

# **DRUG POLICY AND HEALTH IN SLOVENIA**

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

*Revised 2/27/02*

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**REFERENCES**

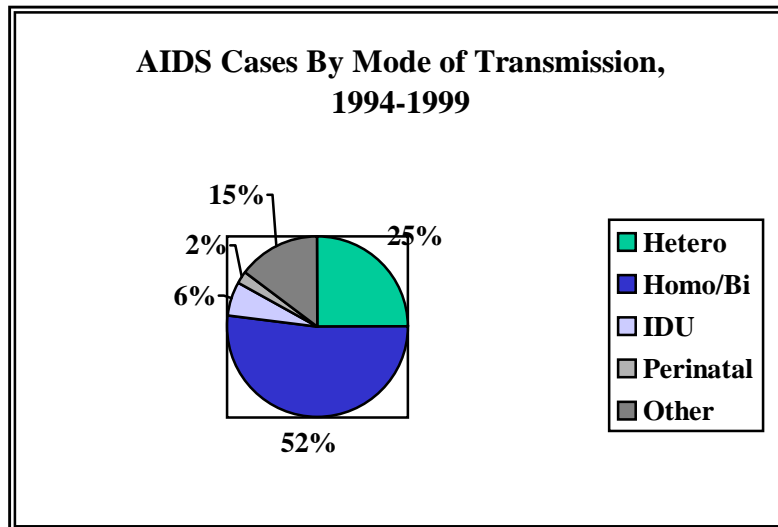
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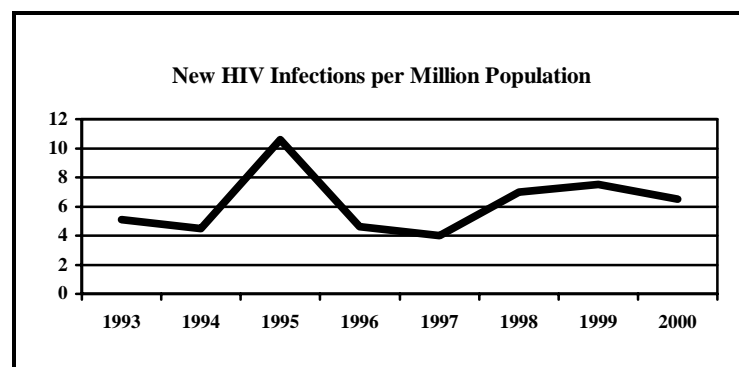
## Summary

### I. HIV/AIDS

Although data are incomplete, Slovenia appears to be in the early stage of an HIV/AIDS epidemic, with approximately 200 people known to be living with the disease. Injection drug use is not a major source of HIV cases at this time. (1)



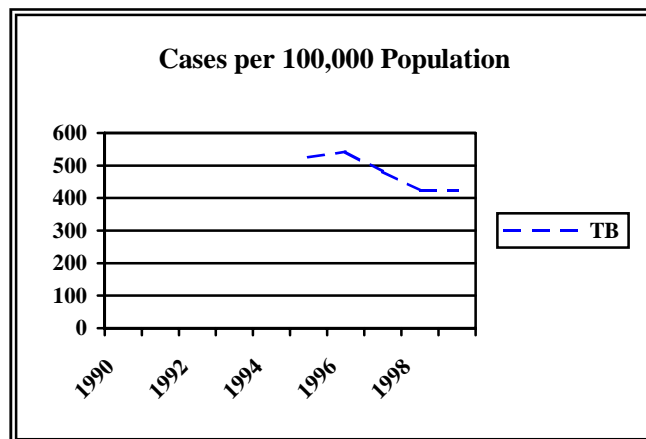
Source: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, 2000 Update, World Health Organization, <http://www.unaids.org> (1)



Source: European Centre for the Monitoring of AIDS. HIV/AIDS Surveillance in Europe. End-year report 2000. 2001; N<sup>o</sup> 64. [www.eurohiv.org](http://www.eurohiv.org) (9)

## II. OTHER INFECTIOUS DISEASES

Reported cases of TB have steadily declined since 1995, with almost twice as many people living with TB than with HIV/AIDS.



