National Institute of Public Health

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V z t r a j n o s t

Z r e l o s t

REPORT ON THE DRUG SITUATION 2009 OF THE REPUBLIC OF SLOVENIA

European Monitoring Centre
for Drugs and Drug Addiction

2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point

SLOVENIA
New Development, Trends and in-depth information on selected issues

REITOX

NATIONAL INSTITUTE OF PUBLIC HEALTH

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Introduction

The year is over and in front of you is a new annual report from Slovenia prepared by the Slovenian Focal Point on Drugs. The Slovenian Focal Point on Drugs is based at the National Institute of Public Health ('NIPH'). It is the national partner of the European Monitoring Centre for Drugs and Drug Addiction ('EMCDDA') and provides comprehensive information to the EMCDDA and the Slovenian government along with experts on the drug situation in Slovenia.

A national report on the drug situation in Slovenia is drawn up each year with the structure of the report being provided by the EMCDDA so as to facilitate comparisons with similar reports produced by other European Focal Points.

This is the ninth time the National Focal Point ('NFP') at the NIPH has delivered its Annual Report on the Drug Situation. This report provides an overview of the political and legal framework, demand and supply reduction interventions and comprises qualitative and quantitative data and other information relevant to the field of drugs in Slovenia from 2008 and for the first half of 2009.

This report (along with other national reports and standard tables provided by other European Focal Points) will be used in compiling the EMCDDA's annual report on the drug situation in the European Union and Norway, which will be published in 2010.

In addition to this annual report, the NFP collates an extensive range of data in the form of standard tables and responses to structured questionnaires which are submitted regularly to the EMCDDA. The NFP also contributes to other elements of the EMCDDA's work such as the development and implementation of its five key epidemiological indicators, the Exchange on Drug Demand Reduction Action ('EDDRA') and implementation of the Council Decision on New Psychoactive Substances.

This report has also been prepared for national experts and decision-makers in Slovenia. They can find some important data in the report, which they can use for creating policy in the drugs field. The report brings a comprehensive review of important data and events in 2008 and in the first half of 2009.

We believe the data in the report can also be useful for better understanding the drug phenomenon in Slovenia and in the European Union (EU). It is only through different reports from different countries that we can better understand the very complicated process in the field of drugs and paint a clear picture of the drug phenomenon in the EU. This report is an important contribution to help clarify the overall EU drug picture. Our friends from other focal points have prepared the other pieces and, together with the EMCDDA, we can present a much clearer idea of the drug situation in the EU. Our network represents an important information system on drugs. And we are happy to form part of this network.

I am also very happy that I had a chance to be a member of the Slovenian group which was leading the Slovenian Presidency of the Council of the EU process in 2008. As a leading country of the horizontal working party for drugs we invited the EMCDDA as an important EU agency several times in the process of preparing statements and decisions of the HDG. We also invited the EMCDDA's experts to actively participate in the discussion and different processes during our presidency. The EMCDDA and its experts were excellent partners during that presidency process.

Finally, I would like to thank to all the experts and many other people for their assistance. Without your help we would never have managed to prepare such a broad report in such a short time.

Milan Krek

Slovensko predsedstvo EU 2008
Slovenian Presidency of the EU 2008
La Présidence slovène de l'UE 2008

Results of the Slovenian Presidency of the HDG, January - June 2008

The main goal of the Slovenian EU Council's Presidency was to contribute to the further implementation and development of drug policy in the European Union based on the EU Drug Strategy 2005-2012 and the EU Action Plan on Drugs 2005-2008. During the first half of 2008, the Slovenian Presidency tried to accomplish the activities foreseen for implementation in the EU Action Plan. Regarding contents, our programme was based on achievements and discussions with the two previous EU Presidencies, namely, Germany and Portugal.

Horizontal Drugs Group meetings (HDG)

Six HDG meetings took place during the Slovenian Presidency of the Council of the EU. After some turbulent weeks at the beginning of the Presidency 'The Council Decision on defining 1-benzylpiperazine (BZP) as a new psychoactive substance which is to be made subject to control measures and criminal provisions' was adopted. It represents a legal basis for member states to take the necessary measures, in accordance with their national law, to submit substances to control measures proportionate to their risks.

Thematic debates

Three thematic debates were prepared during the Slovenian Presidency. The first dealt with alternative development within the UNGASS Review framework. Papers by representatives from the EC, UNODC, FAO and GTZ underlined that, for a successful alternative development policy, the following prerequisites are important: communication, statistical data base, order and stability, legislation and its effective implementation. This policy should be part of an overall rural development strategy with the participation of national governments, civil society and local structures.

The second thematic debate focused on prevention of the diversion of precursors. The discussion was focused on investigative aspects of the diversion of precursors, in particular on acetic anhydride that is smuggled out from the EU and is destined for illicit heroin laboratories. The aim of the thematic debate was to highlight the importance of conducting backtracking investigations, to gather quality evidence for criminal proceedings, to seize/stop additional shipments of the precursor and to arrest the perpetrators of criminal offences. Another objective of the thematic debate was a discussion of how to tackle such difficulties in order to enable efficient evidence gathering. For this reason, the intention of the Slovenian EU Presidency was to direct the thematic debate to look for possible solutions that could lead to better co-operation between national law enforcement authorities through better traceability and more effective law enforcement investigative work.

Slovenia has presented - the still not completely finished operation - called 'Plastenka', which resulted in an enormous seizure of acetic anhydride. Intensive work in this operation revealed diverse networks of drug trafficking organisations and cross-border links. Good co-operation between criminal investigators in the Czech Republic and Slovenia confirmed the linkage between, at the beginning individually and nationally dealt, precursor trafficking cases.

The third thematic debate dealt with intercultural dialogue and its relationship with the drugs issue. The drugs problem can be discussed from various perspectives; concretely from the political, health, social welfare, research, (multi)cultural perspective through to everyday practice in the field of drug control activities. Legislation and policies through which the approach will ultimately be formed have to take account of these aspects and bring them together in coherent and consistent way. It was underlined that differences are basic principles of multiculturalism, cultural relativism and human rights.

National drugs co-ordination meeting

In May 2008 the National Drugs Co-ordination Meeting was organised. The main idea was to stimulate discussion on past experiences and future prospects of the balanced approach between drug supply and demand reduction efforts. For that reason, 'Substitution Maintenance Treatment' was the first and the 'Reduction of production and cross-border trafficking of heroin - best practices and increasing law enforcement counter narcotic work' the second topic on the agenda. The Slovenian Presidency invited experts from Italy, the Netherlands, EMCDDA, EUROPOL and Slovenia to give a detailed scientific/operational explanation of both subjects.

Co-ordination

Besides organising regular HDG meetings, the Slovenian Presidency tried to enhance co-operation with third countries and international organisations. For that reason, four Troika Meetings were organised together with two Technical Committees of the EU/LAC Mechanism on Drugs, High Level Segment of the EU-LAC meeting in Vienna and, finally, we were deeply involved in preparations for the 51st Session of the Commission on Narcotic Drugs.

UNGASS

In the first three months of this year a lot of attention was paid to preparation for and actual work during the 51st CND Session in Vienna. All our common efforts resulted in five EU statements that were presented at CND plenary sessions and in the adoption of two important EU resolutions. The first resolution (51/18) addresses the threat of drug trafficking to peace, stability, and development in the countries of West Africa, whereas the second resolution (51/4) provides the legal basis for careful and extensive preparatory work for the next CND. With this resolution, intergovernmental expert working groups were established with a clear mission.

At the HDG meeting in May, a German proposal was approved, namely to organise additional drafting group expert meetings in order to prepare a common EU position on the UNGASS process during CND open-ended expert group meetings. Four meetings were organised by the Slovenian Presidency, specifically on: a) supply together with judicial co-operation and money laundering; b) international co-operation on the eradication of illicit drug crops and on alternative development; c) drug-demand reduction; and d) monitoring.
The last drafting group was chaired by the EMCDDA.

Regarding other external drug-related activities, the Slovenian Presidency organised two EU/LAC Technical Committee Meetings and the 10th High Level Meeting of the EU/LAC Co-ordination and Co-operation Mechanism which resulted in adoption of the Hofburg Declaration. The Hofburg Declaration seeks to strengthen the Mechanism and the importance of co-ordinating efforts between two regions. This obligation was also included in the Lima Declaration at the fifth EU/LAC Summit in Lima on 16 May 2008.

Troika Meetings

During the Slovenian Presidency four Troika meetings were organised in order to intensify co-operation between EU and third countries. These meetings offered an opportunity to

exchange knowledge and sharing information between representatives of the EU and participating third states. The EU presented its recent illicit drug developments in the area of drug supply reduction, drug demand reduction, international co-operation and monitoring. The representatives of third countries described their own experiences and illicit drug trends together with an explanation of problems they have encountered while pursuing a counter-narcotics strategy.
The following troika meetings were organised:
Troika EU/Afghanistan;
Troika EU/Western Balkans; and
Troika EU/Ukraine.
Informal Dialogue on Drugs between the EU and the USA:

The way forward

The open-ended intergovernmental expert groups established to assess achievement of the goals and targets set by the General Assembly at its 20th special session represent the first step towards adopting a new political declaration at the 52nd Session of the CND in March 2009, where a co-ordinated EU approach is highly desirable. The conclusions made at the four meetings of 'drafting groups', which were subsequently approved by the HDG on 25 June 2008, can be used as a common EU orientation at the following meetings taking place in Vienna within the UNGASS framework. The conclusions of the 'drafting group - monitoring' deserve special attention not only due to the important issue they address but because they can be applied at all other meetings of the open-ended intergovernmental expert groups in Vienna. In addition, they can represent a basis for developing a new EU resolution at the next CND Session.

Adoption of the new EU Drugs Action Plan that will form the basis for political development after 2008 will be the second priority on the HDG agenda. Among possible future actions of the Action Plan, close co-operation between EU and third countries as regards the UNGASS process is worth taking into consideration.

The strengthening of the EU/LAC Co-ordination and Co-operation Mechanism as the third priority requires further co-operation efforts from the LAC side. According to the last informal EU/LAC meeting on 20 June 2008, defining the 'working methods' of the Mechanism, taking the Ideas for Action document forward, and setting up a website are topics that need to be addressed at future EU/LAC meetings.

Role of the EMCDDA as the leading agency, emphasised by the Slovenian Chair of the HDG, in many areas: it was actively involved in all Presidency activities, besides that it was in charge of the drafting group on monitoring.

Slovenian team:
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Summary

In 2009, a new Decree amending the Decree on the Implementation of Regulations (EC) on precursors for illicit drugs (Official Gazette, of the RS, no. 72/2009, 18.9.2009) was adopted. It precisely defines when the holder of a special licence, registration or special registration should notify the competent authority of changes. In 2008, the Government of the Republic of Slovenia was preparing the Decree amending the Decree on the Handling of Seized and Confiscated Drugs, published in the Official Gazette of the RS, no. 63/ 2009. This decree provides a new definition of drugs that are found; these are now also destroyed in accordance with the Decree. The Government of the Republic of Slovenia also issued a new Decision on Establishment of the Commission of the Republic of Slovenia for Drugs (Official Gazette, of the RS, no. 38/ 2009). An evaluation of the existing strategy in the field of drugs (2004 - 2009) was made in 2008 for the purposes of evaluating the strategy from different perspectives and for the evaluation to become a high-quality starting-point for development of a new strategy.

The assessors submitted their suggestions which should be sensibly included when developing the new strategy in the field of drugs. Among others, the following suggestions should be mentioned: the need to develop an action plan that precisely defines those responsible for the various activities and time schedules, the need to rethink the efficient co-ordination of activity at the national level, the co-ordination of terminology with EU terminology, along with a clearer definition of tasks in the areas of research, education, information and evaluation. A proper information basis for decision-making must be provided through the establishment of proper databases, not only for the purposes of EU requirements but also for those of Slovenia. They should serve as an important basis for planning and implementing policies in the field of drugs in Slovenia. In 2008, the Ministry of Health spent EUR 2,593,053 on the operations of the CPTDA network, on a public tender, a donation to the United Nations, the printing of publications, and the purchase and distribution of sterile materials for drug injection. These funds do not include the purchase costs of medicines (methadone etc.). The Ministry of Labour, Family and Social Affairs allocated EUR 2,140,000 for the implementation of low-threshold programmes in Slovenia.

In 2007 the ‘European Health Interview Survey’ was created that will be carried out in most European Union countries in the 2007-2010 period, thereby creating internationally comparable results. The survey questions also relate to the use of alcohol, tobacco, marijuana and other drugs. Results of the research show that the use of marijuana and other drugs is most prevalent among the male population. In the 12 months prior to the date of the survey, cannabis was consumed by 2.6% of individuals, and other drugs were consumed by 0.9% of individuals aged 15 years and more. In the article we are interested in the characteristics of those using marijuana and other drugs, and possible differences between them.

So far, no survey has been made about drug and alcohol abuse among Slovenian university students. For this purpose, a survey about drug use that included senior students of the University of Ljubljana was conducted in 2008. The survey showed that the majority of students had come in contact with drugs already before the beginning of their first year at university. The most common substances in the lives of these students were tobacco and alcohol, yet one-half of them had already tried marijuana, which is a substantially larger share than found by the ESPAD survey for first-year students of high school. The percentage of students who had used drugs falls with the senior university students; the most considerable decrease is seen with marijuana. The students also stated that they had already experienced behavioural and health problems as a result of drug abuse.

In 2007 a survey was conducted among students aged 17-19 about their alcohol and drug abuse on a graduation trip. The methodology was composed in line with the ESPAD methodology. The results of the survey show that the most frequent abuse is alcohol abuse, especially among male students. The students are more frequently drunk on their graduation trip than in their home environment. The reasons for this are most likely the distance from home and the absence of parental control, the substantial feeling of freedom and access to alcohol.

In 2009 two national surveys were performed with the intention of gaining an overview of preventive programmes in the field of illicit drugs and their characteristics. The first survey focused on preventive programmes which are performed in primary and secondary schools, while the second one focused on preventive programmes performed by the non-governmental organisations and by local action groups. The surveys show that universal prevention is still the most common approach taken in Slovenia. It is characteristic of the preventive programmes performed in high schools that the people performing the programmes are in most cases external performers, namely mostly health workers. In high schools, however, the preventive programmes are mostly performed the internal staff - chiefly teachers. While the primary school programmes are in most cases performed in the form of repeated activities, the preventive programmes in high schools are largely performed in the form of individual activities. The average duration of a particular activity in primary and secondary schools is 2 to 4 hours. In primary and secondary schools these activities are usually carried out in the form of workshops, lectures and thematic hours. The contents are usually presented by combining interactive and non-interactive ways. As a working method, the method of discussion and explanation is used in most cases. The majority of programmes discuss permitted as well as illicit drugs. Yet, these programmes mainly include the general strengthening of a healthy lifestyle, additional contents about strengthening mental health in primary schools and strengthening knowledge about risks related to drug use.

60 percent of the inquired primary schools and almost 38 percent of the secondary schools perform a regular evaluation of these programmes. The programmes are integral parts of school policies in the majority of primary and secondary schools. Moreover, the majority of schools have a special protocol on incidents related to the use, possession of and trafficking of PAS in schools.

The research in the field of preventive programmes performed by non-governmental organisations and local action groups shows that more than half of all programmes can be classified as primary prevention and that the programmes are especially meant for primary school students, followed by parents, drug users, former drug users and secondary school students. According to the way a programme is performed, the most common are lectures and workshops. According to the contents, the most frequently represented contents are the strengthening of social, personal and life skills and contents that encourage communication and good family relations.

In Slovenia, preventive programmes in the field of drug use are also performed for preschool children (in kindergartens), in risk groups, risk families and at work. Prevention in the recreational environment is also highly developed; although such prevention is chiefly meant for children with an attention deficit disorder (‘ADD’) and for children with an attention-deficit hyperactivity disorder (‘ADHD’).

In 2008 the National Institute of Public Health conducted research into Slovenian non-governmental organisations (NGOs) active in the field of illicit drug and addiction problem. Participating in the research were 7 NGOs, some of which conduct low-threshold programmes and others high-threshold programmes. The data from the NGOs show that a good quarter of the clients in the sample used drugs daily. Among the total 166 clients a

good half (52.9%) stated alcohol as the very first drug they used, whereas a good 42% stated their very first drug was cannabis. As many as 30% of clients in the sample stated they had injected drugs in the past month. However, it is encouraging that 20% had never injected drugs and half (50%) did not inject drugs in the past month.

Low-threshold programmes offer drug users a number of services that are necessary for their everyday survival. We note that there are still not enough low-threshold programmes in Slovenia to meet the needs of drug users in Slovenia. Programmes develop new methods of work, the most notable being field work carried out with specially equipped vehicles. Recently, the programmes have focused on the development of help for more vulnerable population groups of drug users, such as mothers with children, children of addicted mothers and homeless drug users. It is very important to regularly provide programmes with supplies of sterile materials for drug injection. The Institute of Public Health of Koper provides materials to programmes across the whole of Slovenia and also sees to the regular and professional removal and destruction of used and collected materials. The proportion of drug users regularly using sterile instruments when injecting is 77.7%, which is still not enough. Further efforts in this field are needed to reduce to a minimum the proportion of those who do not use sterile instruments for drug injection. Also, the collecting of used materials is not satisfactory as there are still many drug users who discard their used instruments in garbage containers or sewerage systems. Almost half the treated drug users stated they had experienced a drug overdose, which highlights the need to establish safe rooms for drug injection. Such rooms have not been established in Slovenia yet. The high suicide risk among drug users highlights the need for suitable education for people working in addiction-treatment programmes who should have good knowledge about suicidal people - they should be able to identify suicidal people and offer them appropriate help.

The problem use of marijuana represents a new challenge for the profession in Slovenia. The use of marijuana brings consequences that need to be properly addressed and treated. The programme's data show that almost one-third of those seeking help in a programme for the first time have problems largely because of marijuana use. There are also people who use several drugs simultaneously, and one of these drugs is usually marijuana. Adolescents start using marijuana in the belief that it is not a dangerous drug. Even if they notice addiction in their peers, they do not notice it in themselves. Considering the public attitude to marijuana in Slovenia, we should all come to the realisation that someone can be addicted to marijuana and that they need proper treatment which should be offered by the existing programmes.

Slovenian legislation defines the treatment of drug addicts in a special act. The vast majority of drug addicts in Slovenia are treated in healthcare and social sectors and in governmental and non-governmental organisations. In 2008, the social support network was expanded with additional programmes. According to records kept by the CPTDAs, 4,429 people were included in programmes in 2008, and 3,332 of them were undergoing substitution treatment. In 2008, the Drug Users Treatment Registry covered 3,169 people from the CPTDA programmes. These questionnaires covered 670 people who had entered a programme again or for the first time. According to TDI data, 278 people entered a CPTDA programme for the first time in 2008. Heroin was the main drug and the main reason drug users had used the services of help programmes. The vast majority of them used sterile materials while injecting. Among all people who entered a CPTDA programme again or for the first time, the proportion of unemployed people is decreasing.

Slovenia is a country with the low prevalence of HIV virus. The number of people infected with the HIV virus has not reached 5% of people in any risk group. During the 2004-2008 period, not a single new HIV diagnosis was reported. In 2008, there were 2.6/100,000 population of newly discovered cases with the chronic HBV virus infection. During the 2004-2008 period, however, the number of newly discovered cases ranged from 3.2/100,000 population in 2005 to 2.0/100,000 population in 2007. During the 2004-2008 period, the

number of newly discovered cases of chronic HCV virus infections ranged from 7.2/100,000 population in 2005 to 4.1/100,000 population in 2008.

Drug-related deaths represent a large share of all deaths among young people, are three times higher among men than among women, and are increasing every year. The average age of death is rising. Men mostly consume heroin in combination with methadone and other opiates; however, women use heroin in combination with benzodiazepines, sedatives and unspecified drugs.

The prevention of sudden drug-related complications and deaths is performed in various programmes. In the field of harm reduction due to the use of synthetic drugs prevention is performed using the following methods: searching for particular synthetic drugs which are used at dance events with the intention of discovering hazardous substances in tablets as soon as possible and informing synthetic drug users of the dangers of particular ingredients in tablets on the market; informing through the Internet of dangerous chemical substances on the market; the distribution of informative leaflets with educational contents about drug constituents, drug effects and first aid performed in the event of drug poisoning; workshops in educational programmes for primary and secondary students; educational programmes for employees in the catering industry about identifying drug poisoning and about first aid in the case of drug poisoning; influencing the organisers of dance events to provide appropriate health conditions; the supervision of inspection services and preliminary examinations of a place where an event is about to happen; and the organisation of help for those dancers who have taken an excessive dose of drugs. In programmes for the prevention and treatment of illicit drug addiction all patients receive basic knowledge about the dangers drugs represent, the methods of overdose prevention and drug-related deaths. In the low-threshold programmes for harm reduction due to drug use, special attention is paid to educating illicit drug users regarding overdose prevention.

The prevention of infectious diseases is constantly performed within all addiction treatment programmes. Special attention is dedicated to regular preventive hepatitis B vaccinations of people addicted to drugs. The vaccinations are free of charge and accessible to all people addicted to drugs. All people addicted to drugs also have free testing for HIV and hepatitis C viruses. If HIV or hepatitis C viruses are discovered, each person is entitled to free HIV or hepatitis C treatment on the same conditions as for any other person in Slovenia. In the low-threshold programmes free sterile sets for drug injection are distributed. Drug users are also supplied with condoms, sterile gauzes, bandages and other sanitary products that are used for bandaging wounds resulting from drug injections.

People addicted to drugs often suffer from associated mental disturbances. Mental disturbances are already handled in the addiction treatment programmes which usually also co-operate with psychiatric departments that treat such disturbances.

The homeless are often also drug users. It is thus no wonder that all three of the studies we mention studied both homelessness and drug use. The social exclusion of homeless people as well as drug addicts is evident. Their access to everyday goods, such as an apartment, food and basic toiletries is restricted. Most of them satisfy their needs by searching for help from humanitarian organisations which provide warm meals, clothes and sometimes overnight accommodation. Conditions become even more severe when a homeless person, a drug addict, becomes ill and needs medical help which they only hesitantly begin to seek due to their own doubts and due to society's and individuals' attitudes to homeless people. Consequently, more frequently than is the case with other people their first contact with a doctor comes no sooner than in the emergency room where they are brought when they are already in a very bad health condition. After a short period of recovery in hospital the homeless person is given instructions and is again put back on the street where they cannot

follow the doctor's instructions since they have to fight for their survival and safe overnight accommodation on a daily basis.

The Slovenian police recorded an 11.5% increase in criminal offences of illicit drug abuse in 2008 over 2007. The number of criminal offences against property, however, decreased by 10.6% in comparison with the previous year. The police estimate that the number of criminal offences committed by the users of illicit drugs who need money to purchase illicit drugs has dropped.

In three Slovenian penal institutions co-operation with external organisations is carried out which help prisoners who are addicted to drugs with their treatment. The programmes include medical help, education, and upgrading involving high-threshold programmes. An important part of the low-threshold programme is the attendance of male and female prisoners on their intentional exits (to school, health institutions etc.).

In co-operation with the law enforcement authorities of other European countries the Slovenian police have established that the smuggling routes for cocaine in Europe have changed in the past few years. Until recently, cocaine in Europe was supposedly smuggled from Western (for example through the port of Rotterdam) towards Southern Europe, but today the new trend appears to be that large quantities of cocaine hidden in ship containers also arrive in ports in Greece, Bulgaria, Turkey, Montenegro, Albania, Croatia and Slovenia which are then smuggled towards the West. They have also found that smugglers are more and more often using cars as smuggling vehicles and that ever more Slovenian citizens co-operate with the organisation and transport of illicit drugs.

In comparison with the previous year, the police seized larger quantities of amphetamines, heroin, cocaine and methadone in co-operation with customs officers in 2008. After a longer operation against international criminal networks, altogether 93 tons of acetic anhydride were seized.

Prices are in correlation with the quantities of drugs available in different regions of Slovenia. In comparison with 2004, the retail price of heroin did not increase essentially in 2008 (from EUR 35 to EUR 40 per gram). The price of cocaine, however, rose from EUR 35 to EUR 70 per gram in the same period of time in 2008.

Up until 2008, the production of cannabis in Slovenia predominantly involved illegal crops in external areas, whereas now hydroponic growing is appearing increasingly and, with it, a growing number of active labs. Sales of cannabis seeds and accessories for hydroponic growing have also risen, being executed through online stores and seed stores. According to data provided by Slovenian Criminal Police, the price of cannabis has also been growing. In 2008 the average price of cannabis herb reached up to EUR 2,500 per kilo, and cannabis resin EUR 5,500 per kilo. The number of confiscations of all types of cannabis (plant, herb, resin) in 2008 reached 2,887.

Chapter 12 deals with the characteristics of older people undergoing treatment due to illicit drug abuse. Older drug users are defined as people aged 40 years old or above.

On the basis of information from Centres for the Prevention and Treatment of Illicit Drug Addiction (‘CPTDA’) in the 1998-2008 period, we can establish that the percentage of older users is relatively small, but a trend can be found in the studied period that the share of older users is gradually increasing. The average age of people who sought help in CPTDAs in a specific year also shows a very evident trend of increasing (the average age in 1998 was 22.4 years, in 2008, however, it was a considerable 28.3 years).

Older users can be divided into two groups. The first group is well adapted to society but still has some problems due to drug use. In the second group there are users who live on the borders of society and have great difficulty. Elderly drug users have great difficulty with the provision of money and housing. Mostly they have serious health problems after a long time of using drugs. Generally, they are homelessness people with a lot of health problems.

The CPTDA network provides various treatment programmes that are adapted to the various target groups of drug users, but not enough programmes today are adapted to the needs of older drug users if the discovered trend continues in Slovenia.

PART A:

New Developments and Trends

1. Drug policy: legislation, strategies and economic analysis *prepared by Milan Krek*

1.1 Introduction

In Slovenia, the area of illicit drugs is regulated by the following acts and decrees: Production of and Trade in Illicit Drugs Act; Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users; Decree on the scheduling of illicit drugs; Penal Code of the Republic of Slovenia; Act on the Cessation of Validity of the Illicit Drug Precursors Act.

Priorities for the area of drugs in Slovenia as well as obligations of particular operators in the area of drugs have been set in the Resolution on the 2004 - 2009 National programme on drugs control. The area of drugs is coordinated at the national level by the Commission of the Republic of Slovenia for Drugs, whereas the Ministry of Health is charged with coordinating the area of drugs at the governmental level.

1.2 Legal framework

A new Decree amending the Decree on the Implementation of Regulations (EC) on Precursors for Illicit Drugs (Official Gazette of the RS, no. 72/2009, 18.9.2009) was adopted in 2009. It precisely defines when the holder of a special licence, registration or special registration must notify the competent authority of changes. It also states that the special licence, registration and special registration are not transferable. Inspectors with jurisdiction over chemicals may in the process of obtaining a licence or a special licence, by means of the previous supervision of the applicant, check the facts stated in the application to obtain a license or special license. The performer which owns the precursors is obliged to properly protect the substances against theft. The Decree also defines the manner in which seized precursors should be stored. In its section on offences, the Decree now states all penalties in euros and introduces a penalty for the improper protection of drug precursors.

In 2008 the Government of the Republic of Slovenia was preparing the Decree amending the Decree on the Handling of Seized and Confiscated Drugs, published in the Official Gazette of the RS, no. 63/ 2009. This decree redefined the drugs that are found which may now be destroyed in accordance with the Decree. The decree may also be reasonably applied to seized, found and confiscated precursors for illicit drugs, as well as to found and seized illicit substances in sport. The Decree also defines early destruction which takes place when the storage of found and seized illegal cannabis is not proportional to the costs of its storage. The destruction of drugs which have been ordered to be destroyed is the responsibility of a commission appointed by the District Court. The Decree also designates that, in the case of discovering large quantities of illicit drugs (more than 5 kilograms or more than 5 litres), a sample of the substance must be taken from each package. The Decree also redefines the terms of using seized drugs for research purposes.

The Government of the Republic of Slovenia issued a new Decision on the Establishment of the Commission of the Republic of Slovenia for Drugs (Official Gazette of the RS, no. 38/ 2009). This decision changes the structure of the Commission for Drugs, which now consists of representatives of the Ministry of Health, Ministry of the Interior, Ministry of Education and Sport, Ministry of Labour, Family and Social Affairs, Ministry of Justice, Ministry of Finance, Ministry of Defense, Ministry of Higher Education, Science and Technology, Ministry of Agriculture, Forestry and Food, as well as the Ministry of Foreign Affairs. The Commission for Drugs is led by a representative of the Ministry of Health. When preparing an expert basis for decision-making, the Commission may invite independent experts from the field of illicit drugs to participate. The administrative work of the Commission is performed by the Ministry of Health.

1.3 Analysis of implementation of the National Strategy: 2004-2009

The national strategy in the field of drugs for the 2004-2009 period was passed by the National Assembly of the Republic of Slovenia in 2004. In 2008 an analysis of the existing strategy in the drugs field (2004-2009) was carried out for the purpose of evaluating the strategy from different points of view and for the evaluation to become a high-quality starting point for development of a new strategy. The evaluation concluded that already at the very beginning the strategy emphasised the fact that the rise in drug consumption among the citizens is creating a stronger need for the development of drug supply reduction programmes, drug demand reduction programmes and drug-related harm reduction programmes. It also established an integrated approach to the solution of drug issues. From a historical point of view, the policy in the field of drugs in the RS could be defined within the framework of health and social development, which includes a combination of and focusing on several fields at the same time: prevention, harm reduction, treatment, social rehabilitation and reintegration of drug users (Kvaternik et al., 2008; Rihter et al., 2007). It was also determined that the national strategy in the drugs field was in principal items in accordance with the EU Strategy. However, in certain parts some differences occur, which is probably due to non-systematic records and the mixing of different levels. One of the aspects in which the national strategy is lacking is the fact that priority tasks are not clearly defined, making it less likely for the priorities to be realised. The researchers who conducted the resolution analysis also pointed out that the need for the following aspects was not clearly emphasised: determining precise objectives, priority tasks, indicators and measures by defining responsibilities and performance deadlines, which are presumed by the EU Strategy and which must be done according to an action plan.

The majority of these shortcomings could be overcome by adopting an action plan (which Slovenia has not yet done) to define the objectives and operational tasks, the performers of activities and time schedules for realising the tasks. Due to the imprecisely stated objectives we may also expect problems in realisation of the strategy. The strategy also deals with the inconsistent use of modern terminology in the field of drugs, which is not yet completely co-ordinated with the EU terminology. The researchers also found that the content of the measures is co-ordinated with the EU's measures. In the field of research, education, information and evaluation there are deficiencies concerning the distribution of tasks. Research and information are two activities in particular that are divided between the Ministry of Health and the National Institute of Public Health where the information unit is stationed. Some research is intended to be performed by external researchers, whereas the mandate for the programme's evaluation was not clearly assigned by the national programme. The analysis determined that the strategy is explicitly focused on the public health approach which includes a combination of several fields at the same time: from prevention, harm reduction, treatment, to the social rehabilitation and reintegration of drug users. The researchers determined that on the level of principles the strategy is well-defined and many items are co-ordinated with the EU Strategy. The Slovenian strategy was especially lacking in the operational aspect, which in the European Strategy is defined in an action plan. Yet, after the Strategy was adopted, Slovenia did not adopt an action plan in which the tasks would be more precisely defined on the operational level and which would determine those responsible for the tasks. Consequently, the strategic level had a well-defined evaluation but since it was not explicitly determined with an action plan regarding who was to perform this and how, the evaluation was spread across all levels and was thus considerably less effective than it could have been. The evaluation also pointed out that the strategy stressed the unsettled matters in the area of data collection and also indicated possible solutions, although the authors feel that at the time of the evaluation Slovenia did not yet have a unified method of gathering the relevant data or probably not even a list of all the data that should be collected. While the EU enjoys unified co-ordination at the level of the Horizontal Drugs Group, the co-ordinating tasks in Slovenia are "divided" among several bodies (Commission for Drugs and the Ministry of Health, responsible for co-ordination in the field of drugs). The

co-ordination tasks of these two bodies are intertwined, but at the same time the tasks are not well defined by clear standards or methods of how to perform them. This is due to the fact that Slovenia did not have an action plan to define these tasks (Rihter et al., 2007; Kvaternik et al., 2008). In the area of prevention, the priority tasks and programmes of early intervention were not defined clearly enough by the national programme. The EU Strategy in the field of drug supply reduction anticipates a great deal of co-operation among member states as well as third countries and also strongly emphasises the co-ordination of national policies on prosecution. However, the Slovenian strategy places more emphasis on the co-operation of different bodies within Slovenia, while the need for co-operation at the international level is also stressed, but mostly in the area of combating money laundering and control on drug precursors. As a special item the strategy mentions prisons where the majority of the mentioned activities that need to be carried out in this field refer mostly to drug demand reduction. Only the activity of preventing drugs from being brought into prisons refers to drug supply reduction. Also determined were deficiencies in interdepartmental co-operation which could be improved with certain measures. On the basis of the results of an analysis of interviews with the departmental policies' representatives and some performers of help programmes the assessors established that on the national level there is no proper database of the number of drug users, trends, demand for treatment etc. This data is considered to be unsuitable by both sectors with access to the national database as well as those without such access. Consequently, they finance and perform various additional studies. In order to make the national database (more) useful as regards the direction of policies, indicators that the sectors require for the evaluation of requirements as well as for directing policy at the national level must be defined. This is in addition to the indicators already known at the European level and which are collected annually by the European Monitoring Centre for Drugs and Drug Addiction ('EMCDDA').

The service performers involved in services and programmes operating in the drugs field see the strategy as a document that primarily has rhetorical value; but when they think of it as something they refer to, they also recognise its applied value that they would expect from an action plan. On the level of programme implementation they notice the fact that the resolution stimulated the development of new programmes. However, these programmes are at the same time often left on their own, with personnel and financial problems. They feel the need for a discussion and agreements at the level of the competent ministries and greater commitment in preparing the criteria of work quality regarding the contents and commitment to programme support. They recognise the absence of a co-ordinating body and a lack of communication with key experts at the competent ministries who would be responsible for contacts with experts and the public (Rihter et al., 2007; Kvaternik et al., 2008). At the level of financing the programmes, they estimate that the latter is still not balanced and that differences occur in the financing of different programmes. They see the inconsistency in financing as partly being a result of the fact that the criteria of the quality and efficiency of the programmes is not well-defined. Although the resolution recommends and anticipates an information database, the performers still feel a need for good quality information (field data, current and up-to-date data, feedback from the Ministry ...) as well as epidemiological data.

The researchers (Rihter et al., 2007; Kvaternik et al., 2008) who performed the analysis of the strategy offered the following suggestions which should be properly included in the new developing strategy in the field of drugs:
In relation to the objectives set out in the strategy they suggest the following: firstly, that the general objectives of the new strategy are presented in groups formed according to their contents and, secondly, that the objectives are written in an operative form in an action plan which must be adopted in the shortest time possible that must be clearly set out in the new strategy.

In the field of the co-ordination of drug policies, they suggest a system similar to that at the EU level - an operative working group that would co-ordinate policy within Slovenia as well

as in relation to the EU and other countries. Considered from the point of view of the EU Strategy, the extent and method of informing the EU about national activities must be set out more clearly in the new strategy or action plan.

From the view point of the measures taken in the area of drug demand reduction, the terminology of the measures should be co-ordinated with the terminology used in the EU Strategy. More attention should be paid to measures that fall into the category of the prevention of experimental use turning into regular use. The mixing of different areas of measures must be avoided since in the existing national programme they are too dispersed among the environments in which the activities are performed (school, work, family and local environments), which is actually a crossing issue. It is essential to highlight the priority tasks in the action plan which must immediately follow the new strategy in the field of drugs. In the analysis of the high-threshold and low-threshold programmes more similarities than differences were detected, which is why they feel that assigning a different status to the programmes within the framework of the Resolution on the National Social Assistance Programme (Official Gazette of the RS, no. 39/ 2006) is unfounded. The crucial differences between the two groups of programmes lie mostly in the approach to the issue of addiction, although even here elements of high-threshold programmes can be found within low-threshold programmes and vice-versa, and partly also in the financing of the programmes since most high-threshold programmes require a financial contribution from the participants. It is therefore essential to rethink the issue, even before adopting national programmes in the field of drugs and in the field of social assistance, to assure proper assistance and support to those suffering from addiction.

As far as measures in drug supply reduction are concerned, they recommend a clearer statement on dedication to international co-operation in all areas of drug supply reduction, not only in money laundering and control on drug precursors which is already stated in the existing strategy.

In the area of international co-operation it is necessary to co-ordinate the national programme with the guidelines suggested by the EU Strategy, especially in the area of co-ordinated activity in relation to third countries.

In the areas of research, education, information and evaluation they feel that the new strategy should define the tasks that concern the carrying out of research and information in a clearer manner, and divide them among the performers. As soon as possible, the main person of the evaluation should be determined. Namely, it is impossible to perform an evaluation in a short period of time because it presupposes the previous (long-lasting) observation of the programmes/measures being carried out.

The national database with the number of drug users, the trends, inquiries about treatment etc...,needs some improvements. In order to make the national database more useful also for directing policies, indicators that the sectors require both the evaluation of the requirements and for directing the policy at the national level must be defined. This is in addition to the indicators already known at the European level which are collected annually by the EMCDDA.

In order to be able to improve interdepartmental co-operation, they suggest the re-establishment of a working body through which professional co-ordination would be done and which would be responsible for performing certain tasks. The criteria for membership in this working body would consist of proper expertise, a willingness to work, being active and not having a political affiliation.

In order for the different sectors to work better, the measures must be co-ordinated according to trends and the needs of individuals and groups who are drug users. This could be

achieved by a national database that would be obliged to collect the data and pass it on to the interested public.

A co-ordinating body must be established and in all the competent ministries responsible persons must be appointed who would be entrusted with implementing the policy on the practical level (setting the quality criteria, evaluations, co-ordination between performers, incorporating participants in working bodies that develop the policy and set the conditions for the programmes to function).

An action plan defining the tasks, deadlines, work conditions and results must be developed. Programmes that are recommended by the resolution but have not yet been realised (e.g. safe injection rooms) must be developed. Better regional coverage by the programmes must be ensured. It is important to remember that an increase in choice for participants does not yet necessarily mean an increase in the number of the programmes, but that the increase in choice mostly means the possibility to affect the planning and implementation of services.

The national strategy must be co-ordinated with the EU Strategy 2005-2012 so that it will be more transparent and systematic and that it will represent the main document for developing an action plan in the field of drugs (Rihter et al., 2007; Kvaternik et al., 2008).

1.4 Economic analysis

In 2008, the Ministry of Labour, Family and Social Affairs assigned EUR 2,140,000 through a public tender to programmes performing activities of the prevention of drug use, the social rehabilitation of drug addicts and low-threshold programmes. 60% of the funds was assigned to therapeutic communities, 25% to low-threshold programmes and 15% to prevention programmes (Ferlan Istenič, 2009).

In 2008, the Ministry of Health spent EUR 10,000 on printing publications. The Ministry of Health spent EUR 100,000 on the purchase of sterile kits for drug injection and protective materials for those employed in the programmes. The Ministry of Health also allocated EUR 10,000 to the United Nations. In 2008, the Health Insurance Institute of Slovenia allocated EUR 2,373,053 to the operations of the Centres for the Prevention and Treatment of Illicit Drug Addiction. In 2008, the Ministry of Health assigned EUR 100,000 for a public tender in the field of drugs in which it distributed the means for implementing different programmes in the governmental and non-governmental sectors (Kristančič, 2009).

Table 1.1: *Funds spent in the field of drugs within the framework of the Ministry of Health (MH) and the Health Insurance Institute of Slovenia in 2008*

Purpose	Amount (EUR)
Operations of the Centres for the Prevention and Treatment of Illicit Drug Addiction (not including the costs of medications/medicaments) - Health Insurance Institute of Slovenia	2,373,053
Low-threshold programmes, sterile material supply - (MH)	100,000
Public tender - (MH)	100,000
Printing publications - (MH)	10,000
United Nations donation - (MH)	10,000
Total costs	**2,593,053**

Surce: the Ministry of Health

The combined amount invested in the field of drugs in 2008 by the Ministry of Labour, Family and Social Affairs and the Ministry of Health is EUR 4,733,053.

2. Drug use in the general population and specific targeted groups

2.1 Introduction

Although there was a general population survey on drug use conducted in Slovenia in 2008, the results are not yet available. To obtain approximations of drug use among the general population and among some target groups, we will present the data collected through three different researches, namely the data on cannabis use, acohol use and tobacco use among the general population. These data were collected through the following researches: the European Health Interview Survey, the research on drug and alcohol use among Slovene students of the University of Ljubljana in the last study year (seniors), and the research on drug and alcohol use among students aged 17 - 19 on graduation trips.

2.2 Drug use in the general population

Drug use in the population of Slovenia *prepared by Milan Krek, Romana Štokelj*

Introduction

The analysis of the use of cannabis and other drugs in Slovenia covered persons aged 15 and over. The data were gathered through the European Health Interview Survey in 2007. The survey was carried out for the first time. The purpose of the survey was to determine the general health of Slovenians, and information about the users of cannabis and other drugs available, but some questions were answered by too few respondents and therefore certain information cannot be published.

In the analysis we were interested in the characteristics of the users of cannabis and other drugs, and possible differences between them.

The coefficient of the variation in the data was calculated to determine whether the assessment is sufficiently precise for publication. Most of the data has, in addition to the percentage, the letter (M) which means that it is a less precise estimate and is published subject to some limits.

Methodology

In autumn 2007 (20 October to 25 November), the European Health Interview Survey was conducted in Slovenia. The survey was carried out for the first time and is to be repeated in five-year intervals. Further, the European Health Interview Survey will be implemented by most European Union countries in the 2007-2010 period, thereby enabling the international comparison of different findings. In Slovenia, the data were gathered through interviews conducted by the National Institute of Public Health at the end of 2007. The people who conducted the survey had received special training. Eurostat recommendations were observed in the survey's methodology (sampling, questionnaire content).

The observation unit of the survey included Slovenian residents aged 15 and above and living in private households (not institutionalised).
Size of the sample: the sample comprised 3,400 persons aged 15 or more on the day the survey began (20 October 2007).
Sampling frame: the framework of survey districts and the Central Population Register provided the basis for the sampling frame.

Sampling technique:

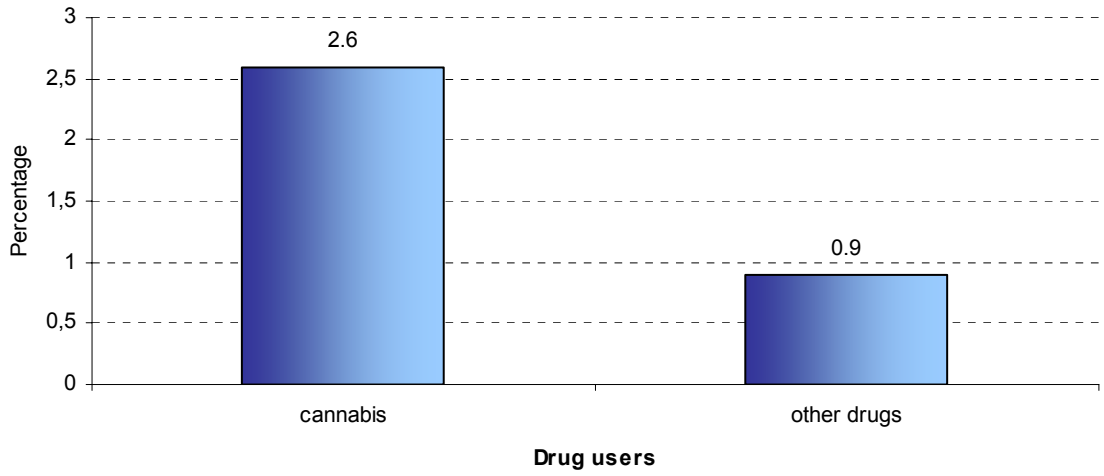
- Two-stage sampling.
- Stratified two-stage sample (repeated PPS sample).
- Explicit stratification was done by size and type of settlement, implicit by statistical regions.
- The first stage included selecting 425 sampling units (i.e. groups of survey districts) and a further selection of 8 persons aged 15 and above from each of the chosen sampling units.
- Final size of the sample: 3,387.

Data collection technique: paper-based in-person interviewing (PAPI) at the households of the selected residents.
Response rate: 68%.

Use of cannabis and other drugs by gender and age group

The European Health Interview Survey included two issues that relate to drug use among Slovenians. The question relating to the use of cannabis asked: “During the past 12 months, have you taken any cannabis?” The question relating to other drugs was: “During the past 12 months, have you taken any other drug such as cocaine, amphetamines, ecstasy or other similar substances?” Respondents were aged 15 and over.

Figure 2.1: *Users of cannabis and other drugs*



Source: European Health Interview Survey 2007

In the 12 months prior to the date of the survey, cannabis was consumed by 2.6% of individuals, and other drugs by 0.9% of individuals who were aged 15 years and over. Among the users of cannabis and other drugs there are more men than women. In the 15 to 64 years age group cannabis was consumed by 4.8% (M) of men and 1.3% (M) of women. In the same age group, other drugs were consumed by 1.6% (M) of men, while for women users of other drugs the estimate is not precise enough to be published.

Use of cannabis and other drugs by partnership status

In the 12 months prior to the time of the survey, cannabis had been used by 6.5% (M) of single people, and other drugs by 2% (M) of single people. The estimate of the proportions of married or separated people who had consumed cannabis and other drugs is not sufficiently precise to allow the data to be published. The data indicate that more users of cannabis and other drugs are unmarried.

Use of cannabis and other drugs by completed education

Among those who had completed secondary school or less, 2.9% (M) of respondents had consumed cannabis and 1.1% (M) had consumed other drugs. The data indicate that, as the level of education rises, the proportion of users of cannabis and other drugs falls, but the data are not precise enough for publication.

Cannabis use by occupational status

In the 12 months prior to the time of the survey 2.4% (M) of employed persons had consumed cannabis. Among unemployed people, 7.5% (M) were users of cannabis. Among students 6% (M) were users of cannabis.

6.4% (M) of individuals employed for a fixed period had consumed cannabis. Of those who are permanent employees there are 1.5% (M) of such individuals.

Medication use among cannabis and other drug users in the last two weeks

Among those who replied in the affirmative to the question: “During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed or recommended for you by a doctor (for women, please also state: include also contraceptive pills or other hormones)?”, 1.7% (M) stated they had consumed cannabis and 1.2% (M) had consumed other drugs.

Alcohol use in combination with cannabis and other drugs

The question on the use of alcohol was: “During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?”

Among those who drink alcohol from time to time, 2.6% (M) had consumed cannabis and 0.9% (M) had consumed other drugs. Among those who drink alcohol 2 to 6 times a week, 5.6% (M) had consumed cannabis. Among those who do not drink alcohol, 0.6% (M) had consumed other drugs.

Tobacco use in combination with cannabis and other drugs

The question on the use of tobacco was: “Do you smoke at all nowadays?” Among those who smoked every day, 7% (M) had consumed cannabis. Among those who smoked occasionally, 6.5% (M) had consumed cannabis. Among those who never smoked, 1.2% (M) had consumed cannabis. The data on the combined use other drugs and tobacco are not precise enough for publication.

Conclusion

The data were obtained in the European Health Interview Survey in 2007. Despite the relatively high level of response to the survey, the group of those using cannabis and other drugs is low, resulting in less precise data estimates. The analysis shows that among the users of cannabis and other drugs there are more men than women, and they are mostly single. Among the unemployed, there is a higher percentage of cannabis users than there is among those who are employed. Among employed persons who had consumed cannabis there was a higher percentage among those who are employed for a fixed period. Among those who occasionally consume alcohol, there was a higher percentage of cannabis users than other drugs. Among those who smoke daily there was a higher percentage of cannabis users than among people who do not smoke.

