

# **Slovenian Drugs Strategy – The Role of Slovenian Ministry of Health**

**Split, 26. 9. 2011**

# Content

- Drug Policy in Slovenia;
- Epidemiological Data;
- Coordination Mechanisms;
- Challenges
- Conclusion Remarks

# Brief Historical Overview

Time	Perspective	Focus	Effects / Consequences
1900 +/-	Drugs are evil  Austria-Hungary	Alcohol  Annual per capita use among general population 0,05 grams – in the UK 5,2 grams (a)	Society must get rid of alcohol problem (Newspapers Slovenski narod and Sovenec warn against alcoholism)
1930	Experimentation with mescaline and psychedelics in general	Medicine	Studies of psychiatrists: Alfred Šerko, Bogomir Magajna, Mihael Kamin
1950 - 1970	Drugs are not a problem in socialist / communist regime	Alcohol	Alcohol has nothing to do with alcohol problems
1980	Drugs are coming	Alcohol	No treatment apart psychiatry. Some travel and stay abroad.
1990	Drugs are here	Heroin	Society must protect itself from the misusers Health protection
1995 – 2010	Some drug using patterns create more harm	The user	Harm reduction

Source: (a) UNODC Bulletin on Narcotics. Vol LIX, No. 1-2.

# Historical legacy

- Historical social perceptions of drug user as 'deviant' and 'marginalised': strengthnening fear, stigmatisation and repressive policies;
- These reactions in turn maintained ignorance and stigmatisation among public and professionals;
- Increasing phenomenon of drug use and diversification of drugs prompted fear, denial or exaggeration (lack of appropriate paradigms for understanding what was happening);
- Broader social, economic and political changes widened the gap between official discourse and the experience and perceptions of the population, especially youth;
- Crisis of legitimacy meant existing systems could not cope but the legacy of social perceptions of drug use and drug users was a considerable barrier for changes.

# **Many factors then fed into this changing situation (for better or for worse)**

- Market forces (open borders, common currency, privatisation of health care, important role of pharmaceutical industry, new drugs..);
- Social attitudes and lifestyles (individualism, consumerism, freedom?);
- Widening rich - poor gap, unemployment, exclusion;
- Mobility, travel, communication (diversification of cultural experience, but also displacements);
- Competing ideologies and agendas (domestic, imported);
- Growth and strengthening of non-governmental sector, alternative models of service delivery
- Membership of EU, integration into western markets (drugs included), commitment to human rights.

# Legislation drugs

- Production of and Trade in Illicit Drugs Act;
- Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act;
- Decree on classification of illicit drugs;
- Decree on the method of dealing with seized and taken illicit drugs;
- Rules on Procedures for Issuing Trade Authorization for Illicit Drugs;
- Rules on method and form of record-keeping and of reports on illicit drugs;
- Resolution on National drug strategy 2004 – 2009
- Draft Version of New National Drug Strategy – 2020 - prepared.

# PRODUCTION OF AND TRADE IN ILLICIT DRUGS ACT - Article 33

- Individuals shall be 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 shall be 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, persons 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 persons 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.

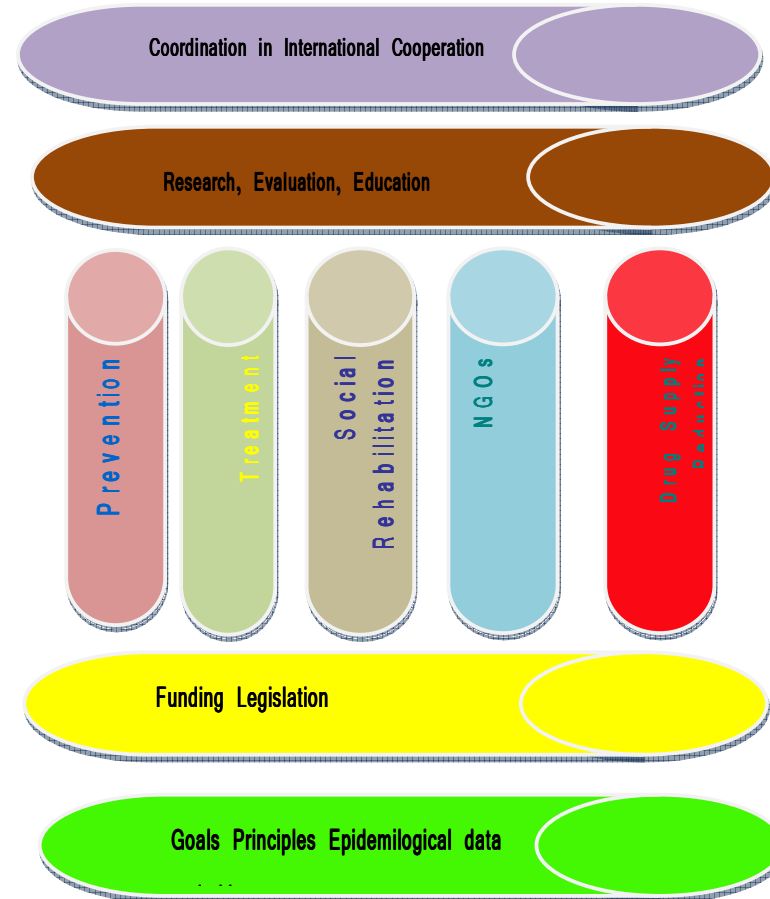
# Pillars of the illegal drug policy

- **Traditionally:**
  - multidisciplinary approach
  - Information and education
  - restrictive drug control policy
  - International co-operation
  - voluntary, drug-free rehabilitation
  - compulsory treatment
- **More recent developments**
  - reorganised national drug (and alcohol) prevention field
  - low threshold for help
  - methadone-assisted rehabilitation
  - buprenorphine (Subutex)
  - Injection rooms?



# Slovenian drug policy

- Treatment and rehabilitation
- Information and education
- Harm reduction
- Social reintegration
- Strong involvement of NGOs
- Research & Evaluation
- Police & Customs & Juridical activities



## **Commission of the Government of the Republic of Slovenia for Drugs –**

### **Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act (article 4)**

- Promote and coordinate the governmental policy and programmes for the prevention illicit drugs consumption, reduction in illicit drug demand, reduction in harm caused by the use of illicit drugs, treatment, and rehabilitation.
- Monitor the implementation of the provisions of conventions issued by international bodies and international organisations;
- Submit to the Government of the Republic of Slovenia the proposed National Programme and measures for the implementation of the National Programme;
- Propose measures to reduce illicit drug supply;
- Ensure international cooperation.

# Report on the previous National Programme

- Draft National report on the implementation of the national program has been prepared on the basis of partial reports of the ministries, which are responsible for the tasks set out in resolution (+ NGOs and LAG).
- Ministries and other institutions have prepared a report which set out measures and activities undertaken within their portfolio during the term of the national program.
- Ministry of Health has also sponsored two evaluations on the implementation of the national program conducted by the Faculty of Social Work and Association of drug NGOs.

