use and use by most RUs of the HIIS. The biggest users of funds are the RUs Ljubljana, Koper and Maribor.

 Figure 5.1 *Costs of substitution treatment with methadone by regional units of the HIIS and total use in SIT, Slovenia, 1999-2005*


Notes: 1 EUR = 239,64 SIT

Source: HIIS

Figure 5.2 *Costs of substitution treatment with methadone for the three largest RUs of the HIIS and total use in SIT, Slovenia, 1999-2005*

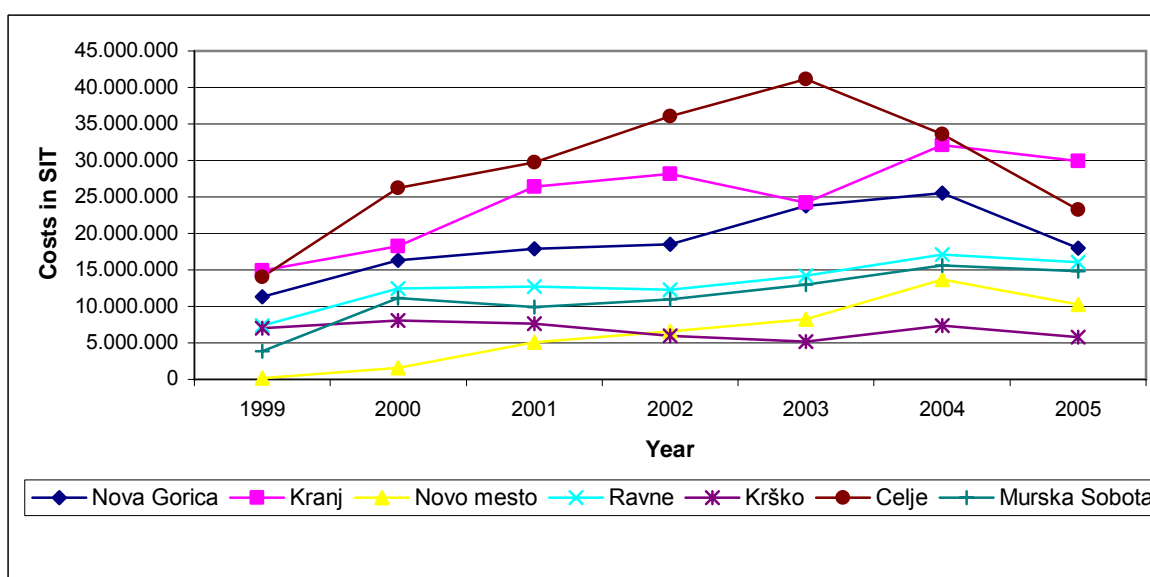


Notes: 1 EUR = 239,64 SIT

Source: HIIS

The Figure 5.2 shows the costs of substitution treatment with methadone for the three largest users of funds and the total use in SIT for the time period 1999-2005 for Slovenia. We can also see that the highest proportions of financial means are used throughout by the RUs Ljubljana, then Koper and Maribor, for which we can see a constant trend of growth and then a drop. The RU Ljubljana and RU Koper had constant a growth trend of costs from 1999 till 2004, but for 2005 this trend dropped for both RUs. The total amount of costs for all RUs of the HIIS between 1999 and 2004 increased exponentially but for 2005 this amount fell. Of all of the three largest users of funds in the same time period the RU Ljubljana saw the most growth and higher costs.

Figure 5.3 *Costs of substitution treatment with methadone by selected RUs of the HIIS in SIT, Slovenia, 1999-2005*



Notes: 1 EUR = 239,64 SIT

Source: HIIS

The Figure 5.3 shows the costs of substitution treatment with methadone by selected RUs of the HIIS in SIT, 1999-2005, Slovenia and at first glance we see rather dynamic trends by each RUs. The RUs Celje, Kranj and Nova Gorica are bigger users of financial funds in comparison to the RUs Ravne na Koroškem, Murska Sobota, Krško and Novo mesto. The most exposed and insignificant use of financial means for 2003 is shown by the RU Celje, on the other hand, in the same year lower use was revealed by the RU Krško.

Table 5.2 Price range of medicine with methadone¹, Slovenia, 2001-2005

Name of medicine, Pharmaceutical firm/ Packaging, concentration	Code	Beginning of validity of medicine	End of validity of old price	Wholesale price	Retail price
Heptanon, Pliva/peroration drops, bottles of 10 ml (10mg/ml)	22047	25.08.2001	03.03.2002	1.156,85	1.255,18
		04.03.2002	18.09.2002	1.180,20	1.280,51
		19.09.2002	05.05.2003	1.216,96	1.320,41
		06.05.2003	02.03.2004	1.241,73	1.347,28
		03.03.2004	Valid price	1.268,34	1.376,14
Heptanon, Pliva/peroration drops, bottles of 100 ml (10mg/ml)	9741	25.08.2001	03.03.2002	10.201,04	11.068,12
		04.03.2002	18.09.2002	10.406,90	11.291,49
		19.09.2002	05.05.2003	10.640,28	11.544,70
		06.05.2003	02.03.2004	10.856,80	11.779,63
		03.03.2004	14.11.2004	11.098,43	12.032,04
		15.11.2004	20.06.2005	8.830,00	9.580,55
		21.06.2005	Valid price	6.500,00	7.052,50
Heptanon, Pliva/peroration solution of 1000 ml (10mg/ml)	35521	14.04.2006	Valid price	54.554,25	59.191,36
Heptanon, Pliva/pills 20 x 5mg	22039	25.08.2001	03.03.2002	416,73	452,15
		04.03.2002	18.09.2002	425,13	461,27
		19.09.2002	05.05.2003	433,83	470,70
		06.05.2003	02.03.2004	442,66	480,29
		03.03.2004	Valid price	452,14	490,57
Heptanon, Pliva/injections 50 ampules of 1 ml (10mg/ml)	22055	25.08.2001	03.03.2002	4.816,22	5.225,60
		04.03.2002	18.09.2002	4.913,41	5.331,05
		19.09.2002	05.05.2003	5.012,44	5.438,50
		06.05.2003	02.03.2004	5.114,44	5.549,17
		03.03.2004	Valid price	5.224,03	5.668,07
Metadon, Krka/peroration solution, 100 ml	62642	01.09.2004	04.07.2005	8.830,00	9.580,55
		05.07.2005	Valid price	6.500,00	7.052,50
Metadon, Krka/peroration solution, 1000 ml	62731	01.09.2004	05.05.2005	71.524,00	77.603,54
		06.06.2005	04.07.2005	66.000,00	71.610,00
		05.07.2005	Valid price	65.000,00	70.525,00
Metadon, Krka/peroration solution, 200 ml	62707	01.09.2004	Valid price	15.894,00	17.244,99
Methadone chloride, Alkaloid/ peroration solution 10 ml (10mg/1ml)	36684	06.07.2005	Valid price	1.181,10	1.281,49
Methadone chloride, Alkaloid/ peroration solution 100ml (10mg/1ml)	36676	06.07.2005	Valid price	6.308,06	6.844,25

Notes: valid price
same price in the market
lower price in the market

* 1 EUR = 239,64 SIT

Source: HIIS

Table 5.3 Financial means intended for activities of the CPTDA (only subscribed medicine by order forms) in EUR, Slovenia, 1999-2005

1999 EUR	2000 EUR	2001 EUR	2002 EUR	2003 EUR	2004 EUR	2005 EUR	Index 05/04
1.188.700	1.611.438	2.061.317	2.384.230	2.667.229	2.920.358	↓↓ 2.519.233	86

Notes: 1 EUR = 239,64 SIT

Source: HIIS

¹ Expenditure on medicine covers the HIIS based on an issued invoice of the pharmacy (with all specifications needed) which supplied the centre according to a preliminarily confirmed order form for selected RUs of the HIIS

The review of financial means intended for activities of the Centres for the Prevention and Treatment of Drug Addiction (only subscribed medicine by order forms) in the time period 1999-2005 for Slovenia shows a growing trend of use from 1999 till 2004 and a reversal of the trend in 2005.

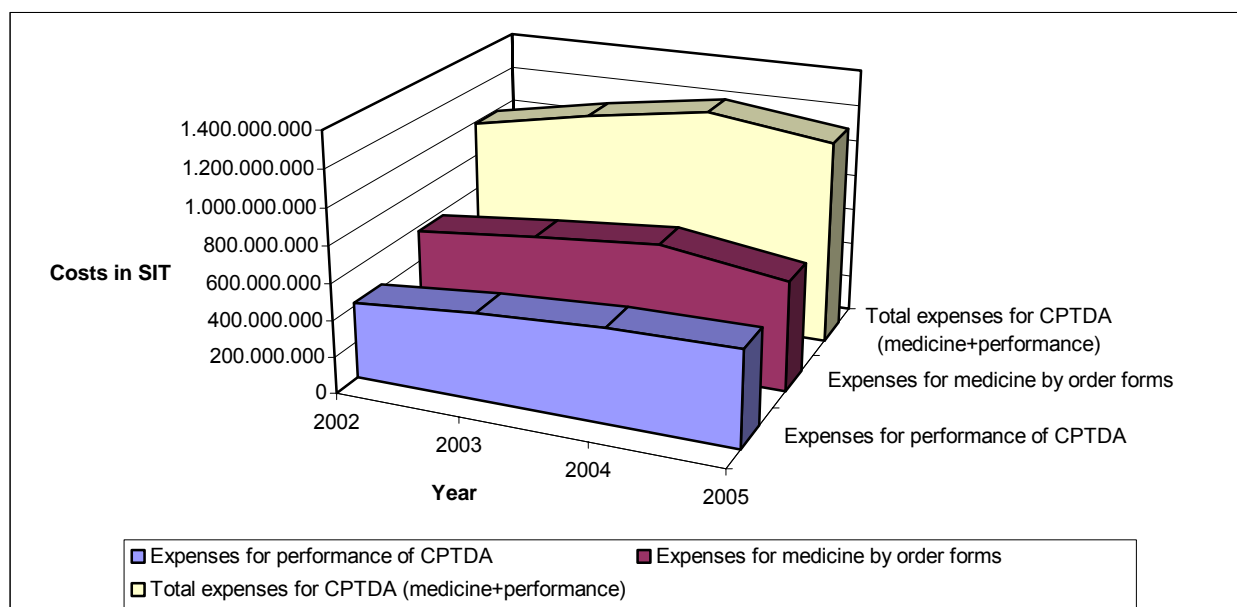
Data from Table 2.3 refer to expenditures on medicaments for substitution treatment for addiction to illicit drugs, which were subscribed by the Centres with order forms. The large amount of this funding reflects the expenditures on methadone (costs for all the methadone for the Centres' needs and the costs of the main prepared peroration solutions of methadone with juice of various strengths for weekends). Since April 2006 the Centres have also started to subscribe as part of the burden of health insurance buprenorfin and long-lasting morphine.

Table 5.4 *Financial means intended for activities of the CPTDA, in EUR, Slovenia, 2002-2005*

	2002	2003	2004	2005	Index 05/04
Expenses for performance of CPTDA	1.740.110	1.986.313	514.774.925	↑ 2.181.367	102
Expenses for medicine subscribed by order forms	2.384.230	2.667.229	699.834.558	↓↓ 2.519.233	86
Total expenses for CPTDA (medicine + activity)	4.124.340	1.115.174.721	4.653.542	↓ 4.700.600	93

Notes: 1 EUR = 239,64 SIT
Source: HIIS

Figure 5.4 *Financial means intended for activities of the CPTDA, Slovenia, 2002-2005*



Notes: 1 EUR = 239,64 SIT
Source: HIIS

Financial means intended for the activities of CPTDAs in the time period 2002-2005 in Slovenia reveal the slow annual rise of costs: for the activities of the Centres, for medicine subscribed by order forms and for the total costs of the Centres from 2002 till 2004. In 2005

the costs of the activities of the Centres increased, on the other hand the total costs fell and a higher reduction of costs was shown with the costs of medicine subscribed by order forms which were under the influence of new competition in the methadone market (Pliva, Krka, Alkaloid) and because of the appearance of substitution medicaments (buprenorphine, long-lasting morphine).

The total value of financial means for the »budget« mentioned above in 2002 reached almost EUR 4.17 million and in 2004 almost EUR 5.22 million. In 2005 the financial funds did not exceed the amount from 2004, but the trend of financial funds used surprisingly changed and dropped to EUR 4.17 million.