2.3 Drug use among targeted groups/settings at national and local levels

Drug use among University of Ljubljana students *by Tina Korač, Zala Kumše, Milan Krek*

Introduction

Although we are all aware that drug use represents a big public health problem, no survey in Slovenia to date has captured the student population in this area. Therefore, there is also no systematically collected information on whose basis we can identify specific features of this group. With our survey we sought to gain the first information of its kind that would then serve as the foundations for planning preventive measures and new strategies for addressing drug problems among the student population and to strengthen protective factors.

The main purpose of the survey was to gain information about the predominance of drug use among senior students of the University of Ljubljana. We also wanted to determine the risk factors, frequency and patterns of taking drugs, the relationship with drugs and addiction, and knowledge and opinions concerning existing preventive programmes. The survey also included gambling problems among students. The survey about drug use among the University of Ljubljana students was performed within the framework of a survey about the health of senior University of Ljubljana students.

Methodology

The survey was cross-sectional. Beside the demographic questionnaire that was included in all opinion polls, the respondents also received one of the five questionnaires randomly where one of the following areas was discussed in detail: general state of health, mental health, sexuality, eating disorders and drug use among students.

The questionnaire consisted of 80 questions. The first set of 31 questions referred to demographics; this was followed by a set of 43 questions discussing drug problems and a set of 6 questions referring to gambling.

The information gathering lasted from 12 May 2008 to 16 October 2008 (with the exception of July and August) in the time of the systematic preventive examinations of senior students of the University of Ljubljana, who were our target group.

The filling in of the questionnaire was performed electronically through computers. The programme we used is called Lime Survey and is accessible on the Internet with a General Public Licence. The programme was tested together with an expert in programming languages and modified to our needs as required. The students answered the questions anonymously in rooms where one of the performers of the survey was always present.

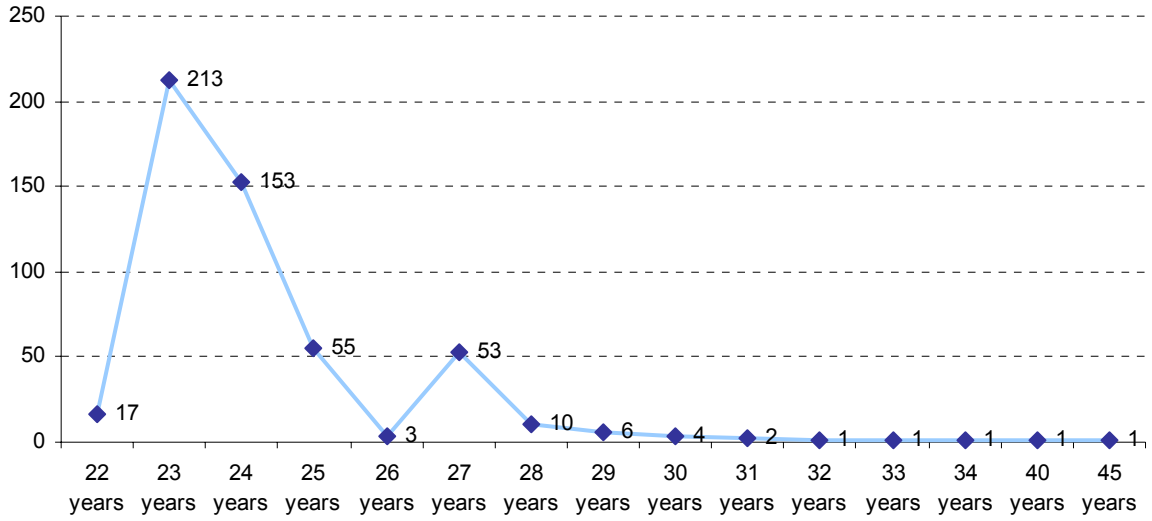
The programme was accessed by the Mozilla Firefox Internet browser. The computer programme then randomly chose one of the five questionnaires and displayed the introductory page, where the respondent could become acquainted with the survey and the fact that co-operation in this survey was voluntary, that their personal data would not be identified with their names or personally determined in any other way. The survey was approved by the National Medical Ethics Committee.

The questionnaires that were not fully filled in were not included in the information analysis of the survey. The information was processed with the help of the statistical package SPSS for Windows, where we entered and reviewed the selected information and adapted it to our working methods. After selecting the units and variables the results were reviewed, arranged and interpreted.

Results: number, age and gender of co-operating students

We surveyed 521 students in various faculties of the University of Ljubljana. They were enrolled in different years of study. Two students (0.4%) were attending 3rd year, 328 (63%) students were enrolled in the fourth year, 41 (7.9%) students were enrolled in the fifth year and only one in the sixth year. There were 149 (28.6%) graduates. Among them, there were 164 (31.5%) male and 357 (68. 5%) female students. The average age of the respondents was 24 years. The youngest was 22 and the oldest 45 years old; the standard deviation was 2.09 years. A detailed arrangement of students by age is evident in Figure 2.2.

Figure 2.2: *Arrangement of the number of students according to their age at the time of the survey N = 521*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

The percentage of students who had used drugs at any time in their lives, in the past year and in the past month

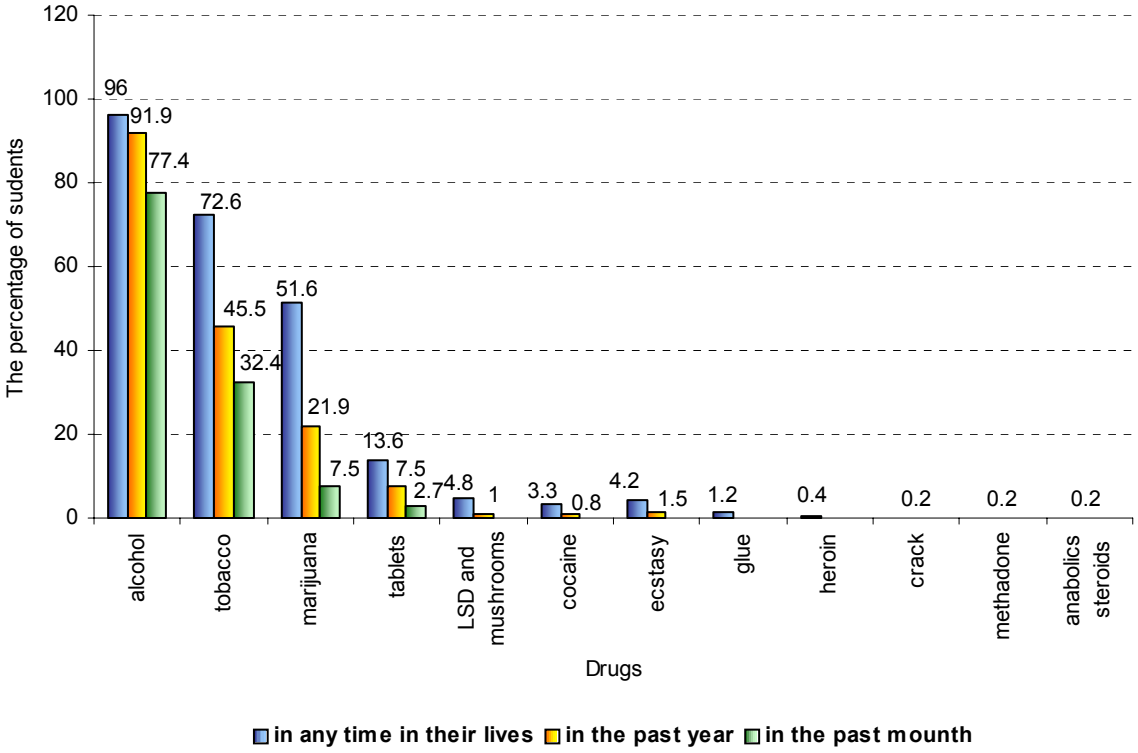
The percentage of students who had used drugs at any time in their lives, in the past year and in the past month in 2008 differed according to the substances involved. The majority of students had already tried alcohol (96%). 77% of them had already used tobacco. More than half of them had already used marijuana (51.6%). 13.6% had already used psychoactive medications that were not prescribed by their doctors. LSD and mushrooms had been used by 4.8% of the students and 4.2% of them had already used ecstasy. 3.3% of the students had already used cocaine in their lives, 0.2% methadone, 0.2% heroin and 0.2% anabolic steroids. 1.2% of the students had already inhaled a solvent that was a constituent element of glue.

The percentage of students who had used drugs in year prior to the questionnaire decreased for all drugs, according to data on drug use at any time in the students' lives

The largest percentage still used alcohol (91.9%), 45.5% of them had consumed tobacco in the past month and 21.9% marijuana. 7.5% of the students had used tablets in the past year. Ecstasy had been used by 1.5% of the students in the past year. In the period of one year before this questionnaire LSD and mushrooms has been used by 1% of students and cocaine by 0.8% of the surveyed students.

In the one month prior to the questionnaire only marijuana had been used by the students (7.5%) from the list of illicit drugs. 77% of the students had consumed alcohol in the past month and 32.4% tobacco, while 2.7% of students had used tablets in the past month that were not prescribed by their doctors (Figure 2.3).

Figure 2.3: *The percentage of students who had used drugs at any time in their lives in the past year and in the past month*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

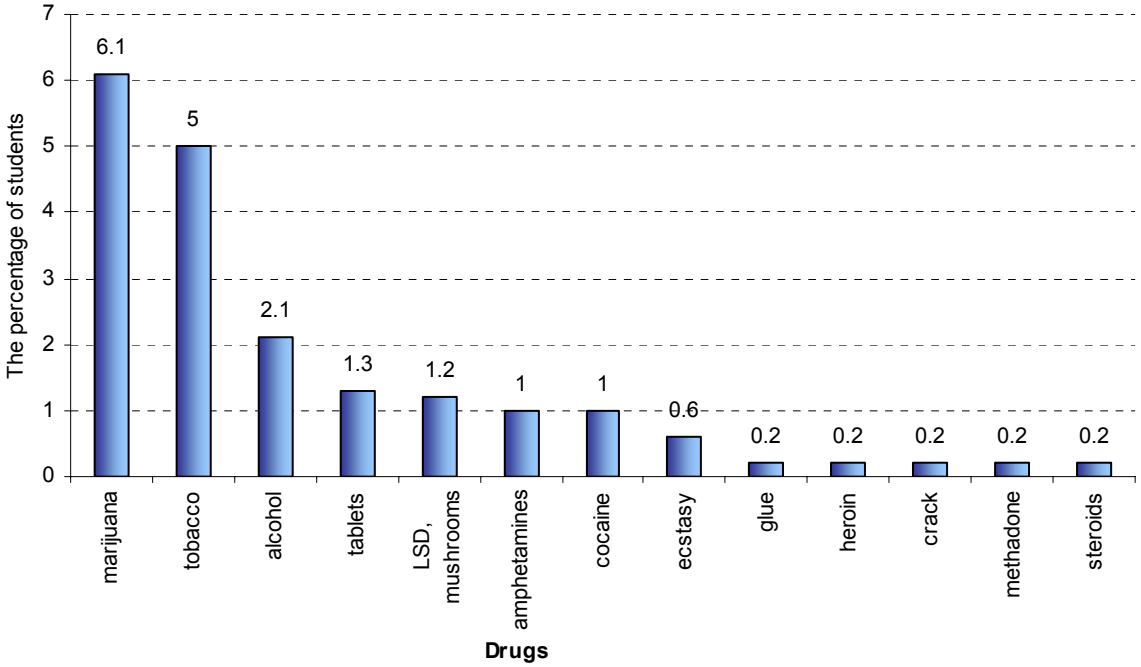
The percentage of students reducing their drug use, increasing their drug use and maintaining the same drug use

The highest percentage of students who increased their use of drugs after matriculation was established with alcohol (26.3%). The next is the percentage of students who had increased the use of tobacco (12.9%), and marijuana (5.7%). 0.2% of the students had increased the use of amphetamines and cocaine and 0.6% the use of mushrooms. 20.3% of the students had decreased their use of alcohol after matriculation, 18.8% had decreased their use of tobacco, while 16.1% had reduced their use of marijuana. The use of alcohol remained unchanged among 44.5% of students, the use of tobacco among 19.4% students and the use of marijuana among 9.8% of students. 1.7% of students did not notice any difference with their use of marijuana, and 1.2% with the use of glue.

Some students had increased their use of drugs, some had decreased it, and others had not changed their behaviour considering the use of a particular drug. It is interesting that a larger percentage of students decreased their use of marijuana (16.1%) than increased it (5.7%). Similarly, a larger percentage decreased their use of cocaine (0.6%) than increased it (0.2%). A bigger percentage also decreased their use of mushrooms and LSD (1.2%) than increased their use of them (0.6%).

The first drug use after matriculation

Figure 2.4: *The percentage of students who had used a particular drug for the first time during studies*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

The percentage of students who had used a particular drug for the first time during their studies (Figure 2.4) indicates that the majority of students used drugs for the first time before matriculating and that only a few students had decided to use drugs for the first time during their studies.

Who do the students get drugs from?

Students obtained drugs in various ways. Below, the percentages of students among the users of particular drugs are stated in terms of how they obtained drugs. 12.5% of students obtained amphetamines from their brothers or sisters, 25% from friends, 50% from their contemporaries and 12.5% bought amphetamines from dealers. 1% of students obtained marijuana from their brothers or sisters, 37% from friends, 40% from their contemporaries and 22% from dealers. 1% of students obtained alcohol from their brothers, 4.5% from friends, 27.8% from their contemporaries, 2.9% from parents and 64.6% bought alcohol. 4.3% of the students obtained tablets without a prescription from their brothers or sisters, 2.2% from friends, 2.2% from their contemporaries, 28.3% from parents, while 63% obtained them on the black market. In the getting of some psychoactive substances (alcohol, different psychoactive medications), their parents are actively involved as well. With other substances (amphetamines, marijuana) obtaining drugs from their contemporaries or buying it on the black market is prevalent.

Concerning the percentage of students who had already had health problems related to drug use, drug poisoning or from being addicted to drugs, 7.9% of the students estimated that they had already had health consequences because of the use of tobacco. 4% of the students felt health consequences because of alcohol abuse. 1.2% of students estimated they had already had health problems from the use of marijuana. 17.3% of the students had already experienced acute alcohol poisoning and 1.5% acute marijuana poisoning. The majority of students who use drugs estimated they are not addicted to particular drugs. 12.5% of them estimated they are addicted to tobacco, 0.4% to alcohol, 0.6% to marijuana and 0.6% to various tablets.

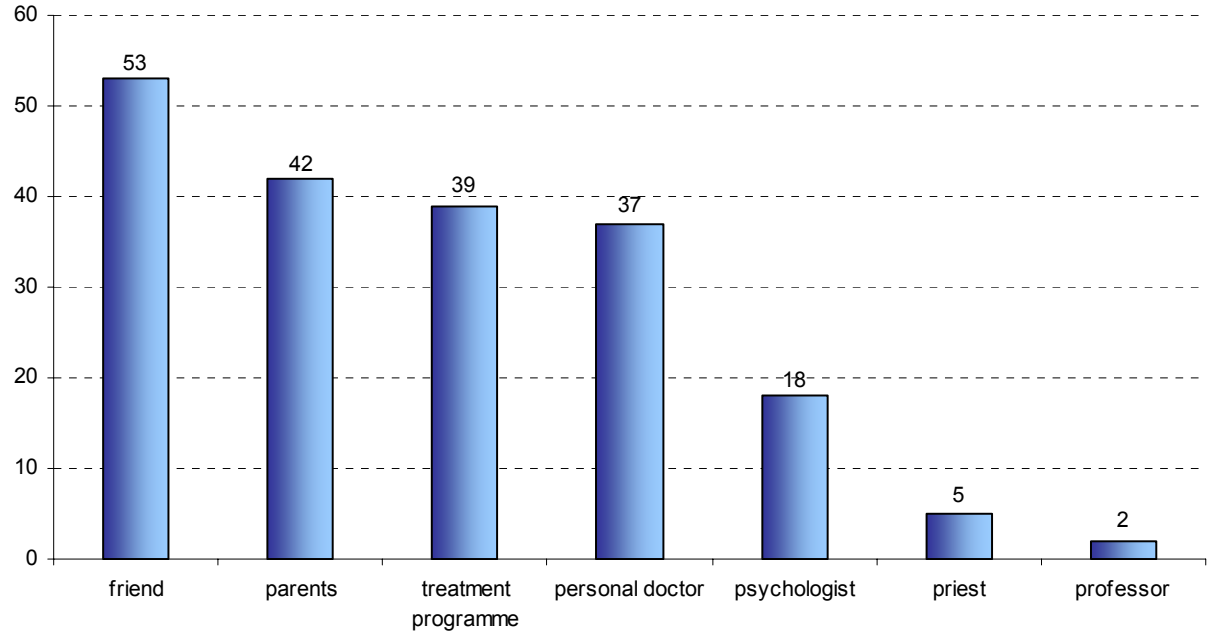
Problems related to drug use

5.2% of the students had already been involved in a fight because of psychoactive substances. 6.2% of them had already had car accidents due to the use of psychoactive substances. 6.6% of the students had problems with their parents due to drug use. 5.6% had problems with their friends, 7.3% with their partners, while 4.8% had already had problems with study and overall success. 4.6% of the students had to confront the police because of drug use. 1.9% of them were taken to hospital or a health centre because of drug use. 4.8% of the students had had sexual relations while under the influence of psychoactive substances which they later regretted. 9.7% of the students had already driven a motor vehicle while under the influence of marijuana at least once in their lives.

Looking for help

In the majority of cases, students would look for help from a friend (52.8%). 41.7% of the students would look for help from their parents. 39.3% of the students would look for help with addiction treatment programmes, 37% with personal doctors, 17.9% with psychologists, 5.4% with priests, and 1.7% with their professors (Figure 2.5).

Figure 2.5: *The percentage of students concerning where they would look for help in the case of a drug problem*

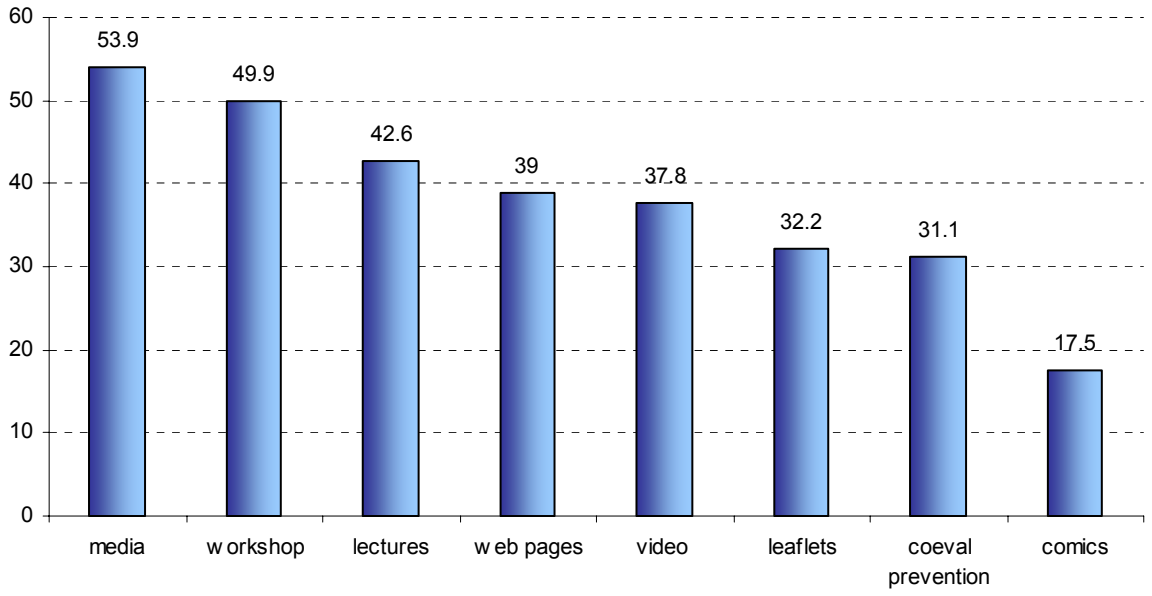


Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

The form of prevention close to the students

The students had the possibility of choosing different types of prevention in the field of drugs. The majority agreed that the most effective preventive activities are those performed through the media. The least favourable were preventive activities in the form of comics (17.5%) and leaflets (Figure 2.6).

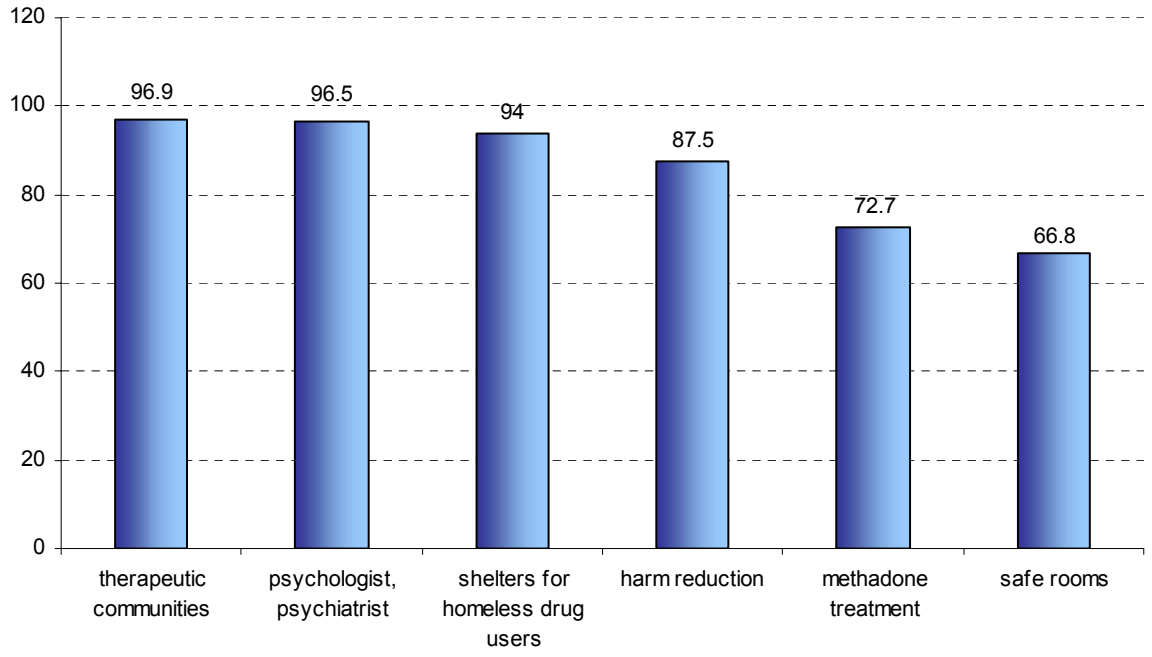
Figure 2.6: *The percentage of students who support particular preventive measures in the field of drugs*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

The students were also asked to estimate the individual types of help and addiction treatment programmes in the questionnaire. The highest support was received by therapeutic communities and the lowest by safe rooms which enable safe heroin injection and the use of other drugs by users. Relatively low support was also given to addiction treatment with methadone (Figure 2.7).

Figure 2.7: *The percentage of students who support particular types of drug addiction treatment*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

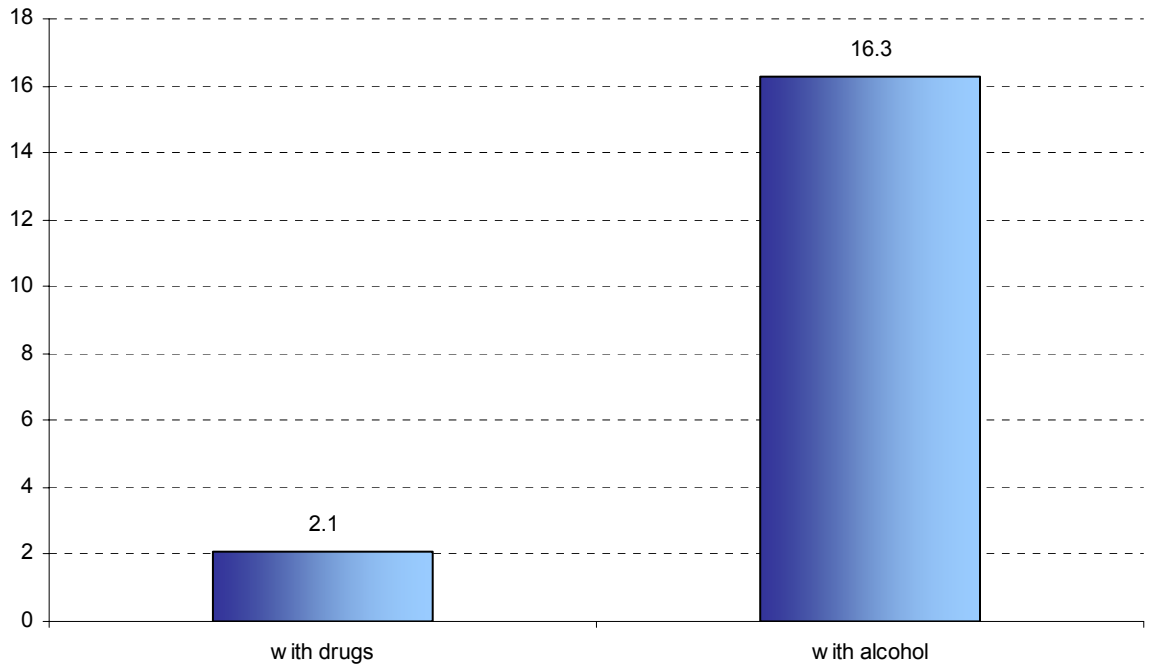
The students' standpoint on the legalisation of marijuana

The legalisation of marijuana is a topical subject in society. Every year the so-called 'marijuana march' is organised in Slovenia. Its intention is to promote marijuana and the use and legalisation of marijuana. In response to the question "Should, in your opinion, marijuana be legalised?", 31.3% of the students decided on legalisation, 54.7% students were against legalisation, although 14% of them were undecided. The majority of students in this survey did not support the legalisation of marijuana.

The organisation of parties without the use of drugs or alcohol

The majority of students (83.7%) agreed that a party can also be organised without alcohol. However, 85 students out of the 521 thought that a good party can only happen if alcoholic drinks are available. The great majority of students (97.9%) believed that a good party can be organised without the use of illicit drugs. Only 11 students out of the 521 thought that the use of illicit drugs is one of the conditions for a good party (Figure 2.8).

Figure 2.8: *The percentage of students who think a good party also needs to have alcohol or drugs N = 521*



Source: Korač, Kumše, Krek: Research on drug and alcohol use among Slovene senior students of the Univerity of Ljubljana, 2008

Conclusion

This survey helped us review drug use among University of Ljubljana students. The information was collected in an innovative way via an electronic questionnaire during the planned systematic preventive examination of senior students of the University of Ljubljana. That is why their average age was over 24 years.

Most frequently the students had used alcohol (96%) and tobacco (77%) sometime in their lives. More than half of them, however, had already used marijuana (51.6%), which is a substantially larger share than found by the ESPAD survey for first-year students of high school. Mushrooms and LSD had already been used by 4.8% of the students, 4.2% of them had already used ecstasy, 3.3% cocaine and 0.2% methadone, 0.2% anabolic steroids and 0.2% heroin. The percentage of students who had used drugs in the past year had decreased considerably, mostly with the use of marijuana from 51.6% to 21.9%. The percentage of students who had used drugs in the past month, however, remains relatively high with alcohol (77.4%) and tobacco (32.4%). The percentage of students who had used

marijuana in the past month is low (7%). But the students did not use LSD and mushrooms, cocaine, ecstasy, glue, heroin, crack, methadone and anabolic steroids in the past month. Given that very few students had used drugs after matriculating, we can conclude that the majority of students had already encountered drugs before matriculation. From the collected information we may also conclude that a relatively large percentage of students had decided to stop using drugs just as they matriculated. The students obtain drugs in various ways, but it seems the students obtain most of them in their social middle (network) from relatives, their peers etc. The students had already noticed certain health consequences as a result of their drug use. The majority of them, however, do not believe they are addicted to drugs. The use of drugs is sometimes related to various unpleasant events such as accidents, fights etc. Some students had already had problems with the police due to inappropriate behaviour. Some of them had been taken to hospital as a result of their drug use. Some had had sexual relations under the influence of drugs that they later regretted and some had also caused car accidents under the influence of drugs. In the majority of cases, the students would look for help due to drug-related problems from their friends (52.8%). Only 39.35% of the students would look for help with addiction treatment programmes which are particularly qualified for handling addictions. Only 37% would seek help from their personal doctors. Therefore, we may conclude that the majority of students would look for help, above all, among the people they are close to, their friends and parents, and only a smaller percentage would look for help with addiction treatment programmes and with their doctors. The students support prevention most of all through the media, workshops, lectures and web pages and the least through leaflets, peer prevention and comics. The greatest percentage of students supports treatment in therapeutic communities and in psychiatric hospitals. The least supported are substitution treatment with methadone and safe rooms. The majority of students agree that a good party can also be organised without the use of alcohol and drugs.

Alcohol and illicit drug use among graduation tour participants *prepared by Matej Sande*

Introduction

The present article presents the findings of our study on the use of alcohol and other drugs during secondary school graduation tours. The main objective of the study was to establish the prevalence and characteristics of alcohol use in the population of students attending graduation tours. We were interested in the specifics of alcohol use during graduation tours and the risks graduation tour participants face due to alcohol consumption. Undertaken in 2007, this was the first study to be conducted on a population of Slovenian secondary school students attending graduation tours. The study was finalised in 2008.

The sample selected for the purposes of the research comprised young individuals from various Slovenian regions who had attended graduation tours organised by Mondial Travel in 2007. The sampling technique was based on self-selection and was unrepresentative despite the large number of participants due to the absence of random sampling and since sampling was done in a single (albeit the largest) specialised travel agency. In the final sample, the respondents included 1,630 graduation tour participants aged 17 to 19 years (students of the third or final year of secondary school). Gender proportions were balanced as 49% of all subjects were male and 51% female. More than half the respondents were students of general upper secondary school programmes and a third of them were residents of the Central Slovenia region.

In order to make the results at least partly comparable to results acquired by means of the ESPAD methodology, we employed methodology that can be compared to ESPAD (previously used in studies on alcohol and illicit drug use among secondary school students in Ljubljana conducted in 1998 and 2003). The questionnaire included a number of ESPAD scales for assessing drug and alcohol use prevalence, the consumption of five or more alcohol beverages in a row and risky situations experienced by young individuals due to

alcohol use. More specific questions regarding alcohol consumption during graduation tours, intoxication and help-seeking were also added.

Alcohol use

The extent of alcohol use among graduation tour participants was measured by means of questions about general alcohol use, the incidence of use in the past month and week (the week of the graduation tour), and questions regarding intoxication, alcohol use in the future and problems caused by alcohol use.

With regard to the prevalence of alcohol use, the main findings of our study were as follows:

- 98.9% of all respondents had tried alcohol at least once in their lifetime and 98.4% reported having drunk alcohol in the year prior to the survey, compared to 96.4% who had used alcohol in the previous month and within the past week. In all four comparisons, gender differences regarding alcohol use proved to be significant (p=0.001); the male respondents had used alcohol more frequently than the female respondents.
- In relation to alcohol use incidence, differences in past-year and past-month alcohol use among students enrolled in general upper secondary schools and four-year vocational programmes were significant (p=0.05). In both cases, alcohol had been used more often by students enrolled in general upper secondary programmes.
- During the graduation tour, 53.1% of the girls and 72.4% of the boys drank alcohol every day.
- Compared to data on alcohol use in the month before the survey, the proportion of students abstaining from alcohol remained the same during the graduation tours (3.6%). When comparing the incidence of alcohol use in the previous year and month, we found that alcohol users drank more often during the graduation tours.
- The majority (66.5%) of respondents believed they would still be drinking alcohol at the age of 25.

The main findings regarding intoxication were:

- 93.2% of the respondents reported having been intoxicated at least once in their lifetime, 88.7% had experienced intoxication in the past year and 82.5% in the month prior to the survey.
- 83.2% of the respondents were intoxicated at least once during the graduation tour. Gender differences were significant as twice as many male students were among those intoxicated the most frequently (6-9 times).
- In the past month before the graduation tour, three-quarters of the respondents (76.4%) had drunk five or more alcohol beverages in a row. Gender differences were significant, with male students drinking five or more alcohol beverages in a row more frequently.
- During the graduation tour, 83.9% of the respondents drank five or more alcohol beverages in a row once or twice, while 17.2% did so ten or more times.
- Female students remained more moderate during the graduation tours, whereas the number of male students having drunk five or more alcohol beverages at a time increased, as was the case with those who did so on several occasions.
- During the graduation tour, 36.4% of the students drank excessively (felt ill because of drinking, vomited or experienced blackouts). Again, boys showed less moderation – nearly half of the male students experienced severe intoxication during the trip compared to a little less than a third of the female students.
- 21.0% of the respondents needed help due to heavy intoxication (22.2% of the boys and 19.8% of the girls).

The main findings regarding problems related to alcohol use were:

- The most common problems respondents had experienced due to alcohol use in their entire lifetime were damage to personal items and items of clothing (51.6%), conflicts or arguments (46.5%), and accidents or injuries (30.7%).
- 10.2% of the respondents had engaged in unprotected sex and 9.4% had an unwanted sexual experience while intoxicated.
- The problems experienced by respondents during the graduation tours were similar to those mentioned above. The most commonly reported problems were damage to personal items and items of clothing (17.4%), followed by conflicts and arguments (15.2%). 3.1% of secondary school students had engaged in unprotected sex during the trip, while 2.2% had had an unwanted sexual experience.

The use of other drugs

Among other drugs addressed in the questionnaire, the majority of respondents reported having tried cannabis (46.6%), followed by poppers (20.9%), tranquillisers (8.1%), amphetamines (6.8%) and ecstasy (4.9%). Other drugs (like heroin, LSD, GHB) had been used by less than 1% of the respondents.

A look at the comparison[1] of the studies presented in Table 2.1 reveals no differences between cannabis use in our sample of secondary school students on the graduation tours (MOND 07) and third-year students of secondary schools in Ljubljana (ESPAD 02LJ). There is, however, a significant difference between the respondents in our sample and the first-year students of secondary schools in Ljubljana (ESPAD 07 LJ), where cannabis was used by 27.2% of the students.

Table 2.1: *Illicit drug use prevalence (a comparison of three studies).The results indicated in the brackets of the MOND 07 study relate to third-year students. The ESPAD 02 LJ study also provides results for third-year students, while the ESPAD 07 LJ study results refer to first-year secondary school students in Ljubljana.*

Study	MOND 07 N = 1515-1620	ESPAD 02 LJ* N = 995	ESPAD 07 LJ** N = 1320
Drug use	**%**	**%**	**%**
Cannabis or hashish	46.6 (45.9)	46.6	27.2
Cocaine	3.6 (3.4)	4.8	3.3
Heroin	0.3 (0.1)	1.4	1.2
Ecstasy	4.9 (4.7)	10.4	4.0
Amphetamines	6.8 (6.1)	5.1	2.6
Poppers	20.9 (20.2)	/	/
LSD	0.4	2.9	2.0
GHB	0.1	0.7	0.5
Tranquillisers	8.1***	10.5	3.2

Third-year students
** First-year students
*** In contrast to the ESPAD studies, our study did not include questions about tranquillisers not prescribed by doctors but instead inquired about the general use of tranquillisers.

Further, the results indicate a stable prevalence rate of cannabis use among students enrolled in the final years of Slovenian (or rather Ljubljana) secondary school programmes (third-year students and fourth-year students), which was also one of the findings of the

[1] The comparison is only partially applicable as the three studies differ in their selection criteria, implementation periods and sample selection regions. Two studies applied sampling in the same year, while another two dealt with respondents of a similar age.

ESPAD 02 LJ study (Dekleva and Sande, 2003). In relation to the overview from 1992 onwards, it must of course be pointed out that the studies in question were carried out on different populations and samples, making comparisons only partially applicable. In the period from 1992 to 2007, only three studies (including the present study) were conducted on the population of third-year and fourth-year students in Slovenia. The first one was the 1992 research project implemented by the secondary school students Bulič and Vesel (ibid.), while the second one is methodologically comparable to ESPAD (ESPAD 02 LJ) and was conducted in 2002 on a population of Ljubljana secondary school students (respondents were third- and fourth-year students). Despite certain limitations on the comparability of the results, it can be concluded that the life prevalence of cannabis use among Slovenian (and Ljubljana) secondary school students in their final years of secondary school education is stable. In 1992, the prevalence rate of cannabis use in the population of fourth-year secondary school students in Ljubljana was 46.9% compared to 46.6% among third-year students and 50.3% among fourth-year students in 2002, and finally a 46.6% prevalence rate among graduation tour participants of a similar age in 2007.

As can be concluded based on the results shown in Table 2.1, the prevalence rate with regard to ecstasy and cocaine use revealed in our study was identical to the prevalence rate found in the study conducted in the same year on a population of first-year secondary school students in Ljubljana. In comparison to the 2002 study, ecstasy use had decreased. Similar findings regarding the use of ecstasy were revealed by a study carried out on the specific population of electronic music party goers between 2001 and 2005 (Sande, 2007). Differences in the data acquired by these studies could also be assigned to sample differences (state level and capital city).

Conclusion

In comparison with data on alcohol use in the year prior to the survey, our study results show an increase in alcohol use during graduation tours. Alcohol use and the incidence of intoxication are already high during the year, but the numbers of intoxicated and frequently intoxicated young individuals rise even more in the week of the graduation tour. A number of factors such as the distance from home, escape from parental control, a trip to another country, access to alcohol and a feeling of freedom surely contribute to the increased alcohol consumption and intoxication during the graduation tours. Similar findings could be expected if we were to examine alcohol use among young people and adults in the proverbially “jovial” December. The ESPAD methodology has so far attempted to avoid such situations, as can be illustrated by the fact that no studies on alcohol and other drug use have been conducted in periods before major holidays, during or before summer holidays, after grading periods etc. At such times, alcohol use typically increases. Whatever is measured during the graduation tours is thus a reflection of a unique life situation and its meaning for the students involved.

The three-quarters of intoxicated students and one-third of heavily intoxicated students on the graduation tours certainly presents a problem. Problems related to alcohol use experienced on graduation tours (as reported by our respondents) are relatively small compared to the troubles they have experienced due to alcohol use in their entire lifetime. Nonetheless, our results suggest they are still exposed to the damage of personal items and items of clothing, arguments, accidents and, to a smaller extent, unprotected sex or an unwanted sexual experience.

The results indicate that graduation tours may be the right place and time for systematic activities aimed at reducing alcohol use and intoxication. Naturally, this presents a challenging task in the field of prevention which may perhaps even prove to be too challenging as it involves acting in a foreign country and in places where alcohol use and intoxication rate increase while the chances of success decrease.

3. Prevention *prepared by Marijana Kašnik Janet, Nina Pogorevc, Branka Božank*

3.1 Introduction

The Health and Social Care Act, Education Act and the Resolution on the 2004-2009 National Programme on Drugs Control are the main guidelines for the implementation of prevention programmes in the field of public health, including programmes in the area of drugs.

In Slovenia, prevention is still divided into primary, secondary and tertiary prevention. Nevertheless, it has been noted that some actors are already using new definitions of prevention which divide it into universal, selective and indicated prevention. The evaluation and classification of programmes into specific levels of prevention presents a problem from time to time because different programmes move from one level to another and the definitions of individual levels are not uniform.

Despite the large number of prevention programmes, Slovenia still does not have a national database on the type, extent and efficacy of prevention programmes. Further, there is no systematic evaluation of such programmes. Therefore, the report only provides a general overview of preventive activities carried out by governmental and non-governmental organisations, but does not include a detailed description of all activities and actors working in this field. The data for this report were obtained through national surveys in the form of questionnaires (4); through an analysis of reports from individual actors which carry out preventive activities; through an analysis of evaluation reports on programmes which were co-sponsored by the Ministry of Health of the Republic of Slovenia in 2008; through personal and telephone interviews, and through the use of Internet sources. Our wish was to highlight the scope, and particularly the nature, of prevention programmes. The analysis of the results shows that prevention programmes follow the guidelines of professional knowledge on the efficacy of preventive approaches. We realise, however, that differences arise because of unequal accessibility of prevention programmes. These are more accessible in large cities and less accessible in small local communities in less developed regions of Slovenia. Nevertheless, we can see that all local communities pay great attention to prevention but these efforts depend upon material and human resources. Slowly but persistently, activities are being carried out in order to establish national guidelines for the implementation and quality evaluation of prevention programmes in the field of drugs. In spite of the quite bad working conditions, a multidisciplinary team of experts will be formed at the end of 2009. The team will start constructing the criteria for programme quality evaluation and establishing a model for making prevention programmes more accessible.

3.2 Universal prevention

Universal prevention comprises programmes aimed at the general population or at large groups of people who are (or at least appear to be) healthy. According to a national survey, the general aims of prevention programmes on the universal prevention level are focused on the development and strengthening of life skills and establishing safe and stimulating environments. Only a small number of programmes solely focus on raising awareness and providing information.

Apart from prevention programmes for children and adolescents, programmes aimed at parents have been greatly emphasised in recent years. In programmes for parents, there is a trend of moving from more traditional ways of providing information to approaches which focus on intensive training and strengthening of knowledge and skills which can help parents raise their children.

School programmes

Universal prevention in schools still represents the most common approach taken in Slovenia. The Ministry of Education and Sport is the institution responsible for programmes in kindergartens and schools. Substantial professional support is also provided by the Department of Education of the Republic of Slovenia. Many prevention programmes are included in regular preschool and school curriculums. Some prevention programmes are also implemented as parts of various projects, and some are implemented by external institutions.

Prevention in the preschool period

The implementation of universal prevention in the field of addiction begins in the preschool period since it is believed that every child has some potential to resist addiction, which can be strengthened by suitable emotional support and the strengthening of some life skills (Conger, 2005: 2; Schubert, Strick and Webster- Stratton, 2000 and Benedict 2007: 174). Even though it is difficult to effectively remove risk factors, we can significantly influence a child's life by strengthening the protective factors and reducing the risk factors.

All kindergartens in Slovenia systematically include general elements of the development and strengthening of social, emotional and behavioural competencies. Since 2005, a development programme for preventing addiction in preschool period has been carried out in the Koroška region. A model which is being developed by three institutions (the Regional Institute of Public Healthcare Ravne, Koroška Centre for Higher Education, and the regional branch of the National Education Institute in Slovenj Gradec) is based on a model that focuses on three spheres of education: emotional, behavioural and cognitive sphere. By 2009, about 180 children with a mean age of five had participated in the project. The creators of the programme plan to publish a monograph entitled (Make) The Sun Shine (Da (po)sije sonce) in 2009, and spread the programme across Slovenia. The key workers who carry out the programme are professional workers in a kindergarten with the support of external professionals.

This is a programme that includes professionals in the fields of public health, pedagogy, sociology, psychology and management. When carrying out the programme, topics on drugs do not appear in teaching approaches for children, but are included while working with parents.

Prevention in primary and secondary schools

The most systematic prevention programmes implemented across Slovenia are part of so-called Healthy Schools. Slovenia joined the European network of Healthy Schools in 1993. With the expansion in the 2008/09 school year (3rd round), 268 institutions, which represent 43% of all Slovenian primary and secondary schools and student homes, joined the Healthy School network. Their programmes focus mainly on strengthening healthy life skills. To a lesser extent, they also include elements of the prevention of problem behaviours including the use of drugs. A central theme is chosen each year and represents a guideline for all activities in the current school year. According to data collected by the Slovenian Institute of Public Health, the co-ordinator of Healthy Schools, we have had the following ‘central themes’ in the past few years:

- Alcohol and adolescents (2000/01);
- Mental health in schools (2001/02);
- Recreation and nutrition (2 years) (2002/03; 2003/04);
- School and parents - in search for new ways of co-operation (2004/05);
- Quality use of leisure time (2005/06);
- Mental health, nutrition and recreation (2006/07);
- Healthy life style (2007/08); and
- Be healthy under the sun (2008/09).

Children's parliament

A special form of education for children and adolescents is the children's parliament, which is organised by the Slovenian Association of Friends of Youth. The parliament is one of the original forms of encouraging children and adolescents to express their own opinions on pressing issues which are chosen by them. The purpose of the children's parliament is to enable young people to speak publicly, present their opinions, ideas and dilemmas on issues that are important during the period of growing up in an environment where they live, learn and spend their free time. In doing this, the children expect educational institutions, local authorities and governmental and non-governmental organisations to pay attention to them. The programme is implemented in all schools in Slovenia in the form of democratic dialogue. It is upgraded with parliaments at municipal and regional levels, and culminates in the national children's parliament in the National Assembly. In 2007, young people chose the theme of entertainment and free time. In connection with drugs, they especially stressed the need for more efficient interventions that focus on preventing and reducing young people's access to alcohol and other drugs. In 2008, the central theme was love and sexuality (ZPMS, 2009).

Overview of the main features of prevention programmes in primary and secondary schools

Educational institutions implement a wide range of prevention programmes which differ in quality and content, in the type of workers carrying out the programme, and in the number of programmes implemented in individual schools. That is why the Regional Institute of Public Healthcare Ravne (hereafter ZZV Ravne) conducted a national survey in 2009 in order to determine the characteristics of preventive work in primary and secondary schools. The survey was conducted via e-mail in the form of structured questionnaires.

We examined in detail the basic characteristics of preventive approaches of 15% of all primary and 15% of all secondary schools across Slovenia. We prepared 3 questionnaires for primary schools and 3 questionnaires for secondary schools. The questionnaire on programmes for students comprised 14 simple closed questions, 3 combined questions and 5 open questions. All questionnaires were filled in by professional school workers. The data were statistically processed with the SPSS programme, version 11.0 (Statistical Package for the Social Sciences). When processing the data, we applied the descriptive method by using proportions and frequencies (Kašnik Janet, Pogorevc, Božank, 2009).

The most important finding of the survey is that prevention programmes in schools do not primarily aim at providing information but at strengthening different life skills, and that they include only a small amount of information on drugs. Another important finding is that the use of interactive methods of work is increasing.