# Preparation of a new National Programme

- Interagency working group was set up (10 ministries + IPH FSD + 2 NGO representatives) with a mandate to prepare a draft document.
- Members of the WG were involved in the preparation and implementation of major conferences, seminars, and communicated also with student groups, various practitioners, etc.).
- Draft National Programme was presented to the Government Commission on Narcotic Drugs at the end of 2010, which had confirmed the text.

# National Drug Strategy 201(1) - 2020

- The new National Programme on Drugs for the period 201(1) - 2020 emphasis a holistic and balanced development of all actions, programs and activities that contribute to solving the problem of illicit drugs in Slovenia.
- The drug problem is understood as interdepartmental and multi-disciplinary, therefore the solutions should cover both the reduction of drug supply, as well as the area of prevention, treatment and social care.
- This document, in the preparation of which in the inter-ministerial working group participated also representatives of NGOs and researchers, provides a basis for preparing the initial action plan.
- Important emphasis is given also to various (initiate) activities in the region and to the wider European context, especially with our active participation in international organizations.

# National Drug Strategy 201(1) - 2020

Among other objectives and tasks of a new National Programme on Drugs for the period 201(1) - 2020 the document specifically highlights the following:

- Promotion of programs for prevention of drug use in order to reduce the number of new drug users among the younger generation and to reduce the number of offences and crimes related to illicit drugs.
- Development of programs that would help maintain or reduce the number of people living with HIV and hepatitis B and C, and deaths from overdoses.
- Development of psychosocial programs for drug users, therapeutic communities and communes, and reintegration programs for ex drug users.
- Development and upgrading of coordinating structures at the local and national level.
- Strengthening the activities against organized crime, trafficking of prohibited narcotics, money laundering and other crime related to drugs.

# Criteria for Drafting Action Plan

- **The actions and activities must have a measurable and probable results. The intended results should be stated in advance.**
- **The action plan must state the timeframe within which activities should be carried out as well as institutions responsible for implementing and reporting on progress.**
- **Activities must contribute directly to achieving at least one target set in the strategy.**
- **Activities must be cost effective.**
- **For each area must be a limited number of actions or activities.**

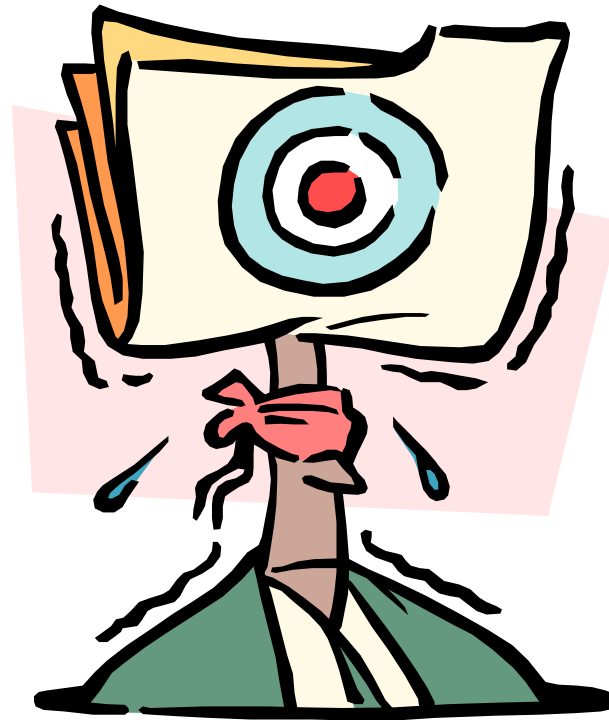
# Sample of Initial Action Plan

Goal	Activity	Time framework	Responsible	Indicators
Information system	1.More efficient data collection from the network of public services: CSW, Hospitals, Schools. 2.Data collection from prisons. 3.Data collection from NGOs	Permanent Activity	Institute of Public Health, Different Ministries; NGOS.	1.Annual report on the drug situation in the country. 2.System of data collection, data processing and data dissemination is well functioning 3.Available strategy for information of public and media.



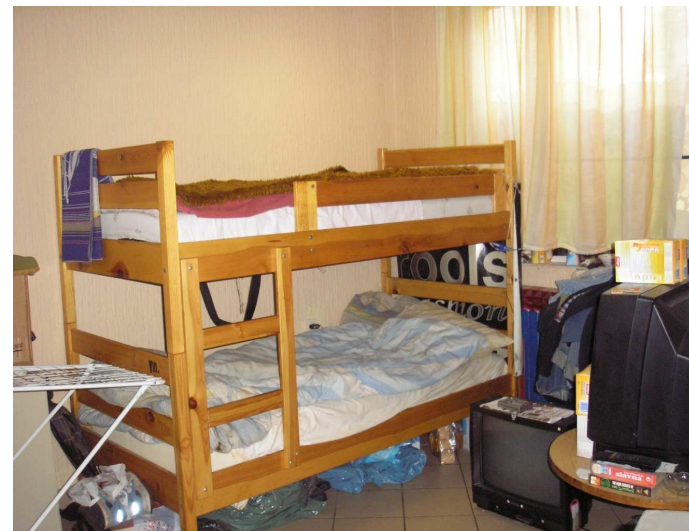
# Initiatives/Disputes in our drugs policy

- Calls for drugs legalisation
- Law and order
- Social welfare
- Health
- Finances – where to focus scarce resources
- Illegal drugs vs alcohol
- Foreign policy



# Internal and external pressure for change

- Changed view about the role of the state and about perception of "good life" – fragmented society.
- Decentralisation and globalisation.
- Lack of regional / neighborhood cooperation on policy level.
- Political consensus weakened – different ideological priorities regardless individualised needs.
- Consumer ideology is gaining increased power.
- "Opinion poll democracy" and media representation.



