



European Monitoring Centre
for Drugs and Drug Addiction



**2007 NATIONAL REPORT (2006 data) TO THE
EMCDDA
by the Reitox National Focal Point**

**“SLOVENIA”
New Development, Trends and in-depth information
on Selected issues**

REITOX

INSTITUTE OF PUBLIC HEALTH OF THE REPUBLIC OF SLOVENIA

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Table of Contents

Introduction	9
Summary	10
Part A: New Developments and Trends	15
1. National policies and context	16
2. Drug Use in the Population	20
3. Prevention	29
4. Problem Drug Use	43
5. Drug-Related Treatment	44
6. Health Correlates and Consequences	53
7. Responses to Health Correlates and Consequences	63
8. Social Correlates and Consequences	64
9. Responses to Social Correlates and Consequences	74
10. Drug Markets	75
Part B: Selected Issues	86
11. Public expenditures	87
12. Vulnerable groups of young people	95
13. Drug-related research in Europe	101
Part C: Bibliography, annexes	102
14. Bibliography	103
15. Annexes	105
List of tables used in the text	105
List of figures used in the text	106
List of tables in the Annex	108
List of abbreviations	108
Part D: Standard Tables and Structured Questionnaires	110
Standard Tables and Structured Questionnaires	111

Introduction

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

This is the seventh time the National Focal Point ('NFP') at the National Institute of Public Health of the Republic of Slovenia 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 2006 and for the first half of 2007. Ten chapters cover the same subjects each year, while three chapters on selected issues change every year.

This report (along with other national reports and statistical tables provided by other European Focal Points) will be used for compiling the EMCDDA's annual report on the drug situation in the European Union and Norway, which will be published in 2008.

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

Summary

The Government adopted the Regulation on the Implementation of EC Regulations on Illicit Drug Precursors in September 2005 which meant that the application of the Illicit Drug Precursors Act stopped in July 2007. In April 2006 the Regulation on Forms for Implementation of the EC Regulations on Illicit Drug Precursors was adopted. This regulation defines the forms for the acquisition of a licence, registration and annual reporting.

The Regulation on the Mode of Dealing with Seized and Dispossessed Illicit Drugs was adopted by the Government in June 2007. On the basis of the Production of and Trade in Illicit Drugs Act the Ministry of Health adopted the Regulation on the Method and Form of Record-keeping and of Reports on the Production and Wholesale Trade in Illicit Drugs. The Ministry of Health is also preparing a specific regulation on the technical and sanitary conditions and the method of protecting premises in which illicit drugs are kept that is planned to come into operation in autumn 2007.

Health Behaviour in School-Aged Children: a WHO Cross-National Study (HBSC) is an international survey which is organised every four years in more than 40 European countries and North America in co-operation with the World Health Organisation.

A comparison of the results of the HBSC surveys in 2002 and 2006 shows a statistically significant decrease in the use of tobacco among adolescents in 2006. For that year, the results show that less than 9% of eleven-year-olds, a little less than one-third of thirteen-year-olds and a little more than 54% of fifteen-year-olds have smoked tobacco at least once in their lives. The difference in the incidence of smoking between boys and girls is not statistically significant. The study indicates that approximately 85% of 15-year-olds, a little more than two-thirds of 13-year-olds and a little less than one-half of 11-year-olds drink alcoholic beverages. It also indicates that the majority of Slovenian youth drinks alcohol, but those who drink alcohol on rare occasions prevail. On average, adolescents in Slovenia in 2006 drank their first glass of alcoholic drink when they were 13.25 years old (in 2002 the average was 13.09 years) and on average they were 14 years old when they were intoxicated for the first time (in 2002 the average was 13.86 years). The 2006 survey indicates a statistically significant decrease in the use of marijuana among Slovenian youth. There were 17.8% initiations into the use of marijuana in 2006 which is a statistically smaller proportion than in 2002 (28.3%) and a smaller proportion than seen in 2003 (28%).

The results of the ATS 2005 show that amphetamine-type stimulants are still very popular amongst Slovenian partygoers and that the popularity of cocaine use is increasing and following the trends seen in the rest of the EU. Young people are still taking drugs in relatively risky ways since two-thirds of the respondents indicated that they are mixing different stimulants together. Mixing ATS with alcohol occurred more often compared to 2001 and the popularity of alcohol (as a favourite drug) grew.

The emphasis in preventive activities should be on cocaine and methamphetamine harm reduction and prevention since the prevalence of these two drugs rose the most. Alcohol at dance events should be taken into account more seriously. On one side, it is escalating the risk while combined with ATS and also increasing the risk while driving to and from the events.

An important conclusion of the latest research was that informing young people (target groups) about new synthetic drugs, dangerous combinations and ingredients over the Internet and via other ways of communication is important and efficient since more people are looking for relevant information on the Internet (compared to 2001) and that they are in fact taking the recommendations into account. Based on our research results young people

are gathering most of their information related to drugs and drug use from their own experience and from friends. In third place there are books and magazines and in fourth place there are preventive organisations. They state they trust their own experience the most, in second place there were the preventive organisations followed by books and magazines, friends, the Internet etc. The results indicated that young people are receiving the least information about drugs from their parents and teachers (and they also trust them the least). Accordingly, it is important to inform parents and teachers about how to communicate and react when they are confronted with drug-related questions or situations.

The project of the Slovenian Network of Health Promoting Schools ('SNHPS') has been underway in Slovenia since 1993 (in the first round 12 schools were included) and in 1998 the number of schools expanded to involve 130 institutions in the project - including 100 primary schools, 25 secondary schools and five hostels for students. They became part of the European Network of Health Promoting Schools ('ENHPS') project which today includes 43 countries.

The project is supported by the WHO, the Council of Europe and the European Commission and in Slovenia by the Ministry of Health and the Ministry of Education and Sport and it is being carried out by the Institute of Public Health of the Republic of Slovenia. In 2007 international co-ordination of the project was transferred to the Institute for the Promotion of Health in the Netherlands.

The evaluation of 12 addiction prevention programmes and projects - financed by the Office for Preventing Addiction of the Ljubljana City Municipality for the 2002-2005 period - included an evaluation of the quality of programme implementation on the basis of field work and on the basis of entry documentation, reports on performed work, which also included information on the contents, anticipated aims and objectives, performed activities, qualifications of performers and self-evaluation reports. We scored ten of the programmes with a positive mark and only two of the programmes scored negatively.

The final conclusion - made on the basis of two visits - is that the quality of the implemented programmes is sufficient. Mostly we were surprised in a positive direction, with the majority of performers doing their work very correctly and with enthusiasm, along with a sense for the participant and target group. Some shortcomings were also detected like knowledge of the theoretical origins of the problematic, sufficient qualifications of the performers, target groups, or an insufficient self-evaluation process. The self-evaluation process was the most insufficient segment of the all programmes evaluated. Hence, the need for methodological knowledge about evaluation among those carrying out the prevention programmes is obvious.

Funds earmarked for the activities of the CPTDAs in the 2002-2006 period in Slovenia reveal a slow annual rise in costs: for the activities of the Centres, for the medicine prescribed on order forms and for the total costs of the Centres from 2002 till 2004. In 2005 the costs of the Centres' activities increased while, on the other hand, total costs fell and a bigger reduction of costs occurred under the costs of medicine prescribed on order forms which were influenced by new competition in the methadone market (Pliva, Krka, Alkaloid) and because of the appearance of substitution medicaments (buprenorphine, slow-release morphine).

In Slovenia in 2006 there were different substitution treatment possibilities for heroin addiction: Buprenorphine (registered as Subutex in February 2003 and available in the market in March 2005) and slow-release morphine (registered as Substitol in December 2003 and available in the market in June 2005). In addition, there were three different pharmacological possibilities of methadone.

In 2005 Slovenia had the highest number of drug-related deaths during the whole period characterised by adoption of the methodology for drug-related deaths recommended by the EMCDDA. For that year on it seems that we will be obliged to adjust the previous methodology of data gathering to the Data Protection Law that was renewed in 2004.

In spite of what we consider to be incomplete data, in 2005 there were five more direct drug-related deaths than in 2004 and two less indirect drug-related deaths than in the previous year, which means three additional deaths among all drug users. The majority of drug victims died in the 25 to 29 age group, one five-year age group higher than in the year before. The number of illicit drug uses (filter B=1) rose by six people from 2004. There was a substantial increase in deaths without determined intent from 14 in 2004 to 25 in 2005.

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

During the 2002-2004 period 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 ranged from the lowest figure of 4.1% in 2004 to the highest of 10.4% in 2003.

During the 2002-2004 period 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 ranged from the lowest figure of 21.0% in 2002 to the highest of 22.5% in 2003.

In the Slovenian register of intoxication, 345 heroin, cocaine, methamphetamine, GHB, GBL and THC overdosed patients were reported and they were treated in Slovenian hospitals between 2001-2006. This number represents only about 20% of all patients who overdosed on illicit drugs treated in Slovenian hospitals since the reporting of poisoned patients to the Register of Intoxication is incomplete. Nevertheless, the Slovenian register of intoxication offers some information about the frequency of hospitalisation due to different illicit drug overdoses. Hospitalisation due to an illicit drug overdose was most commonly due to a heroin overdose which is in line with the frequency of drug use in Slovenia. Interestingly, patients who overdosed on THC were also quite common, but these poisonings were not serious and the patients only needed benzodiazepine therapy at the Emergency Department. The frequency of cocaine overdoses has been increasing during the last six years, but in 2006 it was still lower than the frequencies of heroin and amphetamine overdoses that have remained unchanged during the last few years. The first GHB overdose in Slovenia was recognised in 2002.

Out of a total of 43,186 patients examined by the Pre-hospital Emergency Unit ('PHEU') Ljubljana in 2006, 165 (0.38% of all patients) were treated for problems caused by the use of illicit drugs. In 2006 there were 5,979 interventions of the medical team in the field, 81 (1.35%) of which were due to drug abuse. 49% of treated drug addicts received medical help in the field, and roughly the same proportion (51%) sought help at the PHEU. The largest share of examined drug users still involves patients seeking medical assistance due to the abuse of opiates (138, 83.64%). 14 patients (8.48%) were treated for cocaine abuse, seven (4.24%) due to the abuse of cannabinoids, 2 (1.21%) due to ecstasy-induced problems, and in four cases (2.42%) the drug was unknown. Interventions in the field were due to opiate overdoses. Patients visited the Unit as a consequence of withdrawal problems, psychological disorders and various infectious and surgical complications due to the intravenous injection of drugs. Symptoms manifesting in cocaine abusers included restlessness, aggressive behaviour, cardiovascular complications and hallucinations.

105 patients (63.64%) out of the 165 treated were directed to appropriate specialist care, 57 (34.55%) were sent home, and there were three cases of death (1.81%). All these deaths involved an opiate overdose.

According to the Resolution on the National Programme on Road Traffic Safety 2007-2011, alcohol, illicit drugs and other psychoactive substances ('PAS') are an important risk factor of traffic safety. Every third perpetrator of an accident with a fatal outcome and every fourth perpetrator of an accident involving serious physical injuries in Slovenia is under the influence of alcohol. The share of inebriated drivers among the perpetrators of accidents is one of the highest compared to other European countries. In addition, the number of established cases of driving under the influence of illicit drugs and other PAS is increasing. In 2006 the Police detected 496,560 (436,247 in 2005) or 13.8% more violations of the Road Transport Safety Act. In 2006 31,569 (31,094 in the previous year) or 1.5% more road accidents were investigated in which 62,403 people were involved, a 2.4% increase over 2005 (60,937 people). Compared to last year, more alcohol tests and fewer professional examinations due to the suspicion of driving under the influence of alcohol or illegal drugs were ordered. 262 people died in road accidents which is 1% less than in 2005 (259 people). The number of people seriously injured in road accidents dropped slightly from 1,266 to 1,220 or by 3.6%, while the number of people with minor injuries rose from 13,048 to 14,855 or by 13.8%.

In the 2003-2005 period in Slovenia 52,330 women gave birth. 157 of these women had dependence defined in their personal medical histories. 1.2/1000 pregnant women were using illicit drugs during their pregnancy (N=60). The highest proportion of pregnant women using drugs during their pregnancy (6.1/1000 pregnant women) involves women from the Obalno-kraška region. The women who used illicit drugs during their pregnancy were a little younger than the average pregnant woman and for most of them this was their first birth. These women were usually single or living in an outlaw family community and had on average a lower education. During their pregnancy they came later to the prevention tests and they were also smokers. The children they gave birth to were lighter at birth than the average child and they were born weighing less than 2500 g. Upon their release from the maternity hospital these children were rarely fully or partially breast-fed.

In 2006, EUR 1,502,593.93 (SIT 360,081,609.00) was spent on social rehabilitation: 13 programmes were co-financed by contracts for five years and 31 programmes were co-financed by contracts for one year. In 2007 the MLFSA is earmarking EUR 1,900,947.72 (SIT 455,543,111.62) to social rehabilitation: 14 programmes are co-financed by contracts for five years and 25 programmes are co-financed by contracts for one year. All these funds are earmarked exclusively for the implementation of different programmes: for labour costs or material costs but only if they are essential for a programme's operations.

In 2006, methadone substitution treatment continued to be performed by health services in prisons in cooperation with medical doctors (specialists) from regional CPTDA. In cooperation with Coordination of the CPTDA network the updated guidelines for the treatment of drug users in prisons in Slovenia were prepared. The instructions are based on a doctrine of substitution treatment.

Among 948 inmates who had problems with illicit drugs use or were addicted to illicit drugs, methadone substitution was prescribed for 509 people (53.7%), maintenance methadone treatment prevailed. Compared to 2005, the number of people receiving methadone increased by 33.2%.

In 2006 1590 criminal offences due to manufacture and trafficking of illicit drugs (Article 196 of the Penal Code) were treated. In the same period in the year 2005 there were 1026 criminal offences of this kind. That means that in 2006 the number of criminal offences increased by 54.97%. Among cases treated in 2006, there were 236 criminal offences that had elements of organised crime and in 2005 there were 208 such cases. That means that in 2006 the number of criminal offences in the category of organised crime increased by 13.46%.

Quantities of seized heroin in the 2004-2006 period exceed 130 kilograms yearly. The biggest seizure of heroin came in 2006 when more than 180 kilograms were seized. The biggest seizure of cocaine in the 2004-2006 period was in 2004 when 106.69 kilograms were seized. In 2005 and 2006 the quantities were considerably smaller, less than five kilograms yearly. The data show a rapid rise in the trend and annual increase of quantities of ecstasy seized in the 2004-2006 period. The biggest seizures of ecstasy came in 2006 when 2,950 tablets were seized. According to data from the Ministry of the Interior, seizures of cannabis in 2006 compared to 2005 show that seized cannabis plants in pieces decreased by 20.4% and for seized cannabis plants expressed in kilograms they decreased by approximately 99%. In 2006 there were around 392% bigger quantities of marihuana seized in kilograms compared to 2005. Quantities of seized cannabis resin also rose (by 502.8%), although the quantities remain low compared to the quantities of cannabis plants and marihuana.

According to data from the Ministry of the Interior in the 2004-2006 period the trend of the purity of brown heroin and cocaine was inversely proportional. While the purity of analysed brown heroin was rising the purity of the analysed cocaine was decreasing. In the same period the highest average purity of brown heroin was seen in 2001 (36% of PAS).

PART A:
New Developments and Trends

1. National policies and context prepared by Matej Košir

Legal framework

The Government adopted the Regulation on the Implementation of EC Regulations on illicit Drug Precursors in September 2005 which brought about the cessation of the Illicit Drug Precursors Act from July 2007. In April 2006 the Regulation on Forms for the Implementation of EC Regulations on Illicit Drug Precursors was adopted. The Regulation defines the forms required for the acquisition of a licence, registration and annual reporting.

The Regulation on the Mode of Dealing with Seized and Dispossessed Illicit Drugs was adopted by the Government in June 2007. On the basis of the Production of and Trade in Illicit Drugs Act the Ministry of Health (MH) adopted the Regulation on the Method and Form of Record-keeping and of Reports on the Production and Wholesale Trade in Illicit Drugs. The MH is also preparing a special regulation on the technical and sanitary conditions and method of protecting premises where illicit drugs are kept, which is planned to come into force in autumn 2007.

Discussions are still going on about legislative changes which are foreseen in the national strategy (see the last national report). Laws were regularly implemented by the competent authorities (e.g. ministries, police, customs, inspectors etc.).

Institutional framework, strategies and policies

The Office for Drugs (OD) within the MH was reorganised in February 2007. The tasks were officially transferred to one of the sectors within the Ministry which is responsible for the promotion of health and a healthy lifestyle. The MH continued to implement the tasks and the staff mostly remain the same. The MH continued with procedures to appoint new members of the Government Commission for Drugs along with new members of the Intersectoral Co-ordination Working Group for Drugs which is a more operational working group at the national level. The MH continued with preparation of the draft action plan on the basis of the national strategy and legislation (see the last national report).

Budget and public expenditure

The OD within the MH spent EUR 440,286.33 on different tasks and programmes in 2006 (EUR 22,980.30 for prevention programmes, EUR 2,944.42 for studies and expertises, EUR 11,018.67 for international co-operation, EUR 92,757.38 for risk/harm reduction programmes and EUR 310,585.56 as a national contribution to different projects (e.g. Twinning and Transition Facility projects) co-financed by the EU.

The Transition Facility project in the field of harm reduction, which was co-financed by the European Commission, was finished in 2006. The Trimbos Institute from the Netherlands was a partner organisation in the project. As part of the project six vans adapted for the implementation of harm reduction programmes were bought in 2006. They were made available for use to selected institutions and organisations which have been actively working in the field of harm reduction for several years. The final cost of the vans was EUR 276,960.00; the related EC contribution was EUR 162,944.80 (70.6%). The MH contributed 29.4% (EUR 67,855.20), including the VAT (EUR 46,160.00).

Social and cultural context

On the basis of the annual INCB (International Narcotics Control Board) report the OD organised a press conference in February 2006. The report was presented by Gisele Wieser-Herbeck (a Drug Control Officer at the INCB).

The OD organised a conference on 'The needs for new programmes in the field of harm reduction' in May 2006 as part of the abovementioned Transition Facility project. The project's results were also presented at the conference. The experts from the Trimbos Institute from the Netherlands also participated at the event as partners in the project.

The Local Action Group ('LAG') for the prevention of addiction in the Municipality of Grosuplje organised a national seminar on a holistic approach to drug users and addicts at the local level in June 2006. The same organisation organised a national seminar on social skills for good vital choices in May 2007. Participation at these seminars is traditionally very good - about 80 participants from all over the country.

The Pelikan Karitas institute and the OD organised the seminar 'My way out of addiction' in June 2006 and presented some programmes within the institute (e.g. methods of work in therapeutic communities, presentation of a women's therapeutic community etc.)

The Institute for Research and Development 'Utrip' and the Centre for Public Health at the Liverpool John Moores University organised the 4th International Conference on Nightlife, Substance Use and Related Health Issues (Club Health 2006) in September 2006 in Piran. Participants (about 250) came from all over the world and discussed issues such as: (1) emerging trends in alcohol and recreational drug use; (2) preventing violence in nightlife settings; (3) the design, management and policing of nightlife and nightlife venues; (4) reducing harm or preventing use: health interventions in the nighttime environment; (5) smoke-free nightlife; (6) international nightlife tourism; and (7) developments in club culture etc.

The month of November is traditionally a 'month of prevention' in Slovenia. The Regional Public Health Institute Ravne na Koroškem co-ordinated all activities within this 'months' in 2006 with co-operation of the OD. Some activities were organised also in October and December 2006, but most of them were concentrated in November. The slogan for media campaign was 'Drugs are not a play' which was a little bit modified from UNOCD slogan for 2006. The Regional Public Health Institute Ravne na Koroškem organised a conference 'Strong influence of communication among children, youth and parents in addiction prevention' in October 2006 in Slovenj Gradec. Several other activities were organised all over the country in that period of the year. The institute also published the prevention brochures 'Communication between children, youth and parents' and 'Cocaine' as part of the 'month of prevention' in November 2006.

The OD organised the 9th National Conference on Local Action Groups ('LAGs') for the prevention of addiction in Brdo pri Kranju in November 2006. This was organised in co-operation with the LAG of the City of Kranj. The main topic was 'Alcohol and tobacco - what can be done at the local level?'

The Koper Regional Public Health Institute organised a conference on prevention in the field of drugs in Sweden with international participation in December 2006 in Koper.

The Faculty of Education at the University of Ljubljana and the Institute for Research and Development 'Utrip' published two books in the field of drugs and drug addiction written by Andreja Hočevar in 2006. Their titles are 'Drug use and abuse prevention: parents between profession and ideology' and 'About drugs in a different way: guidelines for parents and other adults contacting youth'.

The 2006 Campaign against Drug Addiction prepared by Marijana Kašnik Janet

In November, which in Slovenia is set aside as the prevention of addiction month, the Ravne Regional Institute of Public Healthcare in co-operation with the MH of the Republic of Slovenia organised a variety of activities to inform the public about the reduction and prevention of the harm caused by drug (ab)use.

Preparing for the main activity was the aim of the United Nations Office on Drugs and Crime (UNODC) which in 2006 put forward the notion of collective social responsibility for a sense of care and well-being of our children and their protection against drug (ab)use.

The entire campaign involved diverse activities suited to the target population we wanted to address. As early as in October we started inviting everyone who could in any way help in reducing and preventing the damage caused by drugs to join us and organise various activities in their local areas.

Such activities were run from 2 November to 30 November, commencing with a festive celebration where we gave out awards of acknowledgement to a number of selected individuals along with governmental and non-governmental institutions that are engaged in drug prevention and drug treatment. The public was informed with the help of local and national media via various TV shows, radio talk shows, and a range of articles and interviews in the written media. A clip in which we emphasised the efficacy of communication between parents and children was broadcast on local radio stations. Due to our limited financial means, we were unable to prepare a clip to be broadcast on TV. Two publications were issued. The first publication deals in detail with the stimulative effect of cocaine which is being used by ever more European youth. The second publication is intended for parents since it contains basic guidelines on how to improve skills so as to protect children and youth from drug addiction. In addition, the efficacy of communication between children, parents and youth was discussed in a technical consultation. Different workshops organised by local active groups, youth workshops, volunteers, governmental institutions and even some representatives of the Church were held all over Slovenia.

Informing children and youth was the most important emphasis of the campaign in November. Given the target group, we had to be extremely careful with the choice of the communicative approach since we were addressing, or communicating with, young and sensitive people. In co-ordination with the internationally recognised agency *Studio Popper*, we decided on a communicative approach that is based on rational arguments, democratic values and which incorporates youth in the communication processes. That is because we believe we can only achieve positive effects with an approach that does not merely provide one point of view but is built on rational and scientifically proven arguments presented to youth in positive language and in an attractive way. Approaches that intimidate and address the public with a sense of superiority are, in our belief, not in line with the prevailing attitude which appeals to youth today. In most cases, such approaches are either rejected by youth or have a very short-term effect on them. After a thorough consideration and some preliminary testing, a poster with a motto 'It is cool to think it over' was prepared. Its function was to encourage youth to get actively involved in the process of communication. A communication tool in the form of an online blog was established to enable young people to debate themes such as: 'What is cool? Is it really so cool to be high and/or drunk? What is your argument?' In this way they had the opportunity to communicate with each other, to share their opinions and experiences. Moreover, they could also seek answers at different workshops and discussion clubs organised at schools. The visual image of the poster was used when composing the clip that was shown in cinemas, various entertainment venues in local communities and on a digital display in the very centre of the Slovenian capital.

In order to move even closer to young people we took advantage of mobile phones. We arranged a preventive game named 'Fly to school', intended for mobile phones. This new

way of approaching youth involved broad and easy accessibility, the notion (accepting decisions and consequences of the decision-making process) wrapped up in the form of a game proved to be more appealing to young people than the customary messages.

The main idea of the entire campaign was to appeal to both personal and collective responsibility. The environment as the public domain of communication establishes both responsibilities and manifests their incorporation. Therefore, such campaigns along with activities implemented in the course of the year contribute importantly to the public being better informed and, consequently, to stronger support for the implementation of precautionary measures in terms of preventing drug abuse.

2. Drug Use in the Population

Drug Use in the General Population

No new information available

Drug Use in the School and Youth Population *prepared by Maja Bajt, Helena Jeriček*

About HBSC study

Health Behaviour in School-Aged Children: a WHO Cross-National Study (HBSC) is an international survey which takes place every four years in more than 40 European countries and North America in co-operation with the World Health Organisation (WHO). Its foundation dates back to 1982; the number of participating countries has grown each year so that in the last survey 41 countries were co-operating. The target groups are young people aged 11.5, 13.5 and 15.5. According to international requirements the survey sample must include approximately 1,500 representatives of each group in every participating country. In Slovenia the HBSC survey was carried out in 2002 and 2006. The survey sample in 2006 included 5,130 children and adolescents.

The research instrument contains an international standard questionnaire which enables the collection of data from pupils in different countries and measurement of key behaviours related to health, health indicators and other variables. We thus collect data which help us understand the health of children and youth, their social context and to ascertain time trends in individual countries and a comparison among different countries.

Questions about use of tobacco, alcohol and marihuana are included in the questionnaire.

The use of tobacco

A comparison of the results of the HBSC surveys from 2002 and 2006 shows a statistically significant decrease in the use of tobacco among adolescents in 2006. Thus, we recorded fewer initiations and first attempts at smoking, a lower percentage of regular smokers and also a higher average age when the first cigarette was smoked.

The results for 2006 show that less than 9% of eleven-year-olds, a little less than one-third of thirteen-year-olds and a little more than 54% of fifteen-year-olds have at least once in their lifetime smoked tobacco. The percentage of adolescents who try to smoke tobacco for the first time is statistically significant higher among older adolescents. In addition, more boys than girls try to smoke tobacco.

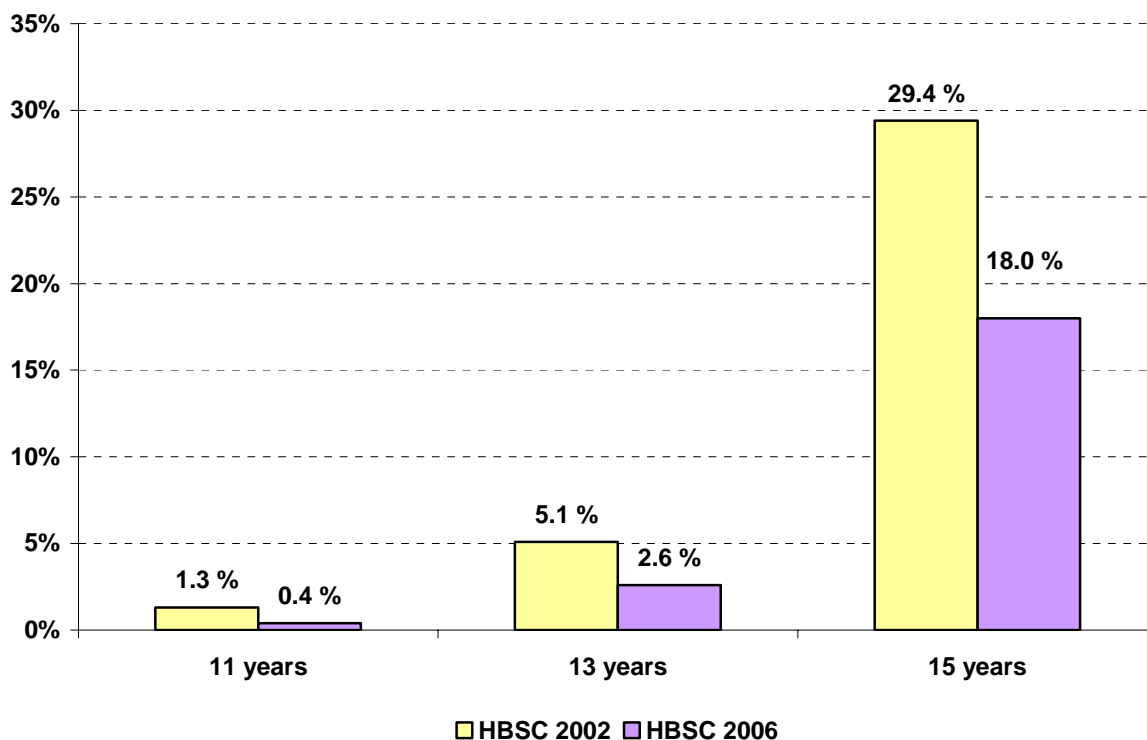
During the survey, less than one percent of 11-year-olds, a little more than 6% of 13-year-olds and a little more than one-fifth of 15-year-olds were smoking. The percentage of regular smokers was lower among younger interviewees (11-year-olds and 13-year-olds). 18% of regular smokers were recorded among 15-year-olds and most of them smoke every day.

The difference in the incidence of smoking between boys and girls is not statistically significant. Numerous surveys show that people who satisfy their psychological and social needs with their first smoking experience usually become regular smokers. Because of this they continue to repeat this behaviour. As mentioned, the 2006 HBSC survey recorded a statistically significantly smaller percentage of regular smokers among youth in all three age groups in comparison with 2002. On average, the age of people who tried smoking for the first time is also higher.

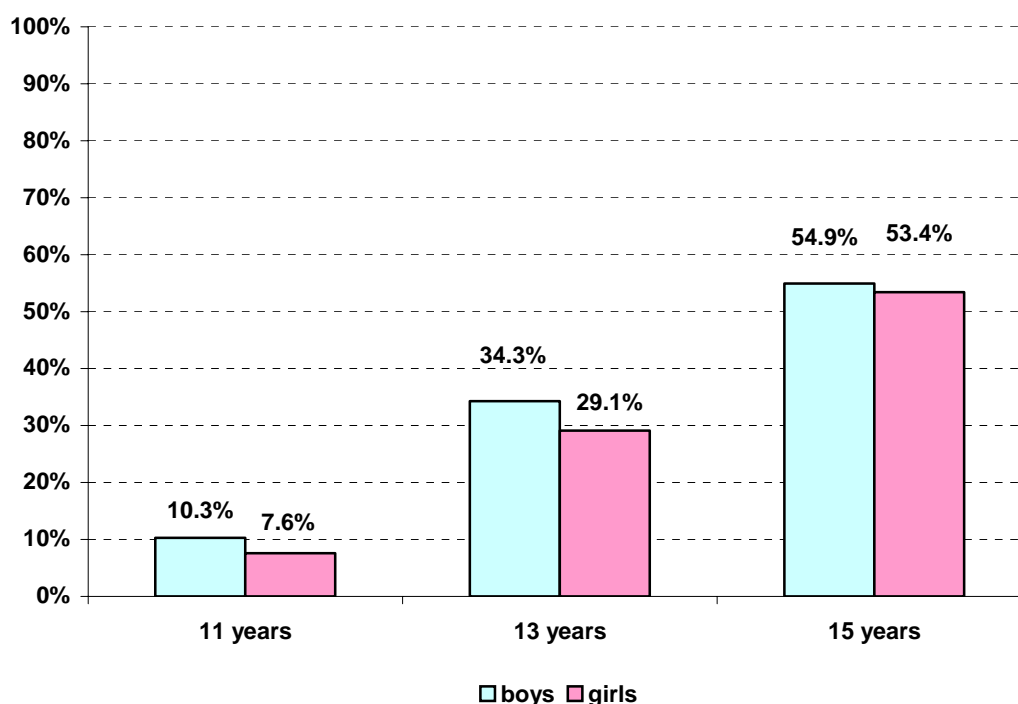
This is clearly a consequence of many social factors, but two of them should be emphasised here. One is the trend of legislative changes in the European Union and Slovenia which is bringing about greater restrictions on the use of tobacco. The second is the presence of public awareness about the harmful effects of smoking and, as a consequence, smoking is becoming socially undesirable behaviour.

