

HARM REDUCTION PROGRAMMES IN THE FIELD OF DRUG ABUSE IN SLOVENIA

HARM REDUCTION PROGRAMMES – USER PROFILE

THE DEVELOPMENT OF THE APPROACH TO THE ISSUE OF HARM REDUCTION IN SLOVENIA

- 1992: mentioned in the first National Programme in the field of drug abuse;
- 1999: Article 13 of the Law on the Prevention of Illegal Drugs Use and Treatment of Drug Users mentions "needle exchange programmes, field work with drug users and other harm reduction programmes";
- 2004–2009: included in the Resolution on the National Programme in the Field of Drug Abuse.

The basic tasks of the Institute of Public Health Koper in the context of the programme are:

- permanent supply of materials for the requirements of the programmes of harm reduction for injecting drug use;
- regular records of materials consumption;
- regular collection and disposal of used (replaced /discarded) materials;
- protection of employees in terms of harm reduction in relation to health and safety at work;
- organisation of training for professional and lay workers in the programmes;
- counselling within programmes;
- active cooperation with the Ministry of Health and the Ministry of Labour, Family and Social Affairs, the Information Unit for drug abuse in the Institute of Public Health;
- evaluation of harm reduction programmes in the field of drug abuse;
- participation in international studies and evaluations of programmes aimed at the reduction of harm caused by drug abuse;
- active participation in working groups within the Information Unit for illicit drugs at the Institute of Public Health (EWS, TDI, PDU);
- the establishment of a documentation centre on drugs and drug addiction;
- participation at local, regional, national and international professional and scientific symposia and conferences;
- supply of regular information to professionals and the public (organisation and implementation of professional training and meetings).

ACTIVITIES OF THE KOPER PUBLIC HEALTH INSTITUTE IN THE AREA OF HARM REDUCTION

"A reduction of the harm caused by narcotic drugs" is one of the programmes that the Healthcare Institute of Koper has been running since 2007.

THE SCOPE OF HARM REDUCTION PROGRAMMES

Low-threshold programmes encompass various fields of work:

- counselling on HIV, hepatitis C;
- needle exchange;
- field work;
- group work;
- help for those in social distress;
- employment counselling;
- mediation for entry into other programmes;
- fieldwork vehicles.

In addition to the above-mentioned work areas, harm reduction programmes provide additional activities or services, which can be accessed by their clients:

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

Low-threshold programmes assume different functional forms:

