



Pacini Editore & AU CNS

Letter to the Editor

Heroin Addict Relat Clin Probl 2012; 14(1): 59-64

HEROIN ADDICTION & RELATED CLINICAL PROBLEMS

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The state of the art regarding heroin addicts in prisons in Slovenia during the period from 1990 to 2008

Mercedes Lovrecic and Barbara Lovrecic

National Institute of Public Health, Ljubljana, Slovenia

TO THE EDITOR: We report the data on heroin addicts in prisons in Slovenia during the period from 1990 to 2008 and some of the features of the drug-related treatment system. In spite of some improvements in the use of agonist treatment in the justice system, more evidence-based medical practice should be implemented.

In Slovenia, according to Article 33 of the Production of and Trade in Illicit Drugs Act (9), drug-related use/possession is an offence (Note 1), rather than a criminal act, and drug-related dealing/trafficking is defined in Article 196 (Note 2) of the Penal Code (10), while drug-related use and trafficking is defined in Article 197 (Note 3) of the Penal Code (10).

There are 13 prison units in Slovenia: Dob, Slovenska vas, Ig (female unit; open unit), Celje, Koper, Nova Gorica, Ljubljana, Novo Mesto, Maribor, Rogoza, Murska Sobota, Radece (juveniles) (1,8). Data from the Prison Administration of the Republic of Slovenia reveal that in the period from 1990 to 2008 in Slovenia the number of illicit drug users (mostly taking heroin) among prisoners increased steadily, whereas the total number of prisoners showed continual variation (2-8). The available data show that the total

number of prisoners was approximately stable in the 1995-1997 period, then rose over the next three years; from 2000 it fell rapidly until 2005, after which the total number of prisoners in Slovenia rose again between 2005 and 2008 (Table 1).

The percentage of illicit drug users among prisoners in Slovenia in the period from 1995 to 2008 rose, globally and steadily, from a minimum in 1995 (3.3%) to a maximum in 2005 (28%). The data show that from the mid-1990s to 2001 the proportion of illicit drug users (mostly taking heroin) increased from 3.3% to nearly 10.8% of all prisoners, but then rapidly increased again, reaching a maximum of 28% in 2005, whereas, in the last three years reviewed, it has been around one-quarter of all prisoners (Figure 1). In 2008 there were 1210 recognized illicit drug users (mostly taking heroin) out of a total of 4383 prisoners. Using 2007 as a basis for comparison, the number of illicit drug users in Slovenian prisons increased in 2008 by 11% (Table 1). In 2008 in Slovenia 27.6% of all prisoners had illicit drug use problems, the proportion was up by 2.3% with respect to 2007, rising to the second-highest level after the peak figure of 28% recorded in

Table 1. Number and portion (%) of recognized illicit drug users in prisons, 1990-2008, Slovenia

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
No. of prisoners	na	na	na	na	na	4046	3767	3882	5113	6348
No. of illicit drug users	16	47	68	91	111	133	156	268	306	471
% illicit drug users	na	na	na	na	na	3.3%	4.1%	6.9%	6.0%	7.4%
	2000	2001	2002	2003	2004	2005	2006	2007	2008	
No. of prisoners	6703	6302	5219	4725	4344	3097	3572	4311	4383	
No. of illicit drug users	512	682	703	727	944	868	948	1090	1210	
% illicit drug users	7.6%	10.8%	13.5%	15.4%	21.7%	28.0%	26.5%	25.3%	27.6%	

Source: Prison Administration of the RS. Legend: "na" indicates 'data not available'