In the last few years we have also registered a decrease in the percentage of smokers among adults, which is partly a consequence of the Restriction on the Use of Tobacco Products Act coming into force in 1996 and the other changes mentioned above. The smaller percentage of smokers among youth is also probably a result of the decline in smokers among adults (which often provide an example to youth). In addition, in 1996 legislative amendments were adopted that banned smoking in educational institutions and the sale of tobacco products to people younger than 15 years.

Figure 2.1 *Percentage of regular smokers in the three different age groups. A comparison of HBSC studies undertaken in 2006 and 2002 in Slovenia*



Source: HBSC 2006: N=5,123, p<0.05; HBSC 2002: N=3,948, p<0.05

Figure 2.2 *Percentage of youth who have already experienced smoking, 2006, Slovenia*

Source: HBSC 2006: N=5,123, $p < 0.05$

The consumption of alcohol

Data on alcohol drinking indicate the relatively high presence of alcoholic drinks among Slovenian youth. The study indicates that approximately 85% of 15-year-olds drink alcoholic beverages, a little more than two-thirds of 13-year-olds and a little less than one-half of 11-year-olds. The incidence of drinking alcoholic drinks is statistically increasing with age. It is also characteristic of Slovenian youth that girls consume alcoholic drinks less often than boys. The majority of alcohol drinkers in all three age groups are adolescents who drink alcohol rarely; the percentage of regular drinkers (who drink alcohol at least once per week) is highest among 15-year-olds. The most favourite sort of alcoholic drink is beer; the second is wine and in third place are the aerated alcoholic drinks that have been available in the Slovenian market in the last few years. A comparison with 2002 shows some changed trends in the consumption of alcoholic drinks among youth: there are not any significant differences in the percentage of regular drinkers among Slovenian youth. There are 0.5% more regular drinkers among 15-year-olds than in 2002, but the share of regular drinkers among 11- and 13-year-olds dropped by a few percent.

The 2006 HBSC study indicates that the majority of Slovenian youth drinks alcohol, but those who drink alcohol on rare occasions prevail. This is not surprising considering the widespread (domestic) production of alcoholic drinks and its significance in Slovenian culture.

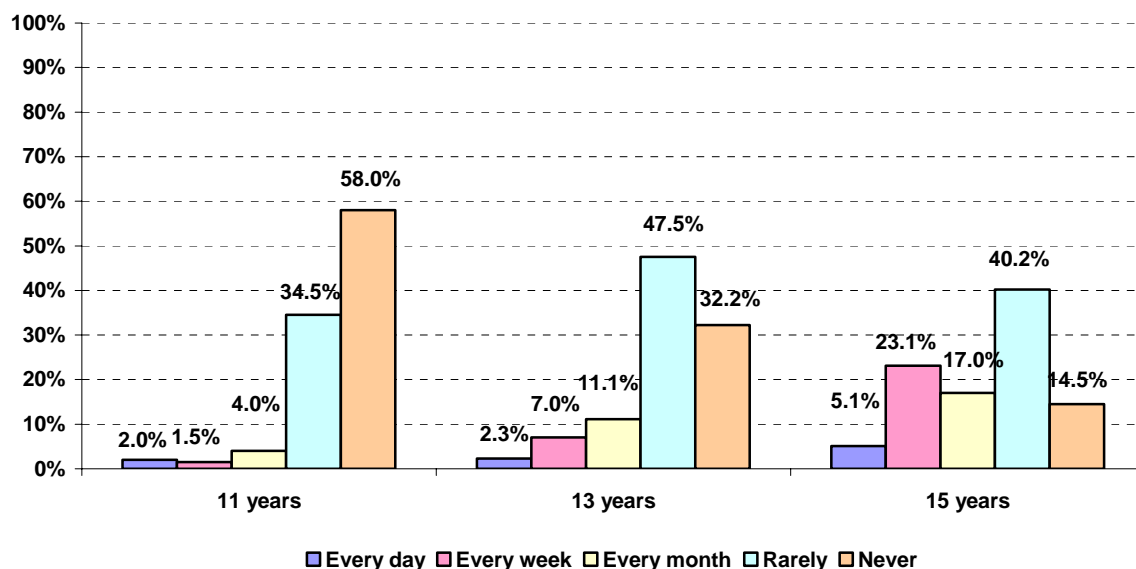
Like in 2002 the favourite drink of Slovenian youth in 2006 remained beer, which shows that they do not differ much from other European youth. Also relatively popular are aerated alcoholic drinks produced especially for youth (the alcohol industry has intentionally used attractive colours, sweet and delicate tastes to attract young consumers). Some European countries have adopted special measures on the sale of aerated alcoholic drinks (e.g. special taxes). Slovenia has not yet approved of such measures.

Intoxication is an especially dangerous way of drinking alcohol bringing harmful effects to the health of the individual and which can also have even more serious and tragic consequences. The fact that most adolescents do not consider intoxication as dangerous is especially worrying (this fact has been identified by other studies). The results of the HBSC survey made in 2006 indicate that less than one-third of interviewees has been intoxicated at least once in their lifetime. According to the data mentioned above, we can say that the majority of adolescents who drink alcoholic drinks do not intoxicate themselves. Nonetheless, it can be established that approximately 43% of 15-year-old boys have been intoxicated at least twice in their lifetime, while the percentage of girls of the same age is approximately 27%. Although these figures are high and worrying, it can be established that the share of adolescents who had been intoxicated at least two or more times in their lifetime had statistically significantly declined relative to 2002. This difference is evident especially among 15-year-olds. This can be partly explained as a consequence of the Act Restricting the Use of Alcohol coming into force in 2003. This Act prohibits the sale and supply of alcoholic drinks to people younger than 18 years and puts some restrictions on times when alcoholic drinks can be retailed. An additional positive effect, which can be at least partly ascribed to legislative measures (especially important are restrictions on sales to underage people), is the significant enhancement of the age when adolescents can consume alcohol for the first time and also the age of their first inebriation. On average, in 2006 adolescents in Slovenia drank their first glass of alcoholic drink when they were 13.25 years old (in 2002 the average was 13.09 years) and on average they were 14 years old when they were intoxicated for the first time (in 2002 the average was 13.86 years).

In addition, it can also be established that the incidence of intoxication is statistically and significantly correlated with social and economic status. This correlation can be explained hence: a greater availability of money makes it possible for one to consume larger amounts of alcohol. A similar correlation has often been established in other countries, including (Anderson and Baumberg, 2006). It should be emphasised that intoxication is statistically higher among boys (most probably due to numerous factors: peer pressure, curiosity, social norms, aspirations to 'grow up sooner' etc.). This group is becoming (also at the European level) increasingly exposed to hazard because of high mortality due to the hazardous use of alcohol and driving under the influence of alcohol.

Alcohol is widespread in Slovenia and causes many health difficulties on one hand and economic and social difficulties on the other. Nevertheless, there is still a strong inclination towards the use of alcohol in Slovenian society and alcohol addiction is still being tolerated.

This strong inclination to alcohol in Slovenia is the reason to fight for the reduced inclination to and consumption of alcohol. A big share of activities and the promotion of health need to be directed to prevent alcohol consumption among youth or to delay it till adolescents are older. Activities should also be directed to promote the moderate and less hazardous drinking of alcohol among adults who can be role models for youth.

Figure 2.3 *Incidence of the consumption of alcoholic drinks in the three age groups, Slovenia*


Source: HBSC 2006, N=5,108

 Table 2.1 *Regular consumption of various alcoholic drinks by gender and age, 2006, Slovenia*

Age group	11 years		13 years		15 years	
	boys	girls	boys	girls	boys	girls
Beer	1.5%	0.2%	5.5%	3.3%	26.7%	11.6%
Wine	1.9%	0.5%	4.0%	1.9%	18.1%	7.2%
Distilled drinks	1.1%	0.2%	1.7%	1.4%	10.4%	7.4%
Mixed aerated alcoholic drinks	2.0%	0.8%	4.7%	3.0%	16.0%	9.6%
Other alcoholic drinks	2.3%	1.1%	4.5%	2.2%	10.9%	5.8%

Source: HBSC 2006, N=5,108

The use of marihuana

In the 2006 HBSC study only the 15-year-old interviewees were asked about their use of marihuana because its use among younger adolescents is less common.

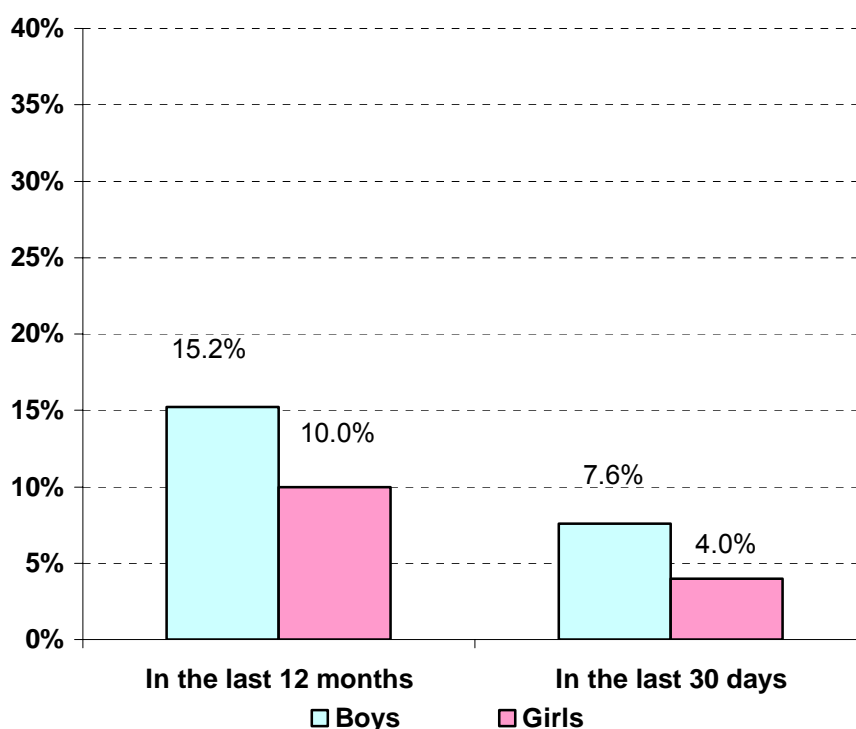
The 2006 survey indicates a statistically significant decrease in the use of marihuana among Slovenian youth. There were 17.8% initiations into the use of marihuana in 2006 which is a statistically smaller share than in 2002 (28.3%) and a smaller proportion than in 2003 (28%).¹ Marihuana is the most frequently used illicit drug in both Slovenia and the world. By analogy to the use of tobacco or alcohol, the use of marihuana can be ascribed to the aspirations of adolescents to reach adulthood sooner and to their curiosity (Engels, 1998, Engels and Ter Bogt, 2001). According to many researches, one of the most important external factors in drug use is peer pressure. The first trials using drugs are usually a consequence of an adolescent's view that the majority of their friends has already tried using the drug so it therefore becomes a norm for him/her (Schmid, 2001).

¹ Results of the ESPAD survey in 2003.

Several studies confirm that the occasional use of marijuana usually does not have harmful consequences for health, psychological or social conditions, while frequent use and especially use in one's early age are important factors of hazard among adolescents. Frequent use is correlated with delinquency, the greater likelihood of unprotected sexual intercourse and school drop-outs (Brook, 1990). Before beginning to use psychoactive substances, users are usually less self-confident, do not trust themselves, make plans for the future less often, are less social and less trustworthy (Shelder and Bock, 1990). The frequent use of marijuana (and/or other drugs) usually exacerbates their problems but does not cause them. The regular use of marijuana is frequently correlated to problems at school, depression, health problems, hazardous behaviour and delinquency (Kandel, 1997).

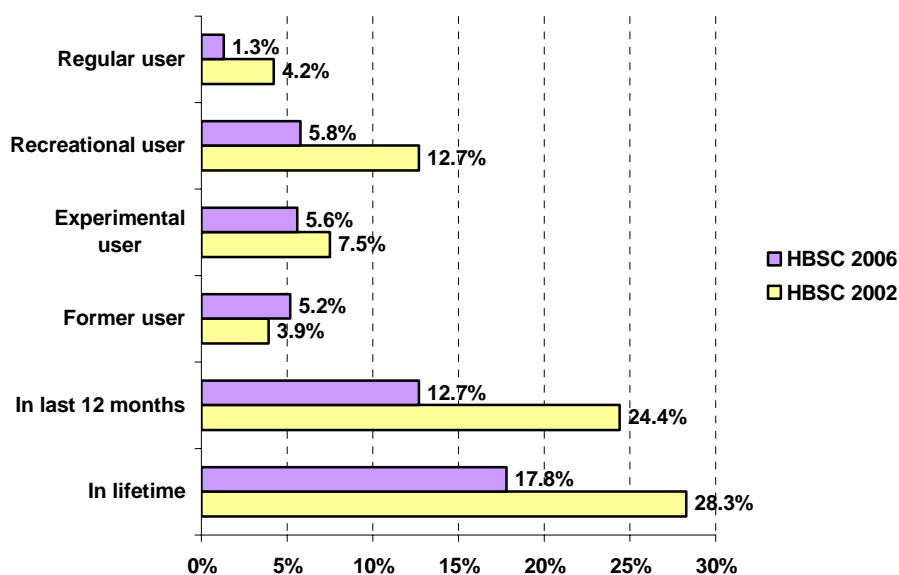
According to the 2002 and 2006 surveys the more frequent use of marijuana among boys is also statistically significant. The percentage of recreational and regular users has been falling significantly. How can these shifts be explained? According to research carried out among students at the end of secondary school in 2004 (Sande, 2004) approximately 46% of students have already used marijuana at least once. Therefore, it can be concluded that 15-year-olds already experiment with the use of marijuana (although the proportion is small), but they do not use it recreationally or regularly. Of course, one can only assume the shift to the use of other illicit drugs (especially the use of synthetic drugs). Further studies are required to examine these assumptions. An important impact can definitely be ascribed to the Resolution on the 2004-2009 National Programme on Drugs Control adopted in 2004. This Resolution stresses not only the role of prevention but also the efforts to reduce hazards and damage due to drug use. Prevention in the field of illicit drugs is relatively well elaborated in Slovenia, namely many programmes are being implemented that are directed to recreational users but also at-risk groups and individuals.

Figure 2.4 *Percentage of 15-years-old using marijuana in the last 12 months or last 30 days, 2006, Slovenia*



Source: HBSC 2006: N=1,518, p<0.05

Figure 2.5 *The use of marihuana - a comparison of results of 2002 and 2006 HBSC studies*



Source: HBSC 2002, N=1043, $p < 0.05$; HBSC 2006, N=1501, $p < 0.05$

Research and prevention in the field of ATS (amphetamine-type stimulants) prepared by Matej Sande

Main results of the latest research on ATS use in Slovenia

The research results regarding ATS (amphetamine-type stimulants) use in Slovenia are gathered from both the general population of high school students and from the population of partygoers using a different methodology. The prevalence of selected ATS use in the general population of high school students has been monitored since 1995 using ESPAD or compatible methodology (Stergar, 1995; Stergar, 1999; Dekleva, 1998; Dekleva & Sande, 2003). The lifetime prevalence of ecstasy use in the general population of high school students in Slovenia was 3.3% (EMCDDA, 2005). The results of research based on the ESPAD methodology from 2003 pointed to an increased prevalence of ATS use from the time students entered high school (first grade) to their last year of study (fourth grade). We have been monitoring the same 'generation' of high school students in Ljubljana and found that from 1999 to 2002 the lifetime prevalence of ecstasy use rose from 4.4% to 11.3%, for amphetamines from 1.9% to 3.7% and for cocaine from 1.8% to 3.7% (Stergar, 1999; Dekleva & Sande, 2003). MDMA was the most popular illicit drug after marihuana which was the drug with the highest lifetime prevalence (50.3%) amongst fourth-grade students.

In 2001 and 2005 two research projects using the same methodology were focused on ATS use in a special population of partygoers in Slovenia (Sande, 2002, Sande, 2006). The results are shown in Table 2.2. The column ATS 2001 represents results from the first research in 2001 while the second column represents the results of research based on the same methodology from 2005 and complementary Internet-based research based on a different sample.

Table 2.2 *Lifetime prevalence between 2001 and 2005, Slovenia*

Research Drug	ATS, 2001 M = 20.3 year n = 779 %	ATS, 2005 M = 21.3 year n = 400 %	ATS, 2005 (www)* M = 22.3 year n = 213 %
Marihuana	93.8	87.5	95.6
Cocaine	46.7	57.9	66.3
Heroin	25.0	19.5	17.1
Ecstasy	86.0	74.7	84.9
Amphetamine	71.9	70.4	81.5
Poppers	/	70.4	75.6
Methamphetamine	9.8	23.1	26.3
Nexus (2CB)	/	2.0	9.3
GHB	4.7	7.3	11.7
Ketamine	2.3	2.5	1.5

Note: *the last column represents the results of the Internet-based part of the research using a different sample

The main findings of the latest research (ATS, 2005) and changes between 2001 and 2005 can be presented in three different categories: changes in the characteristics of party going, changes in illicit drug use and changes in high-risk drug use patterns.

Changes in the characteristics of party going

Similar to 2001 the most important reasons for attending electronic dance events were social reasons (listening to music, dance and going out with friends). Using drugs, looking for a partner or looking for sex were again the least important reasons (however, statistically more important for men). Techno, house and trance are still the favourite music styles of partygoers. There was a slight increase in the popularity of techno music.

Changes in illicit drug use

The main finding of the research was the decrease in the lifetime prevalence of ecstasy use and an increase in cocaine use amongst partygoers. The lifetime prevalence of ecstasy use dropped from 86.0% in 2001 to 74.7% in 2005. The prevalence of amphetamines remained the same while, on the other hand, the prevalence of methamphetamine rose from 9.8% to 23.1%. The prevalence of cocaine use also increased from 46.7% to 57.9%. The popularity of alcohol increased. In 2005 alcohol was, after marihuana, the most popular drug and replaced ecstasy in second place in 2001.

Changes in high-risk drug use patterns

In 2005 more people than in 2001 mixed ecstasy and amphetamines with alcohol, but the mixing of ecstasy and amphetamines decreased. Most partygoers used on average two pills per night. More than half the respondents used smaller quantities of drugs (one pill, one line...) and a little less than half used larger quantities (more pills, more lines...). More people (80.3%) than in 2001 (72.7%) informed themselves before taking a new pill or drug.

Prevention in the field of ATS and dance events

Since 1999 the NGO DrogArt has been working on different prevention programmes in the field of ATS. The main programmes focus on harm reduction at electronic music dance events, informing the general public and target groups about the effects of ATS and individual and online counselling. The outreach work includes the distribution of informational leaflets, peer education, basic quality control of the event, basic medical assistance and help for partygoers.

The evaluation of preventive programmes formed part of both ATS research projects mentioned above. The 2005 results indicated that 95.7% of the partygoers had heard about the NGO, 84.4% of them knew the X-press youth party magazine with preventive articles (at that time published by the NGO) and 76.2% knew the homepage drogart.org. One-quarter of the respondents in 2005 had already asked for help and advice from the organisation. Most of them (77.7%) were satisfied with the advice or service received. Three-quarters of the respondents in 2001 had received preventive materials (flyers) and more than 50% of the respondents in both research projects were following the recommendations of the preventive materials.

In both research projects we were testing the correlation between following the recommendations given in the prevention materials and less risky drug use. In 2001 and 2005 the correlation was significant and those who followed the recommendations were also using the drugs in a less risky way (a smaller number of pills per night, quantity of ingested drugs per night, mixing different drugs etc.).

Conclusion and recommendations

The results of the ATS 2005 show that amphetamine-type stimulants are still very popular amongst Slovenian partygoers and that the popularity of cocaine use is increasing and following the trends in rest of the EU. Young people are still taking drugs in relatively risky ways since two-thirds of the respondents indicated that they are mixing different stimulants together. The mixing of ATS with alcohol increased compared to 2001 and the popularity of alcohol (as a favourite drug) grew.

The emphasis in preventive activities should be on cocaine and methamphetamine harm reduction and prevention since the prevalence of those two drugs rose the most. Alcohol at dance events should be more seriously taken into account. On one side, it is increasing the risk when combined with ATS and also increasing the risk while driving to and from the event.

An important conclusion of the latest research was that informing young people (target groups) about new synthetic drugs, dangerous combinations and ingredients over the Internet and other ways of communication is important and efficient since more people are looking for relevant information on the Internet (compared to 2001) and that they are in fact taking the recommendations into account. Based on our research results, young people are gathering the most information related to drugs and drug use from their own experience and from their friends. In third place there are books and magazines and in fourth place preventive organisations. They state they trust their own experience the most, in second place there were the preventive organisations followed by books and magazines, friends, the Internet etc. The results indicated that young people are receiving the least information about drugs from their parents and teachers (and they also trust them the least). Accordingly, it would be important to inform parents and teachers how to communicate and react when they are confronted with drug-related questions or situations.

Drug Use among Specific Groups

No new information available

3. Prevention

Universal prevention

Project of the Slovenian Network of Health Promoting Schools - Schools Which Promote Health *prepared by Mojca Bevc Stankovič*

The project of the **Slovenian Network of Health Promoting Schools (SNHPS)** has been underway in Slovenia since 1993 (12 schools were included in the first round) and in 1998 the number of schools expanded to 130 institutions being involved in the project - including 100 primary schools, 25 secondary schools and five hostels for students. They became part of the European Network of Health Promoting Schools (ENHPS) project which today includes 43 countries.

The project is supported by the WHO, the Council of Europe and the European Commission and, in Slovenia, by the Ministry of Health (MH) and the Ministry of Education and Sport (MES) and is being carried out by the Institute of Public Health of the Republic of Slovenia. In 2007 international co-ordination of the project was transferred to the Institute for Promotion of Health in the Netherlands.

The European Network of Health Promoting Schools

On the European level the European Network of Health Promoting Schools (ENHPS) is an innovative programme which introduces new ideas and approaches in the field of promoting health in the school environment. It represents the basis on which different preventive programmes for health in the school environment are developed in systematic and coherent ways. The main purpose of the ENHPS is to exert a positive influence on health and behaviour connected to the health of school children along with the development and expansion of quality, innovative and preventive programmes for the promotion of health.

The evidence shows that programmes which approached health issues in totality were the most efficient ones. Programmes which were developed through co-operation between the health and education sector were also successful.

The Egmond Declaration (ENHPS, 2002) determines the meaning of a real partnership among all the participants, including the national ministries (the MH and the MES are the key figures) and its institutions, teachers, students, NG organisations and other influential contracting parties on the national, regional and local level. To enable the existence of this network it was very important to plan the process, development and systematic transfer with the technical support of the WHO and political support in certain countries.

The programme is based on the principles of WHO definitions which are valid for the standards of preventive promotional medical programmes. Its success can also be seen in how strategically it is grounded in certain countries. Years of experience have shown that long-term and intensive school programmes in totality which include the school (pupils, teachers and parents) and its surrounding environment are among the most effective programmes. Among the most successful ones were programmes which handled nutrition, physical activities and mental health.

With this project of health promotion in the school environment, the member states have linked the health and educational sectors and ensured good support for national co-ordination. The ENHPS facilitates the transfer of information, knowledge and exchange of

best practices. It includes health in the school sector, improves the theory and practice of health promotion, develops and presents the HP indicators for use among the member states. The ENHPS responds to problems detected in European countries associated with the health of children and adolescents. In the coming 2007-2009 period changes in the ENHPS network are being projected concerning its approaches, organisational structure and contents.

In the future the ENHPS will focus on:

- development programmes for prevention, **nutrition and exercise**
- development programmes for the promotion of **mental health in the school environment**
- **an evaluation of the results** of health preventive school programmes
- the co-operation of pupils/students
- local and regional co-operation
- the education of teachers
- developmental politics and an evaluation of the influence of health promotion
- conceptual development of the network and the quality of standards

The Slovenian Network of Health Promoting Schools

Since 1993 *the Slovenian Network of Health Promoting Schools* has turned to the ways of thinking and this is reflected in a stable network of schools which aspires to improve the health of its students, teachers and parents with different activities.

Besides its own directions at the national level (every year's 'leading theme') and specific activities on the regional and local level (school projects, co-operation with regional Institutes of Public Health, regional health centres and non-governmental organisations) it also follows the directives of the ENHPS.

Figure 3.1 *The Network of Health Promoting School in Slovenia*



Legend:

- OŠ - primary schools
- SŠ - secondary schools
- DD - hostels for students
- Z - institution for deaf and hearing disabled people

Health, the promotion of health

In the framework of the project health is handled holistically - equally it needs to take care of physical, mental and social health which is not a final aim but the source of life and feeling good/well-being (the definition of the WHO). The promotion of health is comprehended as a strategy of intervention between the **people** and the **environment** for health.

It encompasses the design of policies oriented toward health, the preventive orientation of health protection institutions, the founding of support environments (school, kindergarten, workplace), the development of skills and capabilities and incorporation of local communities. Health concerns should be taken into consideration in different environments and a vast array of skills for managing problems and possibilities for its use in the environment should be mediated. The circumstances for healthy development and therefore an improvement of the quality of life need to be created (the Ottawa Charter).

Characteristics of Health Promoting Schools

The programme of Health Promoting Schools has three characteristics:

- **health contents** which are integrated into other school subjects (interdisciplinary fields);
- **hidden school curriculum** (life in school supports, enables and encourages health - rules, interpersonal relations, the organisation of nutrition, interest activities, projects, caring for the internal and external school environment); and
- **co-operation** with parents, specialised health institutions and the local community.

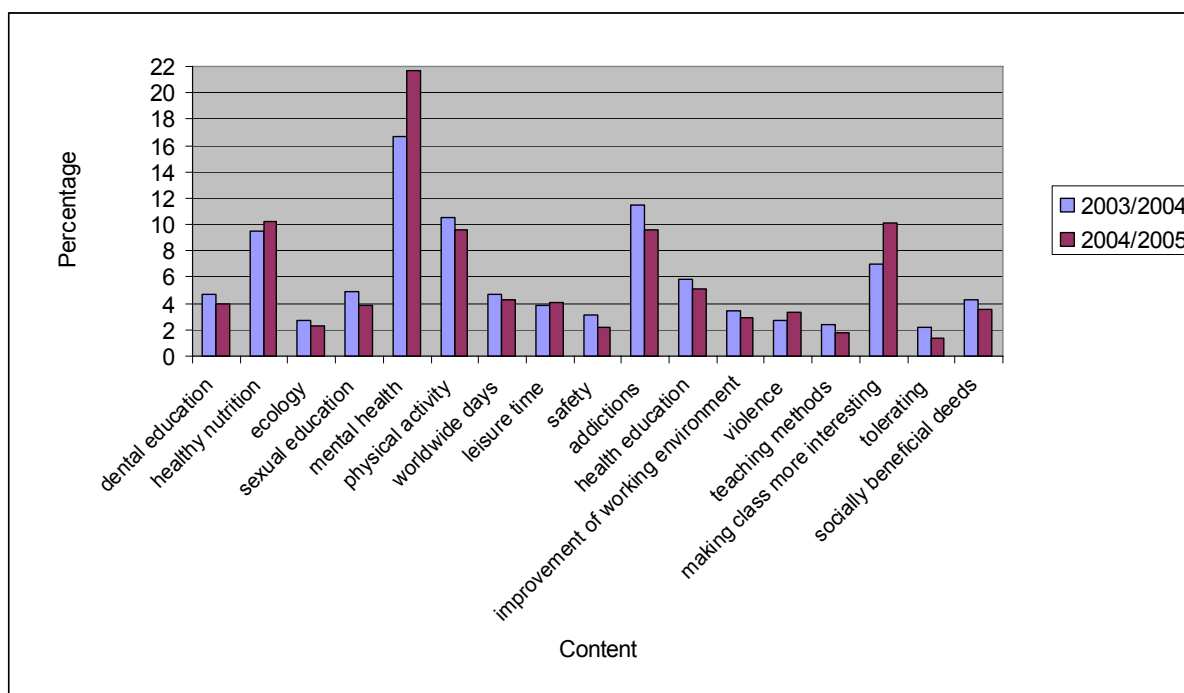
For help and orientation 12 goals of the ENHPS are used. Schools use these goals and their own necessities for more easily assessing tasks, programmes and projects which help encourage special fields connected to health.

How does the Slovenian network of Health Promoting schools operate?

Every school has a health team which consists of a leader, teacher representatives, students, management, parents, health institutions and the local community. This team comes together three times a year at meetings where members analyse the school environment, identify problems and themes which could be interesting for the school, plan, lead, carry out and evaluate the tasks in the health field according to the school's demands and possibilities. Charts for planning and evaluation are sent to the Institute of Public Health twice a year to help it monitor the events undertaken at different schools.

The evaluation of task planning in different schools has shown that the schools have mainly focused on ensuring and encouraging mental health, making school lessons interesting, physical activities, addictions and healthy nutrition (Figure 3.1). It has been most important for realisation of the programmes in the schools that they be adapted to a certain situation, integrated into the environment, with the co-operation of teachers and students being made possible and supported by the schools' management.

Figure 3.2 Comparison of contents for the 2003/04 and 2004/05 school years



'The leading themes'

At least three times a year a team from the Institute of Public Health gets together with the leaders of the school teams and their colleagues and the regional co-ordinators of health education. Different health topics are discussed at these meetings, schools get information about events and activities connected to health, try to initiate problem-solving in schools together, exchange experiences and good practices. Together with the schools the 'leading theme' is chosen which is dealt with during the school year. In the last few years the 'leading themes' have been:

- 2000/01 - adolescents and alcohol ('Message in a bottle')
- 2001/02 - mental health
- 2002/03 - recreation and healthy nutrition
- 2003/04 - recreation and healthy nutrition, humane interpersonal relations
- 2004/05 - intensive work with parents
- 2005/06 - quality spending of leisure time
- 2006/07 - mental health, nutrition and recreation

According to the chosen 'leading theme' the schools prepare different activities, lectures, workshops, debates, camps, science days, walks, project days, activity days, lessons, exhibitions etc. where themes connected to the 'leading theme' are discussed. The more all students, teachers and parents are included in the activities the better the long-term effects. In the evaluations the schools have realised that group activities with students, teachers and parents importantly influence relationships and therefore improve interpersonal relations and enhance the success of the students.

Their efforts are presented at every year's **gathering of the Slovenian Network of Health Promoting Schools** where lectures and workshops help to show the successful practices applied in different schools. To ensure that all is not forgotten, articles written by experts and the contributions of different schools are published in the **Health Promoting Schools Bulletin** which is always intended for this 'leading theme'.

Education within the framework of Health Promoting Schools

The basis of the project involves the ongoing education of teachers and health workers in the field of health.

In the beginning the Institute of Public Health organised free training for the leaders of the 12 schools included in the pilot project. The seminars included different aspects of health which teachers had not been presented with in the framework of their studies. The teachers got to know the most recent approaches and methods. Since 1996/7 these seminars have become part of the system of permanent expert training with the support of the Ministry of Education and Sport. So far, over 4,400 teachers and health workers have attended the 165 different seminars provided by the Institute of Public Health (IPH).

The titles of the seminars include:

- The promotion of mental health
- Sex education
- Health education
- Managing stress in primary schools or how to tame a tiger and have fun with it
- Planning and evaluating health promotion programmes
- The intersection of co-operation between students, teachers and parents
- Preventing violence in schools (CAP)
- Managing and preventing stress at high school
- Promoting youth health in Europe
- Encouraging non-smoking

No matter the needs and wishes of the teachers the seminars have lately been reduced due to the demands of the reform of primary and secondary education which schools need to focus on with all their energy. In the new period, the IPH intends to offer schools new contents according to their demands and wishes.

