

NACIONALNI INFORMACIJSKI SISTEM ZA PREPOVEDANE DROGE V SLOVENIJI IN SODELOVANJE Z EVROPSKO UNIJO

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Uvodnik

Informacijska enota za prepovedane droge (IEPD)

Zametki Informacijskega sistema za prepovedane droge v naši državi segajo vsaj desetletje nazaj, ko so slovenski strokovnjaki na področju drog s pomočjo Pharovih projektov in s podporo tujih strokovnjakov vzpostavljali informacijske mreže na področju drog. Pri tem so se slovenski strokovnjaki povezovali in sodelovali s tujimi strokovnjaki in organizacijami.

Potreba po bolj organizirani, strukturirani, razširjeni in ciljani obliki sodelovanja z Evropsko unijo (EU) na področju drog in ustanovitvi Informacijske enote za prepovedane droge (IEPD) na Inštitutu za varovanje zdravja Republike Slovenije (IVZ RS) je imela svoje osnovno izhodišče v poglavju 24. o pridruževanju Slovenije k EU oziroma na področju prepovedanih drog, sodelovanje Slovenije z Agencijo EU za droge European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

IEPD je bila organizirana leta 2001 s sklepom Ministra za zdravje RS in sicer na podlagi Zakona o preprečevanju uporabe drog in o obravnavi uživalcev prepovedanih drog (Uradni list RS, št. 98/99), ki organiziranje IEPD opredeljuje z namenom, da se le-ta organizira za zagotavljanje nacionalne informacijske mreže in medresorsko usklajevanega zbiranja podatkov ter izmenjave informacij na nacionalni in mednarodni ravni; IEPD zbira, ureja, obdeluje in posreduje informacije o prepovedanih drogah, uživalcih prepovedanih drog ter posledicah njihove uporabe za nacionalne in mednarodne potrebe. Pri izvajanju svojih nalog se v informacijsko enoto vključujejo vsa pristojna ministrstva, javni zavodi in nevladne organizacije, ki spremljajo in zbirajo podatke na področju prepovedanih drog. Kot je potrdilo poročilo Evropske komisije ob obisku Slovenije, je IEPD postala operativna leta 2002. Izpolnjevanje obveznosti IEPD do EMCDDA je pogodbeno vezano na podlagi sporazuma o izvajanju projekta »Aktivno delovanje pri izvajanju delovnega programa EMCDDA«. IEPD se s svojim operativnim delom, nacionalno kontaktno informacijsko točko (National Focal Point- NFP) vključuje v Evropsko informacijsko mrežo za spremljanje drog in zasvojenosti.

Naloga NFP oziroma IEPD v skladu z odgovornostjo države članice je zagotoviti vse zahtevane informacije v okviru delovnih programov EMCDDA in izpolniti sprotne zahteve načrtovalcev politike in drugih ključnih partnerjev EMCDDA, pri čemer je treba upoštevati standarde kakovosti in izvedbene roke EMCDDA. NFP so na nacionalni ravni skupaj z EMCDDA odgovorne za posredovanje rezultatov dela.

Zagotavljanje informacij in ustreznih podatkov na evropski ravni je zahtevalo v prvi vrsti vzpostavljanje novih informacijskih mrež s širitvijo področij in dopolnjevanja sistema poročanja za celovitejši pregled problematike uporabe prepovedanih drog. Intenzivno medresorsko in medsektorsko povezovanje je omogočilo vsakoletno pripravo Nacionalnega poročila, ki povzema stanje na področju drog v Sloveniji, hkrati pa predstavlja slovenski prispevek k prikazu stanja na področju drog v Evropi. Vse NFP pripravljajo poročila z enako strukturo, ki jo predpisuje EMCDDA. Nacionalno poročilo obsega zakonodajni in institucionalni okvir področja drog, epidemiološko stanje in ukrepe, usmerjene k zmanjševanju povpraševanja. Nacionalna poročila in statistične tabele so osnova za pripravo Letnega poročila o stanju na področju drog v Evropi, ki ga pripravlja Agencija EU za droge. IEPD je pripravila že štiri nacionalna poročila, v pripravi pa je peto poročilo. Vsa poročila so bila pripravljena pravočasno in v skladu z evropskimi smernicami, pred posredovanjem v tujino pa so bila obravnavana in potrjena s strani Komisije Vlade RS za droge. Vsako leto slovenska poročila prejemajo vse boljše evalvacijske ocene. Prizadevamo si, da bi pripravili nacionalno poročilo v slovenskem jeziku, kar je do sedaj onemogočal finančni in kadrovski primanjkljaj. Čeprav smo k sodelovanju pri pripravi nacionalnih poročil privabili že veliko strokovnjakov, pa želimo sodelovanje še dodatno razširiti, predvsem na družboslovno sfero in civilno družbo.