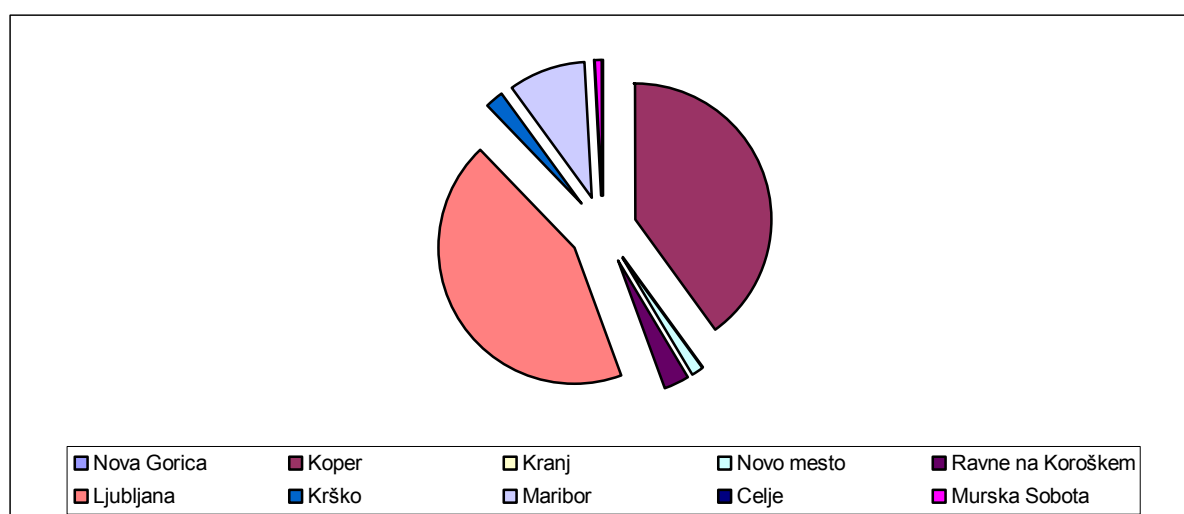
In interpreting the costs and use of funds by each RU of the HIIS for their activities, the order forms of medicine and total expenditures for the Centres, we need to mention a new phenomenon in the market of offer and demand for additional drugs in the treatment of opioids: competition in medicine packaging form for methadone and competition between offers of a variety of forms of additional medicaments.

Table 5.5 *Costs of substitution and long-lasting treatment with buprenorphine and morphine by regional units of the HIIS in SIT (arranged relaxing for medicine) in EUR, Slovenia, 2005*

RU*	2005
Nova Gorica	25
Koper	45.901
Kranj	0
Novo mesto	1.577
Ravne	3.545
Ljubljana	49.996
Krško	2.622
Maribor	10.366
Celje	0
Murska Sobota	1.021
Total	115.053

Source: HIIS

Figure 5.5 *Expenses for substitution and long-lasting treatment with buprenorphine and morphine by RUs of the HIIS, Slovenia, 2005*



Source: HIIS

Costs of substitution treatment with buprenorphine and long-lasting morphine by RUs of the HIIS in SIT for 2005 for Slovenia shows the highest use of funds in the RUs Ljubljana and Koper and surprisingly in a lower amount the RU Maribor. On the other hand, the RUs Kranj and Celje do not have any data on the use of the medicaments mentioned above. The amount of costs depends on the number of centres in a particular RU, the number of patients and presence of trained doctor specialists which initiate the new medicine.

Drug-free treatment

NO NEW INFORMATION AVAILABLE

Medically-assisted treatment

In Slovenia in 2005 there were two new drugs for substitution treatment in the market for heroin addiction: Buprenorphine (registered as Subutex in February 2003 and available on the market in March 2005) and slow-release morphine (registered as Substitol in December 2003 and available on the market in June 2005).

For more information please see previous reports.

6. Health Correlates and Consequences

Overview/summary of health correlates and consequences (incl. if required definitions)

Drug-related deaths and mortality of drug users

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Drug-related infectious diseases

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Psychiatric co-morbidity (dual diagnosis)

NO NEW INFORMATION AVAILABLE

due to internal reorganisation of the IPHRS and due to the amendment to the Personal Data Protection Act (for more information please see the previous report)

Other drug-related health correlates and consequences

Somatic comorbidity prepared by Dušica Cvitkovič

The Pre-hospital Emergency Unit (PEU) is one of the units of the Community Health Centre of Ljubljana and is located in the premises of the Emergency Department of the Clinical Centre of Ljubljana. It is responsible for first-aid services on a 24-hour basis for all kinds of medical emergencies like a sudden deterioration of sickness, accidents or poisoning which can endanger lives. The Pre-hospital Emergency Unit has a dual function. In co-operation with the First Aid Post of the Clinical Centre it acts as a mobile pre-hospital unit which sends an expert team (a medical doctor and two first aid technicians) to situations where there are patients with life-threatening problems. They set off with a reanimation vehicle which is equipped with complete equipment needed for resuscitation procedures. This mobile pre-hospital unit covers 900 km² of territory around the capital city Ljubljana and its surroundings, which includes 325,000 inhabitants. The second responsibility of the Pre-hospital Emergency Unit is the orderly provision of all medical services of the Community Health Centre of Ljubljana. It also operates in the Emergency Department of the Clinical Centre every day from Monday to Saturday from 7:00 p.m. to 7:00 a.m., as well as on Sundays and holidays on a 24-hour basis.

Within the scope of emergencies, doctors at the Pre-hospital Unit also treat patients who abuse illicit drugs or are drug addicts. The interventions of the medical team in the field related to drug addicts are 90% due to the abuse of opiates. Life-threatening situations happen due to a deliberate or unintentional overdose of opiates which causes a depression of the breathing centre and consequently apnea. Only timely medical interventions can save lives. Those patients who need further observation are directed either to the Internal Emergency Department, where there is a hospital unit for 24-hour observation or the Psychiatric Unit for Crisis Situations.

Table 6.1 *Number and % of patients for illicit drug use emergencies treated by the PEU, Ljubljana, 2003-2005*

Emergency room treatments for illicit drug use / year	2003		2004		2005	
	N	%	N	%	N	%
All emergency treatments for drugs (N)	88	100.0	99	100.0	148 ¹	100.0
Emergency treatment for amphetamine use	7	7.9	11 ²	11.1	4	2.7
Emergency treatment for cocaine use	4	4.6	11 ²		6	4.0
Emergency treatment for opiates use	77	87.5	88	88.9	128	86.5
Emergency treatment for cannabinoids use	0		0		8	5.4
Emergency treatment for use of other substances	0		0		6	4.0
No. of deaths due to opiates use	n.a.		7	7.0	5	3.4
No. of deaths due to use of other substance	n.a.		0		1 ³	0.7
% of treated patients due to drug use to all types of treatment in the PEU	n.a.		n.a.		0,34	
% of treatments "in the field"	28,0		46,0		55,4	
% of treatments in "emergency room"	78,0		54,0		44,6	

Notes: *n.a. - data not available.

Source: PEU, Ljubljana, 2005

According to PEU data, Ljubljana, 2003-2005 we can highlight the following:

- the number of emergency treatments for illicit drug use are increasing (see Table 6.1),
- the majority of treatments were due to opiates use (heroin),
- increase in proportion of treatments "in the field",
- decrease in proportion of treatments "in emergency room",

Data for 2003 (Table 6.1) reveal 88 patients were treated by the PEU for illicit drug use. 7 people had problems because of amphetamine substance use, 4 people because of cocaine use, and all the rest because of an opiate type (heroin) use. As many as 28% of treated drug users received help in the field while the rest (78%) sought help at an inpatient department. 98% of interventions in the field were connected with an overdose of opioids. In inpatients department drug users searched for help because of abstinence problems, psychiatric problems and infections. Precise data about deaths due to drug use in 2003 are unavailable.

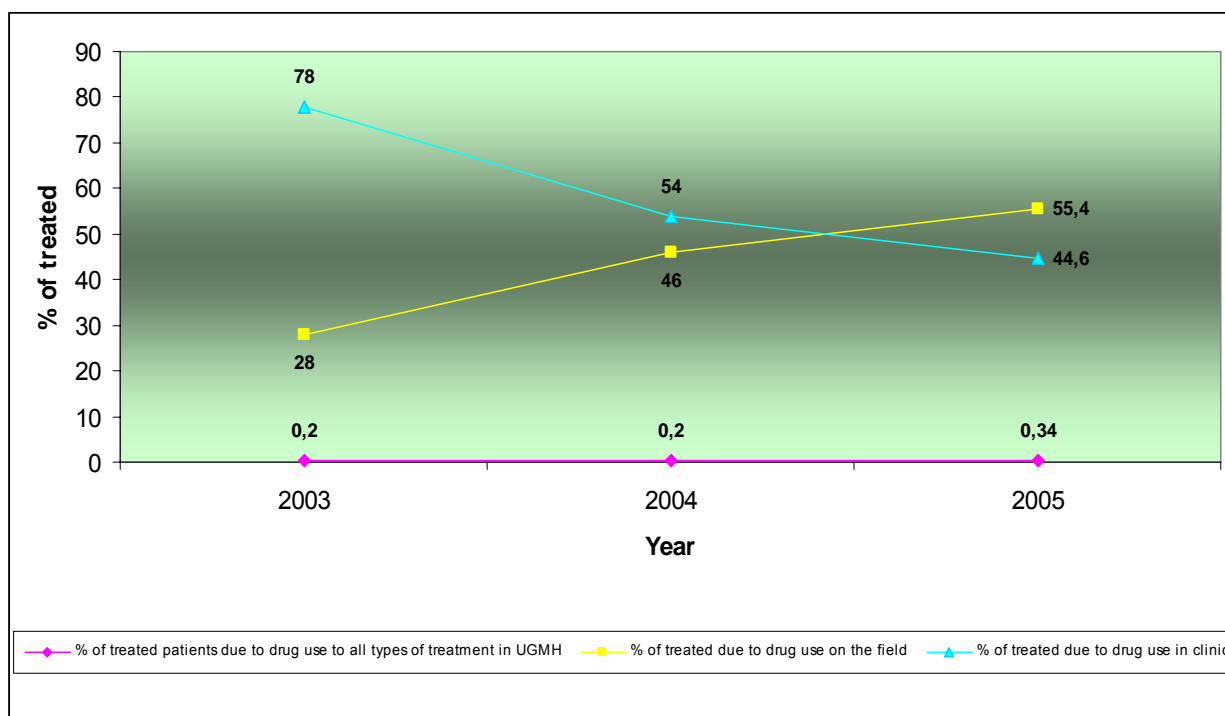
In the period January 1 December 31 2004, 99 patients were treated because of illicit drug use (Table 6.1.). 11 people were treated due to amphetamine substances or cocaine use while all others were treated because of opioids use (88.9%). In most cases interventions in the field were required because of an overdose of opioids drugs (7.0% of all illicit drug users). There were seven deaths due to an overdose of opioids drugs. There were no deaths because of amphetamine substances or cocaine use.

¹ There was a total of 43,110 monitored patients in 2005 in the PEU.

² Total monitored patients for amphetamine substances use and cocaine use.

³ Death due to cocaine use

Figure 6.1 *Proportion of drug related emergency treatments by the PEU "in the field" and in the emergency room, Ljubljana, 2003-2005*



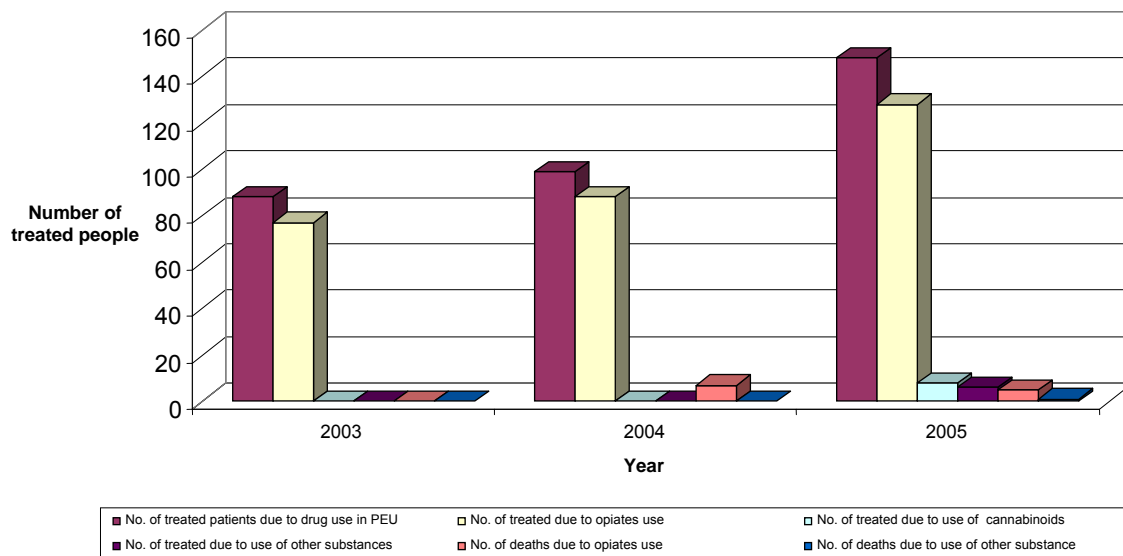
Source: PEU, Ljubljana

In 2005 148 patients were treated in the PEU as a result of illicit drug use, which represents 0.34% of all patients treated in the PEU in 2005 (the total number of all patients treated is 43,110).