Prevention programmes for the primary-school population

Institutions carrying out prevention programmes

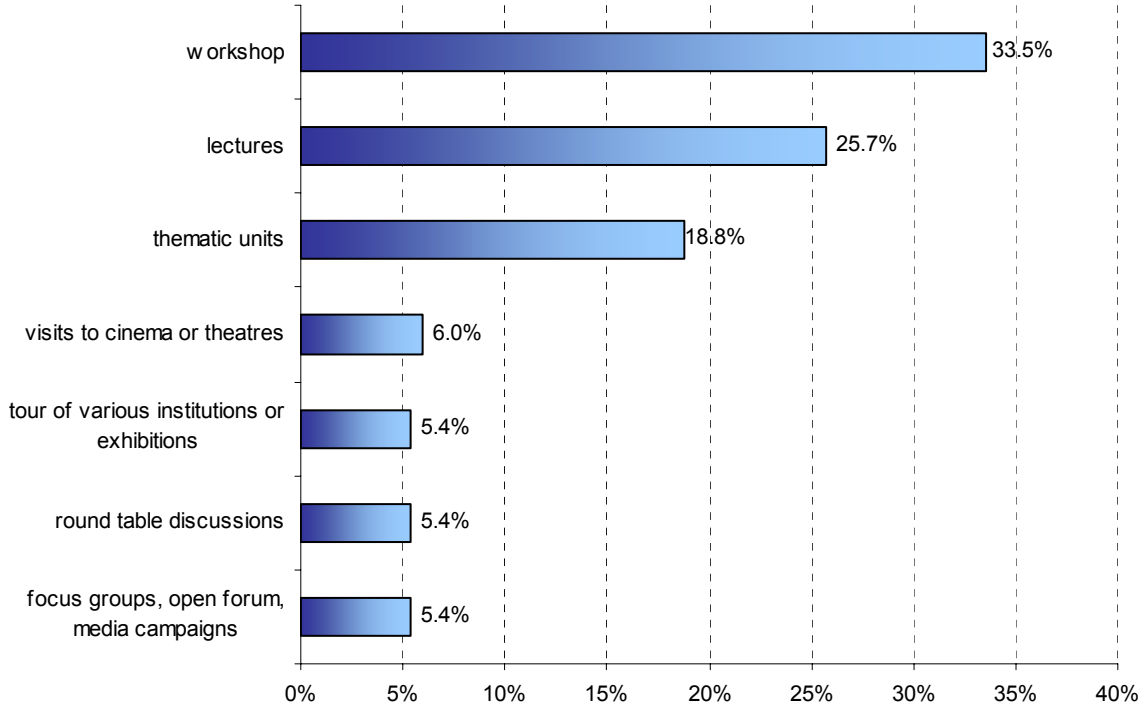
The results of the research on prevention programmes in primary schools show that the programmes are mostly carried out by external professionals (43.9%), less often they are carried out by teachers co-operating with external professionals (39.4%). In some cases (16.8%), teachers implement programmes independently. Most workers who carry out programmes and work in schools are professionals with a pedagogical education (teachers), some are social pedagogues, psychologists, school counsellors or social workers. Peer counselling represents a small proportion, namely 8%. The majority of external professionals are health care workers (41.6%), followed by police officers and criminalists (16.8%), social workers, psychologists, clinical psychologists, social pedagogues, sociologists and, in some cases, also peers from other institutions. Occasionally, people who have been treated for addiction carry out programmes (10.1%). In most cases (53.4%), external workers deal only with preventive approaches, less often they are involved in prevention and also the treatment of drug users (44.8%). Less than two percent (1.7%) of those carrying out programmes are involved only in treatment and dealing with addicted people.

Types of preventive work

Programmes are mostly implemented in the form of frequent activities (45.5%), followed by one-off activities (42.4%). 12.1% of the programmes run continuously for the whole school year. The average duration of an individual activity is 2 to 4 hours (60%). More than one-fifth of activities (21.5%) last less than 2 hours, and 18% of activities last more than 5 hours.

Figure 3.1 shows that programmes are mostly delivered in the form of workshops (33.5%), lectures (25.7%) and in the form of thematic units (18.8%). 6% of the programmes involve organised visits to cinemas or theatres, and 5.4% take the form of a round table discussion. Other forms of programmes are tours of various institutions (3%), exhibition tours (2.4%), focus groups designed to obtain the opinions and viewpoints of target populations (2.4%), open forums (1.8%) and media campaigns (1.2%).

Figure 3.1: *Forms of prevention programmes for the primary school population*



Source: Regional Institute of Public Healthcare Ravne

The contents of programmes are mostly delivered by means of a combination of interactive and non-interactive ways (85.7%). In a little less than 10% of the programmes, the contents are delivered in an interactive way, and in 4.8% of them the contents are delivered only in a non-interactive way. The most common communication approach of delivering contents is informing and motivation (86.3%), followed by persuasion (7.4%) and drawing attention (6.3%).

The work methods used

In programmes for students the method of conversation is the method most often used in about one-quarter of programmes (25.6%). Verbal explanation is mostly used in 20.5% of programmes, followed by experiential learning (17.1%), the method of demonstration and presentation (15%), and working with texts (12.4%). The teaching methods of drawing or illustration (5.6%) and the method of written works (3.8%) are rarely used.

Types of drugs mentioned in the programme

The majority of programmes (75.4%) deal with both legal and illicit drugs. 16.9% of them are focused on specific drugs: mostly alcohol and tobacco, energy drinks, marijuana and medicines. In 6.2% of programmes for students, drugs are not even mentioned, and 1.5% of the programmes deal only with illicit drugs.

Evaluation

60% of the surveyed schools regularly evaluate prevention programmes. Most often they evaluate the results and effects of the programmes (57%).

School drug policy

In most primary schools that participated in the research (74.5%), programmes in the field of drugs are an integral part of school policy. Also, most schools (67.3%) have a special protocol on measures used in the case of incidents connected with the use, possession and trafficking of psychoactive substances in schools. Only a little more than one-quarter of the surveyed schools (26.6%) indicated that their teachers attend education on psychoactive substances at least once a year.

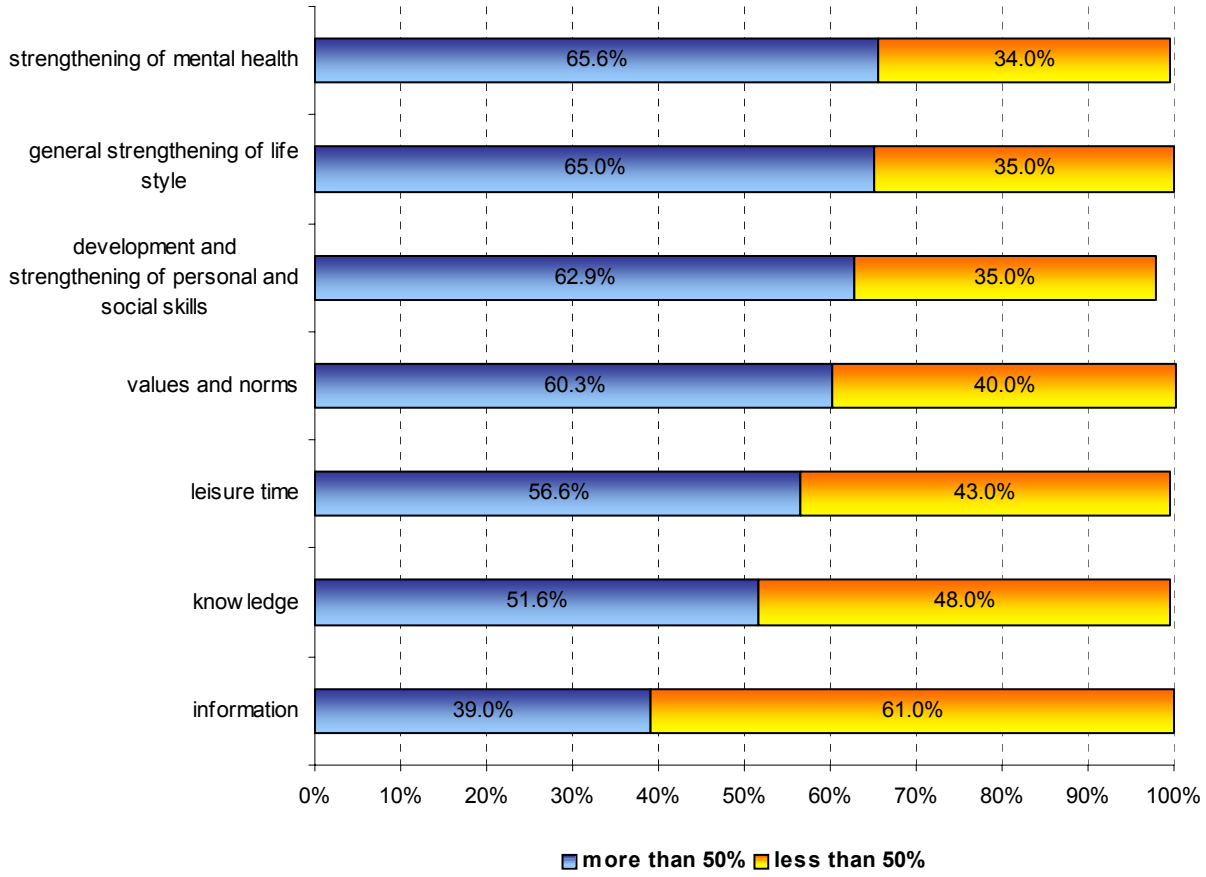
Contents included in prevention programmes

A large number of questions focused on a range of prevention-related contents that are included in prevention programmes. They are divided into seven major components:

1. General contents: general strengthening of a healthy lifestyle.
2. Knowledge: on social, health and other consequences of problem behaviour and drug (ab)use; on risk factors for the occurrence of problem behaviour; on institutions and forms of help.
3. Information: on the types and effects of drugs; on laws and sanctions in this field.
4. Personal and social skills: development and strengthening of various capabilities to reject negative influences (for example peer and media influences), strengthening of communication skills, abilities to solve problems and make decisions, setting goals ...
5. Mental health: self-image, self-respect, emotions, stress and frustration management, the ability to empathise.
6. Values and norms: the intention to weaken the popular belief that drug use prevails and is acceptable; highlighting and shaping of social norms in relation to drugs; abolishing the established myths about drugs.
7. Leisure time: promotion of safe entertainment; the presentation and promotion of alternative activities.

Figure 3.2 shows that programmes mostly include contents that strengthen mental health and focus on the general strengthening of a healthy lifestyle. Only a small number of prevention programmes include providing information.

Figure 3.2: *Proportions of contents included in prevention programmes for primary school students*



Source: Regional Institute of Public Healthcare Ravne

Main characteristics of prevention programmes in secondary schools

Institutions carrying out prevention programmes

A basic review of the preventive contents of secondary school programmes showed that in most cases (50%) only school workers carry out prevention programmes in secondary schools. In 30.4% of cases, teachers co-operate with external professionals, and in 16.1% of cases only external professionals carry out prevention programmes. Peer education, where the programme is carried out by peers from the same school, represents 3.6%. Secondary school prevention programmes are mostly carried out by professionals who have a pedagogical education - namely teachers (51%), followed by school counsellors (14.5%), peers (14.5%), and psychologists (12.7%), rarely also social pedagogues (5.5%) and social workers (1.8%).

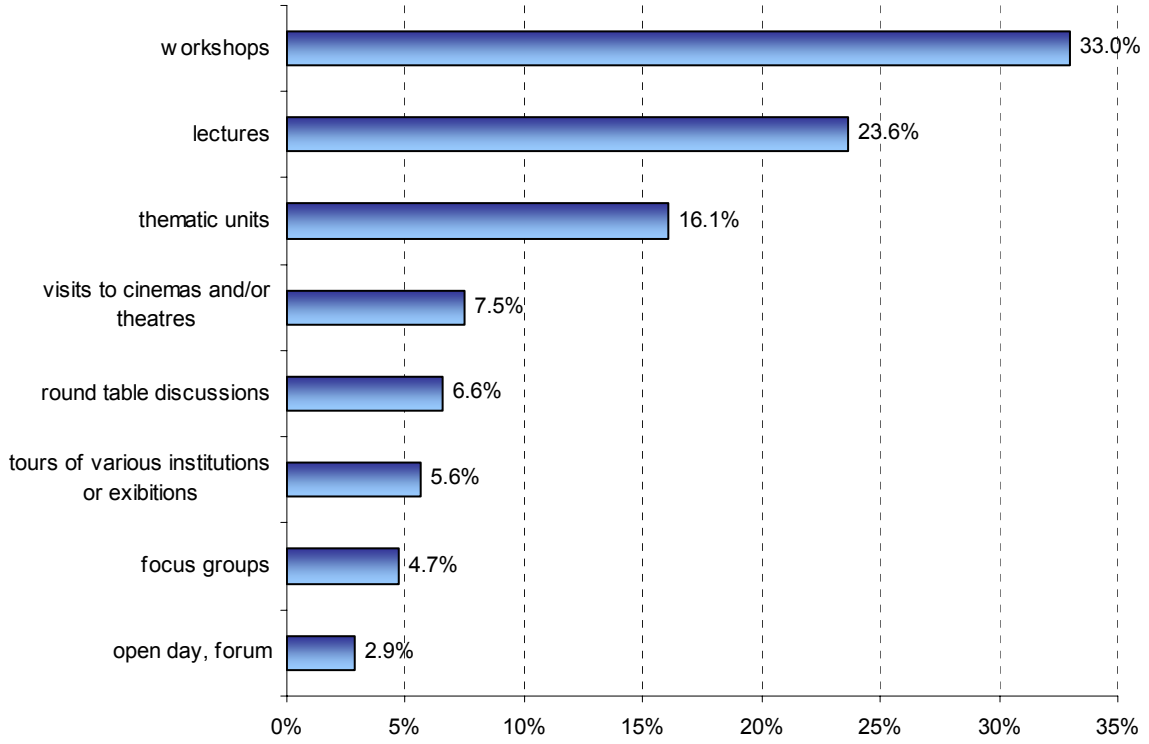
External professionals are mostly health care workers (28.3%), followed by police officers or criminalists (21.7%). In 10% of cases, psychologists or people who have been treated for addiction carry out programmes. 8% of the programmes are carried out by peers and sociologists, followed by programmes carried out by social workers and social pedagogues. Most external professionals (68%) deal with preventive approaches only. 28% of external professionals deal with the prevention and treatment of drug addicts, and 4% of them deal only with addicts.

Types of preventive work

Programmes are mostly delivered in the form of one-off activities (71.4%). About one-fifth of them are delivered in the form of repeated activities, and 7% of the programmes run continuously for the whole school year. The average duration of an individual activity is 2 to 4 hours (45.5%). A little more than one-quarter of activities (27.3%) last less than 2 hours, and another one-quarter of the activities last from 5 to 10 hours.

The majority of programmes (33%) are delivered in the form of workshops, 23.6% in the form of lectures, and 16.1% in the form of thematic units. 7.5% of the programmes involve organised visits to cinemas or theatres, and 6.6% take the form of a round table discussion. Other forms of programmes are tours of various institutions or exhibitions (5.6%), focus groups designed to obtain the opinions and viewpoints of target populations (4.7%), open days (1.9%) and open forums (1%).

Figure 3.3: *Forms of prevention programmes for the secondary school population*



Source: Regional Institute of Public Healthcare Ravne

The contents of programmes are mostly delivered in a combination of interactive and non-interactive ways (64.3%). 32.1% of the contents are delivered in an interactive way, and only 3.6% of the contents are delivered in a non-interactive way. The most common communication approaches of delivering contents are motivating and informing (83.7%), followed by drawing attention (12.8%) and persuading (3.5%).

Methods of work used

In about one-quarter of the programmes, the methods used in programmes for secondary school students were mostly the method of conversation (27.3%) and verbal explanation (25.2%). These were followed by the method of drawing or illustrations (12.2%), the method of demonstration and presentation, and the method of written works. The methods of experiential learning (7.2%) and working with texts (6.5%) were rarely used in programmes for secondary school students.

Types of drugs mentioned in the programme

Most programmes (56.4%) deal with both legal and illicit drugs. 38.2% of the programmes focus on specific drugs: mostly tobacco and alcohol. In 1.8% of programmes for secondary school students, there is no mention of drugs. 3.6% of the programmes deal with illicit drugs only.

Evaluation

Programmes implemented in secondary schools are less often evaluated than programmes in primary schools. 37.8% of the surveyed schools regularly evaluate prevention programmes. The evaluation is most often carried out in the form of a process evaluation (63.6%).

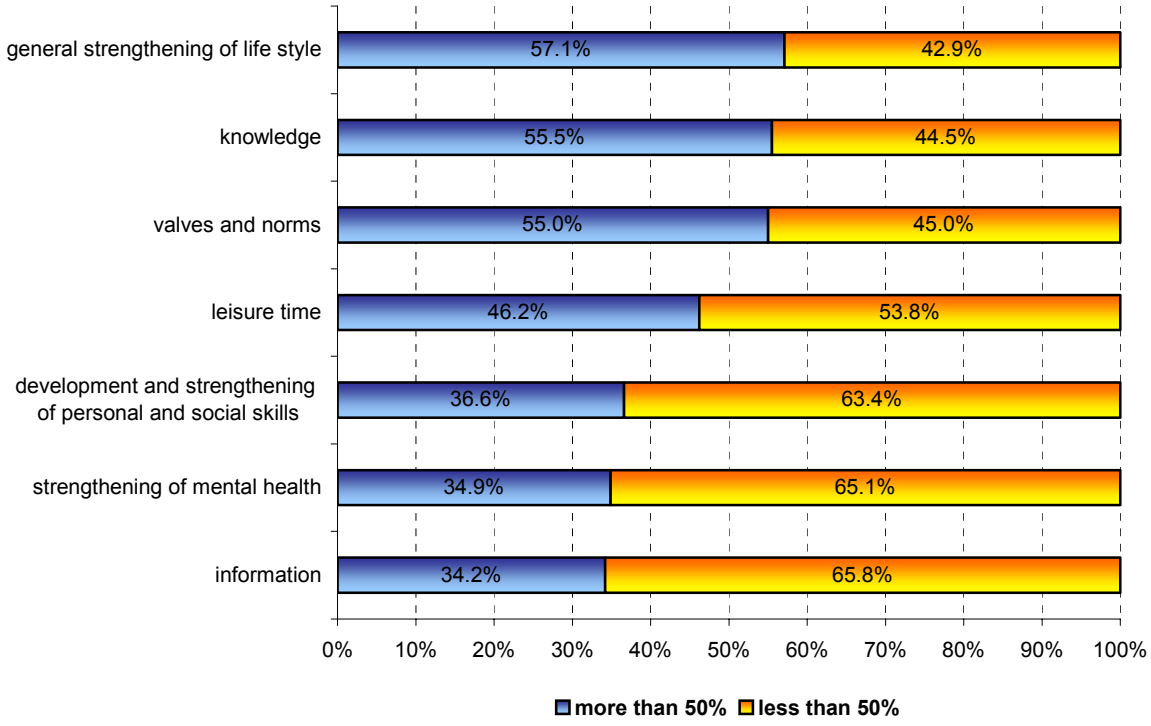
School drug policy

Programmes in the field of drugs are an integral part of school policy in most secondary schools that participated in the research (83.3%). Also, the majority of schools (73.7%) have a special protocol on measures used in cases of incidents connected with the use, possession and trafficking of psychoactive substances at school. Only a little more than one-sixth of the surveyed schools (16.7%) indicated that their teachers attend education on psychoactive substances at least once a year.

Contents included in prevention programmes

Preventive contents included in programmes are divided into seven major components (see the explanation in the chapter on primary schools). Figure 3.4 shows that programmes mostly include contents that strengthen a healthy lifestyle, followed by contents that strengthen knowledge on the drug (ab)use related risks, on where to get help etc., and contents dealing with norms and values. To the least extent, prevention programmes for secondary school students include providing information.

Figure 3.4: *Proportions of contents included in prevention programmes for secondary school students*



Source: Regional Institute of Public Healthcare Ravne

Opinions of the surveyed professionals in primary and secondary schools

We asked professional school workers for their opinions and views on the prevention programmes. Most believe that the school prevention programmes should focus more on the strengthening of life skills and aim less at providing information on drugs. They often face the problem of how to incorporate preventive activities in the regular school programme. They would like concrete definitions on the national level, namely definitions that determine which contents should serve as frameworks for the implementation of activities (activity days, special classes...) and who should carry out the programmes. They also want a catalogue of verified programmes and institutions carrying out programmes. Such a catalogue would help them choose external professionals and make prevention more efficient and, above all, »safer«.

Programmes for parents

Preventive work with parents is organised by various governmental and non-governmental organisations in Slovenia. As part of a national survey conducted in 2009 we obtained data mostly on the basic characteristics of prevention programmes for parents which are carried out in primary and secondary schools (for details, see Chapter on School programmes). The questionnaire for parents was similar to the questionnaire for students. They both consisted of 13 simple closed questions, 3 combined closed questions and 5 open questions. All questionnaires were filled in by professional school workers (Kašnik Janet, Pogorevc, Božank, 2009).

Target population

Data analysis showed that prevention programmes for parents of primary and secondary school students are delivered in two forms, depending on which population they cover. The target population for 55.9% of primary school programmes and 54.5% of secondary school programmes only includes parents, whereas 44.1% of primary school programmes and 45.5% of secondary school programmes are targeted at both parents and their children.

Institutions carrying out prevention programmes

Programmes for parents of primary school students are mostly carried out by external professionals (52.9%) or they are carried out by school workers together with external professionals (41.2%). 5.9% of programmes are carried out by school workers only.

Programmes for parents of secondary school students are mostly carried out by both school workers and external professionals (72.7%). Less than a fifth of these programmes are delivered by external professionals only (18.2%), and 9.1% of them are carried out by school workers only.

Most external professionals are health care workers (26.1% in programmes for parents of secondary school students, and 37.7% in programmes for parents of primary school students). These are followed by psychologists (17% in programmes for parents of primary school students, and 21.8% in programmes for parents of secondary school students), and police and criminalists (15.1% in programmes for parents of primary school students, and 17.4% in programmes for parents of secondary school students). 17.4% of external workers in programmes for parents of secondary school students are people who have been treated for addiction. Less than 10% of programmes for parents of primary and secondary school students are carried out by the following professionals: social pedagogues, sociologists, social workers and special pedagogues.

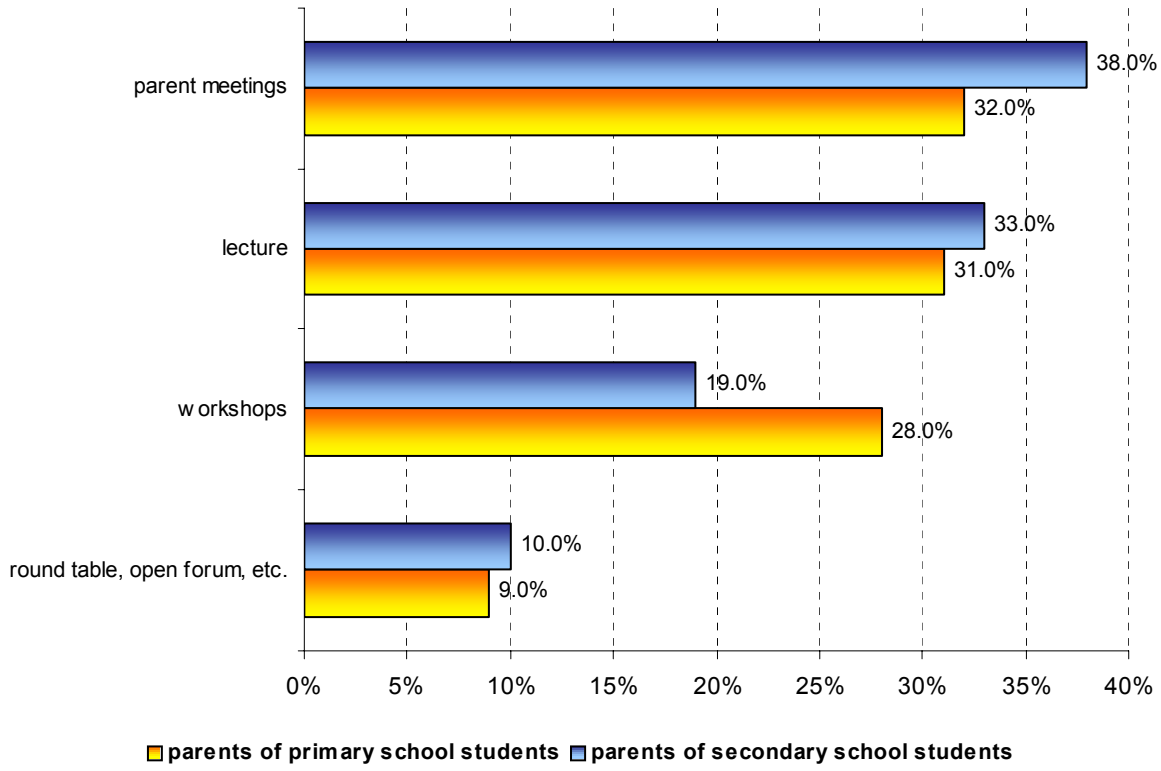
Types of preventive work

Most programmes for parents of primary and secondary school students are delivered in the form of one-off activities - this is the case of 63.6% of programmes for parents of secondary school students and 55.9% of programmes for parents of primary school students. 41.2% of programmes for parents of primary school students and 27.3% of programmes for parents of secondary school students are implemented in the form of frequent activities. Rarely, such programmes run continuously for the whole school year (2.9% of programmes for parents of primary school students and 9.1% of programmes for parents of secondary school students).

In programmes for primary school students, as well as in programmes for secondary school students, an individual activity usually lasts less than 2 hours (60% of activities in programmes for parents of secondary school students and 54.8% in programmes for parents of primary school students). 40% of activities for parents of secondary school students and 35.5% of activities for parents of primary school students last between 2 and 4 hours. Activities for parents of primary and secondary school students rarely last more than 5 hours (less than 10% of activities).

Figure 3.5 shows that most of the programmes for parents of primary and secondary school students are delivered in the form of parent meetings (38.1% of programmes for parents of secondary school students, and 32.3% of programmes for parents of primary school students). The second most common form of programmes are lectures (33.3% of programmes for parents of secondary school students, and 30.8% of programmes for parents of primary school students), followed by workshops (27.7% of programmes for parents of primary school students, and 19.1% of programmes for parents of secondary school students). Programmes are rarely delivered in the form of a round table (9.5% of programmes for parents of secondary school students, and 7.7% of programmes for parents of primary school students) and in the form of an open forum.

Figure 3.5: *Forms of prevention programmes*



Source: Regional Institute of Public Healthcare Ravne

In programmes for the parents of primary and secondary school students, the most common types of communication are informing (49% in programmes for parents of primary school students, and 46.7% in programmes for parents of secondary school students) and motivating (28.6% in programmes for parents of primary school students, and 33.4% in programmes for parents of secondary school students). Drawing attention is present to a lesser extent - 20.4% in programmes for parents of primary school students, and 6.6% in programmes for parents of secondary school students. Persuading is rarely used (2% in programmes for parents of primary school students, and 13.3% in programmes for parents of secondary school students).

Methods of work used

In programmes for parents of primary school students, the method of verbal explanation (38.4%) and the method of conversation (28.7%) were the methods most often used. The opposite applies for programmes for parents of secondary school students - the method of verbal explanation was used in 36.4%, and the method of conversation in 27.3% of cases. The method of demonstration and presentation was used in about one-fifth of programmes (in 19.2% of programmes for parents of primary school students, and in 22.7% of programmes for parents of secondary school students). The method of experiential learning was used in a little more than 13% of programmes for parents of primary and secondary school students.

Types of drugs mentioned in the programme

78.8% of programmes for parents of primary school students, and 90.9% of programmes for parents of secondary school students deal with both legal and illicit drugs. Drugs are not even mentioned in 15.2% of programmes for parents of primary school students, and in less than 10% of programmes for parents of secondary school students. Only specific drugs or only illicit drugs are dealt with in 3% of programmes for parents of primary school students.

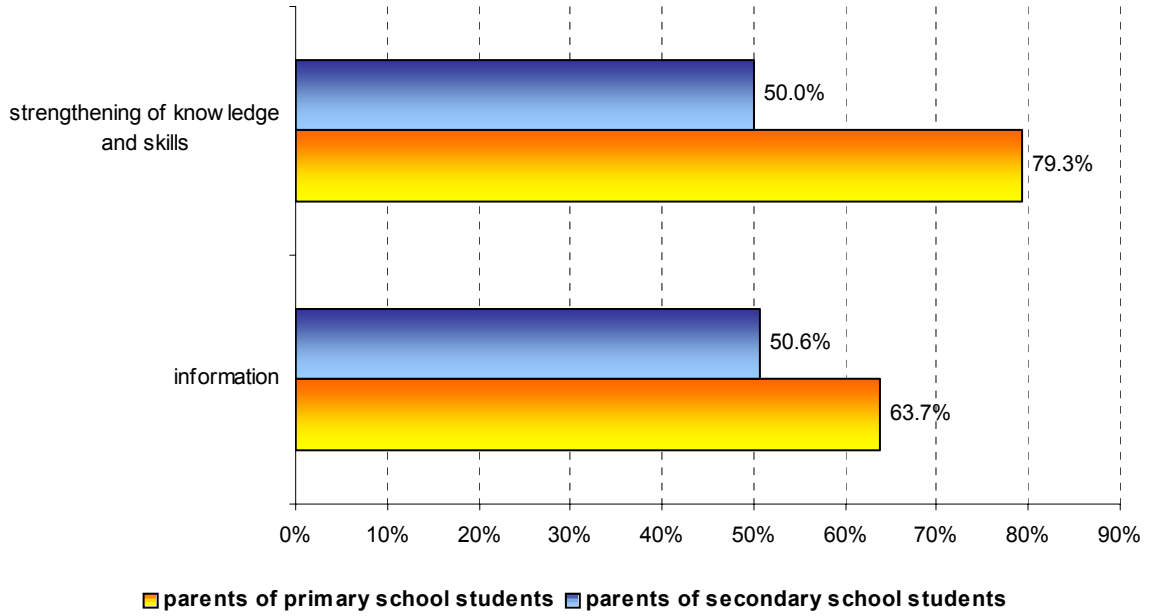
Contents included in prevention programmes

We have divided the preventive contents that are present in programmes for parents into two major components, namely:

- contents focused on providing information: about social, health and other consequences of problem behaviour and drug (ab)use; about risk and safety factors for the occurrence of problem behaviour; about the types and effects of drugs; about identifying and responding in the case of drug (ab)use; about laws and sanctions in this field; about the types of help and institutions that offer help; about the prevalence of drug use among young people; and
- contents for the strengthening of knowledge and skills that help parents raise children.

Figure 3.6 shows that prevention programmes for parents of primary school students include a larger proportion of contents for strengthening knowledge and skills (79%) than programmes for parents of secondary school students (50%). The proportion of programmes that include mostly information is slightly smaller - it represents 63.7% of programmes for parents of primary school students, and 50.6% of programmes for parents of secondary school students.

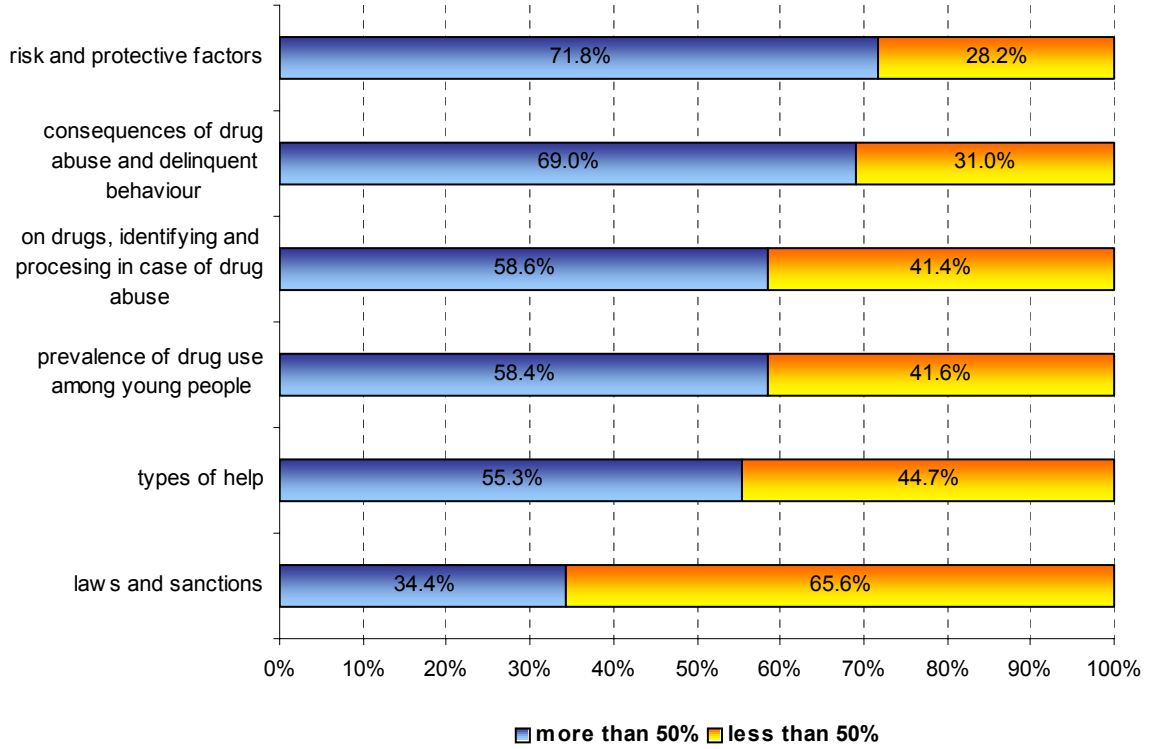
Figure 3.6: *Proportion of programmes that include more than 50% of contents focused on providing information and strengthening skills*



Source: Regional Institute of Public Healthcare Ravne

Figure 3.7 shows in detail the contents of programmes for parents of primary and secondary school students. These programmes mostly focus on providing information on risk and safety factors, followed by informing about the consequences of drug use and other delinquent behaviour, providing information on drugs and on identifying drug (ab)use, information on proceedings in the case of drug (ab)use, and information on the types of help available. The contents that focus on laws and sanctions are used to a lesser extent than other contents.

Figure 3.7: *Proportions of individual information in prevention programmes for parents*



Source: Regional Institute of Public Healthcare Ravne

Despite the availability of programmes for parents, it was determined that such programmes are relatively poorly attended (Čačinovič Vogrinčič at al., 2009; Glušič, 2008). They are mostly attended by parents who do not encounter drug use and abuse in their family environment. This kind of education does not generally reach those parents whose children are already experimenting with drugs or behaving in some other delinquent way.

That is why the Faculty of Social Work conducted an action research project in the area of the capital city of Slovenia. The goal of the project was to determine why the existing forms of preventive workshops are not attended by more parents. Another aim of the project was to determine what contents and methods of work would more effectively attract parents to attend and co-operate. The ultimate goal of the project focused on the development of a new model of working with parents and adolescents in school settings. The findings of the research project are the following:

- Most of the surveyed parents (92%) believe that schools are suitable places for implementing community projects.
- Lack of time was the most common reason for parents' low participation in preventive workshops.
- Regarding the implementation of preventive workshops, parents mostly indicated a lack of leaflets and other health education materials.
- Other indicated shortcomings: there is a lack of concrete situations, themes are not divided according to a child's age, there is a lack of time for discussion, not everything that parents want to know is included etc. (Čačinovič Vogrinčič and others 2009).

Also members of the Office for Drugs in the City Council of Ljubljana, which organise lectures for parents, note similar reasons in their evaluations. They add the following reasons for non-participation: parents are afraid of being exposed, they do not recognise educational problems or they do not admit they have educational problems, they think that the workshops are not at a suitable time of the day or that the lecturers are not interesting (Glušič, 2008).

Based on pilot implementations of workshops and a review of good practices abroad, the Faculty of Social Work developed a model for preventive workshops for parents. It named it ‘Let's talk’ (Pogovarjajmo se). This is a community project which enables parents - as they are important co-operators and discussion partners - to influence the time of workshops, the choice of central themes and therefore to influence the way of implementing activities. The model is also derived from the belief that, when planning workshops for parents, it is crucial for the working motivation to be concrete, clearly defined and connected with the needs and interests of children, parents and school workers.

The process of implementing community projects for parents should consist of four phases. The first phase is connected with the preparation period and includes three steps: idea or initiative; research and description of a problem situation; definition of a problem. This is followed by the second phase, namely planning, which includes five steps: setting goals; a map of sources; defining strategies; selecting the co-ordinator, and making a working plan. The purpose of the third phase is to initiate a programme. This phase includes two steps: delivering and monitoring the course of a programme, or evaluating a programme. The purpose of the fourth phase is to try to achieve integration and continuity of the programme implementation.

Professionals from the Faculty of Social Work specifically stress the need to take into account children's ages while preparing prevention programmes since parents' interest in individual themes varies according to their children's age. It is reasonable to involve interested parents as active collaborators in programmes. Being experts by experience, they can competently address other parents and invite them to participate. Since a lack of time is the most significant reason for parents' non-participation in workshops, they suggest that, at the beginning of implementation, programmes should take place at already established times which are set in advance and anticipated by parents (for example at the time of parent

meetings and office consultation hours). Only after that, further times and places of workshops should be planned and agreed on by both parents and those carrying out the programme. Working via e-mail could represent one of the forms of working with parents (Čačinovič Vogrinčič at al., 2009).

The model, together with all proposed evaluation forms, will prove to be very helpful in planning future activities for parents in other parts of Slovenia.

Local community programmes

In the field of preventing drug addiction in Slovenia, the model of Local Action Groups (LAGs) started to develop. It proved to be very promising in many cases, especially from the viewpoint of preventive activities (Košir, 2004). Most LAGs work as professional advisory bodies of the local mayor or city/municipal council, and a small proportion of LAGs work in the framework of youth centres, associations or public institutions. Their activities consist of community-oriented programmes that significantly contribute to preventing and reducing drug use and addiction, improving health and reintegrating the addicted, as well as improving the welfare of local people and the social cohesion within the local community. Their work is focused mostly on prevention and reduction of harmful consequences of drug use. LAGs are less active in areas such as treatment and social reintegration. Most LAGs concentrate on the prevention of the use of legal and illicit drugs, and strengthening a healthy lifestyle in local communities.

In 2009, ZZV Ravne issued a report on the LAG situation which shows that 42 out of 56 local action groups are active. We do not have information on the status of 11 LAG groups, 2 groups are in a state of »stagnation«, and 1 local action group has ceased operating.

The role of LAGs in local communities is very important as they provide long-term support to strategies in the area of drug demand reduction by raising awareness and activating local communities. Some of the activities that LAGs most often carry out are:

- the annual preparation, implementation and evaluation of strategies and action plans in the field of drug addiction prevention in municipalities;
- continuous monitoring of changes in drug problems in municipalities;
- promoting and providing leisure activities and safe places for young people;
- implementing various preventive lectures and workshops, organising seminars and conferences;
- preparing and distributing different preventive materials;
- issuing internal newsletters;
- media activities; and
- regarding the prevention of drug addiction in a municipality, the LAGs have a particularly important role of co-ordinating the work of institutions, organisations, professionals in different fields, individuals and interest groups in the local community.

The LAG members come from all important actors and organisations in a community - these can influence or co-operate in reducing the prevalence of psychoactive substances among members of a community. Thus, most LAG members are representatives of city councils, local communities, child care institutions, schools, police, health centres, social work centres, NGOs (youth centres, sports associations, associations that work in the field of addiction etc.), parents, young people, employment services etc. In addition to these organisations, which most members of LAG belong to, the groups co-operate with external professionals, the Red Cross, Caritas, local libraries, the media, correctional homes, psychiatric and general hospitals, and other important or interested actors.

Regional Associations ('OZ') of the Red Cross, which are under the auspices of the Slovenian Red Cross, and some religious organisations, are also quite active in local communities in addition to youth centres, numerous governmental and non-governmental organisations and active individuals.

The Slovenian Red Cross comprises 56 regional associations and more than 900 local organisations. Most of them perform various preventive and health-educational activities in the field of drugs with the help of volunteers and external professionals (RKS, 2009). Last year, they prepared an interesting teaching aid concerning the theme of addiction and destigmatisation. It took the form of a comic book entitled 'It Happened Near You'. In addition to the comic book, they prepared a set of instructions for implementing a didactic unit. This aid will prove helpful for Red Cross representatives in implementing interactive educational workshops in local environments.

When we were conducting a survey on activities performed by large religious communities in Slovenia, only two communities responded, namely the Catholic and the Christian Adventist Church. The Pelikan-Karitas institution is a non-governmental organisation operating within the framework of the Catholic Church. It is mostly engaged in helping addicted persons and their families. In addition, it performs universal prevention activities in the forms of counselling and informing in the local environment. It says it devotes a lot of time to these activities because they reach out to the widest group of people possible and because this kind of approach promises the best results. The institution also focuses on organising lectures and workshops, recently also on participating in oratorios which are intended to raise awareness, inform and promote actions and efforts to solve addiction problems in families in the local area. It participates in religious education, events and thematic meetings in different parishes and schools. It also organises a school for parents which includes lectures on various topics and life issues, and answers questions on Internet forums at its website: www.karitas.si (Jerebic, 2009).

Programmes of the Christian Adventist Church are also implemented across Slovenia. Their programmes focus mostly on strengthening positive life skills. It carries out so-called correspondence courses (via the Internet or mail), summer camps and workshops for children and adolescents, and parent workshops on responsible life and on child-raising (Hari Novinšek, 2009).

Also large NGOs operate in some regions. They deal with both addicted persons and universal and selective prevention programmes - for example, the Association 'Project Man' (Društvo Projekt Človek), the 'Up' Association, the 'Meeting' Association (Društvo Srečanje) etc.

In local communities, prevention programmes are also carried out by police stations and police directorates. Therefore, ZZV Ravne also conducted a national survey on the programmes carried out by the police. The purpose of the survey was to determine how many police stations and directorates perform preventive activities in the field of drugs, and what is the nature of these activities. The questionnaire consisted of 11 simple closed questions and 4 open ones. They were filled in by police officers and criminalists who deliver prevention programmes. The questionnaire was sent via regular mail to all 111 police stations and all 11 police directorates in Slovenia. We received answers from those stations and directorates that perform preventive work in the field of drugs. 10 police directorates and 62 police stations sent us filled in questionnaires in due time. The data were statistically processed using the SPSS programme, version 11.0 (Statistical Package for the Social Sciences). When processing the data, we used the descriptive method by using proportions and frequencies (Kašnik Janet, Pogorevc, Božank, 2009).

The most common target population of prevention programmes carried out by police officers and criminalists includes primary school students, followed by parents, professional workers and secondary school students. Less than 10% of their universal programmes are aimed at the general population and students. Prevention programmes are often implemented for parents of secondary school students and professional secondary school workers. In 40.8% of cases, the police officers perform preventive activities independently, in 28.2% of cases

they co-operate with their co-workers, and in 31% of cases they co-operate with other professionals. The activities are most often delivered in the form of one-off activities (58.3%). 36% of their activities take place continuously throughout the year, and other activities take place on special occasions, for example at the beginning of the school year, and in special cases when schools ask them to co-operate. 52.1% of individual activities last less than 2 hours, 46.5% of them last 2 to 4 hours, and 1.4% between 5 and 10 hours. The type of communication most often used is informing (61%), followed by drawing attention (25.3%), motivating (9.1%) and persuading (4.6%). Activities are mostly delivered in the form of lectures (52.3%), followed by workshops (23.4%), round tables (15%), and other forms (9.3%), for example the presentation of a project and distribution of educational materials.

The method of work most often used is explanation (37.6%), followed by the method of demonstration and presentation (26.1%), and the method of conversation (23.6%). The method of working with texts (6.7%) and experiential learning are rarely used. Samples (imitations) of illicit drugs are used as teaching aids in some lectures (especially for parents). Most preventive activities performed by the police deal with illicit and legal drugs (61.1%). 27.8% of such activities deal only with illicit drugs. There are few activities dealing with specific drugs (9.7%), mostly marijuana, cocaine, amphetamines, alcohol, energy drinks and medicines (sedatives). 16% of the surveyed police officers regularly evaluate the programmes, 70% of them do not conduct evaluations, and 14% have no information on evaluation because they co-operate in preventive activities only as invited lecturers.

We also asked the surveyed police officers about their opinion and views on the implementation of prevention. Most stressed the need to deal with preventive actions in a professional way. Therefore, most expressed the need for additional education on preventive approaches. They also perceived a lack of teaching aids for implementing preventive workshops. They pointed out that the police is one of the most important links with local populations. Nevertheless, there is not enough co-operation between different professional disciplines. Traffic police officers perceive there is a growing number of people who drive under the influence of illicit drugs or psychoactive medicines.

3.3 Selective prevention

Prevention in risk groups

Selective prevention is implemented in various vulnerable groups. Within the framework of selective prevention in schools, the focus is primarily on the early identification of children and adolescents with problems, and on crisis intervention. In this chapter we will list only individual programmes that are not implemented as part of regular education programmes.

Programmes for adolescents who have dropped out of school

The 'Project Learning for Young Adults' programme (Projektno učenje za mlajše odrasle - PUM) is a public educational programme and an informal form of education. As such, it is aimed at young people aged between 15 and 25 years who have quit school for various reasons and are unemployed. The programme is co-financed by the European Social Fund, Ministry of Education and Sport and the Employment Service of the Republic of Slovenia. In Slovenia, the programme is carried out by 11 organisations located in Ljubljana, Slovenj Gradec, Murska Sobota, Ajdovščina, Celje, Radovljica, Koper, Maribor, Novo Mesto, Tolmin and Škofja Loka.

In this programme, the work is done using the method of project learning. Young people acquire new knowledge and experience by actively co-operating in various projects. The purpose of the project is to motivate young people to re-engage in the education they have dropped out of. In this way they can acquire vocational or technical education. At the same time, the programme aims to qualify them and thus make them more competitive in the

labour market. The aim of the programme is to enable young people to learn about different occupations and discover their interests and talents at the same time. Young people who come to PUM typically have unrealistic perceptions of work and employment, very low motivation for education, and inadequate plans for their future career. Young people can participate by their own choice, or they participate on the recommendation of friends, parents, and counsellors in schools, social work centres or employment services. They can join the programme at any time of the school year, and quit at any time as well.

PUM plays an important role in moderating or relativising the significance of failing at school and it offers a chance to correct such a failure. Working with young people includes the detecting of individuals' strengths and strengthening of their abilities to assert themselves constructively. It should be noted that PUM is a free programme for socialising and learning. Evaluation studies have shown that it has long-term effects on social integration. Every year, between 60% and 70% of participants finish or re-engage in education or they find a job. Significant progress is also visible in personality and social spheres.

The 'FreD goes net' programme

In 2008, the Centre for the Prevention of Drug Addiction, which operates within the framework of the Regional Institute of Public Healthcare Maribor, launched an EU Commission pilot project called ‘FreD goes net’. The centre plans to expand the project across the whole country by 2010. According to Karmen Osterc Kokotovič, the project leader, the ‘FreD goes net’ project is intended for early interventions among young people who experiment with drugs. 17 EU countries are involved in the project. 11 of them are pilot partners (Slovenia is one of them), which means they are already involved in implementation of the project. Six member countries are associate partners and will start implementing the project after the pilot project is completed. The whole implementation of the project will be completed by the end of 2010. The overall aim of the ‘FreD goes net’ project is to develop a unified approach to young users of illicit drugs in all countries of the EU.

‘FreD goes net’ is based on early and short interventions in the form of an 8-hour group course which aims to encourage young people to reflect on their own patterns of behaviour. The target group of the project in Slovenia includes young users of illicit drugs and alcohol aged between 13 and 25. The purpose of the project is to protect them against addiction. Accessing the target population is based on co-operation with institutions that have frequent contact with this population (the police, schools, courts, social work centres, health care institutions, employers...). Thus, the target population includes young people who are noticed by the abovementioned institutions and instructed to join the programme.

The ‘FreD goes net’ course is delivered by 2 professionals from the Centre for the Prevention of Drug Addiction. They have a certificate for implementing such prevention and courses which they obtained abroad. 44 people participated in the programme from December 2008 to June 2009 (64.1% of them were boys and 35.9% girls). 39 participants (88.64%) completed the course. The average age of participants was 16.6 years (the youngest was aged 14 and the oldest 19). The professionals who carry out the project indicated the following referral sources: schools (51.3%), family (17.9%), student homes (20.5%), direct accession or personal decision (2.6%), the police (2.6%), crisis centres (2.6%), and the Maribor University Medical Centre of Pedopsychiatry (2.6%). All the participants in the programme indicated that they frequently drink alcohol and 69.2% stated that they frequently use cannabis (Osterc Kokotovič, 2009).