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

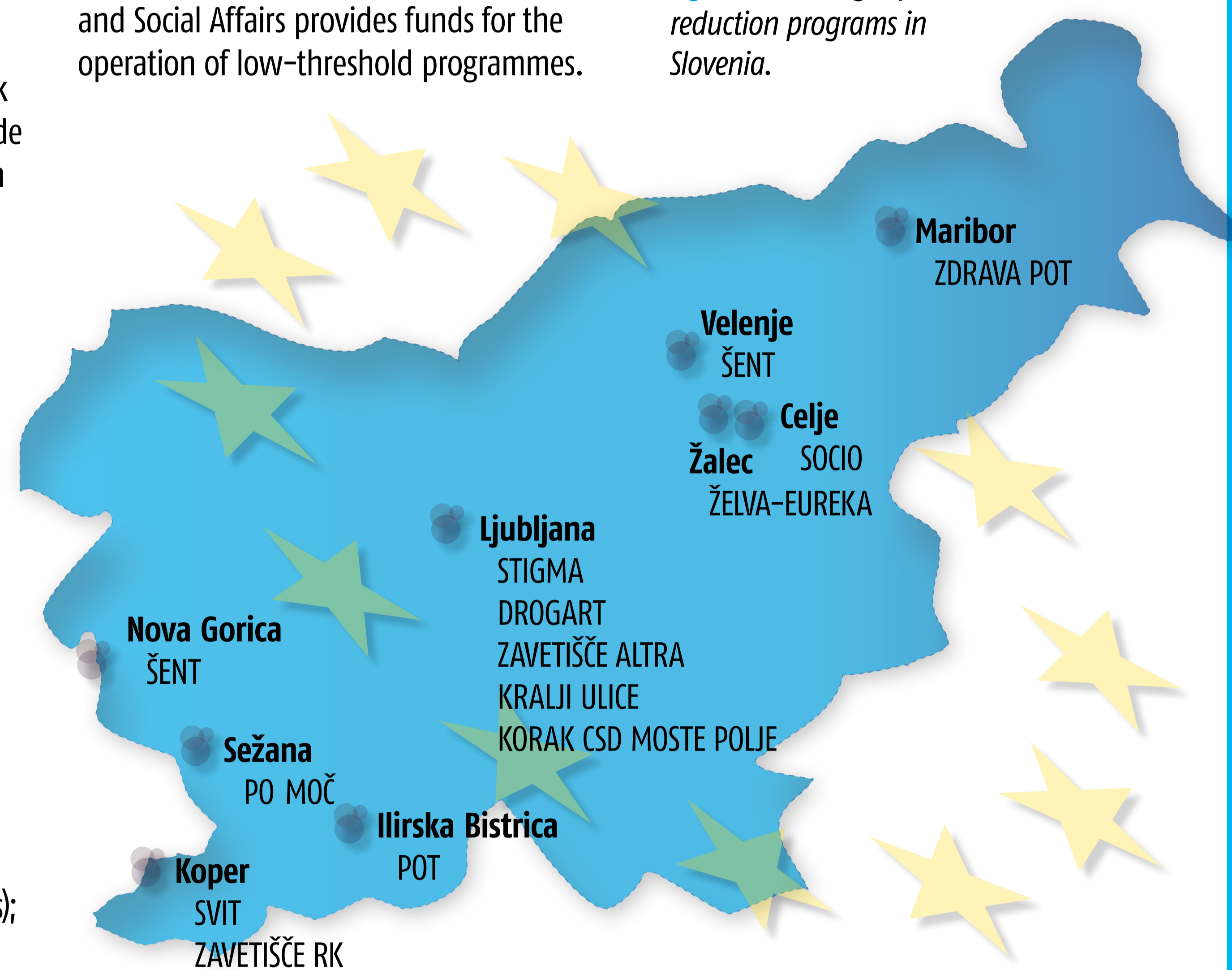
PROGRAMME FUNDING

The Ministry of Health finances the purchase of materials for safe injection, while the Ministry of Labour, Family and Social Affairs provides funds for the operation of low-threshold programmes.

ACHIEVEMENTS AND GAPS IN THE FIELD OF HARM REDUCTION

- low level of prevalence of persons infected with HIV during IUD;
- unavailability of harm reduction programmes in certain parts of Slovenia.

Figure 1: Coverage of harm reduction programs in Slovenia.



CHARACTERISTICS OF CLIENTS OF HARM REDUCTION PROGRAMMES IN SLOVENIA

METHODOLOGY

Sample size: 140 users of low-threshold programmes in Slovenia
Method of data collection: anonymous questionnaire
Data collection period: from June to September 2010

RESULTS

1. Socio-demographic characteristics

Sex: 112 men (80.6 %), 27 women (19.4 %)
Age: average age – 32.8 years; the youngest – 20 years; the oldest – 58 years. The majority of those surveyed (56.2 %) were between 26 and 35 years of age.

2. Place of residence

With parents: 36.2 %
Own apartments (ownership and renting): 31.9 %
Homeless: 12.3 %
Living in a shelter: 11.6 %
At friends or acquaintances: 3.6 %
Elsewhere (at grandmother, brother, in a motel, at Kolizej etc.): 4.3 %

3. Type and method of drug use

Among those users surveyed who most frequently use more than one type of drug at the same time, **66.4 % of them use heroin**. Among heroin users, 76.3 % of them inject the drug, 3.2 % ingest it nasally, 7.5 % inhale it and 1.1 % smoke it. 11.9 % of heroin users

who inject it also inhale heroin and ingest it nasally.

44.3 % use cocaine. Among cocaine users, 82.3 % inject it, 4.8 % ingest it nasally and 1.6 % smoke it. 11.3 % of those who inject cocaine also inhale and ingest it nasally.

13.6 % use synthetic drugs. Almost half (47.3 %) of synthetic drug users consume drugs orally, 15.8 % inject synthetic drugs, 10.5 % ingest them nasally and 26.3 % combine nasal intake with injecting and oral consumption.

41.4 % use marijuana.

