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**REPORT ON THE DRUG  
SITUATION 2019 OF THE  
REPUBLIC OF SLOVENIA**

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2019 NATIONAL REPORT (2018 DATA)  
TO THE EMCDDA  
by the Reitox National Focal Point

SLOVENIA

REITOX



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# **Drug policy workbook**

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## Summary

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 currently in force is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. The national programme with its implementation action plans represents a continuation of the comprehensive and balanced approach to tackling the problem of illicit drugs in the country, which includes programmes to reduce both the demand for and supply of illicit drugs. The ministries responsible for the National strategy in the field of drugs are: the Ministry of Health; the Ministry of Labour, Family, Social Affairs and Equal Opportunities; the Ministry of the Interior; the Ministry of Finance; the Ministry of Justice; the Ministry of Defence; the Ministry of Education, Science and Sport; the Ministry of Foreign Affairs and the Ministry of Agriculture, Forestry and Food. The basic principles of the National Programme on illicit drugs in Slovenia including action plans derive from the Constitution of the Republic of Slovenia, its legislation, UN conventions, EU regulations, Council of Europe provisions and concrete goals that our society wishes to achieve in the period 2014–2020. The National Programme includes illicit drugs and also partly considers preventive activities such as comprehensive approaches using coordinated measures to prevent alcohol and tobacco usage to lower the number of new drug users in the younger generation.

An evaluation of the action plan for 2017–2018 has been carried out. An evaluation team was created by a core group of representatives from different Ministries that constitute the Republic of Slovenia Government Commission for Drugs, a representative of the NGOs and representatives from the National Institute of Public Health. The team's work was coordinated by the Ministry of Health. The realisation of a concrete task or its effect/result was treated as an evaluation criterion. Despite the consistency of strategic documents and a high delivery rate of registered objectives and measures from the action plan, more efforts should be made to improve and intensify operations, integration, and networking between departments and with other shareholders. One of the challenges remains providing sufficient resources to finance proactive operations across the entire network of programmes: from prevention of drug use and treatment of drug users to efficient operation of enforcement authorities. In the future, the issues to be addressed include new psychoactive substances, prevention of all kinds of illicit drug trade activities (including online trade), and discussions on cannabis regulation reform. Given the fact, that it is not enough to address these issues on national levels, intensive international cooperation and coordination within the EU and the United Nations are required to tackle these challenges.

The country's highest-level coordinating body in the area of illicit drugs is the Commission on Narcotic Drugs of the Government of the Republic of Slovenia, an interdepartmental authority. The Commission is made up of representatives from nine ministries (Ministry of the Interior; Labour, Family, Social Affairs and Equal Opportunities; Justice; Defence; Education; Foreign Affairs; Agriculture; Finance; Health) and two representatives from two NGO Associations. Representatives from several other organizations may sit on the Commission. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia and the Ministry of Health are responsible for coordinating activities in the area of illicit drugs at the government level. Within the Ministry of Health, the Health Promotion and Healthy Lifestyles Division is responsible for the day-to-day coordination of drug policy. At the local level, Local Action Groups continue to be the key coordinators of activities in local communities.

Most operations against illicit drugs in Slovenia are financed from the national budget and the Health Insurance Institute. The funds are acquired from various foundations and are contributed also by Slovenian municipalities that help to acquire appropriate premises in which service providers can execute programmes. Drawing from available data, an estimated sum of EUR 11.618.690,86 was allocated to the issue of illicit drugs in Slovenia in 2018.