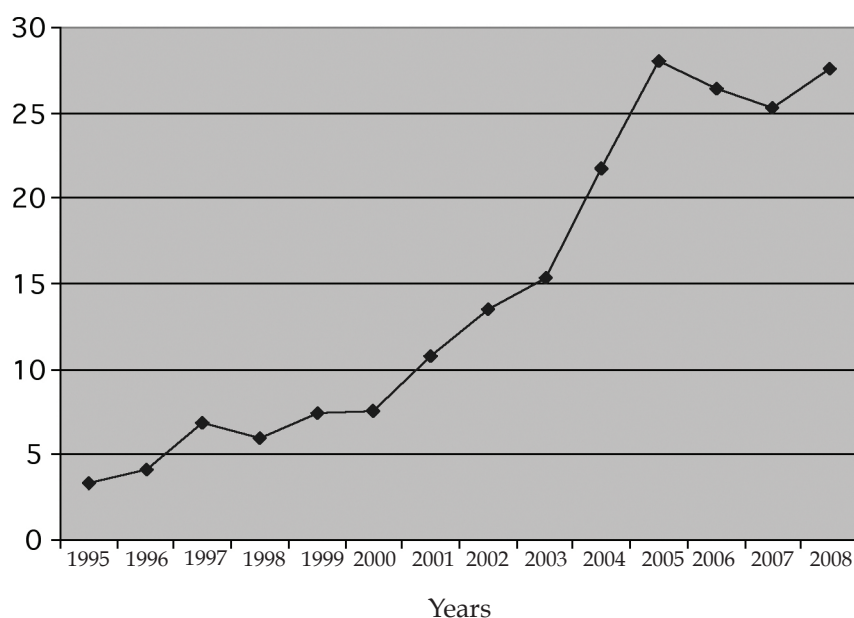


Figure 1. Percentage of illicit drug users among prisoners, 1995-2008, Slovenia (Source: Prison Administration of the RS)

2005 (28%) (see Figure 1, Table 1) (1-8).

A similar situation was observed for the percentage of compulsorily treated subjects under Article 66 of the Penal Code (10) (Note 4) (considering alcohol and illicit drugs together) in the 1995-2008 period in Slovenian prisons. The number of people compulsorily treated under Article 66 of the Penal Code in Slovenia from 2000 to 2008 increased over time, while the proportion of compulsorily treated addicts stayed quite low (with a maximum in 1997 and a minimum in 2000). Most of them were adult males, followed by females and minors. The category that most frequently underwent compulsory treatment was that of adult males in all periods, while some minors were treated according to Article 66 between

2000 and 2004 (Table 2) (1, 2, 8).

In 2008, 790 illicit drug users (65.3% of all the 1210 illicit drug users then in prison) had already had an experience with illicit drugs prior to imprisonment, which is in line with the fact that a relatively high proportion of the prison population start their use of illicit drugs while they are in prison (8). On the other hand, the availability of illicit drugs in Slovenian prisons rose between 2001 and 2006; in 2007 a negative trend began, which was followed by a further fall in the number of cases in which illicit drugs were found. In 2008 there were 131 of findings of illicit drugs in all Slovenian prisons, but in 228 of all cases tablets, alcohol, and/or equipment to be used for injections were found too. The largest

Table 2. The number of people compulsorily treated under Article 66 of the Penal Code, 1995-2007, Slovenia

	1995	1996	1997	1998	1999	2000	2001
Persons who were compulsorily treated under Article 66 of the Penal Code (together)	8	19	19	23	18	14	24
Males	na	na	17	22	15	11	19
Females	na	na	2	1	3	1	3
Minors	na	na	0	0	0	2	2
% compulsorily treated	6.01	5.77	7.09	7.52	3.82	2.73	3.52
	2002	2003	2004	2005	2006	2007	2008
Persons who were compulsorily treated under Article 66 of the Penal Code (together)	39	26	40	44	55	55	67
Males	33	21	36	40	52	50	60
Females	3	2	3	4	3	5	7
Minors	3	3	1	-	-	-	-
% compulsorily treated	5.55	3.58	4.24	5.07	5.8	5.05	5.54

Source: Prison Administration of the RS. Legend: "na" indicates 'data not available'

Table 3. Number of prisoners with illicit drug-related problems out of the total prison population divided into categories, Slovenia, 2008

Prison population divided into categories	Total number present in each category	Number of prisoners with illicit drug-related problems	Percentage in each category with such problems
Condemned inmates	2005	735	37.0
Misdemeanants	1107	124	11.2
Prisoners on remand	1228	326	26.5
Juvenile offenders	43	25	58.1
Total	4383	1210	27.6