47.7 % stated that they drink alcohol, which to a great extent corresponds with the results of the research among the employees in the low-threshold programmes, where a growing trend in problem alcohol drinking among the users in their programmes has been observed.

68.6 % smoke tobacco,

0.7% use solvents and gasses.

20.7 % stated that they use other types of drugs: substitute medications (methadone, suboxon, substitol), benzodiazepines (helex, apaurin), hypnotics (dormikum, sanval), soporifics and other medications (Figure 1).

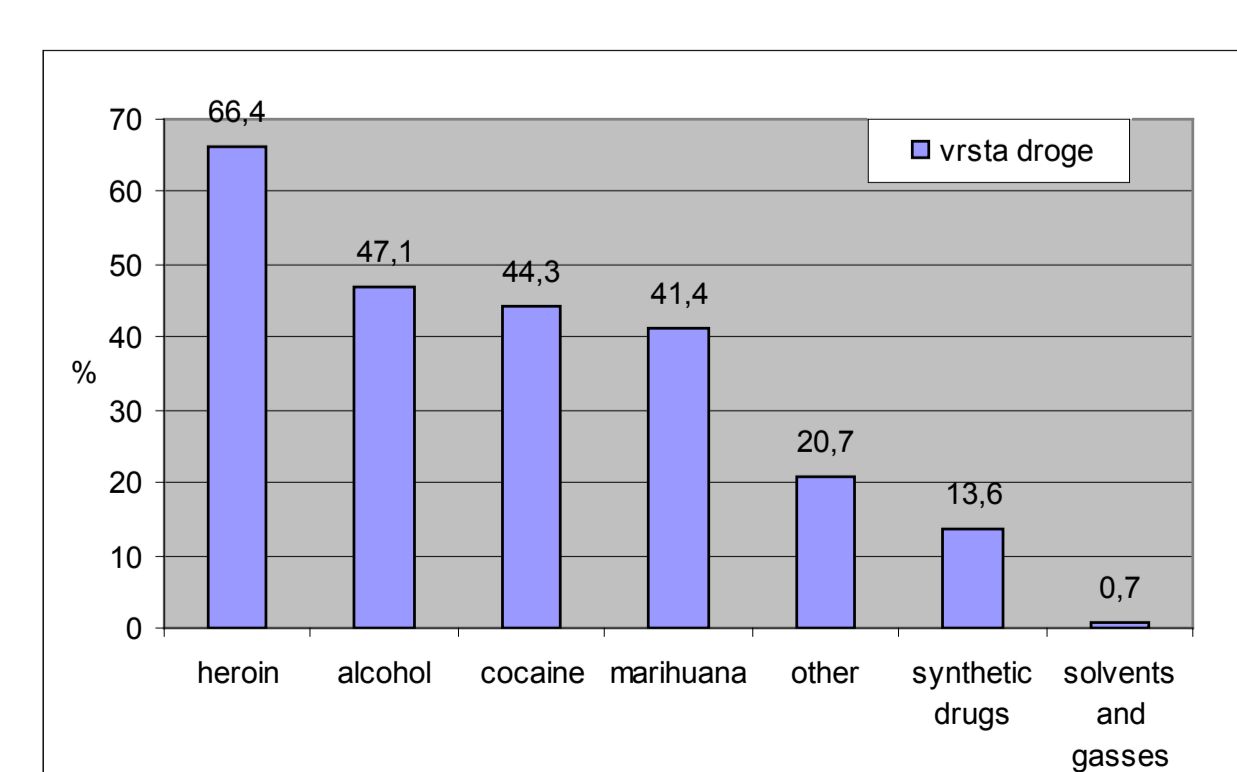


Figure 1: Number of respondents involved in low-threshold programmes for the area of drugs according to the type of drug

4. Type of drug by sex

65.2 % of surveyed men use heroin. Among women surveyed, the share of those who use heroin is larger than in the male population, i.e. 74.1 % surveyed women. Similarity can also be observed in the use of cocaine, because 51.9 % of all surveyed women use cocaine and 42.9 % of all surveyed men. A similar ratio can be seen in the use of synthetic drugs and medications (other), only marijuana and alcohol are more frequently consumed by men than women.