# 1. National profile

## 1.1 National drugs strategies

Jože Hren, Maša Serec, Maja Roškar, Helena Koprivnikar, Andreja Belščak Čolaković, Urška Erklavec

### 1.1.1 The list of the titles and dates of all past national drug strategies and supporting action plans

Timeframe	Title and web link	Scope (main substances / addictions addressed)
The first National Programme on illicit drugs was started in 1992. Besides the illicit drugs legislation which was adopted in 1999 and 2000 this was the basic document to carry out different activities in this field. It was valid until the next National Programme was adopted in 2004.	National Programme on illicit drugs. 1992. Journal for Critique of Science, 146-147 (20): 153-	The National Programme included only illicit drugs. The defined tasks include the aforementioned preventive activities, treatment and social rehabilitation programmes and enforcement bodies activities and coordination.
2004–2009	Resolution on the National Programme on Illicit Drugs 2004–2009 <a href="https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/47846">https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/47846</a>	Illicit drugs
2014–2020	Resolution on the National Programme on Illicit Drugs 2014–2020 <a href="http://pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915">http://pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915</a>	Illicit drugs

### 1.1.2 Short summary of current national drugs strategy document

– **Time frame:** 2014–2020

– **Responsible ministries:**

Ministry of Health; Ministry of Labour, Family, Social Affairs and Equal Opportunities; Ministry of the Interior; Ministry of Finance; Ministry of Justice; Ministry of Defence; Ministry of Education, Science and Sport; Ministry of Foreign Affairs; Ministry of Agriculture, Forestry and Food.

– **Overview of its main principles, priorities, objectives and actions:**

The basic principles of the National Programme on illicit drugs in Slovenia including action plans derive from the Constitution of the Republic of Slovenia, its legislation, UN conventions, EU regulations, Council of Europe provisions and concrete goals that our society wishes to achieve in the period of 2014–2020.

National Programme goals are defined for the complete planned period of the National Programme on illicit drugs activities. Priority tasks to achieve the goals are defined in two-year action plans, adopted by the Government of the Republic of Slovenia. The first action plan was passed by the Government of the Republic of Slovenia in April 2015 (available at:

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna\\_razprava\\_2015/AKCIJSKI\\_NACRT\\_za\\_droge\\_jan\\_2015.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf)).

The subsequent action plan for years 2017–2018 was passed in September 2017 and is available at: [http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_2015/droge/zakonodaja/\\_Akcijski\\_nacrt\\_na\\_podrocju\\_drog\\_za\\_obdobje\\_2017-2018\\_.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/droge/zakonodaja/_Akcijski_nacrt_na_podrocju_drog_za_obdobje_2017-2018_.pdf). This document continues to reflect the structure and goals of the strategy and focuses on tangible results obtained in the context of the goals and missions described above.

The current [Action Plan for 2019 and 2020](#) contains a detailed specification of the objectives from the [Resolution on the National Programme on Illicit Drugs 2014–2020](#), together with the means for their implementation, and specific tasks assigned to individual entities involved in their implementation. In addition, the action plan refers to the strategies in the field of crime prevention and control, and strategies in the field of social security. The action plan is available at:

<https://www.infodroga.si/wp-content/uploads/2019/09/AKCIJSKI-NA%C4%8CRT-NA-PODRO%C4%8CJU-PREPOVEDANIH-DROG-ZA-OBDOBJE-2019-2020.pdf>

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 currently in force, is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. The National Strategy lays down areas of activity, development trends and implementation mechanisms. It was passed by the National Assembly of the Republic of Slovenia in April 2014 (available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915>).

To attain the head goal, the following goals must be realised within the National Programme:

1. Strengthen preventive activities, inform and carry out early interventions in the field of drugs and different programmes of lowering the drug demand while considering preventive activities as comprehensive approaches with coordinated measures to prevent alcohol and tobacco usage and thus lower the amount of new drug users among the younger generation and reduce the number of illicit drug-related violations and offences, prevent first contact with drugs and raise its age limit while increasing the level of social competences, knowledge and social skills and effective strategies to handle life problems;
2. Develop a network of programmes for harm reduction and the reduction of the number of people infected with HIV and hepatitis B + C and fatalities due to overdoses;
3. Develop specific programmes for particularly vulnerable groups: young minors, drug users with a concurrent mental disorder, older drug users, parents of drug users etc;
4. Provide better quality programmes for the medical and social treatment of drug users by implementing different approaches that include an upgrade and expansion of treatment programmes in treatment facilities, correctional institutes and re-education facilities;
5. Accelerate the development of programmes for psycho-social drug user treatment, therapeutic communities, communes and reintegration programmes and social employment programmes of ex-addicts to contribute and lower the social exclusion of drug users. We need to foster treatment continuity and the cooperation of detention facilities, correctional institutes and re-education facilities with social treatment programmes and different types of treatment;
6. Assure and upgrade the operating information system in the field of collecting, editing, processing and delivering of drug-related data and an early-detection system of informing and discovering new drugs;
7. Upgrade the activities of local action groups and align them with activities on a national level;
8. Ensure the cooperation of different actors, especially the civil society in all fields of coordination and decision-making and increase the number of programmes carried out by NGOs based on professional autonomy;
9. Strengthen activities to fight organised crime, illicit drug trade, money laundering and other forms of drug-related crime; reinforce the cooperation of the Police, Customs and Judiciary and their harmonised cooperation in Slovenia and the EU.