Source: Prison Administration of the RS

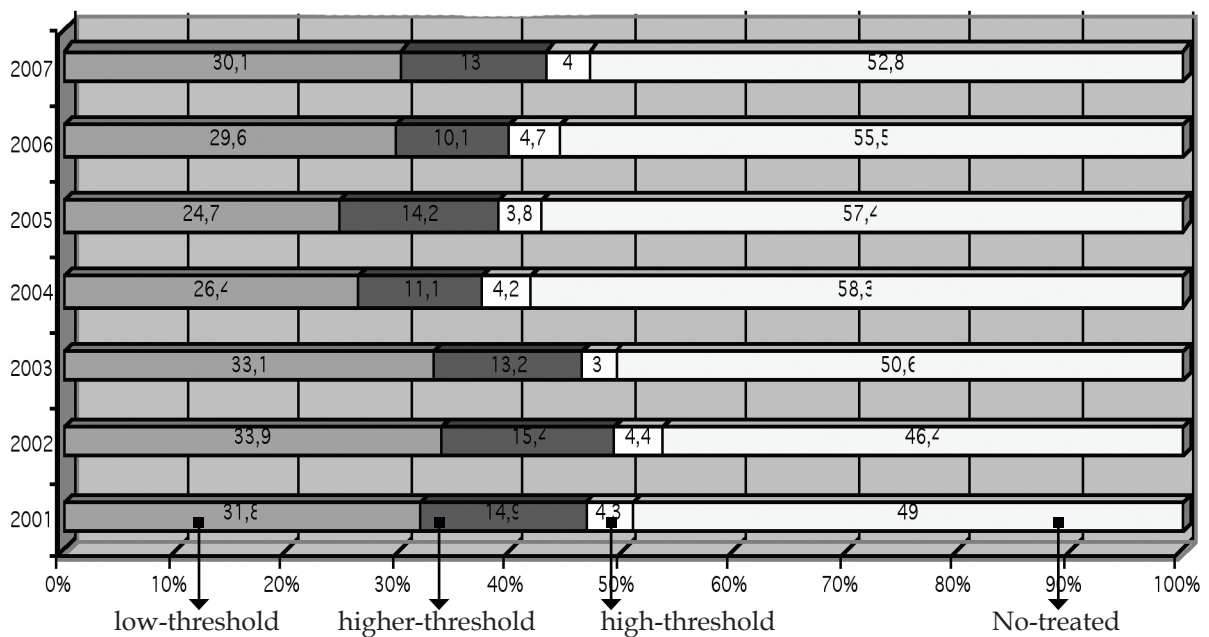
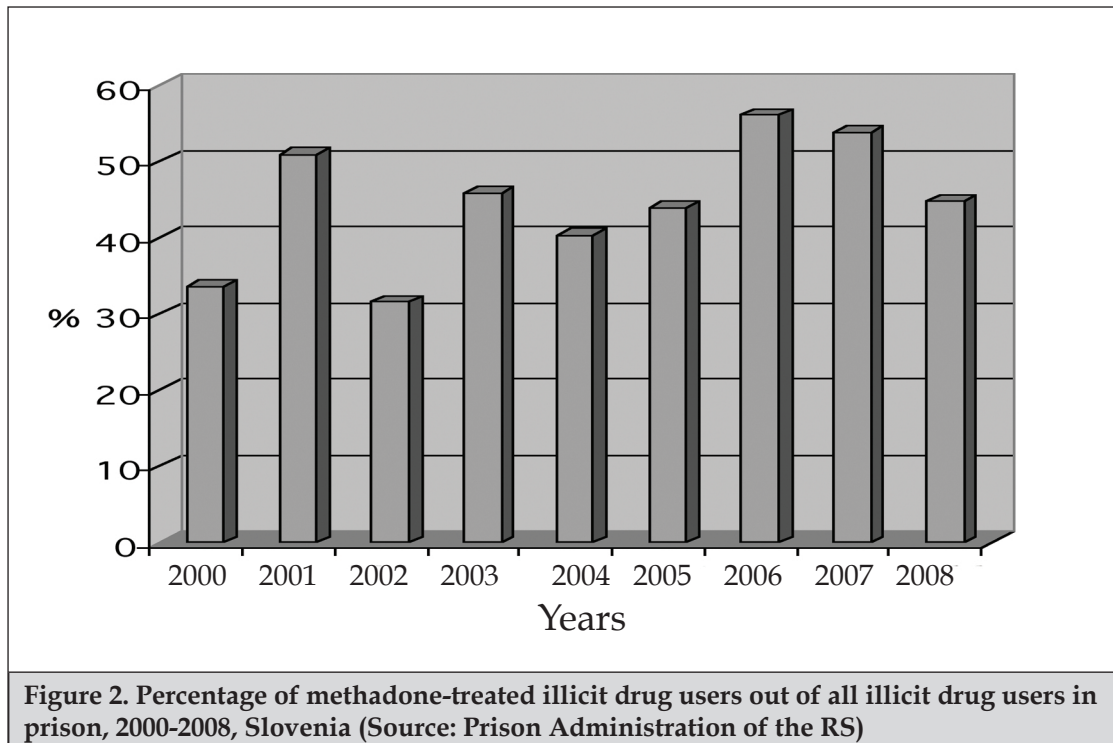
quantities of illicit drugs were those found in Koper (55 g of heroin) and in Celje (45 g of cannabis and 150 tablets of ecstasy) (2, 8).

Taking closer look, the data for 2008 showed that whole group of imprisoned juveniles made up the largest category of inmates with illicit drug-related problems (58.1%) compared with the other categories of prisoners (Table 3) (8).