# Mediterranean policy

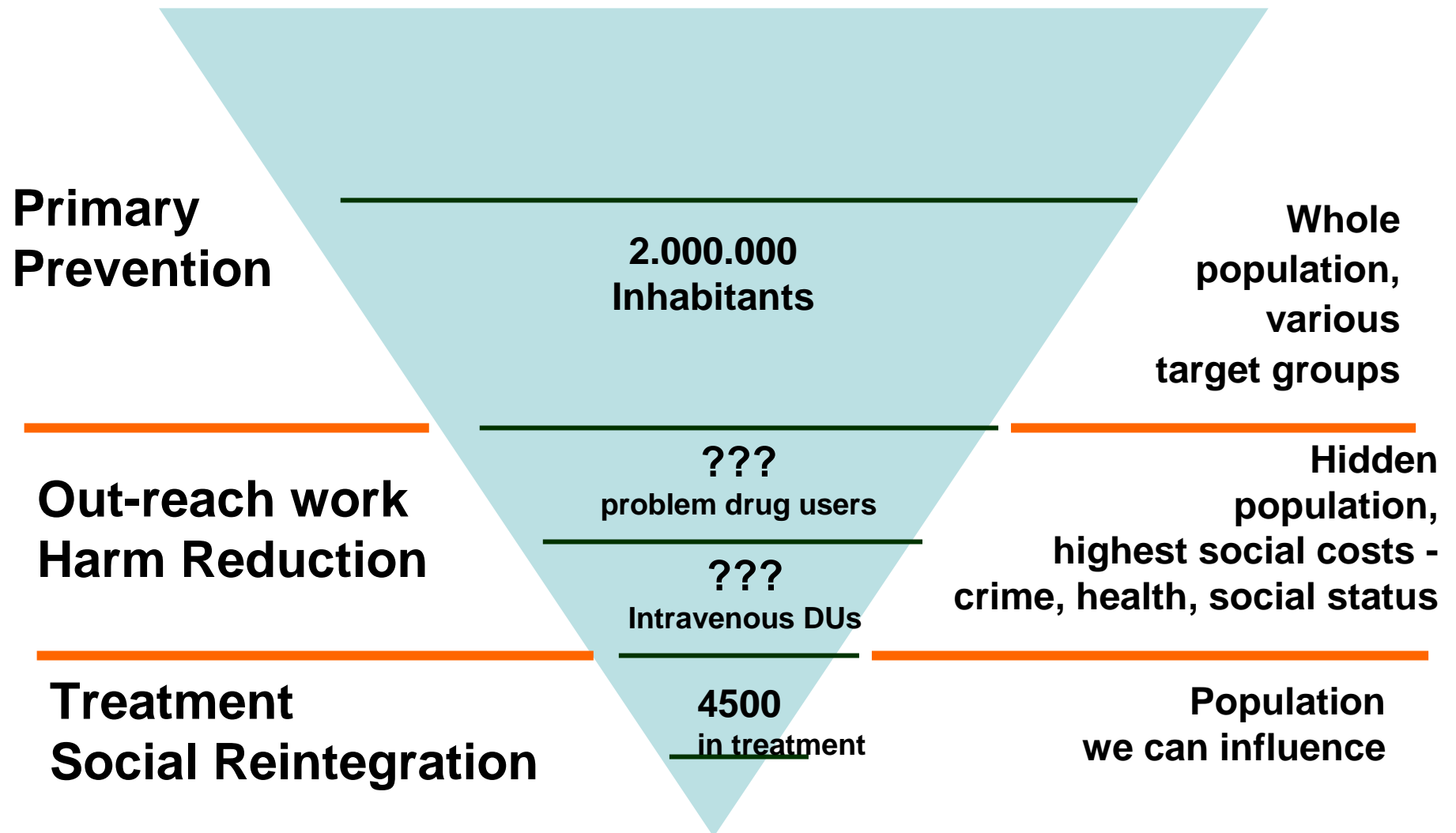
- Catholic tradition; alcohol widely used; antiauthoritarian trends – particularly after Franco in Spain; Tito in Yugoslavia; political problems in Italy; traditions for family responsibility; tolerance and integration but also hard punishments;
- Liberalising trends - liberal laws in Spain (not in Italy);
- High emphasis on substitution;
- Very important are TCs and Communes (Le Patriarche, Comunita D'incontro, San Petignano).

# Basic data



- Since 1986, when HIV epidemiological surveillance was set up 13 HIV infections were identified among injecting drug users.
- Mortality due to sudden poisoning by drugs has been variable in recent years, but lower in comparison with other EU countries.
- HIV Prevalence: approx. one per 10.000 people;
- Drug treatment programs are accessible and available - 18 centers. Approximately 4500 persons are currently enrolled in the program.
- Funds from the state budget around 10 million Euros/year - in the last few years.

# Pyramid of Drug Use - Slovenia



# *Drug Use in General Population*

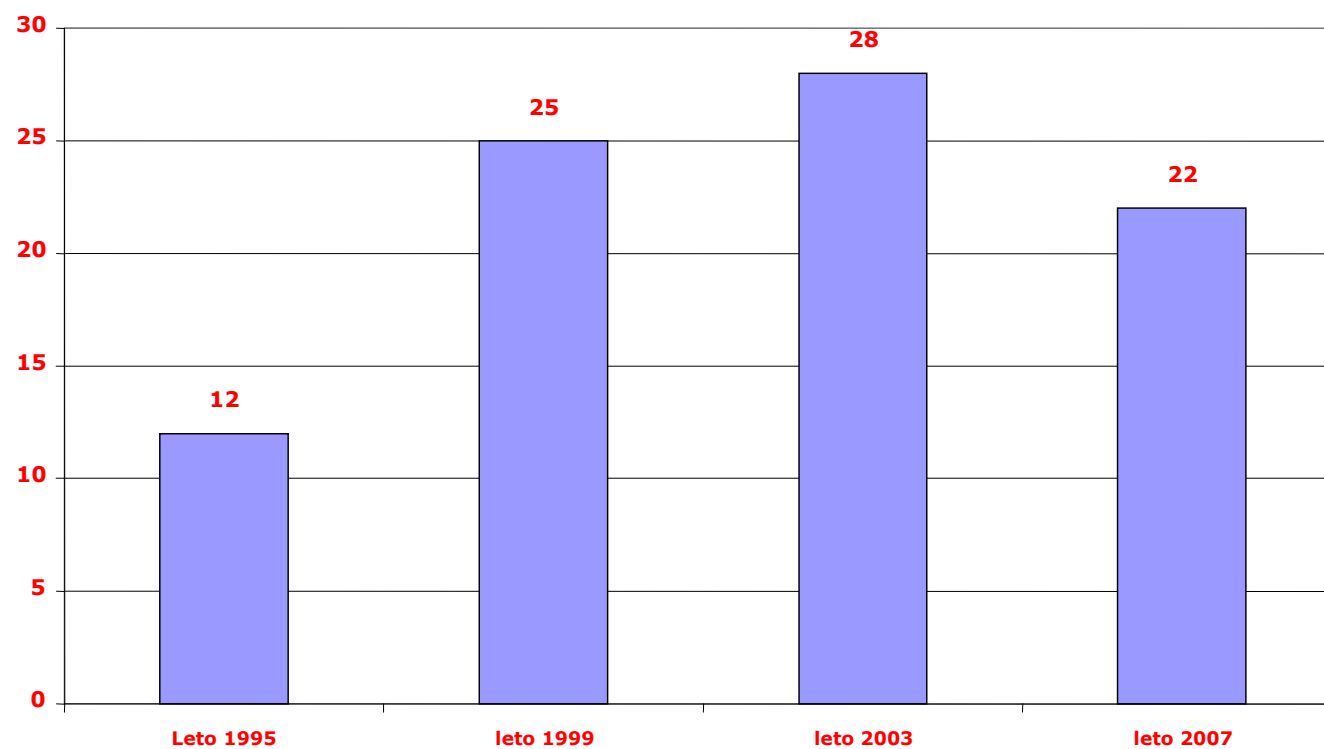
Country	Year	Age group	Cannabis	Cocaine	Amphetamines	ecstasy	LSD
Czech Republic	2009	15-64	27,6	1,1	2,5	4,6	/
Germany	2009	18-64	25,6	3,3	3,7	2,4	2,4
Greece	2004	15-64	8,9	0,7	0,1	0,4	0,3
Spain	2009	15-64	32,1	10,2	3,7	4,9	/
Italy	2008	15-64	32,0	7,0	3,2	3,0	/
Hungary	2007	18-64	8,5	0,9	1,8	2,4	1,1
Austria	2008	15-64	14,2	2,2	2,5	2,3	1,9
UK	2006	16-59	30,2	7,7	11,9	7,5	5,6
Netherlands	2005	15-64	22,6	3,4	2,1	4,3	1,4
Slovenia	2007	15-64	15	2,0 responded positively			