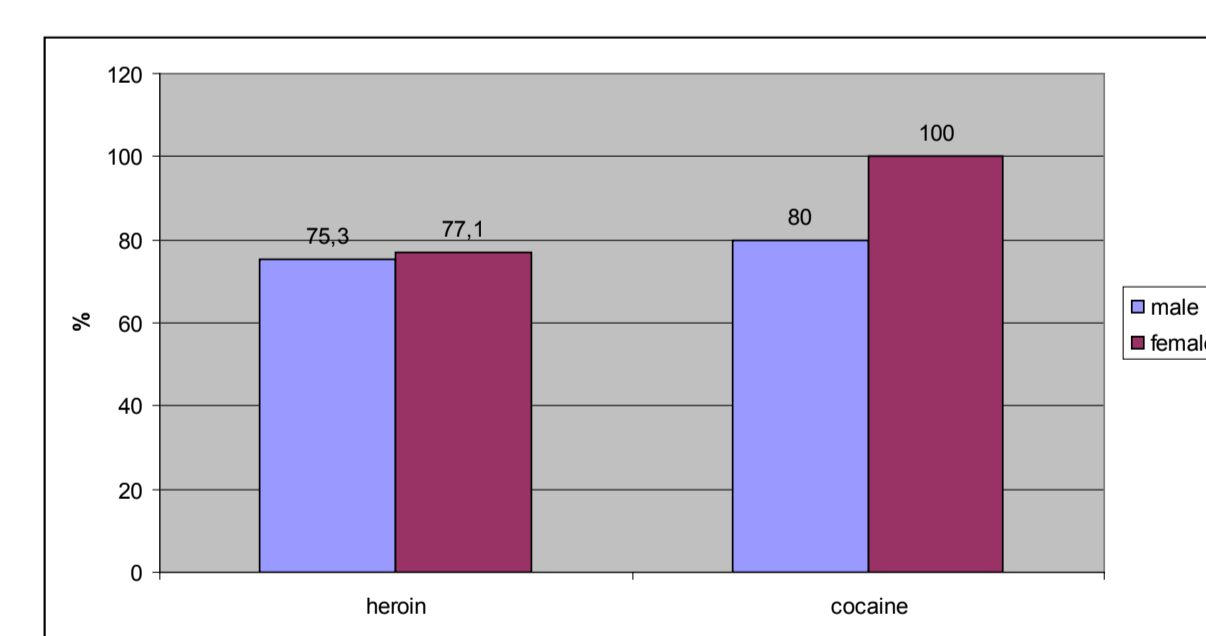


Figure 2: shows that there is no significant difference in sex with regard to injecting of heroin, while we can establish that 80 % of men and all surveyed women (100 %) inject cocaine.