Vključevanje IEPD v Evropsko informacijsko omrežje za droge in zasvojenosti z drogami

Evropsko informacijsko omrežje za droge in zasvojenosti z drogami (Reseau European

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d'Information sur les Drogues et les Toxicomanies – Reitox), ki ga sestavljajo NFP v 25 državah EU, na Norveškem, pri Evropski komisiji in v ostalih državah pridruženih članicah oz. kandidatkah za članstvo v EMCDDA in EU (Bolgarija, Romunija, Turčija, Hrvaška), zbira in izmenjuje informacije o drogah v Evropi. Glavni cilji EMCDDA in Reitox sta zbiranje in zagotavljanje objektivnih, zanesljivih in primerljivih podatkov ter informacij o problematiki drog v Evropi. Pri tem sodelujejo tudi z institucijami EU: Svetovna zdravstvena organizacija (World Health Organisation -WHO), Urad za droge in kriminal pri Združenih narodih (United Nations Office on Drugs and Crime -UNODC), Svetovna carinska organizacija (World Customs Organisation -WCO), Mednarodna organizacija kriminalistične policije (International Criminal Police Organisation -Interpol), Evropski policijski urad (European Police Office-Europol), Skupina Pompidou pri Svetu Evrope (Pompidou Group of the Council of Europe). EMCDDA in države članice usmerjajo delo omrežja Reitox.

NFP Reitox so glavni informacijski povezovalni člen med EMCDDA in državami članicami. NFP so v pristojnosti posameznih držav in predstavljajo državni organ kot vir informacij ter strokovnih znanj in izkušenj, hkrati pa zastopajo in promovirajo omrežje Reitox doma. NFP posameznih držav posredujejo EMCDDA za analizo na ravni EU redne statistične podatke, kvalitativne informacije in vsakoletna nacionalna poročila s področja drog in o razvojnih značilnostih v svoji državi in razširjajo informacije o drogah v Evropi. Kakovost informacij je v veliki meri zagotovljena z uporabo sporazumno določenih smernic in orodij za zbiranje podatkov.

EMCDDA: področja delovanje na ravni EU in sodelovanje IEPD z EMCDDA

Evropski center za spremljanje drog in zasvojenosti z drogami (European Monitoring Center for Drugs and Drug Addiction - EMCDDA) je ena od 16 decentraliziranih agencij EU in je osrednja in referenčna agencija Evropske Unije (EU) za pridobivanje informacij in podatkov s področja drog v Evropi. Osnovno poslanstvo EMCDDA, ki je bila sicer ustanovljena leta 1993 (operativna je postala 1995/96), s sedežem v Lizboni, je EU in državam članicam zagotavljati objektivne, zanesljive in primerljive podatke s področja drog in zasvojenosti. EMCDDA intenzivno sodeluje z institucijami EU, mednarodnimi partnerji, državami članicami EU in državami, kandidatkami za članstvo EU. Primarna naloga EMCDDA je zagotavljanje

informacij državnim organom in organom EU, zlasti oblikovalcem politike in njihovih svetovalcem. To aktivno sodelovanje kontinuirano zagotavlja informacije in omogoča oblikovalcem politike, raziskovalcem in strokovnjakom s področja drog bolje razumeti problematiko in oblikovati primerne ukrepe, hkrati pa nudi agenciji EU za droge prepoznavnost na evropski ravni. Na osnovi zbranih podatkov lahko posamezne države preverjajo primerljivost z drugimi evropskimi državami na področju drog in ocenjujejo skupne težave in cilje.

Osnovni nalogi EMCDDA sta prizadevanje za izboljšanje primerljivosti podatkov o drogah v Evropi ter izoblikovanje metod in instrumentov, potrebnih za doseganje tega cilja. Informacije, ki jih EMCDDA zbira, analizira in posreduje, se nanašajo predvsem na: povpraševanje in zmanjševanje povpraševanja po drogah, nacionalne strategije in strategije EU ter njihove politike, mednarodno sodelovanje in geopolitiko ponudbe, nadzor nad trgovanjem z drogami, psihotropnimi snovmi in predhodnimi sestavinami in posledice, ki jih ima pojav drog na države proizvajalke, države potrošnice in tranzitne države. EMCDDA spremlja in analizira razpoložljivost, dostopnost in kakovost ukrepov na področjih preprečevanja, zdravljenja, socialne rehabilitacije in zmanjševanja škodljivih posledic zaradi drog. Posebno pozornost posveča ranljivim skupinam.

Jedro informacijskega sistema EMCDDA je pet ključnih epidemioloških indikatorjev: kazalci in vzorci uporabe drog v splošni populaciji, razširjenost in vzorci problematične uporabe drog, razširjenost nalezljivih bolezni, povezanih z uporabo drog, smrti oz. umrljivost, povezana z uporabo drog, in povpraševanje po zdravljenju zaradi težav z drogami. S temi ključnimi kazalci EMCDDA izboljšuje in širi razumevanje problema drog v Evropi ter oblikuje zanesljivo podlago, ki je potrebna za učinkovito odločanje.

IEPD skupaj s strokovnjaki IVZ RS in člani nacionalnih delovnih skupin skrbi za spremljanje ključnih epidemioloških kazalcev v državi, ki so najzanesljivejši vir za kakovostno primerljivost na evropski ravni.