Source: EMCDDA

# Cannabis Use Among 15 Year Olds

Delež mladostnikov, ki so že uživali konopljo kadarkoli v življenju v letih

1995 - 2007



Source: ESPAD

## ***People treated in Centres for the Prevention and Treatment of Drug Addiction in 2009***

<b>Number of all persons treated</b>	<b>Number of all persons in substitution treatment</b>	<b>Methadone</b>	<b>Suboxone</b>	<b>Subutex</b>	<b>Substitol</b>
<b>4,322</b>	<b>3,324</b>	<b>2,498</b>	<b>466</b>	<b>1</b>	<b>289</b>

Source: National Institute of Public Health

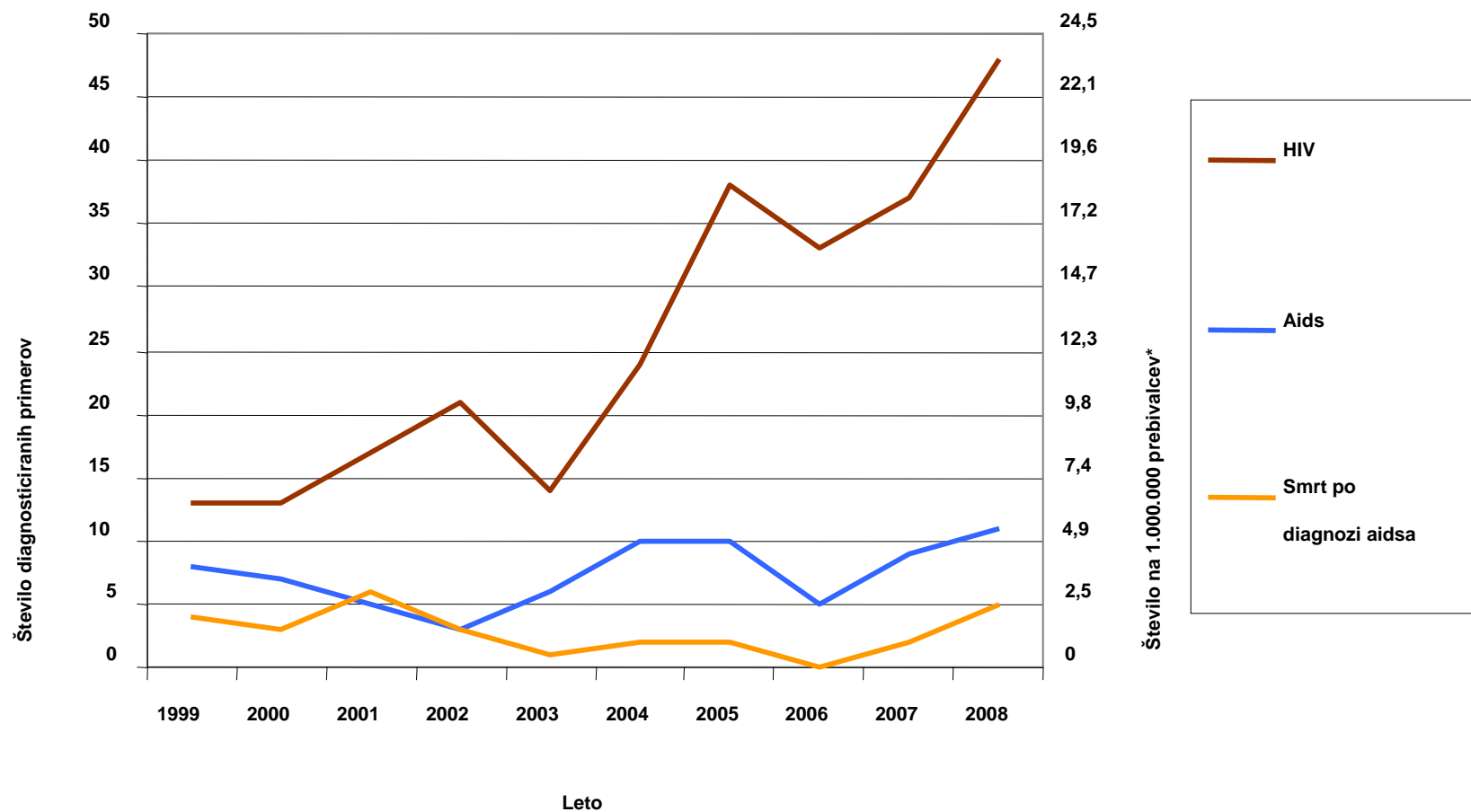


## Changes in proportions of drug users among persons who sought help again or for the first time in CPTDAs, by main drug, Slovenia 2009