Programmes for the prevention of drug use in the workplace

The Clinical Institute of Occupational, Traffic and Sports Medicine, operating within the framework of the Ljubljana University Medical Centre, implements a programme of promoting health at work (hereafter ‘PHW’) named ‘Fit for Work’. The aim of the programme is to improve workers' health by influencing changes in working conditions, working environment

and everyday choices that improve health. One of the most important contents of this programme is prevention of the use of psychoactive substances (hereafter 'PAS') in the workplace. The use of PAS in the workplace has multiple consequences since it not only affects the individual using PAS but also represents risk to the health and safety of an individual's co-workers and customers. Finally, the use of PAS also affects the quality and effectiveness of work (Stergar at al., 2006).

According to data collected by Tanja Udrih Lazar, the 'Fit for Work' programme was planned in three phases. In the first - research and analysis - phase, they conducted a survey to obtain opinions on health, work and PHWs from a sample of 5,500 executives (directors). They found that two-thirds of the 1,637 surveyed executors are willing to implement PHW programmes and thus they made first contacts with several companies. In the second phase, within the framework of the 'Phare - lifelong learning' project, they produced the contents of the programme. They developed seven education modules for counsellors of PHW: 1. An analysis of workers' health; 2. injury prevention at work; 3. ergonomic measures in the workplace; 4. prevention of negative effects of exposure to chemical risk factors; 5. organisational measures in the work environment; 6. managing the experience of being overstrained; and 7. prevention of the use of psychoactive substances in the workplace. An eighth module entitled 'Prevention and control of workplace harassment' is currently being created and will be available to counsellors in 2010. Within the framework of the project, a concept for a PHW framework was created along with a handbook for counsellors and various teaching materials. In the 2006 - 2008 period, 67 counsellors from 53 companies involved in implementing the PHW programme were trained within the framework of the third phase of the project. Qualified counsellors for the promotion of health at work pass on their knowledge and skills to their co-workers in companies. The project represents an opportunity to increase employers', society's and the individual's responsibility as regards health, and to promote a healthier lifestyle and changes that improve employees' health (Udrih Lazar, 2009). The contents of the programme, intended to prevent the use of PAS in the workplace, focus on obtaining knowledge on PAS and on the effects of PAS on workers and their work. Further, the programme focuses on measures taken in the case of a threat and pays great attention to obtaining knowledge and skills for the formulation and implementation of a company's policy on PAS (a PAS use prevention programme, a PAS detection programme, a programme of measures and continuous evaluation). The chief results of the programme include more conscious, safer and healthier workers, along with the quicker identification of PAS users and more effective actions taken when problems related to PAS (ab)use occur.

The core vision of the 'Fit for Work' Programme of promoting health at work is to expand the programme in Slovenian companies, the promotion of constant improvements of the existing contents and updating new content modules in accordance with new findings of the profession (Udrih Lazar, 2009). Read more about the project at the website: www.cilizadelo.si.

Prevention in risk families

The most widely used programmes of selective prevention in high-risk families are aimed at families in which one of the members is addicted to alcohol. This is a form of family treatment and a form of group support. There are different societies and self-help groups in Slovenia. One of them is the Al-Anon Self-help Association for Families of Alcoholics. It offers help to family members whose lives are (or were) affected by a family member or friend's excessive drinking (Al-Anon Association, 2009). In Slovenia, the Al-Anon Association has been registered since 2001 but it has been active for 19 years already. The first group started its meetings in Ljubljana in 1989. 34 groups are active today. They meet at least once a week, in some places even every day. Self-help groups operate in 13 locations in Slovenia - in Ljubljana, Maribor, Celje, Novo Mesto, Ajdovščina, Koper, Kranj, Grosuplje, Ilirska Bistrica, Litija, Nova Gorica, Postojna and Velenje. Meetings of members of the association take place within family groups. Individual meetings last 1.5 hours to 2 hours or as long as

required. The association advises each new member to find a parent group and a mentor - an experienced member of Al-Anon who will help the member to overcome different problems. Due to anonymity, the association does not keep records of members. It is estimated that there are currently about 340 members, ranging in age from 13 to 85 years.

Interventions in the cases of neglect or maltreatment, interventions in social distress and similar situations, which are often connected with the abuse of alcohol and other drugs, are performed by the Social Work Centres ('SWC'). In cases where a child (or some other person) is a victim of violence, neglect or abuse, or is in distress, he/she can find help at the nearest Social Work Centre. Also people who notice such maltreatment can consult one of the Centres.

Within the framework of CSW services (first social aid, personal aid, family home support), social workers offer help in the form of counselling for those who find themselves in social distress - directly affected persons, as well as their family members or other people close to them.

Apart from exercising public powers and performing social security services, some Social Work Centres also carry out prevention programmes, thus helping to prevent, resolve or alleviate social distress and problems. They also carry out many prevention programmes in the field of drugs. These prevention programmes are organised within individual SWCs and are often based on volunteers; their work is supported by the voluntary work of those carrying out programmes and by the financial support of municipalities and donors.

Sixty-two Social Work Centres operate in Slovenia. In accordance with the Social Security Act, they perform social security activities - preventing and resolving social problems of individuals, families or population groups. Some of the public powers that are exercised by SWCs concern marriage, relationships between parents and children, adoption, foster care, guardianship, working with adolescents, the protection of children with special needs and the social security of older citizens.

In local environments, prevention in risk families is also carried out by various NGOs, non-profit associations and institutions, for example the 'Bližina' Family Institute.

Prevention in recreational settings

One of the most active organisations working in the field of selective prevention in recreational settings is the *DrogArt Association.* Its purpose is to reduce the harm caused by party drugs, cocaine and alcohol. According to a report by *Mina Paš, MD, PhD,* the DrogArt Association has been active for 10 years. As part of their activities in recreational settings, they implement two programmes named 'Dance with your head ;)' ('Pleši z glavo ;)') and 'Your choice' ('Izberi sam').

The aim of the 'Dance with your head ;)' programme is to reduce the harm caused by party drugs. The main activities of the programme are informing, counselling and field work.

They provide information via the www.drogart.org website, their Internet forum (http://www.drogart.org/forum) and leaflets with information about reducing the harm caused by party drugs. Further, users can get information personally at the premises of the DrogArt Info Point, which is located in Ljubljana. A total of 2,865 visits were recorded by the DrogArt Info Point in 2008. More than 5,000 registered users frequently visit the Internet conference or forum where informal discussions and peer counselling for young people take place. Every day, the website is visited by an average of 2,500 unique users, and about 350,000 website hits are recorded every month. The DrogArt counselling is free and anonymous on request. Counselling sessions are by prior arrangement. DrogArt also offers telephone and Internet counselling. Users can send questions to info@drogart.org and receive answers in the next 24 hours. The field work is carried out by a team of trained youth workers at electronic music

events across Slovenia. Their work includes the distribution of isotonic drinks, fruit and preventive materials, as well as basic first aid provision in the case of drug-related health complications. In 2008, they carried out 18 field actions (two of them lasted for 2 days), which included 57 interventions. At this year's electronic music events, they have distributed 12,508 leaflets (Paš, 2009).

The 'Your Choice' programme is aimed mostly at secondary school students. The programme includes activities carried out in order to inform young people about alcohol-related risks and to encourage them to make responsible decisions. As part of the programme, they carry out workshops for secondary school students, provide information and reduce harm on high school graduation trips, and offer counselling and informing. Each year, they carry out education on synthetic drugs for medical workers who are employed by the Mondial travel agency and are present on high school graduation trips. These medical workers distribute leaflets with information about alcohol-related risks among those taking the graduation trip. In 2008, they distributed approximately 16,988 leaflets while they were on graduation trips organised by the Mondial travel agency. Information is provided via www.izberisam.org website and via leaflets with information about alcohol-related risks. Three series of leaflets have been issued so far, namely: Alcohol and driving, Mixing alcohol and illicit drugs, and Alcohol and sex. Counselling is carried out on the premises of the DrogArt Info Point. Counselling sessions are by prior arrangement via telephone or e-mail (info@izberisam.org). Informing and counselling are also carried out at various events for young people (student arena, Primorska students' bazaar, volunteer festival, scouts festival ...). In 2008, they distributed 27,010 informational leaflets among young people, and their counselling included 25 individuals (Paš, 2009).

3.4 Indicated prevention

Indicated prevention programmes are chiefly aimed at children with an attention deficit disorder ('ADD') and children with an attention-deficit hyperactivity disorder ('ADHD'). Apart from that, there are also programmes for children and adolescents with other mental disorders, for example depression. The data were obtained primarily through individual interviews with different professionals who work in this field, and through Internet sources.

Most of these programmes are implemented within an organised therapeutic and education-counselling context. They include simultaneous health, psychotherapeutic and psychosocial support, continuous educational support in kindergartens or schools, and in-depth counselling for parents or children's' guardians. Cases of AD(H)D disorder are dealt with by psychohygienic dispensaries and pedopsychiatric dispensaries, in co-operation with competent services (teachers, special pedagogues, counsellors), mostly in the form of individual work with a child or family treatment. The emphasis is on early intervention. Treatment of children with disorders has different levels and includes less intensive and more intensive forms of help and support, which depend on problem intensity.

The so-called Organised targeted aid in kindergartens and schools, which is systematically arranged, falls within the competence of the Ministry of Education and Sport. Children diagnosed with an AD(H)D disorder can enter specialised special-pedagogy programmes by means of a special procedure (ZUOPP, 2007). As the needs of children with impaired attention and hyperactivity range over a continuum from mild (simple) to severe (complex), a special group of professionals prepares an individualised programme of education for each child. This programme also defines the forms of work - usually individual work or small group work (up to three children). Additional professional help is provided by special pedagogues, or by teachers and educators under the mentorship of a special pedagogue. Targeted aid should be defined in a Guidance Commission Decision (1 - 5 hours a week in schools, 1 - 3 hours a week in kindergartens). Great emphasis is placed on the co-operation between different disciplines (pedopsychiatrist, psychologist, social pedagogue, educator or teacher and, if necessary, a social worker) and on the treatment of the whole family.

Counselling Centres for Children, Adolescents and Parents in Maribor, Ljubljana, Novo Mesto and Koper use the model of work for the protection of mental health of children and adolescents. The centres deal with different approaches and types of work with children, adolescents and their families in order to resolve educational, emotional, behavioural, psychosocial and psychiatric disorders and problems. They work in teams, depending on the type and complexity of the problems. The teams include psychologists, pedopsychiatrists, pedagogues, social pedagogues, defectologists, speech therapists and social workers. They perform diagnostic, counselling, corrective and therapeutic work. By the means of teamwork and co-operation with parents, teachers, educators and others, they solve complex problems in the field of mental, social and physical development of children and adolescents. Within the Centre, they organise and implement various educational programmes for parents, teachers and school counsellors (the Counselling Centre for Children, Adolescents and Parents Maribor, 2009).

These activities are supported by various NGOs and institutions. Organisations like the Bravo Association offer counselling and help to parents, professional school workers and other professionals regarding the identification of special educational needs, necessary adjustments, effective approaches and methods of helping children and adolescents with specific learning difficulties. They also prepare teaching and technical aids (for example computer programmes) and perform publishing activities intended to raise awareness of the professional and lay public about special educational needs of children and adolescents with specific learning difficulties. Bravo is an association working in the public interest in the field of education and raising children. In addition to the headquarters of the association in Ljubljana, there are 6 branch offices operating on the periphery (Bravo Association, 2009).

3.5 National and local media activities

Media campaigns are aimed primarily at raising general public awareness and are used only as a supporting method for other prevention activities.

Addiction - Parents Can Make a Difference

In Slovenia, November has been reserved as the Addiction Prevention Month since 2001. The purpose of this nearly one-month campaign is to highlight current pressing issues and bring attention to the fact that everyone, not only politicians, governmental and non-governmental organisations, can contribute to preventing and reducing addiction. In 2008, our central focus was the role of parenthood, evident in the motto ‘Addiction - Parents Can Make a Difference’. Various studies show that certain behavioural patterns pointing to the development of addiction derive from early childhood and that positive life skills acquired and strengthened in early childhood reduce the likelihood of developing an addiction later in life. While this is the period when parents have the greatest impact, their role changes and decreases as children become older, and external influences such as school, peers, media etc., gain in importance. Therefore, the slogan was not only aimed at stressing the role of parenting in a non-critical way but also strove to support and encourage parents.

In November, a number of activities organised by governmental and non-governmental institutions took place throughout the country: the National Conference on the Primary Prevention of Addiction; a press conference; various seminars and expert meetings in local environments; round tables, prevention workshops and other thematic activities at all educational institutions; prevention workshops and discussion meetings in local environments. In support of these activities, the Ministry of Health reprinted the following materials: the publication Cannabis - the facts all parents should know, the leaflet Children and drugs and the publication Communication between children, adolescents and their parents - how to protect young people from drugs. All media were invited to participate in raising public awareness. A motivating comic illustration was designed for use in articles published by the media; most of the latter were interviews with different experts on the topic of Addiction - Parents Can Make a Difference.

Alcohol Kills - Mostly the Innocent

In November and December, a national campaign entitled Alcohol Kills - Mostly the Innocent was conducted by the Ministry of Transport in co-operation with the Ministry of Health. The purpose of the campaign was to draw attention to the danger of driving motor vehicles under the influence of alcohol and to prevent alcohol-related traffic accidents. Targeted at pedestrians, cyclists and motor cyclists as well as car drivers, the project was carried out as a co-ordinated action of several ministries, the police, inspection services and non-governmental organisations. In addition to the media campaign, activities included distributing existing prevention materials (e.g. posters, TV spots etc.), organising prevention workshops at schools and intensifying activities of competent inspection services and the police.

Happy Juicy Hour

Happy Juicy Hour is a local media awareness-raising campaign launched in Ljubljana in 2008 and continuing in 2009. As project developers, the Centre for Social Psychology at the Faculty of Social Sciences and Studio Poper invited schools and city cafes to participate in the project. The latter form the so-called Happy Juicy Network that offers juice at a reduced price during the peak time of the day. The participating bars and cafes are identifiable by the 'Sok seka' sign ('Juice rocks').

The goal of the Happy Juicy Hour project is to reduce alcohol abuse among young people in a non-restrictive and unintrusive manner. An interactive website www.sokseka.org has also been established to offer information to young people, enable them to develop their own attitude towards alcohol and discuss the issues they find important. Posters, informative pocket leaflets, badges and T-shirts encourage adolescents to reconsider visiting bars and their choice of beverages (Hepi džusi aur, 2009).

Other programmes

Drug prevention programmes use different sources of financial support. Most frequently, funds are acquired through invitations to tender issued by various ministries, the European Union, the Health Insurance Institute of Slovenia, the Foundation for Financing Disabled and Humanitarian Organisations (FIHO), municipalities and donors.

We have closely examined only those programmes that were co-financed by the Ministry of Health in the framework of invitations to tender for co-financing programmes for the protection and promotion of health in 2008. On the basis of the invitations to tender, EUR 300,000.00 was intended for activities in the field of legal and illicit drugs. Within this budget, EUR 96,936.40 was spent on the following nine programmes for illicit drug abuse reduction: 'Network of Youth Workshops', 'Informed, Not Stoned', 'Knowledge against Addiction to Legal and Illegal Drugs', 'Networking of Different Approaches for Strengthening the Parental Role in the Prevention of Addiction', 'Mobile Needle Replacement in the Field and Counselling on Drugs and AIDS', 'The Wind in Your Hair, Sport is Life, Sports against Drugs', 'Running from the Embrace of Drugs', 'It Happened in Your Close Vicinity - a Destigmatisation Project'. The programme with the highest score was entitled to EUR 29,496.00 while the programme with the lowest score received EUR 1,125.00.

The majority of programmes (4) focused primarily on children and adolescents, one programme included both parents and adolescents, another aimed at parents and professional workers and one of the programmes focused on drug users. The programme entitled Networking of all NGO Drug-Related Programmes in Slovenia and the EU was not implemented.

Study on prevention programmes conducted by NGOs

In 2009, a national study was performed by the National Institute of Public Health to review the activities of non-governmental organisations in the field of drugs. The findings of this study are treated in a separate chapter since the analysis relates to both prevention programmes and to social rehabilitation and reintegration programmes.

Drug addiction prevention programmes implemented by non-governmental organisations and local action groups *prepared by Andreja Drev, Helena Jeriček Klanšček*

Introduction

In Slovenia, non-governmental organisations are one of the key providers of addiction and illicit drug use prevention programmes. The work of non-governmental organisations in the area of illicit drug use started in the 1990s and today includes a wide variety of programmes, ranging from primary prevention programmes to social rehabilitation and reintegration.

In response to the general spread of drug use and addiction, local municipalities began forming so-called local action groups ('LAGs') at the beginning of the 1990s. By the end of 2004, around 50 local action groups were registered in Slovenia. The main tasks of the latter are: networking between different local actors, research development and implementation or analysis of the drug situation, development and implementation of prevention programmes, harm reduction programmes of drug use and abuse, and programmes for social rehabilitation and reintegration (Košir, 2007).

According to the latest data published by the Office for Drugs, in 2004 there were 105 organisations implementing 112 programmes on illicit drug use in Slovenia (Šprah, 2007; Košir, 2007). Somewhat more than 50% of the programmes were implemented by state organisations and municipalities, 33% by non-governmental organisations and a good 13% by private institutions (Košir, 2007).

When gathering data for the National Report on the Drug Situation in the Republic of Slovenia and its overview of prevention programmes offered by non-governmental organisations and the local community, the National Institute of Public Health created a database of all non-governmental organisations and LAGs engaged in the field of illicit drug use prevention. Our aim of forming the database and obtaining data regarding the nature of specific programmes was to establish the number of non-governmental organisations and LAGs still active in the mentioned area and to provide information about the kind of programmes they offer. In following this aim, we were especially interested in programme types, programme contents, target groups, programme duration and evaluation.

The process of developing the database of non-governmental organisations in the field of drugs

The model used in developing the database of non-governmental organisations dealing with illicit drug use was the 2008 database of non-governmental organisations in the field of mental health (Zorko and Jeriček Klanšček, 2009). The organisations included in the mental health database were those active in the field of mental health as well as risky or harmful alcohol and psychoactive substance use, while organisations unrelated to mental health were excluded from the database (i.e. organisations that do not primarily deal with mental health such as religious or spiritual organisations, social relief and material aid organisations etc.). The exact procedure of creating the database of mental health NGOs is described in more detail in the publication 'Duševno zdravje v Sloveniji' (Zorko and Jeriček Klanšček, 2009).

The process of developing the database of non-governmental organisations active in the field of illicit drugs started by delving into the existing directory of mental health non-governmental organisations and providing a selection of those organisations that stated drug use prevention programmes as their main objective. Data collection continued with the help of questionnaire surveys and/or different websites and/or telephone interviews. After acquiring the information needed, we eliminated all non-governmental organisations that admittedly implemented prevention programmes, though not with the primary objective of addiction prevention but aimed at drug users besides other groups (for example, an unemployment reduction programme) . Further, those non-governmental organisations and local action groups no longer functioning were also excluded from the database. The activities of NGOs and LAGs were verified by means of telephone interviews, resorting to data published at different websites and via a web-based business directory.

Our analysis thus included 40 non-governmental organisations and 39 LAGs, amounting to 79 units altogether. The data were analysed by using the Statistical Package for Social Sciences (SPSS).

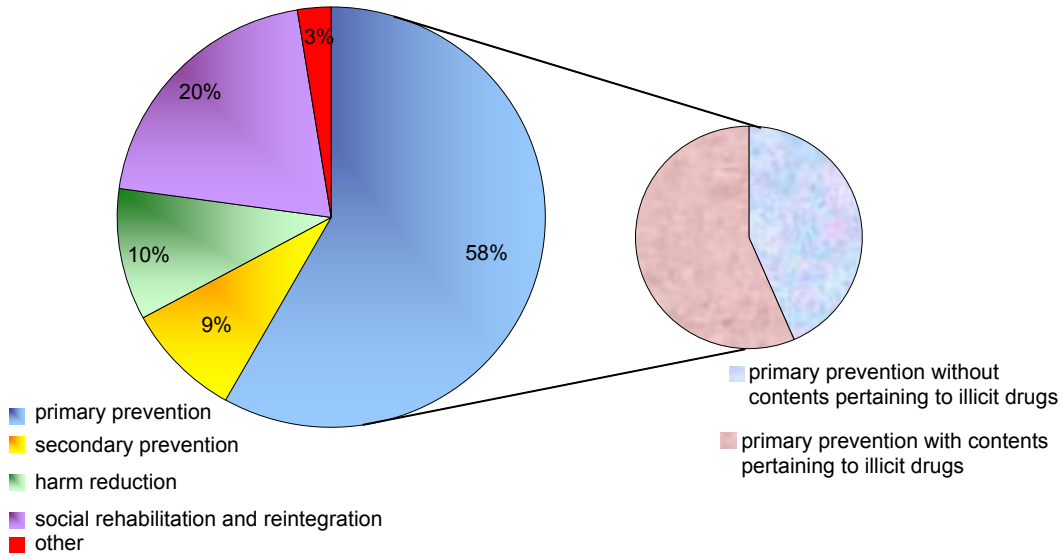
Data analysis

Types of prevention programmes

According to the data included in the database of non-governmental organisations in the field of illicit drug use, more than half (58%) of all NGOs and LAGs carry out one prevention programme, 20% offer two prevention programmes, 15% implement three programmes and 12% four or more prevention programmes. Data analysis revealed that most of the programmes conducted by LAGs and NGOs in the field of illicit drug use are those of primary prevention (58%), followed by social rehabilitation and reintegration programmes (20%) and harm reduction programmes (10%) (Figure 3.8). Secondary prevention programmes for individuals who already experienced illicit drug use and groups particularly vulnerable to drug use comprised only 9% of the sample (Figure 3.8). Such programmes have proven to be very efficient on a world-wide scale and could therefore be further enhanced. An extensive study undertaken in the USA (presented at the Reitox Academy on Drug Prevention, organised by the European Monitoring Centre for Drugs and Drug Addiction in Lisbon in December 2005) found that adolescents participating in secondary prevention programmes used drugs less frequently than those who did not partake in the programmes. The study further showed that illicit drug use was less common after their participation in prevention programmes in contrast to those adolescents who were not involved in the programmes.

Different manuals and other sources on primary illicit drug use prevention programmes for children and adolescents seldom recommend contents that would strive to inform these target groups about types and effects of illicit drugs. Although such activities usually raise the awareness of target groups, they do not have a significant effect on the non-use of drugs (Reitox Academy on Drug Prevention, 2005). We were thus interested in what number of prevention programmes in our analysis contain illicit drug contents. The analysis demonstrated that more than half of the programmes do not aim merely at prevention but also include drug-related contents (Figure 3.8). Nonetheless, further inquiry into the relevant data revealed that such programmes are chiefly designed for parents and professional staff employed in the field of education, social work and health care. In addition, in the few cases of programmes aimed at children and adolescents that do include illicit drug information the programmes mostly strive to enhance the skills and knowledge on how to avoid drug abuse.

Figure 3.8: *Types of programmes (%) carried out by NGOs in the field of illicit drug use and LAGs (N=79)*

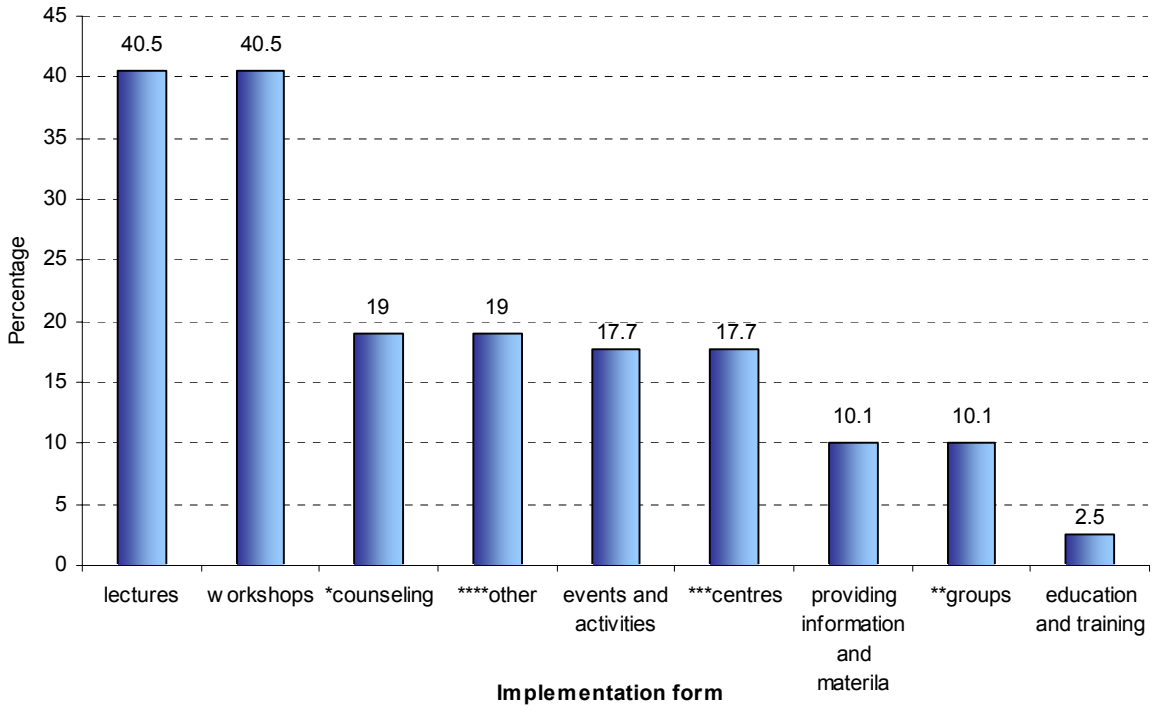


*The category 'other' includes various treatment programmes and systemic psychotherapy
Source: National Institute of Public Health

Forms of prevention programme implementation

The most common forms of prevention programme implementation are lectures and workshops (Figure 3.9). Lectures are usually followed by a discussion of the presented topic, while workshops are frequently based on movie screenings and theatre performances, role playing, simulations of different situations, didactic games and various kinds of material. The third most common form of prevention programme implementation is counselling, either by phone or via the Internet, either individually or in a group. Other popular forms of prevention programmes are different events and activities such as sports and cultural events, youth camps, social gatherings, round tables etc. The great majority of programmes is implemented in a single form, only a few rare cases in two or more.

Figure 3.9: *Various forms of prevention programme implementation in percentages (respondents were given a choice between several possible answers) (N=78)*



Legend:
*via the Internet, phone or in person.
** self-help groups, groups for parents of drug addicts
*** daily centre, living community, reception centre
**** communes, therapies, needle distribution.
Source: National Institute of Public Health

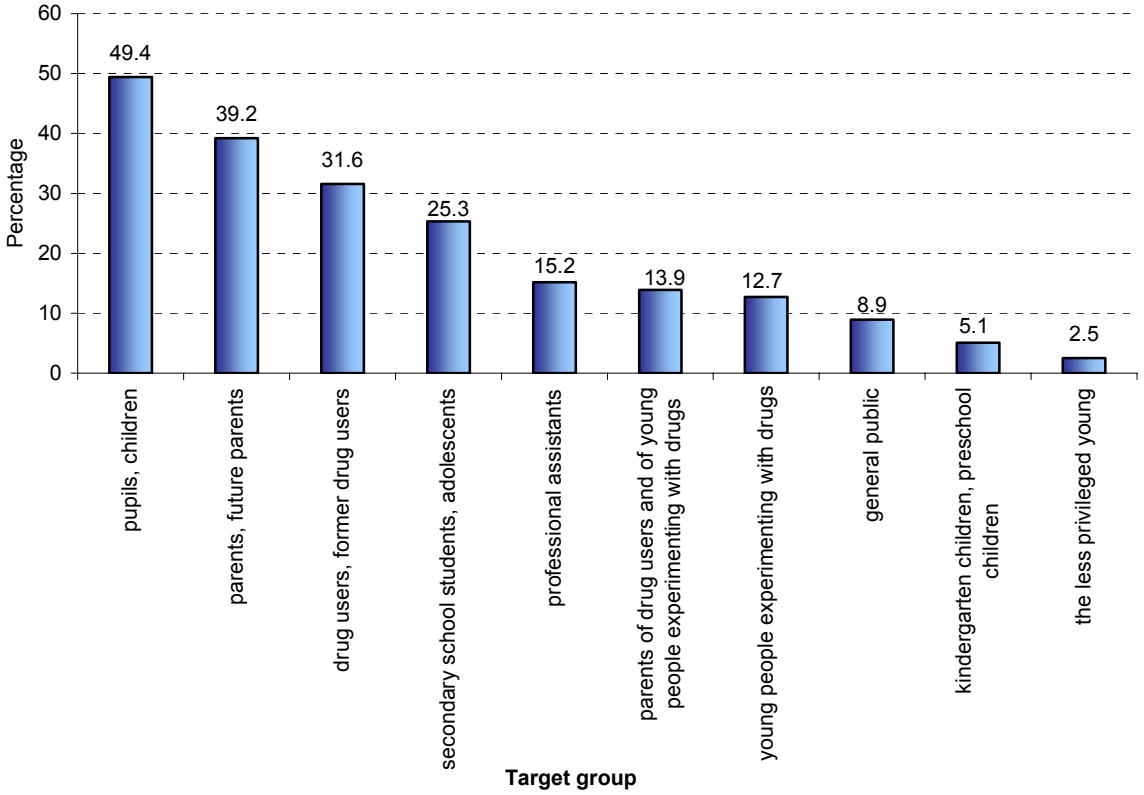
Target groups and prevention programme activities of non-governmental organisations and local action groups

The success and efficacy of prevention programmes largely depend on target group selection and the contents of programmes. In different sources and materials (Drev, 2006; Reitox Academy on Prevention, 2005; NIDA, 2003; Unplugged) about illicit drug prevention programmes aimed at children and adolescents, authors state that there are three key periods of prevention implementation: before young people start experimenting with drugs, when they start to experiment and the period in which the prevalence and context of drug use start to change. Apart from children and adolescents, target groups include parents, teachers and other education professionals. The most recommended and the most efficient programme components are those supporting personal development and enhancing social, interpersonal and life skills, the skills required to refrain from drugs and those striving to strengthen a negative view on drugs. Authors also highlight the importance of good relations in the family and at school (NIDA, 2003; Hočevar, 2005).

The results of our analysis indicate that the majority of prevention programmes implemented by NGOs and LAGs in Slovenia aim at children (49.4%), parents (39.2%) and secondary school students (25.3%) (Figure 3.10). Quite a large proportion of the programmes (31.6%) is oriented to drug users and former drug users, which is in accordance with the data on the percentage of social rehabilitation, reintegration and harm reduction programmes (Figure 3.10, Figure 3.8). The less frequent types of programmes are programmes for parents of addicts and young people experimenting with drugs, for professionals working in the field of education, social services and health care (15.2%), and for more vulnerable groups (15.2%)

(less privileged young individuals and young individuals experimenting with drugs), which also constitute the target groups of different illicit drug use prevention programmes (Figure 3.10). Some countries (like Austria, for instance) start with primary prevention at an early age, in kindergartens and among preschool children. Similarly, our data show that early-age prevention is slowly being introduced in Slovenia, too.

Figure 3.10: *Target groups of prevention programmes in percentages (respondents were given a choice between several possible answers) (N=77)*



Source: National Institute of Public Health

As can be seen from the overview of prevention programme components, programmes mainly contain activities proven to be especially efficient, like for example strengthening of social, personal and life skills (a healthy lifestyle, communication skills, a positive self-image, efficient conflict management, problem resolution, dealing with distress etc.) and components promoting communication and good familial relations. One of the possible measures that is not as strongly represented, but is often recommended and has similarly been shown to be highly efficient, is the strengthening of the skills required to refrain from drugs (Table 3.1). In addition to the abovementioned components of prevention programmes implemented by NGOs and LAGs, prevention programmes also address sexuality, attitude towards one's own body, eating disorders and the pitfalls of modern society.

Table 3.1: *Prevention programme components of NGOs and LAGs (respondents could select multiple answers) (N=51)*

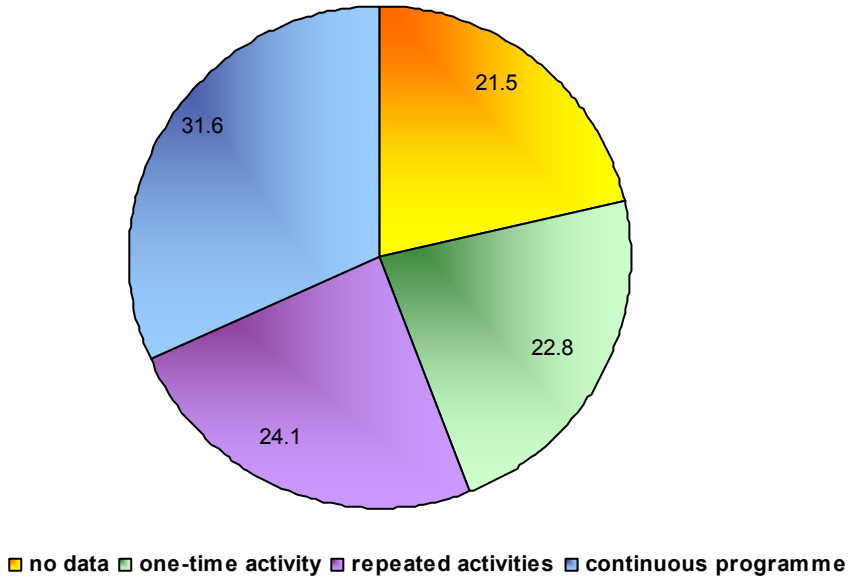
Prevention programme components	Percentage of organisations that include these components
Signs and consequences of drug abuse	17.7
A healthy lifestyle/healthy habits	16.5
Communication	15.2
Presentation of drugs	15.2
Self-image	12.7
Raising children and adolescents	12.7
Growing up	10.1
Where to turn when facing drug problems	8.9
Family (role and meaning)	7.6
Resolving conflicts, problems and dealing with distress	7.6
How to stay away from drugs	6.3
Emotions	5.1
The role of parents and family members when facing addiction	5.1
Risk factors and protective factors	1.3
Violence	1.3

Source: National Institute of Public Health

Duration and evaluation of prevention programmes

Duration is another important factor critical for the success and efficacy of prevention programmes. In order for programmes to be effective, they must last for a longer period of time, include more than one-off activities and preferably be built upon at a later time (for instance, elaboration of a primary school prevention programme in secondary school). Due to incomplete answers and a low response rate, the data on the duration of prevention programmes in the database of drug-related non-governmental organisations did not provide us with an in-depth overview, but only with a rough sketch of the situation. We discovered that 31.6% of prevention programmes are conducted in a continuous way, while 24.1% include repeated activities and a little less than 23% are based on one-off activities (Figure 3.11). For a considerable 21.5% of all organisations, the data on programme duration were not available.

Figure 3.11: *Duration of prevention programmes in percentages (N=62)*



Source: National Institute of Public Health

Evaluation is a significant tool for recognising programmes of high quality and efficacy. By exposing potential shortcomings, evaluation can help us improve a programme and that is the main reason why evaluation must be part of a preventive programme. However, we are unable to provide information on the quality and extent of prevention programme evaluation in Slovenia as the data on evaluation were not available for nearly three-quarters of NGOs and LAGs in the database. All that can be concluded on the basis of the available data is that most organisations that do conduct an evaluation resort to questionnaire surveys (regarding the impressions of users), while there are no data regarding ongoing evaluations or outcome evaluations.

Conclusion

LAGs and NGOs active in the field of illicit drugs provide a wide range of prevention programmes. Our analysis indicates that when developing programmes they largely follow recent professional recommendations both in terms of programme components and in terms of programme target groups. Given that more than half of the programmes can be defined as primary prevention programmes, we suggest the future strengthening of secondary prevention programmes targeted at groups that are particularly vulnerable to drug use.

Moreover, acquiring data on programme duration and evaluation should also be improved as this would enable the easier and faster recognition of high quality and effective programmes. National guidelines on developing, implementing and evaluating prevention programmes in the field of illicit drug use would also be of great help. While proposed guidelines have already been prepared, they have yet to be approved.

4. Problem Drug Use

4.1 Introduction

In the EMCDDA context, problem drug use is defined as 'injecting drug use or the long duration/regular use of opioids, cocaine and/or amphetamines' in the age group 15-64 years during a one-year period. This definition was used to obtain a prevalence estimate of PDU for Slovenia. The capture-recapture method is used for estimating PDU in Slovenia. The existing estimations show that the population of problem drug users is increasing.

In this report, we focused mostly on problem drug use which is perceived through low-threshold programmes. Drug addicts who have never used more complex programmes usually enrol in low-threshold programmes. It is difficult to estimate the number of participants in these programmes as participation is mostly based on the anonymity of programme users. One of the particularities of low-threshold programmes is field work which is carried out in vans with special equipment. The lack of night shelters for homeless drug users represents a major problem, especially in wintertime. There is still a large proportion of drug users who use drugs intravenously, and a large proportion of them still discard used materials in garbage containers and sewerage systems. Programme workers perceived that the use of cocaine, injection of synthetic drugs, combination of amphetamines and alcohol, use of illegally obtained medicines and especially poly-drug use are increasing.

We have dedicated part of this report to marijuana use among adolescents as seen through the view point of a programme that deals mostly with the treatment of adolescent addicts. We determined that the use of marijuana starts during the transition from primary to secondary school. Marijuana is used in combination with other drugs, such as alcohol and amphetamines.

4.2 Data on PDU from non-treatment sources *prepared by Marko Cerar*

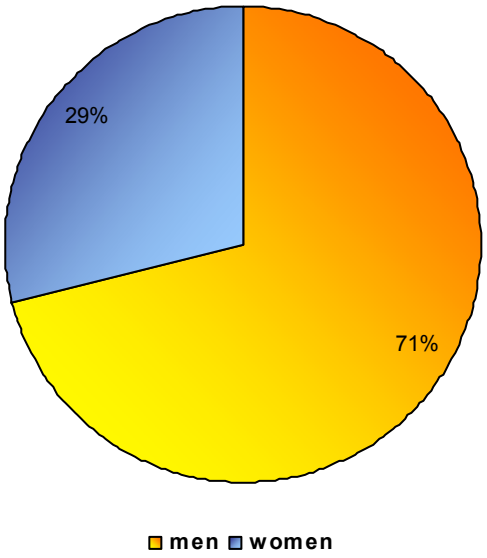
In 2008 the National Institute of Public Health conducted research into Slovenian non-governmental organisations (‘NGOs’) active in the field of illicit drug and addiction problem. There are many NGOs operating in this field, yet only some of them decided to take part in the research since participation was voluntary.

Seven NGOs participated in the research, some of which conduct low-threshold programmes and others high-threshold programmes. The data collected related to 166 clients who had sought help in one of the selected NGOs in the April 2008 - March 2009 period.[2]

The data based on the selected sample are presented below, yet the sample cannot be considered representative and therefore the findings cannot be generalised to the whole population. However, we still believe that the data displayed can lead to the identification of some interesting characteristics of the people participating in NGO programmes.

[2] Data collection was planned to finish in December 2008, but it was prolonged until March 2009 (only 8 questionaires were filled in 2009).

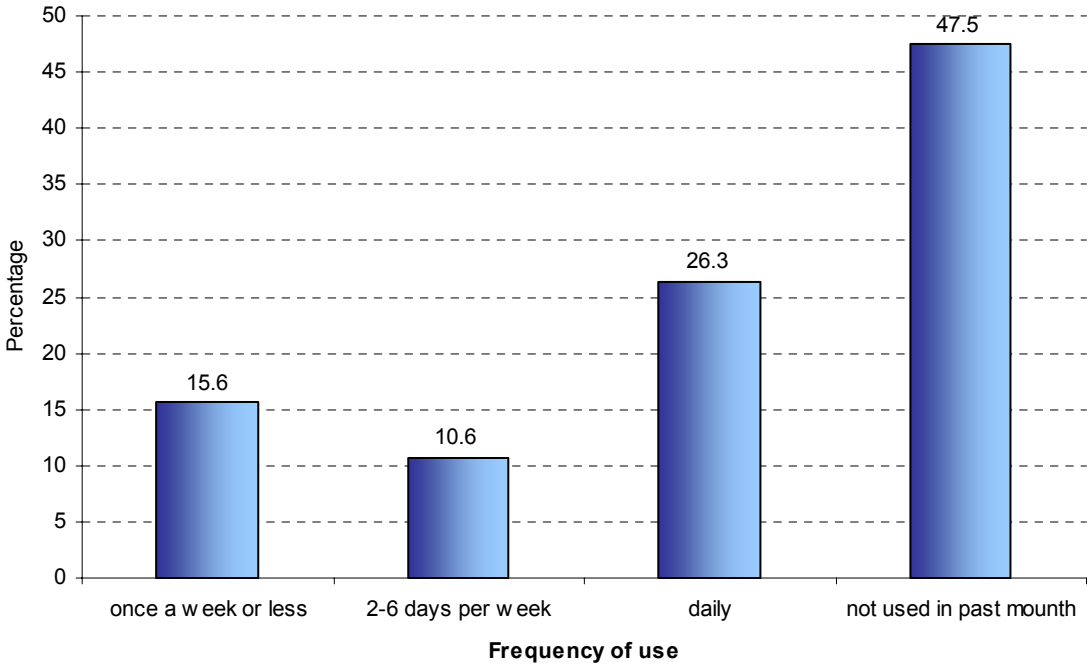
Figure 4.1: *Gender structure (percentage) of clients, NGOs, Slovenia, April 2008 - March 2009*



Source: National Institute of Public Health, Drug Users Treatment Registry, NGOs 2008

As Figure 4.1 shows, the sample comprises many more men than women. The average age of clients was 27.6 years (the youngest person was 16 years old and the oldest 50).

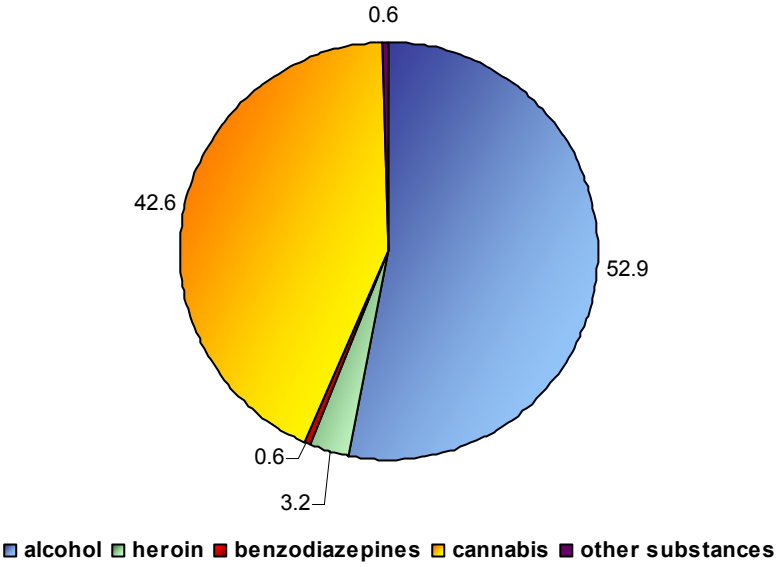
Figure 4.2: *Proportions of clients by frequency of use of primary drug, NGOs, Slovenia, April 2008 - March 2009*



Source: National Institute of Public Health, Drug Users Treatment Registry, NGOs 2008

Figure 4.2 shows the frequency of use of the primary drug in the past month. A good quarter of clients in the sample used the drug daily, while 47% did not use it in the past month (the data on frequency are missing for 6 clients).

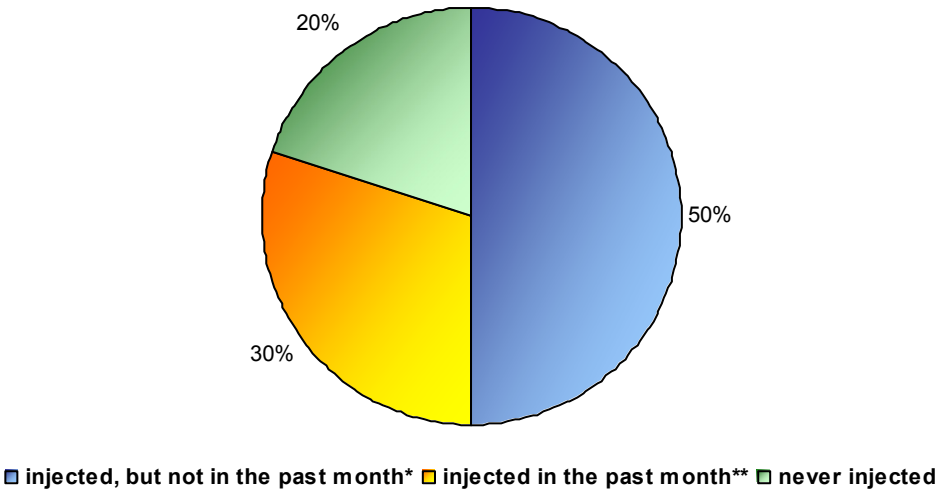
Figure 4.3: *Proportions (in percent) of clients by the type of drug first used in life, NGOs, Slovenia, April 2008 - March 2009*



Source: National Institute of Public Health, Drug Users Treatment Registry, NGOs 2008

Figure 4.3 shows the percentage of clients in the sample with regard to the type of drug stated by the client as the very first drug they used. More than half of the clients (52.9%) stated alcohol as their first drug, whereas a good 42% stated their first drug was cannabis (the data on the type of drug are missing for 6 clients).

Figure 4.4: *Proportions (in percent) of clients injecting (any) drug in the last month, NGOs, Slovenia, April 2008 - March 2009*



Source: National Institute of Public Health, Drug Users Treatment Registry, NGOs 2008
Note:
* Injection at least once in their lifetime (but not in the past month)
** Injection at least once in the past month

The injecting of drugs is a key factor of risk or problem drug use and therefore the figure above shows data on injecting any type of drug ever and in the past month. As much as 30% of clients in the sample stated they had injected drugs in the past month. However, it is encouraging that 20% have never injected drugs and 50% had not injected drugs in the past month (data are missing for 5 clients). (Figure 4.4)

The data on some other types of risk-behaviour are shown in the table below.

Table 4.1: *Selected risk-behaviour characteristics of clients (absolute numbers), NGOs, Slovenia, April 2008 - March 2009*

	Yes, but not in the past month*	Injected in the past month**	Never	Not known/missing	Total
Sharing needles	61	2	97	6	**166**
Sharing other equipment	80	17	64	5	**166**
Unsafe sex	109	21	35	1	**166**

Source: National Institute of Public Health, Drug Users Treatment Registry, NGOs 2008
Note:
* At least once in their lifetime (but not in the past month)
** At least once in the past month

4.3 Characteristics of low-threshold programmes in Slovenia *prepared by Milan Krek*

A survey of low-threshold programmes aimed at reducing the damage caused by drug use was conducted by the Institute of Public Health of Koper in co-operation with individual (hereafter 'the mentioned') low-threshold programmes. The survey lasted from August 2007 to January 2008 and included 10 such programmes:

- the Stigma Association for drug-related harm reduction (Ljubljana);
- the Zdrava pot Association for help and self-help in the field of addiction (Maribor);
- the Želva-Eureka Association for help and self-help (Žalec);
- the Public Institution Socio (Celje);
- the Svit Association for help for addicts and their families (Koper);
- the ŠENT Day Centre for illicit drug addicts (Nova gorica);
- the Altra - Committee for innovation in mental health (Ljubljana);
- the Kralji ulice Association for help and self-help for homeless people (Ljubljana);
- the Šola življenja na hribu upanja (School of life on the hill of hope; Project Morje - Red Cross Koper); and
- the DrogArt Association for drug-related harm reduction (Ljubljana).