Kazalec »Povpraševanje po zdravljenju zaradi težav z drogami« ima v Sloveniji najdaljšo tradicijo, osnove za razvoj tega kazalca segajo v zgodnja 90. leta (sodelovanje s Skupino Pompidou pri Svetu Evrope), ko so se na IVZ RS pričeli zbirati zdravstveni podatki uživalcev prepovedanih drog, ki so jih takrat posredovali prvi centri, namenjeni zdravstveni obravnavi uživalcev prepovedanih drog v državi. Kasneje se je sistem poročanja razvijal tudi s pomočjo obrazca »Evidenca obravnave uživalcev drog«. Obrazec so rutinsko

izpolnjevali v nacionalni informacijski mreži Centrov za preprečevanje in zdravljenje odvisnosti od prepovedanih drog v skladu z Zakonom o zbirkah podatkov s področja zdravstvenega varstva (Uradni list RS, št.65/2000) ter Zakonom o varstvu osebnih podatkov (Uradni list RS, št.86/04). V Sloveniji se je leta 2002 vzpostavljala informacijski sistem tudi v zdravstvenih službah zavodov za prestajanje zaporne kazni, v letu 2004 pa so bila prizadevanja usmerjena še v sodelovanje z nevladnimi organizacijami, ki na različne načine nudijo pomoč uporabnikom drog in njihovim svojcem. Na ta način bo vpogled v problematiko in njeno obsežnost še bolj nazoren, bolj jasno bo dejansko stanje, nevladni sektor se bo lahko vključil v nacionalni sistem poročanja, civilna družba pa poročala o svojih dejavnostih tudi mednarodni javnosti. S pomočjo omenjenega kazalca se je lažje uveljavil tudi kazalec »Razširjenost nalezljivih bolezni, povezanih z uporabo drog«. Poleg uveljavitve kazalca »Povpraševanje po zdravljenju zaradi težav z drogami« v drugih zdravstvenih sistemih in na področju nevladnih organizacij so strokovnjaki IVZ RS uspeli uvesti tudi kazalce »Razširjenost in vzorci problematične uporabe drog«, »Smrti in umrljivost povezane z uporabo drog«. Uvedba kazalcev je z ustanovitvijo nacionalnih delovnih skupin, ki povezujejo slovenske strokovnjake različnih profilov, postala lažja. Vodje nacionalnih delovnih skupin so hkrati člani evropskih skupin strokovnjakov za kazalec. Vodje nacionalnih delovnih skupin so bili glavna gonilna sila, ki je Sloveniji omogočala pridobitev prvih nacionalnih podatkov s področja kazalcev in so bili primerljivi z evropskimi.

Kazalca »Razširjenost in vzorci uporabe drog v splošni populaciji« ni bilo mogoče uvesti. Slovenija ima ustrezne strokovnjake, ki bi to lahko izpeljali na nacionalni ravni v skladu z evropskimi priporočili in smernicami, vendar do danes kljub prioriteti in obljubam pristojnih, finančna sredstva niso bila zagotovljena. Tako v Sloveniji nikoli ni bila opravljena raziskava na nacionalnem nivoju, ki bi nam omogočila vpogled v stanje. Prav tako pa nimamo podatkov, ki bi jih lahko primerjali z drugimi državami EU. Taki podatki pa so nujni za načrtovanje preventivnih ukrepov.

EMCDDA posveča posebno pozornost podpori dobrih praks in ukrepom v zvezi s problematiko drog. Najbolj specifičen pripomoček za zbiranje podatkov o najboljši praksi je Program izmenjave podatkov o ukrepih za zmanjševanje povpraševanja po drogah (*Exchange on Drug Demand Reduction Action - EDDRA*).

IEPD nudi strokovno podporo pri vzpostavljanju EDDRA podatkovne baze v Sloveniji. Naša prizadevanja gradimo v smeri, da bi bili programi, ki bodo vključeni v

mednarodno podatkovno zbirko podatkov o izvajanih programih pomoči za uporabnike drog v naši državi, zbrani na osnovi ocene neodvisnih strokovnjakov in na osnovi opravljenih evalvacij programov.

Nove sintetične droge (NSD) lahko predstavljajo veliko zdravstveno tveganje zlasti med mladostniki. EMCDDA ima poleg Europolja ključno vlogo pri odkrivanju in ocenjevanju teh drog v EU, in sicer na podlagi skupnega ukrepa, ki ga je Svet Evropske unije sprejel leta 1997 (Joint Action on New Synthetic Drugs, Article 3). Druge formalne pravne podlage so še: Konvencija na podlagi člena K.3 Pogodbe o Evropski uniji o ustanovitvi Evropskega policijskega urada, na podlagi Zakona o ratifikaciji Konvencije na podlagi člena K.3 Pogodbe o EU o ustanovitvi Evropskega policijskega urada, na podlagi Uredbe Sveta o ustanovitvi EMCDDA.

Skupni ukrep o izmenjavi podatkov, oceni tveganja in nadzoru NSD (Joint Action on New Synthetic Drugs, Article 3) uvaja sistem zgodnjega opozarjanja (v nadaljevanju sistem) da bi

prepoznali NSD takoj, ko se pojavijo v kateri od držav članic EU; uvaja mehanizme ocenjevanja zdravstvenih in socialnih tveganj teh drog in opredeljuje postopek odločanja, po katerem je mogoče te izdelke podvreči nadzoru v vseh državah članicah EU.