5. Use of sterile equipment for injecting

Always: 64.5 %
Sometimes: 9.7 %
Never: 5.6 %

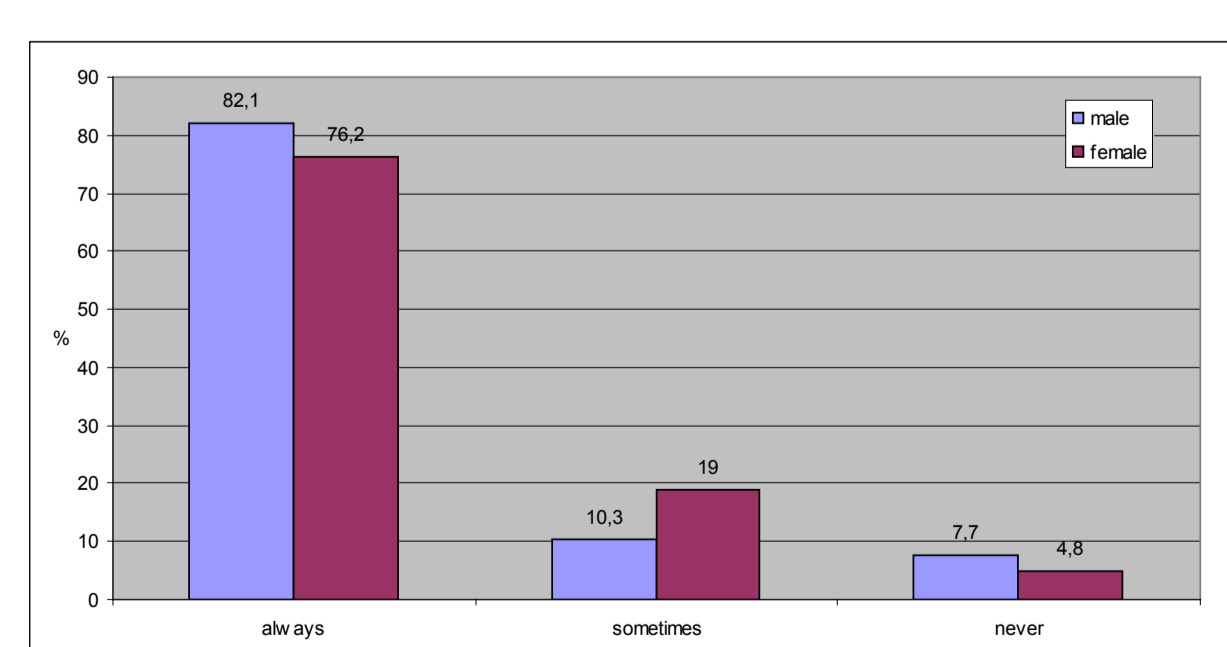


Figure 3: Frequency of use of sterile equipment according to sex

Figure 3 shows that among all men who inject drugs, there are 82% of those who always use sterile equipment, 10.3 % sometimes and 7.7 % never. The structure among women is somewhat different, because 76.2 % of women always use sterile equipment, which is less than with

men. 19 % of women sometimes and 4.8 % never use sterile equipment.

6. Where do you get sterile equipment?

programme: 78 %
outreach vehicle: 17.8 %
pharmacy: 35.6 %
dealer: 3.6 %
borrow a sterile syringe from friends and acquaintances: 6.8 %

None of those who inject drugs shares the injecting equipment with friends and acquaintances.

7. What do you do with used equipment?

return it to the programme: 66.1 %
throw it in the garbage: 37.3 %
leave it at the place of injecting: 4.2 %
other: 9.3 %

8. Premises of drug use

at home: 36 %
at their friends and acquaintances: 5.3 %
outdoors: 21.1 %
different places (at home, outdoors, at their friends): 35.9 %