Source: (9)

## III. INJECTION DRUG USE

**Drug Use.** -Drug use is not reported as presenting a serious problem but the problem is seen as growing. A recent report stated that:

While drug abuse is still not a major problem in Slovenia, interdiction and seizure records indicate that the problem of illegal drugs in Slovenia is on the rise. Heroin abuse is a growing problem in Slovenia, and while quantities of cocaine seized are still small, indications are that the market for it is also growing. (3)

The Ministry of Health reports the following:

It is estimated that there are between 5,000 and 10,000 heroin users in Slovenia 3.6 to 7.1 per 1,000 population aged 15 to 64 years. (10)

**Risk Behavior Information.** In 1996, two sentinel surveys estimated the prevalence of HIV infection among IDUs in major urban areas as 0.565%. (1) However, the Ministry of Health reported that:

...[T]he sharing of needles, syringes and other equipment (58 per cent and 67 per cent, respectively), as well as unsafe sexual behaviour, are common among drug users in Slovenia and dangerously increase the potential for the spread of HIV in the community (10)

**Social Attitudes.** The government is aware that there is no room for complacency. The government wants to aggressively attack the HIV/AIDS epidemic

through preventive techniques and harm reduction activities aimed at people at risk. (4)

#### IV. LAW AND LAW ENFORCEMENT PRACTICES

**Summary.** The Constitution provides for basic legal rights against discrimination, immediate legal representation incident to arrest, presumption of innocence, and the requirements of a court order to detain a suspect. The duration of detention is outlined in Article 20, which provides for legal counsel within 24 hours, a right to appeal detention to a court within 48 hours. However, the court can order detention for up to three months for “legal reasons” which can be extended to up to six months by the Supreme Court. Specific information on the substantive and procedural aspects of the law related to drug use, HIV and the criminal justices system are not available.

##### Law on the Books

Syringe purchase and possession, as well as SEPs, are not prohibited

##### Actual practice

One NGO receives some government support for harm reduction activities including needle exchange program. There is direct partial funding for this program.

(10)

#### V. PUBLIC HEALTH INTERVENTIONS

**Harm Reduction Programs.** Few organizations have conducted needle exchange programs in urban areas. AIDS Foundation Robert has been operating a harm reduction and AIDS program in Slovenia since 1992 and is funded by WHO, OSI and various Ministries of the national and municipal governments. Their IDU program, Project Stigma, supports activities for the modification of risky drug-taking behavior and for the prevention of the transmission of infectious diseases. They report that harm reduction activities such as needle exchange and peer counseling have nearly doubled from 1998-99 and HIV cases attributable to injection drug use have been kept as low as 8% of the total. (10)

**Drug Treatment.** No information was available.

**HIV Prevention Activities.** All citizens have access to voluntary, confidential and anonymous HIV testing and counseling. (4)

## VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001 Slovenia was ranked 34 of 91 countries, with a score of 5.2 of a possible. (6)

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. In 1999 Slovenia ranked 33 of the 174 countries measured. (8)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for Slovenia was 28.4 in 1998. (13)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Slovenia's unemployment was 7.1% when it was established in 1997. (7)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. Since 1990 the GDP has almost doubled to \$20,011 million in 1999. (13)

# DRUG POLICY AND HEALTH IN SLOVENIA

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

## Full Report

### I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that Slovenia is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

### II. HIV/AIDS

Accurate and complete data on HIV in Slovenia are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

**Overall Data.** The government reported an estimated 13 new cases of HIV/AIDS during 1999, with an estimated 200 adults and children over 15 living with HIV/AIDS at the end of 1999. (1) Over the last five years, incidence rates for HIV/AIDS have remained stable at six cases per 1 million population. (4) According to existing statistics, there is less than one new case of HIV/AIDS in IDU's per 1 million diagnosed in 2000. (9)

**Data from The European Center for the Epidemiological Monitoring of AIDS (9)**

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	7	3.6	10	5.1	-	-	-	-	-	-	-	-
1994	6	3.0	9	4.5	-	-	-	-	-	-	-	-
1995	16	8.0	21	10.6	-	-	-	-	-	-	-	-
1996	8	4.0	9	4.5	2	3	2	1	1	1	0	0
1997	2	1.0	8	4.0	5	1	1	0	1	0	0	0
1998	13	6.5	14	7.0	6	6	2	1	3	5	0	0
1999	9	4.5	15	7.5	6	5	0	1	4	2	0	0
2000	7	3.7	13	6.5	7	3	1	0	2	2	1	0