The analysis of low-threshold programmes was made on the basis of questionnaires which were filled in by managers of the abovementioned programmes. The questionnaires covered the following areas: status and description of the programme, fields of work, location and accommodation capacities, financing, staff conditions, target groups of treated people, the programme's needs for drug-injection materials, management of violence, co-operation with external institutions, research work and co-operation with the media, as well as advantages and deficiencies of the programme as perceived by the managers of the low-threshold programmes.

Low-threshold programmes in Slovenia (10 such programmes were included in the survey) which deal with drug-related risk/harm reduction mostly have the status of a non-governmental organisation; nine programmes have the status of an association and only one programme was established under the auspices of a public institution.

Low-threshold programmes assume different functional forms:

- an info point or day centre;
- mobile field activities;
- housing units or shelters for homeless drug users; and
- combinations of different forms.

Picture 4.1: *Two vehicles used by the SVIT non-governmental organisation for field work with drug users*

Photo: Milan Krek

Most day centres are open from 7 a.m. to 4 p.m. (or 6 p.m. at the latest) on week days. Only one day centre is open on weekends and holidays. Field work with drug users is generally carried out in morning and afternoon shifts, or during various events (activities during electronic music events). Some shelters for homeless drug users are only open at night, and others are open 24 hours a day.

The programmes included in the survey cover various geographical areas of different sizes or different numbers of municipalities; normally, low-threshold programmes cover more than one municipality, the whole of Slovenia, and even foreign countries. Managers of more than one-half of the programmes stated that they receive support from municipalities, although this support is sometimes just an idea or mere fiction. Priorities in local communities are oriented to the development of high-threshold programmes.

The managers of the low-threshold programmes estimated that they treat about 27% of all drug addicts in their area on average; they treat 5% to 50% of illicit drug addicts in the area where the programme operates.

The capacities of the stationary forms of programmes are mostly full, and the areas covered by field activities are rapidly expanding. Managers of almost all the programmes (except for two programmes in Slovenian Primorska) stated there is a need for similar programmes in current geographical areas where the programmes operate. There are additional needs for such programmes in Koroška, Prekmurje, Celje, Velenje and Ljubljana with its wider surroundings (Gorenjska and Dolenjska).

Only three low-threshold programmes are accepted by the local population without comment. However, despite local people's principal acceptance of a programme most programmes are subject to certain comments from people in their neighbourhood (this applies to seven of the mentioned programmes).

Low-threshold programmes encompass various fields of work:

- counselling on HIV, hepatitis C etc. (conducted by seven of the mentioned programmes);
- needle exchange (conducted by eight programmes);
- field work (carried out by all programmes);
- group work (carried out by six programmes);
- help for those in social distress (provided by eight programmes);
- employment counselling (conducted by nine programmes);
- mediation for entry into other programmes (conducted by all programmes); and
- fieldwork vehicles (used in four programmes).

In addition to the abovementioned fields of work, the programme managers stated that they carry out additional activities or services which can be used by their clients:

- certain activities of methadone programmes or centres - methadone ingestion;
- social inclusion - volunteering and employment (AEP) of clients;
- accommodation capacities - shelter;
- (self)organised meals;
- therapeutic nature camps;
- »medical« fieldwork interventions;
- consultancy work in prisons;
- counselling via telephone (e.g. a crisis telephone line);
- activities via electronic media;
- creative workshops;
- sports activities;
- publishing activities (e.g. issuing newsletters); and
- cleaning campaigns.

Counselling via telephone for clients and other interested people is conducted in the following fields:

- pharmacological facts (types and effects of illicit drugs and identification of possible drug-use related complications);
- a safer approach (the correct use of materials and method of preparing drugs for consumption);
- unwanted effects (the possibility of infection; AIDS, hepatitis, testing and vaccination against infectious diseases);
- motivating people to commence personal counselling;
- informing and/or motivating people to start addiction treatment or enter other programmes (detoxification programmes, low- and high-threshold programmes) or different forms of help (e.g. cash social assistance); and
- interpersonal relationship help for families or relatives because of drugs (reacting in stressful situations).

Low-threshold programmes are located:

- in the urban part of a city (six programmes);
- on the outskirts of a city (two programmes);
- in an old city centre (one programme); and
- in the field, supported by mobile vans equipped for field work.

The fieldwork vehicles enable mobility. They stop in relatively established locations and, if justified by the needs of clients, also in temporarily appointed places. Seven low-threshold programmes confirmed the suitability of the current programme locations, while three programmes think their location is unsuitable given the needs of their programme. It is possible to access all the programmes' locations by public transport.

In order to operate, low-threshold programmes acquire resources from the following institutions:

- the Ministry of Labour, Family and Social Affairs - the main funder;
- the Ministry of Health;
- a local community (municipality);
- the Office for Youth;
- the Ministry of Culture;
- the FIHO (the Foundation for Financing Invalid and Humanitarian Organisations);
- the Red Cross;
- individual companies;
- the Employment Service of the Republic of Slovenia;
- contributions of clients and their relatives; and
- the sale of own products.

In 2006, an individual programme's income enabled the undisturbed operation of just four programmes (out of nine). Due to a lack of income, most programmes used different forms of saving money and adjusting to the financial situation; from not paying salaries to employees (in two programmes), to reducing the number of employees (in two programmes), borrowing money (in two programmes) and individual specific measures (in five programmes) like not paying allowances, shortening of the programme's opening hours, volunteering, funding with own resources and/or resources earned from own activities.

The low-threshold programme managers think that access to most of (the stationary forms of) programmes is appropriate (this applies to eight programmes). Further, they stated that accommodation facilities are partly suitable or suitable (unsuitable in one programme) and that the size of an individual programme's premises is partly suitable or suitable (unsuitable for two programmes).

According to the survey data, the facilities of six programmes are properly equipped and the equipment of three programmes' facilities is partly suitable.
The surveyed managers of several programmes pointed out certain deficiencies in terms of the spatial situation, namely:

- the size of the premises is too small, or there is a need for additional and/or separate spaces;
- there is a need for an additional separate entrance; and
- there is a need to build a fence around their premises.

Programmes pay different forms of rent for their accommodation facilities or they do not have to pay rent because the local community has allowed them to use the facilities for free for a fixed period. According to the type of rental payment for facilities, we can divide programmes into different categories:

- two of the programmes pay a non-profit rent;
- two programmes pay reduced rent;
- five programmes do not pay rent because their municipalities have allowed them to use facilities for free, or the programmes have to clean their surroundings in exchange; and
- one of the programmes owns its facilities.

In the surveyed programmes they offer various beverages to their clients (coffee, juice, tea, water, vitamin drinks, milk), some also offer cold meals (bread, cakes, spreads) or they offer clients the possibility to prepare warm meals. Three of the programmes offer organised warm meals.

Altogether, 138 people are employed in the mentioned programmes; on average, 14 people in an individual programme. Among all the programmes' employees, 38 people have permanent employment relationships. There is also one programme in which none of the workers is permanently employed. At least one worker with education level VII, who is usually also a social worker, is employed in nine of the ten programmes. Altogether, 17 social workers are employed in the mentioned programmes. The employment structure of other workers with education levels VI and VII or higher is very mixed; the most common professions are psychologists and social pedagogues. There are also professions with individual representatives: an economist, andragogue, theologian, doctor of medicine, philosopher, anthropologist and sanitary engineer. Workers with education level V are mostly high school graduates, economic technicians and childcare workers. Most of the permanently employed workers (65%) have worked in programmes for 5 years or more, 32% of them have worked in programmes for up to one year, and 3% of them for six months or less.

Among all the employed programme workers, 14 people are employed part-time; on average, there are 2 part-time employed people in an individual programme. The highest number of part-time employed people in an individual programme is 4, and one of the programmes has no such workers.

Among all (138) the programme workers, there are 78 volunteers; the average is 7 volunteers per programme. The highest number of volunteers in an individual programme is 20 and the lowest is 1 volunteer.

Programme managers stated that most of the programme workers are fully aware of the risks of contracting various infections from clients (this applies to seven programmes). Only a few programme managers stated that the employees' knowledge about infection risks is partially insufficient (this applies to three programmes).

In three of the mentioned programmes there is one employee who has suitable knowledge in the field of HIV and hepatitis infection etc. (e.g. a nurse). In the other seven programmes there is no such worker employed. Half the programmes support the need for an employee with medical knowledge, who would have suitable education in the field of the transfer of HIV and other infections. Other programmes already have employees with medical knowledge or wish to acquire more education in this field.

Employees' level of knowledge in the field of HIV, hepatitis C and tuberculosis infections (according to the programme managers' estimations) ranges from middle (in five programmes) to high (in five programmes). Employees carry out preventive activities that reduce the possibility of their own infection. These activities include consistent (in six programmes) or less consistent use of protective instruments. In four programmes, workers use such instruments only in cases that are considered to represent a risk of infection. Employees' preventive activities (in addition to the use of protective instruments), which are carried out to reduce the possibility of an infection of employees, also include consistent (daily) surface hygiene and the prohibition of unprotected direct contact with used instruments.

Most of the programmes (eight of nine) perceive the need for additional education on infection prevention in the framework of the following contents:

- the effects of various substances - especially the combined use of different drugs;
- basic principles of addiction treatment;
- first aid;
- preventing and transferring infections (e.g. hepatitis, HIV, tuberculosis, sexual diseases);
- injection injuries;
- dealing with aggressive behaviour; and
- maintaining personal hygiene and hygiene of premises.

The supervision of employees is carried out in nine of the ten programmes, mostly once a month or every three weeks (in eight of the programmes).

Low-threshold programmes are trying to reach various population groups:

- drug users (all programmes);
- parents (six programmes);
- homeless drug users (three programmes);
- the general population of young people who attend electronic music events;
- alcoholics;
- homeless people who are not necessarily drug users;
- prisoners; and
- partners.

Types of communication between programme workers and the abovementioned population groups are personal conversations of an informative nature (in nine programmes), personal counselling conversations (in ten programmes), conversations via telephone (in eight programmes), questionnaires or similar tools (in four programmes), or through regular record keeping (in seven programmes).

The protection of the identity people using the services of low-threshold programmes is provided in accordance with the law; access to documentation is safeguarded (e.g. physical and/or personal control, password-protected computer files). Programme managers also stated that they do not collect (or ask for) clients' personal information.

Taking into account their own or external needs, the programmes keep chronological records, namely: daily records (in eight programmes), weekly (three programmes), monthly (four programmes) and annual records (four programmes). The data obtained are usually recorded or stored in a combined way; handwritten notes (for daily or current records, field work records) and computer databases. Only one programme uses handwritten notes alone. Records are kept mainly on the basis of client codes (in six programmes), one programme uses 'paper' personal files and one programme purposely records clients' first and last names in order to record sales of newsletters.

In eight of the mentioned programmes, approximately 75% of the clients are male (20% of them are aged between 15 and 18, 40% between 19 and 29, and 40% are 30 or more) and 25% are female (more than half are aged between 19 and 29, other female clients are older than 30). According to individual programmes, 5% to 100% of clients participate in the mentioned programmes every day.

The programmes' clients are actively involved in education and permanent employment. Many clients carry out casual work, some are simultaneously involved in programmes of treatment or rehabilitation (e.g. a methadone programme), most clients are entitled to cash social assistance and a large proportion of clients are undergoing training in the 'Training in the workplace' programme organised by the Employment Service of the Republic of Slovenia.

Homeless drug users represent 20% or more than 20% of all drug users in programmes (this applies to six of the mentioned programmes). In all low-threshold programmes there is a need to establish a night centre for homeless drug users.

Beside the use of permitted and illicit drugs (heroin, cocaine, alcohol, tobacco, marijuana, synthetic drugs and combinations of different drugs), programme managers stated that clients simultaneously use substitute drugs like methadone and antidepressants (pills).

New trends in clients' drug consumption have been perceived in the mentioned programmes. Some of these trends are:

- the increased use of cocaine (regardless of the method of administration);
- injecting synthetic drugs;
- combining amphetamines and alcohol;

- consuming (injecting) medicines or substitute drugs like methadone, substitol, Dormicum, Sanval, Apaurin etc.;
- the combined use of drugs (cocaine), medicines (pills) and alcohol;
- the combined use of drugs (injection), medicines (pills) and substitute drugs (methadone with juice); and
- heroin injection.

The Institute of Public Health of Koper provides safe-injection materials for all mentioned programmes and two programmes also purchase such materials by themselves. In the case of a shortage of the mentioned materials, programmes mutually exchange them, purchase them with occasionally donated money or purchase them at pharmacies and/or specialised stores.

The table below shows the types of materials and quantity of »materials for safer drug injection«. The Regional Institute of Public Health of Koper purchases all the materials and also distributes them among the mentioned programmes.

Table 4.2: *Review of materials for safer drug injection provided by the Institute of Public Health of Koper*

1.	1 ml insulin syringes with integrated needles (e.g. Kendall)
2.	1 ml insulin syringes with integrated needles (e.g. Becton & D.)
3.	alcohol tissues
4.	gauze swabs - sterile
5.	gauze swabs - non-sterile
6.	medical gloves; overall
7.	plastic containers, small - 0.2 l
8.	plastic containers, small - 1.5 l
9.	plastic containers, large - 60 l
10.	ascorbic acid
11.	condoms
12.	syringes (without needles) - 1 ml
13.	syringes (without needles) - 2 ml
14.	syringes (without needles) - 2.5 ml
15.	syringes (without needles) - 5 ml
16.	syringes (without needles) - 10 ml
17.	syringes (without needles) - 20 ml
18.	needles - green adapters
19.	needles - blue adapters
20.	needles - brown adapters
21.	needles - grey adapters
22.	hand disinfectant (e.g. Manugel, Spitaderm)
23.	alcohol as disinfectant
24.	plastic tweezers - 11.5 cm
25.	metal tweezers
26.	solution for injection - 0.9% NaCl
27.	spoon
28.	filter
29.	adhesive bandages (e.g. Vivaplast)
30.	bandages (e.g. Vivasoft, self-adhesive)
31.	wound healing creams
32.	Gels, e.g. Hepan gel
33.	medical tape, e.g. Micropore
34.	Bandages, e.g. Esmarch
35.	resealable plastic bags: 4 cm x 6 cm
36.	garbage bags (e.g. 20 l or 60 l)
37.	paper bags for the transfer of medical materials
38.	litter picking-up tools

Source: Institute of Public Health of Koper, Annual Report on Programme Realisation

According to individual programmes, clients return 10% to 100% of the distributed needles. Seven programmes (out of ten) perceive a need for additional preventive materials. They wish to obtain brochures, leaflets and posters.

About half of the surveyed programme managers stated that in the last month (prior to administration of the questionnaires) there had been individual violent acts by clients, and that the number of violent acts is rarely high (a maximum of 60 violent acts occurred in one of the programmes). Verbal forms of violence (screaming, swearing etc.) had occurred in five programmes, and physical violence by clients (attempts at bodily violence, throwing objects etc.) had also occurred in five programmes. Both physical and verbal violence had occurred in six programmes in the last month before administration of the questionnaires.

In the cases of violent acts, workers in most programmes first try to talk to the client. If the client continues to disregard the rules, they usually exclude him/her for a specified period, depending on the seriousness of the violent act. During the period of exclusion, the client can still use certain services in the same programme. Only some programmes occasionally exclude clients for unspecified period of time.

Programme employees believed that they can manage violence by themselves; they call the police only in extreme cases of violence (this was stated by two of the mentioned programmes).

Most employees feel safe working in programmes (this was stated by nine programme managers). In half the programmes, the employees have already encountered clients' violence. The managers of six programmes also stated that their employees are afraid of encountering the violent behaviour of programmes' clients. In eight programmes, there are agreements between employees on how to act in the case of violence. Only five programmes support the possibility of calling for help in case of a threat to employees.

We asked the programme managers about the frequency and quality of co-operation with the following institutions:

- health centre;
- hospital;
- social work centre;
- employment service;
- police;
- legal services;
- local community;
- methadone programme;
- therapeutic community;
- the Red Cross, Caritas;
- professional associations, chambers;
- faculties;
- ministries;
- the church; and
- others like electronic music event organisers.

Normally, all programmes co-operate with other programmes. They differ in the frequency of their communication. Most often they communicate with health centres and treatment programmes in health centres, as well as social work centres. They rarely co-operate with other entities; they often co-operate with faculties and ministries and it is this kind of co-operation that is worthy of praise.

Only four of the mentioned programmes co-operate in research with other institutions, namely: joint projects of low-threshold programmes, co-operation with the Institute of Public Health, the Faculty for Social Work and the Faculty of Education of Ljubljana.

All programmes co-operate (at least satisfactorily) with the media, mostly in a combination of contacts initiated by programmes (publications about programmes, informing about special events, presentations of new programmes and/or workshops) and/or by the media (hosting shows, giving statements and interviews, press conferences, articles in local newspapers).

The advantages of low-threshold programmes dealing with drug-related harm reduction seen by the workers of five programmes include:

- the openness of such programmes; adjusting to the needs of clients, possibilities of making the first contact, flexibility, mobility and accepting people's differences;
- harm reduction for drug users and their families or relatives;
- offering space for innovative practice, and the development of projects for young people; and
- good co-operation with the Faculty for Social Work.

In the programme managers' opinion, the deficiencies of low-threshold programmes as perceived by programme workers are the following:

- due to a lack of financial resources they employ less people than they need to meet the needs of clients;
- staff fluctuations (workers employed under a public works scheme);
- insufficient possibilities of professional education, especially education organised by the Social Chamber (too expensive);
- programme employees are not prepared for physical exhaustion;
- establishing a professional team in the field of working with homeless people;
- unsatisfactory co-operation with the Ministry of Health;
- insufficient awareness in society about addiction as a disease;
- the stigmatisation of drug users and people who work with them; and
- lack of personal contact with co-workers - distance work.

A short description of the population of the clients of the surveyed low-threshold programmes

A study was made on a sample of 110 drug users who attended low-threshold programmes in Slovenia from August 2007 to January 2008. Data were collected through an anonymous survey. The average age of participants was 29 years. The oldest participant was 46 and the youngest 18 years old. 80% of the participants were male and 20% were female. 33.9% of the participants had completed primary school, 27.5% had completed vocational school, 34.9% high school, and only 3.7% had a higher education. 17% of the surveyed clients had their own apartment, 38% of them lived with their parents, 12% lived with their friends, 16% lived in shelters and 13% were homeless people living on the streets. The remaining participants did not want to answer this particular question. 88 participants stated they use heroin. 71.6% of these participants only inject, 8% always sniff heroin, and 3.4% always smoke it on foil. 15.9% of heroin-using participants both sniff and inject heroin, and 1.1% of them combine all three ways of using heroin. 65 participants stated that they had already used heroin - most of them (61.5%) had injected it. 12 participants are enrolled in methadone maintenance treatment programmes organised by Centres for the Prevention and Treatment of Illicit Drug Addiction.

Among the 85 people who inject drugs, 77.7% always use sterile instruments, 18.8% occasionally use sterile instruments, and 3.5% never use sterile instruments for drug injection. All of them are regular users of a low-threshold programme and have a chance to get clean equipment practically every day. A large majority of them get sterile instruments in low-threshold programmes or in mobile vehicles that drive around in cities and distribute

sterile instruments. A small proportion of people get sterile instruments at pharmacies. 71.5% of the 85 surveyed injecting drug users sometimes throw needles into garbage containers when they do not return them to the low-threshold programmes. When asked if they use drugs in the company of others, 65.7% answered that they used drugs when they are alone. This could be dangerous for a drug user if a sudden drug poisoning occurs. 62.7% of the 99 people who answered the question said they normally use drugs in the home environment. 54.5% of 110 drug users come to programmes to get sterile instruments, 29% of them come to get other instruments for injection which are distributed by programme workers, 22.7% come to get condoms and 37% to get advice. 67.3% of the mentioned 110 people come to low-threshold programmes to socialise, 51% to get hot coffee and food. Most of them (71%) come to programmes on foot, 12% by motorcycle, 32% by bicycle and 18.2% by car, with the last one being quite dangerous for themselves and for other road users. 28% of the 107 people who filled in the questionnaire has been involved in criminal proceedings in the past year. 43 people stated they had already had a heroin overdose and one had had a methadone overdose, 12 people had had a cocaine overdose and 4 had had a synthetic drug overdose. 63% of 105 drug users stated they had been depressed in the last month. 41% of the 107 people who answered the question on suicide stated that they had thought about suicide in the last year, and 11.2% stated that they had tried to commit suicide in the last year. 43% of 107 drug users wish to stop using drugs as soon as possible.

Supplying low-threshold programmes with materials for safer drug injection

The Institute of Public Health of Koper regularly supplies low-threshold programmes with materials which enable a reduction of the harm caused by intravenous drug use. Programmes always have enough materials. The purchase of materials is financed by the Ministry of Health of the Republic of Slovenia. In 2008, the Institute of Public Health of Koper supplied programmes with the materials listed in Table 4.2. On average, drug users returned 58% of the sterile needles they received to the programmes. The Institute of Public Health of Koper also regularly collects used materials for injecting drugs which are collected in low-threshold programmes, and destroys them in a professional manner with a special procedure which ensures that the waste is no longer dangerous to people. In 2008, the Institute of Public Health of Koper in co-operation with professionals from the University Medical Centre Clinic for Heat Illnesses organised education for employees of low-threshold programmes dealing with prevention of infections with HIV virus and hepatitis C. A group of professionals from the mentioned programmes visited low-threshold programmes in Bavaria, Germany and learned how they operate.

While the Ministry of Health of the Republic of Slovenia finances the purchase of materials for safe injection, the Ministry of Labour, Family and Social Affairs provides funds for the operation of low-threshold programmes. The Ministry of Labour, Family and Social Affairs, the Ministry of Health and the Regional Institute of Public Health of Koper carry out all activities in a co-ordinated manner. In collective meetings with programme workers they agree on joint activities.

Table 4.3: *List and number of individual items for safer drug injection distributed among low-threshold programmes in Slovenia in 2008*

		Altogether
Syringes with integrated needles; B.& D.	1 ml; 0.33 mm x 12.7 mm - piece	**600,500**
Syringes (without needles)	1 ml - piece	**54,800**
Syringes (without needles)	2 ml - piece	**27,100**
Syringes (without needles)	2.5 ml - piece	**1,000**
Syringes (without needles)	5 ml - piece	**520**
Syringes (without needles)	20 ml - piece	**754**
Needles - adapters	0.8 mm x 40 mm - piece	**24,300**
Needles - adapters	0.6 mm x 25 mm - piece	**60,000**
Needles - adapters	0.45 mm x 16 mm - piece	**27,600**
Needles - adapters	0.4 mm x 13 mm - piece	**19,600**
Compress - alcohol	6.5 cm x 3 cm - piece	**748,900**
Compress - sterile	5.0 cm x 5.0 cm - piece	**27,050**
Compress - non-sterile	5.0 cm x 5.0 cm - piece	**24,000**
Gloves; S	piece	**1,600**
Gloves; M	piece	**9,000**
Gloves; L	piece	**6,500**
Gloves; XL	piece	**400**
Container small - 0.2 l	piece	**200**
Ascorbic acid	1 kg - piece	**162**
Condoms	piece	**34,365**
Alcohol as disinfectant	1 l - piece	**23**
Hand disinfectant	1 l - piece	**230**
Alcohol tissues for surface disinfection	piece	**40,000**
Disinfectant for floors	piece	**49**
Plastic tweezers	11.5 cm - piece	**960**
Metal tweezers	11.5 cm - piece	**50**
Solution for injection	0.9% NaCl (ampoule) - piece	**0**
Adhesive bandages	piece	**10,760**
Bandages	8 cm x 5 m - piece	**400**
Bandages	10 cm x 5 m - piece	**400**
Bandages; self-adhesive	width 7-8 cm - piece	**398**
Medical tape - Micropore	2.5 cm x 3 cm - piece	**335**
Esmarch bandage	piece	**100**
Resealable bags	5.5 cm x 5.5 cm - piece	**18,300**
Garbage bags; 60 l	piece	**1,750**
Garbage bags; 20 l	piece	**1,700**
Litter picking-up tool	length 66 cm - piece	**29**
Syringes with integrated needles; Kendall	1 ml - 0.36 mm x 13 mm - piece	**57,700**
Container small - 1.5 l	piece	**1,670**

Source: Institute of Public Health of Koper, Annual Report on Programme Realisation

4.4 Intensive, frequent, long-term and other problematic forms of use

Problem marijuana users *prepared by Vida Vozlič*

Introduction

The VIR Institute is a non-governmental organisation with an abstinence (high-threshold) treatment programme for young people and families who have illicit-drug related problems. The primary task of the programme is to enable professional help to reduce distress connected with drugs or that results from other forms of addiction. The second, already established task of the Institute is prevention and education in the field of drugs and addiction. In addition, the research and development activities of the Institute are of equal importance for the organisation and the environment.

Marijuana is an illicit drug that causes the feeling, thinking and behaviour of an individual to change. Problem use is associated with significant changes in the feeling, thinking and behaviour of the marijuana user. A psychological and, as we have noted, also a slight physical addiction appears in regular marijuana smokers. A regular smoker is someone who smokes marijuana every day or several times a day.

Below we present data which refer to clients treated in our programme during the period from 1 January 2008 to 31 July 2009.

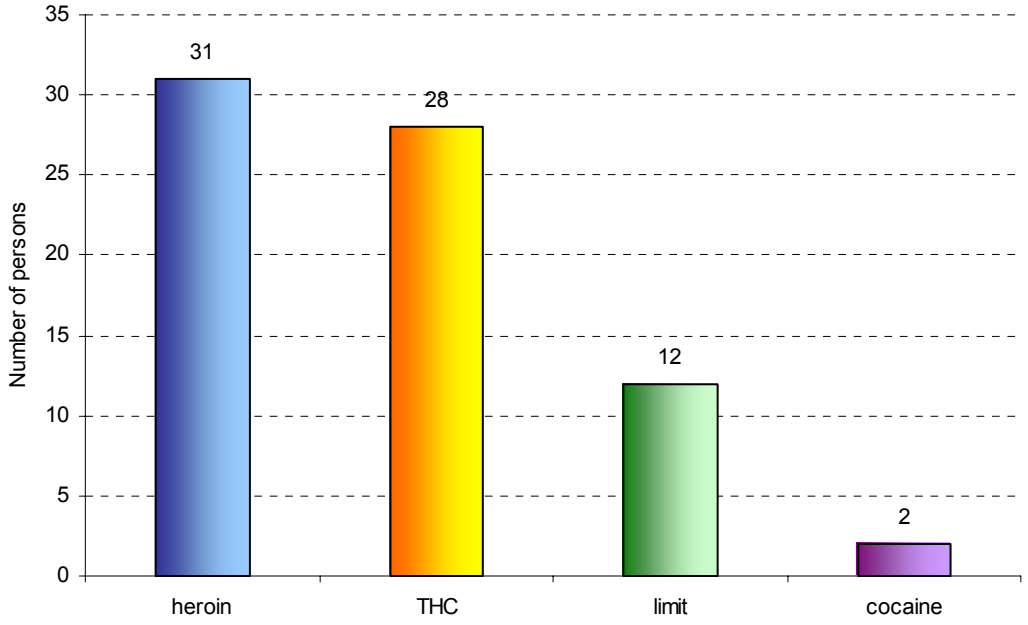
All treated clients and first-time treated clients in the programme, by type of drug

113 people were treated in our programme in the period from 1 January 2008 to 31 July 2009. 73 of them sought help for drug use related problems for the first time.

Considering the use of drugs, there were 58 people treated because of heroin-use related problems, 40 people because of marijuana-use related problems, while 2 were treated for cocaine-use related problems. Among the clients there were 13 adolescents due to their risky lifestyle that could lead to addiction.

Among those who sought help for the first time, people who had problems caused by heroin use represented the largest proportion (31 people). During the mentioned period, the programme was attended mostly by addicts who had long careers of heroin use and had already sought help in various institutions. Since 2008 we have also recorded the first cocaine addicts. The number of young people classified as the limit group (*those on the edge of having an addiction problem)* is also increasing. (Figure 4.5)

Figure 4.5: *People seeking help for the first time, by type of drug (N=73)*

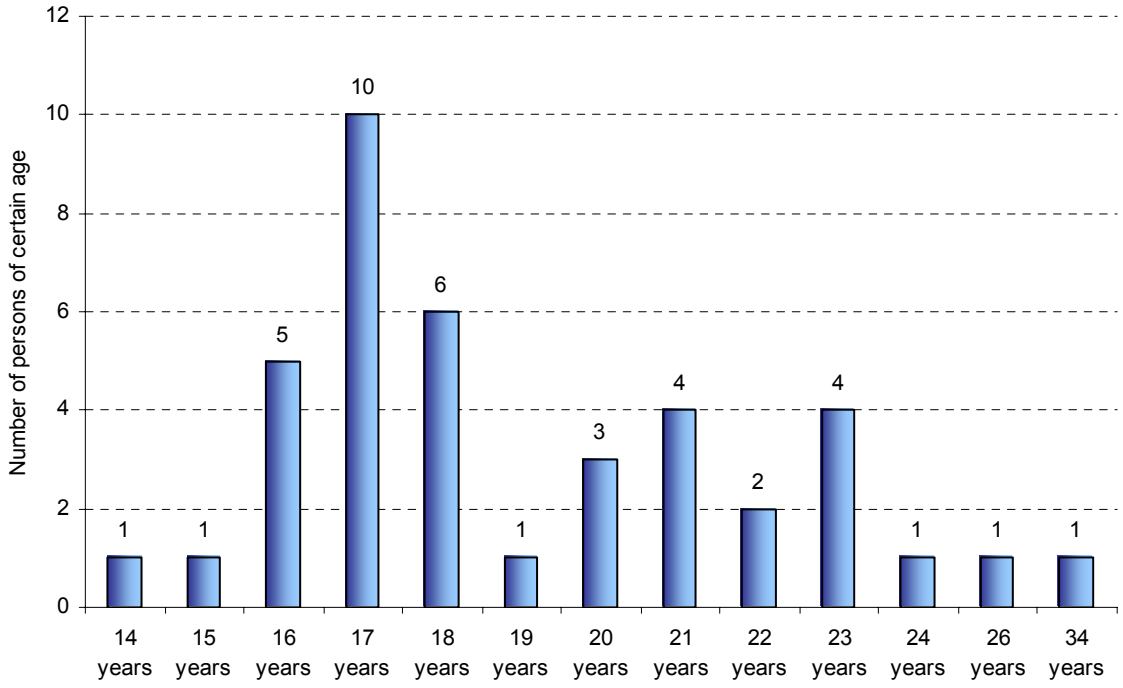


Source: VIR Institute

Age of people seeking help for problems related to marijuana use

All of the following data relate to 40 people who were treated in our programme for marijuana use. The majority of treated marijuana addicts were in the transition from primary to secondary school. Most of them sought help when they were 17 years old (Figure 4.6). The reason for this is, in our opinion, that their parents had tried to solve problems by themselves for a long time but realised they needed professional support.

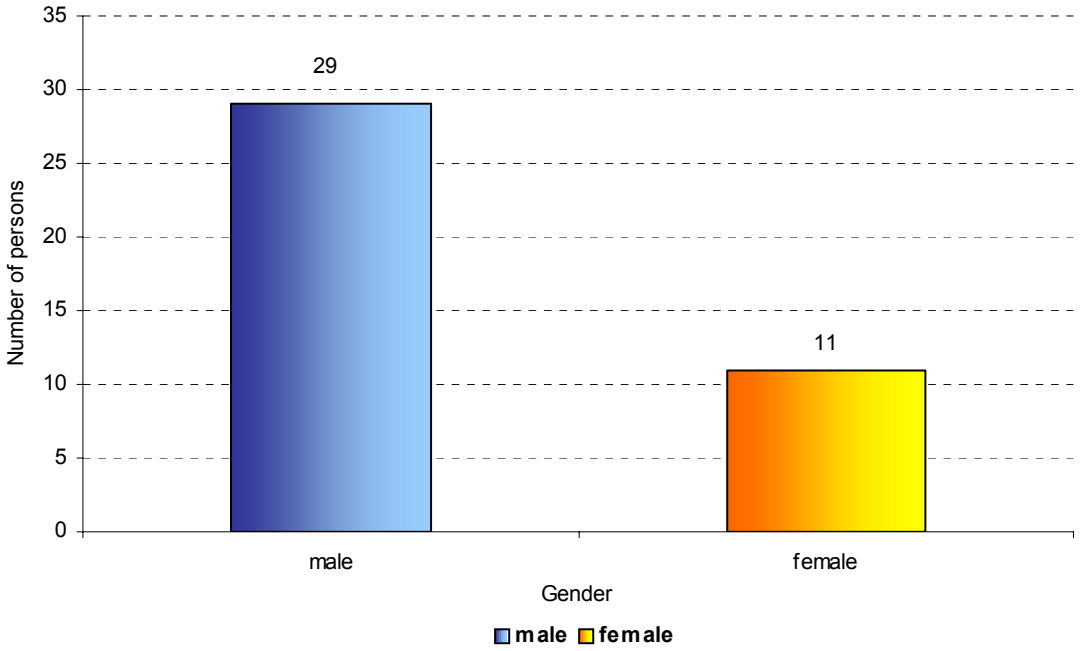
Figure 4.6: *Age of people seeking help for problems related to marijuana use (N=40)*



Source: VIR Institute

Gender proportions of all treated people are approximately 1/3 women and 2/3 men (Figure 4.7).

Figure 4.7: *People seeking help for problems related to marijuana use, by gender (N=40)*

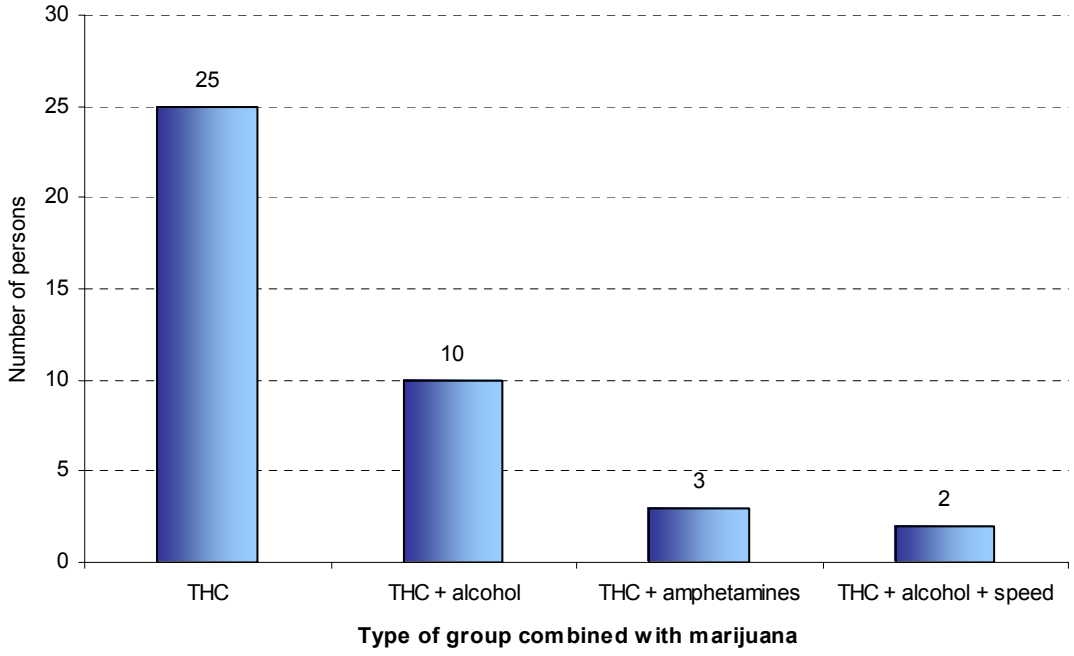


Source: VIR Institute

The combined use of marijuana and other drugs

62% or 25 people used only marijuana. 25% of adolescents used both marijuana and alcohol. 5% combined marijuana, speed and alcohol, and 7.5% combined marijuana and amphetamines. (Figure 4.8)

Figure 4.8: *The combined use of marijuana and other drugs (N=40)*



Source: VIR Institute

Identified patterns of behaviour of marijuana users

The majority of the adolescents treated started experimenting with marijuana during the period of the transition from primary to secondary school, in the company of their peers or older adolescents. Smoking patterns started with smoking marijuana a few times a month. The patterns then changed to regular smoking on weekends and later to everyday smoking; some even smoked marijuana several times a day. The treated adolescents had smoked marijuana for between 6 and 7 years. The parents of those who smoked marijuana several times a day had noticed aggressive behaviour almost every time they wanted to set limits for their children.

The adolescents started experimenting in the belief that marijuana is not dangerous and did not consider it a harmful drug. They classified drugs according to the former 'soft-hard' classification ('I will never use hard drugs'). Many adolescents had noticed addiction behaviour in their peers, but had not noticed it in themselves. They were extremely negative, sometimes even hostile towards people who experimented with heroin and other illicit drugs.

People who stated in the survey that they had combined marijuana with speed or ecstasy had sought help in our programme for marijuana addiction. Marijuana was their first-choice drug. The effects of other drugs did not appeal to them that much.

They said that they had started using drugs out of curiosity. There had been information circulating around among them, namely that marijuana makes you feel good, enables you to have even more fun, and that it broadens your spiritual consciousness. They did not think they had any unresolved internal conflicts or personality problems. After the establishment of abstinence and intensive self-work, they started to notice and admit the presence of components of internal conflicts, personality problems and problems of growing up.

We noticed that, as long as people smoke marijuana regularly, they do not associate emerging problems with the cause of them. Therefore, the process is long and difficult until they establish insight and abstinence. Abstinence was a condition for a partial insight into addiction. Many treated people realised they had problems because they used marijuana, but only a few of them were willing to change their lifestyle.

Conclusion

We can say with certainty that marijuana affects people's perceptions, experiences and attitudes to life. Marijuana is particularly harmful in the period of adolescence. Young people aged between 14 and 25 are supposed to be involved in the education process - they should attend primary school, secondary school or college or be employed. In the psychological area, they are supposed to develop responsibility to their own gifts, relationships with themselves and with the community, care for others, sympathy and affection. In the area of intimacy, they should develop an attitude to sexuality and the ability to love. Most of those who become involved in problem drug use do not achieve what is expected of them in this period.

Therefore, it is important for wider society to change its tolerant attitude to marijuana as such an attitude is sometimes even encouraging for young people. Anyone can contribute to this change in attitude, but pedagogues, counsellors, healthcare workers, doctors, judges and solicitors should be especially sensitive to this topic. When it comes to the spread of these problems, we can work preventively by asserting our opinion that the use of marijuana is just as harmful as the use of any other drug, and by consistently managing professional competencies.

5. Drug-related treatment: treatment demand and treatment availability

prepared by Milan Krek

5.1 Introduction

The treatment of drug addicts takes place in Slovenia in the CPTDA network which is funded by the Health Insurance and in programmes of the NGO sector which are mainly funded by the Ministry of Labour, Family and Social Affairs. We collected the data for 'treatment demand indicator ('TDI')', through the network of 18 CPTDA centres with the great support of the leading people in these centres and the co-ordination body of the CPTDA network. The TDI database is kept at the National Institute of Public Health where we also conducted a questionnaire and prepared a report.

5.2 Strategy and policy in the field of treating illicit drug addiction in Slovenia

The area of treating illicit drug addiction in Slovenia is defined in the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the RS, no. 98/1999).

The Act defines those social security services and social problem-solving programmes that are connected with the consumption of illicit drugs and carried out by various governmental and non-governmental programmes. The Ministry of Labour, Family and Social Affairs funds the activities of 62 Centres for Social Work which provide illicit drug users and their families with different social security services, mostly first social aid services, as well as personal and family aid. A network of social security programmes operates outside the public service. Most of these programmes are carried out by non-governmental organisations. These programmes offer illicit drug users and their families professional support when solving problems, help them identify and achieve suitable solutions for emerging problems and identify different behaviour patterns. They also offer monitoring and help when drug users are overcoming addiction and maintaining abstinence, as well as reorganising their lives. For many years, the Ministry of Labour, Family and Social Affairs has been developing a network of various programmes in the field of social rehabilitation. The programmes that are co-financed by the Ministry are designed to solve social distress questions related to the consumption of illicit drugs and alcohol. These programmes can be classified into the following levels:

1. primarily preventive programmes (informing, workshops, group work, campaigns aimed at wider communities);
2. programmes aimed at identifying and working with high-risk individuals and groups (day centres, workshops, group work);
3. low-threshold programmes (day centres for drug users, night centres, field work with drug users, counselling);
4. high-threshold programmes (reception centres, information offices, therapeutic preparation centres, communes and therapeutic communities); and
5. reintegration programmes (day centres, individual monitoring and counselling, group work).

The access to programmes is immediate. There are only waiting periods for entry to therapeutic communities because there is a special preparation-period programme for people entering therapeutic communities.

In 2008, the existing network was expanded with new social programmes:

- reception centres for drug addicts were opened in three new locations (Maribor - Ruše, Kočevje and Ravne); a new reception centre for adolescents aged up to 18 was opened in Ljubljana;
- a new day centre with a reintegration programme was opened;
- a new therapeutic community »Žarek« organised by the Association for Work with Young People in Distress was opened at Jesenice; and
- in the field of low-threshold programmes, new centres carrying out field work were opened in Nova Gorica and Maribor (Ferlan Istenič, 2009) in 2008.

In 2008, non-governmental programmes in this area started to operate more intensively within the framework of the Association of NGOs which co-ordinates and presents the activities of NGOs.

The treatment of illicit drug users is carried out in the forms of hospital and outpatient treatment programmes which are approved by the Health Council. The treatment is carried out by private individuals and legal entities that qualify to carry out healthcare activities in accordance with the law governing health care. 18 Centres for the Treatment and Prevention of Illicit Drug Addiction ('CPTDAs') are located in local health centres. There is also a hospital department with an outpatient department in the Psychiatric Clinic in Ljubljana. According to the abovementioned law, maintenance with methadone or other substitute substances approved by the Health Council is also considered as treatment. According to data from the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, there were 4,429 patients in treatment in 2008. There were 3,332 patients in maintenance treatment. The following drugs were used as substitutes in maintenance treatment: methadone, Suboxone, Naloxon, Subutex and Substitol (Kastelic, 2009).

Table 5.1: *Overall number of people treated in CPTDAs, by type of substitution therapy in 2008*

Overall number of treated people	Number of people in substitution treatment	Methadone	Naloxon and Suboxon	Subutex	Substitol
4429	3332	2515	374	181	262

Source: Co-ordination of Centres for the Prevention and Treatment of Drug Addiction (Kastelic, 2009)

Entry to a CPTDA programme is immediate and without impediments. In order to enter a programme, a drug user has to sign an entry declaration in which the programme's rules of conduct and the nature of the relationship between the therapist and patient are stated. The programmes do not have waiting lists.

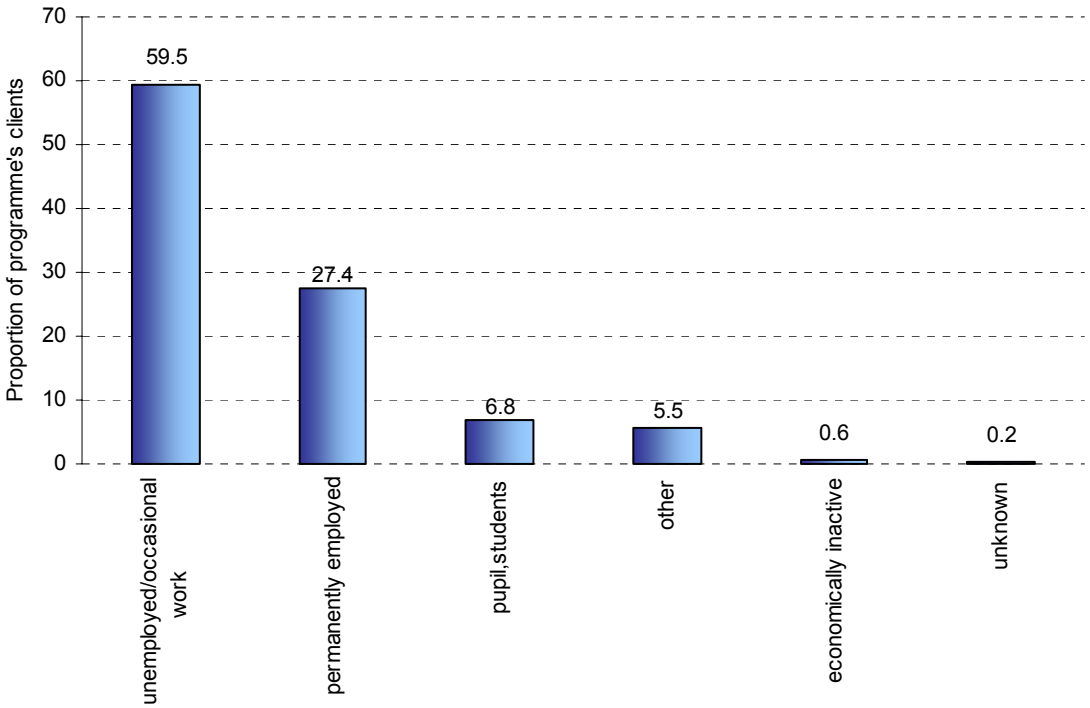
During the Slovenian Presidency of the EU, the network of CPTDAs was presented at a thematic meeting of the Horizontal Drugs Group of the European Council. The network of centres organised professional education at the national level for professionals employed in the network. At the national level, the network carried out education for professionals working in the field of the treatment of illicit drug users infected with the hepatitis C virus. The network also co-organised a regional professional meeting called 'Challenges and answers of addiction treatment: experience in the region', which took place in Poreč (Croatia). A professional field trip for the network's employees was organised in 2008. They visited Austria where they learned about the Austrian network of addiction treatment. The network's professionals have regularly participated in international professional meetings in the EU (Kastelic, 2009).

5.3 All clients of the CPTDAs in Slovenia in 2008

The data were collected through personal interviews via questionnaires. The survey was conducted by professionals who work in 19 Centres for the Prevention and Treatment of Drug Addiction. In the following part, we present the population of all clients of CPTDA programmes who were treated in programmes in 2008.

In 2008, the Drug users Treatment Registry (DUTR) covered 3,169 people who had attended CPTDA programmes in 2008. 2,973 of these people were undergoing maintenance treatment. 78.9% of 3,169 surveyed people were male, and 21.1% were female. The average age was 27.9. The oldest programme user was 53 and the youngest 16 years old. A vast majority (98.9%) had Slovenian citizenship. 17.1% of the surveyed people stated that they lived with a drug user. 98 drug users from this group stated they had children. Only 621 people answered the question about their residence. 80.19% of them stated they had a permanent place of residence, 16.91% had a temporary place of residence, 0.8% were staying at a clinic and 2.1% were homeless. 617 surveyed programme users answered the question about their current employment status. Most of them were unemployed or worked only occasionally (59.5%). 27.4% were permanently employed (Figure 5.1).