Of all 148 patients treated, 82 (55.4%) were treated in the field and 66 (44.6%) were treated in an emergency room. 128 (86.5%) treatments were due to opioids use: 56% due to overdose, 44% due to other complications (injuries, infections, abstinence problems, psychiatric problems etc...). There were 5 (3.4% of all treatments for drug use) deaths due to opioids overdoses and 1 (0.7% of all treatments for drug use) death due to cocaine.

2005 treatments reported were due: to cocaine use (6 patients - 4.1%), cannabinoids (8 patients -5.4%) and other undefined substances (6 patients - 4.1%).

Figure 6.2 Number of treated patients by specific illicit drug and number of deaths due to illicit drug use, PEU Ljubljana, 2003-2005



Source: PEU, Ljubljana

There were 6 deaths due to the consequences of illicit drug use in 2005, representing 4% of patients treated in the PEU because of drug use. 80 people (54%) from all 148 treated, needed further treatment in specialised outpatient departments (psychiatrist, surgery...), while 68 patients (46%) were sent home or refused to see a specialist for examination.

7. Responses to Health Correlates and Consequences

Overview/summary of framework, strategies and interventions in relation to prevention of health consequences (incl. if required definitions)

Prevention of drug-related deaths

NO NEW INFORMATION AVAILABLE

(for more information please see the previous report)

Prevention and treatment of drug-related infectious diseases

NO NEW INFORMATION AVAILABLE

(for more information please see the previous report)

Interventions related to psychiatric co-morbidity

NO NEW INFORMATION AVAILABLE

(for more information please see the previous report)

Interventions related to other health correlates and consequences

NO NEW INFORMATION AVAILABLE

(for more information please see the previous report)

8. Social Correlates and Consequences *prepared by Marjeta Ferlan Istinič, Štefan Kociper and Alenka Žagar*

Overview/summary of social correlates and consequences (inc. if requires national definitions)

The basic starting points for addressing problems concerning the use of illicit drugs within the social assistance system are defined in the National Programme of Social Assistance and Social Services for the period 2006-2010 (Official Gazette RS 39/2006).

According to data selected by the Social Protection Institute of the Republic of Slovenia in 2005 there were 627 persons whose primary problem was connected with the use of illicit drugs treated in the Centres for Social Work in Slovenia. Of those, there were 28 minors (under 18 years).

In 2005, EUR 1,469,705 (SIT 352,200,000) was spent on social rehabilitation: 17 programmes were co-financed by contracts for 5 years and 51 programmes were co-financed by contracts for one year. In 2006 the Ministry of Labour, Family and Social Affairs earmarked EUR 1,510,599 (SIT 362,000,000) to social rehabilitation: 17 programmes were co-financed by contracts for 5 years and 45 programmes were co-financed by contracts for one year. All these funds were earmarked exclusively for the implementation of different programmes: for labour costs or material costs but only if they were essential to the operation of a programme.

Programmes co-financed by the Ministry of Labour, Family and Social Affairs within the framework of social rehabilitation also include programmes targeting people who are dealing with social hardships connected with alcohol abuse and eating disorders. The majority of funds are earmarked for programmes addressing social hardships arising from the use of illicit drugs.

Around 750 drug users are currently participating in NGOs' programmes which are co-financed under contract for several years and aimed at stable abstinence. An additional 750 parents are participating in programmes requiring active parent participation.

Within therapeutic communities and centres for preparing to enter intensive rehabilitation programmes operating in Slovenia (at the moment there are 2 programmes of therapeutic communities with 6 centres and 1 programme with a centre for preparing, co-financed by the Ministry with contracts for 5 years), there is a possibility of around 80 drug users participating at the same time.

Low-threshold programmes cover 1500 drug users and around 650 family members. One of the programmes addressing synthetic drugs users is carried out at rave events and therefore is exposed to several thousand young people annually.

Social Exclusion

Homelessness

Since there was an increase in the number of homeless drug users recorded a few years ago, in 2003 the first shelter of this kind was supported. It operates in Ljubljana within the network of low-threshold programmes and has a capacity of around 15 beds.

At the moment there are an additional two programmes providing shelters for homeless users of drugs in Maribor and Žalec. Both are operating within two low-threshold programmes which are also providing day centres and other harm-reduction activities. The

shelter in Maribor is capable of accommodating up to 8 users overnight and the shelter in Žalec can take 11 (at the moment the shelter in Žalec is financed only by the local community).

In the near future a provisional shelter in Nova Gorica is also about to become available with a capacity of a few beds (for urgent cases there will be a possibility to sleep on premises organised within the day centre). In the case of need, the Ministry will also support such a shelter in Koper.

Unemployment

On the basis of the available data we concluded that a great number of regular drug users are unemployed. Many commonly try to work illegally, without a valid contract, which can often lead to all kinds of characteristic abuses appearing in the black market.

If a drug user satisfies the conditions prescribed by the Social Security Act then they are entitled to benefits in cash.

School drop-outs, financial problems, social network

NO NEW INFORMATION AVAILABLE

(for more information please see the previous report)

Drug-related Crime prepared by Mercedes Lovrečič, Barbara Lovrečič

Drug offences

Data on drug-related use/possession represent the number of seizures of illicit drugs involving the committing of an offence under Article 33 of the ZPPD³, drug-related dealing/trafficking presents data on the number of seizures of illicit drugs related to Article 196⁴ of the Penal Code while data on drug-related use and trafficking present the number of seizures according to Article 197⁵ of the Penal Code.

Table 8.1 presents data regarding the number of seizures by different types of illicit drug which are based on national statistical police evidence for 2005.

³ Individuals are liable to a monetary fine of between SIT 50,000 and SIT 150,000 or a prison sentence of up to 30 days for committing the offence of possessing illicit drugs in contravention of the provisions of this Act; Individuals are liable to a monetary fine of between SIT 10,000 and SIT 50,000 or a prison sentence of up to 5 days for committing the offence of possessing a smaller quantity of illicit drugs for one-off personal use. In accordance with the provisions of the Misdemeanours Act, people who commit the offence specified in the first paragraph of this article and who possess a smaller quantity of illicit drugs for one-off personal use and people who commit the offence specified in the preceding paragraph may be subject to more lenient punishment if they voluntarily enter the programme of treatment for illicit drug users or social security programmes approved by the Health Council or Council for Drugs.

⁴ Whoever unlawfully manufactures, processes, sells or offers for sale, or for the purpose of sale purchases, keeps or transports, or whoever serves as an agent in the sale or purchase of, or in any other way unlawfully places on the market, substances and preparations recognised to be narcotic drugs, shall be sentenced to imprisonment of not less than one and not more than ten years; (2) If the offence referred to in the preceding paragraph has been committed by several people who colluded with the intention of committing such offences, or if the perpetrator has established a network of dealers and middlemen, the perpetrator shall be sentenced to imprisonment of not less than three years; (3) Whoever without authorisation manufactures, purchases, possesses or furnishes other people with the equipment, material or substances which are, to his knowledge, intended for the manufacture of narcotics shall be sentenced to imprisonment of not less than six months and not more than five years.; (4) Narcotics and the means of their manufacture shall be seized.

⁵ Whoever solicits another person to use narcotics or provides a person with such drugs to be used by him or by a third person, or whoever provides a person with premises for the use of narcotics or in some other way enables another person to use narcotics shall be sentenced to imprisonment of not less than three months and not more than five years; (2) If the offence referred to in the preceding paragraph is committed against a minor or against several people, the perpetrator shall be sentenced to imprisonment of not less than one and not more than ten years; (3) Narcotics and the tools for their consumption shall be seized.

The highest numbers of offences are still due to cannabis for the categories of use/possession and use and trafficking, while the highest number of offences for the category dealing/trafficking is due to heroin (in 2004 due to cannabis).

In 2005 in Slovenia 78.8% of all drug-related use/possession (Article 33 of the ZPPD) offences were due to cannabis, 15.7% due to heroin, 2.7% due to cocaine, 1.9% due to amphetamines, and 0.9% due to Ecstasy. Among all drug-related dealing/trafficking (Article 196 of the Penal Code) offences, 43.9% of cases were due to heroin, and 27.5% due to cannabis. Among all drug-related use and trafficking (Article 197 of the Penal Code) offences 88.4% of all cases were due to cannabis.

Table 8.1 *Number of arrests/reports of drug law offences by type of illicit drug, Slovenia, 2005*

Offence type (N)/substance	Drug-related use/possession Article 33 of ZPPD	Drug-related dealing/trafficking Article 196 of the Penal Code	Drug-related use and trafficking Article 197 of the Penal Code	total
cannabis	2028	91	160	2279
heroin	401	145	4	550
cocaine	71	68	0	139
amphetamines	51	16	na	na
Ecstasy	24	10	1	35
LSD	na	na	na	na
other	na	na	na	na
total	2575	330	181	3086

Source: Ministry of the Interior of the RS, 2005

Na - data not available

According to the Annual Report of the Slovenian Police, in 2005 (see Table 8.2) there was an increase of 0.8% in the total number of drug-related criminal offences at the national level: 1,241 criminal offences related to Articles 196 and 197 of the Penal Code while, in 2004, there were 1,231 of such criminal offences (for more information please see the 2005 National Report), and increase of 11,8% in total number of reported suspects.

Table 8.2 *Drug-related criminal offences pursuant to Articles 196 and 197 of the Penal Code of the RS, Slovenia, 2004-2005*

	Number 2004	Number 2005	Change (%)	Reported suspects 2004	Reported Suspects 2005	Change (%)
Article 196 of the Penal Code: Illegal production of and traffic in drugs	997	1026	2.9	1135	1322	16.5
Drug-related use and trafficking Article 197 of the Penal Code: Enabling drug use	234	215	-8.1	239	214	-10.5
Total	1231	1241	0.8	1374	1536	11.8

Source: Ministry of the Interior of the RS, Annual Police Reports 2005

Other drug-related crime prepared by Barbara Lovrečič, Mercedes Lovrečič**Prostitution in Slovenia**

According to the 2005 Police Annual Report criminal offences involving the abuse of prostitution and trafficking in human beings (abuse of prostitution, enslavement, trafficking in human beings) are quite rare at the national level, in 2004 in Slovenia the Police discovered 7 cases (9 reported suspects) and in 2005 12 (20 reported suspects) cases of the abuse of prostitution. There are no data available to link prostitution with drug use.

Juvenile crime in Slovenia

According to the 2005 Police Annual Report criminal offences with minors as suspected offenders in Slovenia in the 2003-2005 period by type of criminal offence suggest an increase of 7.2% in the illegal production of and traffic in drugs between 2003 and 2004, and a decrease of 34.3% between 2004 and 2005 (97 cases in 2003, 104 cases in 2004, 45 cases in 2005). There is a decrease between 2003 and 2004 of 26.76% and a decrease by 57.7% between 2004 and 2005 for enabling drug use (in 2003 71 cases, in 2004 52 cases, in 2005 30 cases). In 2005 in Slovenia 2847 cases of juvenile crime were reported, with the illegal production of and traffic in drugs representing 1.6% and enabling drug use representing 1.0% of all cases of juvenile crime.

Organised crime in Slovenia

According to the 2005 Police Annual Report the illegal production of and traffic in drugs increased dramatically by 226% between 2004 and 2005 and represented in 2005 52.3% of all reported cases of organised crime in Slovenia, while 2 cases of enabling drug use were reported in 2004 and 1 case in 2005.

Driving offences in Slovenia

In Slovenia Police applied different measures during road traffic controls (see Table 8.3).

Compared 2004 and 2005 in Slovenia, according to the 2005 Police Annual Report, during road traffic controls Police conducted 3.5% less alcohol tests (255,434 in 2005 and 246,611 in 2004) and required 33.4% fewer drivers to undergo an examination to confirm the presence of alcohol (3,452 cases in 2005 and 22,289 cases in 2004) or drugs: total expert examinations ordered for illicit drugs in 2005 were 26.6% less than the prior year (a total of 2,727 in 2005 and 3,741 in 2004).

Among all expert examinations ordered for illicit drugs in 2005 in Slovenia there were 26.4% less negative responses, 23.0% less positive responses and 28.2% less refused cases in comparison with 2004.

Among all expert examinations ordered for alcohol in 2005 in Slovenia there were 23.5% less positive responses, 15.7% less negative responses and 50.7% less refused cases in comparison with 2004.

Enforcement measures taken by the Police when suspecting drugged driving during traffic surveillance in 2005 in Slovenia had the following results: 6,699 persons committing offences had more than 1.5 g alcohol/kg blood (28% less than in 2004 when there were 4,835 cases), but 2,728 drivers had more than 1.1 g alcohol/kg blood (17% less than in 2004 when there were 2,270 cases).

Alcohol effected people responsible for road accidents are presented in Table 8.4.

According to national data for 2004 and 2005, higher average alcohol concentrated (g/kg) in blood is correlated with more damage in road accidents. Data suggest an increase in average alcohol concentration in 2005 in respect to 2004 in Slovenia.

For more information please see also previous reports and chapter Drugs and Driving.