- **Its structure (i.e. pillars and cross-cutting themes):**
- Information system

- Lower drug demand with the help of:
  - a. Preventive measures
  - b. reducing harm caused by drug usage
  - c. Medical and social treatment of illicit drug users
  - d. Activities of the civil society
- Prevention of drug supply using:
  - a. Punitive policies
  - b. The cooperation of the Police, Customs and Judiciary in the field of drug-related organised crime
  - c. Anti money laundering practices
  - d. Activities to fight organised crime
- International cooperation
- Coordination and alignment on national and local levels
- Programme evaluation, research work and education.

- **The main substances and addictions addressed:**

The National Programme includes illicit drugs and also partly considers preventive activities, such as comprehensive approaches using coordinated measures to prevent alcohol and tobacco usage to lower the number of new drug users in the younger generation.

**Action plan in the field of illicit drugs 2019–2020**

On 31 July 2019, the Government of the Republic of Slovenia adopted a new two-year action plan in the field of illicit drugs for the years 2019 and 2020. The action plan includes a more detailed specification and operationalisation of the objectives from the Resolution on the National Programme on Illicit Drugs 2014–2020 (hereinafter: Resolution), together with the means for their implementation, and specific tasks assigned to individual entities involved in their implementation. The action plan was prepared based on the Resolution, and the priorities and possibilities of individual departments and non-governmental organisations involved in the implementation of the action plan.

The measures and activities included in the action plan were selected based on their added value and registered, measurable, foreseeable, and plausible results. The action plan specifically states the timeframe to undertake activities and the institutions responsible for their implementation and reporting.

The overall objective of the resolution is to reduce and limit the harm deriving from illicit drugs use for individuals, families, and society. The resolution and action plan contribute to a comprehensive and balanced approach to tackling the problem of illicit drugs in Slovenia which includes programmes to reduce both the demand and supply of illicit drugs. In addition, the action plan refers to the strategies in the field of crime prevention and control, and strategies in the field of social security.

The activities for the preparation of the action plan were coordinated by the Ministry of Health which collaborated with other ministries competent in this field, representatives of the research community, and non-governmental organisations. The process of the preparation of the action plan was monitored and finally confirmed by the Commission on Narcotic Drugs of the Government of the Republic of Slovenia.

As the ministry competent for addressing the issues with illicit drugs, the Ministry of Health is responsible to supervise the implementation of the action plan. The Ministry of Health together with other departments regularly reports on the process of the implementation of the action plan to the Commission on Narcotic Drugs of the Government of the Republic of Slovenia.

### 1.1.3 Other national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement

The area of illicit drugs was also covered by the Resolution on the National Crime Prevention and Control Programme for the 2012–2016 period. Content specifically addressing illicit drugs can be found in the following chapters: 6.5.4.2 Strategy/Programme – Reducing the number of users of all illicit drugs, and 6.5.4.3 Strategy/Programme – Provision and strengthening of universal, selective and indicated preventive actions for preventing the use of drugs and reducing drug-related criminal activity.