Figure 5.1: *Employment status of the programmes' clients in 2008, Slovenia, 2008*

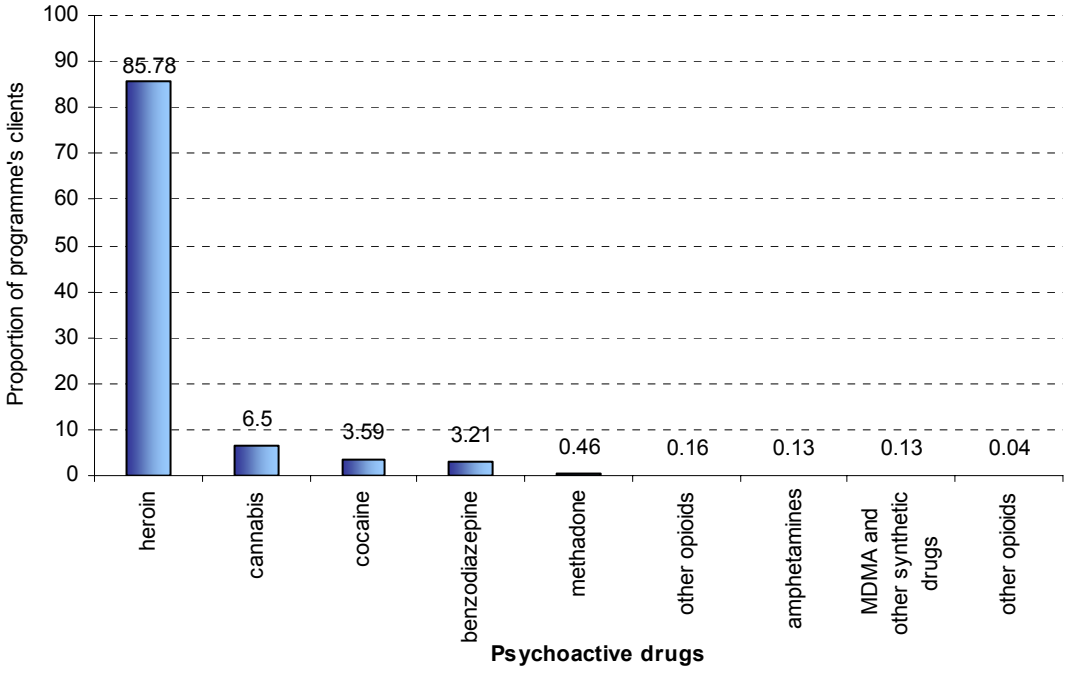


Source: National Institute of Public Health

2.1% of the people who answered the question about their education stated that they had not completed primary school, 38.2% had completed primary school, and 49.1% had completed secondary school. 1.3% of the programmes' clients had a higher education.

Heroin was the main drug which had caused the programmes' clients the most problems and was the reason they had decided to visit a centre (for 85.78% of the surveyed clients). Fewer clients stated that the main drug which had caused them problems was marijuana (6.5%) or cocaine (3.59%). 3.21% of the clients stated that benzodiazepine preparations were the main drugs that had forced them to seek help (Figure 5.2).

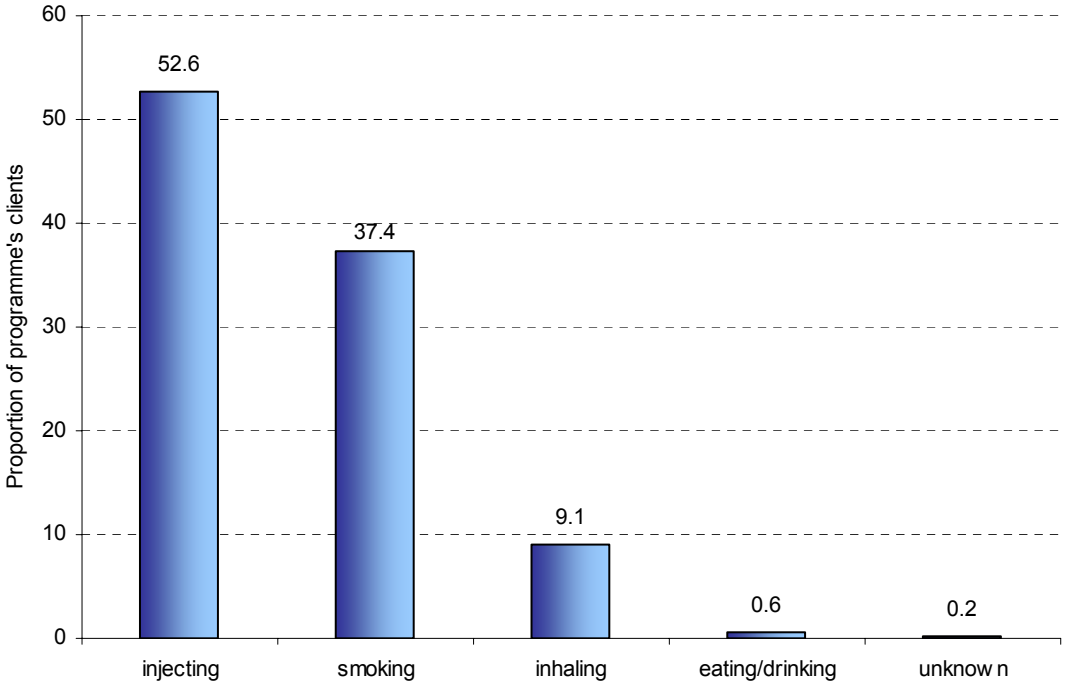
Figure 5.2: *Proportions of CPTDA programmes' clients by main due to which a drug user had most problems and sought help in centres, Slovenia, 2008*



Source: National Institute of Public Health

The route of administration the main drug is important since it affects the level of risk of the transmission of infectious diseases and the possibility of a fatal outcome of drug use. Most programmes' clients injected drugs (52.6%), 37.4% of clients smoked them while 9.1% inhaled them (Figure 5.3).

Figure 5.3: *CPTDA clients' route of administration their main drug, Slovenia, 2008*



Source: National Institute of Public Health

The main secondary drug that caused problems of the programmes' clients is, in most cases, cocaine (41.7%), which is used together with heroin to enhance the effect of an individual drug. Another important secondary drug is cannabis, which is the second drug for 35.9% of the CPTDA programmes' clients. 14.9% of clients stated that their second drug was benzodiazepine, which also caused them problems.

The average age at which programmes' clients used an illicit drug for the first time was 15.9 (the youngest age was 6 and the oldest 39). Cannabis was in most cases (86.2%) the first illicit drug that clients used. Heroin was the second most common illicit drug concerning clients' first-time drug use (9.5%).

Risky behaviour

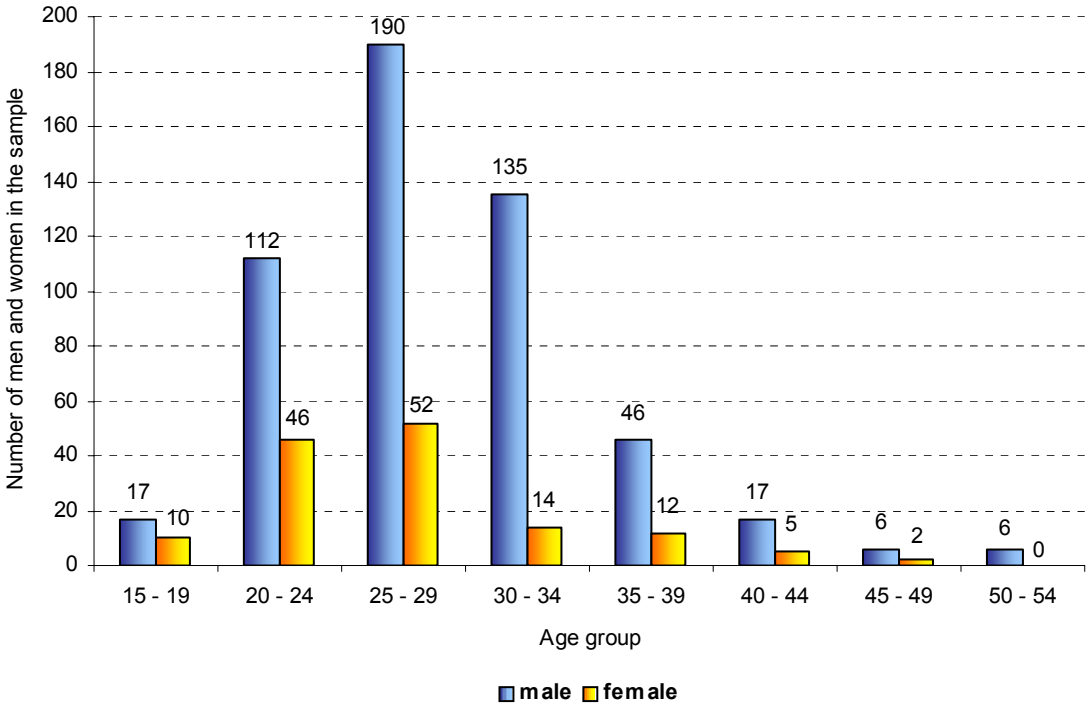
On average, programmes' clients injected drugs for the first time at the age of 20.7. The youngest age at which a client injected drugs for the first time was 13, and the oldest 45 years. A vast majority (97.3%) of people who injected drugs stated they had used a sterile needle the last time they injected drugs. 96.1% of the centres' clients stated they had used sterile needles when injecting in the last month. In addition to sterile needles, 95.1% of clients used other sterile materials the last time they injected. 91.4% of the CPTDA clients stated they had not shared injection instruments with other people in the last month. 7.4% of clients stated they had shared injection instruments with others. This kind of drug use poses a high risk of transmission of infectious diseases like HIV and hepatitis C.

5.4 Characteristics of clients who entered a CPTDA programme again or for the first time in 2008

The data were collected at the National Institute of Public Health through questionnaires distributed among 10 Centres for the Prevention and Treatment of Illicit Drug Addiction. 18 centres filled in and returned questionnaires. Questionnaires were filled in by the CPTDAs' employees by means of the direct interview method. The survey sample covered the whole of Slovenia and can be considered a national representative sample. Altogether, we collected 670 questionnaires from patients who had entered CPTDA programmes again or for the first time in 2008. All patients were surveyed by the centres' employees.

Among the 670 surveyed programmes' clients, 278 (41.49%) people entered a programme for the first time in 2008, while the others had entered a programme before. In the population group surveyed by the centres' employees there were 529 (79%) men and 141 (21%) women. 493 (73.5%) surveyed people entered a programme on their own initiative (and by themselves), without a referral from other institutions. 42 people came to a centre accompanied by their parents, while 33 people were referred from other centres. Most programmes' clients belonged to the 20-34 years age group (Figure 5.4).

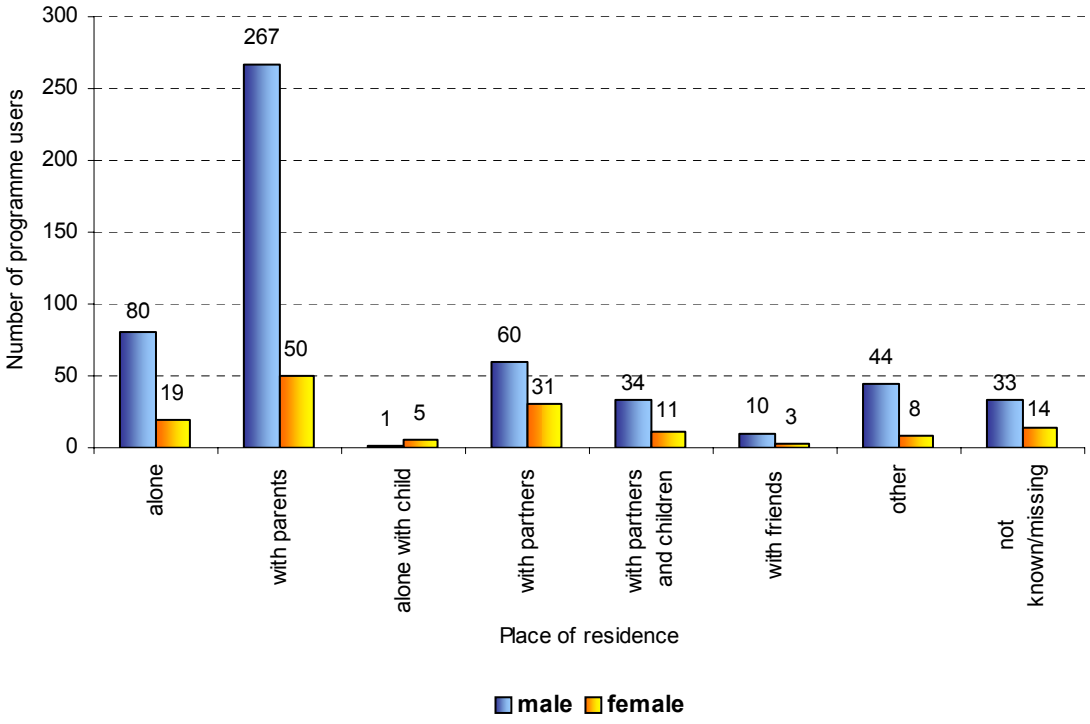
Figure 5.4: *Age structure of clients in CPTDA programmes in 2008, Slovenia*



Source: National Institute of Public Health

It is characteristic of the sample of programme users who entered a CPTDA programme again or for the first time in Slovenia in 2008 that most of them (47.3%) live with their parents. 99 surveyed people (14.7%) stated that they lived alone, and 91 (13.5%) lived with a partner (Figure 5.5).

Figure 5.5: *Place of residence of the programmes' clients, Slovenia, 2008*

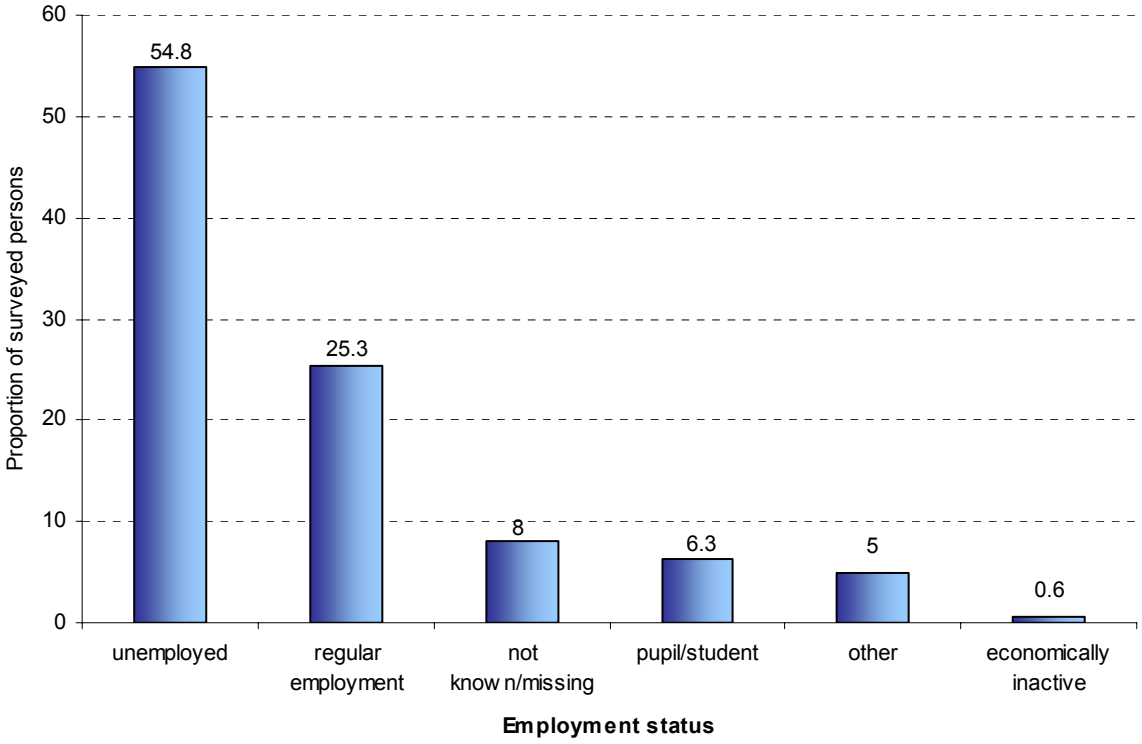


Source: National Institute of Public Health

Employment status of the programmes' clients

Most surveyed people who entered a CPTDA programme again or for the first time (54.6%) stated that they were unemployed. 25.3% of the surveyed people were permanently employed, and 6.3% were in education (Figure 5.6).

Figure 5.6: *Employment status of the programmes' clients, Slovenia, 2008*



Source: National Institute of Public Health

Educational status of programmes' clients

Among all surveyed clients, people who had completed secondary education represented the largest proportion (52.5% or 352 people). 235 (35.1%) surveyed people had completed primary school. At the time of the survey, 13 (1.9%) clients did not have a primary education, which means they had not completed primary school. 8 clients (1.2%) had a higher education.

The main drug causing clients to enter a programme again or for the first time

Most people who entered a CPTDA programme again or for the first time in 2008 had problems primarily connected with opiate use. Among 670 surveyed clients, 615 people (91.79%) had entered treatment due to opiate use. Among all people treated for opiate addiction, 610 people (99.2%) had sought help due to heroin use. 0.6% of the surveyed people had abused methadone as a medicine and become addicted, leading them to seek help from doctors in the CPTDAs.

Cannabis addiction was the primary problem of 25 people (3%) who entered addiction treatment in CPTDAs again or for the first time.

Only 9 people sought help in the centres due to problems related to cocaine use. Two people sought help for problems that had arisen after they had used synthetic drugs. One person came to a centre because of problems that had arisen after medicine abuse.

Routes of administration the main drug

An opiate was the main drug for 615 (or 91.79%) of the 670 surveyed people. 610 people or 91% of all surveyed drug users used heroin as their main drug. Heroin was the main drug of 99.1% of all people who used opiates as their main drugs. Another type of opiate was methadone, which was the main drug choice of four people - two of them used methadone intravenously and two ingested it through their mouth. One person's main drugs were other opiates, which were used intravenously. 9 people (or 1.3%) used cocaine as the main drug. 4 of them inhaled cocaine, 4 used it intravenously, and 1 person smoked it.

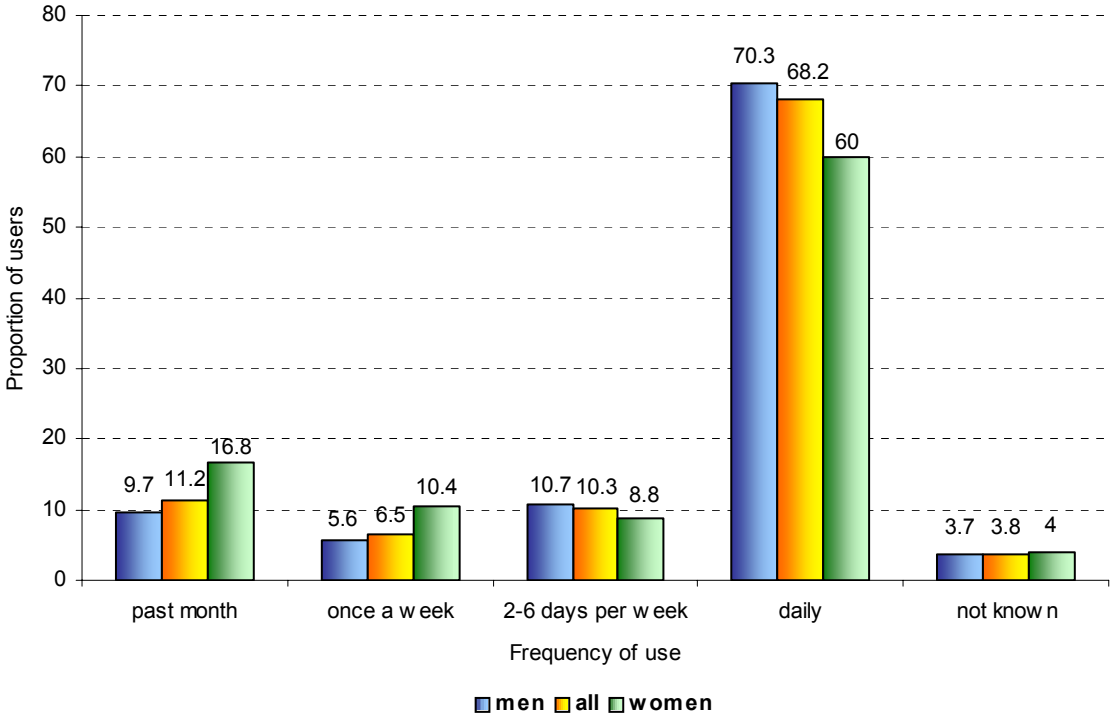
Among the 670 surveyed people, 529 were male. The vast majority of them (487 men) used opiates as their main drugs. 485 men used heroin, and a large proportion of them (258 men or 53.2%) used heroin intravenously. 174 (35.8%) male drug users smoked heroin, which was their main drug. 39 men (which is only 8.04% of all surveyed men) inhaled heroin. One man used methadone as his main drug, and one used other opiates. The former ingested methadone *per os*, and the latter injected opiates intravenously. Four men injected their main drug - cocaine - intravenously. Three male drug users inhaled cocaine and one smoked it. Cannabis was the main drug choice of 17 men.

In the surveyed group there were 141 female drug users. Opiates were the main drug choice of 128 women. 125 (97.6%) of them used heroin as their main drug. Two women intravenously used methadone, which was their main drug. One woman ingested methadone. Among 125 women who used heroin as their main drug, there were 61 women (48.8%) who used heroin intravenously, which is about five percent less than among male heroin users. 38 female drug users (30.4%) smoked heroin, which was their main drug - this proportion is significantly larger than the proportion of men smoking heroin (only 8.4% smoked heroin, which was their main drug). Cocaine was the main drug choice of only one female drug user (she smoked cocaine). The main drug of four surveyed women was cannabis. MDMA was the main drug choice of two women - one of them ingested MDMA, and the other injected it.

Frequency of use of the main drug

The surveyed drug users differ in the frequency of using their main drug. A majority (417 of 615 people) used opiates as their main drug every day. Among all 610 heroin users, 416 (68.2%) people used their main drug - heroin - every day. Among all female drug users, 125 people used heroin. 75 women or 60% of female drug users used heroin every day (Figure 5.7).

Figure 5.7: *Frequency of drug use among male and female users whose main drug is heroin, Slovenia, 2008*



Source: National Institute of Public Health

The daily use of heroin was the most common frequency of use. Other frequencies of heroin use (in cases where heroin is the main drug) represent significantly smaller proportions and are shown in Figure 5.7.

5.5 Trends of clients in treatment

In Slovenia, addiction treatment programmes have been carried out since 1991. We have been monitoring the data collected through TDI questionnaires for many years and we can thus monitor certain trends in this field.

Trends in the proportions of people who sought help in CPTDAs again or for the first time in a given year, by main drug (primary drug)

The biggest proportion of people who sought help in a CPTDA again or for the first time between 2005 and 2008 sought help due to heroin-related problems. This proportion was highest in 2007 (93.6%), and decreased to 91% in 2008. The proportion of people with cannabis-related problems decreased gradually from 5.7% in 2005 to 3.1% in 2008. We also noticed a slight downward trend in benzodiazepine use (Table 5.2).

Table 5.2: *Trends in the proportions of drug users admitted to CPTDAs again or for the first time, by main drug (primary drug), Slovenia, 2008*

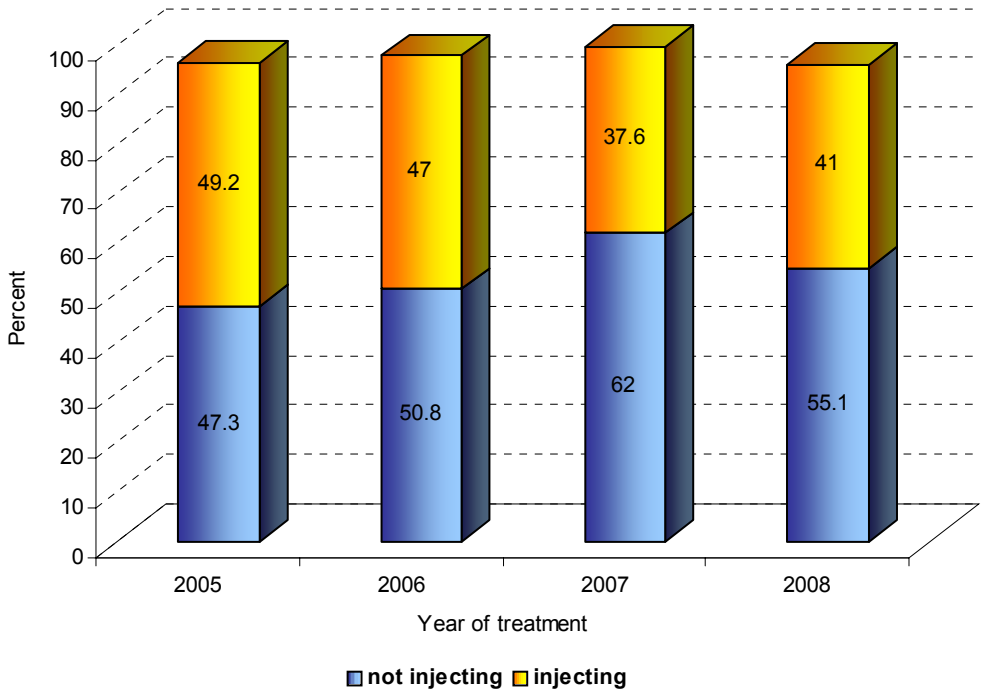
	2005	2006	2007	2008	Total
Heroin	90.1	92.4	93.6	91	**91.8**
Methadone (not prescribed)	0.8	0.5	1.5	0.6	**0.8**
Other opioids	0.3	0.2	0.3	0.1	**0.2**
Cocaine	1.4	0.8	0.9	1.3	**1.1**
Amphetamines	0.2	0.2	0	0	**0.1**
MDMA and other synthetic derivatives	0.5	0.2	0.1	0.3	**0.3**
Benzodiazepines	0.5	0.2	0.1	0.1	**0.2**
Volatilisable substances for inhaling	0	0.2	0	0	**0**
Cannabis	5.7	5	3	3.1	**4.2**
Unknown	0.6	0.6	0.4	3.3	**1.2**
Total	**100**	**100**	**100**	**100**	**100**

Source: National Institute of Public Health, 2009

Drug injection

Drug injection poses a serious risk of infection with dangerous viruses like HIV and hepatitis. That is why a slight downward trend in the number of people who had used a drug intravenously in the past month between 2005 and 2007 is a positive trend. The proportion of clients who were admitted to a programme again or for the first time and had injected drugs in the past month decreased between 2005 when it was 49.2%, and 2007 when it was 37.6%. In 2008 it again rose by almost 4 percent to 41% (Figure 5.8).

Figure 5.8: *Proportions of people who entered a programme again or for the first time in a given year, by way of their drug use in the past 30 days*



Source: National Institute of Public Health
Note: cases with unknown answers or missing data were excluded from the chart.

Status of drug users in employment terms when they entered a programme again or for the first time between 2005 and 2008

Most drug users who enter a programme again or for the first time are unemployed. Employment is an important social category of drug users. Unfortunately, they often lose it because of their attitude to work which is affected by drug use and by employers' intolerance. In Slovenia, employers still have negative attitudes to employing drug users. In Table 2 we can see a slight trend in the proportion of employed drug users at the time they entered a CPTDA treatment programme again or for the first time. In 2005, only 20.5% of people who entered a programme again or for the first time were employed. This proportion rose to 25.2% between 2005 and 2008. Among all drug users who entered a CPTDA programme again or for the first time, the proportion of pupils and students gradually decreased between 2005 and 2008 - it was 13.9% in 2005 and had decreased to 6.3% by 2008. The proportion of unemployed and occasional workers was the highest proportion between 2005 and 2008, but we noticed a slight downward trend in this period. The mentioned proportion was 60.6% in 2005 and had decreased to 54.8% by 2008 (Table 5.3).

Table 5.3: *Trends of employed people, unemployed people, pupils and students in CPTDA programmes between 2005 and 2008, Slovenia*

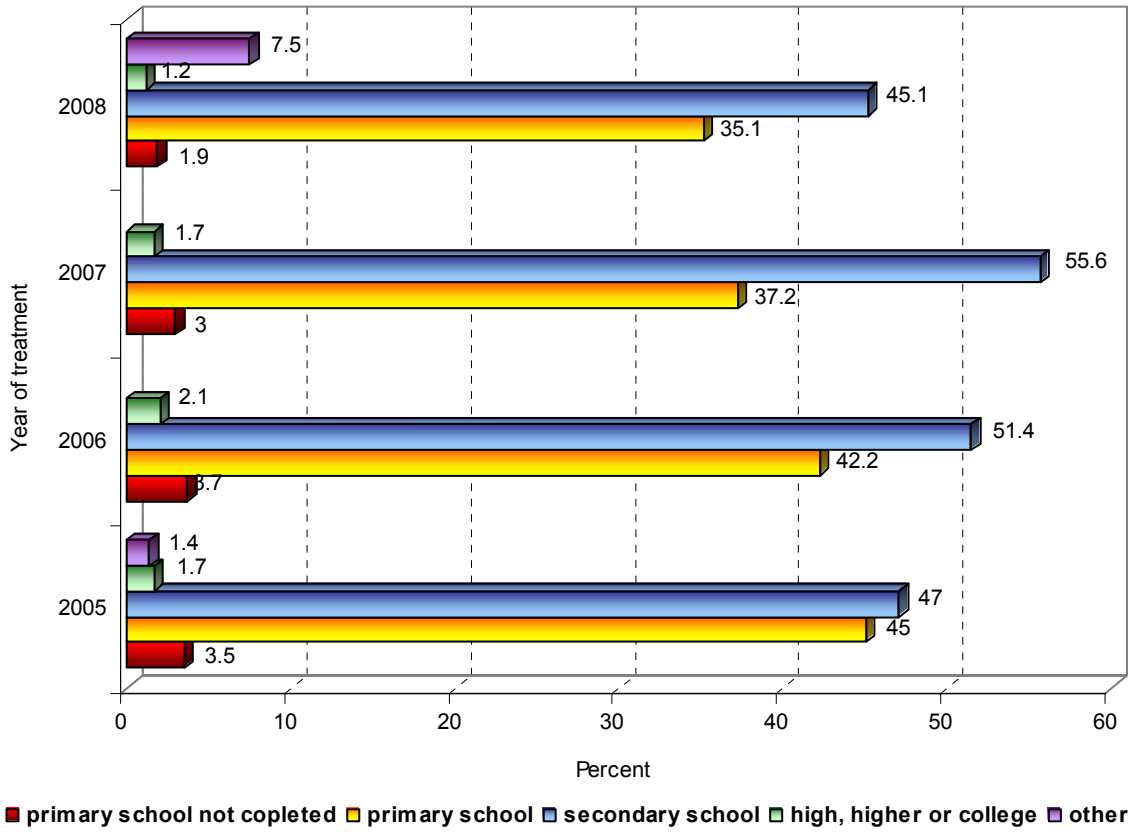
	Permanently employed	Pupil, student	Economically inactive	Unemployed/ occasional work	Other	Unknown/ missing	Total
2005	20.5	13.9	0.2	60.6	4.4	0.5	**100**
2006	21.8	11.1	0.6	62.3	3.7	0.6	**100**
2007	24.7	9.3	0.4	56.9	6.5	2.2	**100**
2008	25.2	6.3	0.6	54.8	5.1	8.1	**100**
Total	**23.1**	**10.1**	**0.5**	**58.6**	**4.9**	**2.9**	**100**

Source: National Institute of Public Health, 2009

Proportions of people who entered a programme again or for the first time, by levels of education

The educational status of people who entered a programme again or for the first time gradually improved between 2005 and 2008. The proportion of CPTDA clients without a primary education or with a primary education is falling, while the proportion of clients who had completed secondary school is rising.

Figure 5.9: *Educational status of people who entered a CPTDA programme again or for the first time between 2005 and 2008, Slovenia*



Source: National Institute of Public Health
Note: cases with unknown answers or missing data were excluded from the chart.

Conclusion

Slovenian legislation defines the treatment of drug addicts in a special law. The vast majority of drug addicts in Slovenia are treated in healthcare and social sectors and by governmental and non-governmental organisations. Programmes funded by the Ministry of Labour, Family and Social Affairs are primarily designed to resolve drug users' social distress.

These programmes can be classified in the following levels:

1. primarily preventive programmes;
2. programmes aimed at identifying and working with high-risk individuals and groups;
3. low-threshold programmes;
4. high-threshold programmes; and
5. reintegration programmes. In 2008, the social support network was expanded with additional programmes.

One of the characteristics of low-threshold programmes is that they are easily accessible to anyone with drug-related problems who needs counselling or sterile instruments for drug injection. However, access to the high-threshold programmes depends on the rules set by individual programmes.

Slovenia's health care system enables the treatment of illicit drug addiction as well as the treatment of accompanying diseases or injuries. Treatment is carried out in the form of outpatient or hospital treatment. The CPTDA network is very important since it covers almost the whole of Slovenia with such treatment programmes. According to records kept by the CPTDAs, 4,429 people attended programmes in 2008, and 3,332 of them were in

substitution treatment. Among those 4,429 people, the majority (2,515 people) were undergoing methadone maintenance treatment. Drug addicts could choose from among other types of substitution therapies as Slovenia offers drug addicts treatments with Naloxon and Suboxon, as well as Subutex and Substitol. The accessibility of programmes is excellent and there are no waiting lists. The programmes were also evaluated by foreign professionals (Franz et al., 2007). Health insurance covers the whole costs of addiction treatment programmes.

In 2008, we collected 3,169 TDI questionnaires from the CPTDA programmes. The questionnaires covered 670 people who had entered a programme again or for the first time in 2008. According to the TDI data collected in 2008, 278 people were admitted to CPTDA programmes for the first time, and 392 people were admitted again. Heroin was the primary drug and the main reason why drug users used the services of the help programmes. In most cases, cocaine was the main secondary drug and the reason drug users had sought help (for 41.7% of drug users). Cocaine was rarely the main (primary) drug and the reason drug users had sought help (in 3.59% of cases), while marijuana was the main drug for 6.5% of drug users. However, we should point out that the vast majority of programmes' clients were unemployed. Most had completed secondary school. Most of the 670 people who entered a programme again or for the first time used their main drug - heroin - intravenously. Most of them used sterile materials while injecting. Among female drug users who entered a programme again or for the first time in 2008, there was a large proportion of those who smoked drugs. People who entered a programme again or for the first time had used their main drug - heroin - every day before they were admitted to a programme. The proportion of unemployed people entering a CPTDA programme again or for the first time is on the decrease. The data also show a positive trend in the proportion of employed people who entered a programme again or for the first time between 2005 and 2008. The proportion of people who entered a programme again or for the first time primarily due to the consequences of marijuana use is also decreasing. At first, the proportion of people who entered a programme due to heroin-related problems was gradually increasing between 2005 and 2007. However, this proportion had decreased to 91% by 2008.

The downward trend seen in the proportion of people who entered a programme again or for the first time and had injected drugs at least 30 days before they entered a programme is important because of the risks posed by drug injection, especially when people share used instruments for various reasons.

6. Health correlates and consequences

6.1 Introduction

The risk of infection with HIV virus, Hepatitis B or Hepatitis C is greater among drug users, and drug-related deaths represent a large proportion of deaths among young people. In this chapter we will present the incidence rate of HIV infection in Slovenia, as well as the incidence rates of chronic hepatitis B and hepatitis C for the 2004-2008 period. In the field of drug-related morbidity, we will present the number and some basic characteristics of people who died because of drugs.

6.2 Drug-related infectious diseases *prepared by Nejc Bergant, Irena Klavs*

HIV infection

Slovenia is a low-HIV-prevalence country. The prevalence of HIV infection has not reached 5% in any population group at higher behavioural risk. According to all available surveillance information, the rapid spread of HIV infection has not started yet among injecting drug users ('IDUs').

During the five years between 2004 and 2008 there was not a single new HIV diagnosis reported among IDUs, although a cumulative total of 13 new HIV diagnoses among IDUs had been reported since 1986 when the national HIV surveillance based on notification of diagnosed cases was initiated. The last HIV infection among IDUs was diagnosed in 2001.

During the period from 2004 to 2008, HIV prevalence consistently remained below 1% among confidentially-tested IDUs treated in the network of Centres for the Prevention and Treatment of Drug Addiction. Similarly, during the same period, among a total of 939 saliva specimens collected for unlinked anonymous testing for surveillance purposes at three different sentinel sites (two centres for the Prevention and Treatment of Illicit Drug Users in Ljubljana and Koper and three non-governmental needles and syringe exchange programmes, two in Ljubljana and one in Koper) not a single specimen was positive for HIV antibodies.

HBV

The prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the network of Centres for the Prevention and Treatment of Illicit Drug Users in 2008 was 4.2%. During the period from 2004 to 2008, prevalence ranged from the highest 5.6% in 2006 to the lowest 3.6% in 2007.

The reported acute and chronic HBV infection incidence rate in the Slovenian population in 2008 was 2.6/100,000 population. During the period from 2004 to 2008, the reported incidence rate ranged from the highest 3.2/100,000 population in 2005 to the lowest 2.0/100,000 population in 2007. Due to underreporting, HBV reported incidence rates greatly underestimate the burden of this infection.

HCV

The prevalence of antibodies against hepatitis C virus (HCV) among confidentially-tested IDUs treated within the network of Centres for the Prevention and Treatment of Illicit Drug Users in 2008 was 22.3%. During the period from 2004 to 2008, prevalence ranged from the highest 23.4% in 2005 to the lowest 21.8% in 2007.

The reported acute and chronic HCV infection incidence rate in the Slovenian population in 2008 was 4.1/100,000 population. During the period from 2004 to 2008, the reported incidence rate ranged from the highest 7.2/100,000 population in 2005 to the lowest 4.1/100,000 population in 2008. Due to underreporting, HCV reported incidence rates greatly underestimate the burden of this infection.

Strengths and limitations of the key indicator infectious diseases

The strengths of prevalence monitoring of HIV, HCV and HBV infection among IDUs undergoing treatment in the Centres for Prevention and Treatment of Illicit Drug Users are the national coverage and sustainability of such a surveillance system. In addition, unlinked anonymous HIV testing of injecting drug users upon first treatment demand is conducted for HIV surveillance purposes in the biggest Centre for the Prevention and Treatment of Illicit Drug Users CPTDA in Ljubljana. Recently, three NGO harm-reduction programmes have also been included in the system (AIDS Foundation Robert - needle exchange programme in Ljubljana in 2003, STIGMA - needle exchange programme in Ljubljana in 2005 to 2008 and SVIT - needle exchange programme in Koper in 2004 to 2008).

In addition, the National Institute of Public Health collects information on newly diagnosed cases of HIV/HBV/HCV infections, which may include information on the transmission route. All three diagnoses should be notified according to the Infectious Diseases Law. The strength of HIV/HBV/HCV reported incidence monitoring lies in its national coverage. In contrast to relatively reliable AIDS reported incidence data, the information about reported newly diagnosed HIV infection cases among IDUs cannot reliably reflect the incidence of HIV. However, the notification of diagnosed HIV cases is believed to be complete and HIV incidence among IDUs to be very low. Also, close to 100% of HIV infection cases reported to the National Institute of Public Health contain information on the probable transmission route. Thus, any underestimation of HIV infection incidence among IDUs is only due to a possible late diagnosis. In contrast, due to the underreporting of diagnosed cases, HBV and HCV reported incidence rates are much less reliable and underestimate the true burden of diagnosed infections in this population. Also, information on the transmission route (e. g. IDUs) is only available for a minority of reported HBV and HCV cases.

6.3 Other drug-related health correlates and consequences

Children of parents treated in Centres for the Prevention and Treatment of Drug Addiction *prepared by Jasna Čuk Rupnik*

Each year, male and female drug users treated in Slovenian Centres for the Prevention and Treatment of Drug Addiction have more children. A survey was conducted as part of the CPTDA network co-ordination in order to determine the living conditions of the children of drug users treated in the Centres. 12 out of 18 Slovenian Centres participated in the survey in October and November 2006 (Celje, Ilirska Bistrica, Kočevje, Kranj, Ljubljana, Logatec, Maribor, Novo mesto, Piran, Pivka, Sežana and Velenje).

Altogether 150 drug-using fathers in 12 centres participated in the survey. Their average age was 34.5. Twenty of them (or 13.3%) were married. 27 male drug users (18%) had a partner who was also in a CPTDA treatment programme. 61 drug-using fathers (40.6%) also received social support at the time of the survey. 47 drug-using fathers (31.3%) were permanently employed, and 20 (13.3%) were temporarily employed. 37 drug-using fathers (24.7%) were casual workers, 2 were students, and 6 (4%) were pensioners.

Drug-using fathers had 185 children in total. 97 of these children (56.2%) were preschool children, 58 (31.4%) were school children, and 30 children (16.2%) were older than 15 years. 104 children (56.2%) lived with both parents, 63 children (34%) lived with their mother, 5 (2.7%) lived with their father, and 4 children (2.2%) lived with their grandparents. 3 children of drug-using fathers were in foster care. 4 children lived on their own. None of the children lived in a youth detention centre at the time of the survey. One child was in a detention centre.

There were altogether 78 mothers in the abovementioned centres. Their average age was 30.9. There were only 5 married women (6.4%) among them. 42 mothers (53.8%) had a partner who was in addiction treatment in the same or in another centre. 45 women (57.7%) received social support. 17 women (21.8%) were permanently employed. 9 women (11.5%) were casual workers, and 6 (7.7%) were students. One woman was a pensioner.

Drug-using mothers had 102 children in total. 59 (57.8%) of these children were preschool children, 29 (28.4%) were school children, and 14 children (13.7%) were older than 15 years. 3 women were pregnant at the time of the survey. 69 children (67.6 %) lived with both parents. 7 children (6.9%) lived with their mother, and 5 (4.8%) lived with their father. 5 children lived with their grandparents. 11 children (10.7%) were in foster care, and 2 children lived on their own. One of the children lived in a youth detention centre. None of the children were in prison. There is no information on the residence of 3 children.

6.4 Drug-related deaths and the mortality of drug users *prepared by Jožica Šelb Šemerl, Barbara Lovrečič*

Introduction

Drug-related mortality represents a big share of all deaths of young people and hence is the reason why it is a matter of public health concern. There is also an ethical problem of avoidable deaths that illicit drug deaths represent, their financial costs for society, and the psycho and sociological consequences these deaths pose to the families involved.

As drug use is a stigmatised lifestyle, problem drug users are not easy to discover. On the other side, death of this kind is a final consequence of a long process of problem drug use and the final outcome of diverse health problems which can occur during the life of a problem drug user. This is also why as many deaths as possible must be discovered among this population and different data sources ought to be used.

In spite of different pictures regarding drug deaths in Europe in Slovenia the number of drug victims is slightly increasing from year to year. The number of deaths among men was three times higher than among women and the median age at death was also increasing.
The national report of drug-related deaths in 2007 is a yearly report performed every year from 2003 on.

Methods

In Slovenia mortality due to drug use has been registered more precisely and in accordance with EMCDDA recommendations since 2003 when Slovenia entered the PHARE Twinning programme launched by the EMCDDA. We decided to form a special ‘mortality of drug users register’ and to obtain data from different data sources:

- mortality data base;
- other medical statistics;
- data from forensic medicine; and
- data from the General Police Office.

Due to the new regulation of data protection that came into force in Slovenia in 2004, with a special emphasis on highly sensitive personal data, the direct linkage of personal data from the different personal data bases was not possible.

Four data checks were performed. First, among data on those who died in connection with illicit drugs and registered by the police and data from the GMR; second, of mortality data from the Forensic Toxicology Laboratory ('FTL') of the University Institute of Forensic Medicine ('UIFM') and GMR data; and third, among police and forensic data and at the end among the GMR and the hospital data base.

This kind of matching assumed it was possible to catch at least 95% of those people who had died and were registered as deceased due to illicit drug use.

From the data captured in the described network two data bases were created, with the first being Direct Drug Related Deaths and the second being Deaths among Drug Users.

Results

According to EMCDA - DRD codes there were 74 deaths in connection with drug use altogether in Slovenia in 2007.

Direct drug-related deaths

In Slovenia in 2007 there were, according to the EMCDDA methodology (causes of death from DRD 56 to DRD 147), 70 drug-related deaths (Table 6.1).

Table 6.1: *Number of direct drug-related deaths by age group and sex, Slovenia, 2007*

Age group	Sex		Total
	Men	Women	
<15 years	0	0	**0**
15-19	0	1	**1**
20-24	3	2	**5**
25-29	10	3	**13**
30-34	12	2	**14**
35-39	6	1	**7**
40-44	8	1	**9**
45-49	3	1	**4**
50-54	3	1	**4**
55-59	3	2	**5**
60-64	0	0	**0**
65 >	0	8	**8**
Total	**48**	**22**	**70**

Source: National Institute of Public Health

There were twice as many male victims among illicit drug users than female ones. The age distribution was skewed like in previous years toward younger age groups. The peak age range of victims of 20 to 29 years in 2004 moved to 25 to 34 in 2007.

36.8 years was the mean age at death for men, with the median age at death of 33.5 years, the minimum age at death of 21.7 years and the maximum at 56.7. For women, the mean age at death was 50.6 years, the median 50.0 years, with a minimum age of 18.0 years and the maximum at 85.5 years.

There were 50 cases according to value 1 of the Filter B variable (key figures) and 20 according to value 0 of the same variable (Table 6.2).

Table 6.2: *Number of direct drug-related deaths according to value 1 of the Filter B variable, by age group and sex, Slovenia, 2006*

Age group	Sex		Total
	Men	Women	
15-19	0	1	**1**
20-24	3	2	**5**
25-29	10	3	**13**
30-34	10	2	**12**
35-39	3	1	**4**
40-44	7	1	**8**
45-49	1	0	**1**
50-54	3	0	**3**
55-59	2	1	**3**
60-64	0	0	**0**
Total	**39**	**11**	**50**

Source: National Institute of Public Health

Five out of seven deceased were using drugs registered as filter B=1 according to the DRD standard protocol. Among them, one-fifth were women. The oldest woman was aged 56.6 years at the time of death and the oldest man was 56.7 years. The youngest man was 21.7 years and the youngest woman was 18.0. The age distribution within sexes resembled the age distribution among all drug users described in Table 6.2.

The cause of death, that means the substance responsible for death, is one of the most important characteristics for assessing the paths of drug abuse.

Table 6.3: *Substance consumed by victims of a drug-related death, by age group, and sex, Slovenia, 2007*

Substance	Sex		Total
	Men	Women	
F19.2 - Dependence on multiple drugs and other psychoactive substances	1	0	**1**
T40.1 - Heroin	15	8	**23**
T40.2 - Other opioids	7	1	**8**
T40.3 - Methadone	7	2	**9**
T40.5 - Cocaine	4		**4**
T40.6 - Other and unspecified narcotics	3		**3**
T40.9 - Other /unspec. psychodysleptics	2		**2**
T42.4 - Benzodiazepines	1	4	**5**
T42.6 - Other antiepileptics and sedatives	1	3	**4**
T42.7 - Other antiepileptics and sedatives unspec	1		**1**
T43.9 - Psychotropic unspecified	3	1	**4**
T50.9 - Other and unspecified drugs	2	3	**5**
R98 Unattended death	1		**1**
Total	**48**	**22**	**70**

Source: National Institute of Public Health

Again, heroin was the most frequent drug consumed, followed by methadone and other opioids amongst men. For women, heroin also was the main drug followed by benzodiazepines, sedatives and unspecified drugs.