10. maja 2005 je v veljavo stopila nova Odločitev Sveta EU (2005/387/JHA), in sicer »Council Decision on the information exchange, risk assessment and control of new psychoactive substances« (Official Journal of the European Union, L 127/32), ki v temeljih spreminja naloge sistema (področje tudi drugih novih psihoaktivnih snovi-PAS) in vsebuje tudi roke za izpolnjevanje nalog. Nova odločitev je za Slovenijo pravno zavezujoča.

Sistem je namenjen predvsem zgodnjemu odkrivanju in hitri izmenjavi informacij o NSD in drugih novih PAS ali celo vzorcev med državami članicami EU in EMCDDA kot pristojno agencijo EU za problematiko drog v institucionalnem sistemu EU. NSD v sistemu pomeni tisto sintetično drogo, ki na »črnem trgu« drog predstavlja nov fenomen, ker je spremenila obliko molekule ali gre za novi način uživanja, ki predstavlja drugačne učinke in še ni na seznamu prepovedanih drog.

Izmenjujejo se informacije, ki se nanašajo na proizvodnjo, promet, uživanje in tveganja pri uživanju NSD ali druge nove PAS. Dva informacijska podsistema, ki nosita breme komunikacije znotraj sistema, sta mreža Europolja in mreža Reitox. Ti podatki se nato pošljejo v vednost Evropski komisiji in Evropski agenciji za vrednotenje zdravil (EMA), ki ima svoj sedež v Londonu. Na koncu se izdela skupno poročilo EMCDDA in Europolja, ki ga nato predstavijo Svetu EU, na podlagi

tega pa je mogoče sprejeti odločitev o začetku postopka za oceno tveganja. Aktivnosti za oceno tveganja se izvajajo na zahtevo vsaj ene države članice EU ali Evropske komisije. EMCDDA koordinira pripravo ocene možnega tveganja na novo odkrite sintetične droge in možne učinke, ki bi jih imel nadzor nad to drogo. Poročilo o oceni tveganja, ki povzema glavne ugotovitve, je predstavljeno Svetu EU in Evropski komisiji v premislek pred načrtovanjem naslednje faze. Na podlagi poročil o oceni tveganja in na pobudo Evropske komisije ali države članice lahko Svet EU soglasno sprejme odločitev, da se za NSD uporabijo nadzorni mehanizmi in kazni v vseh državah članicah EU. Medtem ko skupni ukrep EU nudi prilagodljiv in učinkovit mehanizem za ukrepanje glede NSD, pa posameznim državam članicam ne preprečuje uvedbe nacionalnih nadzornih ukrepov, za katere bi po odkritju NSD menile, da so primerni. Ta skupni ukrep se nanaša na NSD, ki trenutno niso navedene v nobenem seznamu iz Konvencije Združenih narodov o psihotropnih snoveh iz leta 1971. Slovenija že od leta 2002 aktivno sodeluje v sistemu, NFP (Reitox mreža, EMCDDA) se povezuje z nacionalno enoto Evropskega policijskega urada (Oddelek Europol pri Generalni policijski upravi), ki je predstavljala s preostalim delom Policije temelj za delovanje sistema. Nacionalni koordinator sistema, ki se je redno udeleževal srečanj evropskih strokovnjakov, je izoblikoval osnutek slovenskega modela sistema, prilagojenega nacionalnim posebnostim. Prav tako ustvarjalni je bil poseben testni program, ki predstavlja inovacijo sistema v EU (iskanje ponudb NSD na spletu oz. »spletni pajek«) in ga je razvil Nacionalni koordinator sistema leta 2004, EU pa je ta projekt sofinancirala. V Policiji je bil v ta namen razvit intranetni podportal za hitrejšo komunikacijo in širitev informacij o pojavu NSD. Kljub dosedanjemu pomanjkanju slovenske politične podpore za nadgradnjo nacionalnega sistema smo se letos sestali vsi potencialni partnerji (strokovnjaki Laboratorija za toksikologijo pri Inštitutu za sodno medicino, Centra za forenzične preiskave MNZ, Centra za zastrupitve KC, Oddelka za toksikologijo pri IVZ RS, IEPD pri IVZ RS, Europa in Oddelka za prepovedane droge pri Upravi kriminalistične policije) sistema na pobudo IVZ RS. Udeležencem je bil predstavljen namen sistema in način delovanja v EU, osnutek slovenskega modela in vizija nadaljnjega razvoja. Potrebo po ustanovitvi delovne skupine so prepoznali kot nujno, zato je bila oblikovana pobuda za ustanovitev. Na sestanku je bil sprejet sklep, da se oblikuje kontaktni seznam naslovov elektronskih pošt, prek katere bo potekala izmenjava informacij o NSD do uresničitve pobude za ustanovitev delovne skupine.

Dosedanji uspehi sistema, ki deluje brez dodatnih finančnih sredstev, so pravzaprav precejšnji. Poleg rednih letnih poročil in sprotne ažurne prenosa informacij ter obveščanja javnosti je bila v preteklosti v večjih primerih javnost obveščena o pojavu nevarnih PAS. EMCDDA je večkrat pohvalil Slovenijo zaradi izredno kratkega odzivnega časa, inovacij sistema in dobrega sodelovanja med IEPD pri IVZ RS in Kriminalistično policijo, ki je bilo ocenjeno kot zgledno. Zdi se, da je EU dobro obveščena o dejavnem delovanju sistema, česar pa ne moremo trditi za odgovorne v Sloveniji. Neprimerno več kot pohvale tuje javnosti pa velja zavest, da lahko s pravočasnimi odzivi preprečujemo ogrožanje zdravja in življenja marsikaterega uživalca drog.