Table 8.3 *Most common measures taken by the police during road traffic controls, Slovenia, 2004-2005*

	2004	2005	Change (%)
Alcohol test	255,434	246,611	-3.5
positive	31,740	22,289	-29.8
negative	219,528	221,714	1.0
refused	3,759	2,404	-36.0
Examination (alcohol)	5,183	3,452	-33.4
positive	1,557	1,119	-23.5
negative	1,190	1,003	-15.7
refused	2,336	1,151	-50.7
Examination (drugs)	3,714	2,727	-26.6
positive	525	404	-23.0
negative	681	501	-26.4
refused	2,463	1,768	-28.2
Detention until sober	749	412	-45.0
Temporary confiscation of driving licence	27,238	18,174	-33.3
Bringing before a judge or a general offences department of a local court	270	379	40.4

Source: Annual Report on the Work of the Police, 2005, Slovenia

Table 8.4 *Number of alcohol effected persons responsible for road accidents and average alcohol concentration, Slovenia, 2004-2005*

	Total persons responsible		Alcohol effected persons responsible		Share of total (%)		Average alcohol concentration (g/kg)*	
	2004	2005	2004	2005	2004	2005	2004	2005
Fatal accident	262	242	95	82	36.3	33.9	1.58	1.61
Injury accident	12,677	9,924	1,499	1,291	11.8	13.0	1.48	1.47
Material damage accident	30,234	19,424	2,313	1,806	7.7	9.3	1.49	1.52
Total	43,173	29,590	3,907	3,179	9.0	10.7	1.49	1.50

* The average alcohol concentration is expressed in g/kg for comparability reasons.

Source: Annual Report on the Work of the Police, 2005, Slovenia

For more information please see the Chapter Drugs and Driving.

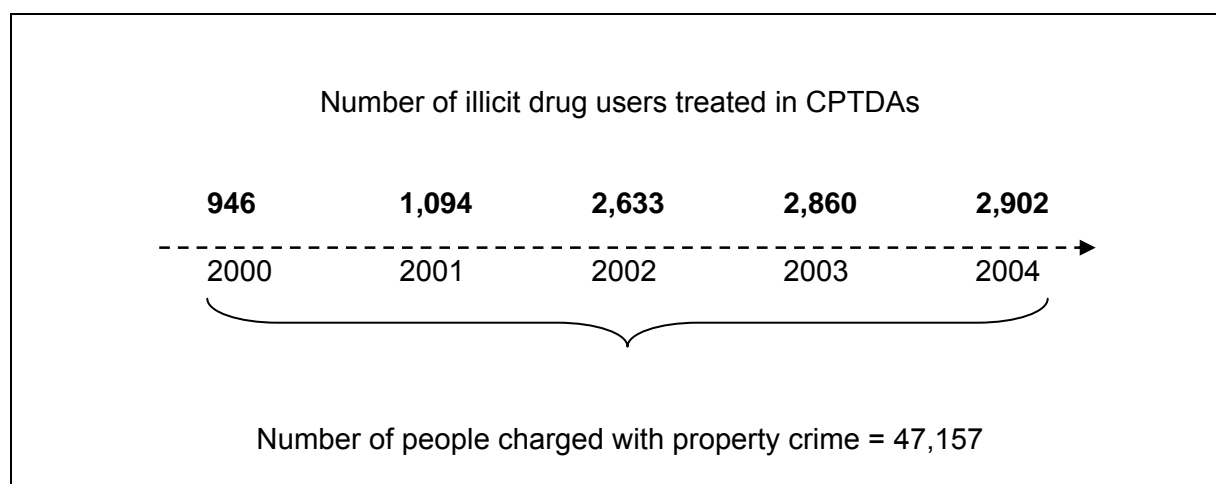
Analysis of the share of illicit drug users in CPTDA treatment among special returned people in the field of property crime prepared by Mercedes Lovrečič, Maja Sever, Inge Lenarčič, Tomo Hasovič

An analysis was made on the police data collection on offenders of property crime and on data from the IPHRS on the evidence of illicit drug users treated at the CPTDA for the period 2000 to 2004. The analysis' objectives were to estimate the proportion of illicit drug users charged with property crime.

The crossing data technique was used in the analysis which was made on the basis of a soundex code. These two characteristic were chosen because they do not change in time.

The crossing technique was made by a specially designed algorithm in the programme package R 2.2.0. Before the crossing of the two abovementioned data collections took place, the data was arranged in a suitable form - a uniform record of the soundex code with big letters, a uniform record of the birth date in the form dd.mm.IIIII and a uniform record of gender with the letters M (male) and F (female). Besides that, all the imperfect units (units which did not provide all three characteristics) were excluded.

Figure 8.1 *Number of illicit drug users treated in CPTDAs and number of people charged with property crime, Slovenia, 2000-2004*



The analysis centred on people charged with a criminal act and not on the criminal act itself, which is why the data on all people charged in the period 2000 to 2004 in Slovenia was used. This data collection was crossed with the database of the CPTDAs treating illicit drug use for several years (2000, 2001, 2002, 2003 and 2004). The final statistical analysis, after the crossing was done, was made using the SPSS 11.0 statistical package.

On the basis of data received from the national database crossing for the period 2000 to 2004 it is possible to estimate that the proportion of illicit drug users among people charged with property crime is between 2.5% and 3%. We have to stress that the abovementioned proportion is probably larger, while the estimation is made on the basis of an aggregate base for the examined period (N=47157) and not on the basis of a year.

Table 8.5 *Number and proportion (in %) of people charged with a criminal act for property crime and treated in CPTDAs, Slovenia, 2000-2004*

Year	2000	2001	2002	2003	2004
Number	225	355	887	1163	1253
Proportion (in %)	0.5	0.8	1.9	2.5	2.7

Source: IUID, 2005

The estimated proportion of evidenced illicit drug users treated in the CPTDAs - who are among the people charged with property crime - over the last few years is 40%.

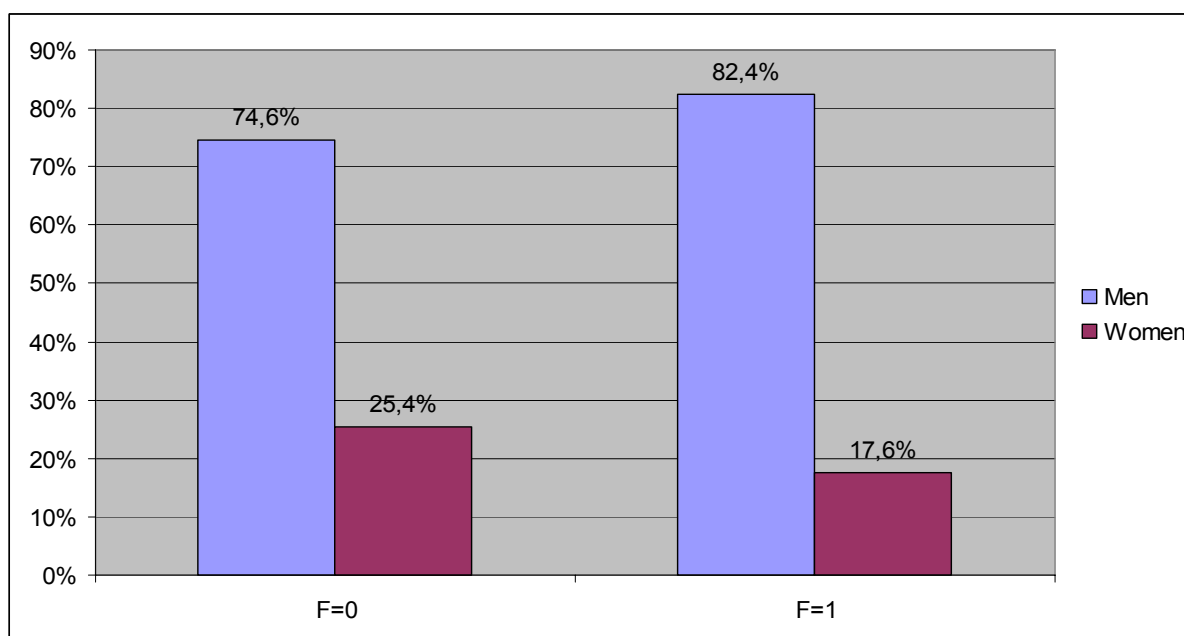
Table 8.6 *Number and proportion (in %) of illicit drug users treated in CPTDAs among people charged with property crime for the period 2000 to 2004 for Slovenia*

Year	2000	2001	2002	2003	2004
Number	225	355	887	1163	1253
Proportion (in %)	34.6	43.4	33.7	40.7	43.2
Proportion of evidenced illicit drug users treated in CPTDAs with complete data (in %)	68.1	74.8	99.6	100.0	100.0

Source: IUID, 2005

On the basis of the latest data on illicit drug users for 2004 it is possible to compare the characteristics of illicit drug users regarding whether they are listed among people charged with a criminal act for property crime.

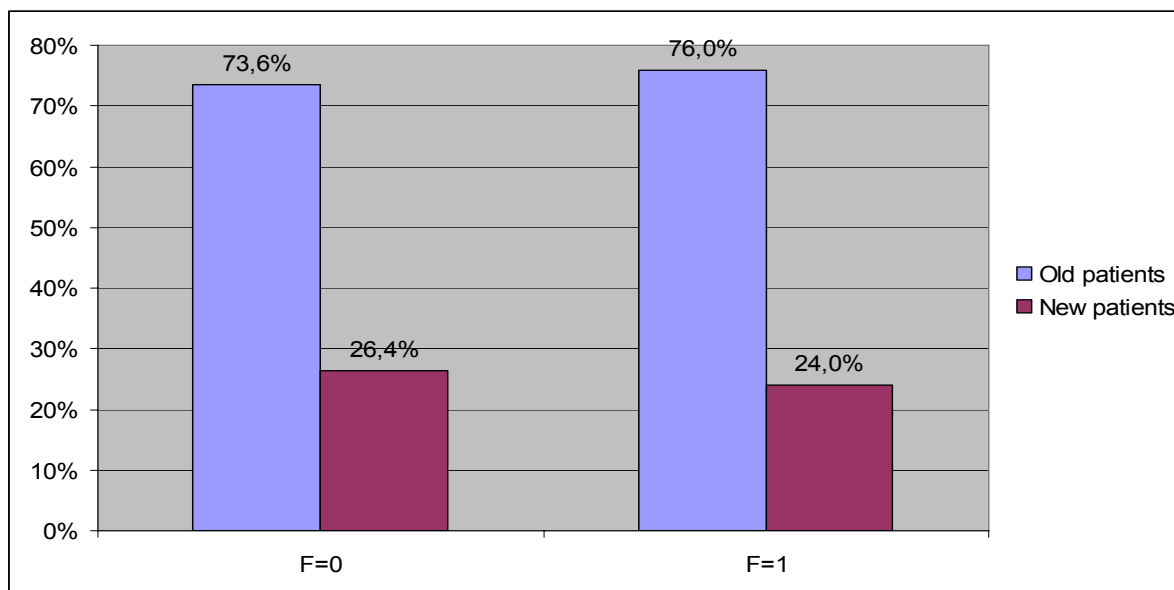
Figure 8.2 *Proportion of evidenced illicit drug users treated in CPTDAs, by gender regarding whether they are listed among people charged with property crime (in %), Slovenia, 2000-2004*



Source: IUID-IPH RS, 2005

Figure 8.2 shows that males prevail among evidenced illicit drugs users who are also listed among people charged with property crime (PC) and that males also prevail among those who are not charged with property crime (NPC). It is important to stress that the proportion of males is much bigger among those who have already been charged (F=1) than among those who have not. A similar situation is also seen regarding the nature of contact with centres where in general old customers are prevailing, moreover, there is a bigger proportion of old customers among those already charged.

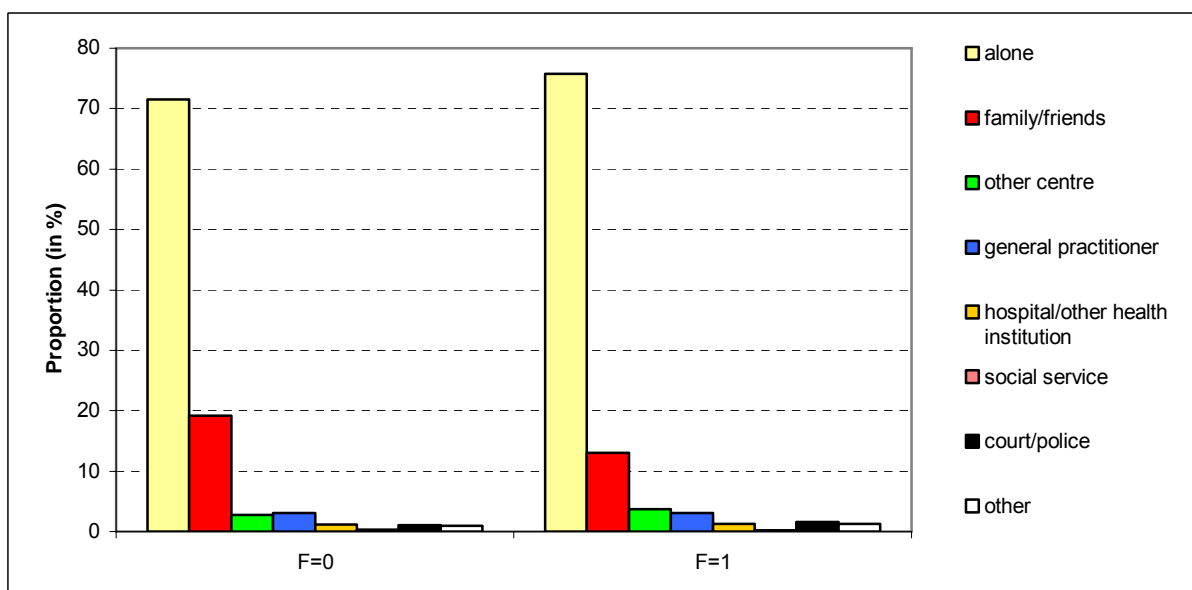
Figure 8.3 *Evidenced illicit drug users regarding the nature of contact with centres whether they are listed among people charged with property crime (in %), Slovenia, 2000-2004*



Source: IUID-IPH RS, 2005

Regarding the reasons for admission to CPTDAs admission according to one's own decision prevails, following admissions due to the wishes of family or friends (Figure 8.4).