The actual resolution is valid through years 2019-2023 and was adopted in June 2019 by the Parliament: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO119>

### 1.1.4 Additional national strategy or action plan documents for other substances and addictions

Additional national strategy documents for other substances and addictions	
<b>Alcohol</b>	
Strategy title	Alcohol action plan 2020–2021
Web address	In preparation
	<p>Slovenia is currently without a Strategy or Action plan specifically intended for the field of Alcohol, but this field is included in the Resolution on the National Programme on healthcare 2016-2025 "Together for a healthy society" and in the Resolution on the National Programme on healthcare 2008–2013. The field of alcohol is also partly included in the Resolution on the National Programme on mental health 2018–2028 (ReNPDZ18–28).</p> <p>Accessible at: <a href="https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2018-01-1046/resolucija-o-nacionalnem-programu-dusevnega-zdravja-2018-2028-renpdz18-28">https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2018-01-1046/resolucija-o-nacionalnem-programu-dusevnega-zdravja-2018-2028-renpdz18-28</a></p> <p>The Resolution on the National Programme on mental health 2018–2028 also partly includes the field of alcohol.</p> <p>The strategic goals of the resolution also aim to decrease the number of suicides and alcohol-related mental disorders.</p> <p>One of the indicators of this goal is: to increase the number of people with alcohol addiction who undergo treatment and then actively re-integrate into social life by 20% over a 10-year period.</p>
<b>Tobacco</b>	
Strategy title	Resolution on the National Health Care Plan 2016–2025 Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2019 to 2030
Web address	<a href="http://pisrs.si/Pis.web/pregledPredpisa?id=RESO102">http://pisrs.si/Pis.web/pregledPredpisa?id=RESO102</a> <a href="https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/zakonodaja-ministrstva-za-zdravje/darovanje-delov-cloveskega-telesa-organov-in-tkiv/">https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/zakonodaja-ministrstva-za-zdravje/darovanje-delov-cloveskega-telesa-organov-in-tkiv/</a>
	<p>First Slovene tobacco control strategy was prepared and released for public consultation which ended on 5th of August 2019. It will cover the period of 2019–2030. Tobacco control objectives are otherwise integrated into Resolution on the National Health Care Plan 2016–2025. Resolution on the National Health Care Plan 2016–2025 includes two objectives for tobacco control in selected indicators of achievement of results at priority areas (30% decrease in sales of cigarettes and 30% decrease in sales of loose tobacco) and two objectives in indicators of results (decrease in prevalence of daily smoking among inhabitants 15+ from 18.9% to 15% and preserve the gap between the highest and lowest income class in prevalence of daily smoking below 5%).</p>

## Image and performance enhancing drugs

Strategy title	/
Web address	/

## Gambling

Strategy title	<p>Initiatives in the field of gambling</p> <p>In addition to the legal approach to reduce risky and pathological gambling, expert preventive programmes in schools can also bring great relief to this issue. Within these programmes, potential gamblers are acquainted with the risks, mental health impact, and social and economic aspects associated to gambling.</p> <p>Aiming for long-term economic impact, the gambling industry strives to attract mainly young people, therefore it is important to address the most vulnerable groups which most commonly include male secondary school students attending vocational schools.</p> <p>On the long run, expert preventive programmes contribute to critical thinking on whether to engage in such activities and if so, to what extent. In addition, these programmes help young people assess their gambling engagement and consequently prevent potential problematic continuation of such behaviour.</p> <p>Furthermore it is important to acquaint young people with the modus operandi of the gambling industry which means familiarising them with the mathematical aspect of gambling (the probability of winning supported by the probability theory) and societal constructs such as luck, the ability to count cards, supernatural powers etc.</p> <p>There is a significant lack of such prevention programmes addressing young people, especially outside larger urban centres. This contributes to inequality in the awareness of young people from rural and urban areas and consequently to potential greater health inequality in marginalised areas.</p> <p>It is important to note that the gaming industry organises preventive programmes as a sort of self-regulatory activity. However, these programmes are very slack and even deceptive, since their main objective is not to prevent gambling among young people which is the only right approach at this age.</p>
Web address	/

## Gaming

Strategy title	/
Web address	/

## Internet

Strategy title	/
Web address	/

## Other addictions

Strategy title	/
Web address	/

### **1.1.5 Drug strategy/action plan of the capital city**

Ljubljana, the capital city of Slovenia, does not have a strategy for the field of illicit drugs, but services or programmes for people with usage issues and/or illicit drug addiction are mentioned in the Development strategy on social care of the Municipality of Ljubljana from 2013 to 2020 (accessible at: <https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/strategija-socialnega-varstva/>).