EMCDDA zbira glavne opisne podatke o nacionalnih zakonodajah in zakonodaji EU. V okviru Centra deluje Evropska pravna podatkovna baza o drogah (*European Legal Database on Drugs* - ELDD), ki je nujen pripomoček za spremljanje in analizo teh podatkov na nacionalni ravni in na ravni EU. Ta prosto dostopen javni arhiv, ki se nahaja na spletnih straneh EMCDDA, nudi najnovejšo informacijo o zakonodaji na področju drog v EU, na Norveškem in v državah kandidatkah. Na spletnih straneh arhiva je mogoče zaslediti dokumente tudi v slovenskem jeziku.

Nacionalne strategije in akcijski načrti kot tudi nacionalni mehanizmi koordinacije imajo v boju proti drogam vse večji pomen. EMCDDA jih pozorno spremlja in pripravlja primerjalne študije o: ciljih, koordinaciji, vrednotenju, informacijah o drogah in izvajanju politik. EMCDDA pomaga tudi pri spremljanju evropskih strategij na področju drog in akcijskih načrtov ter njihovega izvajanja, in sicer tako, da Evropski komisiji nudi pomembno tehnično pomoč pri razvijanju okvirov vrednotenja.

Evropska komisija je evalvirala strategijo EU in akcijske načrte 2000-2004 v 15 državah članicah EU, pri tem je EMCDDA imel ključno vlogo. Poročilo je ocenjevalo strategije, koordinativne mehanizme, financiranje, zakonodajo ter priporočila za večjo učinkovitost in uporabnost. Evalvacija je v pomoč pri načrtovanju strategije in akcijskega načrta za naslednje obdobje. EU pripravlja Strategijo in akcijski načrt na področju drog za obdobje 2005-2012.

Evalvacija na področju politike drog je osnovni pogoj za transparentnost in legitimnost nekaterih aktivnosti, za katere so zagotovljena sredstva iz proračuna. Evalvacija na tako kontroverznem in zapletenem področju drog je instrument za izboljšanje politike.

V Sloveniji smo z vidika evalvacije strategije in akcijskega načrta na področju drog šele na začetku. »Resolucija o nacionalnem programu na področju drog

2004-09« ne vključuje še niti ustreznega akcijskega načrta, čeprav je nastajala dolga leta in so se tekom pripravljalnega in usklajevalnega postopka velikokrat spreminjale letnice v naslovu. V enakem obdobju so države EU pripravile in izvajale strategijo in akcijski načrt 2000-2004 in že pripravljajo dokumente za 2004-2009.

Omenjeni dokumenti niso in ne smejo biti sami sebi namen. Z uresničevanjem politike na področju drog v naši državi se približujemo implementaciji politiki v EU. Le na osnovi evalvacije bi dobili vpogled v dejansko stanje, predvsem pa v učinkovitost in uspešnost politike na področju drog. Pri tem je potrebno upoštevati, da morajo biti cilji stvarni in izmerljivi; ukrepi morajo biti stroškovno učinkoviti in prispevati k doseganju vsaj enega cilja ali prioritete naloge strategije; število dejavnosti na vsakem področju naj bi bilo razumno. Na

IEPD se s to problematiko srečujemo in poskušamo prispevati k temu z obveščanjem strokovne in druge javnosti.

Pomemben temelj za nacionalni informacijski sistem na področju drog je vsekakor sodelovanje različnih sfer. Prevečkrat namreč pozabljamo, da področje drog ni v domeni posamezne sfere. Če torej želimo uspešno in celovito politiko na področju drog, moramo združiti in sodelovati vsi: medicina, družboslovje, civilna družba, vlada. Nikakor pa ne smemo pozabiti tudi na potrebe oseb, ki imajo težave z drogami. Kljub temu, da je IEPD mlada enota, je bil v treh letih delovanja narejen velik napredek. To je potrdila tudi evalvacija zunanjih evropskih strokovnjakov. Seveda pa želimo svoje delo še izboljšati ter k sodelovanju pritegniti kar najširši krog strokovnjakov z različnih sfer, ki delujejo na področju drog.

SLOVENE NATIONAL INFORMATION SYSTEM OF ILLICIT DRUGS, AND ITS CO-OPERATION WITH THE EUROPEAN UNION

Mercedes Lovrečič¹

Editorial

Information unit on illicit drugs (IUID)

The beginnings of the national information system on illicit drugs in Slovenia date back to one decade ago when Slovene experts, supported by Phare and assisted by colleagues from abroad, set up the first drug information network.