Health Promoting Schools are a perfect environment for developing new preventive programmes. The theory and practice has been tested on a smaller group of interested schools. Mentors have been educated and meetings supervised to enable the constant correction of contents and programme execution.

We have listened to the comments and needs of children and adolescents. Due to the constant interaction among the founders, implementing agents and users of programmes they were widely accepted and transmitted.

Directions for the future

The IPH together with the MH is seeking to transmit good experiences and the working practice of the SNHPS to the national level and to enable the project to grow into a **movement or work process in all Slovenian schools**. A concept of including health in the school curriculum is prepared and therefore there is a strong desire to introduce health ideas into the obligatory and hidden curriculum and to make the promotion of health part of the everyday experience of all who live and work in the school environment.

The problem of health is an issue that concerns all ministries, not only the MH. In March 2007 the National Congress for the Health of Children and Adolescents took place. Different experts in medicine, education, work and social concerns discussed priorities in the field of the health of children and adolescents. All three ministries signed a commitment to a mutual action plan in the area of the health of children and adolescents that is valid for the next two years.

In 2007/8 the regional co-ordination of the project will be gradually transferred to regional Health Protection Institutions. Its purpose is to expand the Slovenian network of interested schools in 2008/9.

The IPH will preserve its role in national co-ordination and contribute with its expertise, knowledge and experience with innovative and preventive programmes in the fields of nutrition, recreation and mental health of children and adolescents. Within the framework of the European network of Health Promoting Schools there will be enough opportunities for an even more active connection with international institutions and the transmission of mutual knowledge and experience. The programmes of primary prevention and promotion of health in the living and working environments of children and adolescents will probably be the core direction of the Centre for the Promotion of Health of the Institute of Public Health.

Some successful preventive programmes carried out within the framework of the Health Promoting Schools project:

- **The promotion of mental health in schools** is one of the first programmes to have been carried out by most of the teams in the different Health Promoting Schools. The seminar is based on a help guide with the same title and carried out by the leaders of the teams of the different schools (1st round). It includes a workshop approach and teachers can use the already prepared exercises in class. The programme seeks to transfer information, knowledge, standpoints, skills and strategies for improving mental health to the students.

The programme has been carried out in schools since 1994, with 78 seminars for more than 1,906 school pedagogues and health workers having been organised.

- **Let's encourage non-smoking** is a systematic programme which includes a help guide for teachers. The themes are: healthy habits, vicious smoking habits endanger our health, tobacco smoke is a pollutant, advertisements of tobacco products and smoking, smoking is expensive, the pros of non-smoking, (peer pressure) and a folder with working sheets for pupils from the 3rd to 8th grades of primary school. At schools included in the programme every new generation of third-grade pupils receives both folders with working sheets which are used until the end of their schooling. The programme occupies at least eight hours and teachers include its contents in lessons in different subjects (Slovenian, Maths, Social Science, Biology, Chemistry, Geography and P.E.) or on different occasions and outings.

The programme has been carried out since 2000 so far 60 Health Promoting Schools have been included, while some years ago the regional Institutes for Public Health started implementing it in the schools in their regions.

- **Alcohol? Adults can influence!** This includes a help guide for teachers (two workshops in primary schools are described) a booklet and a handout for parents. It all provides encouragement for schools to handle problems through different activities (lectures for pedagogues and parents, workshops for students, teacher-student talks, watching and playing a game, making a video - the possibility of creativity and positive self-affirmation).

The programme was taken up in 2001 by the Ljubljana, Kranj and Nova Gorica regions and in 2003 it was implemented by the different regional Institutes of Public Health.

- The programme **Peers and I - Let's talk** was targeted at taking care of good relations and preventing violence in schools. The programme is based on the method of implementing means of mediation among peers as intervention. In the programme's framework a help guide was translated and adjusted for the teachers. Several seminars for mentors were

carried out, two camps for students organised and a bulletin and the brochure Peers Mediation published. Regular meetings of supervision were conducted with mentors and the programme was introduced in schools through different activities.

The programme's development started in 2004 with different seminars for 54 participants and in the 2006/7 school year it was carried out by 22 schools.

Health Education prepared by Vesna Pucelj

In 2006 the Health Education for Children and Youth programme was prepared. Health education is being implemented at different levels, in different environments and for different target groups. Health education is being carried out in healthcare institutions, kindergartens, schools, working organisations and local communities. Children's health care begins in the period of planning a pregnancy and with a healthy lifestyle during pregnancy. It continues in family, childcare and education institutions. Health education defines health holistically, thus holistic approaches are taken into consideration in the programme's implementation.

The Health Education programme comprises all topics relating to health education but emphasises a healthy way of living with a thematic emphasis on different age periods. The connecting thread of all topics in the programme is mental health.

Childbirth classes form an important part of caring for oneself during pregnancy and in early parenthood. Health education during pregnancy, childbirth and early maternity preparation and family life are crucial, and must be women-centred. This has proven to have positive short- and long-term effects on the health of women, children and whole families. The main goals are informing, raising awareness, educating and supporting healthy ways of living during pregnancy and early parenthood (topics: physical exercises, sexuality, nutrition, illicit drugs, alcohol, tobacco and other substances, mental health, chemical safety, preventing injuries at work and at home etc.).

Health education in the preschool period covers four key topics: mental and emotional and physical development, breast-feeding, nutrition and preventing injuries. In this period individual activities are carried out in which the child and parents are involved and in which those carrying out the programme adapt themselves to the particular needs of an individual child and his/her family. Future parents and later on their children should with their help develop a positive self-image, a healthy lifestyle, good interpersonal relationships and successful communication strategies already in the period of preparing for childbirth and in early parenthood. This is one of the most important safety factors for the prevention of legal and illicit drug abuse later in their lives.

Health education for school children and youth is carried out on three levels: in health centres by health workers (during regular medical examinations or on other occasions), at schools by health workers and in classrooms by pedagogical workers during regular classes or additional activities. Topics are adapted to age structure and importance.

In a health centre the following topics are being promoted: a healthy lifestyle, leisure-time activities, physical exercises, body weight and healthy and safe sexuality. In 2006/2007 we published a handbook and organised training for the regional co-ordinators of health care education and those carrying out health education during regular medical examinations for children and youth. This programme will be carried out probationally for two years then evaluated afterwards and revised, if necessary. In the 'leisure time activities' programme we wish to present information and strategies to parents and their children about healthy, guided and unguided leisure-time activities and to encourage them to use both this information and these strategies. Positive leisure-time activities have a significant impact on the development of a healthy lifestyle which evolves intensively during the period of growing up.

In the context of health education in the school environment the following topics will be addressed (a handbook is being prepared): a healthy lifestyle, healthy habits and psychoactive substances, sexuality, coping with stress and healthy entertainment. These topics will be dealt with at school by health workers (most of whom are professionally trained nurses). The programme for the 4th and 5th grades of primary school anticipates topics of healthy habits and prevention in the field of psychoactive substances. The programme will be interactive (2 school hours in length) and will contain active learning and training skills for pupils and a programme for parents.

The programme's aims for the pupils are: to improve their knowledge of healthy habits, the harmful effects of smoking, alcohol drinking and illicit drugs (the emphasis is on the short- and long-term effects, advertising, media and style marketing, legislation etc.), learning social skills (how to withstand peer pressure, improving self-esteem etc.).

The aims of the programme for parents are: to improve their knowledge of healthy habits, the harmful effects of smoking, the use of alcohol and illicit drugs for a child and adolescent (the emphasis is on the short- and long-term effects, advertising, media and style marketing, legislation etc.); to present a review of the current problems of psychoactive substances in the local environment; to raise awareness about measures for preventing and reducing the harmful effects of smoking, alcohol drinking among children and young people; to raise awareness of the significance of the family as a basic unit of health.

Each topic, although not directly connected with the psychoactive substances topic, has long-term impacts on the development of healthy habits without the use/abuse of psychoactive substances (or on initiation transference into a later period). The programme encourages the development of a pupil's action competencies, a positive self-esteem, leisure-time activities, the significance of the family and school environment for preventing the abuse of psychoactive substances.

Evaluation and assessment of programmes to prevent addiction prepared by Lilijana Šprah

This section concerns evaluation and assessment problems regarding addiction-prevention and promotion programmes. It presents some outcomes of an evaluation of the quality of 12 addiction-prevention programmes financed by the Office for Preventing Addiction of the Ljubljana City Municipality. The evaluated programmes were implemented in the area of the Ljubljana Municipality and elsewhere in Slovenia in the 2002-2005 period. The objective of evaluation was to establish the quality of the implemented programmes, the suitability of their contents and their objectives, the qualifications of the performers and quality of self-evaluation.

Do we need an evaluation of addiction-prevention programmes?

The number of establishments dealing with the implementation of various preventive, curative, counselling and informative programmes with the common objective to prevent and abolish the consequences of some behavioural patterns like violent behaviour, an irresponsible sex life, behavioural disturbances, eating disorders, drug abuse etc grew enormously especially in the late 1990s along with the number of newly-emerging establishments involved in universal addiction prevention. The publication of the OD entitled '*Imam težave z drogami! Kam po informacije in pomoč? Vodič po več kot 100 programih, 2004*' shows that the majority of the 105 new bodies established in the 1990-2004 period (49 new establishments in 1990-1994 and 32 new establishments in 2000-2004). The growing number of establishments is accompanied by a higher number of epidemiologic surveys about illicit drugs use and abuse in Slovenia, along with amendments to legislation on drugs and illicit drug (ab)use.

The abovementioned trends are probably a result of the greater sensitivity of the professional public and decision-makers of social policy who are becoming more aware that illicit drug use is a complex problem of society causing various serious consequences. According to different researches, drug use is growing amongst juveniles; moreover, the age at which people begin drug use is decreasing. A matter of great concern is the growing recreational use of some specific drugs like marijuana, ecstasy, alcohol and tobacco amongst juveniles of all social classes. The greater drug use among juveniles is connected with better accessibility and with some social changes emerging at the end of the last century. These changes are causing juveniles to grow up in a world of rapid changes, a faster life tempo and social uncertainty. The response of juveniles to these new conditions is visible in the new trendy way of spending leisure time, which includes partying and drug use.

A common objective of the various governmental, non-governmental and private institutions implementing preventive and help programmes in the area of illicit drugs is to reduce the range of drug use and consequences of drug use. But they are not necessarily successful and effective in pursuing their objectives. Because of a shortage of finance for social-care and health measures it is necessary to highlight quality and effective programmes which are, therefore, more justified in receiving financial support. Moreover, the financiers and commissioners of the abovementioned programmes often face difficulty choosing the best providers and in deciding which selection criteria to use. On the other hand, the growing number of programme providers is also creating a need for the evaluation of the programmes' results and effectiveness. According to an analysis of Slovenian establishments dealing with addiction, as many as 70% of them are performing a self-evaluation, some also expressed a need for an external evaluation (Office for Drugs, 2004; *Vodič po več kot 100 programih*).

Guidelines for evaluating addiction-prevention activities

An important question is how to evaluate the abovementioned programmes? The literature does not offer a single answer; moreover, there are many definitions and manuals offering different proposals regarding evaluation. In 1998 the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published Guidelines for the Evaluation of Drug Prevention, a Manual for Programme-planners and Evaluators. The publication identifies six approaches to evaluation:

1. Process evaluation: the objective here is to evaluate the quality of a programme's implementation. The evaluation is taking place in the field where the evaluator observes the performers of the programme while they work and notes down the responses of programme users, the pedagogical knowledge of the performers etc. In this context, the aim of the evaluator is to collect as much information as possible about the programme implementation in order to analyse the effect of circumstances on its implementation. The results offer deeper knowledge about the context and background to the programme's performance; moreover, the results also offer indirect conclusions about the programme's results and effects which depend a great deal on the quality of the programme's implementation.
2. Outcome evaluation: the aim of the evaluation here is to evaluate to what extent the pre-set objectives or aims are attained (an analysis of the effects of the preventive programme on changes connected with factors of risk and protection treated in a programme). An examination of the programme's results undoubtedly lies in the centre of interest of the performers of the programme, its users, subscribers, payers, along with the professional public and the general public. That is why the term 'evaluation' is often used as a synonym for the evaluation of results.
3. Impact evaluation: this is most often connected with an evaluation of the effect of laws and measures and less often with an evaluation of the effects of preventive programmes. The aim is to reveal unforeseen or unexpected negative or positive effects of a preventive programme. When laws and measures are evaluated the aim is to evaluate their effects. Therefore, various statistics are kept which help to

document changes caused by the laws and measures. So, the evaluation of the effects is in fact an analysis of criminal, health, traffic or other statistics. Such statistics help policy-makers evaluate their effectiveness. An evaluation of this kind is based on an analysis of statistical data collected over several years on whose basis it is possible to evaluate a trend or identify trend changes.

4. Experimentally designed evaluation: this is performed in the phases of planning, forming, testing, implementing and verifying the results or effects of a preventive programme. In the framework of the experimental model of evaluation, the preventive programme is formed, tested and implemented by the instructions of the researcher and evaluator. The aim of the experimental model of evaluation is to eliminate alternative interpretations of the effects of the programme and to establish whether the programme's results are actually a consequence of the preventive programme and not caused by other activities. In the experimental model of evaluation several test groups are usually involved, with one group being a control group. The results are verified several times - before and after implementing the programme and a follow-up test is performed six to twelve months after the programme ends.
5. Quasi-design of evaluation: this differs from the experimental model of evaluation in its selection of focus groups - focus groups are not selected in advance and randomly but so as to reflect the circumstances of implementing the programme.
6. Non-design of evaluation: this is interested in establishing results only within the experimental group. This kind of evaluation model is the most common yet the least objective.

Evaluation activities regarding Slovenian programmes to prevent addiction

The Office for Preventing Addiction of the Ljubljana City Municipality has been co-financing the implementation of large-scale addiction-prevention projects and programmes for several years. Therefore, the Office decided to have outside evaluators assess these programmes in order to verify the quality of their implementation and their effects. This decision is very important whereas, despite professional statements made about the need for and usefulness of evaluating preventive programmes, the broader professional public still did not accept such an evaluation as an indispensable part of preventive programmes but in many cases the shortage of personnel and finances provide that very reason. Hence, in many cases the evaluation is already missing in the planning and forming phases. The most common form of evaluation is self-evaluation which is often performed partially and unprofessionally. The need for objectivity is therefore connected with the need for outside evaluators.

While performing the evaluation we did not have any major problems with those carrying out the programmes yet we noticed some level of distrust. The majority of programme performers agreed that evaluation is an essential element of the implementation process and that the results of the evaluation provide professional foundations for formulating guidelines for improvement. Some performers expressed some distrust since the evaluation results are also a tool used by the financier in the further selection of programmes. Because the majority of performers is convinced of the high quality of their programmes and about the quality of their work, the evaluator's work could be perceived as a vote of no confidence in their work. Therefore, trust between performers and evaluators is an essential factor regarding the programme evaluation process and the quality of grading the performance and effects of the programme. In spite of this, we can describe our co-operation with the performers of the programmes very positively, the majority were happy to see us and also expressed the need for stronger links with support institutions which should demonstrate a greater interest in the problems performers encounter in the field.

The guidelines for evaluating programmes in the field of addiction prepared by the EMCDDA were taken into consideration when evaluating the 12 programmes co-financed by the Office for Preventing Addiction of the Ljubljana City Municipality for the 2002-2005 period. In the centre of our evaluation was the process of carrying out a programme and the quality of the

contents mediated to the programme's users. Researches have shown that the realisation of the foreseen preventive contents depends on the pedagogical qualifications and experience of the performers and on conditions of carrying out a programme like the available amount of money, number of personnel, didactic help, rooms etc. When evaluating a preventive programme the evaluators seek to answer three main questions: how many times has the preventive programme been performed, what was the quality of performance of the programme, which contents were mediated during the programme's performance. The answers can come from different sources (users, evaluators) and different methods; this results in the reliability of the answers. The reliability of an evaluation regarding the quality of a programme depends on the person who is doing the evaluating, either an outside evaluator or the user or performer of a programme. The most established practice is to evaluate the quality of the programme on the basis of the opinions and standpoints of the users. The opinion of many is that user reactions are the most reliable indicator of the quality of a programme and they are visible in the motivation for co-operating in the programme and via satisfaction levels. But the objectivity of estimating the users' views on a programme also depends on the person who prepared the questionnaire - the performer of the programme, an evaluator or a researcher. Hence, the performers of a programme estimate their own work more favourably than outside evaluators do, and the questionnaire for the users of the programme reflects this fact. Some authors favour a statistical method while others favour a qualitative method, yet the majority thinks that an ethnographic method is vital as this method reveals the context and background of the programme's performance.

When an evaluation project lacks enough finance it is possible - through a few visits, conversations with performers, an examination of the documentation and by analysing self-evaluations - to gather quite reliable data about the performance of a programme (the quantity of realised contents, quality of implementation, difficulties in implementation). Yet we have to realise that the results of such an evaluation process are only at the level of a general estimation which must be confirmed by additional evaluation processes.

Within the given possibilities we focus on the implementation process and evaluate the suitability of the contents, foreseen goals and objectives, the performance of different activities, the qualifications of the performers and quality of the self-evaluations. The aim of evaluating the contents and anticipated objectives was to examine the theoretical arguments underpinning the preventive contents, the suitability of the theoretical origin, if the available research data are considered, if the objectives are clear, if suitable pedagogical methods are applied, and if the qualifications of the performers are appropriate. These data were completed with data gathered in the field by the observation method and interviews.

The results of evaluating the programmes

Most programme authors have not described their programme's origins consistently or systematically and hence a suitable theoretical origin and available empirical research data were missing. Generally the programmes had well-planned preventive strategies yet they were not based on the examined outcomes of the treated problematic. The gap was bridged by directing preventive actions toward target groups which were - as proven before - the most exposed to the development of certain behavioural patterns like smoking, alcohol and drug use.... Such a preventive strategy is not characteristic of our environment or elsewhere.

The objectives of preventive programmes

Preventive programmes were directed at the following groups: juveniles with behavioural disturbances, juveniles with poor school records, juveniles with a psychiatric diagnosis, juveniles with eating disorders, juveniles from dysfunctional families; pupils from primary and secondary schools; and the general public (participants in media-promotion arrangements). Regarding the cultural and social environment the preventive programmes were directed at clubs, discos, streets, interventions for individuals (counselling, peer education) and informative activities (brochures, websites) programmes as part of school subjects. The

majority of the performers of programmes choose their target group on the basis of criteria. The programmes involving a preventive intervention for a target group with specific characteristics and needs were performed with greater quality than those programmes which did not have homogeneous target groups.

The programmes/workshops for school pupils were performed during the school year - most often within the class of Ethics and Society or instead of Natural Science Day. Hence, the pupils were obliged to participate which is not in line with the methodological origins of the workshops/programmes. Therefore, only ambitious pupils actively participated in the workshops while other pupils were passive or even ignorant. Hence, the performance of the programme was disturbed and the performers were unable to mediate all the foreseen contents. Moreover, we also noticed that some performers did not inform pupils' parents about the workshops.

Working methods and activities of preventive programmes

The programmes usually applied working methods and activities that focused on strengthening social skills, like creating a positive self-image and self-confidence, in order to help juveniles say no to an offered drug or to resist negative peer influences. A lot of time was dedicated to improving knowledge about drugs, types of drugs, the characteristics of specific drugs, the consequences of drug use or abuse. This most often happened in the form of lectures, group work within workshops, counselling, promotional actions, dance activities etc... Many programme performers were unable to provide good reasons why they chose a specific working method or activity. Consequently, the chosen working methods and activities might be inappropriate. The majority of self-evaluations could not provide us with an answer as to the extent and how successfully a programme was performed. The successfulness of a programme depends on the relationships between the foreseen activities and the activities actually performed; therefore, we assume that the performers of the programmes do not distinguish between these two aspects.

The majority of performers choose interactive techniques and methods which demand the active participation of the programme users. We score such techniques very highly since the participants are able to actively express their feelings, experience etc and by doing this they are also developing their own psycho-social skills.

Yet, realisation of a programme depends not only on the motivation of the participants but also on the pedagogical skills of the performers and on the good organisation and good concept of the activities. At this point we noticed several shortcomings of the programme performers, for example: some performers devoted too much time to a presentation of their own social institution and therefore did not manage to mediate enough information, moreover, the information was mediated to the participants in an unattractive way. We also noticed that the discussion of drug addiction should be updated with new information and knowledge; we also missed the use of modern pedagogic and didactic methods while mediating information (multimedia, brainstorming, snow balling).

The performers of preventive programmes

We evaluate the qualifications of programme performers on the basis of information stated in the documentation. We were interested in the type and grade of the education, specific knowledge and practical experience of the programme performers. On the basis of the gathered data we conclude that the programme performers are suitably educated and have suitable qualifications for mediating the preventive contents. The programmes' performers mostly have a high grade of education, the type of study that prevailed was social work or pedagogy. The volunteers who helped the programme performers were usually students of social work, psychology, pedagogy and the social sciences.

In some cases we discovered in the performance of a some programme methodological shortcomings in different phases. Hence, there were some doubts regarding suitability and education; for example, whether the performers have a therapists' license etc. It is important to note that some workshops encroach on individual personalities and expose an individual's feelings. Therefore, it is important that such a workshop be performed by a qualified therapist. For this reason we missed supervision by some performers.

Some programmes also used campaigns and by employing promotional materials and arrangements they try to direct juveniles towards a healthy lifestyle. Some performers did not have enough knowledge about public campaigns or were not prepared well. Some materials have many shortcomings regarding their content and form and were also not adapted to their target public. Yet, there were also some very good campaigns involving experts from different fields and the media encompassing the organisation image, medical and psychological aspects of preventing addiction.

Self-evaluation

The self-evaluation reports were the most insufficient part of the preventive programmes. The interviews with the performers of the programmes revealed insufficient methodological knowledge, insufficient time and money, a lack of information about which data to include in a self-evaluation report. For this reason, the performers wrote the reports on the basis of an established pattern and not on the basis of the actual situation. The self-evaluation reports did not provide information about what was really happening during a programme's performance. Very often the reports were missing crucial information like how many workshops were realised, the reason for cancelling workshops or other activities, the problems that could influence the quality of performance, how many participants were involved etc.

Results and effects of the preventive programmes

The evaluation of the results and effects of the programmes are the final aim of the programme evaluation strategy. We were only able to perform this aim partially since we had limited time. The evaluation of results and effects of preventive programmes can only be credible when the background is fully known to the evaluators. Moreover, the evaluators also have to carefully plan the evaluation process and include some tactics of experimental evaluation, which also includes the process of monitoring the participants for some time after the programme ends.

On the basis of results of a survey amongst the users carried out by the performers of the programme we were not able to establish the true nature of the programme results. For example, on the basis of the survey results it was impossible to establish a connection between preventive activities and foreseen objectives like the different standpoints of the participants. The self-evaluation reports also did not reveal any changes caused by the preventive activities. We also found that the majority of performers did not have enough knowledge to put together a good survey or provide a quality analysis of it.

Our conclusions about the results and effects of the preventive programmes were thus only indirect. When making conclusions we helped ourselves with some of the self-evaluation reports and with our field evaluations of the programmes. The participants of some programmes reported an improved self-image, improved relations with other people, improved self-confidence, and improved activity concerning their own bodies, changing old behavioural patterns etc.

Among the preventive programmes included in our evaluation process there were also a few that had results that were not measurable by quantitative methods. Experts in preventing addiction claim that in such cases it is positive that a participant feels good while in a programme and that they are active in the programme.

The evaluation of financial efficiency was not part of our job description. Yet we established that all programmes have a very limited budget. For this reason it is unrealistic to expect that performers will implement all phases of prevention. But we can maintain that the extent and quality of the work of the majority of the performed programmes exceeded the finance provided by governmental and non-governmental organisations that was merely sufficient for material expenses and small honorariums.

Conclusion

The evaluation of 12 addiction prevention programmes and projects - financed by the Office for Preventing Addiction of the Ljubljana City Municipality for the 2002-2005 period - included an evaluation of the quality of programme implementation on the bases of a field evaluation and entry documentation, reports on performed work which also included information on the contents, foreseen aims and objectives, performed activities, the qualifications of the performers and self-evaluation reports. We gave ten programmes a positive mark, namely, only two programmes were marked negatively.

Our final conclusion - made on the basis of two visits - is that the quality of the implemented programmes is sufficient. We were mostly positively surprised, while the majority of performers did their work very correctly and with enthusiasm, with a sense for the participant and target group. Some shortcomings were also detected like knowledge of the theoretical origins of the problematic, sufficient qualifications of the performers, target groups, and an insufficient self-evaluation process. The self-evaluation process was the most insufficient part of the all evaluated programmes. Hence, the need for greater methodological knowledge of evaluation among those carrying out the prevention programmes is obvious.

Selective prevention

Please see Prevention in the field of ATS and dance events (pages 27 and 28 of this report). Other new information is not available.

Indicated prevention

No new information available

4. Problem Drug Use

Prevalence and incidence estimates of PDU

No new information available

Treatment Demand Indicator

No new information available

PDU from non-treatment sources

No new information available

Intensive or frequent patterns of use

No new information available

5. Drug-related Treatment *prepared by Doroteja Novak-Gosarič, Mercedes Lovrečič, Barbara Lovrečič*

Treatment system

In the Resolution on the National Programme in the field of drugs 2004-2009, drug-related treatment is specified in the framework of the national strategy as a individual chapter and linked to the content of separate parts of the strategy congruent with the official public health treatment routine. This document still does not specifically define the clear objectives related to drug treatment, while there are some general objectives linked to health care treatment (mostly relating to substitution treatments), social rehabilitation programmes and harm-reduction routines. There is still no official information regarding an action plan for drug-related treatment and its adoption.

In Slovenia, on the national level drug-related treatment is regularly provided by different systems of health, social and civil society organisations (NGOs). Implementation occurs on a formal legal basis (Health Care and Health Insurance Act - 'HCHIA' - (Official Gazette 9/92); Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act (ZPUPD) (Official Gazette 98/99).

The main financial actor in funding drug-related treatment in the health sphere is the Health Insurance Institute of Slovenia ('HIIS') and the implementation of drug-related treatment for problem drug users is predominantly an issue which is a responsibility at the national level. The public sector is mainly involved in the delivery of drug-related treatment, especially medically-assisted treatment (Ministry of Health, Co-ordination of the CPTDA, CPTDAs), but some drug-related treatment also delivered by NGOs is mostly provided through public financial sources (public invitations to tender issued by the Ministry of Labour, Family and Social Affairs, the Ministry of Health).

The HIIS has the status of a public institute and has 10 Regional Units ('RUs': Ljubljana, Maribor, Koper, Nova Gorica, Kranj, Celje, Novo mesto, Murska Sobota, Ravne, Krško) and 45 branches across Slovenia.

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

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

The Institute as a holder of BHI in addition to the HCHIA signs contracts with the performers of health services. The various health activities which are paid from BHI have different payment systems. Based on general and regional agreements with the performers of health

services, the HIIS makes agreements on mutual co-operation in which they define the amount of a programme of services included and the price of their health services. To analyse the correct performance of the health services defined in these agreements the HIIS conducts supervisory activities.

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

In the pharmaceutical market in Slovenia there are 2,900 medicaments and 1,450 of these are included on the list of medicaments covered by BHI, while some of them involve special conditions. The subscribing and issuing of the main prepared medicaments is arranged by special regulations.

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

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

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

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

The legislative basis of the work of CPTDAs and the performance of health services in the field of illicit drug addiction is defined in the Law on the Prevention of Illicit Drug Use ('ZPUPD'), the Law on Health Care and Health Insurance, the Law on Drugs and Medicine Accessories, and the Law on the Health Service. Treatment is available within the framework of the public health service network on the primary level at the CPTDAs based on a franchise or as a public health service. Hospital and clinical programmes of treatment and maintenance with methadone and other substitution medicaments are confirmed by the Health Council. For the performance of hospital and special clinic treatment the Government of the Republic of Slovenia has established a public health institute - the Centre for the Treatment of Drug Addicts at the Ljubljana Psychiatric Clinic. Hospital treatment includes hospital detoxification, psychosocial-therapeutic treatment, prolonged treatment and health rehabilitation.

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

The tables and figures show the use of financial means for substitution treatment with methadone for 10 (ten) regional units of the HIIS in the 1999-2006 period in Slovenia. From these figures we can see the even increase in funds used for substitution treatment with methadone (the only possible substitution treatment from 1990 to 2005) in all regional units and the highest use of financial means in 2004 (almost SIT 700 million), on the other hand in 2005 we can see the surprisingly lower use of funds for all regional units in comparison with 2004 and in 2006 there was a further decrease.

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

The table shows the prices of medicaments with methadone in the 2001-2006 period in the drug market in Slovenia. From the beginning of the 1990s till the middle of the current decade the drug market for substitution treatment in Slovenia was supplied by only one pharmaceutical firm (Pliva) and it did not have any competitive representatives for any of form of packaging and this allowed Pliva to set its prices in the market, which were relatively high. When other pharmaceutical firms entered the market with their products (Krka -

September 2004, Alkaloid - July 2005) and started to fight for market shares, the prices of medicine in permitted forms of packaging of peroration solution or drops, as used in the CPTDAs, fell drastically. Other forms of packaging such as pills and injections are not subject to market rules. According to the HIIS data, by introducing other pharmaceutical firms' new methadone forms to the market the prices for packages of 100 ml dropped by over 40% and this has also had a large influence on reducing the costs of substitution treatment with methadone. For pills and solutions for injecting, where competition is not present (only Pliva's products are available), the prices of methadone are not dropping (source: HIIS, 2006).