Figure 8.4 *Evidenced illicit drug users regarding their motive for admission to CPTDAs whether they are listed among people charged with property crime (in %), Slovenia, 2000-2004*



Source: IUID-IPH RS, 2005

The data about the education of evidenced illicit drug users who are listed among people charged with property crime reveals that most of them have the lowest level of education: unfinished or finished primary school while, among evidenced illicit drug users who are not listed among people charged with property crime prevail those who finished 2-3 years of a trade school.

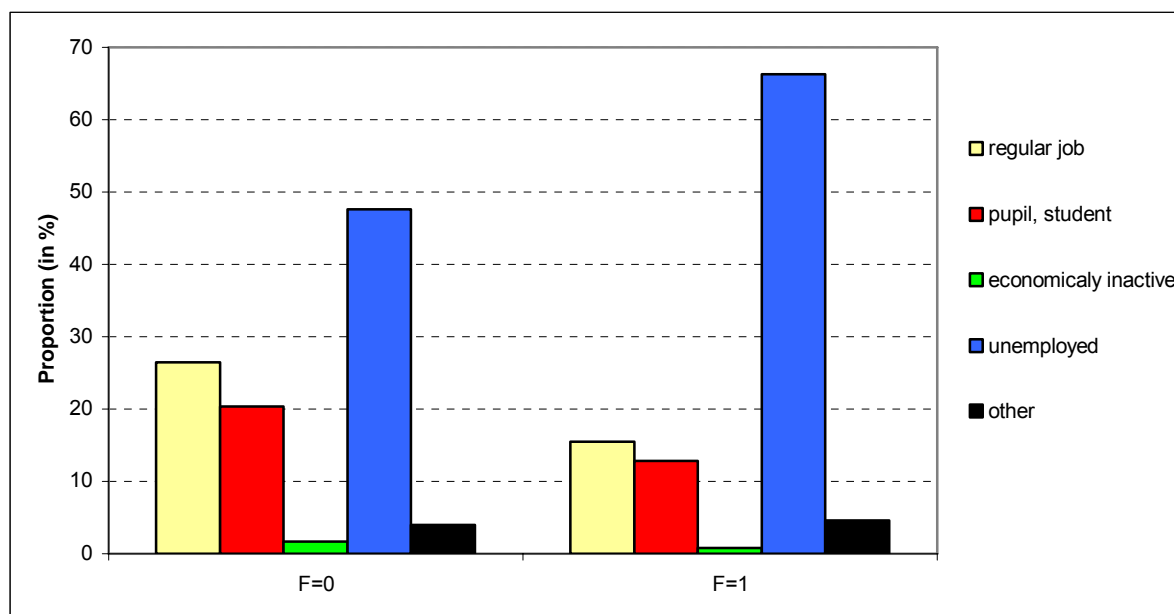
Table 8.7 *Evidenced illicit drug users regarding education whether they are listed among people charged with property crime or not (in %), Slovenia, 2000-2004*

	F=0	F=1
Finished and unfinished primary school	41,7	47,7
2-3 year professional school	51,4	46,2
Business school and university	3,3	1,2
Other	3,5	4,9

Source: IUID-IPH RS, 2005

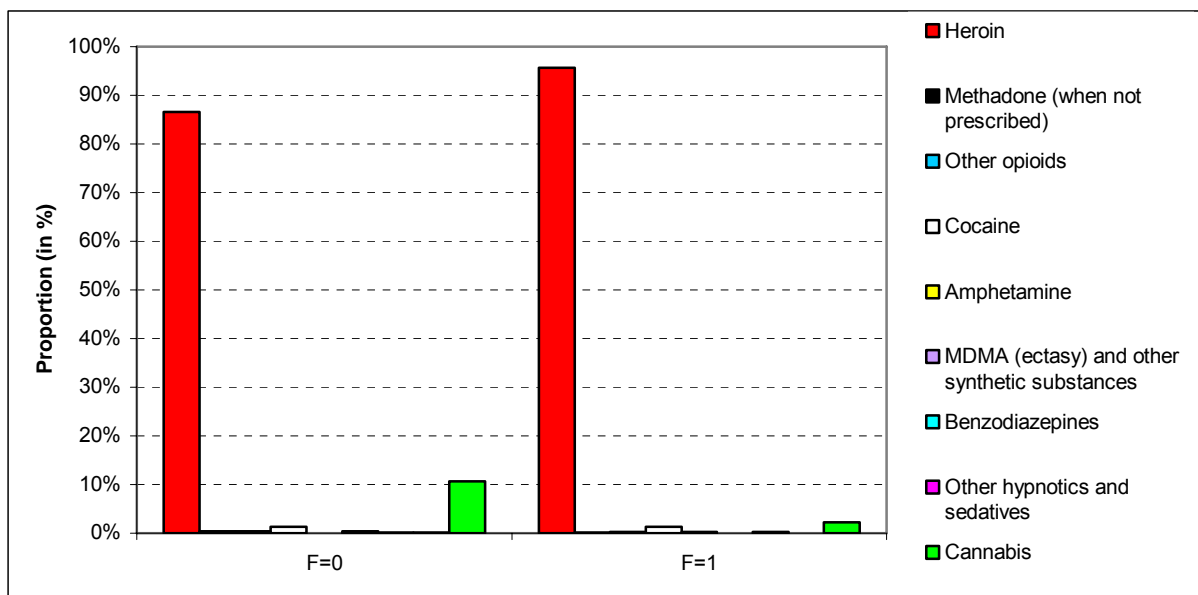
Figure 8.5 reveals that in general jobless people dominate. Among the evidenced illicit drug users charged with property crime the proportion of jobless people or people doing odd jobs is higher than among evidenced illicit drug users who have not been charged with property crime - among this group the share of people who have a steady job, are studying, attending secondary or primary school is the highest, moreover, one-third of them are in the school system (30%).

Figure 8.5 *Evidenced illicit drug users regarding employment status whether they are listed among people charged with property crime or not (in %), 2000-2004, Slovenia*



Source: IUID-IPH RS, 2005

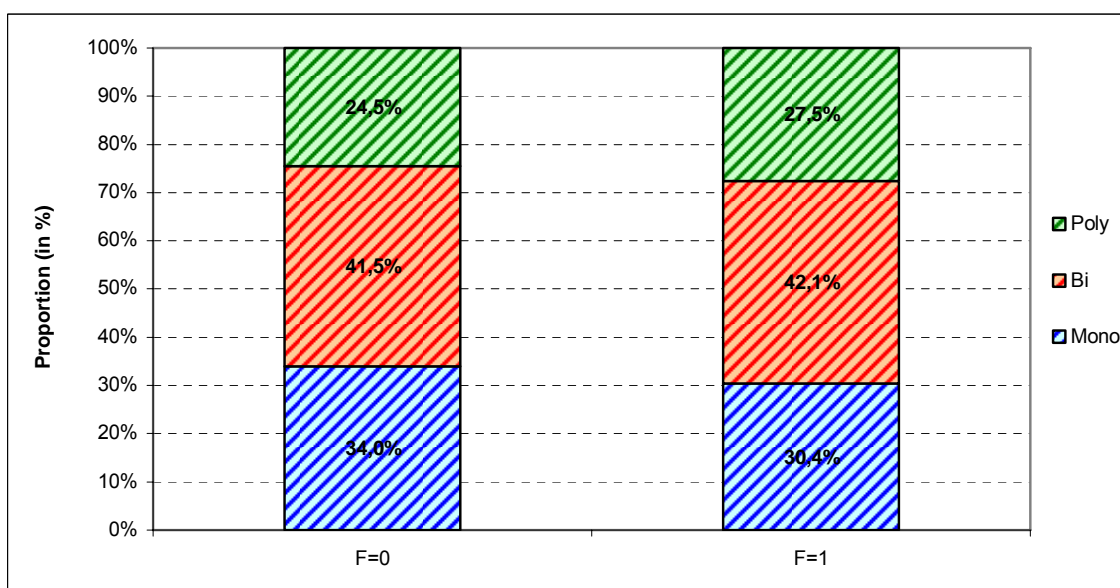
Figure 8.6 Evidenced illicit drug users regarding their schooling and employment status whether they are listed among people charged with property crime or not (in %), Slovenia, 2000-2004



Source: IUID-IPH RS, 2005

In 2004 the majority of evidenced illicit drug users sought medical help in CPTDAs because of heroin use problems. Figure 8.7 show that a high share of evidenced illicit drug users charged with property crime seeks medical help because of heroin. On the other hand, among evidenced illicit drug users not charged with property crime the highest share of them seeks help because of cannabis. Regarding the type of illicit drug user there are no visible differences, in general bi-users prevail.

Figure 8.7 Evidenced illicit drug users by the type of user whether they are listed among people charged with property crime or not (in %), Slovenia, 2000-2004



Source: IUID-IPH RS, 2005

Table 8.8 *Evidenced illicit drug users by the type of usage whether they are listed among people charged with property crime or not (in %), Slovenia, 2000-2004*

	F=0	F=1
Injecting	62.6	75.8
Smoking / inhaling	26.5	17.5
Eating / drinking	1.1	0.6
Sniffing	9.8	6.1

Source: IUID-IPH RS, 2005

On the basis of the results of an independent sample t-test it is possible to conclude with statistical significance ($p=0.000$) that evidenced illicit drug users charged with property crime are being admitted to CPTDAs approximately one year younger than those not charged. Similar findings are impossible to confirm for the other average ages and the average period of the regular use of the problematic drug.

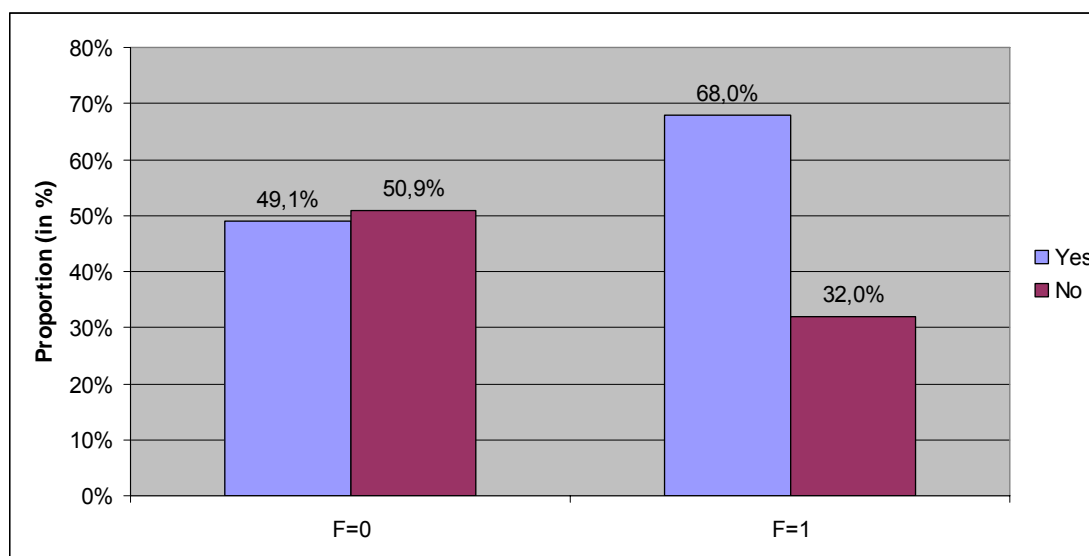
Among evidenced illicit drug users charged with property crime the share of those who have already been treated by the court or Police is much higher than among those not charged with property crime.