**Additional Demographics.** As of 1999 the population was 1,989,000 with 1,055,000 between the ages of 15-49. (1)

**Regional Distribution.** Slovenia is a “low-level” HIV/AIDS epidemic country with less than one individual per 1000 inhabitants living with HIV/AIDS. As yet, there is no evidence of a rapid spread of HIV among the growing population of injection drug users and their sex partners. (1)(4) However, the Ministry of Health has reported concern regarding growing drug use and high risk behaviour among drug users. (10)

**Stigma and Social Attitudes Towards HIV/AIDS.** The Government promotes harm reduction and education among high risk groups. (4) No information is available regarding social stigma.

### III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

Slovenia appears to have a very low incidence of TB, and both the rate and number of cases have steadily declined since 1995. (There was no information regarding the other diseases). (2)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	-	-	-	-
1994	-	-	-	-	-	-
1995	525	27.3	-	-	-	-
1996	563	29.3	-	-	-	-
1997	481	25.0	-	-	-	-
1998	424	22.1	-	-	-	-
1999	423	21.3	-	-	-	-
2000	-	-	-	-	-	-

(2)

#### IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

According to an international report on drug use, Slovenia does not have a major drug use problem, although trends indicate drug use is increasing. The use of drugs is not a major problem. (3)

**Trends in Drug Use.** While drug abuse is still not a major problem, interdiction and seizure records indicate that the problem of illegal drugs in Slovenia is on the rise. Heroin abuse is a growing problem. The market for cocaine is believed to be growing. (3) The Ministry of Health reports the following estimates:

It is estimated that there are between 5,000 and 10,000 heroin users in Slovenia (3.6 to 7.1 per 1,000 population aged 15 to 64 years. (10)

**Risk Behavior.** In 1996, two sentinel surveys estimated the prevalence of HIV infection among IDU's in major urban areas as 0.565%. (1) The Ministry of Health reported that:

...[T]he sharing of needles, syringes and other equipment (58 per cent and 67 per cent, respectively), as well as unsafe sexual behavior, are common among drug users in Slovenia and dangerously increase the potential for the spread of HIV in the community. (10)

**Drug Traffic Information.** Slovenia is not a major producer or a major transit country for illicit narcotics. Slovenia has a higher standard of living and more professional police and customs organizations than in neighboring Southeastern European states. However, its location in Southeastern Europe provides the potential to make it an important transit country in the area. Slovenian counter-narcotics agents believe that its location between the Balkans and Central Europe make it a "problematic transit area" for heroin being smuggled into Western Europe by Albanian, Turkish and Italian organized crime groups. Authorities also cite the northern Adriatic Port of Koper as a transit route for South American cocaine and North African cannabis. (3)

**Social Attitudes Towards Drug Users.** The government is aware that there is no room for complacency. The Minister of Health states he believes current activities must be not only sustained, but strengthened. Aware of the window of opportunity and that an investment now will result in a lower HIV/AIDS burden in the future. (4)

In his report to the President the Minister of Health stated:

Prevention must be the mainstay of the response, while continuing to provide care and support to those already affected. As HIV/AIDS remains concentrated in sub-populations at higher behavioral risk, we should urgently improve coverage with high quality harm reduction interventions for IDU's and develop preventive interventions for commercial sex workers and their clients (4)

**Drug Overdoses.** There was no reported information on the incidence of drug overdoses.

## V. LAWS AND LAW ENFORCEMENT PRACTICES

### A. Drug Law.

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

**Syringe Access/Needle Exchange -Law.** Text of law is not available but statements made by Minister of Health demonstrate strong support for expanding needle/syringe exchange programs and other harm reduction activities. (4)

**Syringe Access/Needle Exchange – Practice.** AIDS Foundation Robert has been operating a harm reduction and AIDS program in Slovenia since 1992, called Project Stigma. This is the only program in Ljubljana providing harm reduction programs. They have expanded their needle exchange program and receive funding from WHO, OSI and government ministries. (10)