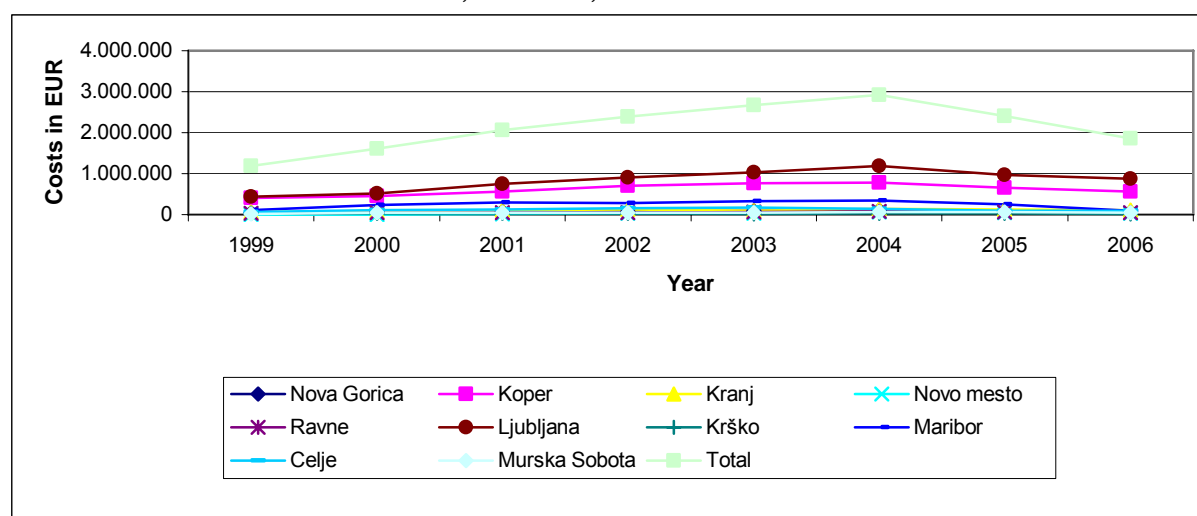
Table 5.1 *Costs of substitution treatment with methadone by regional units (RUs) of the HIIS in EUR, Slovenia, 1999-2006*

RU HIIS / Year	1999	2000	2001	2002	2003	2004	2005	2006	Index 06/05	Portion of RU (%)
Nova Gorica	47289	68248	74813	77209	99112	106399	75161	60519	81	3.1
Koper	402325	456487	560214	709339	766784	778407	655451	561333	86	28.9
Kranj	62177	76110	110332	117628	101150	133871	124952	101621	81	5.2
Novo mesto	622	6570	21211	27490	34439	57227	42911	37655	88	1.9
Ravne	30618	51994	53179	51218	59310	71527	66982	51680	77	2.7
Ljubljana	435745	522240	747051	899177	1028133	1190715	970843	870741	90	44.8
Krško	29111	33608	31969	24886	21461	30713	24017	21484	89	1.1
Maribor	106086	240093	296887	281227	330993	346056	247056	92120	37	4.7
Celje	58632	109403	124156	150475	171707	140242	96923	101393	105	5.2
Murska Sobota	16096	46460	41475	45641	54142	65277	61709	46570	75	2.4
Total	1188700	1611438	2061317	2384230	2667229	2920358	2404180	1861659	79	100

Source: HIIS

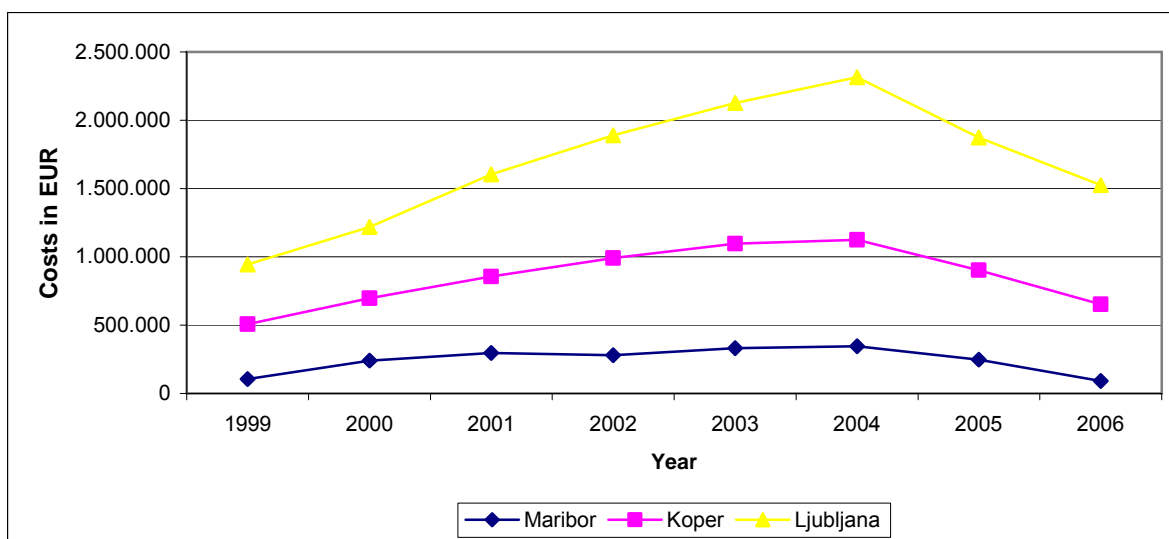
Figure 5.1 shows a growing trend in the use of financial means by each RU and the total use from 1999 till 2006. In 2004 we see the higher values of this trend for all regional units (except for RU Celje), but in 2005 the trend falls in the use of financial means for both total use and use by most RUs of the HIIS and continues to decrease in 2006. The biggest users of funds are the RUs of Ljubljana, Koper and Maribor.

Figure 5.1 *Costs of substitution treatment with methadone by regional units of the HIIS and total use in EUR, Slovenia, 1999-2006*



Source: HIIS

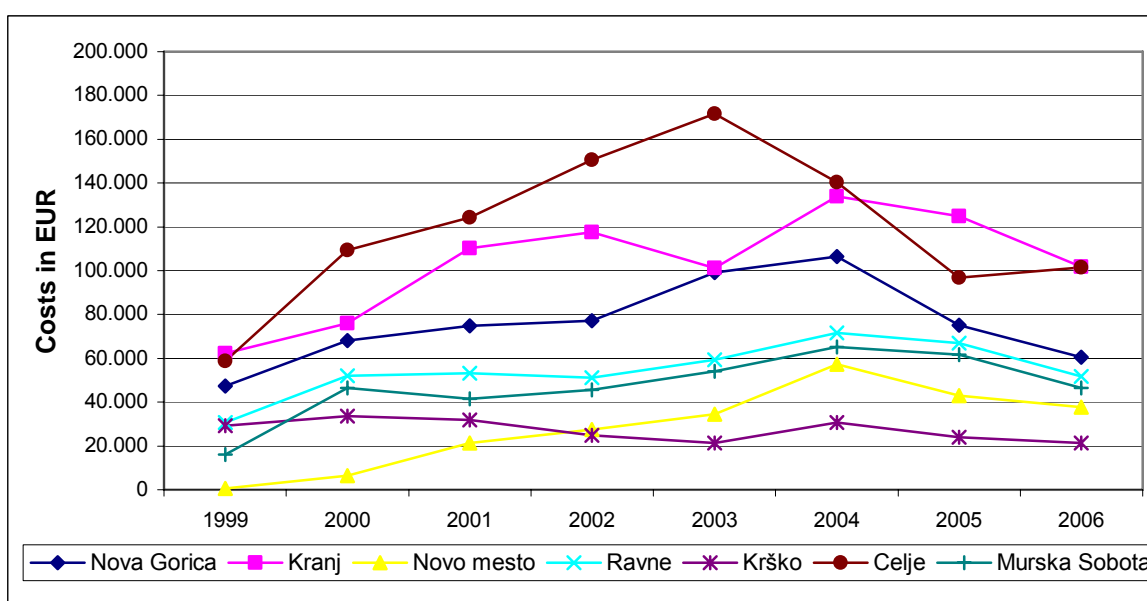
Figure 5.2 *Costs of substitution treatment with methadone for the three largest RUs of the HIIS in EUR, Slovenia, 1999-2006*



Source: HIIS

Figure 5.2 shows the costs of substitution treatment with methadone for the three largest users of funds and the total use in EUR for the 1999-2006 period for Slovenia. We can also see that the highest proportions of financial means are used throughout the period by the RUs Ljubljana, then Koper and Maribor, for which we can see a constant trend of growth and then a drop. The RU Ljubljana and RU Koper had a constant growth trend of costs from 1999 till 2004, but in 2005 this trend dropped for both RUs. The total amount of costs for all RUs of the HIIS between 1999 and 2004 increased exponentially but for 2005 this amount fell. Of all three largest users of funds in the same time period the RU Ljubljana saw the most growth and higher costs.

Figure 5.3 *Costs of substitution treatment with methadone by selected RUs of the HIIS in EUR, Slovenia, 1999-2006*



Source: HIIS

Figure 5.3 reveals the costs of substitution treatment with methadone by selected RUs of the HIIS in EUR, 1999-2006, Slovenia and at first glance we see relatively dynamic trends for each RU. The RUs of Celje, Kranj and Nova Gorica are bigger users of financial funds in comparison to the RUs of Ravne na Koroškem, Murska Sobota, Krško and Novo mesto. The most exposed and insignificant use of financial means for 2003 is shown by the RU Celje, on the other hand, in the same year less use was revealed by the RU Krško.

Table 5.2 *Financial means intended for activities of the CPTDA (only prescribed medicine on order forms) in EUR, Slovenia, 1999-2006*

Year	1999	2000	2001	2002	2003	2004	2005	2006
Financial means	1188700	1611438	2061317	2384230	2667229	2920358	2519233	2735011
Index (1999)	100	135.6	173.4	200.6	224.4	245.7	211.9	230.1

Source: HIIS

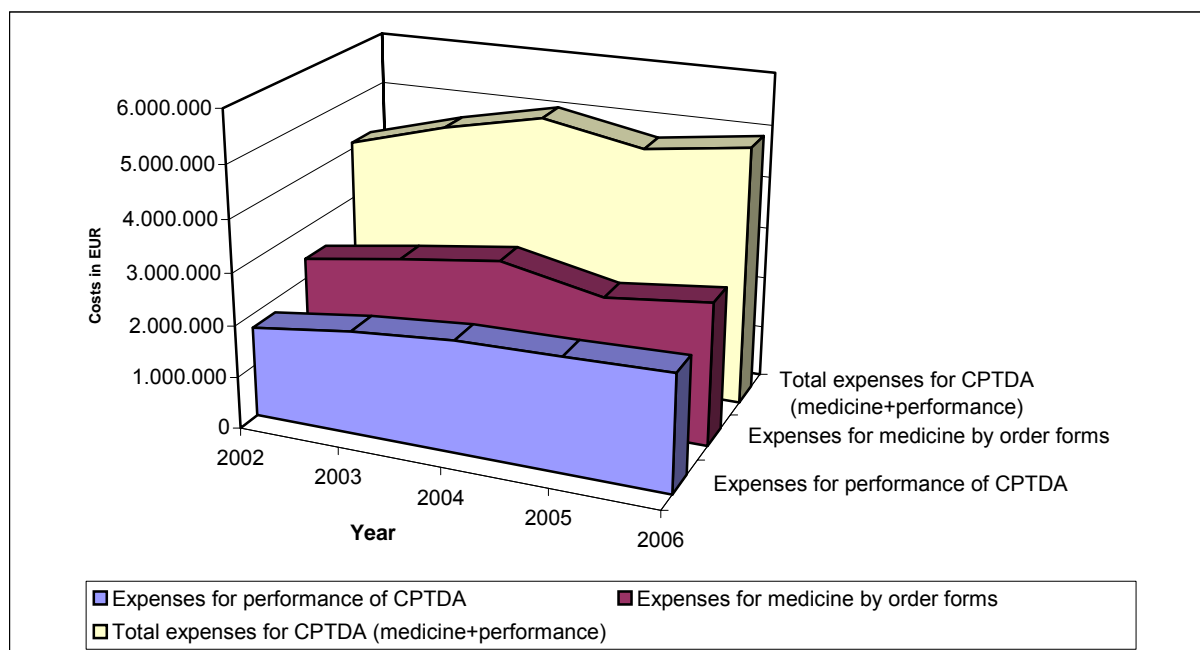
The review of financial means intended only for prescribed medicine on order forms from CPTDA in the 1999-2006 period for Slovenia shows a growing trend of expenditure from 1999 till 2004 and a decrease in 2005, followed by an increase in 2006 but it did not reach the same level of expenses from 2004.

The data in Table 5.2 refer to expenditures on medicaments for substitution treatment for addiction to illicit drugs (heroin), which were prescribed by the Centres on order forms. The large amount of this funding reflects the expenditures on methadone (costs for all the methadone for the Centres' needs and the costs of the main prepared peroration solutions of methadone with juice of various strengths for weekends). Since April 2006 the Centres have also started to prescribe as part of the burden of health insurance buprenorphine and long-lasting morphine.

Table 5.3 *Financial means intended for the activities of the CPTDAs, in EUR, Slovenia, 2002-2006*

Type of expenses/Year	2002	2003	2004	2005	2006	Index 06/05
Expenses for performance of CPTDA	1740110	1986313	2148118	2181367	2226772	102
Expenses for medicine by order forms	2384230	2667229	2920358	2519232	2735012	109
Total expenses for CPTDA	4124340	4653542	5068476	4700600	4961784	106

Source: HIIS

Figure 5.4 *Financial means intended for the activities of the CPTDAs, Slovenia, 2002-2006*

Source: HIIS

Financial means intended for the activities of the CPTDAs in the 2002-2006 period in Slovenia reveal a slow annual rise in costs: for the activities of the Centres, for medicine prescribed on order forms and for the total costs of the Centres from 2002 till 2004. In 2005 the costs of the activities of the Centres increased, on the other hand the total costs fell and a higher reduction of costs was shown with the costs of medicine prescribed on order forms which were under the influence of the new competition in the methadone market (Pliva, Krka, Alkaloid) and because of the appearance of substitution medicaments (buprenorphine, slow-release morphine).

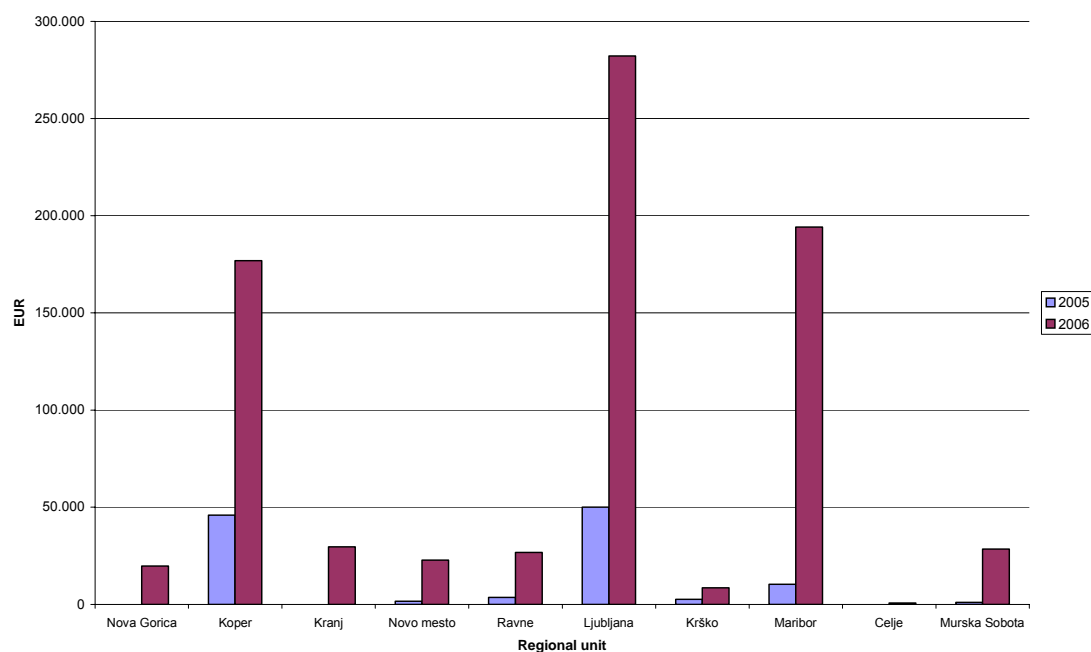
The total value of financial means for the »budget« mentioned above in 2002 was almost EUR 4.17 million and in 2004 almost EUR 5.22 million. In 2005 the financial funds did not exceed the 2004 amount, but surprisingly the trend of financial funds used changed and dropped to EUR 4.17 million.

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

Table 5.4 *Costs of substitution and treatment with buprenorphine and slow-release morphine by regional units of the HIIS in EUR, Slovenia, 2005-2006*

Buprenorphine and slow-release morphine	2005	2006	Index 06/05
Nova Gorica	25	19.740	77.461
Koper	45.901	176.867	385
Kranj	0	29.655	
Novo mesto	1.577	22.816	1.447
Ravne	3.545	26.742	754
Ljubljana	49.996	282.151	564
Krško	2.622	8.584	327
Maribor	10.366	194.077	1.872
Celje	0	791	
Murska Sobota	1.021	28.470	2.788
Total	115.053	789.894	687

Source: HIIS

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

Source: HIIS

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

Drug-free treatment

In Slovenia drug-free treatment (without any medication) can be outpatient, inpatient or residential and is performed by the health system (the CPTDA network, the CTDA at the Ljubljana Psychiatric Clinic, some GPs, some drug-treatment departments of psychiatric hospitals) and NGOs offering high-threshold programmes.

Pharmacologically-assisted treatment

Medically-assisted treatment

In Slovenia in 2006 there were different substitution treatment possibilities available for heroin addiction: Buprenorphine (registered as Subutex in February 2003 and available in the market in March 2005) and slow-release morphine (registered as Substitol in December 2003 and available in the market in June 2005). In addition, there were three different pharmacological methadone possibilities.

In Slovenia we do not have national guidelines approved by the Board of Psychiatry on the use of different substitution or pharmacological treatment with patients with a heroin addiction. Instead of national clinical guidelines general recommendations are used for choosing the drug.

LAAM maintenance treatment in Slovenia is not performed.

Other medically-assisted treatment

Treatment with Naltrexone for opioid addiction in Slovenia is also possible within the framework of the CPTDA network or the CTDA.

For more information, please also see previous reports.

6. Health Correlates and Consequences

Drug-related deaths and the mortality of drug users² prepared by Jožica Šelb Šemrl

There were some changes in the drug-related deaths ('DRD') methodology in Slovenia in 2005. Due to a new regulation on data protection adopted in 2004 the Department of Health Statistics at the Institute of Public Health ('IPH'), responsible for the General Mortality Register ('GMR'), did not allow the linking of data on the deceased from different personal data sources with the personal data in the GMR. Matching the GMR's personal data with data from the First Treatment Demand Data Base ('FTD') and with patients hospitalised due to intoxication by illicit drugs was impossible. Only work with data available for statistical purposes was allowed.

In spite of this barrier we succeeded in controlling and supplementing data on deaths due to drugs (underlying cause of death - intoxication by an illicit drug) from the GMR with data on the deaths due to illicit drugs from the General Police Office ('GPO') and the Toxicology Department of the Institute for Forensic Medicine ('IFM') of the Medical Faculty in Ljubljana. We did this by searching for the same value of three different variables in the GMR and data at the Institute for IFM. Using this method we also encountered some deaths of drug users.

According to the EMCCDA - DRD codes there were a total of 63 deaths in connection with drug use in Slovenia in 2005. From the Toxicology Department of the IFM we also obtained data on three victims of illicit drug use who were foreign citizens, one from the Czech Republic and two from Croatia who died in the Republic of Slovenia.

Because of differences in data gathering in 2005, the 46 deaths due to accidental poisoning, intentional poisoning or due to poisoning of an undetermined intent and the 17 deaths among drug users with different direct causes of death in 2005 cannot be compared with deaths from 2004.

Direct drug-related deaths

In Slovenia in 2005 there were, according to the EMCDDA methodology (causes of death with DRD 56 to DRD 147), 45 drug-related deaths (Table 6.1).

Table 6.1 *Number of direct drug-related deaths by age group and sex, Slovenia, 2004*

Age group	Sex		Total
	Men	Women	
<15 years			
15-19	3	0	3
20-24	6	3	9
25-29	13	1	14
30-34	3	0	3
35-39	5	2	7
40-44	3	0	3
45-49	1	0	1
50-54	2	0	2
55-59	0	0	0
60-64	0	0	0
65 >	0	3	3
Total	36	9	45

² In this article data on deaths due to illicit drugs in 2005 are analysed. Data for 2006 and 2007 will be presented in the following annual report.

Men died due to drug use almost four times as frequently as women. For both sexes the age distribution of deaths was skewed towards younger age groups with the highest number occurring in people aged 25 to 29 years.

With men the mean age at death was 30.8 years, with the median age at death of 27.5 years, minimum age at death of 19.1 years and the maximum of 52.8 (intentional poisoning by benzodiazepines). With women the mean age at death was 44.3 years, the median was 36.5 years, while the minimum age at death was 21.7 years and the maximum 86.7 years (intentional poisoning by other and unspecified drugs).

There were 37 cases according to value 1 of the Filter B variable (key figures) and eight 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, 2005*

Age group	Sex		Total
	Men	Women	
15-19	2	0	2
20-24	6	3	9
25-29	13	1	14
30-34	2	0	2
35-39	5	1	6
40-44	2	0	2
45-49	0	0	0
55-59	1	0	1
65+	0	1	1
Total	31	6	37

Almost four out of five who died from drug use were illicit drug users. Among the 37 who died only one-fifth were women, the oldest was aged 71.03 years at death (she committed suicide by using other opioids (T40.2)). The age distribution resembled that seen among all drug users as described in Table 2.

Cause of death, meaning the substance that causes death, is one of the most important characteristics for assessing the paths of drug abuse.

Table 6.3 *Substances consumed by victims of drug-related death, by age group, and sex, Slovenia, 2005*

Substance	Sex		Total
	Men	Women	
F11.2 - Dependence on opioids	2	0	2
F19.0 - Ac. Intox. by multiple/other	1	0	1
T40.0 - Opium	1		1
T40.1 - Heroin	15	2	17
T40.2 - Other opioids	5	1	6
T40.3 - Methadone	4	2	6
T40.4 - Other synthetic narcotics	1	0	1
T40.5 - Cocaine	1		1
T40.6 - Other and unspecified narcotics	1	1	2
T42.4 - Benzodiazepines	3	0	3
T42.7- Antiepileptic and sedative	0	1	1
T50.9 - Other and unspecified drugs	2	2	4
Total	36	9	45

Note: Ac. intox. = acute intoxication

Heroin was the most frequent drug consumed, followed by the group of other opioids, opium, and opioid dependence in second place, and methadone in third place. There were six other deaths due to other and unspecified narcotics or drugs.

There were eight accidental poisonings, five of the eight were by heroin and three by methadone. Four suicides out of 11 were carried out two by two, by other opioids, and other and unspecified drugs while seven, the rest, involved heroin, methadone, unspecified narcotics and sedatives. Among 25 cases of undetermined intent the most frequent substance used was heroin followed by other opioids and methadone.

In 2005 there were 34 deaths due to the use of opiate, other narcotics, and cocaine (T40.0-T40.6). That means four more deaths than in 2004. There are more DRD in 2005 than 2004 in spite of the methodological change in 2005 when only two data sources were used to supplement the GMR instead of the four in 2004. In 2003 21 deaths due to the same substances (T40.0-T40.6) were recorded. The number of deaths in this year was almost the same as in 2002.

Table 6.4 *Number of drug-related deaths due to opiate, cocaine and other and unspecified narcotics (T40.0-T40.6) in the 2004 and 2005 by age group*

Age group	Number of deaths 2004	Number of deaths 2005
15-19	1	1
20-24	9	9
25-29	6	13
30-34	3	2
35-39	6	6
40-44	2	2
45-49	2	0
55-59	1	0
60-64	0	0
65+	0	1
Total	30	34

The peak number of deaths due to the described substances moved from the 20-24 age group in 2004 to the 25-29 age group in 2005.

Indirect drug-related deaths

After comparing the values of the same variables in the data from Forensic Toxicology and from Criminal Investigation Department of the Police with the GMR, 18 (16 men and 2 women) deaths among drug users were registered as not being directly connected to the toxic action of a substance in the body.

Within the group of indirect drug-related deaths the mean age at death for men was 29.2 years, the median age at death was 28.1 years while the minimum and maximum ages at death were 17.1 and 50.7, respectively. The two deceased women were, at the moment of their death, 24.9 and 35.6 years old.

For 15 of the 18 deceased drug users toxicological analyses of their urine and/or blood were made. Among these 15 deceased, there were four poly-drug users. Besides benzodiazepines and morphine, THC, cocaine and methadone, other drugs were found in their body fluids.

Concerning the underlying causes of death three drug users died due to internal diseases. One died due to lung cancer, a second due to pneumonia, and the last due to heart failure. Among 15 violent deaths there were 10 suicides, two traffic accidents, one victim of assault, one person fell off a building and one had a head injury from an unknown cause.

Trends

In 2005 Slovenia had the highest number of drug-related deaths during the whole period characterised by adoption of the methodology for drug-related deaths recommended by the EMCDDA. For that year on it seems we will be obliged to adjust the previous methodology for data gathering to the Data Protection Law that was renewed in 2004.

In spite of what we believe is possibly incomplete data, in 2005 there were five more direct drug-related deaths than in 2004 and two less indirect drug-related deaths than in the previous year, meaning three additional deaths among all drug users. The majority of drug victims died in the 25-29 age group, one five-year age group higher than in the year before. The number of illicit drug users (filter B=1) rose by six people from 2004. There was a substantial increase in deaths without determined intent from 14 in 2004 to 25 in 2005.

As mentioned before, this year data from the GMR were compared and supplemented only with data from the General Police Department and Forensic Toxicology and not with data from the Toxicology Department of the Clinical Centre in Ljubljana nor the First Treatment Demand Centres in Slovenia. Accordingly, it is possible that fewer drug-related deaths were captured than in the year before when we used five data sources.

We are unsure that due to the Data Protection Law any personal data will be available for linking in the future.

Conclusions

In 2005, after having adopted the EMCDDA methodology for four years, the number of DRD was the highest in Slovenia so far. For the third time only, we also managed to record indirect drug-related deaths. We are unsure if the number of DRD in 2005 could even be higher than presented because only three sources of comparative data were used instead of the five that was possible in 2004. It will be necessary to make the relevant decision-makers more aware of how important data on the mortality of drug users is.

Due to a lack of human resources it was impossible to start a drug-related mortality cohort study.

Drug-related infectious diseases prepared by Irena Klavs

HIV infections

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

During the last five years, from 2002 to 2006, there was not a single new HIV diagnosis reported among IDUs, although there has been a cumulative total of 13 new HIV diagnoses among IDUs reported since 1986 when the national HIV surveillance based on the notification of diagnosed cases was initiated, with the last one coming in 2001. In addition, the results of HIV-prevalence monitoring with the unlinked anonymous testing of IDUs during the last five years, from 2002 to 2006, indicate that the prevalence of HIV infections among IDUs remained below 1%. Among a total of 1,098 saliva specimens collected at three different sentinel sites (two centres for the Prevention and Treatment of Illicit Drug Users in Ljubljana and Koper and three non-governmental needle and syringe exchange programmes, two in Ljubljana and one in Koper) not a single specimen had a positive result for HIV antibodies.

HBV

During the period from 2002 to 2004 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 ranged from the lowest 4.1% in 2004 to the highest figure of 10.4% in 2003.

The reported acute HBV infection incidence rate in the Slovenian population during the period from 2002 to 2006 ranged from the lowest 2.0/100,000 population (in 2002) to the highest 3.2/100,000 population (in 2005). Due to underreporting, reported HBV-incidence rates greatly underestimate the burden of the disease.

HCV

During the 2002-2004 period 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 ranged from the lowest figure of 21.0% in 2002 to the highest of 22.5% in 2003.

The reported acute HCV infection incidence rate in the Slovenian population during the period from 2002 to 2006 ranged from the lowest 6.0/100,000 population (in 2003) to the highest 7.6/100,000 population. Due to underreporting, reported HBV-incidence rates greatly underestimate the burden of the disease.

Strengths and limitations of the key indicator infectious diseases

The strengths of monitoring the prevalence of HIV, HCV and HBV infections among IDUs in treatment in the Centres for the 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 at 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 and, recently, three NGO harm-reduction programmes have been included in the system (AIDS Foundation Robert - needle exchange programme in Ljubljana in 2003, STIGMA - needle exchange programme in Ljubljana in 2005 and 2006 and the SVIT - needle exchange programme in Koper in 2004 to 2006). In addition, the Institute of Public Health of the Republic of Slovenia 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 the relatively reliable reported AIDS-incidence data, information about reported newly diagnosed HIV infection cases among IDUs does not reliably reflect HIV incidence in this population. Due to the underreporting of diagnosed cases, reported HBV and HCV incidence rates are even less reliable and greatly underestimate the true burden of diagnosed infections in this population. Also, information on the transmission route (e.g. IDU) is only available for a minority of the reported HBV and HCV cases.

Psychiatric co-morbidity (dual diagnosis)

No new information available

Other drug-related health correlates and consequences

Somatic co-morbidity prepared by Miran Brvar

In 2006 the Emergency Department and Poison Control Centre of the University Medical Centre Ljubljana that is responsible for one-third of Slovenia (600,000 people) treated at least 42 heroin-overdosed patients, seven cocaine-overdosed and five amphetamine-overdosed patients. In the last few years we have seen a greater number of cocaine and meth/amphetamine-overdosed patients, but the number of heroin-overdosed patients has remained unchanged (Table 6.5). Most heroin-overdosed patients were only comatose with respiratory depression on admission and they were treated with naloxone at the Emergency Department. However, approximately 15% of them were subsequently hospitalised at the Poison Control Centre due to complications such as aspiration pneumonia, pulmonary edema, prolonged consciousness level impairment, ischemic brain injury, rhabdomyolysis, and peripheral neuropathy due to nerve compression. One-half of the cocaine and amphetamine-overdosed patients were only agitated with tachycardia and hypertension and

they were treated at the Emergency Department. The other half of the cocaine and amphetamine-overdosed patients were admitted at the Poison Control Centre due to prolonged agitation, seizures, hypertension, arrhythmias, rhabdomyolysis, acute liver and renal failure, hyperthermia and aspiration pneumonia. In 2006 we also treated one patient poisoned by GHB and two patients poisoned by GBL.

Table 6.5 *Number of patients poisoned by heroin, cocaine and amphetamines treated at the University Medical Centre Ljubljana between 2003 and 2006, Slovenia*

	2004	2005	2006
Heroin	41	44	42
Cocaine	4	7	7
Amphetamine	1	8	5

In the Slovenian register of intoxication 345 heroin, cocaine, methamphetamine, GHB, GBL and THC overdosed patients were reported and treated in Slovenian hospitals between 2001-2006 (Table 6.6). This number represents only about 20% of all illicit drug overdosed patients treated in Slovenian hospitals since the reporting of poisoned patients to the Register of Intoxication is incomplete. Nevertheless, the Slovenian register of intoxication offers some information about the frequency of hospitalisation due to different illicit drug overdoses. Hospitalisation due to an illicit drug overdose was most commonly due to a heroin overdose, which is in line with the frequency of drug use in Slovenia. Interestingly, THC-overdosed patients were also quite common but these poisonings were not serious and the patients needed only benzodiazepine therapy at the Emergency Department. The frequency of cocaine-overdosed patients has been growing during the last six years, but in 2006 it was still lower than the frequencies of heroin and amphetamine overdoses that have remained unchanged during the last few years. The first GHB overdose in Slovenia was recognised in 2002.

Table 6.6 *Number of patients poisoned by illicit drugs between 2001 and 2006 reported to the Slovenian Register of Intoxication*

	2001 - 2006
Heroin	159
THC	86
Amphetamine	56
Cocaine	34
GHB, GBL	8
LSD	2

Somatic co-morbidity in drug users prepared by Dušica Cvitkovič

The Pre-hospital Emergency Unit ('PHEU') is one of the units of the Community Health Centre ('CHC') of Ljubljana and is responsible for emergency medical services on a 24-hour basis within the capital city of Ljubljana and its surroundings. The Unit operates across 900 km² of territory, which has 325,000 inhabitants. Emergency medical services are provided by the CHC's full-time physicians in co-operation with emergency medical technicians from the Ambulance Services Centre ('ASC') in Ljubljana. Organised as a mobile pre-hospital unit, it sends a reanimation vehicle with an expert medical team (a doctor and two emergency medical technicians) to situations where there are patients with life-threatening problems. Patients are treated in the field and, if necessary, transported to an appropriate emergency facility of the secondary level (Internal Emergency Department, Trauma-Emergency

Department, Psychiatric Emergency Department). Visits by patients seeking urgent medical care take place on the PHEU's premises located in the Emergency Department of the Clinical Centre. Patients are treated by general physicians and may be directed to specialist medical departments if necessary.

Out of a total of 43,186 patients examined by the PHEU in 2006, 165 (0.38% of all patients) were treated for problems caused by the use of illicit drugs. In 2006 there were 5,979 interventions of the medical team in the field, 81 (1.35%) of which were due to drug abuse. 49% of treated drug addicts received medical help in the field and roughly the same proportion (51%) sought help at the PHEU. The largest share of examined drug users can still be seen in patients seeking medical assistance due to the abuse of opiates (138, 83.64%). 14 patients (8.48%) were treated for cocaine abuse, seven (4.24%) due to the abuse of cannabinoids, two (1.21%) due to ecstasy-induced problems, and in four cases (2.42%) the drug was unknown. Interventions in the field were due to opiate overdoses. The visits of patients to the Unit were a consequence of withdrawal problems, psychological disorders and various infectious and surgical complications due to the intravenous injection of drugs. Symptoms that manifested in cocaine abusers included restlessness, aggressive behaviour, cardiovascular complications and hallucinations.