The strategy was formed on the basis of the evaluation of previous strategies and the needs of different inhabitant groups. Among programmes for people with illicit drug usage issues, two approaches were established: the first, high-threshold approach, demands abstinence while the second, low-threshold approach is based on the principle of harm reduction and active drug usage consequences. The goal of the Strategy in the field of drugs is to support and monitor the activities and/or services of social care programmes, intended for people who use illicit drugs and/or are addicted, which will be carried out by spreading the network of daily centres for illicit drug users in the Municipality of Ljubljana, by stimulating additional field work with illicit drug users in the Municipality of Ljubljana and with the general support for different (existing or new) social care programmes, intended for people who use illicit drugs and/or are addicted, and a programme to increase public awareness on the topic of illicit drug.

### **1.1.6 Elements of the latest EU drug strategy 2013-2020 and of the EU drug action plans (2013–16 and 2017–20) directly reflected in your most recent national drug strategy or action plan?**

The Slovenian drug strategy is directly related to EU Drug Strategy in the following areas:

1. in reducing drug demand and reducing addiction, drug-related risks and damage to health and to the social status.
2. in preventing the illicit drug market and reducing the availability of illicit drugs.
3. in coordination and cooperation on drug challenges in the EU and internationally.
4. in strengthening dialogue and cooperation between the EU and third countries and international organizations, in particular in the Balkans and within the UN structures.
5. in the use and distribution of the results of research and evaluations and in a better understanding of all aspects of the phenomenon of drugs, including the understanding of the effects of different measures and activities, with the aim of obtaining a substantial and comprehensive basis for the preparation of various policies and activities.

## **1.2 Evaluation of national drugs strategies**

Jože Hren, Ines Kvaternik

### **1.2.1 Titles and timeframes of recent national drug strategy and action plan evaluations**

#### **Report on the execution of the Action plan in the field of illicit drugs 2017–2018**

On 8 September 2017, the Government of the Republic of Slovenia adopted the second two-year action plan for the years 2017 and 2018 as part of the Resolution on the National Programme on Illicit Drugs 2014–2020 (hereinafter: Resolution). The action plan contained a detailed specification of the objectives from the Resolution together with the means for their implementation, and specific tasks assigned to individual entities involved in their implementation. The action plan was prepared based on the Resolution, and the priorities and possibilities of individual departments, and governmental and non-governmental organisations involved in the implementation of the action plan.

The measures and activities included in the action plan were also selected based on their added value, and the defined and registered regular tasks and responsibilities of departments. In addition to the entities responsible for individual activities and involved institutions, the action plan also included expected results and the timeframe to execute the activities.

The overall objective of the resolution is to reduce and limit the harm deriving from illicit drugs use for individuals, families, and society. The resolution and its action plan contribute to a comprehensive and balanced approach to tackling the problem of illicit drugs in Slovenia which includes programmes to reduce both the demand and supply of illicit drugs.

As the ministry competent for addressing the issues with illicit drugs, the Ministry of Health was responsible to supervise the implementation of the action plan by appointing a designated work group to report on the execution of the action plan.

In the last years, worrying signs of increased drug production on the territory of the EU, closer to consumer markets, have been recorded. Technological progress simplifies such production, while the internet and darknet connect European producers and users with global markets. Furthermore, the rise in production of cocaine in South America currently has a great impact on the European market which brings greater health risks for European and also Slovenian users. This also poses more obstacles for law enforcement, since traffickers often change old supply routes. There are more and more evidence about the increased accessibility and use of crack cocaine in Europe which constitutes reasonable grounds for concern and require monitoring of the situation.

In the last two years, Slovenian and international politics, and expert and general public have seen initiatives and discussions about the possibilities of loosening the worldwide control over cannabis. At the same time, certain parts of the world are experiencing major problems and even death cases due to the so-called new psychoactive substances, in particular fentanyl. Thanks to the new EU legislation, information exchange about new psychoactive substances on the market and the control over them have intensified, whilst the time needed to prepare the risk assessment associated to these substances has been reduced.