Table 8.9 *Average age of evidenced illicit drug users by their admission to CPTDAs by using the first drug, by using the problematic drug and average period of the regular usage of the problematic drug (in years) whether the person is listed among people charged with property crime or not, Slovenia, 2000-2004*

	F=0	F=1	t	p
Average age at first treatment in CPTDA (in years)	27.51	26.66	3.489	0.000
Average age at first illicit drug use (in years)	15.98	15.91	0.575	0.566
Average age at first primary drug use (in years)	19.08	19.00	0.457	0.648
Average period of regular drug use (in months)	57.08	57.54	-0.249	0.803

Source: IUID-IPH RS, 2005

Figure 8.8 *Evidenced illicit drug users whether they have ever been treated by a court or the Police and whether they are listed among people charged with property crime or not (in %), Slovenia, 2000-2004*



Source: IUID-IPH RS, 2005

Drug Use in Prison

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Social Costs

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

9. Responses to Social Correlates and Consequences

Overview/summary of frameworks, strategies and interventions in relation to the prevention of social consequences (incl. if required national definitions)

Social Reintegration prepared by Marjeta Ferlan Istinič, Štefan Kociper and Alenka Žagar

The social assistance system comprises activities geared to enhance social inclusion. The implementation of programmes addressing drug use is suitably adjusted to this end. All high-threshold programmes carried out in Slovenia include elements of reintegration, which means that the programme is partly aimed at detecting ways of participating and encouraging participation in daily activities. Some providers have designed a special part of programmes aimed at reintegrating and targeting those users who have previously taken part in their programmes for stable abstinence. There is no special reintegration programme that is accessible to everyone, irrespective of prior treatment.

The social assistance services provided by the Centres for Social Work to individuals, families and groups in social hardship or difficulties represent an important part of the social reintegration process.

Housing

The existing programmes also include programmes which provide accommodation after intensive treatment has been completed. One of those programmes is implemented by Društvo Up (The Hope Society), which provides a residential facility with a capacity of 12 beds for ex-users who complete the Dianova or Valdinievole therapeutic programme.

A new reintegration centre run by the NGO Društvo Projekt Človek (the Human Project Society) with accommodation facilities for around 8 to 12 people is to be opened at the latest in 2007. It is also expected there will be a few additional accommodation facilities for reintegration in the coastal region (Koper). For the time being, it is a project of Društvo Svít (the SVIT Society) to establish such a programme in the near future for those who complete the Lautari therapeutic programme in Italy.

Education, training

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Employment

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Prevention of Drug-related Crime

Road safety

In 2005, the Police again held conducted road traffic controls that were widely covered by the media. The Police focused on those factors that, according to periodical analyses, have a major effect on road safety. Many such controls were synchronised with road traffic controls in other European countries.

Compared to 2004, national road safety improved in 2005. In Slovenia in 2005 the Police dealt with 436,247 offences against the Road Transport Safety Act (in 2004 668,238) and 31,094 road accidents (in 2004 43,004) involving 60,937 (in 2004 86,616) people. The number of people killed in road accidents was 259 (in 2004 274), whilst the number of seriously or lightly injured decreased from 1,391 to 1,266 (9.0%) and from 17,332 to 13,048 or 24.7%, respectively. The most common causation factors were excess speed, wrong course or direction, a failure to give way, a pedestrian factor, manoeuvring without care, and overtaking without care.

For more information please see previous reports and chapter on Drugs and driving.

10. Drug Markets

Availability and supply

Seizures

Table 10.1 shows seizures of illicit drugs in quantities made by all law enforcement agencies (Police, Customs) in Slovenia.

In 2005 the highest number of seizures for particular drugs made by all law enforcement agencies remains the same compared to last year for herbal cannabis followed by heroin, cannabis plants, cocaine, cannabis resin, amphetamine, ecstasy, methamphetamine.

In 2005 the highest quantities of seizures by type of illicit drugs was 134.21 kg of heroin, followed by herbal cannabis (112.32 kg), cannabis plants (3.214 plants), cocaine (2.14 kg), cannabis resin (0.72 kg), amphetamine (0.13 kg) methamphetamine (0.01 kg) and 131 tablets of ecstasy.

Table 10.1 *Number and quantity of seizures of illicit drugs by all law enforcement agencies, Slovenia, 2004-2005*

Year		2004		2005	
Type of illicit drug	Quantity Unit	Number	Quantity	Number	Quantity
Cannabis resin	kg	122	8.09	118	0.72
Herbal cannabis	kg	2,401	84.83	1,819	112.32
Cannabis plants	plant	204	5,329	209	3,214
Heroin	kg	478	144.34	550	134.21
Cocaine	kg	145	106.69	139	2.14
Crack	kg	0	0		
Amphetamine	kg	0	0,20	62	0.13
Methamphetamine	kg	1	0,54	6	0.01
Ecstasy	tablet	65	874	36	131
LSD	dose	1	1		

Notes: * tablets

Source: Ministry of the Interior - Police Department, Ministry of Finance - Customs Administration of the RS

Data for Slovenia by type of illicit drug seizures in 2004 and 2005 suggest that cannabis (herb) is still the most frequently seized drug in 2005 (respect to 2004):

- Cannabis (herb): increase in quantity (kg).
- Heroin: increase in number of seizures and decrease in quantity (kg).
- Cocaine: decrease in number of seizures and decrease in quantity (kg).
- Ecstasy: decrease in number of seizures and decrease in quantity (tablets).

Criminal offences

Table 10.2 *Number of criminal offences and offences in connection with illicit drugs, Slovenia, 1995-2005*

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Criminal offences	453	675	964	988	1121	1370	1537	1539	1046	1231	1241
Offences	796	1174	1773	1954	2289	3433	4352	4178	3744	2755	2490

Source: Number of criminal offences: fixed base, standard statistical tables of the General Police Department for 2005; Number of offences: Review of statistical base of the General Police Department on 23.01.2006

Price/Purity

According to data from the Ministry of Interior and the Police Forensic Centre, the routine analysis of the purity of drugs at street level was done for brown heroin and cocaine (see table 10.3).

Table 10.3 *Purity/potency at street level of heroin brown and cocaine, Slovenia, 2000-2005*

Year	2001				2004				2005			
	Type of illicit drugs	No.	Min.	Max.	Aver.	No.	Min.	Max.	Aver.	No.	Min.	Max.
* Heroin brown (%)	350	6	65	36	366	2.5	31.5	12.1	245	1.5	50.7	16.5
Cocaine (%)					144	10.4	57.4	36.7	119	13.4	80.4	36.9

Notes: * For 2000, 2002 and 2003 no data is available.

Source: Ministry of the Interior - Police Department

Table 10.4 indicates the prices of some illicit drugs in euros at street level estimated by police sources through their monitoring system covering the national level on the basis of all seizure reports (user's report) made by the police.

Table 10.4 *Price in euros of some illicit drugs at street level, Slovenia, 2002-2005*

Year	2002			2003			2004			2005		
	Type of illicit drugs/euros	Min.	Max.	Aver.	Min.	Max.	Aver.	Min.	Max.	Aver.	Min.	Max.
Cannabis resin (1 g)	8.00	9.00	8.50	8.00	9.00	8.50	6.25	14.58	10.40	6.25	14.58	10.40
* sinsemilia (1 g)							2.10	8.33	5.20	2.10	8.33	5.20
* other herbal cannabis (1 g)	2.50	4.40	3.45	2.50	4.40	3.45				25.00	58.33	41.67
Heroin (1 g)				35.00	44.00	39.50	25.00	45.80	35.40			
* Heroin brown (1 g)	35.00	44.00	39.50									
Cocaine (1 g)	65.00	70.00	67.50	65.00	70.00	67.50	33.30	75.00	54.12	37.50	83.33	60.42
Amphetamine (1 g%)							3.00	8.33	4.00	8.33	12.50	10.45
Methamphetamine (1 g)										1.67	8.33	5.00
Ecstasy (1 tablet/unit)	6.60	8.80	7.70	6.60	8.80	7.70			5.60		10.00	
LSD (1 dose/unit)	7.00	9.00	8.00	7.00	9.00	8.00			10.40			

Source: Ministry of the Interior - Police Department

In 2005 the highest average price remains for a gram of cocaine powder (60,42 €), followed by other herbal cannabis (for a gram 41.67 €), amphetamine (10,45 €), methamphetamine (5,00 €).

PART B:
Selected Issues

11. Drug Use and Related Problems among Very Young People

Drug use and problematic drug use among very young people (<15 years old) (from special studies)

According to national data in time-period 1991-2004, reported by CPTDO, about the subpopulation of illicit drug users under 15-years at their first medical treatment some information could be reported.

Incidence of this subpopulation in 2000 and 2002 is 1.1%. Incidence rate is the highest in 2002 and is 0.3.

NO NEW INFORMATION AVAILABLE (for more information please see previous reports)

12. Cocaine and Crack - Situation and Responses prepared by Barbara Lovrečič, Mercedes Lovrečič

The reporting system on the drug treatment demand indicator (DTDI) in Slovenia started in 1991 at the NIPH. The DTDI actually routinely covers the national CPTDA network. The questionnaire DUTE (*Evidenca obravnave uživalcev drog*) is harmonized with the PG (Pompidou Group)/EMCDDA TDI standard protocol yet it also includes additional items on risk behavior, infectious diseases, sexual behavior and legal experiences. The DUTE questionnaire is an important source for revealing the epidemiological situation and characteristics of problematic drug use in Slovenia. All data include personal identifiers based on SOUNDEX (double-counting controlled).

According to the available data (DUTE questionnaire) in the period time 1991-2004 for Slovenia, the following main characteristics of cocaine users demanding medical treatment in Slovenia can be outlined. All cocaine users were reported as powder cocaine users (cocaine chloride).

a) Cocaine as a primary drug among drug users at their first medical drug treatment

National data (1991 - 2004) shows some individuals reported as cocaine users (1992, 1994, 1995: no cocaine users were reported by CPTDAs) at their first medical treatment.

In 2001, 2003 and 2004 in Slovenia the highest number (N=5) of cocaine users at first medical treatment were reported.

The incidence of cocaine users starting first medical treatment was the highest in 1991 (4,8 %), and in a period of time 1998-2004 was around 1%.

Incidence rate of cocaine users starting first medical treatment in years 2001, 2003 and 2004 was the highest and the same (0,3).

b) Cocaine as a secondary drug among drug users at their first medical drug treatment

In Slovenia in the period of time from 1991 to 2004 drug users at their first medical treatment for cocaine (as secondary drug) use problems were reported.

The incidence, in Slovenia in the same period of time, for cocaine as secondary drug, oscillate, was the highest in 1991 (28,6%) and the lowest in 1995 (4,8%).

Incidence rate of cocaine users starting first medical drug treatment in Slovenia from 1991-2004 (cocaine as a secondary drug) was continuously changing, was the lowest in 1995 (0,4), the highest in 2004 (3,6) and is increasing from 2001 to 2004.

In Slovenia, from 1991 to 2004, the incidence of cocaine (primary or secondary drug) users at first medical treatment is the highest in 1991 (33,3%), while the incidence rate is the highest in 2004 (3,9).

For more information please see also previous chapters and reports.

13. Drugs and Driving

Policy

New Legislation

Driving under the influence of an illicit drug *prepared by Manca Drobne*

The Road Traffic Safety Act (Official Gazette RS 25/2006) of the Republic of Slovenia prescribes the rules and conditions for participation in street traffic. The conditions of driving under the influence of alcohol, drugs, psychoactive medicaments and other psychoactive substances are managed in Chapter VIII., which describes the psycho-physical situation of participants in street traffic. The Law states that the Police can, because of the ascertainment that a participant in street traffic or a participant in a traffic accident has in their organism alcohol or more alcohol than is permitted, perform a test with means or devices for identifying the presence of alcohol. If a test participant refuses, the Police prohibits the driver from any further driving of their motor vehicle and temporarily takes away their driver's license. If because of various health conditions or any other objective reason connected with health or where the test cannot be made according to the instructions of the manufacturer of the device, the test cannot be carried out, the Police order a special test to be made at a hospital.

The law states that when a participant is driving under the influence of drugs, psychoactive medicaments or other psychoactive substances which reduce their capability for driving, the Police carry out the procedure for recognising signs or symptoms of these illicit substances in their organism. This procedure can be carried out with use of a device for quickly finding the presence of drugs, psychoactive medicaments or other psychoactive substances in their organism. In the event of recognition of such a sign or symptom and where the test was not carried out with a device for quickly identifying the presence of drugs, psychoactive medicaments or other psychoactive substances in their organism or if a participant in street traffic refuses to cooperate in the procedure for recognising the signs and symptoms or the whole procedure cannot be conducted, the Police order a special test to be held at a hospital. If the test was made with a device for quickly identifying the presence of drugs, psychoactive medicaments and other psychoactive substances in their organism and the results show that the participant in street traffic has these substances in their organism, the Police fill out a record of the test which must also be signed by the person tested (Road Traffic Safety Act, 2006).