105 patients (63.64%) out of the 165 treated were directed to appropriate specialist care, 57 (34.55%) were sent home, and there were three cases of death (1.81%). All the deaths involved an opiate overdose. The decisions to redirect patients to specialist treatment were based on the symptoms. The majority of life-threatening situations in the opiate overdose cases were dealt with by the Internal Emergency Department, along with heart rhythm disorders following the abuse of cocaine, cannabinoids or ecstasy. Anxiety and hallucination problems triggered by cocaine abuse and the use of other substance were treated by the psychiatric emergency service. Patients with an infection or injury as a consequence of a drug application were directed to the infectology department or to the emergency surgery service.

Out of the 23,189 patients examined at the PHEU from 1 January to 30 June 2007, 62 (0.27%) were treated for drug abuse. 36 (58%) of the 62 patients were treated in the field, and another 26 (42%) sought help at the Unit. 33 drug users (53%) were directed to specialist medical care, 28 (45%) were sent home, and one (2%) died due to a cocaine-induced heart failure.

Table 6.7 *Number of patients treated for the use of illicit drugs at the PHEU Ljubljana, by category, 2003-2006*

No. of patients treated at the PHEU, by category	2003	2004	2005	2006
No. of patients treated for drug abuse at the PHEU ¹	88	99	148	165
Percentage of patients treated for drug abuse compared to the total number of patients treated	0.2	0.2	0.34	0.38
Percentage of drug users treated in the field	28	46	55.4	49
Percentage of drug users treated at the PHEU	78	54	44.6	51
No. of patients treated for amphetamine abuse	7	11 ²	4	2
No. of patients treated for cocaine abuse	4		6	14
No. of patients treated for opiate abuse	77	88	128	138
No. of patients treated for cannabinoid abuse	n. a.	n. a.	8	7
No. of patients treated for other substance abuse	n. a.	n. a.	6	4
No. of deaths due to opiate abuse	n. a.	7	5	3
No. of deaths due to other substance abuse	n. a.	n. a.	1 ³	n. a.

Notes:

¹ In 2005 a total of 43,110 and in 2006 a total of 43,186 patients were treated at the PHEU.

² Treated for amphetamine and cocaine abuse

³ Death due to cocaine abuse

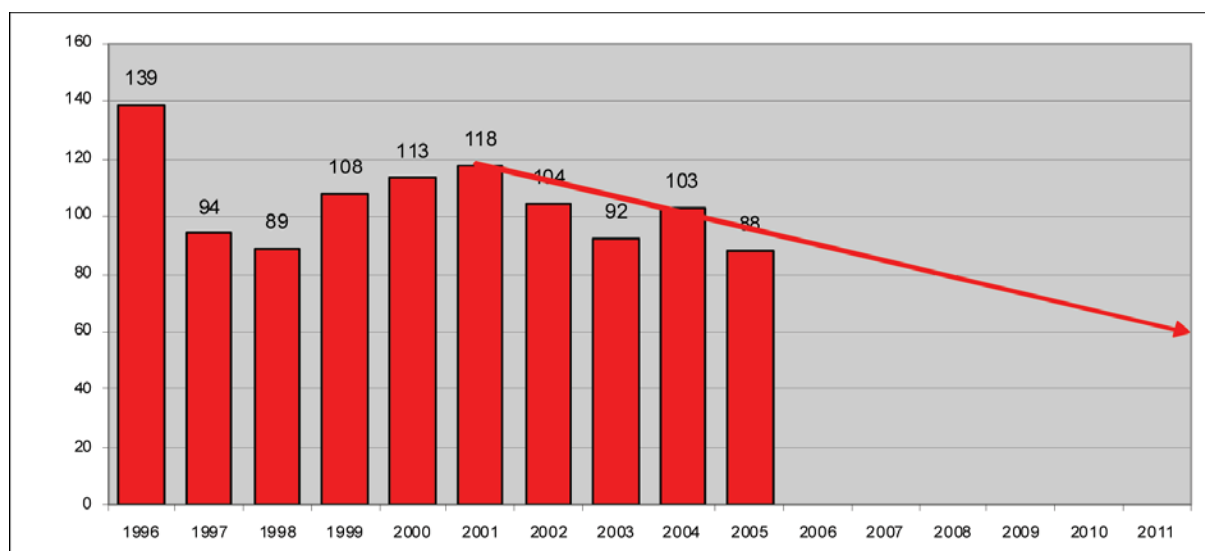
n. a. - data not available

Driving and other accidents prepared by Marko Cerar

In December 2006 the Resolution on the National Programme on Road Traffic Safety 2007-2011 (Resolution) was adopted by the Slovenian Parliament (Official Gazette RS 2/2007). The Police Department was included in the preparation of this resolution.

According to the Resolution, alcohol, illicit drugs and other psychoactive substances (PAS) are an important risk factor of traffic safety. Every third perpetrator of an accident with a mortal outcome and every fourth perpetrator of an accident involving serious physical injuries in Slovenia was driving under the influence of alcohol. The share of inebriated drivers among the perpetrators of accidents is one of the highest compared to other European countries. In addition, the number of established cases of driving under the influence of illicit drugs and other PAS is increasing.

Figure 6.1 *Number of people dying in accidents where the perpetrator was under the influence of alcohol*



Source: Resolution on the National Programme on Road Traffic Safety 2007-2011

In the Resolution measures for preventing the abuse of alcohol, illicit drugs and other PAS are listed among the most urgent measures for road traffic safety. Some of those measures are:

- the organisation of preventive activities;
- preventive programmes in primary and high schools;
- ad hoc road traffic controls;
- enhanced road traffic controls in special periods (e.g. in the period of the wine harvest); and
- an evaluation of the efficiency of restrictions regarding youth access to alcohol and for the drivers of motor vehicles.

Driving under the influence of alcohol and PAS is increasing, while the decrease in driving abilities under the influence of PAS is an important risk factor of traffic accidents. According to data from scientific research, marijuana is the most frequently discovered illicit drug in fatal traffic accidents as it has a similar effect to alcohol. Drivers using cannabis are three to seven times more often involved in traffic accidents than those not using alcohol or other drugs (Lovrečič, Drobne 2004).

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

According to the Annual Report of the Slovenian Police (2006) the Police consistently carried out tasks to improve road safety in 2006 but, despite that, in 2006 road safety decreased slightly.

In 2006 the Police detected 496,560 (436,247 in 2005) or 13.8% more violations of the Road Transport Safety Act. In 2006 31,569 (31,094 in the previous year) or 1.5% more road accidents were investigated in which 62,403 people were involved, namely a 2.4% increase compared to 2005 (60,937 people). Compared to the last year, more alcohol tests and fewer professional examinations due to the suspicion of driving under the influence of alcohol or illicit drugs were ordered. 262 people died in road accidents, which is 1% less than in 2005 (259 people). The number of people seriously injured in road accidents dropped slightly from 1,266 to 1,220 or by 3.6%, while the number of people with minor injuries rose from 13,048 to 14,855 or by 13.8%.

Pregnancies and children born to drug users *prepared by Barbara Mihevc*

Data on all pregnancies and births in Slovenia are collected by the Perinatal Information System of the Republic of Slovenia ('PISRS'). From this database we can analyse data concerning women who had used illicit drugs during their pregnancy. One of the main variables monitored by the PISRS is the personal medical history of pregnant women (illnesses before pregnancy) and this variable can also be defined in their codebooks as the possibility of a dependence on drugs. On the other hand, this variable cannot perform the separation regarding different types of dependency. The additional variable which is monitored by the PISRS is the use of medicaments during pregnancy. From the data collected by this variable we can precisely analyse the use of medicaments for therapeutic purposes and the use of alcohol and illicit drugs during women's pregnancy. For collecting data for this variable in the questionnaire, there are only four fields to fill in and that is why the number of pregnant women who have used illicit drugs during their pregnancy is a little undervalued.

In the 2003-2005 period 52,330 women gave birth in Slovenia. 157 of these women had a defined dependence in their personal medical history. 60 of them (1.2/1000 pregnant women) were using illicit drugs during their pregnancy. The highest proportion of pregnant women using drugs during their pregnancy (6.1/1000 pregnant women) involve women from the Obalno-kraška region. The women who used illicit drugs during their pregnancy were a little younger than the average pregnant woman and for most of them this was their first birth. These women were usually single or were living in an outlaw family community and on average had a lower education. During their pregnancy they came later to the prevention tests and they were also smokers. Their children were lighter at birth than the average child and they were born weighing less than 2500 g. Upon release from the maternity hospital these children were rarely fully or partially breast-fed.

7. Responses to Health Correlates and Consequences

Prevention of drug-related deaths

No new information available

Prevention and treatment of drug-related infectious diseases

No new information available

Interventions related to psychiatric co-morbidity

No new information available

Interventions related to other health correlates and consequences

No new information available

8. Social Correlates and Consequences

Social Exclusion *prepared by Marjeta Ferlan Istinič and Davor Dominkuš*

The use of drugs in the system of social assistance is treated as one of the behavioural forms which may adversely affect the social inclusion of the user or their immediate family and close friends.

In order to prevent and eliminate social exclusion resulting from or occurring simultaneously with the use of illicit drugs, the Ministry of Labour, Family and Social Affairs ('MLFSA') provides for the operation of expert services organised within the public services framework, activities that supplement the work of public services and activities enabling the provision of mutual assistance by drug users, their immediate families, close friends and other interested parties.

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 Republic of Slovenia, 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), by providers with concessions for social assistance services on the basis of tenders and by NGOs with supplementary activities.

Public services provide drug users, their immediate families and close friends with social assistance services, namely social prevention, first social aid, personal assistance and family assistance for the home. The Centres for Social Work are, for the purposes of these services, directly financed from the national budget.

Supplementary social assistance programmes are outside the scope of public services and provide expert support to overcome social hardships and difficulties arising from the use of drugs.

Experimenting with drugs and above all the regular use of drugs are indirectly prevented by different activities aimed at improving social inclusion. Social preventive services are performed by the Centres for Social Work in co-operation with various NGOs which run programmes for young people.

The network of public services and programmes for resolving social problems related to drug use provides the following:

- services and programmes raising the awareness of as many drug users as possible and preventing the harmful consequences of drug use (first social aid, field work and other low-threshold programmes);
- services and programmes for short-term interventions (personal assistance, family assistance for the home, low-threshold programmes and mutual assistance programmes);
- programmes aimed at permanent abstinence (therapeutic communities, communes, day-care programmes);
- services and programmes for reintegration (personal assistance and family assistance for a home, reintegration programmes); and
- forms of self-help and self-organisation of drug users, their immediate families and close friends.

Professional tasks are therefore carried out through different forms of work: on the principle of harm reduction **the low-threshold approach** makes it possible to establish contact with drug users (the key precondition) in the field, directly in their social context. The core activities of this kind of work are field work, drop-in centres, various residential forms of shelters, the promotion of mutual assistance between drug users and similar; when providing **first social aid and other social assistance services** (performed by the Centres for Social Work and other providers) the professional work focuses on recognising personal and social hardship and on finding forms of assistance which can be realised and will enable the social inclusion of individuals, thus encouraging individuals to decide for a change in their drug use; different forms of **high-threshold programmes** geared declaratorily to abstinence (reception and drop-in centres, therapeutic communities and communes). Individuals who wish to stop using drugs participate in these programmes; »**reintegration centres**« as a professional form of working with people of stable abstinence and their immediate families and close friends thereby enabling their concrete social inclusion. Therapeutic care or treatment is followed by the most important component: the social reintegration of former drug users into society. This reintegration means inclusion at all levels and in all fields, and especially the development of social skills and the promotion of education and employment. It also implies the maximum degree of social participation of former and current drug users. Various programmes have only recently been intensively developed in this area and, according to the expectations, different initiatives will emerge in the upcoming years. Social reintegration implies the restriction or elimination of social causes leading to drug use, especially social exclusion. In the period between the end of a residential form of treatment and full independence 'residential groups for reintegration' must be set up so that suitable professional help is still available. Social reintegration is also important for people released from a prison or correctional facility. The social rehabilitation and reintegration of drug users are two areas of work carried out by the Centres for Social Work. The expert staff of these Centres with suitable additional training must be the key actor in the comprehensive reintegration of former drug users into the community; **programmes for mutual assistance** between drug users, their immediate families, close friends and other interested parties; special attention should be paid to following up the **activities for preventing the social exclusion** of those groups of drug users that participate in activities from other fields e.g. methadone maintenance programmes, drug users in prisons etc. These activities require full co-operation between experts of various professions, different providers and diverse systems.

According to data selected by the Social Protection Institute of the Republic of Slovenia, in 2006 there were 536 people whose primary problem was connected with the use of illicit drugs treated in the Centres for Social Work in Slovenia. Of those 94 were minors.

In 2006, EUR 1,502,593.93 (SIT 360,081,609.00) was spent on social rehabilitation: 13 programmes were co-financed by contracts for five years and 31 programmes were co-financed by contracts for one year. In 2007 the MLFSA is earmarking EUR 1,900,947.72 (SIT 455,543,111.62) to social rehabilitation: 14 programmes are co-financed by contracts for five years and 25 programmes are co-financed by contracts for one year. All these funds are earmarked exclusively for the implementation of different programmes: for labour costs or material costs but only if they are essential for a programme's operations.

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

Around 2,500 drug users are currently participating in NGOs' programmes which are co-financed under contract. An additional 750 parents are participating in programmes requiring active parent participation.

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

Low-threshold programmes cover 5,000 drug users and around 650 family members. One of the programmes addressing synthetic drug users is carried out at rave events and therefore is exposed to several thousand young people annually. This programme also attracts tens of thousands of visitors to its web page www.drogart.org.

Individual programmes are designed for informing and providing assistance over the telephone. No provider solely provides this kind of assistance to drug users, their immediate family and close friends.

Homelessness

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

At the moment there are two additional programmes providing shelters for homeless users of drugs in Maribor and Žalec. Both are operating within two low-threshold programmes which also provide day centres and other harm-reduction activities. The shelter in Maribor is able to accommodate up to eight users overnight and the shelter in Žalec up to 11.

In the near future a provisional shelter in Nova Gorica is also about to become available with the capacity of a few beds (for urgent cases it will be possible to sleep over on the premises of the day centre). In the case of need, Ministry will also support such a shelter in Koper. There is also a network of low-threshold programmes covering the five regions (Nova Gorica, Koper, Celje, Maribor and Ljubljana).

Unemployment

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

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

School drop-outs

The system of social assistance does not include data that would allow us to estimate the correlations between drug use and accommodation, unemployment, school drop-outs and other problems.

Financial problems

Programmes operating within activities of public services are financed as regular activities of the Centres for Social Work. Programmes within supplementary social assistance programmes are co-financed by the Ministry of Labour, Family and Social Affairs, but only up to 80% of the programme's total cost. The remaining funds must be provided from other sources by those carrying out the programme. The funds are particularly earmarked for employment expenses and material costs when urgently needed to operate a programme. Those carrying out the programmes in smaller towns around Slovenia often find it very difficult to agree on co-financing with the local communities.

Social network

Since we are aware that drug users have 'unspecific' needs and because we are searching for a suitable professional response to these needs, the social assistance system supports very diverse programmes: ranging from the services of public institutions (the Centres for Social Work) to the programmes of NGOs, from low-threshold programmes in the field to extremely structured therapeutic communities, from the methods of direct personal contact with drug users and self-help groups to the methods of using electronic media to establish such contacts.

Drug-related Crime

Drug offences prepared by Marko Cerar, Rok Primc, Mercedes Lovrečič

According to the 2006 Police Annual Report, in 2006 the Police dealt with 499 criminal offences (25.7% more than in the previous year) belonging to the category of organised crime. The biggest increase was registered in the category of illegal drug production and trafficking.

The Slovenian Penal Code defines drug-related criminal offences in Article 196 (manufacture and trafficking)³ and in Article 197 (facilitating the consumption of illicit drugs)⁴. In 2006 the Police in Slovenia investigated 1,794 drug-related criminal offences, which is 44.6% more than in 2005. In 2006 the number of criminal offences pursuant to Article 196 rose by 55% over 2005. On the other hand, the number of criminal offences pursuant to Article 197 fell by 5.1%. In the same period, the number of suspects of criminal offences also grew. In 2006 the number of suspects in connection to Article 196 increased by 43.7% over 2005, while those in connection to Article 197 dropped by 5.6%. In the same period, the number of people arrested for criminal offences also went up. In 2006 the number of people arrested in connection to Article 196 increased by 48.4% over 2005 and the number of arrested people in connection to Article 197 increased from 2 to 9 (or by 350%).

According to the Police's assessment this is the result of the increased intensity of police work in the field of illicit-drug-related crime. The number of suspects treated in relation to these offences rose by 36.8%, while the number of people arrested increased by 50.8%.

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

⁴ Whoever solicits another person to use narcotics or provides a person with such drugs to be used by him or by a third person, or whoever provides a person with premises for the use of narcotics or in some other way enables another person to use narcotics shall be sentenced to imprisonment of not less than three months and not more than five years; (2) If the offence referred to in the preceding paragraph is committed against a minor or against several people, the perpetrator shall be sentenced to imprisonment of not less than one and not more than ten years; (3) Narcotics and the tools for their consumption shall be seized.

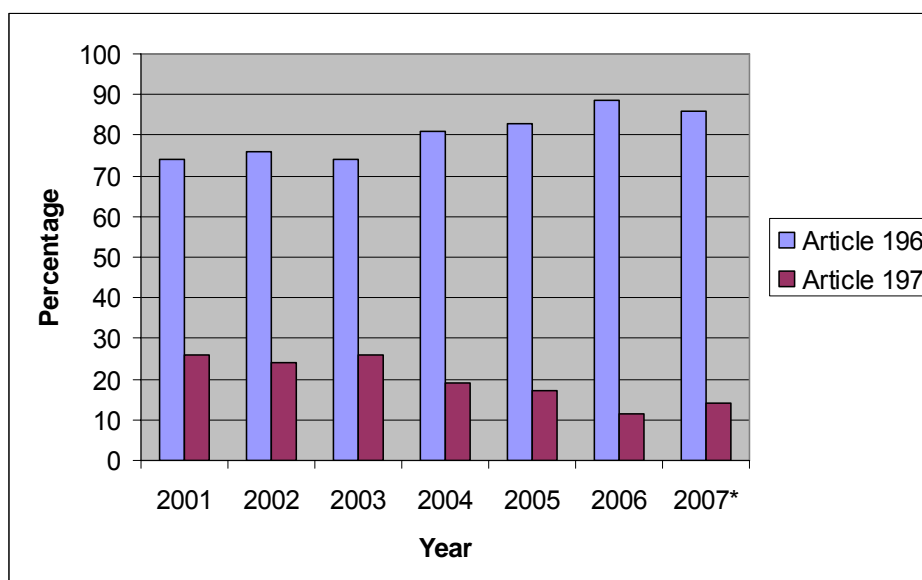
Table 8.1 *Data on the number of criminal offences, suspects and arrested people, 2005-2007*, Slovenia*

Year	No. of criminal offences			Number of suspects			Number of people arrested		
	Art. 196	Art. 197	Total	Art. 196	Art. 197	Total	Art. 196	Art. 197	Total
2005	1026	215	1241	1322	214	1536	254	2	256
2006	1590	204	1794	1900	202	2102	377	9	386
2007*	675	112	787	742	112	275	109	4	173

Note: * The data refer to the first half of 2007
Source: Ministry of the Interior of the RS, 2007

For more information on criminal offences, please also see Chapter 10.

Figure 8.1 *Proportion of drug-related criminal offences pursuant to Articles 196 and 197 of the Penal Code of the RS, 2001-2007*, Slovenia*



Note: * The data refer to the first half of 2007

Table 8.2 shows the number of drug-related criminal offences pursuant to the Manufacture and Trafficking of Illicit Drugs Act (Article 33)⁵

Table 8.2 *Data on violations of the Manufacture and Trafficking of Illicit Drugs Act, 2005-2007*, Slovenia*

Year	2005	2006	2007 *
Number	2490	2974	1363

Note: * The data refer to the first half of 2007
Source: Annual Report on the Work of the Police, 2006

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

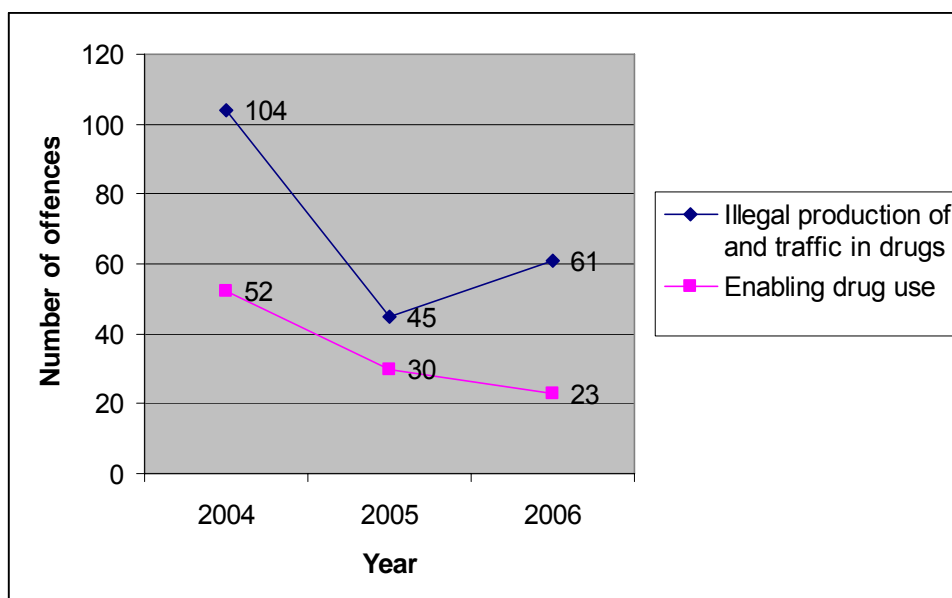
The Police do not record data on secondary crime that refers to the area of illicit drugs and we therefore cannot provide it.

Other drug-related crime prepared by Marko Cerar, Mercedes Lovrečič

Juvenile crime in Slovenia

Figure 8.3 shows drug-related offences in the 2004-2006 period with minors being suspected offenders in Slovenia. After quite a considerable decrease in 2005, the number of offences of illegal production and traffic rose by 35.6% (or 16 cases). But the number of offences for enabling drug use continues to drop (by 23.3% relative to 2005 and by 55.8% relative to 2004). The number of cases fell by 29 relative to 2004.

Figure 8.2 *Juvenile crime, 2004-2006, Slovenia*



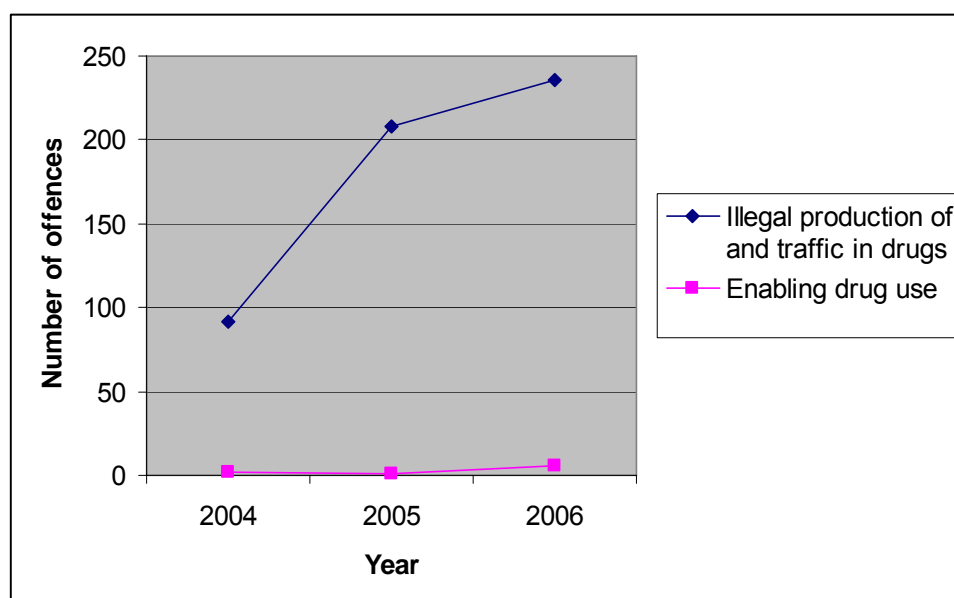
Source: Annual Report on the Work of the Police, 2006, Annual Report on the Work of the Police, 2005

In 2006 in Slovenia 2,527 cases of juvenile crime were reported, with the illegal production of and traffic in drugs representing 2.4% and enabling drug use representing 0.9% of all cases of juvenile crime.

Organised crime in Slovenia

According to the 2006 Police Annual Report the illegal production of and traffic in drugs in 2006 increased by 13.5% over the previous year and in 2006 represented 47.3% of all reported cases of organised crime in Slovenia. In 2005 one case of enabling drug use was reported and there were six cases in 2006.

Drug-related crimes (illegal production, traffic and enabling of drugs) in 2006 represented 48.5% of all reported cases of organised crime, which is less than in the previous year (52.6%) and more than in 2004 (41.8%).

Figure 8.3 *Drug-related criminal offences - organised crime, 2004-2006, Slovenia*

Source: Annual Report on the Work of the Police, 2006, Annual Report on the Work of the Police, 2005

Drugs and driving prepared by Marko Cerar, Barbara Lovrečič, Mercedes Lovrečič

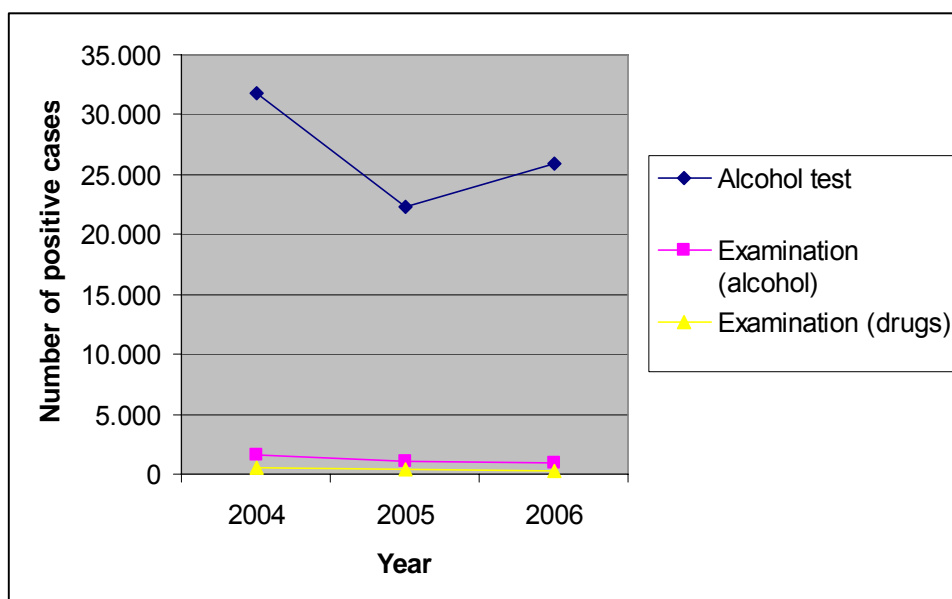
In Slovenia the Police applied different measures during road traffic controls (Table 8.3). The trend in the number of positive tests and examination of alcohol and illicit drugs in the 2004-2005 period in Slovenia is presented in Figure 8.5.

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

	2004	2005	2006	Change 2006/05 (%)
Alcohol test	255,434	246,611	323,649	31.2
positive	31,740	22,289	25,883	16.1
negative	219,528	221,714	295,406	33.2
refused	3,759	2,404	2,130	-11.4
Examination (alcohol)	5,183	3,452	2,282	-33.9
positive	1,557	1,191	891	-25.2
negative	1,190	1,003	655	-34.7
refused	2,336	1,151	647	-43.8
Examination (drugs)	3,714	2,727	1,586	-41.8
positive	525	404	259	-35.9
negative	681	501	322	-35.7
refused	2,463	1,768	961	-45.6
Detention until sober	749	412	371	-10.0
Temporary confiscation of driving licence	27,238	18,174	20,227	11.3
Bringing before a judge or a general offences department of a local court	270	379	312	-17.7

Source: Annual Report on the Work of the Police, 2006 and Annual Report on the Work of the Police, 2005

Figure 8.4 Number of positive tests during the examination of alcohol and illicit drugs in the 2004-2006 period, Slovenia



Source: Annual Report on the Work of the Police, 2006, Annual Report on the Work of the Police, 2005

In 2006 the Police dealt with 1,090 violations of the Road Traffic Safety Act that involved drivers under the influence of drugs, compared to 698 such violations in the first half of 2007. According to the 2006 Police Annual Report, when comparing 2005 and 2006 in Slovenia during road traffic controls the Police conducted 31.2% more alcohol tests (323,649 in 2006 and 246,611 in 2005) and required 33.9% fewer drivers to undergo an examination to confirm the presence of alcohol (2,282 cases in 2006 and 3,452 cases in 2005) or drugs: in 2006 there were 41.8% fewer expert examinations ordered for illicit drugs than in the previous year (a total of 1,586 cases in 2006 and 2,727 in 2005).

Among all expert examinations ordered for illicit drugs in 2006 in Slovenia there were 35.9% fewer positive results, 35.7% fewer negative results and 45.6% fewer refused cases in comparison to 2005. But the percentage of positive results compared to all examinations for illicit drugs was higher in 2006 (16.3%) compared to 2005 (14.8%).

Among all the expert examinations ordered for alcohol in 2006 in Slovenia there were 25.2% fewer positive results, 34.7% fewer negative results and 43.8% fewer refused cases in comparison to 2005. But the percentage of positive results compared to all the examinations for alcohol was higher in 2006 (39%) than in 2005 (34.5%).

Compared to 2005, in 2006 there was a higher percentage of alcohol-affected people responsible among the total number of people responsible for accidents; 11.7% in 2006 (and 10.7% in 2005). The data suggest no significant change in the average alcohol concentration in 2005 with respect to 2004 in Slovenia.

Table 8.4 shows a comparison of the number of people under the influence of alcohol responsible for road accidents and the total number of people responsible by the type of accidents.

Table 8.4 *Number of alcohol-affected people responsible for road accidents and average blood alcohol concentration, 2005-2006, Slovenia*

	Total persons responsible		Alcohol effected persons responsible		Share of total (%)		Average alcohol concentration (g/kg)*	
	2005	2006	2005	2006	2005	2006	2005	2006
Fatal accident	242	241	82	90	33.9	37.3	1.61	1.58
Accident causing Injury	9,924	10,598	1,291	1,449	13.0	13.7	1.47	1.46
Accident causing material damage	19,424	18,962	1,806	1,942	9.3	10.2	1.52	1.52
Total	29,590	29,801	3,179	3,481	10.7	11.7	1.50	1.50

Source: Annual Report on the Work of the Police, 2006

Drug Use in Prison *prepared by Andreja Drev, Olga Perhavic*

In 2006 the number of people identified as illicit drug users in prison rose by 9% compared to 2005. The total number of all imprisoned people in 2006 was 3,572, of whom 948 had problems with illicit drug use (26.5%) (Table 8.5). 55 of these were compulsorily treated under Article 66 of the Penal Code (52 males and three females).

Table 8.5 *Number of imprisoned people with illicit drug-related problems relative to the total prison population by categories, Slovenia, 2006*

Imprisoned people by category	Total prison population (number of people)	Number of people with illicit drug-related problems	Share of people with illicit drug-related problems (in %)
Prisoners	1.844	574	31.1
Misdemeanants	393	15	3.8
Prisoners on remand	1.281	328	25.6
Juveniles (young offenders)	54	31	57.4
Total	3.572	948	26.5

Source: Prison Administration of the RS, 2006

Imprisoned people with illicit drug problems were offered help by prison health staff in the cases of abstinence crises, substitution treatment, urine tests; moreover, the staff also offered counselling and education about HIV and hepatitis C.