The need for a better organised, structured, larger and more closely targeted form of co-operation with the EU in the field of drug abuse led to the establishment of the Information Unit on Illicit Drugs (IUID) at the Institute of Public Health of the Republic of Slovenia. It was set up in line with Chapter 24 of the Accession Treaty and on the basis of co-operation of Slovenia with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

IUID was founded in 2001 in accordance with the conclusions reached by the Ministry of Health of the Republic of Slovenia on the basis of the Law on the prevention of illicit drug use and the management of drug users (Official Gazette of the Republic of Slovenia, No.98/99) IUID was set up with the aim to establish the national information network and to co-ordinate intersectional data acquisition and exchange of information at the national and international levels. IUID collects, processes and communicates information about illicit drugs, illicit drug users and consequences of illicit drug use to national and international bodies. All ministries, public institutions and non-governmental organisations involved with the collection of data on illicit drug use participate in the IUID activities. As reported by the European Commission on the occasion of their visit to Slovenia, IUID became operational in 2002. Obligations of IUID to EMCDDA are specified in the contract of »Active implementation of the EMCDDA work programme«. Through its activities and the National Focal Point (NFP), IUID has become an integral part of the European information network for monitoring drugs and addiction. In accordance with the obligations of Slovenia as a EU member state, NFP must provide all the data needed for the implementation of the EMCDDA programme, and meet all ad hoc requirements of the policy planners and other key EMCDDA partners. NFP must take account of all EMCDDA quality standards and meet all deadlines for implementation laid down by

EMCDDA. At the national level, NFP together with EMCDDA must provide information about the results of their activities.

For the required information and data to be provided at the European level, new information networks had to be set up and some improvements in the information system had to be made to provide an overall picture of the illicit drug use situation. The annual national report on the drug use situation in Slovenia was prepared thanks to intensified interdepartmental and intersectional collaboration. It contributed to a broader and more inclusive presentation of drug situation in Europe. All reports submitted by NFPs are structured as prescribed by EMCDDA. They deal with the legislative and institutional approaches to drug use, and present the epidemiological situation and the demand-reduction activities. National reports and statistics form the basis for the annual report on the drug use situation in Europe issued by the European Drug Agency. So far, IUID has submitted four national reports and is currently preparing the fifth one. All reports were submitted before the deadline. They were written out in compliance with European directives and approved by the Commission of the Government of the Republic of Slovenia for Drugs. Slovene reports receive better rating every year. Our aim is to prepare national reports in the Slovene language, but it has not yet been achieved because of a lack of funding and staff support. Although a large number of experts have already been invited to participate in the preparation of national reports, we wish to further expand our collaboration, especially with the humanities professionals and civil society.

IUID integration in the European information network on drugs and drug addiction

The European information network on drugs and drug addiction (Reseau Européen d'Information sur les Drogues et les Toxicomanies - Reitox) comprises NFPs of 25 EU member states, Norway, the candidate countries (Bulgaria, Romania, Turkey and Croatia) and the European Commission. The main tasks of EMCDDA and Reitox are to collect and disseminate

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objective, reliable and comparable information on the main drug trends and developments in Europe. They collaborate with several EU institutions, including World Health Organisation, United Nations Office on Drugs and Crime (UNODC), World Customs Organisation (WCO), International Criminal Police Organisation (Interpol), European Police Office (Europol) and the Pompidou Group of the Council of Europe. Guidelines for the Reitox network activities are set by EMCDDA member states.

The Reitox NFPs function as the main information interface between EMCDDA and its member states. NFP is a state body and a source of information, professional knowledge and experience; in addition, it represents and promotes the Reitox network at national level. NFPs in individual countries provide statistics, updated information and annual national reports on drug situation and developments in the country to EMCDDA for analysis at European level, and disseminate information about drugs in Europe. Quality information is ensured by the commonly agreed guidelines and data collection tools.

Fields of action at the EU level, and IUID collaboration with EMCDDA

EMCDDA is one of the 16 decentralised EU agencies, and functions as the central EU reference body providing its audience with an overall picture of drug situation in Europe. The main role of EMCDDA, which has its headquarters in Lisbon and was founded in 1993 (and became operational in 1995/96), involves providing objective, reliable and comparable data on drugs and drug addiction trends to EU and member states. EMCDDA collaborates intensively with EU institutions and international partners, as well as with the EU member states and candidate states. Its primary task is to provide regularly updated information to national and EU bodies, particularly to policy makers and their advisors. EMCDDA enables policy makers, researchers and experts concerned with drug use to get a deeper insight into the drug use situation and to formulate more effective strategies. In addition, it helps the EU Drug Agency to gain good publicity at the European level. On the basis of the collected data on drug use trends, individual countries can verify their comparability with other European countries, and evaluate common problems, objectives and goals.

The principal task of EMCDDA is to take measures to improve the comparability of data on drug use in Europe and to develop methods and instruments required to

achieve these aims. EMCDDA collects, analyses and disseminates information concerning drug demand and demand reduction, national strategies, EU strategies and policies, international co-operation and geopolitics of drug supply, control of traffic in drugs, psychoactive substances, precursors, and consequences of drug use experienced by drug-producing, drug-using and drug-transit countries. EMCDDA monitors and analyses the availability, accessibility and quality of prevention, treatment, social rehabilitation and drug harm-reducing services, with special emphasis on services provided to vulnerable population groups.

At the heart of the EMCDDA's information system are five key epidemiological indicators, including: prevalence and patterns of drug use among the general population, prevalence and patterns of problem drug use, prevalence of drug-related infectious diseases, drug-related deaths and mortality and demand for drug treatment. These five key indicators help EMCDDA improve the understanding of drug problem in Europe and create a firm and reliable basis for effective decision making.