Table 6.4: *Number of persons who consumed a particular substance in relation to external causes of death, Slovenia, 2007*

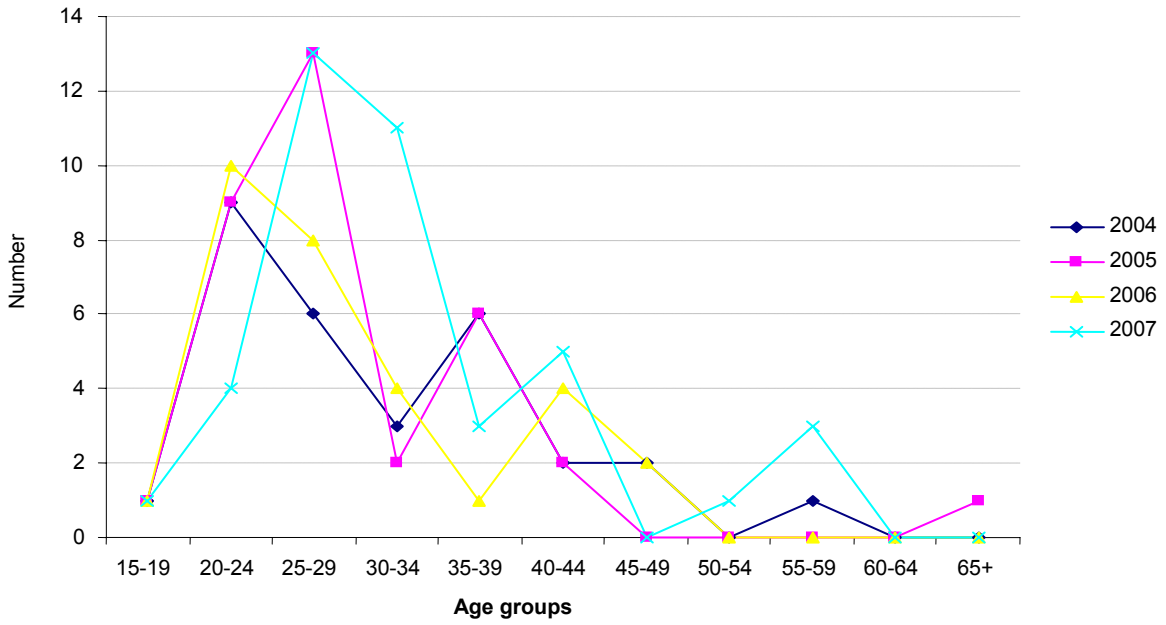
Drug / External cause	Disorders		Accidental poisoning		Intentional poisoning		Undetermined intent		Ill-defined cause		Sum	
Gender	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
F192	1										**1**	
T401			3	2	2	1	10	5			**15**	**8**
T402			3	1	2		2				**7**	**1**
T403			2	1	2	1	3				**7**	**2**
T405			2				2				**4**	
T406							3				**3**	
T409					1		1				**2**	
T424					1	3		1			**1**	**4**
T426					1						**1**	
T427					1	1		2			**1**	**3**
T439					3	1					**3**	**1**
T509					1	2	1	1			**2**	**2**
R980									1		**1**	
Summed up	**1**	**0**	**10**	**4**	**14**	**9**	**22**	**9**	**1**	**0**	**48**	**22**

F192 - Disorders, T401- Heroin, T402 - Other opioids, T403 - Methadone, T405 - Cocaine, T406 - Other and unspecified narcotics, T409 - Other and unspecified psychodisleptics, T424 - Benzodiazepines, T426 - Other antiepileptic and sedatives, T427 - Antiepileptic and sedatives unspecified, T439 - Psychotropic unspecified, T509 - Other and unspecified drugs or chemicals, R980 - unattended death.
Source: National Institute of Public Health

There were 14 accidental poisonings, 23 suicides, 31 poisonings with an undetermined intention and one death each due to dependence on drugs and an unattended death. For accidental poisonings the most frequent drug used was heroin, followed by other opioids.

Benzodiazepines and unspecified psychotropics, followed by heroin and methadone were in most cases responsible for suicides, and in poisonings with an undetermined intention heroin was the most frequent drug used. In summary, heroin was responsible for 32.9% of all deaths. The second was methadone, which was the cause of accidental or intentional poisonings in equal percentage shares and, in third place, there were other opioids that in most cases involved accidental poisonings.

Figure 6.1: *Number of drug-related deaths due to opiate, cocaine and other and unspecified narcotics (T400-T406) in 2004, 2005, 2006 and 2007 by age group*



Source: National Institute of Public Health

The peak age range of deaths due to the described substances moved from the 20-24 age group in 2004 and 2006 to 25-29 years in 2005 and 2007.

Indirect drug-related deaths

In 2007 only four deaths of drug users were registered due to another underlying cause of death, not as a direct consequence of drug use. Three of them were the result of a traffic accident and one drug user was the victim of homicide. All four were men. The three who died in a traffic accident were 18 to 22 years of age and the one who was murdered was 24 years. Among the traffic accident victims two were occupants of a car and one was a motorcycle rider. In their body fluids morphine, cocaine, cannabinoid and alcohol were found.

Trends

In 2006 the number of drug-related deaths was higher than in 2005 and in 2007 the number was even higher than in 2006.

Conclusions

In 2007 in Slovenia there were, according to the EMCDDA methodology (causes of death from DRD 56 to DRD 147), 70 direct drug-related deaths, there were two times more male victims, the most frequent age group was 25 to 34 years old which had changed from 2004; the mean age at death in men was 36.8 years while in women the mean age at death was 50.6 years. Heroin was still the most frequent drug consumed, followed by methadone and other opioids in men, in women heroin was the main drug followed by benzodiazepines, sedatives and unspecified drugs.

There were 14 accidental poisonings, 23 suicides, 31 poisonings with an undetermined intention and one by one death due to dependence on drugs and an unattended death. For accidental poisonings the most frequent drug used was heroin, followed by other opioids.

Benzodiazepines and unspecified psychotropics, followed by heroin and methadone were in most cases responsible for suicides, and in poisonings with an undetermined intention heroin was the most common drug used. In summary, heroin was responsible for 32.9% of all deaths. The second was methadone, which was the cause of accidental or intentional poisonings in equal percent age shares and, in third place there were other opioids which in most cases involved accidental poisonings.

In 2007 there we registered only four deaths of drug users due to other underlying cause of death not as a direct consequence of drug use: three of them were results of traffic accident and one drug user was homicide victim, all were men and polydrug users and all were less than 24 year old.

In the period from 2005 to 2007 in Slovenia the number of drug related deaths increased. Comparing Slovenia to all 28 countries (27 Member States and Norway), where the number of DRD according to their national definition, that in most cases matched the EMCDDA definition, some similarities are prominent. In spite of the fact that in only 18 of 28 countries there are data available on number of DRD for 2006, seven countries on number of DRD for 2005 and three on number for 2004 some important characteristics of the profile were available. Nevertheless the most victims of DRD were aged between 20 and 40; the mean age was 36 years but this varies across countries (from 21 to 48 years); the majority of cases were males (81%); opiates (i.e. heroin, mainly) were present in 80% of DRD; in eight countries, opiates were present in more than 85% of all DRD.

Deaths indirectly related to drug use (e.g. hepatitis, violence, suicide or accidents) are more difficult to assess, but a study published in 2005 estimated that during the 1990s, 10 to 20% of mortality of young adults (15-49 years) in some European big cities could be attributed to opiate use, either directly (overdoses) or indirectly (diseases, accidents, suicides).

7. Responses to health correlates and consequences *prepared by Milan Krek*

7.1 Introduction

Activities with regard to the prevention of drug-related sudden complications and deaths as well as the prevention of communicable diseases are carried out within the public health network - in Centres for the Prevention and Treatment of Addiction to Illicit Drugs and in non-governmental organisations, particularly within the framework of low-threshold programmes for reducing damage.

7.2 Prevention of drug-related emergencies and reduction of drug-related deaths

The prevention of sudden drug-related complications and deaths is performed in various programmes in different ways.

1. In the field of harm reduction due to the use of synthetic drugs intensive preventive work is carried out among the users of synthetic drugs. The prevention is performed using the following methods:
   - Searching for particular synthetic drugs which are used at dance events or in groups of synthetic drug users with the intention of discovering hazardous substances in tablets as soon as possible and informing synthetic drug users of the dangers of particular ingredients in tablets in the market.
   - Informing through the Internet of dangerous chemical substances in the market and transmitting information about how these drugs work and what measures to take in the case of poisoning.
   - Distribution of informative leaflets with educational contents about drug constituents, drug effects and first aid performed in the event of drug poisoning. The leaflets are distributed at various places where synthetic drug users are expected to be found.
   - Intensive work in workshops about synthetic drugs in educational programmes where primary and secondary students are informed of the dangers of synthetic drugs and what measures to take in the case of synthetic drug poisoning.
   - Educational programmes for employees in the catering industry about identifying drug poisoning and about first aid in the case of drug poisoning.
   - Influencing the organisers of dance events to provide appropriate health conditions.
   - Supervision of inspection services and preliminary examinations of the place where an event is about to happen (before the organisers gain permission to hold it).
   - Organisation of help for those dancers who have taken an excessive dose of drugs at the scene itself and organising transport for poisoned people to outpatient emergency units which are located near hospitals.

2. In programmes for the prevention and treatment of illicit drug addiction all patients receive basic knowledge about the dangers drugs represent, the methods of overdose prevention and drug-related deaths. This education is usually carried out by nurses who work in these centres. They also learn how to carry out the first aid procedure in the case of drug poisoning. Patients are warned not to inject drugs by themselves and to always immediately look for medical help in the event of drug poisoning. The centres have also issued a special leaflet which discuss sudden drug poisonings and appropriate measures that need to be taken in the case of drug poisoning.

3. In the low-threshold programmes for harm reduction due to drug use, special attention is paid to the education of illicit drug users regarding overdose prevention. It is recommended to never inject drugs by themselves and to always immediately look for medical help in the case of drug poisoning. Programmes have special leaflets containing the corresponding contents.

4. The programmes of drug poisoning prevention are also constituent parts of high-threshold programmes because the staff are aware that, when leaving a programme, there is a great danger of an overdose by those drug users who have not been using drugs for a longer period of time.

Prevention of casualties connected with drug use at electronic music events *prepared by Mina Paš*

Introduction

Due to their greater use of different psycho active substances ('PAS'), electronic music events are a very specific environment that can highly increase or decrease the risk of potentially dangerous complications connected with the use of stimulative PAS. Besides creating proper conditions at an event, other very important things are appropriate organisation of a first aid network and up-to-date notifying of the users of dance drugs about risks connected with these substances. The non-governmental organisation DrogArt has been working on the abovementioned areas with their programme 'Pleši z glavo'/'Dance with your head' since 1990 and therefore helps reduce the number of casualties resulting from illicit and permitted PAS.

Dance drugs and risks connected with their use

Dance drugs are permitted and illicit psycho-active substances whose use is greater at electronic music events. By the term 'dance drugs' we count, above all, ecstasy ('MDMA'), amphetamine, cocaine, marijuana and alcohol. In the past year, new designer drugs that are effects-wise very similar to MDMA have become very popular in Slovenia, but they are completely non-researched substances, which is why we are not aware of the risks connected with their use. These substances are, for example, Mephedrone, Ethylcathinone, 4-Fluoroamphetamine and MDPV. These are legal and easily accessible substances that users can order over the Internet.

The main medical complications that can occur when using dance drugs and may have deadly consequences are cerebral edema, heat stroke and heart attack. When trying to prevent these complications, certain external factors are essential; that is why the risk of these complications is dramatically decreased in appropriate conditions.

To decrease the risk of using dance drugs the following external factors are significant:

- An appropriate temperature and humidity of the place are very important for preventing heat stroke. The use of stimulative drugs namely raises the body temperature and users usually dance actively and thereby warm themselves even more. This is why a low body temperature and a low humidity of the place where the event takes place are crucial for the appropriate cooling of one's body.
- An appropriate number of visitors given the particular space is very important in order to maintain the appropriate temperature of the space and for the general safety of visitors.
- An arranged place to cool down is important to prevent heat stroke.
- Free, cool drinking water for visitors of an event is essential for preventing dehydration and therefore heat stroke.
- The quick identification of potentially deadly complications and the accessibility of emergency services.

The field action 'Pleši z glavo'/'Dance with your head'

DrogArt, a Slovenian association for diminishing the harmful consequences of drugs, is a non-governmental, non-profit organisation whose main activity is to reduce harmful consequences of drugs. One of the biggest programmes of DrogArt is the field action 'Pleši z glavo'/'Dance with your head' that has been successfully performed since 1992 and is being constantly upgraded and completed in line with the needs of the target population.

The field action Pleši z glavo is performed at electronic music events all over Slovenia. Skilled field workers distribute free isotonic drinks which prevent dehydration and reduce the risk of cerebral edema that can be a consequence of the use of MDMA.

Field workers are trained to recognise potentially serious health and deadly complications connected with the use of dance drugs. Because users trust them, they come for help by themselves and the field workers judge whether the problems are so serious that they need expert medical assistance. Network aid of this kind has proven to be very successful because our field team serves are a very good linking element between users and expert medical assistance.

We also inform about risks connected with the use of drugs and advise about drug-related problems. The field action serves as an excellent source of information about the 'scene' because in this way we get information about new substances almost immediately. This is also how we have obtained information about the appearance of new drugs at electronic music events and therefore quickly responded with an informative leaflet about Mephedrone.

Experts from DrogArt also help organisers provide appropriate conditions at electronic music events. After every electronic music event where our field team is present, we give the organiser an evaluation of the event, reviewing the basic conditions necessary to reduce harm to health.

We are also an active part of the Early Warning System ('EWS') of new psycho-active substances and can in this way quickly and successfully spread information about the appearance of new drugs on the 'scene' and the possible risks that come with these drugs.

Conclusion

Since the environment in which these electronic music events takes place is very important for preventing medical complications and deaths connected with the use of dance drugs, it is essential that mechanisms are in place through which one can influence the organisers of such events to reduce such risks as much as possible. The active incorporation of the non-governmental organisation DrogArt has proven to be very successful in Slovenia because a non-governmental organisation with employed experts and volunteers can be a crucial linking element among users, organisers of electronic music events, medical first aid and the legislation.

Co-operation and a good information stream among these actors is extremely important for achieving the common goal - reducing the risks of casualties connected with the use of dance drugs.

7.3 Prevention and treatment of drug-related infectious diseases

The prevention of infectious diseases is constantly performed within all addiction treatment programmes. Special attention is dedicated to regular preventive hepatitis B vaccinations of people addicted to drugs. The vaccinations are free of charge and accessible to all people addicted to drugs. All people addicted to drugs also have free testing for HIV and hepatitis C viruses. If HIV or hepatitis C viruses are discovered, each person is entitled to free HIV or hepatitis C treatment on the same conditions as for any other person in Slovenia.

In the low-threshold programmes free sterile sets for drug injection are distributed. Further, we also collect already used sets and destroy them professionally. Drug users are also supplied with condoms, sterile gauzes, bandages and other sanitary products that are used for bandaging wounds resulting from drug injections. Drug users can also buy all these materials at pharmacies. The employees in low-threshold programmes send people addicted to drugs to health institutions for infectious disease treatment. Programmes dealing with people addicted to drugs are connected with the Department of Infectious Diseases in Ljubljana that performs free testing for hepatitis C and HIV viruses for people addicted to drugs several times a year. The purpose of these tests is to find out if people are infected or not and start treating them as soon as possible.

Special attention is paid to regular education about the dangers of the transmission of infectious diseases, including tuberculosis. Education is carried out in smaller groups or individually. For this purpose, special leaflets and other free materials are accessible to drug users.

Special programmes are meant for the education of employees in these programmes with the intention to reduce the dangers of infection with HIV, hepatitis C and tuberculosis.

7.4 Responses to other health correlates among drug users

People addicted to drugs often suffer from associated mental disturbances. Mental disturbances are already handled in the addiction treatment programmes which usually also co-operate with psychiatric departments that treat such disturbances. In the cases of bigger complications these patients are hospitalised. The Centres for the Prevention and Treatment of Illicit Drug Addiction also include psychiatrists who help patients with mental disturbances.

Due to the ageing of the population addicted to drugs, addicted people also suffer from other diseases characteristic of the older population. Some of these are cancer, pulmonary diseases, diseases of locomotor organs, digestive organs and the urinary system, depression, suicidal behaviour etc. Until now, no exact research was made which would define the prevalence of such diseases among drug users in greater detail. However, the Centres for the Prevention and Treatment of Illicit Drug Addiction inform us more and more often that, along with the ageing of the population, the number of diseases this population suffers from has also increased. People suffering from such difficulties are treated by their own personal doctors or by doctors who treat them for drug addiction.

8. Social correlates and social reintegration *prepared by Milan Krek*

8.1 Introduction

The main 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 2006-2010 Period (Official Gazette of the RS, no. 39/2006). Professional activities aimed at resolving social problems arising from the use of illicit drugs are carried out by public services (62 Centres for Social Work), providers with concessions for social assistance services on the basis of tenders and NGOs with supplementary activities.

This chapter presents data from three different surveys on homelessness and social exclusion among drug users.

8.2 Social exclusion and drug use

Studies of homelessness and drug use

Homelessness is a relatively new phenomenon in Slovenia. Some important visible signs of the development of homelessness have emerged in the past five years. The homeless usually lack social support networks which could help them with their problems. They have too few friends and people they could turn to when they find themselves in distress. This issue is new in Slovenia and the country is trying to find new answers to the very phenomenon of homelessness. In 2008, two studies were conducted in Slovenia on the population of the homeless. They also included homeless drug users. The first study was made among the homeless in six Slovenian cities. The study was a result of co-operation among the Ministry of Health, Division for the Health Care of Vulnerable Population Groups, expert workers and volunteers from the non-governmental organisation *Kralji ulice* (Kings of the Street), and non-governmental organisations and shelters from all around Slovenia, people who are experiencing homelessness and researchers from the Institute for Public Health and the Faculty of Education in Ljubljana. 122 people from six Slovenian cities participated in the study entitled Homelessness, Health and Accessibility of Health Care Services. The majority (84%) of participants were male while 16% were female. The participants were between 20 and 77 years old and their mean age was 42.7 years. On average, the men were 5 years older than the women. The largest group had finished secondary school (49.5%), followed by the group of those who had finished primary school (41.8%). 52.5% of the participants were single and 31.2% were divorced. 58.2% of the participants had no children. 95.1% of the participants had Slovenian citizenship, while the rest had an unresolved citizenship issue. 86.1% had been employed in the past and thus had some period of employment. On average, they had 12.3 years of an acknowledged period of employment. At the time the study took place 63.9% were without any employment, while 2.5% had regular employment. It is interesting that the participants had previously lived in several institutions. 27% had lived in a youth home, juvenile facility, juvenile correction home or maternity home. 26% had stayed in an institution for drug or alcohol addiction treatment, 45% in detention or prison, 6% in a professional/paid army, 31% in a psychiatric hospital and 52% in other hospitals. 9% had lived in a residential community for people with mental health problems. 43.7% had been evicted from their apartments, 38.3% had been thrown out by their parents, 61.5% had had serious and long-lasting arguments with their parents, 42% had been victims of parental violence and 23.5% had been expelled from school (Razpotnik and Dekleva, 2009).

The second study, entitled Homelessness in the Municipality of Koper, was conducted by the Institute of Public Health Koper. The study included 42 homeless people who were at the

time living in the Municipality of Koper. The mean age was 41.5 years for male homeless people and 37 years for females. The majority, 38 or 90.5%, were male. 21 had finished secondary school, 18 had finished primary school. Three participants had not finished primary school. 21 participants thought their medical condition was good, 17 considered their medical condition to be bad and only 4 estimated their medical condition to be excellent. At the time the study took place, 15 (35%) of the homeless suffered from problems related to illicit drug use. 25 had been treated in a hospital in the last year. Both studies were conducted for the purpose of better recognising the needs of the homeless, developing new aid programmes for homeless drug users and increasing the access of the homeless to medical help (Krek, 2009).

In the Slovenian centres for the prevention and treatment of illicit drug addiction they have been noticing for a few years now an increasing number of homeless drug users who come to their programmes for help. They refer them to centres for social work and to non-governmental organisations, which most often do not provide shelters for the homeless. Thus they find it difficult to solve accommodation problems of this marginal group of drug users. There is only a small number of beds provided for homeless drug users in Slovenia, and only in three cities (Ljubljana (26), Maribor (6) and Žalec (10)). All the available beds are placed in non-governmental organisations which perform low-threshold programmes and during night time provide some space also for homeless drug users. Searching for a suitable temporary place to stay can prove to be very challenging for the homeless person. Typically, homeless drug users refuse to socialise with the alcoholics, and homeless alcoholics avoid cohabitation with drug addicts due to fear of HIV and hepatitis C infections. Drug addicts thus rarely use shelters for the homeless which are not intended for homeless drug users (Krek, 2009).

It is characteristic of homeless drug users in Slovenia that many lose a home already in their youth when the family decides, after many failed attempts by the individual to treat his or her drug addiction, to refuse hospitality to their own family member. The drug addict therefore ends up on the street where he or she does not have the opportunity to sleep in a safe environment. When they are older, unrecovered addicts go out on to the street when their partners or families refuse them hospitality. Others become homeless because they sell their belongings to repay the debts they have due to buying drugs. Prisoners who are drug addicts become homeless after being released from prison since they usually have no apartment, family or the necessary finances to pay for an apartment so they are left on the street. They commit small thefts and offences and are thus sent back to prison.

Since homeless drug users are usually unemployed, without funds and have a low level of education they cannot secure an apartment and thus become homeless. As a rule, drug users have troubles getting a job and also tend to lose their job faster. Consequently, they have no means to pay for an apartment. After they stop working they usually become homeless again. At first, they stay overnight with their friends, later they move on to the street where they search for provisional accommodation. Most of them do not have a permanent place of residence and consequently no other benefits that in Slovenia depend having on a permanent residence (social assistance, health insurance etc.). In Slovenia, the homeless have the possibility of asking for a temporary address at the Red Cross, Caritas or Centres for Social Work. This at least provides them with some basic rights - small social assistance and health insurance. Homeless drug users are more often in contact with the police, usually due to small thefts and offences, and are also more frequently taken to court and sent to serve a sentence (Krek, 2009).

The diet of the homeless also presents a great problem since it is limited to a small choice and food that is lacking in energy, vitamins and protein. The frequency of meals differs although most consume cold food and only rarely warm meals which are provided in a public kitchen at the Red Cross or similar organisations. Food represents a great problem for homeless drug users who are ill and should thus be on a strict diet but are unable to do so

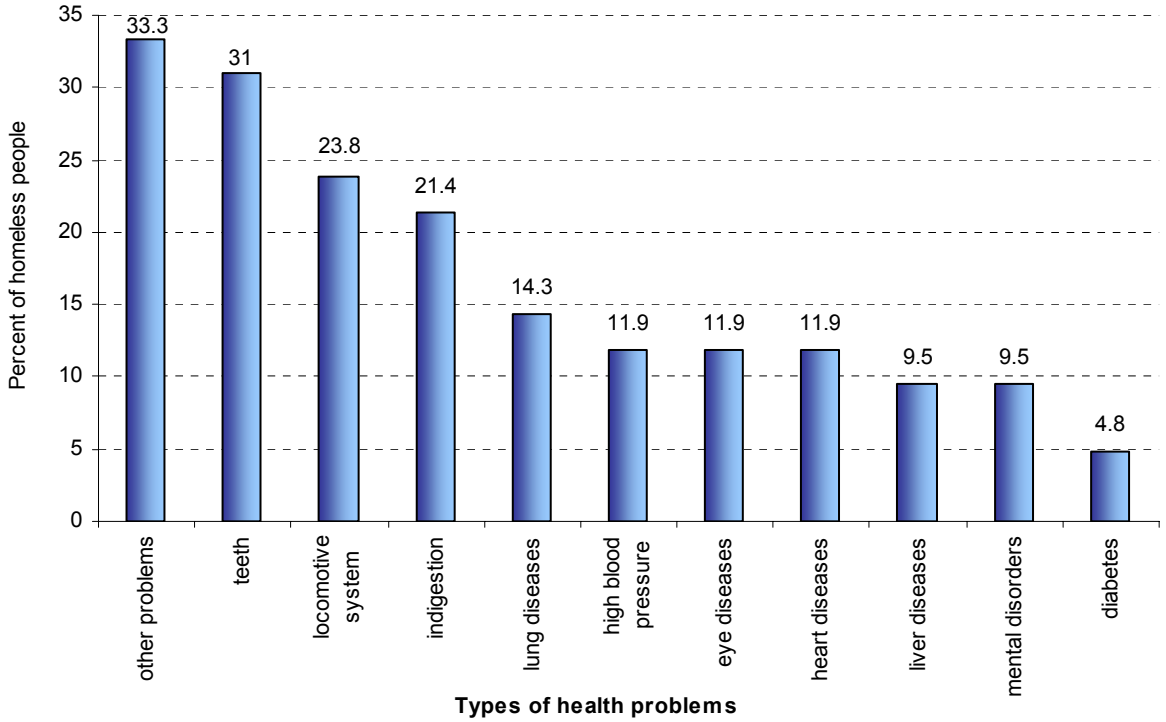
due to poor living conditions. The study showed that they consume a lot of milk which they claim helps with their stomach pains. During our visits to some temporary dwellings we frequently found leftovers of milk packaging, empty cans and empty bottles of different alcoholic drinks.

They are provided with clothes and sometimes also warm meals at the Red Cross or at Caritas. They are also offered small meals in the low-threshold programmes where they also have the possibility to bathe and wash their clothes.

The main health problems of the homeless are alcohol addiction and drug addiction. The study Homelessness, Health and Accessibility of Health Care Services that was conducted among 122 homeless people from six Slovenian cities showed that drug addiction is the third most common disease of the homeless. 25.8% of this group of the homeless were addicted to illicit drugs. 22.7% suffered from chronic depression and 16% suffered from other mental disorders. At the time the study took place 79.9% of the homeless had smoked tobacco, 44.9% had tried cannabis, 31.3% had tried cocaine, 19.4% had tried ecstasy and 34% had tried heroin. 15.4% of the homeless had already been treated with methadone substitution. 20% of the homeless who had heroin use-related problems had sought help, as did 8.8% of those who had suffered from cocaine use-related problems. 16.1% had experienced a drug overdose, most commonly caused by heroin. 31.4% of the homeless stated at least the periodical injection of drugs. The study also showed that a drug overdose is a frequent cause of death among the homeless (Razpotnik and Dekleva, 2009). Drug addiction is also accompanied by mental disorders, which adds to their difficult social state. The study Homelessness, Health and Accessibility of Health Care Services also shows that 50% of the homeless had already considered suicide and 33.6% had already attempted suicide. 11% knew a homeless person who had committed suicide in the past year (Razpotnik and Dekleva, 2009).

Due to their status of being homeless the homeless experience a smaller chance of access to health programmes. Homeless addicts often recognise the lack of efficient health programmes and institutions as well as different social services in the community which would be more accessible. Slovenia does not have enough medical institutions suited to their needs. The homeless also find that the medical staff sometimes have a negative attitude to them, especially because of their poor hygiene. Other patients who are waiting for a doctor also have a negative attitude which is why homeless drug users are reluctant to seek medical help. The homeless are hospitalised much more frequently than other Slovenian citizens since they are not treated in time and wait for a disease to progress to the point where hospitalisation is needed (Krek, 2009). The study Homelessness, Health and Accessibility of Health Care Services shows that 13.6% of the homeless had already visited Centres for the Treatment of Illicit Drug Addiction. 10.3% had visited Centres for the Treatment of Alcohol Addiction. 22% of the homeless had stayed in a psychiatric hospital. A thorough examination reveals that a large portion of the homeless from the three mentioned groups had already visited all three types of institution. This confirms the fact that drug addiction and/ or alcohol addiction are often accompanied by mental illnesses (Razpotnik and Dekleva, 2009). The study which was conducted in Koper on a general population of homeless people showed that the majority of the homeless had problems with their teeth, bones and stomach. Other data are shown in the chart.

Figure 8.1: *Share of homeless persons in terms of a disease of a particular organ or organ system*



Source: Homelessness in the Municipality of Koper

Drug addicts typically estimate they have poor access to programmes in health care. The assessment of access to health services of people with a double diagnosis and people with the incidence of a drug addiction and other mental health problems (Krek, 2009) is even worse.

Picture 8.1: *A temporary bed of a homeless person addicted to drugs in unfinished buildings in Koper*

Photo by Milan Krek

The accommodation capacities of crisis centres for homeless drug users in Slovenia are too small to cover all needs of homeless drug users. This becomes particularly acute on cold winter days when they search for appropriate places to stay overnight and have great difficulties finding them in old houses, deserted factories and semi-dilapidated buildings. In addition, the temporary residences of homeless drug users are full of already used syringes, which are dangerous to other residents and homeless people not using drugs, and consequently homeless people reluctantly mix with homeless drug users (Krek, 2009).

Picture 8.2: *Used needles lie in close proximity of the improvised shelter seen in picture 8.1*

Photo by Milan Krek

Homeless drug users ordinarily frequently visit Centres for the Prevention and Treatment of Addiction; however, these centres do not have adequate accommodation capacities. Further steps must be taken to ensure adequate housing conditions which can, to put in bluntly, be called home by homeless persons. Homelessness in Slovenia is becoming more and more widespread among drug users and therefore Slovenia will have to set up appropriate programmes of assistance to homeless drug users which will ensure humane conditions for their survival. This would also reduce consequences further brought about by homelessness for homeless drug users due to their poor living and hygiene conditions.

In recent years, homeless drug users from other EU countries and third countries without proper personal identity and health documents have been detected in the country. They encounter additional obstacles such as not knowing the language, not knowing the environment they are in, rejection by local homeless persons and no health or social insurance. In winter when the coastal region of Slovenia is substantially warmer than the continental part of the country, homeless drug users move to warmer regions where the continuation of their treatment is made possible in Centres for the Prevention and Treatment of Drug Addiction.

9. Drug-related crime, prevention of drug-related crime, and prison

9.1 Introduction

Data on drug-related crime are systematically gathered by the Slovenian police. The Penal Code (Articles 186 and 187) and the Production of and Trade in Illicit Drugs Act are two main acts defining criminal acts/offences in the area of illicit drugs. In September 2008 the new Penal Code of the Republic of Slovenia came into force, which - within the framework of criminal offences of illicit drug abuse - also criminalises the unauthorised production and trade in illicit substances in sport and in preliminary ingredients for making illicit drugs and enabling the use of illicit drugs in sport. Related to this information is the fact that the number of perceived criminal offences has grown in the field of illicit drug abuse.

Imprisoned people addicted to illicit drugs are treated in compliance with a well-conceived strategy in Slovenian penal institutions. This strategy defines the medical part of help, educational programmes and motivations, and upgrading involving high-threshold programmes.

9.2 Drug-related crime *prepared by Staša Šavelj*

On 11 September 2008 the new Penal Code of the Republic of Slovenia came into force which - within the framework of criminal offences of illicit drug abuse - also criminalises the unauthorised production and trade in illicit substances in sport and in preliminary ingredients for making illicit drugs and enabling the use of illicit drugs in sport. Related to this information is the fact that the number of perceived criminal offences has risen in the field of illicit drug abuse.

The Slovenian police therefore treated a larger number of criminal offences of illicit drug abuse in 2008, the number namely increased from 1,612 in 2007 to 1,797, or by 11.5%.

Table 9.1: *Number of criminal offences and suspects, 2007-2008, Slovenia*

The type of criminal offence		The number of c.o.		Increase/ Decrease (in%)	The number denounced of suspects		Increase/ Decrease (in%)
		2007	2008		2007	2008	
Illicit drug abuse	Unauthorised production and trade in illicit drugs, prohibited substances in sport and preliminary ingredients for making illicit drugs	1,429	1,547	8.3	1,600	1,715	7.2
	Enabling illicit drug abuse or prohibited substances in sport	183	250	36.6	183	259	41.5
	Total	**1,612**	**1,797**	**11.5**	**1,783**	**1,974**	**10.7**

Source: Ministry of the Interior

Under the Production of and Trade in Illicit Drugs Act the police treated 3,303 minor offences and 3,024 offenders in relation to 3,830 seizures of illicit drugs under the abovementioned act who unduly possessed illicit drugs in 2008. The Slovenian police do not record essential

changes regarding the number of minor offences and offenders in comparison to previous years.

In 2008, there were 55,919 (62,579) criminal offences against property or 10.6% less than in the previous year; there were, however, 25.4% (25.4%) of those who were searched. Especially typical of financial criminality is the decreased number of bold thefts and motor vehicle thefts, robberies and arson, burglaries (mainly from motor vehicles, apartments and apartment houses) and other criminal offences against property. Out of all criminal offences related to property, only the number of robbery thefts rose, by 21.8%, namely from 87 in 2007 to 106 in 2008.

There is no relevant information about the number and types of criminal offences directly related to illicit drugs at the moment. The decrease of criminal offences against property also shows the estimate of the police that there has been a decrease in criminal offences committed by illicit drug users who need money to buy illicit drugs.

9.3 Responses to drug-related health issues in prisons

Treating illicit drug addiction in Slovenian penal institutions *prepared by Lucija Tekavčič Božikov*

Introduction

In this contribution we present the field of illicit drug addiction treatment in Slovenian penal institutions in 2008.

Imprisoned people addicted to illicit drugs are treated in compliance with a well-conceived strategy in Slovenian penal institutions. This strategy defines the medical part of help, educational programmes and motivations, and upgrading involving high-threshold programmes.

When planning and performing the treatment of prisoners addicted to illicit drugs and preparing treatment programmes for individuals, each penal institution links up with an authoritative regional Centre for the Prevention and Treatment of Illicit Drug Addiction. The doctors in these centres have been of great help to expert workers from the institutions and for the treated people.

Therefore, in 2008 three institutions continued with this co-operation with external organisations that provide help to addicted people, namely in the Department Novo mesto Department for Social Activities of the City of Novo mesto, in ZPKZ Ig and ZPKZ Ljubljana non-governmental organisations Projekt Človek and Stigma.

In the field of addiction treatment, medical staff provided help to imprisoned people with abstinence crises, substitution treatment and urine tests for finding the presence of drugs in the body, counselling and education about the dangers of infection with HIV and hepatitis viruses, and encouraged them to test and vaccinate against hepatitis B and medical treatment. The expert personnel of the institutions enabled imprisoned people to achieve higher goals in their addiction treatment within the framework of cadre possibilities for performing psycho-social programmes of help.

Methadone therapy

Methadone therapy in penal institutions is carried out with the co-operation of specialist doctors of the regional Centres for the Prevention and Treatment of Drug Addiction. In collaboration with the co-ordination of the Centres for the Treatment of Illicit Drug Addiction,

expert instructions for treating imprisoned people addicted to illicit drugs were drawn up, which contain a standardised therapy doctrine with substitute medicaments in institutions.

Among 1,210 imprisoned people who were addicted to illicit drugs or had problems because of drug abuse, 542 or 44.8% of the imprisoned people were treated with methadone therapy. The highest share undertook maintenance therapy. In comparison to 2007, the number of people receiving methadone therapy dropped by 7.5%.

Among 790 newly admitted people with drug problems there were 370 or 46.8% of people with an already prescribed methadone therapy.

Table 9.2: *Number of imprisoned people receiving methadone therapy by categories in the 2002-2008 period*

Category	2002	2003	2004	2005	2006	2007	2008
Prisoners on remand	88	142	142	180	242	234	196
Prisoners	134	192	238	202	290	352	346
Total	**222**	**334**	**380**	**382**	**532**	**586**	**542**

Source: Prison Administration of the RS

Carrying out immunochemical urine tests

Imprisoned people who took part in the programme of treating addiction to illicit drugs and who had confirmed in written form the therapeutic arrangement with the programme performers of the treatment with the goal of self-confirmation and abstention control were immunochemically urine tested. The tests were used, above all, to assess the presence of opiates, cannabis and benzodiazepines. All imprisoned people on methadone therapy were also examined with urine tests. If a test was positive, the therapy was gradually abolished.

In the whole system of performing criminal-law sanctions 3,830 tests were made and 2,687 imprisoned people were tested in 2008.

In 2008, 1,210 imprisoned people were recognised as being addicted to illicit drugs. In comparison to the past year the number had risen by 11%. Among them, there were 67 people with a defined measure of compulsory treatment for addiction to illicit drugs (60 male and seven female prisoners).

Table 9.3: *Number and percentage of imprisoned people with a measure of obligatory medical treatment or with problems related to drug addiction by categories of imprisoned people in 2008*

Imprisoned people	The number of people in the year	The number of people with problems because of narcotics	Percentage
Prisoners	2,005	735	37.0
Misdemeanants	1,107	124	11.2
Prisoners on remand	1,228	326	26.5
Juveniles (young offenders)	43	25	58.1
Total	**4,383**	**1,210**	**27.6**

Source: Prison Administration of the RS

Table 9.4: *Number of imprisoned people with a measure of obligatory medical treatment for narcotics and with addiction-related problems, by institutions in 2008*

Institution	Article 66					Found out they have problems					Total
	M	F	Juv.	Total	PR	M	F	Juv.	M	Total	
Dob	19	0	0	19	0	155	0	0	0	155	**174**
Slov. vas	0	0	0	0	0	4	0	0	0	4	**4**
Ig	0	7	0	7	12	0	26	0	4	42	**49**
Celje	4	0	0	4	66	34	0	1	15	116	**120**
Koper	9	0	0	9	20	100	0	0	6	126	**135**
N. Gorica	0	0	0	0	4	11	0	0	18	33	**33**
Ljubljana	23	0	0	23	174	241	0	0	0	415	**438**
N. mesto	0	0	0	0	10	5	0	0	10	25	**25**
OO Ig	1	0	0	1	0	1	0	0	60	61	**62**
Maribor	4	0	0	4	31	72	0	0	2	105	**109**
M. Sobota	0	0	0	0	9	15	0	0	9	33	**33**
Rogoza	0	0	0	0	0	4	0	0	0	4	**4**
Radeče	0	0	0	0	0	0	0	24	0	24	**24**
Total	**60**	**7**	**0**	**67**	**326**	**642**	**26**	**25**	**124**	**1143**	**1210**

Source: Prison Administration of the RS

Among 1,210 imprisoned people with drug-related problems, 790 or 65.3% had an experience with drugs even before they were sentenced.

Table 9.5: *Number of people with problems related to the use of illicit drugs, according to the number of all imprisoned people in the 2000 - 2008 period*

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of all imprisoned people	6,703	6,302	5,219	4,725	4,344	3,097	3,572	4,311	4,383
People with drug-related problems	512	682	703	727	944	868	948	1.090	1.210
Percentage	7.63	10.82	13.47	15.38	21.73	28.03	26.5	25.3	27.6

Source: Prison Administration of the RS

Table 9.6: *Number of imprisoned people included in treatment programmes, by categories and institutions in 2008*

Institution	Low-threshold programmes				Medium-threshold programmes				High-threshold programmes			
	P	M	Juv.	Total	P	M	Juv.	Total	P	M	Juv.	Total
Dob	38	0	0	38	27	0	0	27	17	0	0	**17**
Slov. vas	0	0	0	0	0	0	0	0	0	0	0	**0**
Ig	12	4	0	16	15	0	0	15	6	0	0	**6**
Celje	16	0	1	17	3	0	0	3	0	0	0	**0**
Koper	60	0	0	60	40	0	0	40	0	0	0	**0**
N. Gorica	2	4	0	6	0	0	0	0	0	0	0	**0**
Ljubljana	157	0	0	157	23	0	0	23	0	0	0	**0**
N. mesto	5	0	0	5	0	0	0	0	0	0	0	**0**
OO Ig	0	0	0	0	0	0	0	0	1	0	0	**1**
Maribor	24	0	0	24	9	0	0	9	13	0	0	**13**
M. Sobota	5	0	0	5	6	0	0	6	0	0	0	**0**
Rogoza	0	0	0	0	0	0	0	0	0	0	0	**0**
Radeče	0	0	18	18	0	0	7	7	0	0	0	**0**
Total	**319**	**8**	**19**	**346**	**123**	**0**	**7**	**130**	**37**	**0**	**0**	**37**

Source: Prison Administration of the RS

People who were abstinent from drugs during their imprisonment and were interested in participating in outdoor treatment programmes offered by health institutions and in programmes of non-governmental organisations (psychiatric hospitals, the CPTDA Ljubljana, other CPTDA and NGOs: Društvo Up, Skupnost Srečanje, Karitas - Pelikan, Inštitut Vir, Organizacija Projekt Človek, Društvo Stigma etc). 35 imprisoned people decided on medical treatment of this kind in 2008, the same as in 2007. After they finished serving their sentences, 48 imprisoned people continued their treatment in external institutions.

Counselling work in the harm-reduction programme (a low-threshold programme) was performed by representatives of the Stigma Association in the institutions at Ig and Ljubljana. The Ljubljana institution was visited twice a week, while the Ig institution was visited twice a month. Important parts of the programme included attendances by male and female prisoners on intentional exits - attendances to school, health institutions…etc.

In collaboration with specialist doctors from the regional Centres for the Prevention and Treatment of Addiction, the abstinence crises of imprisoned people, which happened 240 times in 2008, were treated in the ambulance units of these institutions. The problems were alleviated above all with medicaments and higher dosages of methadone.

Conclusion

The administration board for applying criminal-law sanctions will, together with the penal institutions, also devote a lot of time to the treatment of an addiction to illicit drugs in the future because we estimate there is a huge need to perform (above all) high-threshold programmes.

10. Drug markets *prepared by Staša Šavelj*

10.1 Introduction

In this chapter we focus on the supply and accessibility of drugs and the measures to reduce the supply. It is typical of Slovenia that it is an important transit country for the illegal distribution of illicit drugs due to its geographical position since the so-called Balkan route runs through its territory. But, at the same time, it is also a target country where various drugs are accessible in the illegal market.

Under Slovenian law (Criminal Procedure Act, Official Gazette 63/1994 and 70/1994) the police is the sole authority for seizing items which can be used as evidence in a criminal police procedure. In cases where the Custom Administration discovers illicit drugs it notifies the police, which then conducts the seizure. That is why the Slovenian police co-operate with the Slovenian customs while prosecuting the criminal networks that smuggle illicit drugs and precursive ingredients for their manufacture and also with the authorities of other countries (especially in Balkan countries). Since 2004, they have been systematically collecting and analysing the retail and wholesale prices of illicit drugs. The average price for the whole country is calculated on the basis of information from 11 police directorates that establish the prices of drugs through fieldwork.

10.2 Availability and supply

Because of its geographical position, Slovenia is an important transit and also a target country for the illegal distribution of illicit drugs. Namely, it forms part of the so-called Balkan route on which organised crime groups smuggle illicit drugs and therefore supply illegal markets in European Union countries. In the opposite direction, however, the smuggling of synthetic drugs from Western Europe takes place. When preventing the redirection of precursive ingredients for the illegal modification and manufacture of illicit drugs, the police co-operate with competent authorities in Slovenia and abroad. On a voluntary basis they also co-operate with producers of and dealers in precursive ingredients.

Slovenia performs activities with the goal to reduce illicit drug availability in Slovenia as well as in other European countries and thus tries to improve operative co-operation with the security authorities of Balkan countries. On this basis, a number of joint operations with the security authorities of the countries in the Balkan region have taken place; moreover, operations against criminal groups from these countries that operate in Slovenia are encouraged. After performing criminal investigations, it has also been found that more and more Slovenian citizens are involved in with the organisation and transport of illicit drugs. The smuggling of illicit drugs takes place mainly in road traffic through different connections. Although the use of cars as smuggling vehicles has increased, cargo-vehicles still remain an important means of transport for larger quantities of illicit drugs.

The classic Balkan route from Turkey to Bulgaria, Serbia, Montenegro, Croatia, Slovenia and Austria towards Central Europe and through Italy into Western Europe became very important as a smuggling route for heroin and marijuana again after the armed conflicts in the Balkan region ended. With a variation through Bulgaria, Romania and Hungary it represents the most important route for smuggling heroin. Meanwhile, both of the aforementioned routes have been used to transport large quantities of heroin in cargo-vehicles in the past few years. However, since 2002 the most popular means of transport are cars, which smuggle smaller quantities of illicit drugs. The most frequent places smugglers use to hide illicit drugs are: the fuel tank of diesel-powered vehicles, the space under the side and door panels, spare wheels, luggage, modified boot compartments, door sills and

fenders. The most common places in cargo-vehicles, however, are: a false bottom of the trailer, a modified space in the trailer, and spaces in the cabin of the vehicle. In all cases of ascertained smuggling, a 5- to 10-year-old car of the mid price range was used. In the majority of cases the vehicle was registered in the name of the driver shortly after departure or travelling to the region of former Yugoslavia, which is evident when checking the registration certificate of the vehicle. The same holds for the people who travelled with drugs from the countries of former Yugoslavia towards the European Union.

In discovered cases the person who smuggled illicit drugs took it over the area of former Yugoslavia, above all the areas of Pristine, Prizren, Podgorica, Sarajevo and Banja Luka. This indicates that the so-called 'Balkan route' is still active because large quantities of heroin are smuggled through it from Turkey to areas of former Yugoslavia. Members of criminal groups are familiar with the performing of customs examinations. Since a driver who has only spent a day or two in the countries of former Yugoslavia, as is evident from entry and exit stamps in passports, was in the past more often examined in great detail, they have changed their travelling methods. So messengers with cars no longer take the shortest routes to the country where they take illicit drugs (Slovenia, Croatia, Bosnia and Herzegovina…), but travel either through Hungary and then to Serbia, Montenegro, Kosovo or through Italy and then by ferry over the Adriatic Sea. They then return with illicit drugs across Croatia and Slovenia.

The southern variation of the Balkan route leads through Greece, Macedonia and Albania and then further on to the countries of Western Europe. In discovered cases in 2008 the smuggling route of heroin most frequently involved two routes:

- Albania - Kosovo - Serbia - Croatia - Slovenia - Austria or Italy - Switzerland
- Turkey - Albania - Kosovo - Montenegro - Bosnia and Herzegovina - Croatia - Slovenia - Italy or Austria - Germany.

Marijuana is often smuggled through Albania, Macedonia and Bulgaria to Turkey or through the classic Balkan route in the direction of Western Europe or through its variation through Romania.

Meanwhile, cocaine was supposedly travelling into Europe from Western to Southern Europe until recently, and new trends suggest that large quantities of cocaine hidden in ship containers is arriving at ports in Greece, Bulgaria, Turkey, Montenegro, Albania, Croatia and in Slovenia and then moves by cargo-vehicles towards the West.

In 2008, a larger quantity of cocaine, loaded into two containers, was seized in the Port of Koper. With the help of the skilful tracking of ship services both were loaded in Barranquilla in Columbia and unloaded on Jamaica, where they were loaded again and later unloaded in the Israeli port of Haifa. Then they were loaded on to a ship again and unloaded in Slovenia in the Port of Koper. The documentation showed that the transport was arranged by a forwarding agency from Colombia. All of this information aroused suspicion that the shipment contained illicit drugs.

After this seizure Slovenian law enforcement authorities became aware of a change in the classic cocaine route from the region of Andes towards Europe. Before that, illicit drugs were usually smuggled directly to the port of Rotterdam in the Netherlands. On the basis of this case, we can conclude that the people committing crimes related to the smuggling of illicit drugs into Western and Northern Europe now use the ports of the northern Adriatic Sea. The smugglers are also ever more ingenious. After the discovery of their modus operandi they have to find another way to smuggle drugs that has not been used till now if they want to organise the successful transport of illicit drugs.

10.3 Seizures

However, the police seized more heroin, marijuana, cocaine and methadone in co-operation with customs officers at the border crossings; in comparison to 2007, the police also seized larger quantities of illicit drugs also in the interior of the country in 2008.