In 2006, methadone substitution treatment continued to be performed by health services in prisons in co-operation with medical doctors (specialists) from the regional CPTDAs. In co-operation with the Co-ordination of the CPTDA network updated guidelines were prepared for the treatment of drug users in prisons in Slovenia. The instructions are based on a doctrine of substitution treatment.

Among the 948 inmates who had problems with illicit drug use or were addicted to illicit drugs, methadone substitution was prescribed for 509 people (53.7%), whereby maintenance methadone treatment prevailed. Compared to 2005, the number of people receiving methadone rose by 33.2% (Table 8.6).

Table 8.6 *Number of imprisoned people receiving methadone therapy, Slovenia, 2000-2006*

Category of people receiving methadone	2000	2001	2002	2003	2004	2005	2006
Prisoners on remand	49	121	88	142	142	180	242
Prisoners	123	226	134	192	238	202	267
Total	172	347	222	334	380	382	509

Source: Prison Administration of the RS, 2006

Inmates who were abstinent from drugs during their imprisonment and were interested in participating in outdoor treatment programmes offered by health institutions (the psychiatric hospital, CPTDA Ljubljana, other CPTDA) and NGOs (Društvo up, Skupnost Srečanje, Karitas - Pelikan, Društvo Svit) were enabled to do so. In 2006, 55 inmates decided on this kind of treatment. After their imprisonment 46 people continued their treatment.

Counselling within the harm-reduction (low threshold) programme was performed by the Stigma Association in two prisons (Ljubljana and Ig); twice a week in Ljubljana, and twice a month in Ig.

Abstinence crises of imprisoned people are dealt with in co-operation with the CPTDAs' specialists; in 2006 there were 195 such crises and the majority of crises were resolved by prison ambulance units. The abstinence crises of 126 prisoners on remand, 65 prisoners and four misdemeanants were resolved by remedies and by an increased dose of methadone.

In 2006, two inmates died due to an overdose of methadone in combination with psychoactive medicaments.

Social Costs

No new information available

9. Responses to Social Correlates and Consequences prepared by Marjeta Ferlan Istinič, Davor Dominkuš

Social Reintegration

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

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

Housing

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

A new reintegration centre run by the Društvo Projekt Človek (the Human Project Society) with accommodation facilities for around 8 to 12 people opened at the end of 2006. It is also expected there will be a few additional accommodation facilities for reintegration available in the coastal region (Koper). For the time being it is the project of Društvo Svit (the SVIT Society) to establish such a programme in the near future for those who complete the Lautari therapeutic programme in Italy.

Education and training

The existing network of programmes includes programmes covering, among other things, the education and training of people taking part in social reintegration. There is still no programme specifically dedicated to education and training.

Employment

There are no special employment programmes for people involved in the process of social rehabilitation. However, drug users may participate in the active employment policy programmes.

Prevention of Drug-related Crime

No new information available

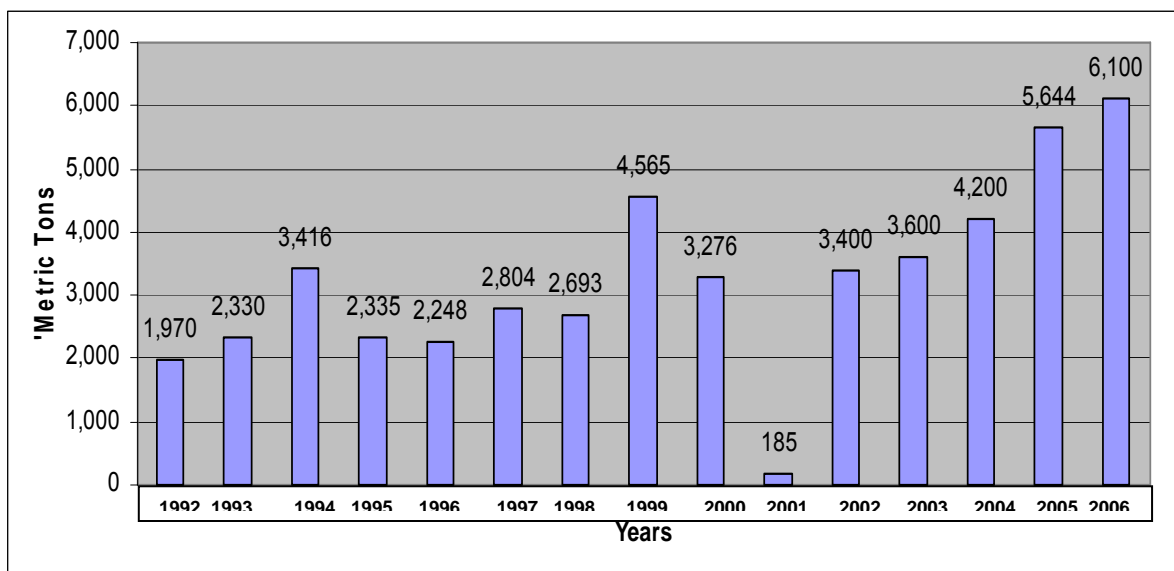
10. Drug Markets

Availability and supply

The state of illicit drug supply reduction in Slovenia prepared by Peter Skerbiš

Because of its geographical position, Slovenia is an important transit country for the illegal distribution of illicit drugs, yet it is also a target country. Namely, it forms part of the so-called Balkan route on which heroin and opiates (produced in Afghanistan) are smuggled. There are several smuggling routes between Afghanistan and Western Europe. The route goes through Pakistan, Iran and Turkey and then splits up into three parts: the central, southern and northern Balkans smuggling routes. Organised crime groups smuggle heroin and supply drug markets in Western Europe with it. The production of opium in Afghanistan has been increasing since 2002 (Figure 10.1).

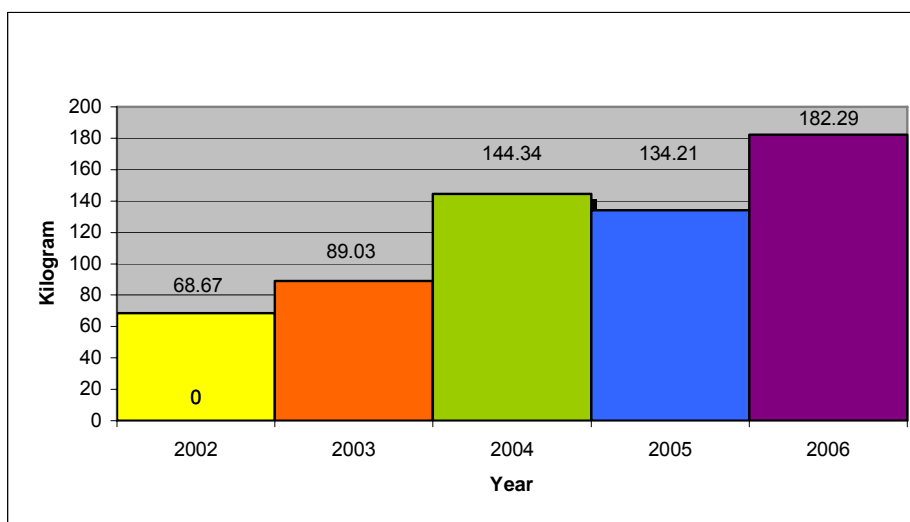
Figure 10.1 *Production of opium in Afghanistan in the 1992-2006 period*



Source: United Nations, 2006 World Drug Report

Quantities of seized heroin in Slovenia are growing and we can assume that this trend is in correlation with the increases seen in opium production in Afghanistan. These quantities are shown in Figure 10.2.

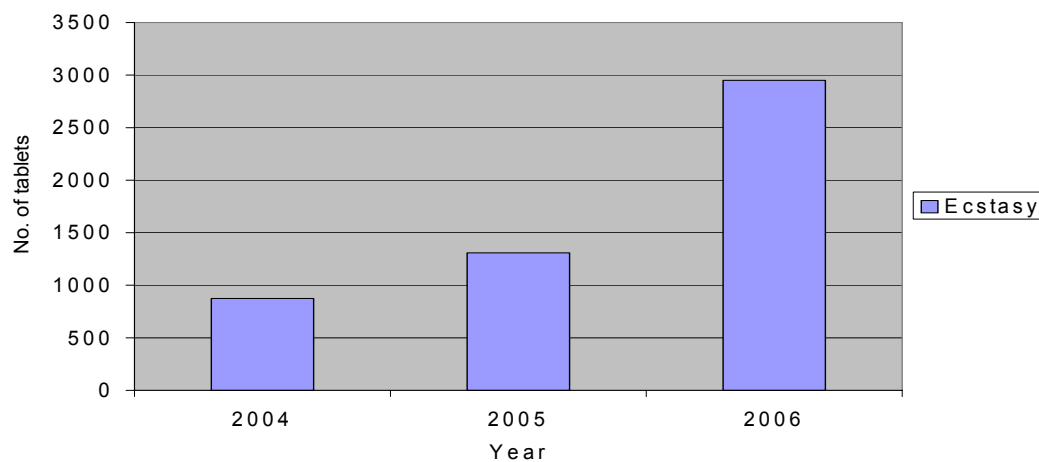
Figure 10.2 Seized quantities of heroin in the 2002-2006 period in Slovenia



Source: Ministry of the Interior of the RS, 2007

Precursors for the production of heroin (i.e. the chemicals that are necessary for the production of heroin, which are under the control of the international community) are being smuggled in the opposite direction, that is from Western Europe to Central Asia. Synthetic narcotics are also smuggled in the same direction as the mentioned ingredients. Quantities of seized ecstasy, which is the most widespread synthetic illicit drug in Slovenia, are shown in Figure 10.3.

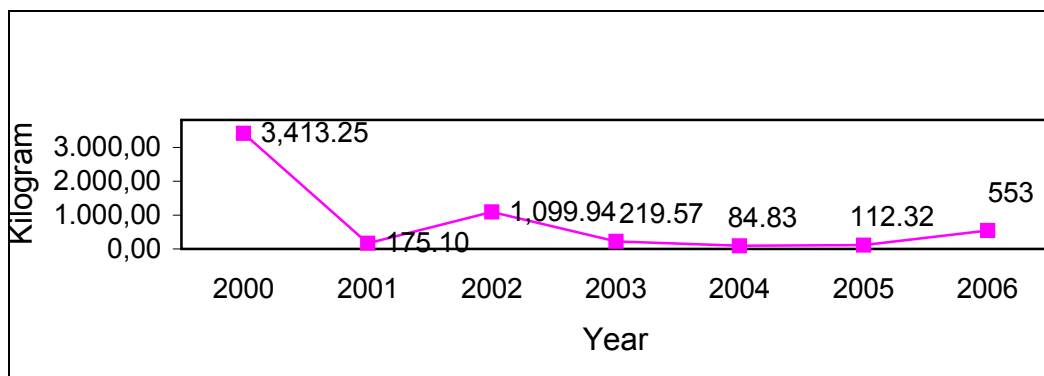
Figure 10.3 Seized quantities of ecstasy in the 2004-2006 period in Slovenia



Source: Ministry of the Interior of the RS, 2007

The biggest quantities of different types of illicit drugs seized in Slovenia are of cannabis (Figure 10.4). Namely, cannabis is also produced (cultivated) in Slovenia and this fact decisively contributes to the quantity of seizures of this illicit drug.

Figure 10.4 Quantities of cannabis seized in the 2000-2006 period in Slovenia



Source: Ministry of the Interior of the RS, 2007

Criminal investigations have found that the number of Slovenian citizens participating in the organisation and transportation of illicit drugs is rising. Foreign law enforcement agencies have scrutinised Slovenian citizens for different kinds of the manufacture and trafficking of illicit drugs according to Article 196 of the Penal Code. In most cases they were direct transporters of illicit drugs e.g. of heroin, cocaine, ecstasy and cannabis.

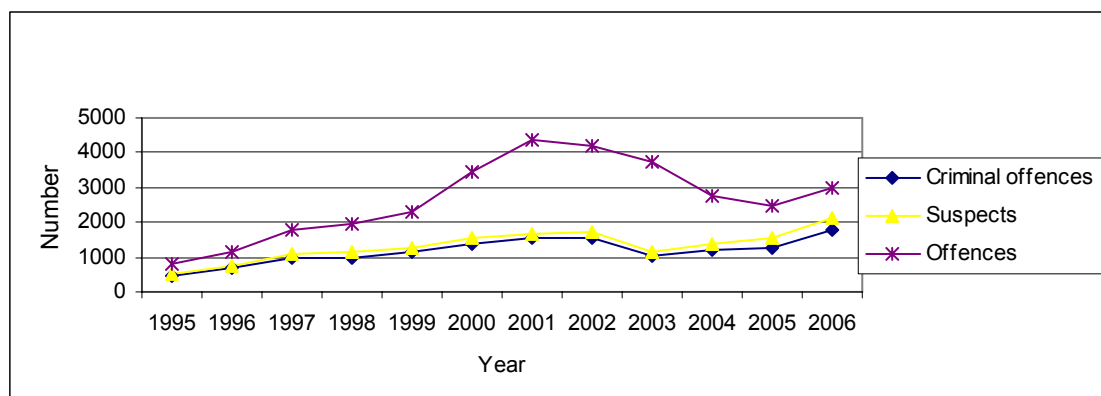
There were 1,794 drug-related criminal offences in 2006. In 2005 there were 1,241 criminal offences of this kind. This means that in 2006 the number of criminal offences rose by 44.56%, which is a consequence of the intensified activities of the Police in investigating such criminal offences.

In 2006 1,590 criminal offences due to the manufacture and trafficking of illicit drugs (Article 196 of the Penal Code) were treated. In 2005 there were 1,026 criminal offences of this kind. This means that in 2006 the number of criminal offences increased by 54.97%. Among the cases treated in 2006, there were 236 criminal offences that had elements of organised crime and in 2005 there were 208 of such cases. This means that in 2006 the number of criminal offences in the category of organised crime grew by 13.46%.

In 2006 the Police treated 204 criminal offences due to facilitating the consumption of illicit drugs (Article 197 of the Penal Code), which is 5.12% less than in 2005 when there were 215 criminal offences of that kind.

In 2006 the Police dealt with 2,974 violations of the Manufacturing and Trafficking Illicit Drugs Act, yet in 2005 there were 2,490 offences of this kind. This means that in 2006 the number of offences rose by 19.44% over the previous year.

Figure 10.5 Number of criminal offences, suspects and offences in the 1995-2006 period in Slovenia



Source: Ministry of the Interior of the RS, 2007

Due to committing the criminal offence of the manufacture and trafficking of illicit drugs according to Article 196 of the Penal Code, in 2006 the Police passed on criminal complaints and reports to supplement criminal complaints against 1,900 suspects, which is 43.72% more than in the previous year (1,322 suspects). Due to facilitating the consumption of illicit drugs (Article 197 of the Penal Code), the Police treated 202 suspects in 2006, which is 5.6% less than in the previous year (214 suspects).

Table 10.1 *Criminal offences and suspects, 2005-2006, Slovenia*

Type of criminal offence		Number of criminal offences		Change (%)	Number of suspects (with a criminal complaint)		Change (%)
		2005	2006		2005	2006	
Abuse of illicit drugs	Manufacture and trafficking of illicit drugs	1026	1590	54.97	1322	1900	43.72
	Facilitating the consumption of illicit drugs	215	204	-5.12	214	202	-5.6
	Total	1,241	1,794	44.56	1536	2102	36.85

Source: Ministry of the Interior of the RS, 2007

Seizures prepared by Marko Cerar, Rok Primc, Mercedes Lovrečič

Table 10.2 *Number of seizures of illicit drugs by all law enforcement agencies in 2006 in Slovenia*

Type of illicit drug	Criminal offences			Minor offences	Total
	Art. 196	Art. 197	Total		
Heroin	230	11	241	478	719
Cocaine	56	3	59	131	190
Ecstasy	32	0	32	22	54
Amphetamine	34	2	36	92	128
Cannabis (plant)	47	0	47	67	114
Cannabis (marihuana)	240	17	257	2223	2480
Cannabis resin (hashish)	29	0	29	149	178
Methamphetamine	1	0	1	21	22
Methadone	17	1	18	44	62
Benzodiazepine	13	0	13	13	26
No. of all seizures	699	34	733	3240	3973

Source: Ministry of the Interior - Police Department, 2007

Table 10.3 Number of seizures by type of drug for the first half of 2007 in Slovenia

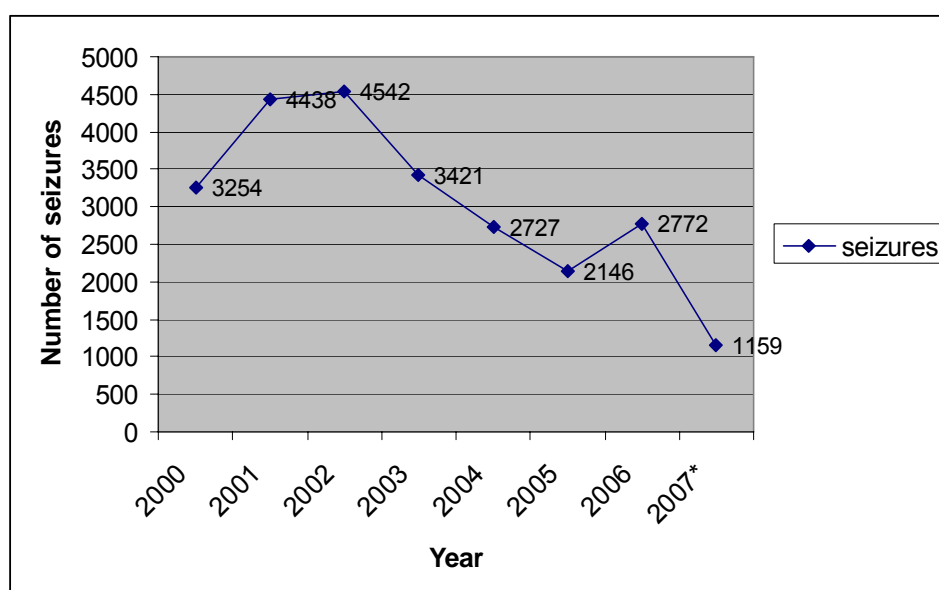
Type of illicit drug	Criminal offences			Minor offences	Total
	Art. 196	Art. 197	C. O.* total		
Heroin	65	5	70	161	231
Cocaine	29	1	30	53	83
Ecstasy	5	0	5	8	13
Amphetamine	13	3	16	60	76
Cannabis (plant)	20	2	22	151	173
Cannabis (marihuana)	81	12	93	851	944
Cannabis resin (hashish)	8	0	8	34	42
Methamphetamine	3	0	3	11	14
Methadone	1	1	2	16	18
Benzodiazepine	3	0	3	9	12
Opium	0	0	0	1	1
Other drugs that can be used in medicine	4	0	4	32	36
No. of seizures	232	24	256	1387	1643

Source: Ministry of the Interior - Police Department, 2007

Note: C. O.* - criminal offences

Figure 10.6 shows seizures of cannabis in Slovenia in total (including plants, resin and marihuana) in the 2000-2006 period (and the first half of 2007). The highest number of seizures was in 2002 (4,524 cases) and was thereafter decreasing till 2005. According to data from the Ministry of the Interior, seizures of cannabis compared to 2002 show that seized cannabis plants in pieces decreased by 61.2%, but increased by approximately the same percentage for seized cannabis plants expressed in kilograms. In 2003 there were around 80% fewer seizures of marihuana in kilograms compared to 2002 but, at the same time, seizures of hashish rose by more than 400% compared to 2002. In 2006 there were 29.2% more seizures of cannabis than in the previous year. In the first half of 2007 there were 1,159 seizures of cannabis.

Figure 10.6 Total number of seizures of cannabis in the 2000-2007 period, Slovenia



Note: * The data refer to the first half of 2007

Source: Ministry of the Interior 2007, Report on the Drug Situation 2006 of the Republic of Slovenia, Report on the Drug Situation 2004 of the Republic of Slovenia

Table 10.4 indicates seizures of illicit drugs in quantities made by the Slovenian Police and Customs in the 2004-2006 period and the first half of 2007. Compared to 2005, in 2006 the quantities of seizures of heroin (kg - kilograms) grew by 35%, cocaine (kg) by 118.2%, ecstasy (tablets) by 125.4%, amphetamines 2,523%, cannabis marihuana by 392.3% and resin by 502.8% and methadone (tablets) by 4,333%.

On the other hand, quantities of seized illicit drugs decreased relative to the previous year: amphetamine (tablets) were down by 14.5%, cannabis plant (pieces by 20.4% and kilograms by 99.6%), methamphetamine (tablets) by 15.9%, methadone (ml - millilitres) by 22.5% and benzodiazepine (tablets) by 15.9%. In 2006, five pieces of LSD was seized (in the previous year there were zero).

Table 10.4 *Seizures of illicit drugs in quantities made by all law enforcement agencies, Slovenia, 2005-2007*

Substance	Unit	2004	2005	2006	2007*
Heroin	kg	144.34	134.21	182.29	54.2
Cocaine	kg	106.69	2.14	4.67	0.74
Ecstasy	tablets	874	1309	2950	490
	g			818.77	2.9
Amphetamine	kg	0.20	0.13	3.41	0.342
	tablets		235	201	838
Cannabis (plant)	pieces	5329	3214	2557	994
	kg		15.62	0.069	0
Cannabis (marihuana)	kg	84.83	112.32	553	72.89
Cannabis resin (hashish)	kg	8.09	0.72	4.34	0.42
Methamphetamine	tablets		44	37	203
	g	530		19	2
LSD	doses	1	0	5	0
Methadone	tablets		3	133	5
	ml		3267.17	2532.00	670
Benzodiazepine	tablets		1787	1503.5	510
Fenethylline	tablets		0	0	0

Notes: The data on the number of seizures of illicit drugs for 2006 were obtained from the current database while the other data were acquired from frozen databases; i.e. on 15 January 2007 for the year 2006 and on 9 July 2007 for the first half of 2007.

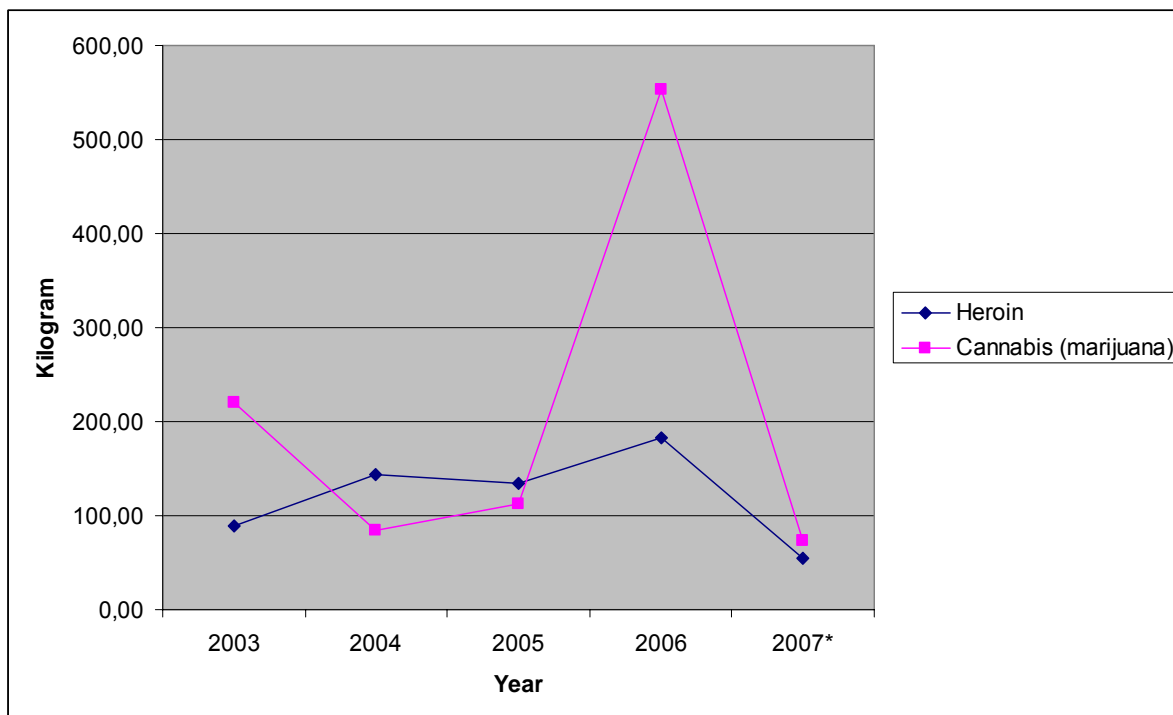
* The data refer to the first half of 2007

Source: Ministry of the Interior - Police Department, 2007

Quantities of seized heroin in the 2004-2006 period exceed 130 kilograms yearly. The biggest seizure of heroin came in 2006 when more than 180 kilograms were seized. The biggest seizure of cocaine in the 2004-2006 period was in 2004 when 106.69 kilograms were seized. In 2005 and 2006 the quantities were considerably smaller, less than five kilograms yearly. The data show a rapid rise in the trend and annual increase of quantities of ecstasy seized in the 2004-2006 period. The biggest seizures of ecstasy came in 2006 when 2,950 tablets were seized. According to data from the Ministry of the Interior, seizures of cannabis in 2006 compared to 2005 show that seized cannabis plants in pieces decreased by 20.4% and for seized cannabis plants expressed in kilograms they decreased by approximately 99%. In 2006 there were around 392% bigger quantities of marihuana seized in kilograms compared to 2005. Quantities of seized cannabis resin also rose (by 502.8%), although the quantities remain low compared to the quantities of cannabis plants and marihuana.

Comparisons of quantities of seized illicit drugs are given in Figure 10.7 (marihuana and heroin) and Figure 10.8 (other illicit drugs).

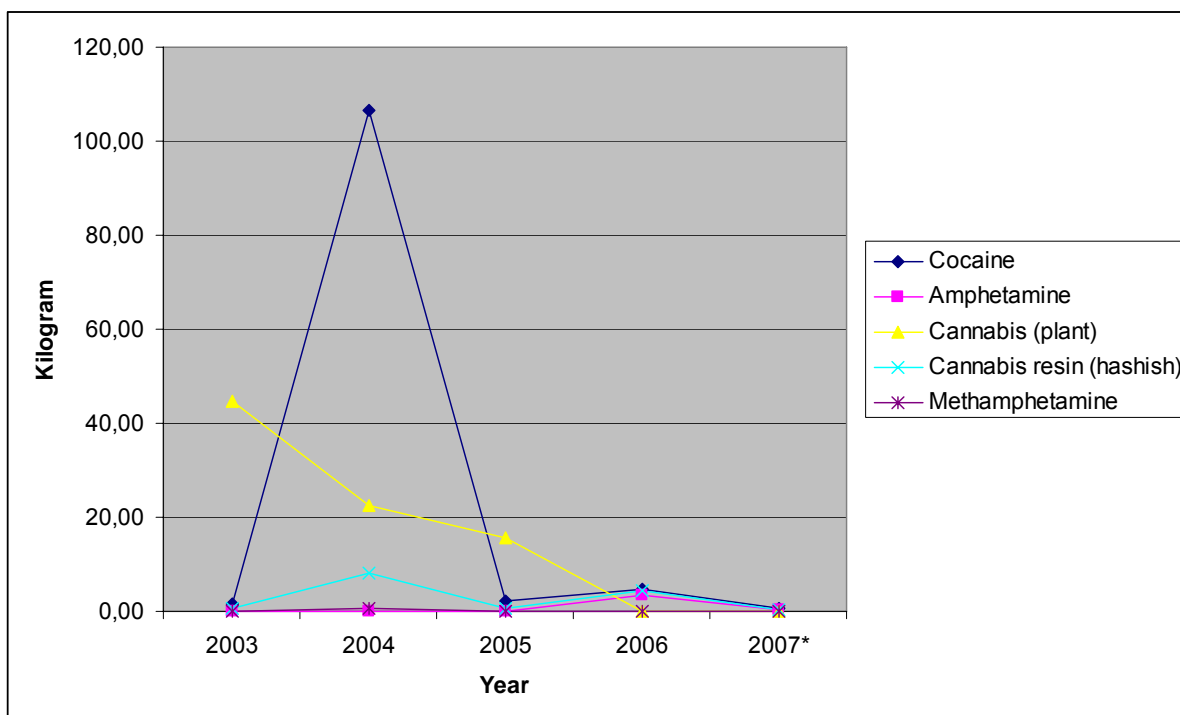
Figure 10.7 Quantities of seized heroin and marihuana (kilograms) in the 2003-2006 period, Slovenia



Note: * The data refer to the first half of 2007

Source: Ministry of the Interior - Police Department, 2007, Report on the Drug Situation 2006 of the Republic of Slovenia, Report on the Drug Situation 2005 of the Republic of Slovenia

Figure 10.8 Quantities of other seized illicit drugs in the period 2003-2006, Slovenia



Note: * The data refer to the first half of 2007

Source: Ministry of the Interior - Police Department, 2007, Report on the Drug Situation 2006 of the Republic of Slovenia, Report on the Drug Situation 2005 of the Republic of Slovenia

Price prepared by Marko Cerar, Rok Primc, Barbara Lovrečič, Mercedes Lovrečič

Table 10.5 indicates the prices of some illicit drugs in euros at street level estimated by Police sources through their monitoring system at the national level, which is based on all seizure reports made by the Police.