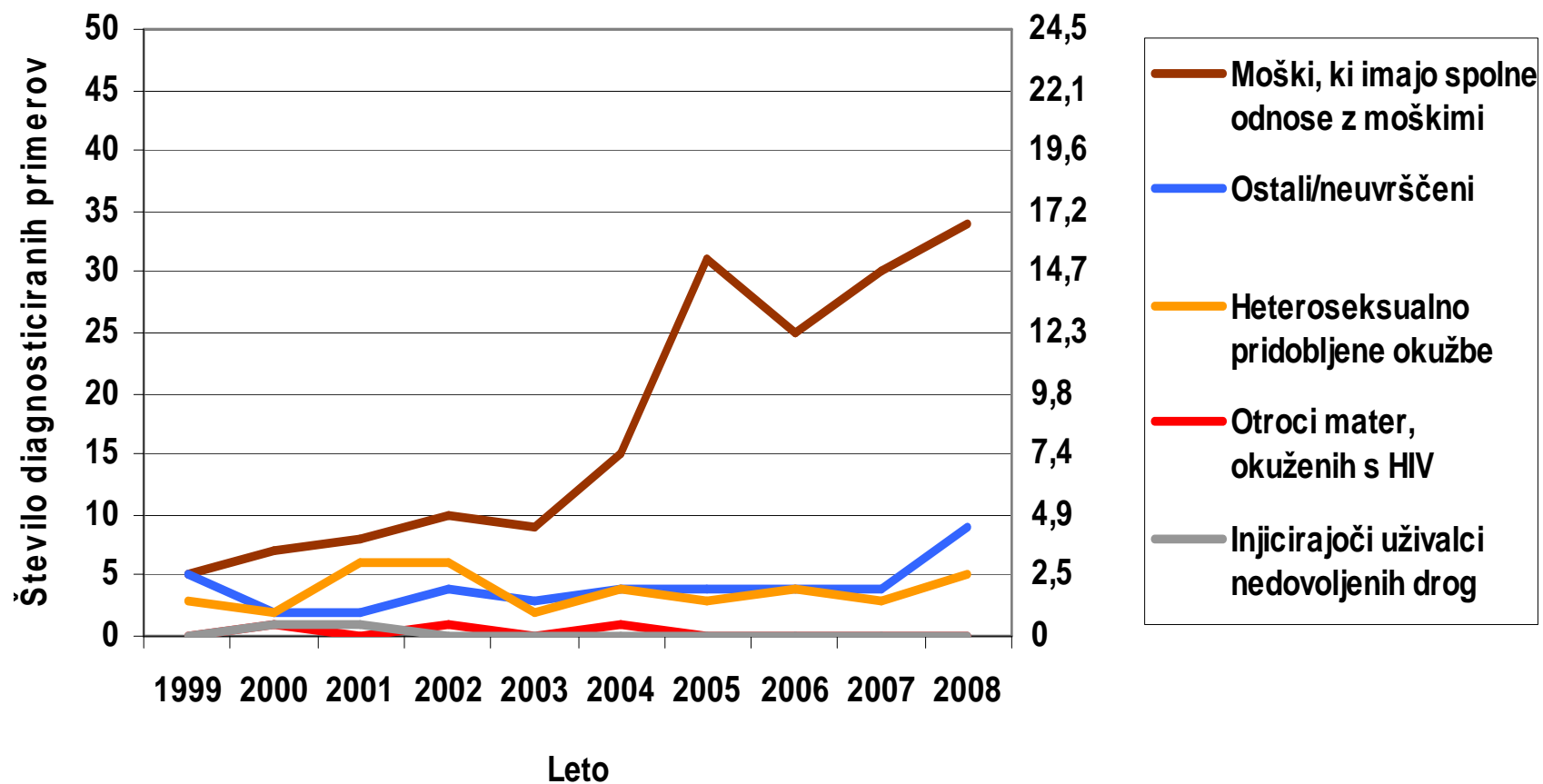
	2005	2006	2007	2008	2009	Total
<b>Heroin</b>	90.1	92.4	93.6	91	84.9	90.4
<b>Methadone, not prescribed</b>	0.8	0.5	1.5	0.6	1.9	1
<b>Other opioids</b>	0.3	0.2	0.3	0.1	0.3	0.2
<b>Cocaine</b>	1.4	0.8	0.9	1.3	4.6	1.8
<b>Amphetamines</b>	0.2	0.2	0	0	0.4	0.2
<b>MDMA and other synthetic derivatives</b>	0.5	0.2	0.1	0.3	0.1	0.2
<b>Benzodiazepines, sedatives</b>	0.5	0.2	0.1	0.1	0.9	0.4
<b>Inhalation of volatile substances</b>	0	0.2	0	0	0	0
<b>Cannabis</b>	5.7	5	3	3.1	6.4	4.7
<b>Unknown</b>	0.6	0.6	0.4	3.3	0.3	1
<b>Total</b>	100	100	100	100	100	100