According to the Road Traffic Safety Act, in Slovenia a participant in street traffic ordered to undergo a special test in hospital by the Police must follow the instructions so given. Any driver who the Police have ordered to undergo the special test in hospital is also forbidden from carrying on with driving, or the driver can temporarily lose their driving license except in cases defined in this Law. The Minister of the Interior with the agreement of the Minister of Health defines the procedure for recognising the signs or symptoms which are the results of using drugs, psychoactive medicaments or other psychoactive substances. The special test applied at hospitals in both cases (alcohol, other psychoactive substances) includes first a medical examination in which doctors establish the signs of a disturbance in behaviour, which could lead to the uncertain use of a motor vehicle in traffic, second the taking of samples of blood, urine and other body fluids or tissue to ascertain the presence of alcohol, drugs, psychoactive medicaments and other psychoactive substances which influence the possibility of safe driving in street traffic (Road Traffic Safety Act, 2006).

The procedure to recognise driving under the influence of drugs, psychoactive medicaments and other psychoactive substances in their organism started to be performed by the Police in June 2006 according to the Road Traffic Safety Act and the Regulations on the procedure to

recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism (Official Gazette RS 52/2006) from April 2006. This Regulations exactly defines the procedure for recognising signs or symptoms which are the results of using drugs, psychoactive medicaments and other psychoactive substances in their organism and which reduce the capability of each participant in street traffic during their driving. The Police in accordance with the Regulations enter the results of the procedure into a protocol which has 3 phases: 1) an eye test; 2) an estimation of the size of the pupils; and 3) an ordered special test. The special test is ordered if at least one of the phases mentioned above confirms the suspicion that the participant in street traffic is under the influence of a drug, psychoactive medicaments or other psychoactive substances. Reasons for such a suspicion written in Article 7 of the Regulations include: eye shudder, reddened (red) eyes, floating eyes, eye turbidity or any other deviation of the eyes rather than a normal appearance, if the eyes do not focus directly on one chosen point or if the size of the pupils deviates from the normal size and if the reaction of the pupils to light is indirect (according to the Regulations of the procedure to recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism, 2006).

The Police can, according to the Road Traffic Safety Act and Regulations, order the special test in hospital when the whole procedure cannot be carried out on the premises or the procedure is refused by the participant in street traffic. In any case, the main evidence in procedures conducted by the Police and court are the results of toxicological analysis⁶.

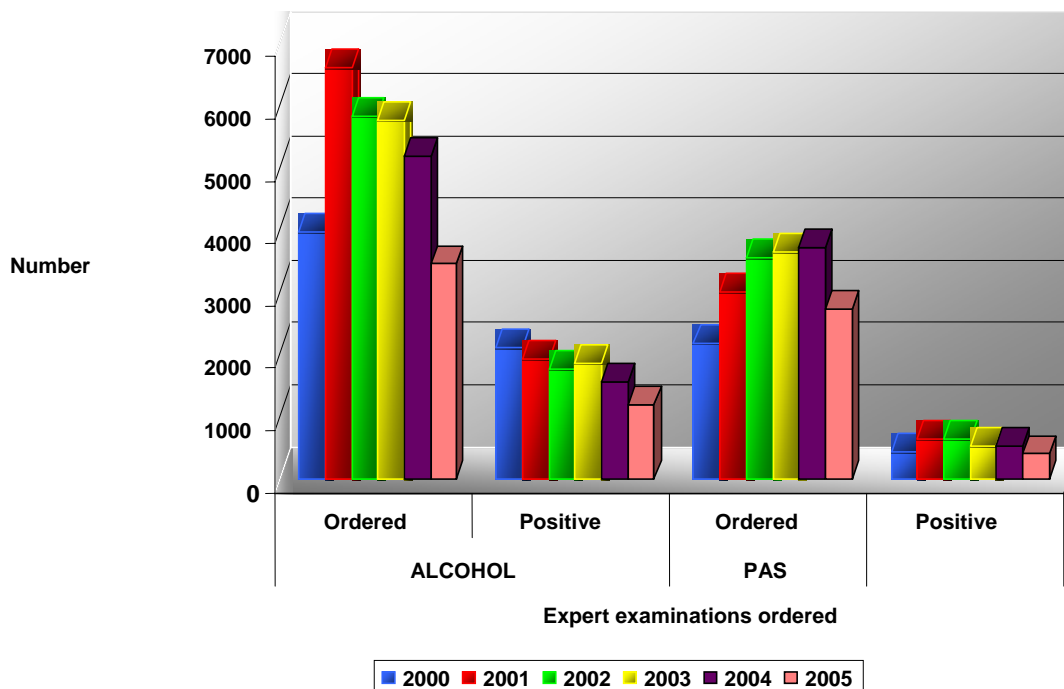
Driving under the influence of alcohol and psychoactive substances in Slovenia *prepared by Manca Drobne and Mercedes Lovrečič*

The research indicates that driving under the influence of alcohol and psychoactive substances (illicit drugs, psychoactive medications and other psychoactive substances - PAS) are increasing, while the decrease in driving abilities under the influence of PAS is an important risk factor of traffic accidents. According to data from scientific research, marijuana is the most frequently discovered illicit drug in fatal traffic accidents, as it has a similar effect to alcohol. Drivers using cannabis are three- to seven- times more often involved in traffic accidents compared to those not using alcohol or other drugs. The effects of ecstasy and amphetamines on driving abilities are not yet fully known, but scientific tests of driving simulation reveal that such driving is definitely unsafe, while a combination of poly-drug use and driving can be extremely dangerous (Lovrečič, Drobne 2004).

The Law on Road Traffic Safety of the Republic of Slovenia (LRTS) (Official Gazette RS 25/2006) defines the rules and procedures for participation in road traffic: procedures of driving under the influence of alcohol and other PAS are managed in Chapter VIII defining the psycho-physical state of participants in road traffic.

⁶ Start of performance of the procedure for the recognition of signs and symptoms which are the result of drugs, psychoactive medicaments or any other psychoactive substances in the organism, http://www.policija.si/si/szj/szj_prikaz_det.php?id=1143 (3.7.2006).

Figure 13.1 *Enforcement measures taken by the Police when suspecting drugged and drunk driving during traffic surveillance, number of ordered expert examinations for PAS and alcohol compared to positive expert examinations for PAS and alcohol, Slovenia, 2000-2005*



Source: Ministry of the Interior

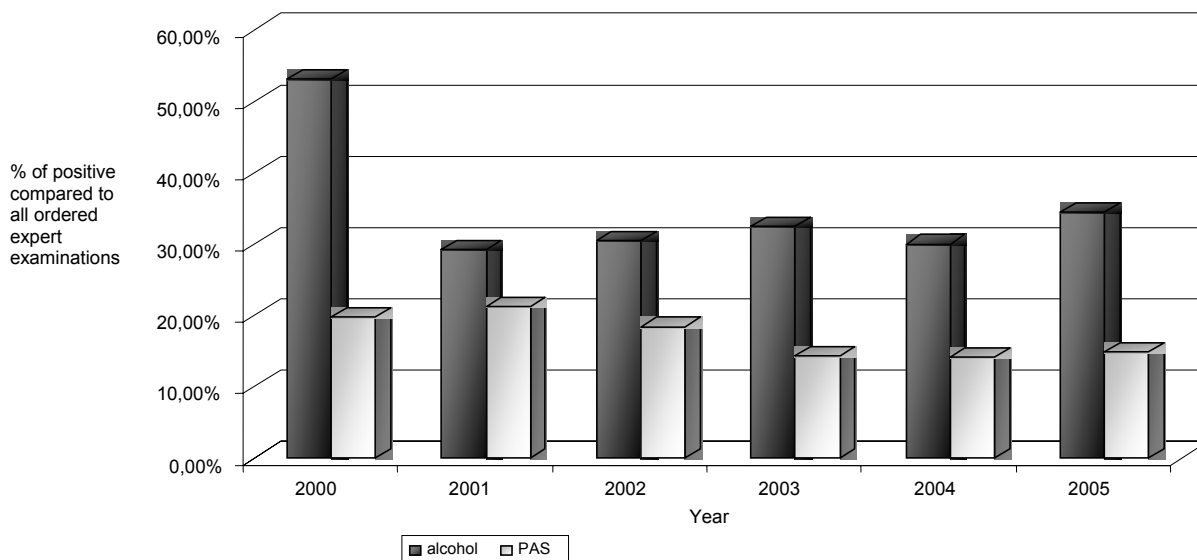
Table 13.1 *Enforcement measures taken by the Police when suspecting drugged and drunk driving during traffic surveillance for alcohol and other PAS, Slovenia, 1999-2005*

Measures taken by Police/Year	1999	2000	2001	2002	2003	2004	2005
ALCOHOL							
No. of ordered tests (Alco-test)	124161	146042	176042	188326	245245	255434	246611
No. of positive tests (Alco-test)	39463	37292	36223	34759	34527	31740	22289
% of positive tests out of all ordered Alco-tests	31.8%	25.5%	20.6%	18.5%	14.1%	12.4%	9.0%
No. of ordered expert examinations	3523	3969	6609	5826	5757	5183	3452
No. of positive expert examinations	2006	2108	1931	1769	1866	1557	1191
% of positive expert examinations out of all ordered expert examinations	56.9%	53.1%	29.2%	30.4%	32.4%	30.0%	34.5%
OTHER PAS							
No. of ordered expert examinations	1451	2175	3008	3552	3642	3714	2727
No. of positive expert examinations	378	431	638	652	520	525	404
% of positive expert examinations out of all ordered expert examinations	26.0%	19.8%	21.2%	18.4%	14.3%	14.1%	14.8%
No. of negative expert examinations	-	126	214	468	541	681	501
% of negative expert examinations out of all ordered expert examinations	-	5.8%	7.1%	13.2%	14.9%	18.3%	18.4%
No. of refused expert examinations	-	1618	2156	2407	2527	2463	1768
% of refused expert examinations out of all ordered expert examinations	-	74.4%	71.7%	67.8%	69.4%	66.3%	64.8%

Source: Ministry of the Interior

According to data from the Ministry of the Interior on enforcement measures taken by the Police when suspecting drugged and drunk driving during traffic surveillance in Slovenia, (Table 13.1) in the period from 1999 till 2005 there were on average 197,408 tests for alcohol ordered, 4,903 expert examinations suspecting driving under the influence of alcohol and 2,895 expert examinations suspecting driving under the influence of other PAS.

Figure 13.2 *Proportion (%) of positive expert examinations out of all expert examinations when suspecting driving under the influence of alcohol and other PAS, Slovenia 2000 -2005*



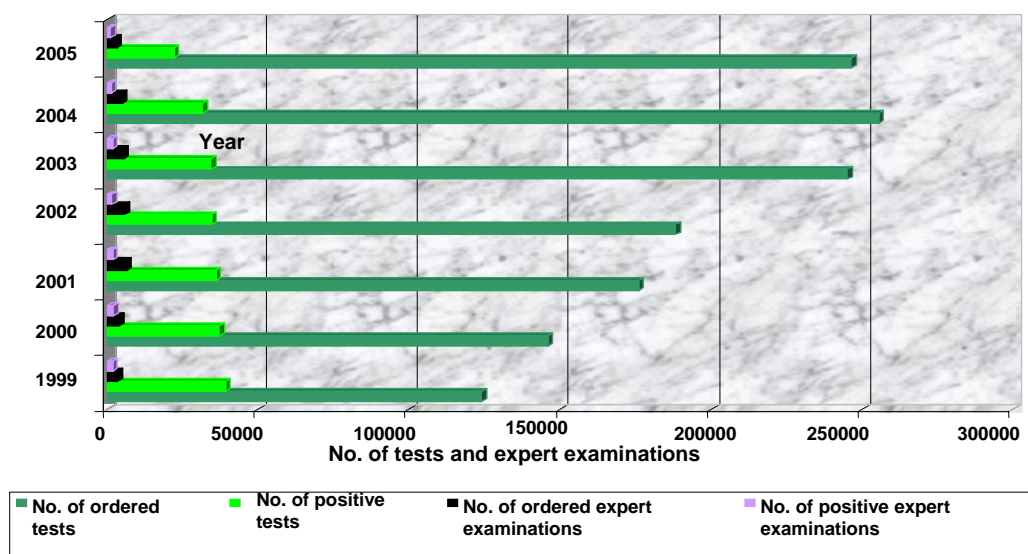
Source: Ministry of the Interior

In the opinion⁷ of the Slovenian Police the implementation of procedures for the recognition of driving under the influence of illicit drugs, psychoactive medications and other PAS, the selectivity and rationalisation will increase with the ordering of expert examinations, i.e. many interventions in health institutions will not be necessarily to order (blood and urine tracking system). The direct effect of PAS will be observed in the driver's ability to manage the vehicle; the number of detected offences and detected offenders will rise.

To ascertain the presence of PAS in the human body, the tool for estimating the size of the pupil in the eye - the "pupil-metre" (a small table which during the examination is put next to the person's eye to help the Police establish the size of the pupil) is used. The objective of the examination with the "pupil-metre" is to confirm the suspicion of the presence of PAS in the human body and to ensure the greater selectivity and rationalisation of ordering examinations.

⁷ Implementation of the procedures for recognising symptoms as a consequence of drugged driving in the human body, http://www.policija.si/si/szj/szj_prikaz_det.php?id=1143 (3.7.2006).