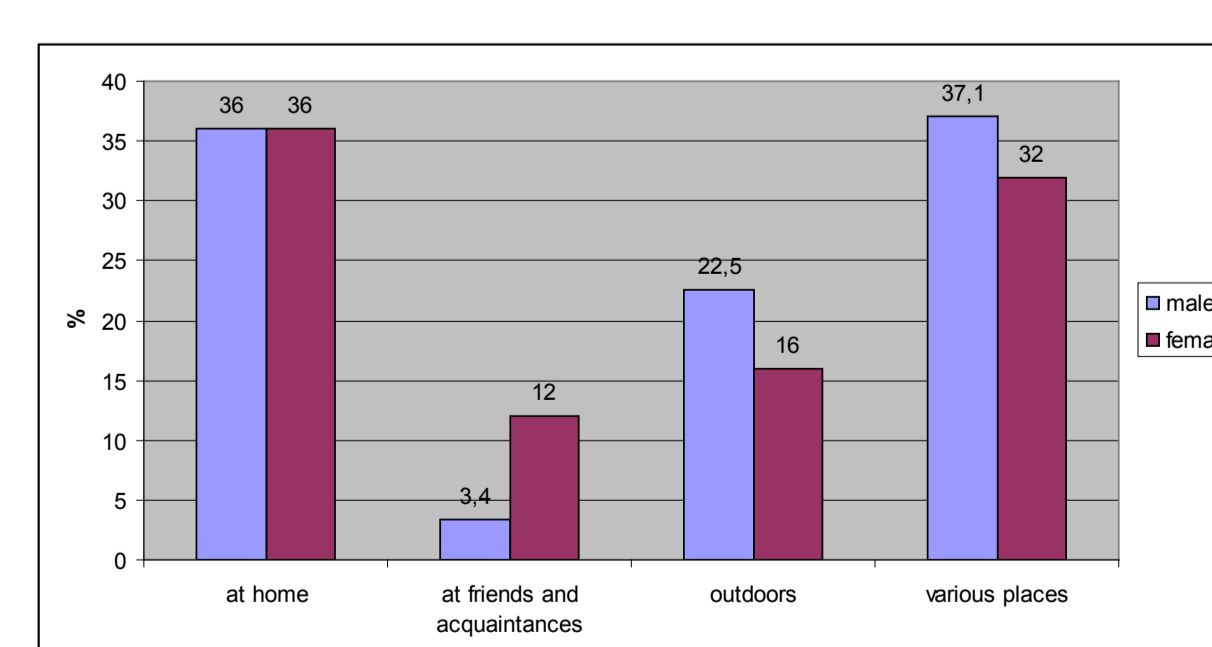


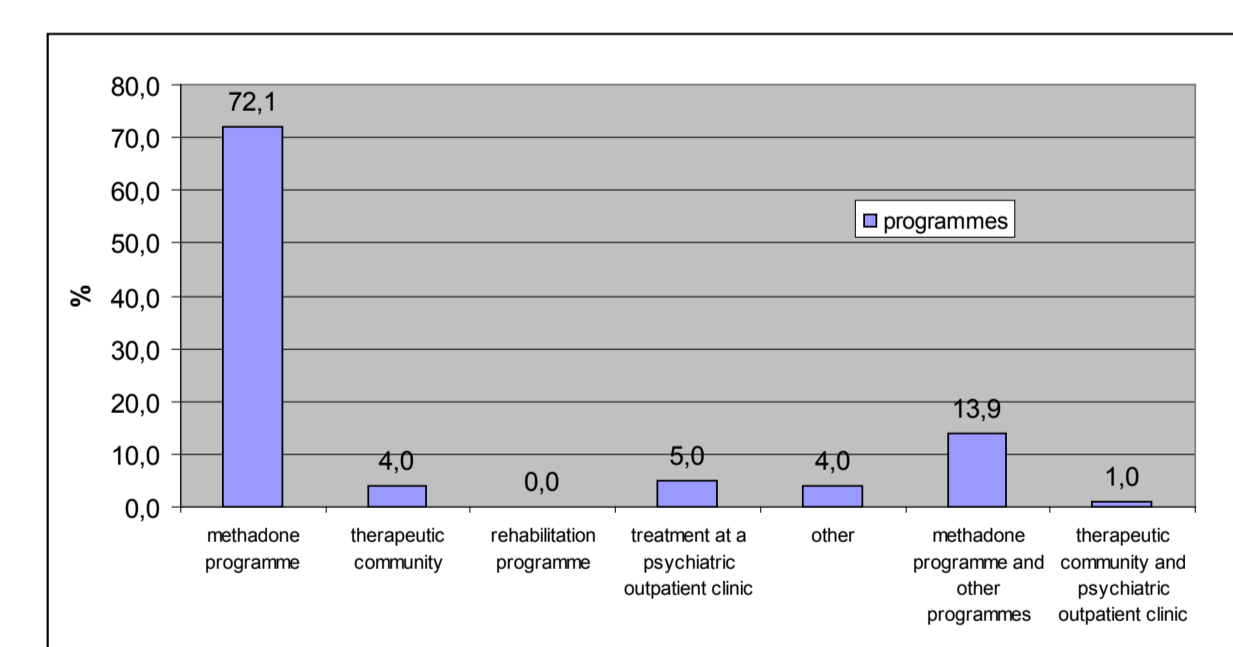
Figure 4: Premises of drug use according to sex

Figure 4 shows that an equal share of men and women use drugs at home. The share of women (12 %) who use drugs at their friends and acquaintances is larger than with men (3.4 %). More men (22.5 %) than women (16 %) stated that they use drugs outdoors. 37.1 % of men said that they use drugs at various places, while 32 % of women provided the same reply.

9. Inclusion in other programmes

centres for the prevention and treatment of drug addiction (CPZOD): 72.1 %
CPZOD and other programmes: 13.9 %
treatment at a psychiatric outpatient clinic: 5 %
therapeutic community: 4 %
other: 4 %

Figure 5: Inclusion of the surveyed users involved in low-threshold programmes and in other programmes for treatment of drug users



Almost 70 % of the surveyed users included in the low-threshold programmes are also included in other programmes.

Source of graphs: Anonymous questionnaire, ZVV Koper, 2010

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