The available data show that the percentage of illicit drug users out of all prisoners increased steadily in Slovenia in the 1995-2005 period. On the other hand, the percentage of subjects in methadone treatment from 2000 to 2008 showed continual variations in both directions, with a minimum of 31.6% in 2002 and a maximum of 56.1% in 2006 (Figure 2) (1, 8).

According to the Prison Administration, methadone-maintained heroin addicts, active drug users and heroin addicts with withdrawal are sent to prison either because they are on remand or to start a prison sentence. They are first

dealt with by the health service (6). On the advice of a doctor a withdrawal condition may be alleviated by the use of methadone or another medication. Methadone therapy is carried out in prisons on the principle of a gradual reduction through to withdrawal. Only as an exception, and on the advice of a doctor specializing in treating drug addiction, can an individual receive methadone maintenance therapy. Medical assistance in prisons is provided by health workers employed full-time, by doctors in the public health care system and by psychiatrists from the Centre for the Prevention and Treatment of Drug Addiction (CP-TDA) network. The aim of the medical treatment of heroin addict prisoners is to detoxify them and strengthen their psychophysical abilities. All inmates included in illicit drug treatment programmes or in methadone therapy were regularly tested for drug use. For the purpose of determining whether opiates, cannabis or benzodiazepines were present in the human body, an immunoassay on a urine sample was performed. Whenever a



test proved to be positive, the methadone therapy was gradually suppressed (6). Those who were abstinent from drugs during their time in prison and were interested in taking part in outdoor

treatment programmes offered by the health institutions and NGOs were allowed to do so. In 2008, 35 inmates decided in favour of this kind of treatment. After their imprisonment 48 people

went on with their treatment.

In 2008, methadone substitution treatment continued to be performed by the health services that were operative in prison, in co-operation with medical doctors from regional CPTDAs; 44.8% of heroin addicts in jail were treated with methadone. In addition, 46.8% (N=370) of heroin addicts out of all 790 newly imprisoned individuals had had methadone treatment prescribed before their imprisonment (8).

Data from the Prison Administration of the Republic of Slovenia reveal that interventions in prisons can (according to that Administration) be divided into low-threshold (including substitution treatment with methadone), higher-threshold (therapeutic groups and work with individuals) and high-threshold (drug-free) cases. In the 2001-2007 period, the percentage of subjects without treatment was always higher than that of those treated, except for 2002. Among all the subjects who were treated, the approach most frequently used was the low-threshold one, followed by the higher-threshold one, whereas every year the high-threshold approach was the one showing the lowest percentage (Figure 3).

In the last few years, there has been a growing diversification of treatment in Slovenia, and the chances of finding proper pharmacological treatment for individual patients have improved significantly. It is well known that all the drugs prescribed are effective, but their tolerability differs. The official data issued by the Agency for Medical Products and Medical Devices in the Republic of Slovenia allow us to state that on March 1st, 2008, in the Slovenian drug market the following registered drugs for the medically assisted treatment of heroin addiction were available: methadone, buprenorphine, slow-release morphine, combination buprenorphine/naloxone and naltrexone. In spite of the diversities in pharmacological treatment, there are no data on the use of other opioid agonists in the jail system.

The number and the proportion of heroin addicts in prisons in Slovenia is rising, but it seems that requests for, and offers of, substitution treatment are failing to keep pace with the real need for treatment.. Heroin addiction is a specific conditions which should be treated as soon as possible, but that is not enough; it needs to be treated in the appropriate way. Treatment should be adapted to the patient's changing needs but without prejudice, certainly not in a punitive way.

Note 1

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.

Note 2

(1) 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

Note 3

(1) 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.

Note 4

Article 66 of the Penal Code of the Republic of Slovenia defines compulsory treatment for alcohol- and drug-addicted people. According to this law, the Court may order the provision of obligatory medical treatment. This provision can be provided in the institution where the sentence is being served (uninterruptedly, in prison) or in a health institution, while in the case of a suspended sentence medical treatment can be given while a patient's movements are unrestricted. For alcohol-related problems, under Article 66 of the Penal Code of the RS compulsory treatment is performed in a formally specified health institution, while for illicit drug-related problems the competent institution has not yet been formally defined. Instead of this, people requiring compulsory treatment for an illicit drug addiction can be treated.

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Roule of funding source

No funds for this report.

Contributors

The authors contributed equally to this work.

Conflict of Interest

The authors have no relevant conflict of interest to report in relation to the present report.

Received April 4, 2011 - Accepted May 18, 2011