Source: National Institute of Public Health

# Diagnosed cases of HIV infection, AIDS and death after diagnosis of AIDS, 1999-2008

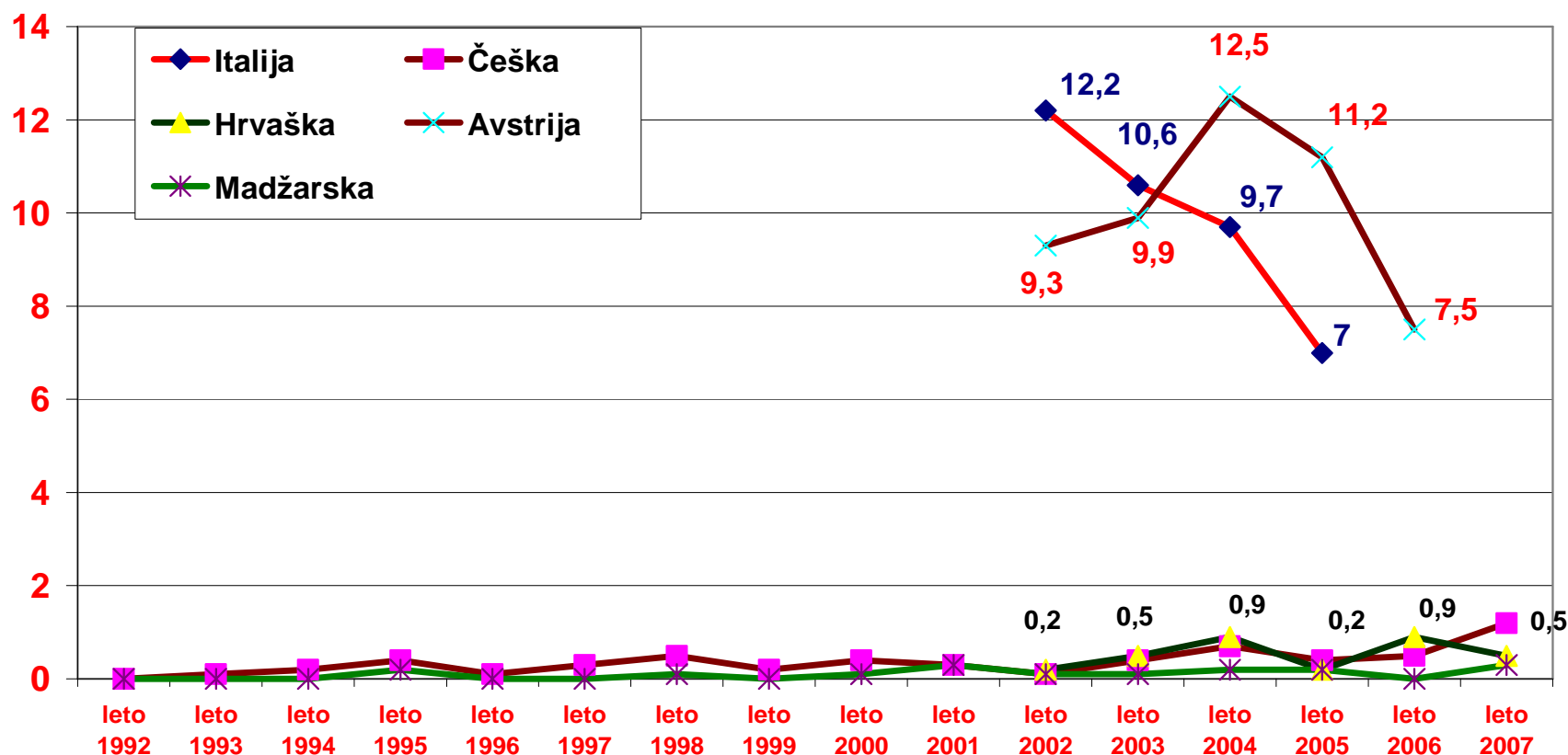


# Diagnosed HIV Infections Regarding Mode of Infections, 1999-2008



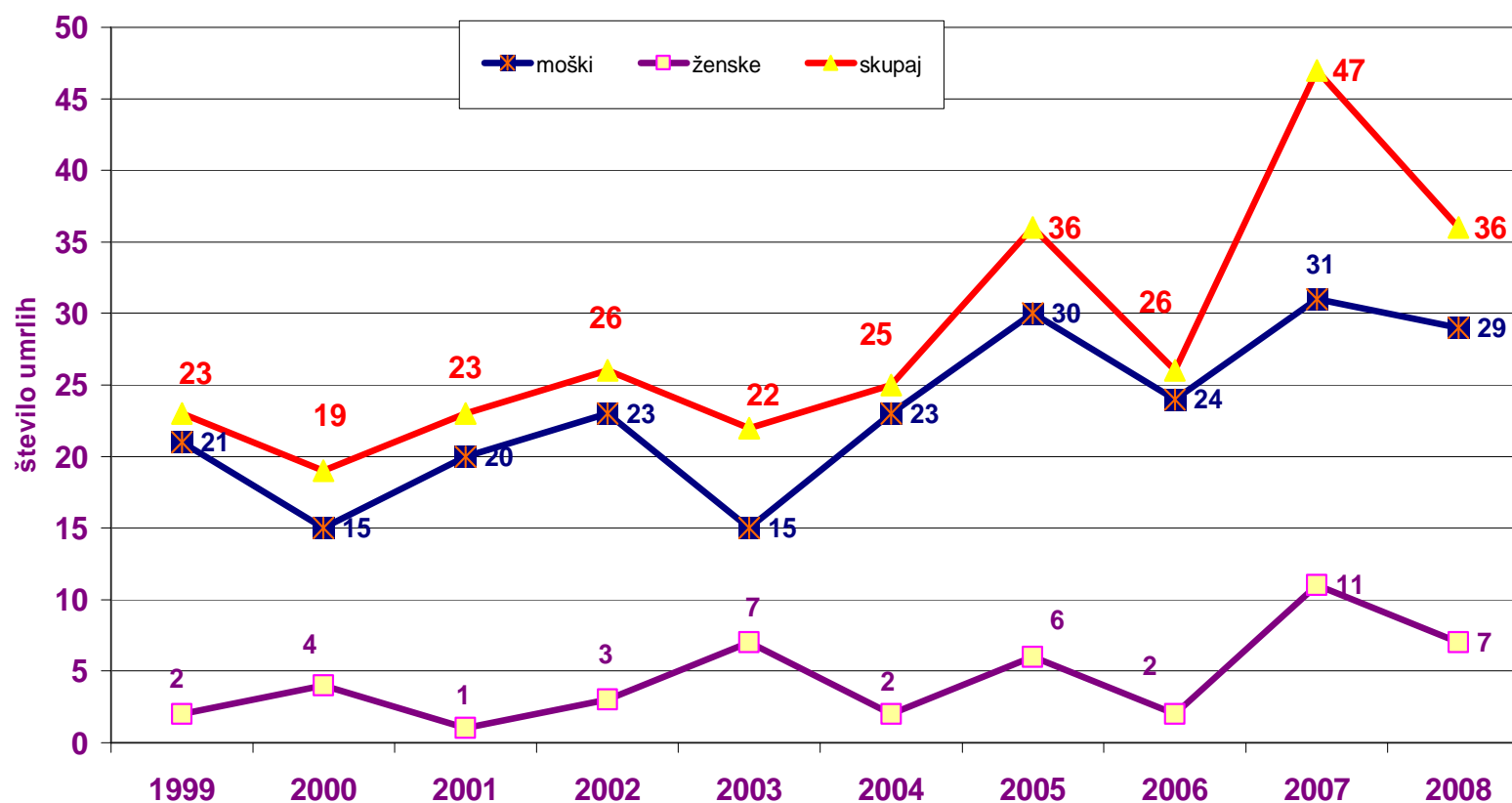
# Number of New HIV Cases per Million in Neighboring Countries

Število novih primerov HIV med uporabniki drog na en milijon prebivalcev v sosednjih državah

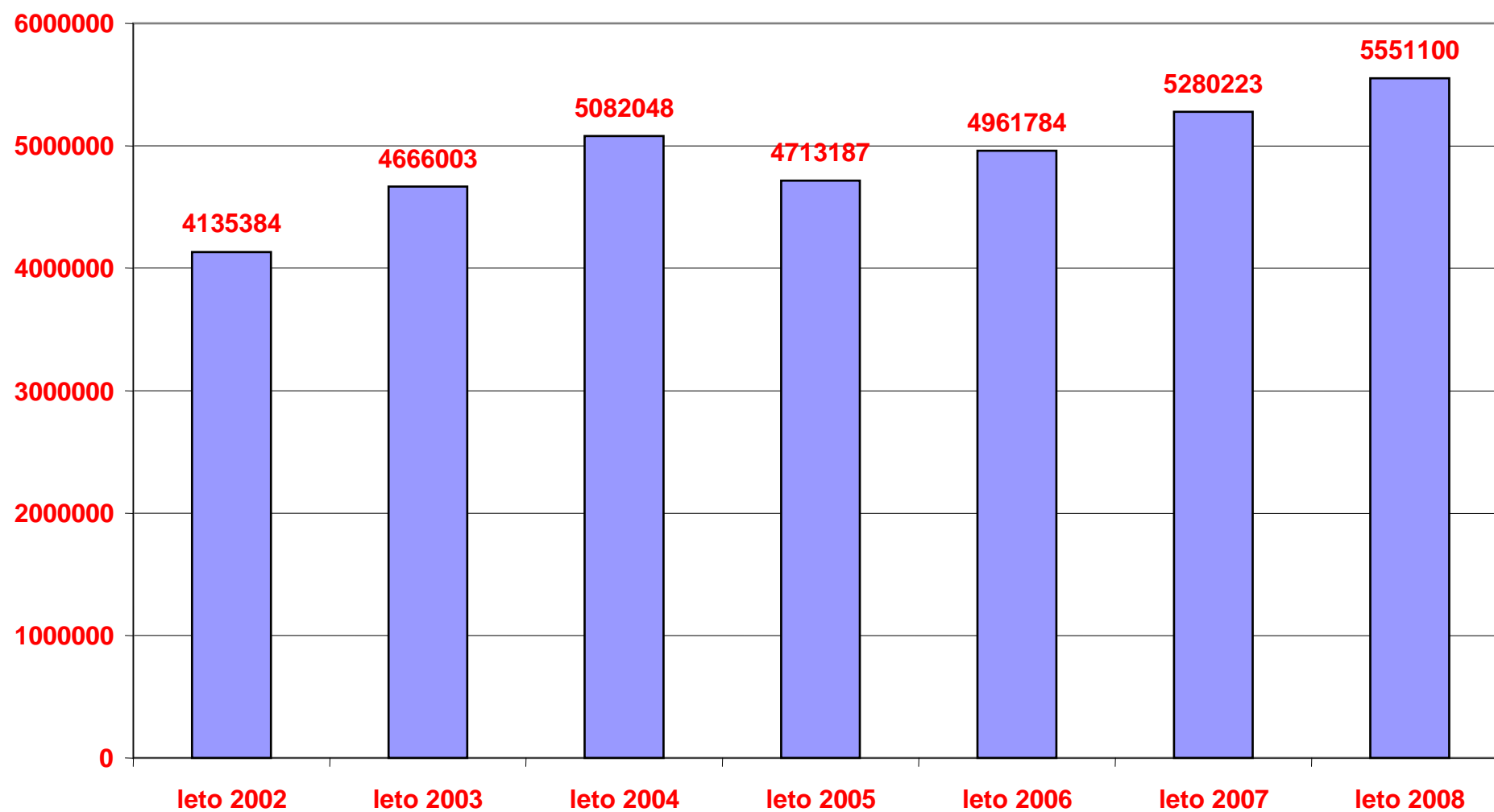


# Drug Overdoses among man and Woman, 1999 – 2008

Umrljivost zaradi zastrupitve z drogami v letih 1999 - 2008 med moškimi in ženskami ter skupaj