Below, statistical data for the field of illicit drugs from 2008 in comparison to 2007 are presented:

Table 10.1:*The number of offences and suspects, 2007-2008, Slovenia*

Type of offence		No. of offences		Up/down (in %)	No. of reported suspects		Up/down (in %)
		2007	2008		2007	2008	
Illicit drug abuse	Manufacture of and trade in illicit drugs, banned substances in sport and precursors for illicit drugs	1.429	1.434	0,3	1.600	1.715	7,2

Source: The Ministry of the Interior

Table 10.2: *Seizures of illicit drugs in quantities, 2007-2008, Slovenia*

Type of drug	Unit	2007	2008	Up/down (in %)
Amphetamines	(g)	994.2	2,525.2	154.0
	(tbl)	1,070.5	46.2	-95.7
Benzodiazepines	(tbl)	1,241.5	2,515.0	102.6
Ecstasy	(tbl)	1,246.4	490.0	-60.7
Heroin	(g)	60,493.3	137,430.0	127.2
	(ml)	154.0	225.5	46.5
Cocaine	(g)	42,044.6	90,664.68	+115
Cannabis - plant	(pcs)	9,278.2	6,856.8	-26.1
Cannabis herb (marijuana)	(g)	151,727.7	319,678.5	110.7
Cannabis resin (hashish)	(g)	685.0	410.6	-40.1
Methadone	(ml)	1,747.3	2,914.8	66.8
Methamphetamine	(g)	29.8	31.9	6.8
	(tbl)	203.7	74.5	-63.4

Source: The Ministry of the Interior

In 2008, certain long lasting operations against international crime groups that required the huge engagement of the police came to an end On the basis of an operation against an international crime group that was led by the Slovenian police, altogether 93 tons of acetic anhydride were seized in two cases in Slovenia (a precursive ingredient for the manufacture of heroin) that were smuggled from the Czech Republic to Turkey by an international crime group.

Table 10.3: *Seizures of precursors in quantities, 2007-2008, Slovenia*

Type of precursor	Unit	2007	2008	Up/down (in %)
Acetic anhydride	(kg)	6,989.76	93,000.0	1,230.5

Source: the Ministry of the Interior

Number of illicit laboratories and other production sites dismantled.

The Slovenian police did not discover any active illegal laboratories where illicit drugs were manufactured in 2008.

10.4 Prices of illicit drugs at the retail level

The Slovenian criminal police have systematically collected and analysed the prices of illicit drugs at the retail (price for 1g or 1tbl) and wholesale levels (price for 1 kg or 100 tbl) since 2004. Regarding the police's organisation, the work of the Slovenian police is divided into 11 police directorates. On the basis of information from these 11 police directorates the average price of a particular illicit drug in the Slovenian area is determined.

Table 10.4: *Prices (EUR per g/pill) of some illicit drugs at the retail level in Slovenia, 2008*

Type of drug	Price in EUR (per g)
Amphetamine	22.5
Ecstasy (1 tbl)	6.5
Heroin (brown)	40
Cocaine hydrochloride	70
Cannabis herb (marijuana)	6.5
Cannabis resin (hashish)	11
Methamphetamine	9

Source: the Ministry of the Interior

We are aware of certain deviations in accessibility and larger disposable quantities in the market, above all in the capital of Slovenia, because the bigger the supply and demand the lower the price of illicit drugs.

The average price of 1 gram of heroin in 2008 (EUR 40) does not essentially differ from that in 2004 (EUR 35). Therefore, we can draw the conclusion that the quantity of heroin supply remains relatively the same in the black market in spite of the fact that the smuggling routes have been changing and adapting to the discovered ways of smuggling.

While the price of heroin remained the same, the average price of cocaine was rising, namely from EUR 53 per gram in 2004 to a considerable EUR 70 in 2008. The reasons may be found in the stronger demand, the smaller supply because of the effective work of the Slovenian security authorities (customs and police) and the higher purity of cocaine on the black market.

PART B:

Selected Issues

11. Cannabis markets and production *prepared by Staša Šavelj*

Until 2008, the outdoor production of cannabis prevailed in so-called illegal gardens. Criminalists have been establishing that the problems of hydroponic growing of cannabis have risen and therefore a lower number of active laboratories has also appeared in Slovenia. The sale of cannabis seeds and equipment for hydroponic growing has increased as well. Usually, these are web shops or individuals that offer several types of cannabis herb, sets of lamps for plant growing indoors of several strengths, fertilizers, pots, protective foil etc. to users, which can support the hydroponic growing of cannabis. A smaller number of registered shops with seeds and other equipment has been found in Slovenia and a smaller number of web pages that offer different seeds and equipment. The greatest problem at the moment, however, represent the suppliers of web services abroad where buyers from Slovenia avoid control and recording information about the users of these services. On the basis of international co-operation with other security authorities, the Slovenian police seeks to reveal the possible 'owners' of illegal gardens or laboratories.

According to the current legislation in Slovenia, the growing of seeds, their supply and purchase represent a pre-trespass phase (preparatory actions), which is not yet considered a crime and does not represent a criminal offence. Cannabis seeds are therefore not an illicit drug.

In the event the Slovenian police come across a shop where cannabis seeds are sold, they must inform the Inspectorate of the Republic of Slovenia for Agriculture, Forestry and Food of the Ministry of Agriculture, Forestry and Food. The latter will then, in compliance with the Agricultural Seeds and Propagating Material Act, which covers cannabis seeds, check what kind of seeds they are and if these species were registered on the Slovenian or European list of varieties and if exceptional permission for their transport was given for them by the Phytosanitary Administration. The seed-material can only be sold if the species are registered on the national list of varieties in compliance with the abovementioned law.

If the police discover advertising of the sale of cannabis seeds on web pages, they also inform the Market Inspectorate of the Republic of Slovenia which is responsible for monitoring sales conditions on Internet pages.

11.1. Cannabis wholesale prices

Slovenian criminal police systematically collect and analyse the prices of illicit drugs at the retail (price for 1g) and wholesale levels (price for 1 kg). Regarding the police's organisation, the work of the Slovenian police is divided into 11 police directorates. On the basis of information from these 11 police directorates the average price of a particular illicit drug, including cannabis, in the Slovenian area is determined. Below (Table 11.1), the price information for 1 kg in 2008 is stated:

Table 11.1: *Prices (EUR per kg) of cannabis herb and cannabis resin in Slovenia, 2008*

Type of cannabis	Year	Min. (EUR)	Max. (EUR)	Average (EUR)
Cannabis herb	2008	1,000	4,000	2,500
Cannabis resin	2008	3,000	8,000	5,500

Source: The Ministry of the Interior

According to this data we note that the average price of 1 kg of cannabis herb was about EUR 700 in 2004, EUR 1,100 in 2006 and EUR 2,500 in the past year. The stated data indicates that the supply of the cannabis in the black market is decreasing. The indoor production of cannabis itself is also getting more difficult since the inspection and control of the police are becoming ever more efficient. One also has to stress that there is more and more demand for cannabis of higher quality - called skunk - that is grown in the indoor areas in laboratories equipped exclusively for this purpose.

11.2 Seizures

One should also emphasises that the majority of seized illicit cannabis in the interior of the country is produced in Slovenia, namely in outdoor illegal gardens in the natural environment. When collecting information, some information about certain laboratories where cannabis was supposedly grown hydroponically was also gained, but no active laboratory for cannabis growing was discovered in 2008.

In co-operation with the customs, the police also seized illicit cannabis in some cases in the past few years at border crossings with Croatia. The origin of the cannabis was Bosnia and Herzegovina and it was meant for the black market of Western Europe, especially Germany. There were, however, no registered seizures of illicit cannabis at border crossings in 2008.

The police performs supervision or control and identification of possible locations of illegal cannabis gardens mainly in summer months, when it is time for tending to gardens (growing, watering, plant cultivating) and harvesting mature cannabis plants.

With the collecting of information through sources and informers via the anonymous police telephone, citizen reports and with their own activity, these illegal cannabis gardens are pointed out by the police. In the case of the disclosure of an illegal garden where the ‘owner’ is unknown, the police can lay an ambush and thus try to find the perpetrator of the criminal offence.

Due to the different ways of collecting information, there is no available data about the size of illegal cannabis gardens or the number of revealed gardens at the moment. However, on the basis of collected information the police estimate that the majority of revealed gardens are small in size (about 100 cannabis spears). At the time of disclosure of illegal gardens the heights of the discovered plants are very different as well, which mainly depends on which phase of growth the illegal garden was in when discovered. In the majority of cases, the ‘owners’ of illegal gardens try to hide the location of the garden so they plant cannabis in between larger plants such as corn or plant it in the woods.

The following table (Table 11.2) presents information on the number of cannabis seizures in 2008 as a consequence of committing a criminal offence according to the Penal Code of the Republic of Slovenia (Unjustified manufacture and trafficking of illicit drugs - Article 186 of the Penal Code KZ-01 and Facilitating the consumption of illicit drugs - Article 187 of the Penal Code KZ-01) and as a consequence of a minor offence - unjustified possession of cannabis and therefore of breaching the Production of and Trade in Illicit Drugs Act.

Table 11.2: *Number of seizures regarding criminal offences, by type of cannabis, Slovenia, 2008*

Type of cannabis	Unjustified manufacture and trafficking	Facilitating consumption	Unjustified possession	Total
Cannabis plant	52	1	321	**374**
Cannabis herb	333	41	2,016	**2,390**
Cannabis resin	18	0	105	**123**
Cannabis - all	**403**	**42**	**2,442**	**2,887**

Source: The Ministry of the Interior

We do not have information available about the number of perpetrators of criminal offences and minor offences related to the illicit drug cannabis. In the majority of cases, the perpetrators of criminal offences are not only involved in cannabis but also other illicit drugs. According to the available information, however, we estimate that illicit cannabis is still the most common among Slovenian illicit drug users and among the perpetrators of criminal offences involving illicit drugs.

12. Treatment and care for older drug users *prepared by Marko Cerar*

12.1 The ageing of problem drug users

In this chapter we present the characteristics of older people treated for illicit drug use. Older users are defined as people aged 40 or more. The chapter includes data collected by the Centres for the Prevention and Treatment of Illicit Drug Addiction (hereafter 'CPTDAs') during the period between 1998 and 2008. As shown in Table 12.1, the number of CPTDAs changed during the said period. However, we do not have information about all CPTDAs for all examined years. Nevertheless, we can determine some key characteristics and trends by examining the available data.

It should be noted that, until the end of 2004, the 'stated age' variable was used as the information on a client's age and thus as the basis for the age-groups classification. Since the beginning of 2005 we have obtained information on a client's age in the year of treatment by calculating it from the date of the client's birth, which in our opinion is more reliable information.

Age trends for drug users in and out of treatment

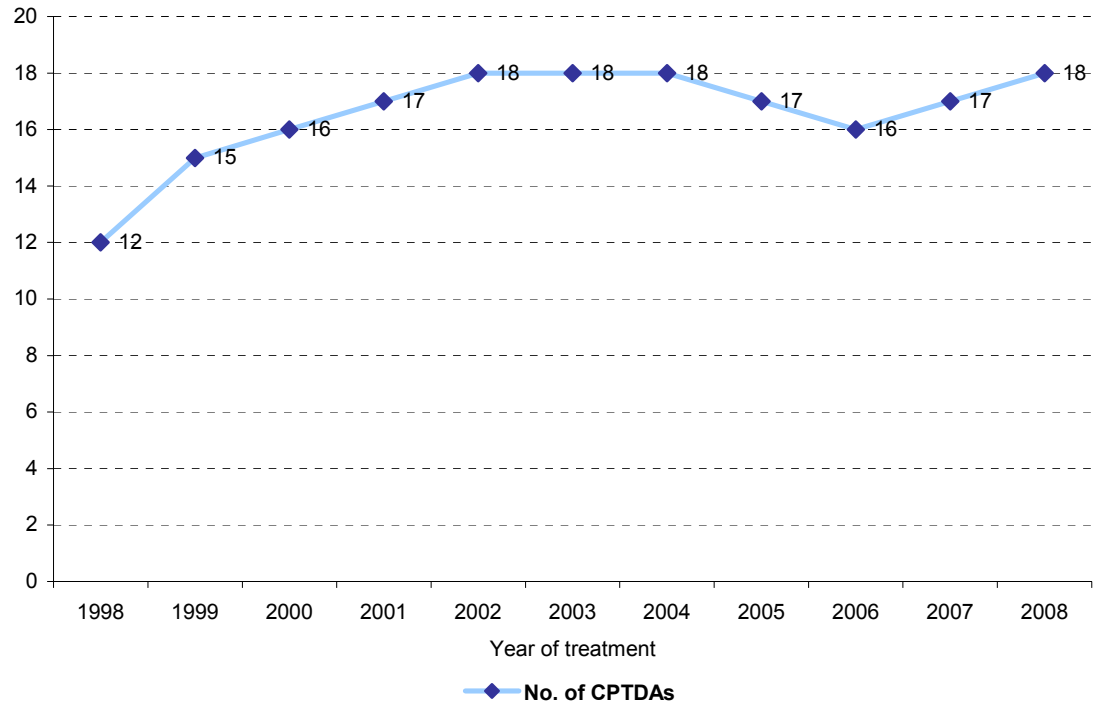
The high prevalence of illicit drug use spread over Slovenia about a decade later than in Western European countries. Experts determined that drug use prevalence was relatively low or significantly lower in Slovenia than in Western European countries until the beginning of the 1980s. However, the situation changed drastically at the end of the 1980s when many people - mostly young ones - started to use heroin and other drugs, including by injecting. The increased presence of drugs during this period is also confirmed by police records. In the late 1980s and early 1990s, the police reported increased amounts of seized drugs (especially heroin) and a higher number of offences related to illegal drug production and trade, and offences of enabling drug use. The police also noticed an increase in the number of offences and acts of violence connected with illicit drugs (Nolimal 1996: 25). The fact that the first needle exchange programme was established in Slovenia in 1991 also confirms the severity of the phenomenon (Kvaternik 2006: 144).

Table 12.1: *Number of clients treated in CPTDAs, Slovenia, 1998-2008*

Type of client\year of treatment	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
No. of first-time treated and previously treated clients	835	1057	946	1.094	1395	1485	1113	634	657	689	670
No. of people in continuous treatment*	-	-	-	-	1.238	1.384	1789	1674	979	877	2499
No. of CPTDAs	12	15	16	17	18	18	18	17	16	17	18

Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health
* Note: Data on this type of client have been collected since 2002. Due to comparability with the data from previous years, the latter data are not included in the analysis.

Figure 12.1: *Number of CPTDAs that provided data for the* Drug *Users Treatment* Records, *Slovenia, 1998-2008*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

Table 12.2: *Number of clients by age groups, in CPTDAs, Slovenia, 1998-2008*

Age groups (years)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Under 40	828	1035	927	1067	1349	1433	1081	612	630	652	634	**10248**
40-49	7	22	17	27	40	48	30	21	22	32	30	**296**
50-59	0	0	2	0	6	4	2	1	5	5	6	**31**
Total	**835**	**1057**	**946**	**1094**	**1395**	**1485**	**1113**	**634**	**657**	**689**	**670**	**10575**

Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

Table 12.2 shows the number of clients by age groups in individual years of treatment. The corresponding percentages are shown in Figure 12.2. We can see that, according to our information, no people aged 60 or above sought help during the period between 1998 and 2008. We can also see that clients aged between 50 and 59 appeared mostly after 2002 (although there were two such people in 2000). Even if we look at older data in the records, we can see that there is no information about people aged 50-59 or even more - except for one such person in 1997.

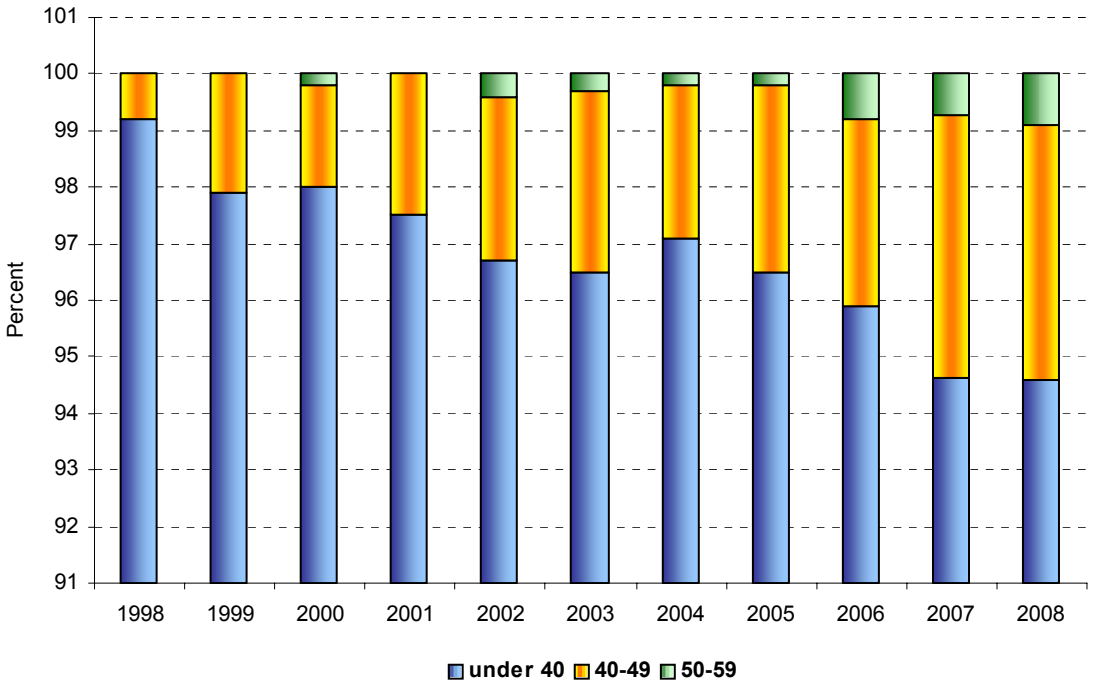
Table 12.3: *Number of clients by age groups, in CPTDAs, Slovenia, 1993-1997*

Age groups (years)	1993	1994	1995	1996	1997	Total
Under 40	234	293	202	431	768	**1928**
40-49	3	8	6	3	12	**32**
50-59	0	0	0	0	1	**1**
Total	**237**	**301**	**208**	**434**	**781**	**1961**

Source: Drug Users Treatment Records, CPTDA, National Institute of Public Health

Taking into account the total number of people in a given year of treatment, we can also see an increase in the relative proportion of clients aged between 40 and 49.

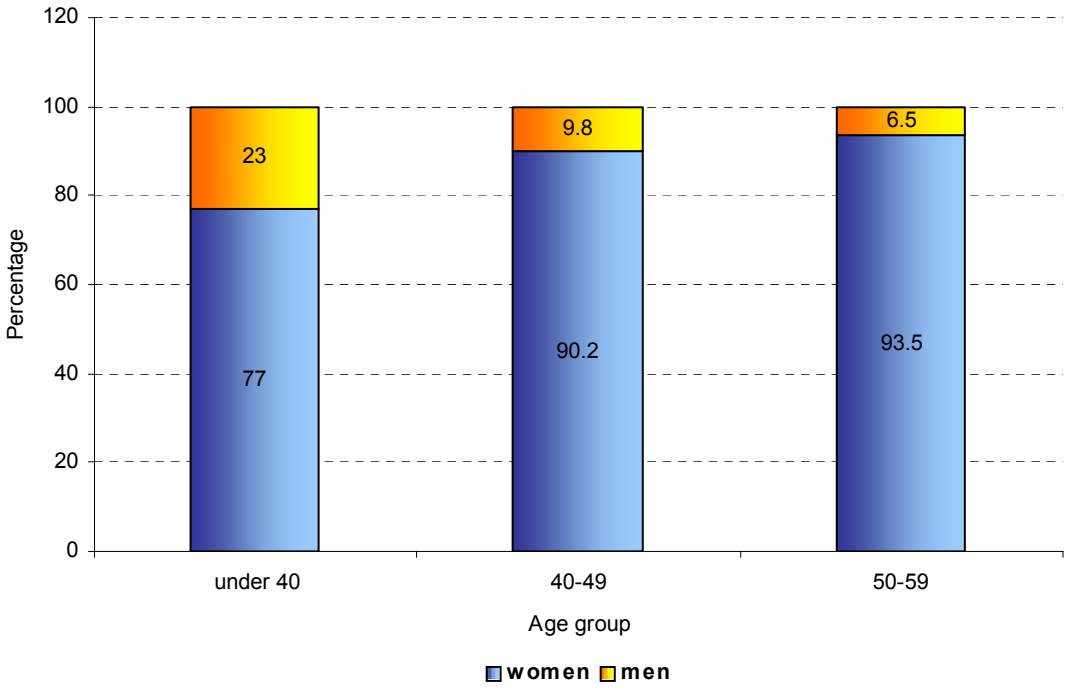
Figure 12.2: *Proportions of people by age groups in individual years of treatment, Slovenia, 1998-2008*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

It may be concluded that the number and percentage of older people treated because of drugs increased in the examined period.

Figure 12.3: *Percentage by age groups and gender, Slovenia, 1998-2008*

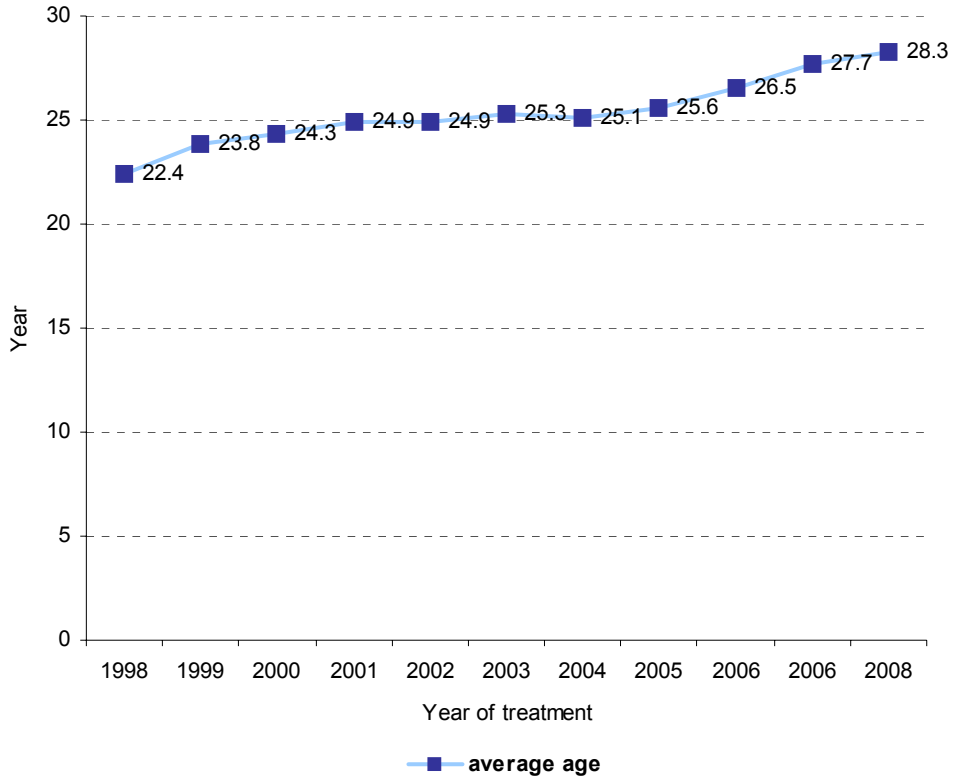


Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

The above figure shows the percentages of all treated clients by age groups and gender. We can see that the gender structure varies by age group, and that the group of older clients has the largest percentage of male clients, but it should be noted that in the 50-59 age group there are only 31 clients (29 male and 2 female), which means that the percentages should be treated with some caution.

The figure below shows the average age of all clients[3] treated in the CPTDAs in the examined period. We can see a clear trend of a rising average age. The difference between the average age[4] in 1998 (22.4 years) and the average age in 2008 (28.4) shows a relatively strong trend of the »ageing« of clients treated for illicit drugs.

Figure 12.4: *Average age in individual years, Slovenia, 1998-2008*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

[3] All clients who sought help in CPTDAs in an individual year of treatment (excluding those who were in continuous treatment).
[4] The average age of all clients in the 1998-2008 period is 25.15 years.

Table 12.4: *Type of main drug and age groups, Slovenia, 1998-2008*

Type of drug*	Age group (years)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Heroin	under 40	776	967	856	964	1146	1254	910	549	581	611	577	**9191**
	40-49	7	22	16	24	36	44	28	21	21	29	27	**275**
	50-59			2		3	3	2	1	5	5	6	**27**
Cocaine	under 40	4	5	7	9	10	12	15	9	5	5	9	**90**
	40-49			1		1					1		**3**
	50-59												
Stimulants	under 40		3	1		11	8	8	4	2	1	2	**40**
	40-49												
	50-59												
Cannabis	under 40	43	52	62	79	165	152	140	36	33	21	20	**803**
	40-49				1	1	3	1				1	**7**
	50-59					1							**1**
Other known drugs	under 40	4	4	1	15	17	7	8	10	6	11	4	**87**
	40-49				2	2	1	1			2	2	**10**
	50-59					2	1						**3**
Unknown/ missing*	under 40	1	4						4	3	3	22	**37**
	40-49									1			**1**
	50-59												

Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health
*Notes:
cocaine (includes cocaine and crack)
stimulants (includes amphetamines, MDMA and derivates, other stimulants, but does not include cocaine)
other known drugs (includes barbiturates, benzodiazepines, others hypnotics and sedatives, LSD, others hallucinogens, volatile inhalants, methadone, other opiates)
unknown/missing (unknown types of drugs and cases with no information about the type of drug).

Mortality

Drug-related mortality is an important indicator of trends. Considering the number of drug-related deaths in Slovenia between 2002 and 2004, we can determine that in Slovenia »[d]rug-related mortality […] is the highest among people aged between 20 and 30 years; it is higher among men than women and it shows a trend of moving towards older age groups« (Šelb 2007: 126).

12.2 Drug use, health and social characteristics of current older drug users

In this part of the chapter we focus on the characteristics of all types of clients (namely first-time and previously treated, as well as people in continuous treatment from a previous year) who were treated for drug use in CPTDAs in 2008. Since 2005, fewer information has been collected about people who have been continuously treated (especially information on their socio-demographic characteristics). Therefore, some of the presented data only refer to first-time and previously treated people (those who entered treatment between 1 January and 31 December 2008).

According to the data in the Drug Users Treatment Registry kept by the National Institute of Public Health, 3,169 people were treated in CPTDAs in 2008. The youngest person was 15 and the oldest was 65 years old. The average age of all treated people was 30.3 years.

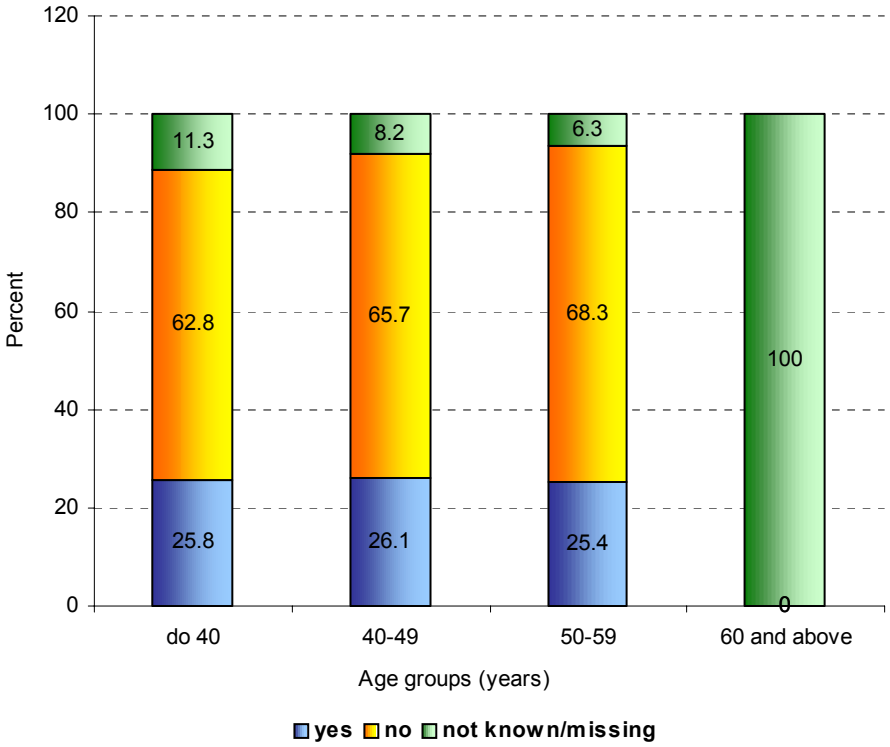
Table 12.5: *Type of main drug and age groups, all types of clients in CPTDAs, Slovenia, 2008*

Main drug	Under 40	40-49	50-59	60 or more	Total
Heroin	1875	136	23		**2034**
Cocaine	70	11	4		**85**
Stimulants	5	1			**6**
Cannabis	144	8	2		**154**
Other known drugs	79	8	4		**91**
Unknown/missing	664	104	30	1	**799**
Total	**2837**	**268**	**63**	**1**	**3169**

Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

The figure below shows a comparison (proportions) of individual age groups regarding the injection of any kind of drug in the last month. As for the available data, we cannot determine any specific differences between older and other clients in treatment. It should be noted that in 11% of cases it is unknown whether the clients injected drugs in the last month. This means that more complete data could show different proportions[5].

Figure 12.5: *Clients who injected a drug in the last month (percentages), all types of clients in CPTDAs, Slovenia, 2008*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

Among 3,169 people, 5 were HIV positive (0.2 % of all clients) - three being aged less than 40 and two aged between 40 and 49 (all of these were clients in continuous treatment). Taking such data in account, it is difficult to determine the differences between older and other clients in treatment.

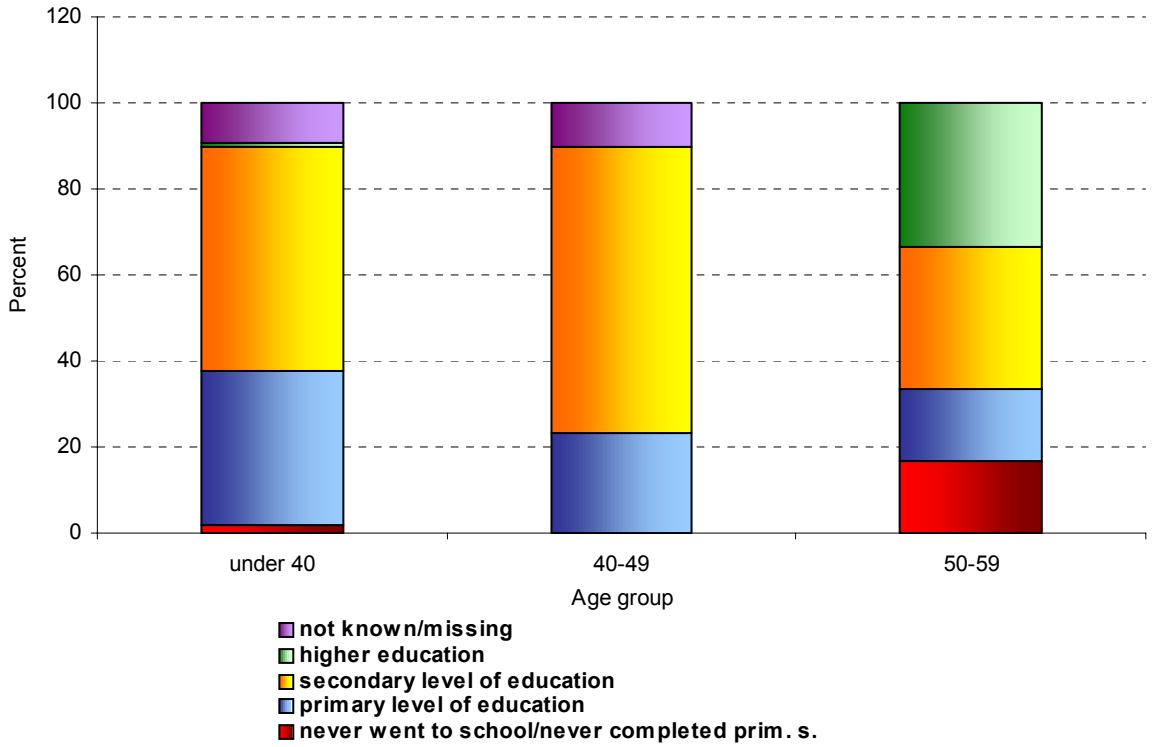
[5] In the age group of people aged 60 or more, there is only one case for which there is no information on injection drug use.

Among 670 clients (first-time and previously treated) in treatment in CPTDAs in 2008, 62 people (or 9.3%) were hepatitis C positive[6]. 90.3% of them were aged under 40, 6.5% were aged between 40 and 49 years, and 3.2% were aged between 50 and 59.

Socio-demographic characteristics of people who entered treatment in 2008

The educational structure of first-time and previously treated clients (N=670) is shown in the following figure.

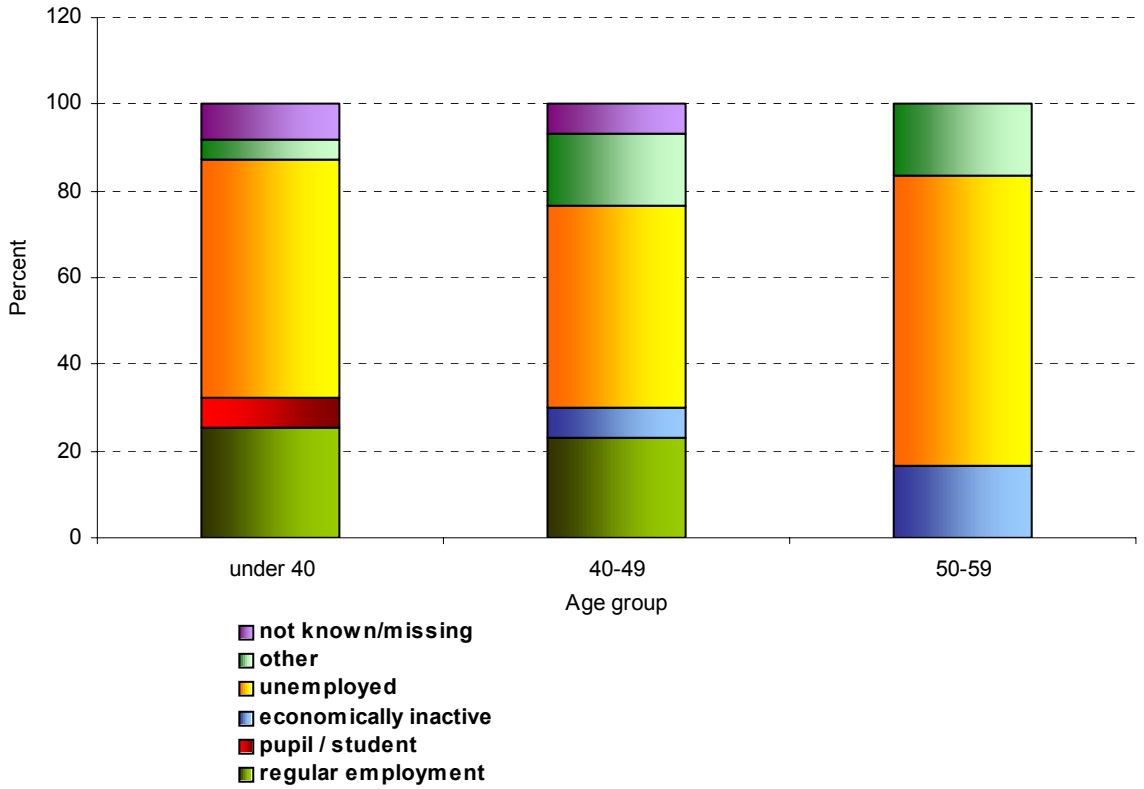
Figure 12.6: *Educational structure (in percent) of people who entered treatment in 2008, Slovenia*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

[6] Either tested with the anti HCV test or the PCR RNA HCV test.

Figure 12.7: *Employment structure (in percent) of people who entered treatment in 2008, Slovenia*



Source: Drug Users Treatment Registry, CPTDA, National Institute of Public Health

Figures 12.6 and 12.7 show the education and employment status of people who sought help in the CPTDAs in 2008. We can see that most of these people were less educated (having only completed primary or secondary school). We can also see that more than half (54.5%) of these people were unemployed. Nevertheless, it is difficult to determine specific differences between the older and other clients treated in the centres.

12.3 Treatment, management and care of older drug users

Public policies

The foundations of public policy in the field of illicit drugs in Slovenia are defined in the Resolution on the National Programme in the Field of Drugs 2004-2009 (Official Gazette of the RS no. 28/2004, pp. 3125-3139). In the said resolution, there is also the principle of adjustment for different population groups. The following quote describes the principle: »Adjusted work contents shall be developed for different target population groups and their needs, from preventive programmes, harm reduction programmes, to suitable forms of drug addiction treatment, social treatment and rehabilitation« (Ibid., p. 3126). Target population groups are not defined in detail in the resolution (although children and adolescents are mentioned several times, this category is also not defined in detail). Older drug users are not explicitly mentioned in the resolution.

Health and social responses

According to data obtained from structured questionnaire no. 27, namely its first part (about treatment programmes) which refers to the situation in 2007, special treatment programmes have been developed in the CPTDA network in Slovenia. Such programmes are designed for the following target groups of drug users: opioid users, cocaine users, cannabis users, amphetamine users, benzodiazepine users, male or female users, children and adolescent

users, users with mental disorders (comorbidity), and members of different ethnic groups. Thus, we can say that there are many special programmes for different target groups in Slovenia. Nevertheless, according to data from the abovementioned questionnaire there is no special programme for older drug users. Therefore, we can conclude that the proportion of older users treated in the CPTDAs is not yet large enough to require the development of a special programme adjusted to the needs of such users.

However, that does not mean that the medical staff in CPTDAs are not aware that the existing programmes do not meet the needs of all individuals and groups. Someone who works in one of the CPTDAs said: »The target group of users is getting older, their health conditions are getting worse; in five or ten years, these people will be homeless. Those users who enter treatment in their late forties are 'not flexible', they don't fight for survival, they want peace and quiet« (Kvaternik, Grebenc, Rihter 2008: 95).

The presented data as well as the observations of the centres' employees show that the proportion of older clients in addiction treatment centres in Slovenia is relatively small; but the data also show that this proportion is gradually increasing. In the coming years, it will be necessary to monitor this trend.

Judging from professionals' opinions, various programmes for different target groups have been developed in the CPTDAs. Nevertheless, currently among these programmes not one is adjusted to the needs of older users.

As an example of the general evaluation of programmes for (problematic) illicit drug users we cite Kvaternik (2006: 152): »In addition to a network of methadone centres we boast a network of harm reduction programmes. The Slovenian space is quite well covered with health programmes, but it lacks social programmes«.

12.4 Older drug users - a focus group study *prepared by Milan Krek*

We tried to determine some of the fundamental characteristics and problems of older drug addicts by means of the method of direct interviews in a focus group. We formed a focus group of drug users who were older than 40 and had long drug use careers. We can divide older drug users into two groups: those who have managed to maintain their social network and contacts, find employment and establish basic living conditions despite their drug use and drug-related problems; and those who have lost their social network and ended up on the streets, become homeless, and therefore have serious health consequences and expect to get appropriate help from society.

It was characteristic of the former group that they co-operated well in with study. They are less distrustful of society and have better access to health services. This group also has better access to the Centres for Social Work and other public services that can alleviate their life problems. They also face stigmatisation - they realise that they are also less employable since people are afraid to employ drug addicts even if they are orderly, tidy and educated. Employed drug users are often victims of sarcastic remarks and accusations in the workplace and they therefore usually conceal their drug problems from their co-workers. However, if their co-workers find out about their drug use, drug users suddenly become ‘bad workers’ merely because they are addicts, and their working conditions become unbearable. Because of the criminalisation of drug use, the drug user may become a criminal in the eyes of some individuals, even if they have never been involved in criminal acts.

Drug users from the first group control their drug use to some extent and try not to cross the border between keeping and losing control. They take their methadone treatment very seriously and try to take advantage of all good features of this form of treatment. If drug users are treated with methadone, they cannot obtain a driving licence since the national

legislation prohibits people from driving under the influence of medical opiates. This prohibition greatly reduces their employment possibilities. They have to consider self-employment and actively seek solutions to make their everyday lives easier. Although they use methadone, they occasionally still use heroin. They are very careful when using heroin - they try to use it only when they are safe and when the drug cannot damage their social reputation or affect their employment. These drug users are aware that they are somehow special and they try to live with that. Their medical conditions are relatively good, mainly because they take care of their health, make regular visits to their doctors, and enter treatment if necessary. However, they also face problems in healthcare. When they have health examinations and they tell healthcare workers that they are drug users, the particular worker's attitude to them changes instantly. In such cases, healthcare workers always use protective measures (gloves etc.). Drug users do not like to be treated like that - when they are at the doctor's office they wish to be treated like other people. Because of the negative attitude of healthcare personnel, drug users rarely mention that they are addicted to drugs and treated with substitution therapy when they visit their doctor. Like other people, drug users also want to create a relationship with a partner and have children, but they are very careful about this as they know what it means to raise and care for a child. In their statements, we can perceive a fear of the responsibilities that a child brings to a family. They can get an apartment since they are employed. Nevertheless, the majority of them live with their parents, relatives or partners. There are no homeless drug users in the first group. They have all established at least basic living conditions and their view of the future is optimistic. Although they have a long drug use career behind them, they have many plans for the future.

The second group consists of people who have been using drugs for many years, live in bad living conditions and have great difficulties maintaining abstinence. Their social networks are poorly developed or even absent. A low social status is characteristic of these drug users. Most of them are unemployed and they usually do not have any money and basic conditions for a »normal life«. They occasionally get work but employers often exploit them, giving them significantly lower pay than agreed. Usually such drug users lose jobs very quickly for different reasons such as the drug user's indiscipline and failure to comply with the rules, as well as the employer's negative attitude to drug users. They spend a lot of the money they earn to buy drugs and therefore there is little left for other needs. Those who do not live with their relatives are usually homeless people who live on the streets without adequate housing. They all have serious health problems due to age and bad living conditions. Some of these problems are chronic hepatitis C, injuries, mental illnesses, gastrointestinal illnesses due to insufficient and unhealthy nutrition, emaciation, disabilities etc. Injuries due to incorrect drug injection and decay of muscle tissue caused by inflammation due to drugs injected directly into muscles are also common problems. Unhealthy teeth represent a special problem.

Drug addicts from the second group often think about suicide and many of them use anti-depressives. Comorbid mental disorders significantly impair their ability to survive and integrate into society. People with chronic obstructive diseases or cancer are very burdened. Drug users from the second group use drugs frequently. Their drug use depends on their financial situation, which is usually poor. Their view of life changes over the years. They gradually become more tired and unmotivated to learn and work. Especially homeless drug users rarely visit the doctor's office because they cannot ensure proper hygiene before their visit. That is why they are often unwanted in waiting rooms - other people waiting for the doctor feel uncomfortable, and drug users also feel quite bad among them. Because such drug users avoid proper treatment, their medical conditions rapidly deteriorate which ultimately leads to emergency hospitalisation. After they are discharged from hospital and come home to a disorderly environment or even to the streets with other homeless people, their medical conditions further deteriorate and the circle is closed. Drug users from the second group also complain about the inappropriate attitudes of healthcare personnel to them. They think that healthcare workers do not treat them like they treat people who are not addicted to drugs. Normally, their medical conditions rapidly deteriorate over the years,

ending in premature death. Homeless drug users' medical conditions deteriorate even faster as they live on the streets in extremely bad living conditions. It is almost impossible for them to find employment as employers quickly identify them as drug addicts and dismiss them. Employers often exploit them by paying them less than other workers. Because they are addicted to drugs, they are considered to be bad workers and have great difficulties finding employment. Nevertheless, some of them still wish to find permanent employment and escape from their everyday misery. Because of their short employment periods, drug addicts have few possibilities of obtaining a disability pension. As they grow older, their employment possibilities become worse. When they are old, it is impossible for them to find employment. The disabilities of drug addicts represent a special problem since disabled drug users have very few opportunities to meet their needs. Disability significantly reduces their already poor possibilities of finding employment. Most of them live on welfare, which is often their only source of money. These drug users are highly dependent on substitution therapy because they do not have enough money to buy heroin. They use heroin only occasionally, if they get the opportunity. Normally, they do not have a driving licence because the police took it from them a long time ago for driving under the influence of opiates. This makes their search for employment and their mobility even more difficult, and represents a burden especially for those who live outside city limits where there is no public transport. In their opinion, society does much less for them than it could and therefore they feel abandoned and left on their own on the streets. They expect society to develop and implement appropriate programmes to replace their lost social networks at least to some extent. Their lives are modest and they live day to day. Because of their low income, their nutrition is modest and monotonous and as such increases the risk of developing different diseases.

Recently, cocaine use and simultaneous polydrug use have been on the rise. Considering this situation, drug addicts who live with their relatives have better chances of maintaining their health and surviving than those living on the streets. The future of drug addicts from the second group is unclear and involves many risks. The likelihood of their life ending in premature death increases as they grow older. Due to the increasing number of older drug users, they estimate that special programmes will have to be developed to help older drug users with their everyday problems. They suggest that one of such programmes should involve the medical prescription of heroin, which would alleviate many problems. This programme has not yet been introduced in Slovenia. Older drug addicts also believe that the police exercises control over them more often than for younger drug addicts and it is thus difficult for them to buy drugs. They are also more often dealt with by the police, involved in court proceedings and arrested. They also dislike people's attitudes to them. They feel like society constantly excludes them and pushes them out to the periphery where they are not properly cared for. They are easily identified by people around them as they do not conceal their drug addiction like they did when they were young. Over the years, they have come to terms with their disease and are trying to learn how to live with it in their extremely bad living conditions, which become even worse as they grow older.

PART C:

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Annexes

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List of abbreviations

ADHD	Attention deficit hyperactivity disorder
AEP	Association of European Psychiatrics
AIDS	Acquired immunodeficiency syndrome
anti HBc	Antibodies against the hepatitis B virus
BZP	1-benzylpiperazine
CND	Commission on Narcotic Drugs
CPTDA	Centre(s) for the Prevention and Treatment of Illicit Drug Addiction
CRC	Capture Recapture method
CTDA	Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana
DRD	Drug-related deaths
DUTR	Drug Users Treatment Registry
EC	European Commission
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EUR	Euro
EUROPOL	European Law Enforcement Organisation
EWS	Early Warning System
FAO	Food and Agriculture Organisation
FIHO	Foundation for Financing Disabled and Humanitarian Organisations
FTD	First treatment demand
FTL	Forensic Toxicology Laboratory
GHB	Gamma-hydroxydbutyric acid
GMR	General Mortality Register
HBV	Hepatitis B Virus
HCV	Hepatitis C virus
HDG	Horizontal Drugs Group
HIIS	Health Insurance Institute of Slovenia
HIV	Human immunodeficiency virus
HPI	Health Protection Institute
IDU	Injecting drug user
KOVIVIS	Koroška Centre for Higher Education
KZ	Penal Code
LAC	Latin America and Caribbean
LAG	Local Action Group
LSD	Lysergic acid diethylamide
mCPP	Metaklorofenilpiperazin
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MH	Ministry of Health
MOND	Study on the use of alcohol and other drugs among graduation tour participants
NFP	National Focal Point
NGO	Non-governmental organisation
NIPH	National Institute of Public Health

OD	Office for Drugs
OZ	Regional Associations
PAPI	Paper-based in-person interviewing
PAS	Psychoactive substances
PDU	Problem drug use
PHW	Promoting health at work
PPS	Probability proportional to size
PUM	Project Learning for Young Adults
RS	Republic of Slovenia
SMT	Substitution maintenance treatment
SMTC	Substitution maintenance treatment Centre
SOUNDEX	Special system code used for data collection for the DUTE database
SWC	Social Work Centre(s)
SPSS	Statistical Package for Social Sciences
TDI	Treatment demand indicator
THC	∆9-tetrahydrocannabinol
UIFM	University Institute of Forensic Medicine
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
ZPKZ	Penal Institution
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
ZZV Ravne	Regional Institute of Public Healthcare Ravne