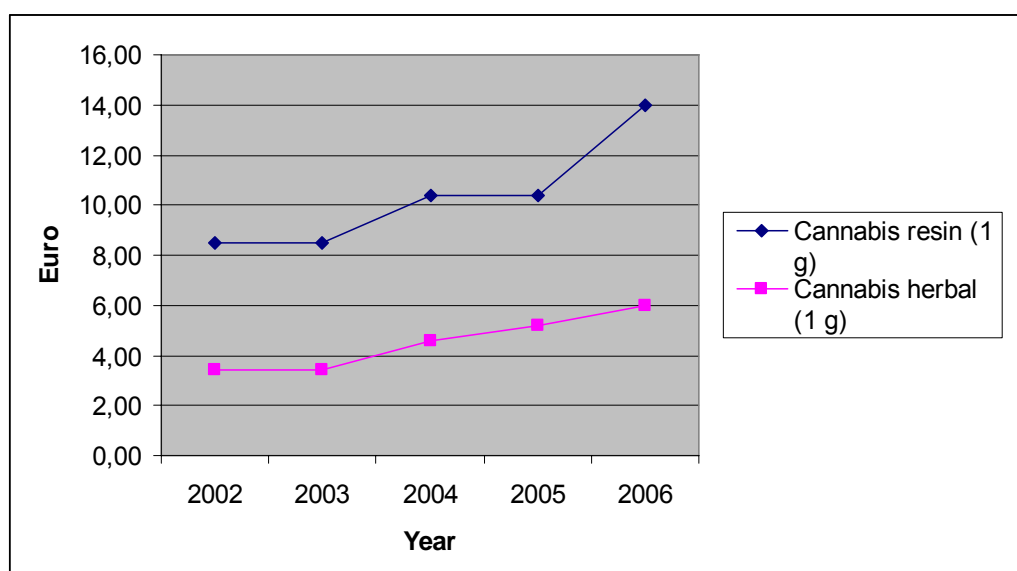
Table 10.5 Price in euros of some illicit drugs at street level, Slovenia, 2003-2006

Year	2003			2004			2005			2006		
	Min	Max	Av	Min	Max	Av	Min	Max	Av	Min	Max	Av
Cannabis resin (1 g)	8.00	9.00	8.50	6.25	14.58	10.40	6.25	14.58	10.40	6.0	22.0	14.0
- sinsemilla (1 g)	n. a.	n. a.	n. a.	2.10	8.33	5.20	2.10	8.33	5.20	n. a.	n. a.	n. a.
- other herbal cannabis (1 g)	2.50	4.40	3.45	n. a.	n. a.	n. a.	25.00	58.33	41.67	4.0	20.0	12.0
Heroin (1 g)	35.00	44.00	39.50	25.00	45.80	35.40	n. a.	n. a.	n. a.	25.0	50.0	37.5
Cocaine (1 g)	65.00	70.00	67.50	33.30	75.00	54.12	37.50	83.33	60.42	38.0	75.0	56.5
Amphetamine (1 g)	n. a.	n. a.	n. a.	3.00	8.33	4.00	8.33	12.50	10.45	8.0	12.5	10.2
Methamphetamine (1 g)	n. a.	n. a.	n. a.	n. a.	n. a.	n. a.	1.67	8.33	5.00	60.0	120.0	90.0
Ecstasy (1 tablet/unit)	6.60	8.80	7.70	n. a.	n. a.	5.60	n. a.	10.00	n. a.	4.0	8.0	6.0
LSD (1 dose/unit)	7.00	9.00	8.00	n. a.	n. a.	10.40	n. a.	n. a.	n. a.	4.5	12.5	8.5

Notes: Min - Minimum, Max - Maximum, Av - Average, n. a. - data not available

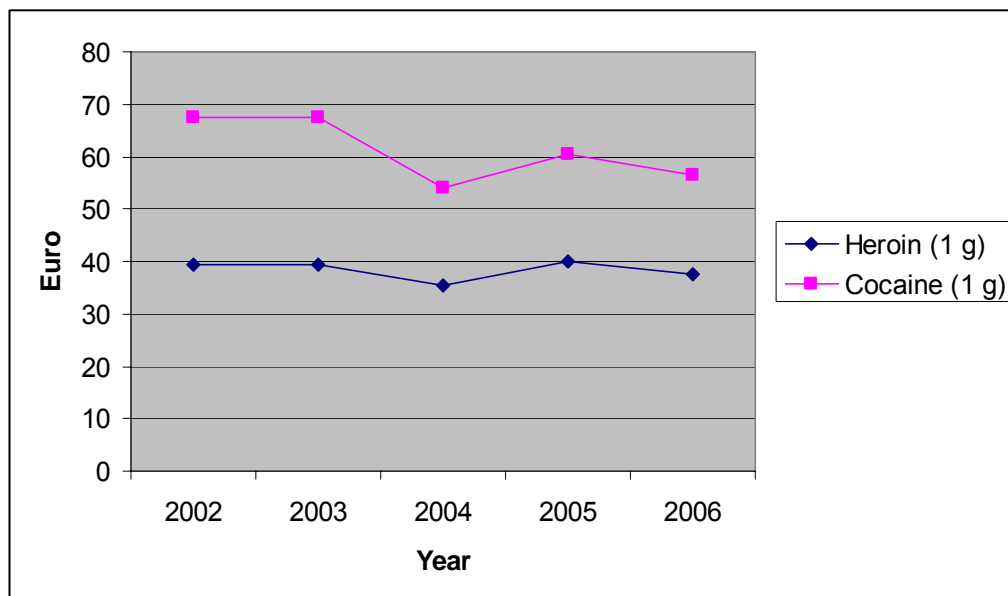
Source: Ministry of the Interior - Police Department, 2007, Report on the Drug Situation 2006 of the Republic of Slovenia

Figure 10.9 Average prices of herbal cannabis and cannabis resin at street level (euros), 2002-2006, Slovenia



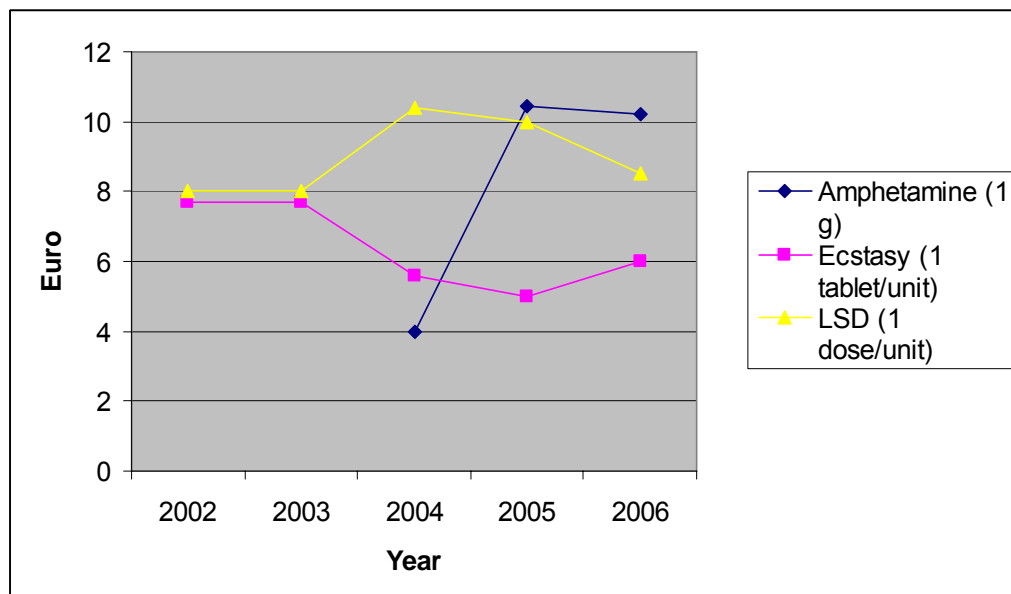
Average prices of cannabis have been growing in the last few years. The price of cannabis resin was stable in 2004 and 2005 but in 2006 it increased by 35% compared to the previous year. The prices of heroin and cocaine are much higher. Although cocaine powder is more expensive than heroin (per gram), there seems to be a correlation between the prices of cocaine and heroin in the 2002-2006 period, as Figure 10.10 indicates.

Figure 10.10 Average prices of heroin and cocaine powder at street level (in euros), 2002-2006, Slovenia



The average price of an ecstasy tablet in 2006 rose by 20% relative to the previous year. On the other hand, average prices of amphetamine and LSD dropped by 2.4% and by 15%, respectively.

Figure 10.11 Average prices of ecstasy, LSD and amphetamine at street level (euros), 2002-2006, Slovenia



Note: data for 2002 and 2003 for amphetamine are unavailable

Purity prepared by Rok Primc, Marko Cerar, Barbara Lovrečič, Mercedes Lovrečič

A routine analysis of the purity of some seizures at the national level is made at the Forensic Laboratory at the Ministry of the Interior. Results of analyses in 2006 are shown in Table 10.6. For cannabis products, the percentage (%) of Δ 9-tetrahydrocannabinol (THC) content is indicated. For heroin, cocaine, amphetamine the percentage (%) of pure PAS is shown.

In 2006 the highest purity on average was established in the analysis of cocaine (23.9%) and the lowest in the analysis of amphetamine. For some illicit drugs the data are not available.

Table 10.6 *Average purity/potency of some illicit drugs at street level, 2006, Slovenia*

Type of illicit drug	Unit	% purity (mean)
Brown heroin	1 gram	20.9
Cocaine	1 gram	23.9
Ecstasy	1 tablet	n. a.
Amphetamine	1 gram	3.7
Herbal cannabis	1 gram	5.9
Cannabis resin	1 gram	13.6
Methamphetamine	1 gram	n. a.
LSD	1 dose	n. a.

Note: n. a. - data not available

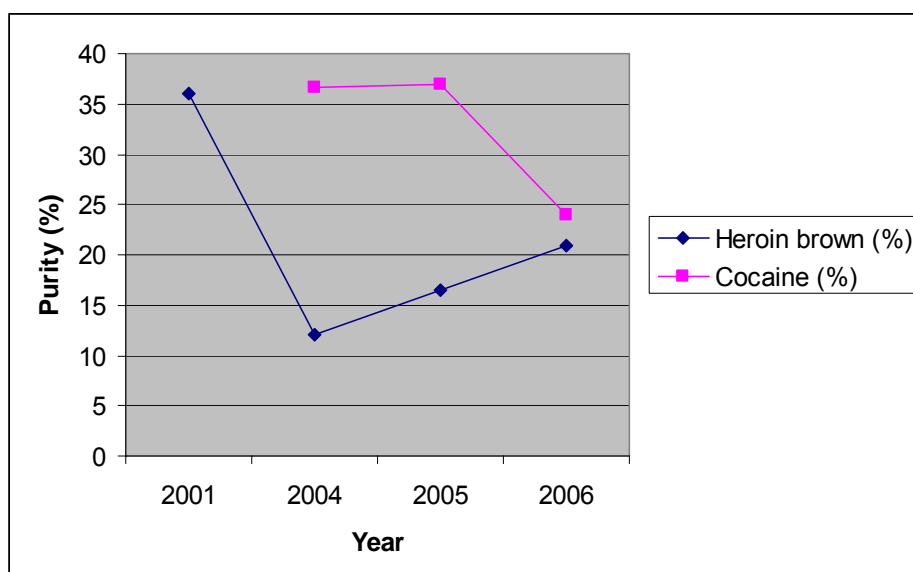
Source: Ministry of the Interior - Police Department, 2007

Table 10.7 *Purity/potency at street level of some illicit drugs at street level, 2001-2006, Slovenia*

Year	2001			2004			2005			2006		
	Min	Max	Av	Min	Max	Av	Min	Max	Av	Min	Max	Av
Type of illicit drug												
Brown heroin (%)	6	65	36	2.5	31.5	12.1	1.5	50.7	16.5	1.5	54	20.9
Cocaine (%)	n.a.	n.a.	n.a.	10.4	57.4	36.7	13.4	80.4	36.9	3.3	62.5	23.9

Notes: Data are unavailable for 2002 and 2003; n. a. - data not available; Min - minimum, Max - maximum, Av - average

Figure 10.12 *Average purity of heroin (brown) and cocaine at street level in the 2001-2006 period, Slovenia*



According to data from the Ministry of the Interior, in the 2004-2006 period the trend of the purity of brown heroin and cocaine was inversely proportional. While the purity of the analysed brown heroin was increasing, the purity of the analysed cocaine was decreasing. Figure 10.11 indicates that the highest average purity of brown heroin was seen in 2001 (36% of PAS).

Part B:
Selected Issues

11. Public expenditure

National estimates of labelled drug-related expenditures *prepared by Marko Cerar, Matej Košir, Marjeta Ferlan Istinič, Mercedes Lovrečič*

An important part of the national policy against illicit drugs is public expenditure or the so-called 'drug budget' which comprises all expenses of the country connected with prevention and treatment in the field of illicit drugs. In this article we focus on the direct type of public expenses of the Government of the Republic of Slovenia in the field of drugs.

Our focus is on the 2002-2005 period, with special attention being paid to 2005. The data are incomplete, especially for prevention programmes and in the drug-supply reduction field. For this reason, any comparison between budget expenditure in different sectors is difficult. Table 11.1 indicates public expenditure of different ministries in Slovenia in the area of illicit drugs.

Table 11.1 *Budget and public expenditure in the field of drugs (estimates in EUR), Slovenia, 2002-2005*

INSTITUTION (competent authority)	PURPOSE/Year	2002	2003	2004	2005
Ministry of Work, Family and Social Affairs	- social rehabilitation programmes	1,030,087	1,134,531	1,377,066	1,469,796
Ministry of the Interior (Police Department)	- drug police officers and their material expenses	650,977	671,841	n.a.	n.a.
Ministry of Finance	- customs officers' training and equipment	106,900	174,100	115,000	37,600
Ministry of Health*	- addiction prevention programmes	44,100	45,790	44,790	70,073
	- studies and expertise	-	-	22,020	11,778
	- international co- operation	-	-	15,090	851
	- harm reduction	-	-	112,500	101,450
	- national contribution to different EU projects	-	-	4,878	18,553
Health Insurance Institute of the RS	- methadone as medicine	2,384,230	2,667,229	2,920,358	2,366,456
	- other substitution medicaments (buprenorphine, long- lasting morphine)	-	-	-	152,776
	- operations of 19 CPTDAs	1,740,110	1,986,313	2,148,118	2,181,367
Ministry of Education and Sport** (Office for Youth)	- the Drogart Association	7,929	6,259	7,929	5,192
	- Foundation 'Z glavo na zabavo'	16,274	12,519	19,195	16,692
Ministry of Justice (Prison Administration)	- health insurance of sentenced people***	945,581	1,297,807	895,056	1,064,071
	-medications, orthopaedic and medical material***	43,477	80,595	120,750	56,060
TOTAL		6,969,665	8,076,985	7,687,750	7,515,114

Notes: * In 2004 the Office for Drugs ('OD') became an expert public service of the MH (till then the OD was a governmental service and an independent budgetary beneficiary)

** Till 2004: Ministry of Education, Science and Sport

*** Not only drug-related.

- the item does not exist

n.a. - data are not available

Sources: Ministry of Health; Ministry of Work, Family and Social Affairs; Health Insurance Institute of the RS; Office for Youth; Prison Administration; Annual Financial Statement of the Budget of the Republic of Slovenia for 2004; Annual Financial Statement of the Budget of the Republic of Slovenia for 2005; Report on the Drug Situation 2006 of the Republic of Slovenia

The drug budget of the Ministry of Labour, Family and Social Affairs ('MLFSA') comprises financial means used for co-financing programmes of the social rehabilitation of addicted persons (the limited financial means include all programmes for the prevention of addiction). Those means are assigned for direct help for harm reduction related to the use of illicit drugs, the use of alcohol and eating disorders.

Financial means for the abovementioned purposes grew extensively throughout the 2002-2005 period (from EUR 1,030,087 in 2002 to EUR 1,469,796 in 2005). In 2005 the mentioned means grew by 6.7% relative to 2004. The largest increase was recorded in 2004 (namely 21% over the previous year).

The Ministry of Interior ('MI') holds major powers of supervision in the field of illicit drugs. Via the Police Department, the MI is engaged in border controls and record keeping on criminal offences regarding illicit drugs. The drugs budget of the MI (drug police officers and their material expenses) amounted to EUR 650,977 in 2002 and rose to EUR 671,841 in 2003. Data for 2004 and 2005 are unavailable. For the MI in the budget and in the year-end report of the RS for 2004 and 2005 there are no topic categories labelled as drug-related.

The Customs Administration as a public service of the Ministry of Finance has an important role in reducing the supply of illicit drugs, but appropriate procedures, suitable equipment and co-operation with other law enforcement agencies are necessary. In 2002 the Customs Administration spent EUR 106,900 on customs officers training and equipment. In 2003 the amount rose to EUR 174,100 (up 62.9%). Data for 2004 and 2005 are unavailable. For the Customs Administration in the budget and in the year-end report of the RS for 2004 and 2005 there are no topic categories labelled as drug-related.

The Ministry of Health ('MH') implemented various measures to reduce the demand for illicit drugs in the 2002-2005 period. Those measures include providing information to all age groups of people, harm reduction concerning the health consequences of the use of illicit drugs, the treatment of drug users and reintegration of former addicts into society. The Ministry puts a special emphasis on epidemiological (qualitative and quantitative) researches.

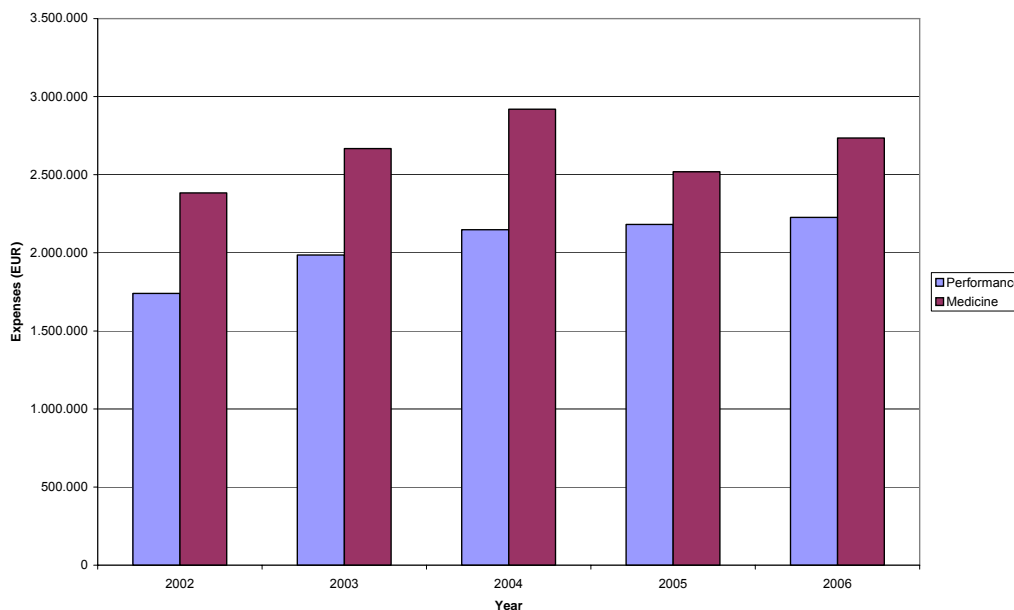
In the field of illicit drugs in the Slovenian health sector there was a fundamental organisational change in 2004. Up until then the Office for Drugs ('OD') was a governmental service and an independent budgetary beneficiary but in 2004 it became an expert public service of the MH and this fact should be taken into consideration in the analysis of the expenditures of this ministry. Namely, in 2004 financial means in the field of illicit drugs of the MH grew by 335% over the previous year. In 2005, the drugs budget of the MH increased by 1.7% compared to 2004. One-half of this amount was assigned to harm reduction and a relatively big portion (34.6%) was assigned to addiction-prevention programmes.

The Health Insurance Institute of Slovenia ('HIIS') was founded in 1992 according to the Health Care and Health Insurance Act and conducts its business as a public institute that is bound by statute to provide basic health insurance. It has 10 regional units and 45 branch offices across the territory of Slovenia.

On the basis of general and regional agreements, the HIIS makes agreements with the performers of health services in which the financing of their services is defined. Performers of health services are health centres, hospitals, pharmacies, health resorts and others. Other performers include the Centres for the Prevention and Treatment of Illicit Drug Addiction ('CPTDAs'). The HIIS funds the services of the CPTDAs in a lump sum which means that the performers of these services do not calculate their expenses in points (in a 'green book'), but write a report about their services.

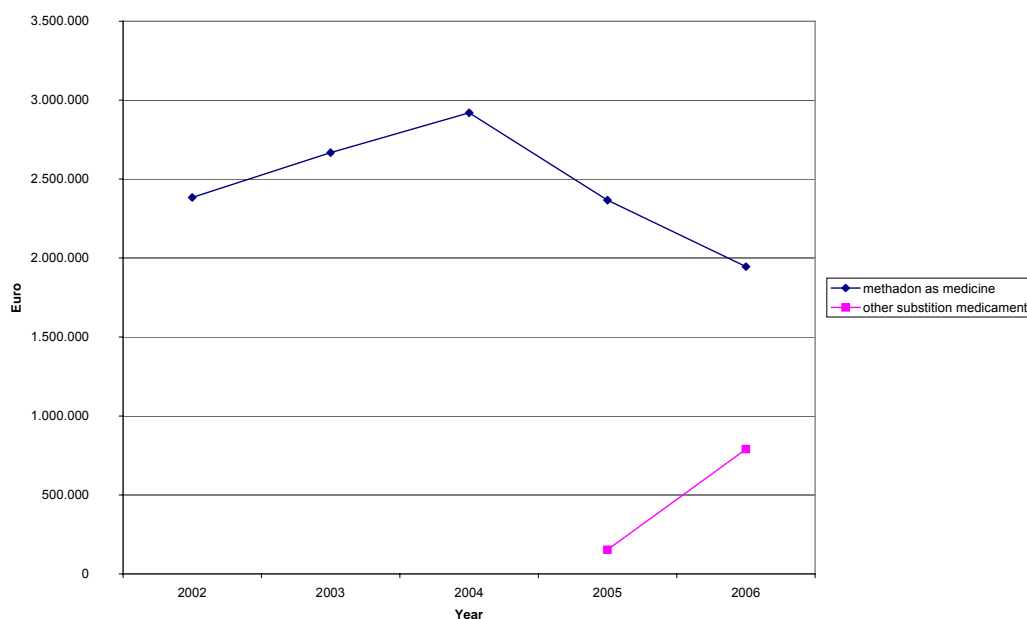
The HIIS finances the expenses of the operations of the CPTDAs and expenses for medicine prescribed on order forms. The proportions of both expense types are shown in Figure 11.1. The table indicates a global rise in the trend of expenses for the operations of the CPTDAs in the 2002-2006 period. On the other hand, expenses for medicaments were increasing up until 2004, but in 2005 they dropped by 13.7%. Till then only methadone had been used for substitution treatment, but in 2005 two new drugs for the same purpose became available in the market for heroin addiction: buprenorphine and slow-release morphine. Due to the market changes the price of methadone was reduced and consequently the expenses of the CPTDAs were lessened.

Figure 11.1 *Expenses for the operations of the CPTDAs and for medicine in the 2002-2006 period*



Source: Poročilo s področja prepovedanih drog v Republiki Sloveniji, 2007

Figure 11.2 *Expenditures of the Health Insurance Institute on methadone as a medicine in the 2002-2005 period*

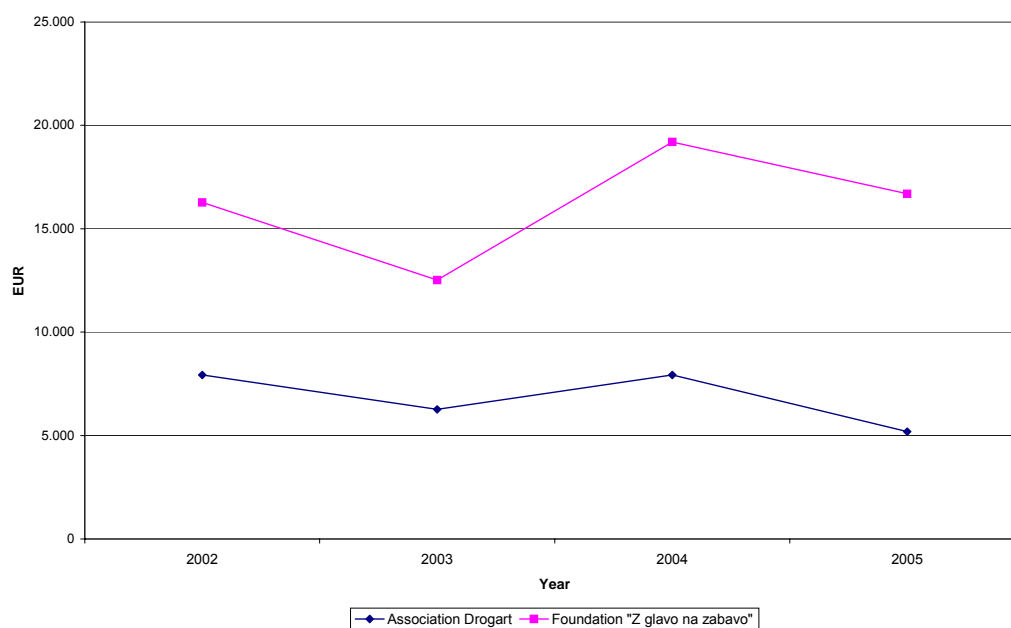


Source: Poročilo s področja prepovedanih drog v Republiki Sloveniji, 2007

The Ministry of Education and Sport (MES)⁶ is one of the organisers of prevention activities in the field of illicit drugs. Pursuant to the Resolution on the National Programme in the Field of Drugs 2004-2009 ('the Resolution'), a strategy of prevention activities should be established at all levels of education. Special care is to be devoted to scientific information in the field and the arrangement of a school climate which reinforces a healthy way of living for individuals. To accomplish these aims, an important factor is the additional education of teachers and other personnel in education institutions. For this purpose, the Resolution predicts the formation of a special working group at the governmental level which will form the standards of prevention activities and evaluation in education institutions. This group should be established in an inter-ministerial form by the MES in association with experts and non-governmental organisations.

Within the MES some programmes of prevention (in the field of illicit drugs but also in other fields) are performed by the Office of Youth ('OY'). The OY co-finances two non-governmental organisations implementing preventive programmes in the field of (illicit) drugs: the DrogArt association and the foundation 'Z glavo na zabavo'. Amounts for this purpose are indicated in Figure 11.3.

Figure 11.3 *Amounts of the OY for co-financing two non-governmental organisations in the field of (illicit) drugs, 2002-2005, Slovenia*



Source: Office of Youth, 2007

In 1995 the Prison Administration was founded within the Ministry of Justice. The prisons and the juvenile correctional home (institution) are the Administration's internal organisational units (there are 14 units). The Prison Administration of the Republic of Slovenia performs administrative and professional tasks concerning: the enforcement of prison sentences; the organisation and management of prisons and the correctional facility; ensuring the provision of financial, material, personnel and other conditions for the functioning of the prisons and the correctional facility; personnel training for the needs of enforcing penal sanctions and the enforcement of rights and obligations of persons who have been deprived of their liberty.

⁶ Up until 2004 it was the Ministry of Education, Science and Sport but in that year the Ministry was reorganised and its name was changed to the Ministry of Education and Sport. The role of the Office for Youth did not change.

According to the Prison Administration's publication '10 Years', which was issued in 2005, the Prison Administration has reacted to the increasing number of drug addicts among prisoners by adopting a strategy on the treatment of drug addicts within the national strategy. It has achieved close cooperation with organisations and experts at the national and international levels. Its aim was to establish so-called drug-free departments and therefore the systematic training of staff is now being carried out in prisons. Up till 2005 drug-free departments had been established at four units and two other units were preparing to implement this important measure. Projects of health education for the prevention of contagious diseases (AIDS, hepatitis, TBC) are underway. Upon the recommendation of the healthcare service, voluntary and confidential testing is provided to prisoners, as well as counselling before and after testing, vaccination against hepatitis B, the use of disinfectants, latex gloves and condoms.

Prisoners with illicit drug problems are offered help by prison health staff in cases of abstinence crises, substitution treatment and urine tests. Methadone substitution treatment is performed in co-operation with regional CPTDAs. But the categories presented in Table 11.1 of the Prison Administration (health insurance of sentenced people and medications, orthopaedic and medical materials) also comprise expenditures unrelated to illicit drugs. Therefore it is impossible to estimate the share of the drug budget of the Prison Administration.

Pursuant to Article 49 of the Republic of Slovenia Budget Implementation Act for 2004 and 2005 the Prison Administration pays all medical services and medications for prisoners and juveniles directly to medical institutions.

The EU public budget

The Phare Twinning project 'Strengthening the National REITOX Focal Point and strengthening the drug supply reduction and drug demand reduction programmes in Slovenia' started in April 2002 (in co-operation with the Spanish and Austrian governments) and was concluded in September 2003. A pre-accession advisor from Spain was sent to Slovenia for 15 months to co-ordinate the project activities. The project's main objectives were to strengthen the National Focal Point, drug demand reduction programmes and drug supply reduction programmes in Slovenia. The project was financed by the European Union and the Slovenian Government. Expenses of the Twinning project were distributed between the EU and Slovenia as follows: EUR 931,400 directly from the EU budget (financed by the EC) and EUR 156,177 from the Slovenian Government (taxes for equipment and programme activities up to 31 August, 2003).

Table 11.2 *Equipment (invitations to tender)*

Institution	Type of equipment	Amount (EUR) (including VAT)*
Ministry of the Interior - Police Department	Digital radio station (3 x) Car (3 x)	4,529,00 76,704,00
Ministry of Finance - Customs Administration	Endoscope (4 x) Contraband detector (4 x) Van (2 x)	56,640,00 64,320,00 75,480,00
Ministry of Health - AIDS Foundation Robert - Association Ptica - SVIT - Association helping drug users and their families - Institute of Public Health - Association for Health Life - Centre for the Prevention and Treatment of Drug Addiction	Insulin needle (60.000x) 40.000 x 2.000 x 5.000 x 5.000 x 4.000 x 4.000 x	7,200,00
Ministry of Health - Centres for the Prevention and Treatment of Drug Addiction (Ljubljana, Maribor, Koper, Kranj, Piran)	Methadone dispenser (5 x) + training	99,138,00
Government Office for Drugs	Personal computer (2 x) Laser printers (2 x)	4,248,00 4,094,00
Institute of Public Health RS	Personal Computer (3 x) Laser printers (3 x) Photocopy machine (1 x) Fax machine (1 x)	6,372,00 6,142,00 1,746,00 504,00
TOTAL COST		407,117,00 (incl. VAT)

Source: Ministry of Health, Office for Drugs, 2004

Table 11.3 *Twinning project: 'Strengthening of the National REITOX Focal Point and strengthening the drug supply reduction and drug demand reduction programmes in Slovenia'*

Action / phase / activity	Amount (EUR)
Pre-accession Adviser (PAA) costs	153,660,00
PAA Adviser	45,000,00
Project Leader - 5 visits of 3 working days	16,480,00
Translation	10,800,00
Phase 1 - Planning phase	24,887,50
Component 1 - Collecting, processing and analysis of comparable drug epidemiological data	14,999,50
Activity 1 - Analysis of the mechanisms for co-operation with relevant institutions and for data collection	3,768,50
Activity 2 - Assessment of the existing data collection and monitoring system	11,231,00
Component 2 - Development, piloting and evaluation of effective drug demand, supply and harm reduction programmes	9,888,00
Activity 1 - Needs assessment	6,592,00
Activity 2 - Identification and formulation of specific pilot projects	3,296,00

Table continues

Table 11.3 *Twining project: 'Strengthening of the National REITOX Focal Point and strengthening the drug supply reduction and drug demand reduction programmes in Slovenia'*

Action / phase / activity	Amount (EUR)
Phase 2 - Implementation phase	391,036,00
Component 1 - Collection, processing and analysis of comparable drug epidemiological data	160,639,00
1. Support to the Institutional Building of the Focal Point	28,181,50
Activity 1 - Training for staff members of the Focal Point	7,537,00
Activity 2 - Study visits	9,339,00
Activity 3 - Development of the networking and dissemination strategies	11,305,50
2. Data Collection and Monitoring System	132,457,50
Activity 1 - Definition of institutions for 5 key indicators	31,350,00
Activity 2 - Training on 5 key indicators	19,721,00
Activity 3 - Evaluation workshops on the pilot implementation of 5 key indicators	27,304,00
Activity 4 - Further development of the data collection/monitoring system	7,537,00
Activity 5 - Advise on the data collection map for additional core data sources	11,305,50
Activity 6 - Training of trainers on Information Collection (4 seminars for 2 groups of experts)	35,240,00
Component 2 - Development, piloting and evaluation of effective drug demand, supply and harm reduction programmes	230,397,00
1. Support to Local Action Groups	
Activity 1 - Assist in setting up the network of LAGs	34,368,00
Activity 2 - Organise two seminars on the organisation and management of LAGs	13,184,00
2. Strengthen Drug Demand Reduction Programmes	21,184,00
Activity 1 - Develop a programme for working with problematic youth	23,534,00
Activity 2 - Organise a traineeship for three Slovenian experts - four nights - on working with problematic youth	21,571,00
	1,963,00
3. Prevention Programmes	86,132,00
Activity 1 - Preparation and implementation of awareness activities and prevention programmes	39,684,00
Activity 2 - Develop community-based programmes and prevention efforts outside the school system	6,592,00
Activity 3 - Assist in the development of community prevention infrastructure	13,184,00
Activity 4 - Assist in the development of the role of NGOs on drug dependence - seminar	10,488,00
Activity 5 - Prevention activities in the field of synthetic drugs	16,184,00
4. Education Programmes	30,970,00
Activity 1 - Develop primary prevention curricula and programmes for young people, parents and teachers	13,184,00
Activity 2 - Assist in setting up a distance education programme	17,786,00
5. Treatment network	11,286,00
Activity 1 - Organise a seminar on early diagnosis and early intervention	4,694,00
Activity 2 - Seminar on treatment (outpatient drug-free treatment regimes, one gender specific model)	3,296,00
Activity 3 - Organise a seminar on rehabilitation and social re-integration	
6. Assessment and evaluation of projects	3,296,00
Activity 1 - Assist in setting up the monitoring system	21,935,00
Activity 2 - Organise a study visit to Spain for 3 members of the working group on monitoring	18,523,00
	3,412,00
7. Drug Supply Reduction Programmes	22,172,00
Activity 1 - Workshop on the Spanish Drug Supply Reduction Model	6,592,00
Activity 2 - Training for law enforcement officers	8,988,00
Activity 3 - Seminar on maritime supply control	6,592,00
Reserve for adjustment of estimated costs (max. 2.5%)	16,047,00
Total cost	657,910,50

Source: Ministry of Health, Office for Drugs, 2004

12. Vulnerable groups of young people prepared by Andreja Drev

Introduction

According to Bracar (2007), in 2006 children and juveniles up to 19 years of age represented 21% of the Slovenian population. As regards their inclusion in institutions, 9% of children below school age were not included in a nursery school, 14% of children below school age were included in a nursery school and 0.02% of children below school age were included in special care/educational establishments for disabled children. 44% of children attended primary school, 0.5% of children attended programmes adapted to their special needs and 0.1% of children were included in special care/educational establishments for health reasons. 26% of juveniles attended secondary school and 0.1% of juveniles were included in special care/educational establishments. In the 15-19 years age group 0.24% of juveniles were already employed and 0.1% of juveniles were registered as unemployed. For approximately 6% of juveniles and children there is no data available about their whereabouts. In the opinion of experts, in this group we can count early school leavers, those working in the grey economy, disabled children and disabled juveniles in home care.