**Drug Possession -Law.**

**Drug Possession Law – Practices.**

**Drug Treatment – Law.**

**Compulsory Treatment – Law.**

**Compulsory Treatment – Practices.**

**Drug Trafficking –Law.**

**Drug Treatment Regulation.**

**Drug Treatment Regulation – Practices.**

**Criminal Justice System – Law.** The Constitution provides for basic legal rights against discrimination, immediate legal representation incident to arrest, presumption of innocence, and the requirements of a court order to detain a suspect. The duration of detention is outlined in Article 20, which provides for legal counsel within 24 hours, a right to appeal detention to a court within 48 hours. However, the court can order detention for up to three months for “legal reasons” which can be extended to up to six months by the Supreme Court. “If no charges are brought by the end of this period the suspect shall be released.” (11) The issue of a second prosecution (Double Jeopardy) for an adjudicated criminal matter has been addressed by the Constitutional Court. The abstract of this case stated that:

The provisions of the federal law on legal proceedings, which allow a possibility of renewal of legal proceedings to the prejudice of a person found not guilty or guilty, which is contrary to the paragraph 7 of Article 14 of the International Treaty on Political and Civil Rights, are in conflict with the legal system of the Republic of Slovenia. (Case No.: U-I-27/92-16 Date: 9.7.1992). (12)

**Criminal Justice System – Practices.**

**International drug conventions signed.** The country is a party to the following international drug agreements.

- 1988 UN Drug Control Convention
- 1972 Protocol
- 1971 UN Convention on Psychotropic Drugs
- 1961 Single Convention
- 1902 Extradition treaty between the United States and Yugoslavia remains in force between the U.S. and Slovenia.
- SECI Transborder Organized Crime Center Agreement (2000).
- UN Convention Against Transnational Organized Crime (12/2000)
- European Union PHARE Multi-Beneficiary Drug Program

## **B. Public Health and Human Rights Law**

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section cover the rights to healthcare, privacy, reportability and antidiscrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

### **Right to Health Care/HIV Treatment –Law.**

The Constitution provides a right to health care in Article 51. “Everyone has a right to health Care under conditions provided by law. The right to health care from public funds shall be provided by law” (11) Health legislation is not available.

### **Right to Health Care/HIV Treatment –Practice.**

Harm reduction programs are supported by government agencies but specific health care references to treatment are not available.

### **Reportability of HIV, AIDS, HCV, HBV – Law and Practice.**

**HIV Testing Provisions –Law and Practice.** All citizens have access to voluntary, confidential and anonymous HIV testing and counseling. (4)

**Anti-Discrimination Provisions based on HIV or drug use – Law and Practice.** Generally the Constitution provides for the right against discrimination in all manners in Article 14 which states:

In Slovenia everyone shall be guaranteed equal human rights and fundamental freedoms irrespective of national origin, race, sex, language, religion, political or other conviction, material standing, birth, education, social status or any other personal circumstance. All are equal before the law. (11)

**Privacy –Law and Practices.** Generally the Constitution provides for a the right to privacy in Article 35 which states:

The inviolability of the physical and mental integrity of every person, his privacy and personality rights shall be guaranteed. (11)

**Criminal Penalties for Exposing/Transmitting HIV Law and Practice.**

**Criminalization of Prostitution –Law and Practice.**

**Criminalization of Homosexuality –Law and Practice.**

**Status of International Human Right Conventions.** The following is the status of Slovenia in relation to the major international human rights instruments:

- International Covenant on Economic, Social & Cultural (ICESCR) – **Signed July 6, 1992**
- International Covenant on Civil & Political Rights (ICCPR) – **Signed July 6, 1992**
- International Covenant on Civil & Political Rights, Optional protocol (ICCPR-OP1) – **Signed July 16, 1993**
- Convention on the Elimination of Discrimination Against Women (CEDAW) – **Signed July 6, 1992**
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **Signed July 16, 1993**
- Convention on the Elimination of Discrimination Against Women, Optional Protocol (CEDAW-OP) – **Signed December 10, 1999**
- International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **Signed July 6, 1992** (5)

## **VI. PUBLIC HEALTH INTERVENTIONS**

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

### **A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use**

**Government Position.** The government supports harm reduction activities through NGOs including Harm Reduction programs. Various ministries provide some funding for these programs and the Ministry of Health publicly supports these initiatives.