Figure 13.3 *Enforcement measures taken by the Police when suspecting drunk driving for alcohol during traffic surveillance, Slovenia, 1999-2005*

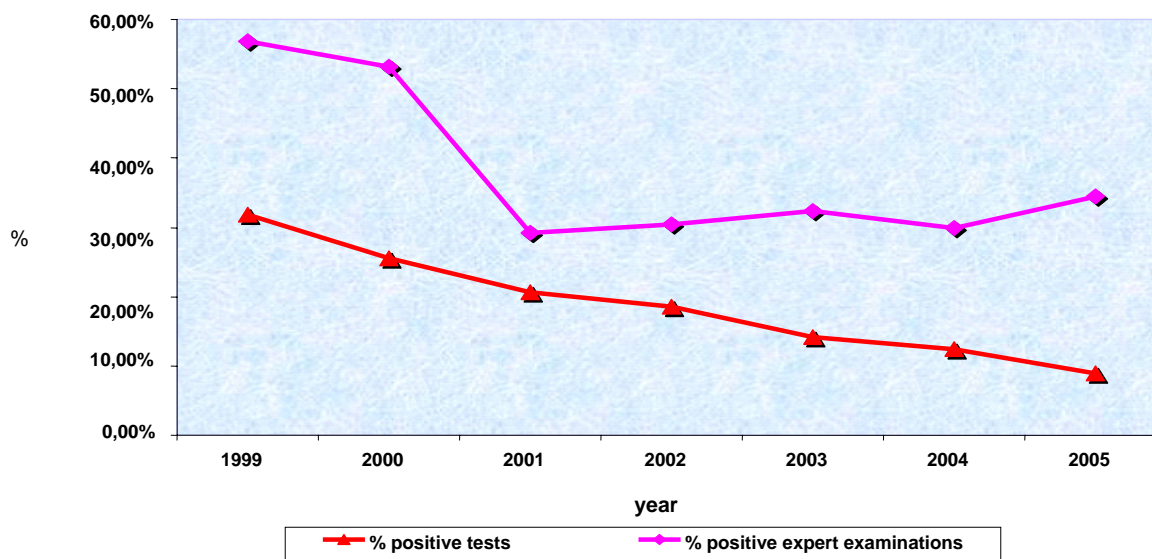


Source: Ministry of the Interior

From 1999 when 124,161 tests for alcohol were ordered, in the following years number of ordered tests was constantly on the rise until 2004 (255,434 tests), the first drop was detected in 2005 (246,611 tests). According to the data for the same period the number and proportion of positive tests for alcohol regarding all ordered tests was also decreasing, for example in 1999 there were 39,463 (31.8%) positive tests and in 2005 there were 22,289 (9.0%) of them. The data differ with ordered expert examinations comparing ordered alcohol tests when suspecting drunken driving (alcohol): in 1999 3,523 expert examinations were ordered, in 2001, 6,609; in 2002, 2003 and 2004 there were more than 5,000 expert examinations ordered in a particular year while in 2005 there were only 3,452. In this period the number and proportions of positive expert examinations vary, with the highest proportion for positive expert examinations being detected in 1999 (56.9%) and the lowest in 2001 (29.2%) when, on the other hand, the number of ordered expert examinations was highest (Table 13.1, Figure 13.2 and Figure 13.3).

The Law on Limiting the Use of Alcohol (Official Gazette RS 15/2003) defines the rules and procedures for restricting alcohol use in order to prevent harmful damage by alcohol use and came into force in February 2003.

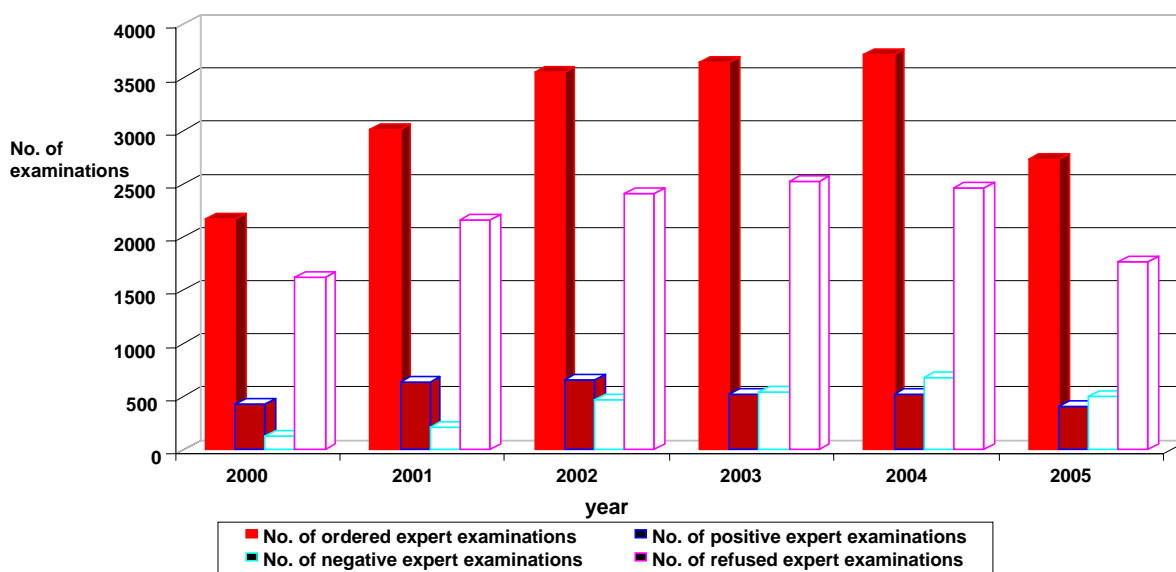
Figure 13.4 *Proportion of positive tests and positive expert examinations out of all ordered tests and expert examinations when suspecting driving under the influence of alcohol in Slovenia for the period 1999 to 2005*



Source: Ministry of the Interior

When suspecting drugged driving with PAS (alcohol not included), the number of ordered expert examinations since 1999 (1,451) till 2004 was constantly on the rise (see Table 13.5 and Figure 13.5) while a drop is obvious in 2005. In this period, the average proportion of expert examinations is 18.4% and ranged from 26.0% in 1999 till 14.1% in 2004.

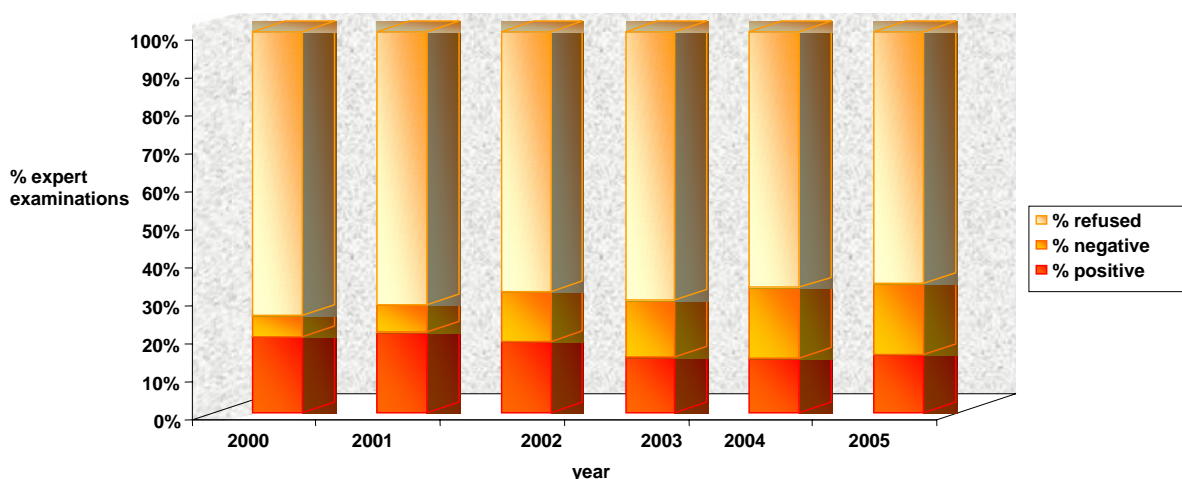
Figure 13.5 *Enforcement measures taken by the Police when suspecting drugged driving during traffic surveillance for PAS (excluding alcohol), number of positive, negative and refused expert examinations out of all ordered examinations for PAS in Slovenia, 1999-2005*



Source: Ministry of the Interior

Since 1999 the highest share of refused expert examinations when suspecting drugged driving under the influence of PAS (excluding alcohol) was detected, but it has been slowly decreasing (in the range from 74.4% in 2000 to 64.8% in 2005). The proportion of negative expert examinations remained below 8% till 2001; in the period from 2002 to 2005 the proportion ranged from 13.2% to 18.4%.

Figure 13.6 *Proportion of refused, negative and positive expert examinations out of all ordered expert examinations when suspecting drugged driving under the influence of PAS (excluding alcohol), Slovenia, 2000-2005*



Source: Ministry of the Interior

PART C:
Bibliography, Annexes

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List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
anti HBc	antibodies against hepatitis B virus
anti HCV	antibodies against hepatitis C virus
BpU	General Mortality Register/Baza podatkov umrlih
CNS	Central Nervous System
CPTDA	Centre(s) for the Prevention and Treatment of Illegal Drug Addiction
CRC	Capture Recapture method
CSD	Social Work Centres
CTDA	Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana
DRD	Drug-related deaths
DTDI	Drug Treatment Demand Indicator
DUTE	Drug Users Treatment Evidence
ED	Emergency Department
EDDRA	Exchange on Drug Demand Reduction Action

EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Project on Alcohol and Drugs
EU	European Union
EWS	Early Warning System on new synthetic drugs
F	Female
FTD	First Treatment Demand
g	Gram
GHB	Gamma-hydroxybutyric acid
GMR	General Mortality Register
GPO	General Police Office
HBSC	Health Behaviour in School-aged Children
HBV	Hepatitis B Virus
HC	Health Centres
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use
IUID	Information Unit for Illicit Drugs
IFM	Institute of Forensic Medicine - Toxicology Department
LAG	Local Action Group(s)
LRTS	Law on Traffic Road Safety
M	Male
MD	Ministry of Defence of the RS
MDMA	3,4-methylenedioxymethamphetamine
NFP	National Focal Point
MH	Ministry of Health of the RS
MES	Ministry of Education and Sport of the RS
MF	Ministry of Finance of the RS
MI	Ministry of Interior of the RS
MJ	Ministry of Justice of the RS
MLFSA	Ministry of Labour, Family and Social Affairs of the RS
NIPH	Institute of Public Health of the Republic of Slovenia
NGO	Non-governmental Organisation
OD	Office for Drugs
PAS	Psychoactive Substances
PEU	Pre-hospital Emergency Unit
PG	Pompidou Group of the Council of Europe
PUM	Project Learning for young adults
RS	Republic of Slovenia
SIADH	Syndrome of inappropriate antidiuretic hormone
SOUNDEX	Special system code used for data collection data base DUTE
TDI	Treatment Demand Indicator
UN	United Nations
ZPPPD	Production of and Trade in Illicit Drugs Act
ZPSPD	Precursors for Illicit Drugs Act
ZPUPD	Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act

PART D:
Standard Tables and Structured Questionnaires

Table 1. STANDARD TABLES AND STRUCTURED QUESTIONNAIRES

			Reporting Cycle
1	Online Standard Table 01	Basic results and methodology of population surveys on drug use	Yearly
2	Online Standard Table 02	Methodology and results of school surveys on drug use	Yearly
3	Standard Table 03	Characteristics of persons starting treatment for drugs	As soon as available
5	Standard Table 05	Acute/direct related deaths	As soon as available
6	Standard Table 06	Evolution of acute/direct related deaths	As soon as available
7	Standard Table 07	National prevalence estimates on problem drug use	Yearly
8	Standard Table 08	Local prevalence estimates on problem drug use	Yearly
9	Standard Table 09	Prevalence of hepatitis B/C and HIV infection among injecting drug users	As soon as available
10	Standard Table 10	Syringe availability	Yearly
11	Standard Table 11	Arrests/Reports for drug law offences	Yearly
12	Standard Table 12	Drug use among prisoners	Yearly
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14	Standard Table 14	Purity at street level of illicit drugs	Yearly
15	Standard Table 15	Composition of tablets sold as illicit drugs	Yearly
16	Standard Table 16	Price in euros at street level of illicit drugs	Yearly
17	Standard Table 17	Leading edge indicators for new developments in drug consumption	Voluntary
18	Standard Table 18	Overall mortality and causes of deaths among drug users	As soon as available
24	Standard Table 24	Drug-related treatment availability	Yearly
30	Standard Table 30	Methods and results of youth surveys	Voluntary
31	Structured Questionnaire 31	Treatment as an alternative to imprisonment applicable for drug using offenders in the European Union	Yearly
32	Structured Questionnaire 32	Policy and institutional framework	Yearly
33	Selected Issue	Very young people_TDI_DATA	Voluntary
34		TDI data	As soon as available
35	Selected Issue	Very young people_conditional prevalence table	Voluntary
36	Selected Issue	Cocaine_orientative_frequeny	Voluntary