## Funds Used for the Substitution Treatment Programme in Slovenia 2002 – 2008



# Aggregated data on funds used in the drugs field in 2010

Funding from	Amount
Budget RS	3.685.096,56
Health Insurance Slovenije	5.746.000,00
Fiho	268.186,45
<b>Together</b>	<b>9.699.283,01</b>

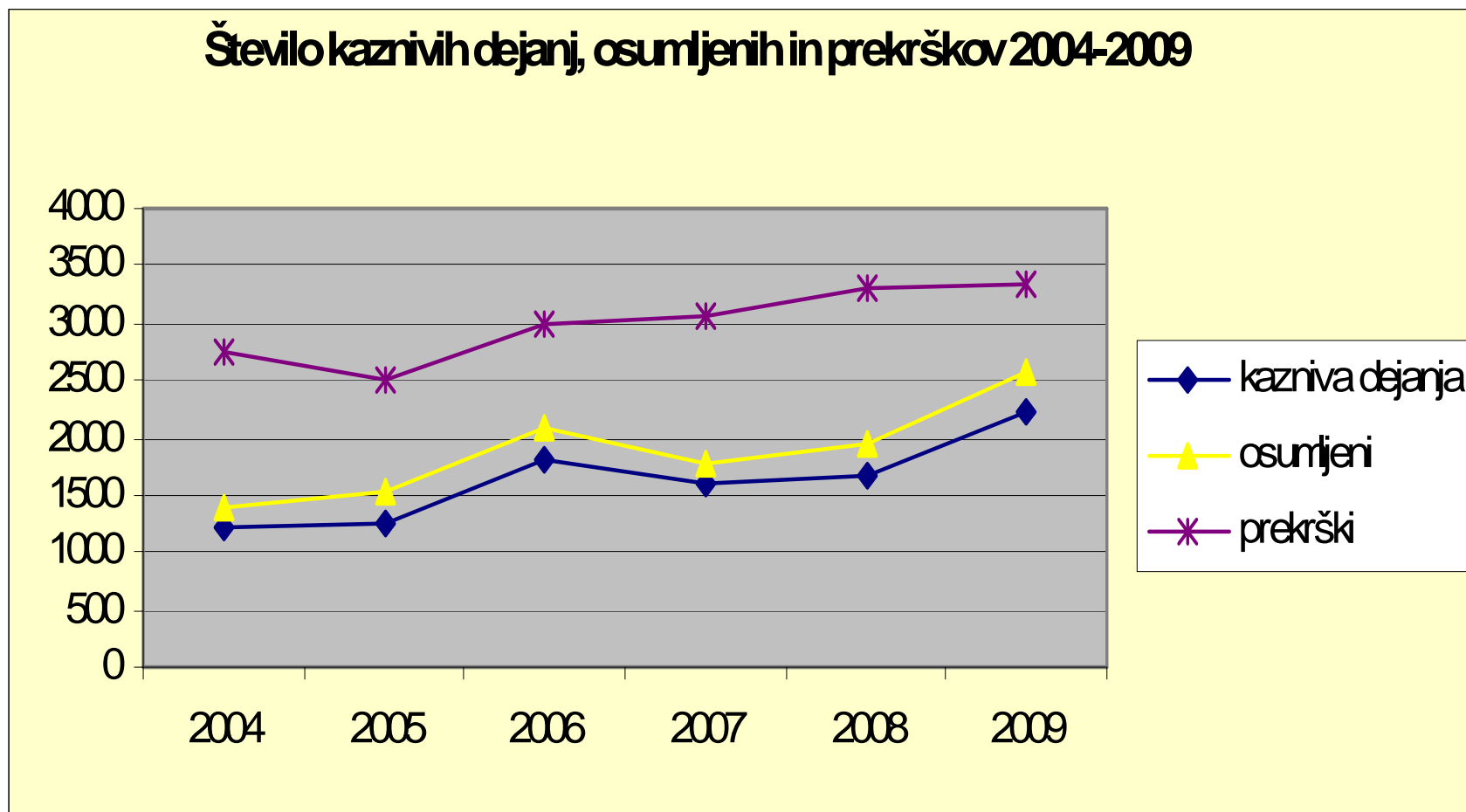
Source: Reports

# Drug Offences – Some Data

	2004	2005	2006	2007	2008	2009
<b>Criminal Offences</b>	1231	1241	1794	1612	1681	2231
<b>Suspects</b>	1374	1536	2102	1783	1963	2570
<b>Offences</b>	2755	2490	2974	3077	3314	3338