**Needle Exchange Programs.** In 2000, Project Stigma, and NGO supported with Ministry funding,(see below) provided services to nearly 1,000 drug users (209 female and 754 male) during 7,892 visits. Almost 166,000 needles and syringes were distributed and close to 69,000 returned. The Ministry of Health has estimated there are 5,000 to 10,000 heroin users in Slovenia (10) This estimated data indicates that about 10% of the heroin users are receiving harm reduction services.

Project Stigma Syringe Exchange Statistics

	1999	2000	Change	Change (%)
Visitors	740	963	+223	+ 30
Visits	3,868	7,892	+4,024	+104
Syringes issued	59,196	165,804	+106,608	+180
Return rate (percentage)	52.3	60.0	--	+14

(10)

**B. Drug Treatment Programs/Availability-** No information is available.

**Substitution Therapies.**

**C. Public Health Measures to Prevent HIV and other Significant Diseases.**

**Government Efforts/Attitudes.** The government provides some funding for Project Stigma's with activities as follows:

- (a) An outreach program to contact injecting drug users who are not in contact with treatment services and who do not actively seek medical assistance and social support services;
- (b) Syringe and needle exchange at the project's premises and through outreach work;
- (c) Secondary syringe and needle exchange. With the participation of drug users from other Slovenian cities, Project Stigma recently initiated the distribution of clean needles to drug users in other parts of the country, where they are not as available and accessible;
- (d) Counseling for imprisoned drug users in Ljubljana prison, and practical support after their release from prison (e.g. employment and housing);
- (e) Establishment of a self-help group for people with AIDS, and provision of peer education for students and volunteers.

In addition, the project tries to respond to the more general needs of its target population, such as housing, employment, obtaining official documents (e.g. identity card, passport and health insurance membership card) and the development of social integration skills. The introduction of motivational interviewing as a counseling method has proved to be very useful and effective in interaction with the target population. At the beginning of 2000, Project Stigma launched a campaign calling for the establishment of safe injecting rooms for drug users and initiated a discussion of future national policy on this issue. An anonymous HIV testing service (including pre- and post-test counseling) is also to be introduced. (10)

**Programmatic Details.** All citizens have access to voluntary, confidential and anonymous HIV testing and counseling. Total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations by year and rate of testing per 1,000 population:

1996: 18,600  
1997: 18,081  
1998: 18,748  
1999: 16,829  
2000: 19,651

Totals/1000 population: 9.90 (9)

## VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Kazakhstan.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

- Country Rank: **71 of 91 Countries**
- 2001 CPI Score: **5.2 of a possible 10**
- Surveys Used: **7**
- Standard Deviation: **1.0**
- High-Low Range: **4.1 – 7.1**

(6)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of

recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

- GINI Index, 1996: **28.4** (13)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

- Human Development Index Rank (HDI) in 1999 – **33/174** (8)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- Unemployment rate (Est. 1997) - **7.1 %** (8)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC' which is defined as “currently highly-vulnerable” to a rating of 'AAA' which is defined as “extremely strong” capacity to meet its financial commitments.

Slovenia's long term currency ratings of AA. The highest possible rating is AAA. The short term currency rating is A-1+. Foreign currency ratings are comparable and the outlook on both is stable. These ratings recognize “commitment to price stability and fiscal consolidation, with the EU's Maastricht criteria used as a guideline. Substantial progress has been made over recent years in the pursuit of . . . economic policy objectives. [This] also reflects the substantial changes of recent years in the structure of [Slovenia's] economy and significant improvements in external position.”

Local Currency:

Long-Term rating:**AA**

Outlook:**Stable**

Short-Term Rating:**A-1+**

Foreign Currency:

Long-Term rating:**A**

Outlook:**Stable**

Short-Term Rating:**A-1**

(8)

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1995).

- Infant Mortality Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- Child Immunization Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- Prevalence of Child Malnutrition:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- Low Mother's Body Mass Index:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- Total Fertility Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A

(13)

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty..

- Population Below the Poverty Line, (BPL), N/A

(7)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. Between 1990 and 1999 Slovenia's GDP has almost doubled with an annual growth rate of 2.4%.

Gross Domestic Product per Capita (PPP US\$): \$12,000 in 1999. (7)

Gross Domestic Product - Average Annual Growth:  
 1980-1990: ---  
 1990-1999: **-2.4%** (13)

Gross Domestic Product in \$ USD Millions:  
 1990: **12,673**  
 1999: **20,001** (13)

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