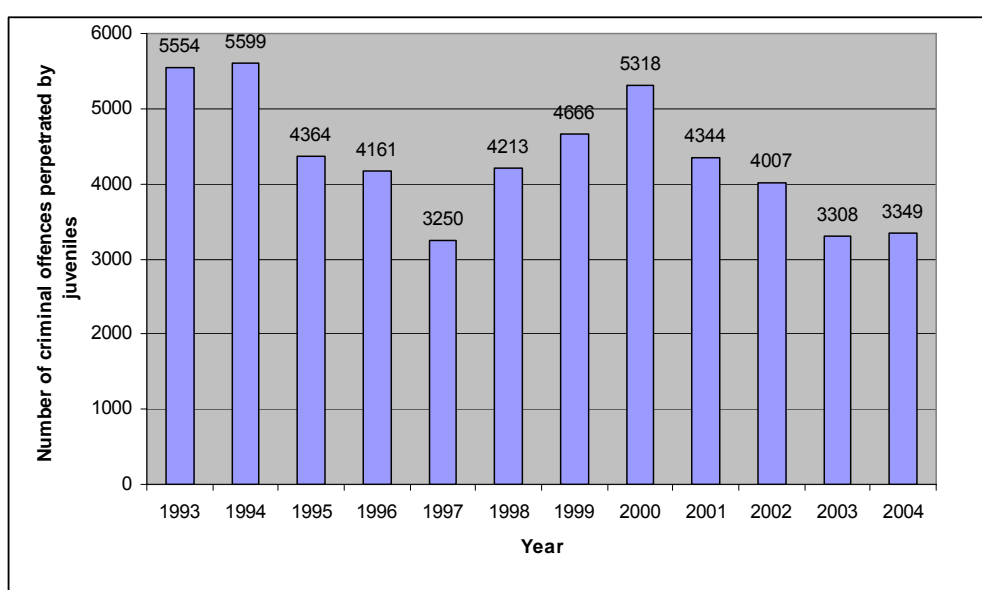
Violent acts against children and juveniles

During the last ten years the number of registered violent acts against children and juveniles has been growing. According to experts, this is due to society's greater sensitivity to such acts and not due to a bigger share of such acts. The rest remains (7% of violent acts against juveniles) the same in the framework of all registered criminal acts. According to health statistics for the 2000-2005 period, because of a violent attack 18 juveniles died, of whom two deaths were in the age group up to 6 years, five deaths were in the 7-11 years age group and 11 deaths were in the 15-19 years age group.

Juvenile delinquency and juvenile crime

According to police data in the last few years the number of criminal offences perpetrated by juveniles in Slovenia has been around 3,000 and 4,000 cases per year. The share of juvenile crime is decreasing and represents approximately 10% of all crime in Slovenia.

Figure 12.1 *Number of criminal offences perpetrated by juveniles, 1993-2004, Slovenia*



Source: Social Protection Institute of the Republic of Slovenia; Child Observatory, Situational analysis of children and youth in Slovenia, 2005

The criminal offences most frequently perpetrated by juveniles are less serious property criminal offences. The most serious criminal offences like murder, rape and serious injury are less common (Table 12.1). Children and juvenile perpetrators of a criminal offence usually come from a low social class and the most frequent reason for carrying out the criminal offence is a lack of financial resources. As some field experts assert, many juveniles are involved in crime as a result of unemployment and a lack of money.

Table 12.1 *Juvenile crime by type of offence and number, 2003-2006, Slovenia*

Type of criminal offence	2003	2004	2005	2006
Murder	3	2	4	5
Minor injury	138	144	134	154
Rape	4	7	1	4
Serious injury	27	24	22	16
Sexual violence	9	10	10	1
Sexual assault on minors aged under 15	15	28	13	18
Display and production of pornographic material	-	4	6	-
Illegal production of and traffic in drugs	97	104	45	61
Enabling drug use	71	52	30	23
Theft	918	908	698	748
Grand larceny	599	874	804	530
Robbery	63	66	77	83
Fraud	*	*	80	67
Extortion	50	51	44	88
Other	413	362	879	729

Note: * For 2003 and 2004 no data on fraud are available

Source: Ministry of Interior of RS, Police, Police Report 2004, 2006

According to the Police Annual Report in 2006 the Police investigated 2,527 offences which they suspected had been committed by juveniles which, in comparison with 2005 (2,847) is 11.2% fewer. Above all, extortion and the number of thefts is growing, while the number of grand larcenies fell considerably. Among all the reported suspects, 8.7% were juveniles. The Police also investigated 519 (561 in 2005) or 7.5% fewer acts with elements of a criminal offence for which it sent to the State Prosecutor's office a report on the suspicion that they were committed by children up to 14 years of age. Of all the victims or plaintiffs, 2,675 or 5.4% of them were children and juveniles.

Table 12.2 *Number of suspects by age, 2005, 2006, Slovenia*

Age	2005		2006		Change (%)
	Number of suspects	Share of total (%)	Number of suspects	Share of total (%)	
14 to 17	1,631	9.3%	1,550	8.7%	-5.0%
18 to 20	1,851	10.5%	1,790	10.1%	-3.3%
21 to 30	5,169	29.4%	5,279	29.7%	2.1%
31 and more	8,915	50.7%	9,146	51.5%	9.3%
Total	17,566	100	17,765	100	1.1%

Source: Ministry of Interior of RS, Police, Police Report 2006

According to data from the Centres for Social Work, the number of children and juveniles which the Centres are dealing with due to court proceedings or out-of-court proceedings is not increasing but the age of those children and juveniles is lower and many of them are repeating criminal offences. In 2004 Centres for Social Work dealt with 3,693 cases of children and juveniles in out-of-court proceedings (4,792 in 2003), of whom 1,958 (2,527 in

2003) cases were in proceedings due to offences and criminal acts and 1,735 (2,265 in 2003) cases were in proceedings due to problems growing up. In proceedings before court the Centres dealt with 3,903 cases of children and juveniles (4,916 in 2003). In 438 cases children and juveniles were housed or sent to an educational establishment or correctional home (478 cases in 2003).

Imprisoned young offenders

The number of young offenders (juveniles) imprisoned in the last few years remains almost the same, while the age when they are being imprisoned is dropping (Table 12.3). In 2006 there were 54 (52 boys and 2 girls) imprisoned young offenders, of whom 75% were in the 18-23 years age group. Four young offenders were younger than 17 years.

Table 12.3 *Number of young offenders by age and year, 2004-2006, Slovenia*

Age	2006	2005	2004
14 -16 years	4	1	0
Over 16 -18 years	10	17	21
Over 18 - 23 years	40	34	32
Total	54	52	53

Source: National Prison Administration, National Prison Administration Report 2006

The majority of young offenders were imprisoned due to a criminal offence against property.

Table 12.4 *Number of young offenders by type of criminal offence and year, 2004-2006, Slovenia*

Type of criminal offence	2006	2005	2004
Against the life and limb	7	5	5
Against sexual inviolability	2	2	2
Against public health	2	1	2
Against property	39	40	38
Against public order regulations	4	2	2
Other	0	2	4
Total	54	52	53

Source: National Prison Administration, National Prison Administration Report 2006

The majority of imprisoned juveniles is poorly educated, some of them are even illiterate, most have not finished or only finished primary school. In 2006 the share (74.1%) of juveniles included in education programmes grew considerably compared to 2005 (59.6%) and 2004 (69.8%). At the Radeče Correctional Home 33 juveniles were included in primary school programmes, short vocational school programmes and secondary vocational school programmes.

In 2006 the share (11 juveniles or 20.4%; five of them were included in an educational programme, five in a motivational programme and one juvenile was abstinent) of juveniles with alcohol dependency problems grew compared to 2005 (eight juveniles or 15.3%) and 2004 (four juveniles or 7.5%). But the share of juveniles with an illicit drug dependency dropped somewhat in 2006 (31 juveniles or 57.4%) compared to 2005 (33 juveniles or 63.5%) and 2004 (33 juveniles or 62.3%).

Poverty and social exclusion

In 1993 the degree of poverty of juveniles aged up to 18 years was 13.2% and in 1998 it had risen to 16.7%. Due to social transfers there was a positive shift in the 1998-2002 period. Therefore, in 2002 the degree of poverty of juveniles aged up to 21⁷ years was 10.2% compared to 1998 when it was 13%. In spite of this, the HBSC 2006 research pointed out that 13% of school children claimed they were going to school or to bed hungry because of a lack of food at home. Moreover, according to statistics from the Centres for Social Work the number of children receiving social financial help is rising (Table 12.5).

Table 12.5 *Number of children receiving social financial help, 2002-2004, Slovenia*

Year	Number of children receiving social financial help
2002	200,695
2003	254,384
2004	279,984

Source: Social Protection Institute of the Republic of Slovenia; Child Observatory, Situational analysis of children and youth in Slovenia, 2005

Dropouts

Attendance at primary school is obligatory in Slovenia and therefore all children (at the age of 6 years) are included in the nine-year educational programme. Approximately 95% of juveniles successfully finish primary school, while the others are redirected to educational programmes with lower standards or continue their education in short vocational school programmes. So, at this stage there are no early school leavers or dropouts. According to an analysis of the National Education Institute (in the Situational analysis of children and youth in Slovenia, 2005), 3.4% of youngsters stopped going to secondary school in 2003 and 2004, one-half of them later tried to finish their education at another secondary school while the other half (1.7%) of youngsters did not continue education - they represent so-called dropouts.

Youth from vulnerable families

In 2001 the Centres for Social Work carried out 43 programmes of psycho-social help for families, children and juveniles⁸. The programmes included 998 families and 1,492 children. The number of executed programmes has increased significantly in the last few years.

Table 12.6 *Number of executed programmes of psycho-social help for families, children and juveniles, Slovenia, 2001-2004*

Year	Number of executed programmes
2001	43
2002	89
2004	246

Source: Social Protection Institute of the Republic of Slovenia; Child Observatory, Situational analysis of children and youth in Slovenia, 2005

In 2004 the Centres for Social Work dealt with 3,661 cases of children and juveniles ill-treated by their families, with the number of cases dropping a little compared with 2003 (3,674 cases) (Table 12.7). Yet the number of cases in which a Centre for Social Work recommended the suppression of parental rights grew in 2004 compared to 2003 (21 cases in 2004, four cases in 2003) (Table 12.8).

⁷ This group involves all children and juveniles up to 18 years of age and juveniles 19-21 years who are still in the process of education.

⁸ Programs of psycho-social help are carried out in cases of consequences due to unsuitable care for children and problems in families (unsuitable education and care of child, problems at school, social deprivation, family conflicts, mental health problems, addiction problems ...).

Table 12.7 *Number of cases of child or juvenile ill-treatment by type of ill-treatment, Slovenia, 2003, 2004*

Type of ill-treatment	2004	2003
Family violence (tormented child)	850	869
Uncared-for child	1,036	1,015
Physical violence	275	286
Child abuse (sexual)	198	205
Suspicion of unsuitable treatment	1,302	1,299
Total	3,661	3,674

Source: Social Protection Institute of the Republic of Slovenia; Child Observatory, Situational analysis of children and youth in Slovenia, 2005

Table 12.8 *Number of measures taken by Centres for Social Work for child protection by type, Slovenia, 2003, 2004*

Type of measure	Year	
	2004	2003
Written admonition	426	359
Parents referred to treatment	978	1,089
Child separation	130	168
Child taken away	47	50
Suppression of parental rights	21	4
Child housing in establishment	174	140
Report of criminal offence	278	305

Source: Social Protection Institute of the Republic of Slovenia; Child Observatory, Situational analysis of children and youth in Slovenia, 2005

The Centres for Social Work also deal with children and juveniles with alcohol or drug addiction problems and who are running away from home. In 2004 the Centres for Social Work dealt with 535 cases of juveniles with addiction problems (599 cases in 2003) and 252 cases of juveniles who were running away from home (275 cases in 2003).

In general, according to data from the Centres for Social Work the number of cases of children and juveniles that the Centres are dealing with has been dropping in the last few years in all categories except for those children and juveniles who face a lack of means and resources.

Characteristics of attendance at electronic dance events in Slovenia *prepared by Matej Sande*

In 2005 the results and findings of the research project 'Use of Amphetamine-type stimulants and the characteristics of attendance at electronic dance events' produced limited demographic data and some basic descriptors of night life and 'party going' (money spent per event, number of nights out per weekend and years spent on the scene) in Slovenia. The main sample of the research encompassed 400 respondents and an additional sample (web-based research) covered 205 respondents. The demographic data presented here are based on the main research sample (60.4% women and 39.6% men). Most of them were attending high school (38.7%), university or college (38.2%). Less than a quarter of the sample (22.6%) had finished their education whether it be high school, university or college. Most of them were working as contractors (40.4%), the rest were unemployed (37.4%) or employed full-time (22.1%).

The results showed that most of the respondents attended their first event at the age of 16 and that they mostly attended events once a month (33.3%). Regularly (every weekend) attendance was 12.1%. The largest percentage of party goers (42.9%) had been attending events for four years or more. Almost half of them were out one night per weekend and 11.6% of them were out on all three nights of the weekend.

The respondents mostly get money for events from their parents and from their regular or part-time incomes. Smallest part gets their money from scholarship and only a few from drug dealing. Women are more common to get money for the events from parents and men from their regular income. The highest expenses are the fees for the events and almost half of them spent more than 12 EUR for this purpose. One fourth of them spend more than 12 EUR for the alcoholic beverages and a little more than half spend the same amount for the illegal drugs. Men spend more on alcoholic beverages than women.

The results showed that the sample was relatively experienced since 42.9% of the respondents were visiting electronic dance events for four or more years and in total three quarters of them were visiting events for two years or more.

13. Drug-related research in Europe prepared by Marko Cerar

Research structures

One of the most important institutions involved in drug-related research in Slovenia is the Institute of Public Health of the Republic of Slovenia. The Institute co-operates with different Regional Institutes of Public Health in Slovenia and other institutions.

Main recent studies and publications

Slovenia participates in various international drug-related surveys. One of these is the European School Survey Project on Alcohol and Other Drugs ('ESPAD'), the largest cross-national research project on adolescent substance use in the world. In the 2000-2007 period, Slovenia participated in the survey in 2003 which was conducted in 35 European countries. Slovenia also participated in the fourth data collection which was carried out during the spring of 2007. Support for the project has been provided by the Pompidou Group at the Council of Europe, the Swedish Ministry of Health and Social Affairs and the EMCDDA.

Another survey is called Health Behaviour in School-Aged Children ('HBSC') which takes place every four years. Support for the project has been provided by the WHO. In Slovenia the HBSC study was carried out in 2002 and 2006. For more details, please also see Chapter 2 (Drug Use in the General Population).

According to the SICRIS⁹, from January 2000 till December 2001 in Slovenia drug-related research was being carried out. The title of the project was 'The treatment of heroin addicts with a comorbid mental disorder in the methadone programme'. Heroin addicts with a comorbid mental disorder require special and adjusted care. 40 heroin addicts with a comorbid mental disorder were included in a prospective two-year follow-up study. All of them received methadone and additional psychiatric treatment. Socio-demographic and disease-related data were collected. The type of care and use of other services were studied. The direct and indirect costs of heroin addiction and a comorbid mental disorder were calculated. The effectiveness of care and the user's satisfaction was assessed.

Also according to the SICRIS, from January 2000 to June 2002 in Slovenia a basic research project was carried out by the Faculty of Arts (Psychology studies). The title of the project was the 'Pharmacological refraining of craving for cocaine'. An animal model for cocaine addiction was used to study the pharmacological modulation of cocaine-induced craving. Drug-craving is one of the least manageable psychological symptoms of drug-addiction. The effects of ibogaine were studied, including the effects of ibogaine on brain receptors. The study contributed to a better understanding of the neurobiological substrate of drug-addiction. The results can be used to design an efficient pharmacological approach to combat the problem of drug-addiction. The list of drug-related research in the 2000-2007 period in Slovenia is not complete.

The collection and dissemination of research results

The National Focal Point ('NFP') plays a crucial role as regards the collection and dissemination of research results. The NFP publishes different reports and press releases in connection to drug-related research.

⁹ The SICRIS information system ('Slovenian Current Research Information System') is being developed and maintained by both the Institute of Information Science in Maribor and the Slovenian Research Agency. The SICRIS currently encompasses: 706 research organisations (partly financed by the Ministry of Science from 1995 onwards), 1,149 research groups (partly financed by the Slovenian Research Agency from 1998 onwards, and other supplementary data for currently active research groups, 12,341 researchers (who have taken part in Slovenian Research Agency projects since 1998 or whose active status has been either registered or confirmed by research organisations), 4,512 research projects (partly financed by the Slovenian Research Agency from 1998 onwards) and 599 research programmes.

Part C:
Bibliography, Annexes

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15. Annexes

List of tables in the text

Table 2.1	<i>Regular consumption of various alcoholic drinks by gender and age, 2006, Slovenia</i>	24
Table 2.2	<i>Lifetime prevalence between 2001 and 2005, Slovenia</i>	27
Table 5.1	<i>Costs of substitution treatment with methadone by regional units (RUs) of the HIIS in EUR, Slovenia, 1999-2006</i>	47
Table 5.2	<i>Financial means intended for activities of the CPTDA (only prescribed medicine on order forms) in EUR, Slovenia, 1999-2006</i>	49
Table 5.3	<i>Financial means intended for the activities of the CPTDAs, in EUR, Slovenia, 2002-2006</i>	49
Table 5.4	<i>Costs of substitution and treatment with buprenorphine and slow-release morphine by regional units of the HIIS in EUR, Slovenia, 2005-2006</i>	51
Table 6.1	<i>Number of direct drug-related deaths by age group and sex, Slovenia, 2004</i>	53
Table 6.2	<i>Number of direct drug-related deaths according to value 1 of the Filter B variable, by age group and sex, Slovenia, 2005</i>	54
Table 6.3	<i>Substances consumed by victims of drug-related death, by age group, and sex, Slovenia, 2005</i>	55
Table 6.4	<i>Number of drug-related deaths due to opiate, cocaine and other and unspecified narcotics (T40.0-T40.6) in the 2004 and 2005 by age group</i>	56
Table 6.5	<i>Number of patients poisoned by heroin, cocaine and amphetamines treated at the University Medical Centre Ljubljana between 2003 and 2006, Slovenia</i>	59
Table 6.6	<i>Number of patients poisoned by illicit drugs between 2001 and 2006 reported to the Slovenian Register of Intoxication</i>	59
Table 6.7	<i>Number of patients treated for the use of illicit drugs at the PHEU Ljubljana, by category, 2003-2006</i>	60
Table 8.1	<i>Data on the number of criminal offences, suspects and arrested people, 2005-2007*, Slovenia</i>	68
Table 8.2	<i>Data on violations of the Manufacture and Trafficking of Illicit Drugs Act, 2005-2007*, Slovenia</i>	68
Table 8.3	<i>Most common measures taken by the Police during road traffic controls, 2004-2005, Slovenia</i>	70
Table 8.4	<i>Number of alcohol-effected people responsible for road accidents and average blood alcohol concentration, 2005-2006, Slovenia</i>	72
Table 8.5	<i>Number of imprisoned people with illicit drug-related problems relative to the total prison population by categories, Slovenia, 2006</i>	72
Table 8.6	<i>Number of imprisoned people receiving methadone therapy, Slovenia, 2000-2006</i>	73

Table 10.1	<i>Criminal offences and suspects, 2005-2006, Slovenia</i>	78
Table 10.2	<i>Number of seizures of illicit drugs by all law enforcement agencies in 2006 in Slovenia</i>	78
Table 10.3	<i>Number of seizures by type of drug for the first half of 2007 in Slovenia</i>	79
Table 10.4	<i>Seizures of illicit drugs in quantities made by all law enforcement agencies, Slovenia, 2005-2007</i>	80
Table 10.5	<i>Price in euros of some illicit drugs at street level, Slovenia, 2003-2006</i>	82
Table 10.6	<i>Average purity/potency of some illicit drugs at street level, 2006, Slovenia</i>	84
Table 10.7	<i>Purity/potency at street level of some illicit drugs at street level, 2001-2006, Slovenia</i>	84
Table 11.1	<i>Budget and public expenditure in the field of drugs (estimates in EUR), Slovenia, 2002-2005</i>	88
Table 11.2	<i>Equipment (invitations to tender)</i>	93
Table 11.3	<i>Twinning project: 'Strengthening of the National REITOX Focal Point and strengthening the drug supply reduction and drug demand reduction programmes in Slovenia'</i>	93
Table 12.1	<i>Juvenile crime by type of offence and number, 2003-2006, Slovenia</i>	96
Table 12.2	<i>Number of suspects by age, 2005, 2006, Slovenia</i>	96
Table 12.3	<i>Number of young offenders by age and year, 2004-2006, Slovenia</i>	97
Table 12.4	<i>Number of young offenders by type of criminal offence and year, 2004-2006, Slovenia</i>	97
Table 12.5	<i>Number of children receiving social financial help, 2002-2004, Slovenia</i>	98
Table 12.6	<i>Number of executed programmes of psycho-social help for families, children and juveniles, Slovenia, 2001-2004</i>	98
Table 12.7	<i>Number of cases of child or juvenile ill-treatment by type of ill-treatment, Slovenia, 2003, 2004</i>	99
Table 12.8	<i>Number of measures taken by Centres for Social Work for child protection by type, Slovenia, 2003, 2004</i>	99

List of figures in the text

Figure 2.1	<i>Percentage of regular smokers in the three different age groups. A comparison of HBSC studies undertaken in 2006 and 2002 in Slovenia</i>	21
Figure 2.2	<i>Percentage of youth who have already experienced smoking, 2006, Slovenia</i>	22
Figure 2.3	<i>Incidence of the consumption of alcoholic drinks in the three age groups, Slovenia</i>	24
Figure 2.4	<i>Percentage of 15-years-old using marihuana in the last 12 months or last 30 days, 2006, Slovenia</i>	25

Figure 2.5	<i>The use of marihuana - a comparison of results of 2002 and 2006 HBSC studies</i>	26
Figure 3.1	<i>The Network of Health Promoting School in Slovenia</i>	30
Figure 3.2	<i>Comparison of contents for the 2003/04 and 2004/05 school years</i>	32
Figure 5.1	<i>Costs of substitution treatment with methadone by regional units of the HIIS and total use in EUR, Slovenia, 1999-2006</i>	47
Figure 5.2	<i>Costs of substitution treatment with methadone for the three largest RUs of the HIIS and total use in EUR, Slovenia, 1999-2006</i>	48
Figure 5.3	<i>Costs of substitution treatment with methadone by selected RUs of the HIIS in EUR, Slovenia, 1999-2006</i>	48
Figure 5.4	<i>Financial means intended for the activities of the CPTDAs, Slovenia, 2002-2006</i>	50
Figure 5.5	<i>Expenses for substitution and long-lasting treatment with buprenorphine and morphine by the RUs of the HIIS in EUR, Slovenia, 2005</i>	51
Figure 6.1	<i>Number of people dying in accidents where the perpetrator was under the influence of alcohol</i>	61
Figure 8.1	<i>Proportion of drug-related criminal offences pursuant to Articles 196 and 197 of the Penal Code of the RS, 2001-2007*, Slovenia</i>	68
Figure 8.2	<i>Juvenile crime, 2004-2006, Slovenia</i>	69
Figure 8.3	<i>Drug-related criminal offences - organised crime, 2004-2006, Slovenia</i>	70
Figure 8.4	<i>Number of positive tests during the examination of alcohol and illicit drugs in the 2004-2006 period, Slovenia</i>	71
Figure 10.1	<i>Production of opium in Afghanistan in the 1992-2006 period</i>	75
Figure 10.2	<i>Seized quantities of heroin in the 2002-2006 period in Slovenia</i>	76
Figure 10.3	<i>Seized quantities of ecstasy in the 2004-2006 period in Slovenia</i>	76
Figure 10.4	<i>Quantities of cannabis seized in the 2000-2006 period in Slovenia</i>	77
Figure 10.5	<i>Number of criminal offences, suspects and offences in the 1995-2006 period in Slovenia</i>	77
Figure 10.6	<i>Total number of seizures of cannabis in the 2000-2007 period, Slovenia</i>	79
Figure 10.7	<i>Quantities of seized heroin and marihuana (kilograms) in the 2003-2006 period, Slovenia</i>	81
Figure 10.8	<i>Quantities of other seized illicit drugs in the period 2003-2006, Slovenia</i>	81
Figure 10.9	<i>Average prices of herbal cannabis and cannabis resin at street level (euros), 2002-2006, Slovenia</i>	82
Figure 10.10	<i>Average prices of heroin and cocaine powder at street level (in euros), 2002-2006, Slovenia</i>	83
Figure 10.11	<i>Average prices of ecstasy, LSD and amphetamine at street level (euros), 2002-2006, Slovenia</i>	83

Figure 10.12	<i>Average purity of heroin (brown) and cocaine at street level in the 2001-2006 period, Slovenia</i>	84
Figure 11.1	<i>Expenses for the operations of the CPTDAs and for medicine in the 2002-2006 period</i>	90
Figure 11.2	<i>Expenditures of the Health Insurance Institute on methadone as a medicine in the 2002-2005 period</i>	90
Figure 11.3	<i>Amounts of the OY for co-financing two non-governmental organisations in the field of (illicit) drugs, 2002-2005, Slovenia</i>	91
Figure 12.1	<i>Number of criminal offences perpetrated by juveniles, 1993 -2004, Slovenia</i>	95

List of tables and figures in the annex

Table 1	<i>Standard Tables and Structured Questionnaires</i>	111
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List of abbreviations

AIDS	acquired immunodeficiency syndrome
ATS	amphetamine-type stimulants
anti HBc	antibodies against the hepatitis B virus
anti HCV	antibodies against the hepatitis C virus
ASC	Ambulance Services Centre
CHC	community health centre
CNS	central nervous system
CPTDA	Centre(s) for the Prevention and Treatment of Illegal Drug Addiction
CRC	Capture Recapture method
CSD	Social Work Centres
CTDA	Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana
DRD	drug-related deaths
DTDI	Drug Treatment Demand Indicator
DUTE	Drug Users Treatment Evidence
ED	Emergency Department
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENHPS	European Network of Health Promoting Schools
ESPAD	European School Project on Alcohol and Drugs
EU	European Union
EUR	euro
EWS	Early Warning System on new synthetic drugs
F	female
FTD	first treatment demand
g	gram
GBL	gamma-Butyrolactone
GHB	gamma-hydroxybutyric acid
GMR	General Mortality Register
GP	general practitioner
GPO	General Police Office
HBSC	Health Behaviour in School-aged Children
HBV	hepatitis B Virus
HC	health centres
HCHIA	Health Care and Health Insurance Act
HCV	hepatitis C virus
HI	health insurance

HIIS	Health Insurance Institute of Slovenia
HIV	human immunodeficiency virus
IDU	intravenous drug use
IUID	Information Unit for Illicit Drugs
IFM	Institute of Forensic Medicine - Toxicology Department
IPH	Institute of Public Health of the RS
LAG	local action group(s)
LRTS	Law on Traffic Road Safety
M	male
MD	Ministry of Defence of the RS
MDMA	3,4-methylenedioxyamphetamine
NFP	National Focal Point
MH	Ministry of Health of the RS
MES	Ministry of Education and Sport of the RS
MF	Ministry of Finance of the RS
MI	Ministry of Interior of the RS
MJ	Ministry of Justice of the RS
MLFSA	Ministry of Labour, Family and Social Affairs of the RS
NGO	non-governmental organisation
OD	Office for Drugs
PAS	psychoactive substances
PHEU	Pre-hospital Emergency Unit
PG	Pompidou Group of the Council of Europe
PISRS	Perinatal Information System of the Republic of Slovenia
PUM	project learning for young adults
RS	Republic of Slovenia
SIADH	syndrome of inappropriate antidiuretic hormone
SIT	Slovenian tolar
SNHPS	Slovenian Network of Health Promoting Schools
SOUNDEX	special system code used for data collection for the DUTE database
TDI	treatment demand indicator
THC	Δ 9-tetrahydrocannabinol
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
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
WHO	World Health Organisation

Part D:
Standard Tables and Structured Questionnaires

Table 1. STANDARD TABLES AND STRUCTURED QUESTIONNAIRES

No.	Standard Table	Title	Reporting Cycle
1	Online Standard Table 01	Basic results and methodology of population surveys on drug use	Yearly
2	Online Standard Table 02	Methodology and results of school surveys on drug use	Yearly
3	Standard Table 03	Characteristics of persons starting treatment for drugs	Yearly
5	Standard Table 05	Acute/direct related deaths	Yearly
6	Standard Table 06	Evolution of acute/direct related deaths	Yearly
7	Standard Table 07	National prevalence estimates on problem drug use	Yearly
8	Standard Table 08	Local prevalence estimates on problem drug use	Yearly
9	Standard Table 09	Prevalence of hepatitis B/C and HIV infection among injecting drug users	Yearly
10	Standard Table 11	Arrests/Reports for drug law offences	Yearly
11	Standard Table 12	Drug use among prisoners	Yearly
12	Standard Table 13	Number and quantity of seizures of illicit drugs	Yearly
13	Standard Table 14	Purity at street level of illicit drugs	Yearly
14	Standard Table 15	Composition of tablets sold as illicit drugs	Yearly
15	Standard Table 16	Price in euros at street level of illicit drugs	Yearly
16	Standard Table 17	Leading edge indicators for new developments in drug consumption	Yearly
17	Standard Table 18	Overall mortality and causes of deaths among drug users	Voluntary
18	Standard Table 24	Drug-related treatment availability	Yearly
19	Standard Table 19	Universal school based prevention programmes	Yearly
30	Standard Table 30	Methods and results of youth surveys	Voluntary
34		TDI data	Yearly
22/25	Structured Questionnaire 22/25	Universal prevention	Yearly
26	Structured Questionnaire 26	Selective and indicated prevention	Yearly