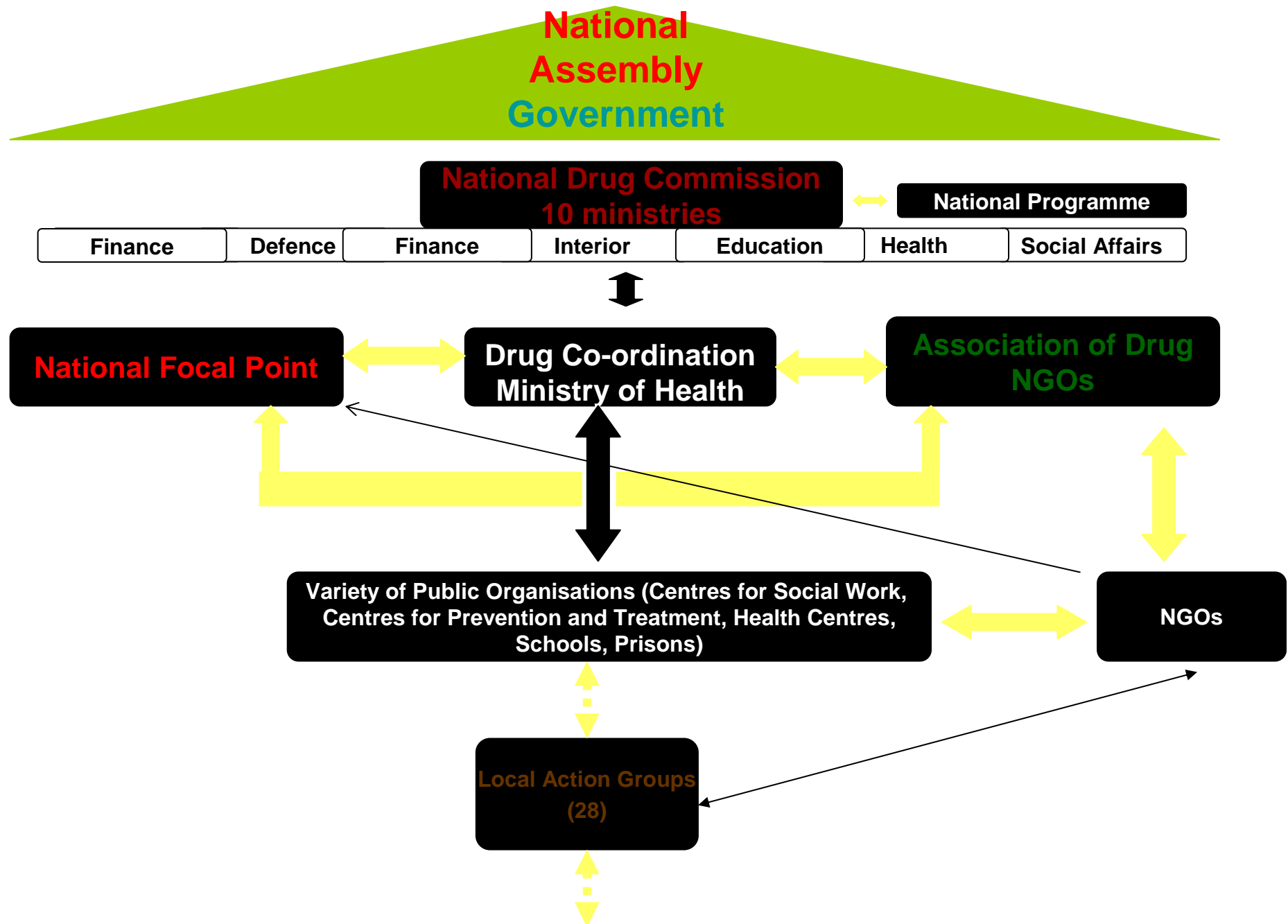
# Drug Offences – Some Data



# Drugs Seizures

ILLEGAL DRUG / YEAR	UNIT	2004	2005	2006	2007	2008	2009
HEROIN	kg	144,34	134,21	182,29	60,443	136,524	41,787
COCAINE	kg	106,69	2,14	4,67	41,749	90,747	2,867
ECSTASY	pills	874	1309	2950	1246	3539	16872
	kg			0,818	0,0184	0	0,0361
AMPHETAMINE	kg	0,2	0,13	3,41	0,994	2,735	3,214
	pills	2	235	201	1070,5	64	778
CANNABIS (PLANT)	number	5329	3214	2557	9483	7116	9373
CANNABIS (marijuana)	kg	84,83	112,32	552,976	157	404,202	242,025
KANABISA (hashish)	kg	8,09	0,72	4,34	0,684	0,429	0,689
BENZODIAZEPINI	pills	1620	1787	1503,5	1249,5	2,768	5116
ACETIC ANHYDRIDE (Anhydride ocetne kisline)	kg	0	0	0	6989,76	60000	0

# Model of Drug Co-ordination in Slovenia



# Local Action Groups

- In the year 2003 Office for Drugs conducted an initial analysis of the network of local action groups (LAG) for the prevention of addiction in Slovenia.
- At that time, Slovenia had 32 such advisory bodies of municipal authorities.
- In 2004 and 2005 another analysis of the network had been done, which showed an increased number of LAG. At that time operated 50 such bodies.
- In 2006, in total there were 55 LAG operating.
- In 2010, the Institute for Research and Development UTRIP made a new analysis of the situation, which showed a significant decline in the number of LAGs in Slovenia. According to data from this analysis in Slovenia, currently operates only 28 LAS. Others, who were active in 2006 no longer exist or are passive.
- Almost all of the LAG, are focusing on preventive activities, and otherwise are mostly involved with the primary and secondary schools and to modest extent with student population (some also implement programs in kindergarten).
- In most cases they provide lectures and conduct workshops for parents and issue various informational brochures or flyers.

# Local Action Groups

- The vast majority of LAG does not evaluate their work - only 7 LAG internally evaluated their work.
- Majority (87.5%) of LAG are funded exclusively by Local Municipalities, as they provide advice to mayors or municipal councils.
- Among the benefits of such state support from municipalities in particular, is their impact on decision-making (...) at the municipal level.
- If the LAGs in the early stages of their existence and operations mainly focused on the illicit drugs are now more engaged in hazardous and harmful alcohol consumption and, increasingly, with other forms of addiction (eg, non-chemical addiction).
- Most LAGs believe that the Ministry of Health should provide coordination of LAGs at the national level and provide expert assistance in the form of strategic guidance.
- A number of LAGs in the past few years, dried up and ceased to exist. The work continued almost exclusively those who have administrative and financial support from municipalities. The analysis of the situation shows a need for increased support by the state.

# Challenges

- Historical legacy plus rapid change = ambivalence (found everywhere)
- So how to build a broad consensus (political, public, professional) for long term drug policies that help rather than harm individuals and communities?
- How to build strategies based in reality on the values we espouse – human rights, equal access to services, respect for different cultures, rule of law?
- It's easy to sell (and feel good about) general school prevention or condemn the 'scourge' of drug dealing
- It's harder to address the chronic and multi-faceted problems posed by, and experienced by, those who are most vulnerable, most marginalised, most difficult, most unpopular and, in terms of social costs, most expensive.

## **More concretely ...**

- How to deliver (enough) services that evidence shows are effective in achieving public health objectives?
- Targeted, contextualised responses to vulnerable groups (school dropouts, minorities, prisoners, migrants ...);
- Range (and sufficient number) of treatment options, including treatment for users with double-multiple diagnosis;
- Range of accessible, survival-oriented services for high-risk drug users who are not (yet?) ready for treatment (outreach, syringe exchange, basic medical care ...)
- This needs permanent capacity building, training of professionals, awareness raising with media, public, politicians and, more generally, confronting populism, ignorance and stigma.

## Conclusion remarks

- Social perceptions of drugs – drugs and drug users are not in a separate box, apart from the rest of society;
- Drug users have the same rights (and responsibilities - once they have those rights) as any one else;
- Drug policy also is not separate but part of wider social policy (reflects the same values, faces similar challenges);
- There are major achievements in developing policies, practices and networks of services to deal with serious or potentially serious public health issues linked to drugs;
- Maintaining and building on those achievements, and developing such approaches elsewhere, needs reaffirmation of the priority of long-term, evidence-based public health strategies rather than short-term, stigmatising and destructive political opportunism;



# References:

1. Slovene Legislation <http://www.mz.gov.si>
2. Slovene epidemiology <http://www.ivz.si>

**THANK YOU!**

**HVALA!**