IUID together with experts from the national Institute of Public Health and national work groups enhances the implementation of these key epidemiological indicators which are required for epidemiological monitoring of the situation in the country, and represent the most reliable basis for comparability at the European level.

The indicator »Demand for treatment of drug-related health problems« has been used in Slovenia for the longest time. In the early 1990s it was developed in collaboration with the Pompidou Group. The Institute of Public Health of the Republic of Slovenia began to collect data on the health of drug users, supplied to the Institute by the newly established centres concerned with health problems of illicit drug users. The development of the information system was enhanced by the introduction of the form on drug users management. The form began to be completed routinely in all Centres for the Prevention and Treatment of Illicit Drug Addiction in line with the Health Care Databases Act (Official Gazette of the Republic of Slovenia, No.65/2000) and in compliance with the Personal Data Protection Act (Official Gazette No.86/2004). In 2002, the information system was set up in health clinics of penal institutions, and in 2004 it was expanded to include non-governmental organisations which provide various form of assistance to drug users and their families. Thereby an overall picture of drug use will be provided and the situation will be shown in its entirety. The non-governmental sector will thus be included in the national

information system and civil society will be able to inform international audiences about its on-going activities. The above mentioned indicator facilitated the implementation of the indicator »Prevalence of drug-related infectious diseases«. In addition to the indicator »Demand for treatment of drug-related health problems«, indicators »Prevalence and patterns of problem drug use » and »Drug-related deaths and mortality« were implemented in other health care systems and in the non-governmental sector. The implementation of these indicators was enhanced by the setting up of national work groups comprised of Slovene experts in various disciplinary fields. Leaders of these national work groups are members of European expert groups for indicators. They are to be commended for their efforts to initiate the collection of national data for indicators comparable to those acquired in Europe. The indicator »Prevalence and patterns of drug use among the general population« has not yet been implemented. Despite the availability of competent professionals who would be able to implement the indicator at the national level in compliance with the European directives and guidelines, and despite promises from government authorities, the funds necessary for this priority project have not yet been allocated. A national study that would show the situation in its entirety has not yet been carried out, and as a result no data are available that would be comparable with those collected in other EU countries. The availability of these data, however, is essential for planning preventive activities.

One of the important aims pursued by EMCDDA is supporting good practices and approaches to the problem of drug use. The most specific tool for collecting data on best practices is »Exchange on Drug Demand Reduction Action (EDDRA).

IUID offers professional expertise in the establishment of the EDDRA database for Slovenia. Our aim is that the programmes that will make part of the international database on the implementation of drug addicts management programmes in Slovenia, will be selected on the basis of assessments and evaluations by independent experts.

New synthetic drugs can represent a great health risk, especially for adolescents. In addition to Europol, EMCDDA plays a key role in identifying and monitoring the use of these drugs in Europe. Its activities are carried out in accordance with the propositions laid down in the document »Joint Action on New Synthetic Drugs, Art.3 « issued by the EU Council in 1997. Other documents that constitute the legal and formal basis include the Convention drawn up on the basis of Article

K3 of Treaty on the European Union concerning the establishment of European Police Office, Act on the ratification of Convention on the basis of Article K3 of Treaty on the European Union concerning the establishment of European Police Office on the basis of the Council's Decree on the establishment of EMCDDA.

The Joint Action on New Synthetic Drugs, Art.3 introduces early warning system with the aim of identifying new synthetic drugs as early as they appear in any of the EU member countries. It provides mechanisms for the assessment of health and social risks associated with these drugs, and defines the decision-making procedure which enables all member states to take control over these products. On 10 May 2005, the Council of the European Union issued a document 2005/387/JHA entitled the »Decision on the information exchange, risk assessment and control of new psychoactive substances« (Official Journal of the European Union, L 127/32) which proposed fundamental changes in the system operation (also in the area of other new psychoactive substances) and laid down deadlines for execution of these tasks. This document is legally binding in Slovenia.

The main tasks of the system include early identification of and prompt exchange of information about new synthetic drugs, other new psychoactive substances and precursors between EU member states and EMCDDA. A new synthetic drug is a synthetic drug that surfaces on the illegal market as new because of its modified molecular form or because of a new pattern of use and different effects, and which is not yet present on the list of illicit drugs.

Information about the production, trafficking, use and risks of new synthetic drugs and other new psychoactive substances is exchanged. The Europol and Reitox networks constitute two communication subsystems within the main system. The information is forwarded to the European Commission and European Medicine Evaluation Agency (EMA), which has its headquarters in London. The final common report prepared by EMCDDA and Europol is forwarded to the Council of European Union. On the basis of this report a decision to initiate the risk assessment procedure can be taken. Risk assessment activities are undertaken when risk assessment is required by at least one EU member state or the European Commission.

EMCDDA coordinates preparatory activities for assessing possible risks of a new synthetic drug and effects of this drug control. Risk assessment report which summarizes the principal observations is presented to the Council of EU and the European

Commission for consideration before planning the next phase of action. On the grounds of risk assessment reports and at the initiative of the European Commission or an EU member state, the Council of European Union can reach a unanimous decision on the use of control measures and criminal sanctions in respect with a new synthetic drug in all EU member states. This joint action represents a flexible and effective mechanism for tackling the problem of new synthetic drugs, yet it does not prevent member states from adopting their own national control strategies, which they think are most appropriate to follow in respect with a newly discovered synthetic drug. This joint action concerns new synthetic drugs which are not currently listed on any of the schedules to the 1971 UN Convention on psychotropic substances.

Slovenia has been taking active part in the system since 2002, the NFP (Reitox network, EMCDDA) cooperates with the national unit of European Police Office (Europol at the General Police Directorate), which constitutes together with other Police departments the basis of the system's operation. The national coordinator, who has regularly participated in the European expert meetings, has drawn up a Slovene model draft adjusted to meet the national specificities. In addition, in 2004 an equally creative test programme, which represents an innovation of the EU system (NFPs information on the Internet), was developed by the national system coordinator and was financially assisted by the European Union. An intranet sub-site was made available by the Police to provide a means for faster communication and dissemination of information on new synthetic drugs.

Despite the lack of political support necessary to upgrade the national system, this year the Institute of Public Health of the Republic of Slovenia convoked a meeting for all potential partners, including experts from the Toxicology Laboratory at the Institute of Forensic Medicine, Centre for Forensic Investigations of the Ministry of the Interior, Poisoning Centre, University Medical Centre Ljubljana, Department of Toxicology and IUID at the Institute of Public Health of the Republic of Slovenia, Europol and Sector for Illicit Drugs of the Criminal Police Directorate. The participants were informed about the objectives and the way of the system operation in European Union, as well as with the Slovene model draft and vision of its further development. The setting up of a work group was recognized as a priority task. The participants reached a conclusion to draw up a contact list of e-mail addresses to enhance a smooth exchange of information about new synthetic drugs until the establishment of the work group.

Promising results have been obtained despite the absence of the funding needed for the effective operation of the system. In addition to providing annual reports and up-to-date overviews, one of the tasks was to supply thorough information to the public whenever a new dangerous synthetic drug emerged on the market. On several occasions was Slovenia commended by EMCDDA for its fast response time and for the introduced innovations. The cooperation between IUID, Institute of Public Health and Criminal Police Department was found particularly praiseworthy. EU seems to be well informed about the system activities, which, unfortunately, does not hold true for the Slovene authorities. Yet, far more important than indulging in praise from abroad is to be aware that by providing timely interventions we can prevent harm to health and save life of many drug users.

EMCDDA collects core descriptive data on national and EU drug legislation. The Agency's body, European Legal Database on Drugs (ELDD) is an indispensable tool for monitoring and analysing these data at national and EU levels. This free public archive, hosted on the EMCDDA website, provides latest information on drug legislation in the EU, Norway and the candidate countries. Documents in the Slovene language are also available on the archive website.

Anti-drug activities have placed increasing emphasis on national drug strategies and action plans, and national coordination mechanisms. EMCDDA monitors these closely, and prepares comparative studies of goals, coordination, arrangements, evaluation, drug information and policy implementation. EMCDDA helps monitor European drug strategies and action plans, and their implementation by offering important technical assistance in developing frameworks of evaluation to the European Commission.

The EU strategies and action plans for 2000-04 in 15 member states have been evaluated by the European Commission, the key role being played by EMCDDA. The report evaluated strategies, coordination mechanisms, funding, legislation and recommendations for greater efficiency and applicability. This evaluation helps formulate future strategies and action plans. Currently, the 2004-2012 strategy and action plan are being prepared by the EU.

Evaluation of drug-related policy is a prerequisite for the transparency and legitimacy of some budget-funded projects. Evaluation carried out in this controversial and complex area represents a tool for improving drug policy. In Slovenia, the evaluation of drug-related strategies and action plans is still at an early stage. Action plan is still missing in the »Resolution on national drug

programme for 2004-09«, although the lengthy preparation of the document spread over several years, and the date in the title had to be changed several times. During that period, the EU member states formulated and implemented the 2000-2004 strategies and action plans; currently they are preparing documents for the period 2004-2009.

These documents are not and must not be an end in themselves. By implementing drug policy in Slovenia we get closer to the implementation of this policy at European level. An insight into the current drug situation, especially in the efficiency of the implemented drug-related strategies, can only be provided by evaluation. We would point out that the set targets should be measurable and achievable, and that the measures taken should be cost-effective and should contribute to the implementation of at least one target or priority task. A realistic extent of activities should be planned in individual areas. IUID is confronted with these problems and tries to tackle them by providing

information to the professional public and other audiences.

The cornerstone of an effective national information system on drugs lies in the cooperation between partners in many different spheres. Too often we forget that the implementation of drug-related strategies should not be restricted to a single sphere. Close cooperation between medicine, social sciences, civil society and government is crucial to effective and comprehensive drug policies. At the same time we must not forget that the needs of persons with drug problems have to be attended to. Despite its young age, IUID has made impressive achievements over the past three years of its operation. These good results have been confirmed on external evaluation by European experts. Our aim for the future is to make further improvements in our work and to attract participation of a wide range of experts from different disciplinary fields concerned with problems of drug abuse.