We are convinced that the threat that drugs pose to public health and security in Europe continues to require a comprehensive, balanced, and coordinated approach in Slovenia, the EU, and international community.

According to the report on the execution of the action plan in the field of drugs for the period 2017–2018, the majority of the measures from this document were implemented and progress was achieved in accomplishing the resolution objectives. The action plan in the field of illicit drugs is for the most part consistent with the objectives contained in other relevant national policies and strategies in the fields of crime prevention, social security, and youth. The report (available together with the new action plan at <https://www.infodroga.si/>) was prepared jointly by representatives of all departments included in the process of implementation of the action plan, and representatives of various expert services (National Institute of Public Health, Centre for the Prevention and Treatment of Drug Addiction) and non-governmental organisations.

With regard to the legal framework, the 2017 amendments to the Decree on the Classification of Illicit Drugs deserve special attention. These amendments (Official Gazette of the Republic of Slovenia no. 14/17) namely regulate the use of cannabis for medical purposes. Cannabis together with its extracts and resins was entirely transferred from group I to group II of psychoactive substances. The main purpose for this action was to enable the use of standardised cannabis flos (still containing resin) for medical purposes.

Despite the consistency of strategic documents, and a high delivery rate of registered objectives and measures from the action plan, more efforts should be made to improve and intensify operations, integration, and networking between departments and with other shareholders. One of the challenges remains providing sufficient resources to finance proactive operations across the entire network of

programmes: from prevention of drug use and treatment of drug users to efficient operation of enforcement authorities.

In the future, the issues to be addressed include new psychoactive substances, prevention of all kinds of illicit drug trade activities (including online trade), and discussions on cannabis regulation reform. These issues should see an intensive international cooperation and coordination within the EU and the United Nations, since they exceed the possibility of action at national level.

In 2017, EUR 10,420,376.85 were allocated to implement the action plan in the field of illicit drugs in Slovenia. A similar amount from the state budget was allocated to tackle these issues in 2018.

### **Report on the execution of the Action plan in the field of illicit drugs 2017–2018 from the NGO perspective**

Non-governmental organisations which are members of the NGO Association operating in the the field of drugs and addiction (hereinfater NGO Association), non-governmental organisations financed by the Ministry of Health, and programmes contributing towards achieving the objectives of the action plan were invited to participate in the preparation of the report.

In 2017 and 2018, the NGO Association<sup>1</sup> took part in the policy- and decision-making processes in the field of drug use by actively participating in the meetings of the Commission on Drugs of the Republic of Slovenia.

In 2017 and 2018, NGOs were implementing various activities aimed at ensuring high-quality prevention programmes, and health and healthy lifestyle promotion programmes. Some of them are described below. As part of its street-based youth work (NewPrevent), Svit Association in that period implemented preventive activities with the aim to reduce the demand of drugs in the field. Thanks to regular field presence and various youth activities they managed to provide safe environments for leisure activities of youth in two neighbourhoods and nightlife venues and reduce risk factors in the environment.

The No Excuse Youth Network conducted peer workshops in Slovenian secondary schools where they addressed the adverse effects of cannabis, dispelled myths, and offered healthy alternatives. The Povežimo pike (Connect the Dots) workshops are intended to address the increased affinity towards the use of cannabis and the consequential rise in its use for psychoactive purposes among Slovenian youth.

Below are some of the programmes intended to train teachers and principals, students, and parents, conducted by NGOs in 2017 and 2018.

The Utrip Institute conducted a pilot run of the European Prevention Curriculum (EUPC) which covered all main areas of prevention science: basics, theoretical grounds of the programmes, prevention in various environments, advocacy etc.

The DrogArt Association conducted lectures intended for expert school workers and parents covering the use of drugs among young people. In addition, the Association responded to requests from schools to conduct workshops for students where expert workers identified drug use.

The street-based youth work programme of Svit Koper (NewPrevent) acted as a coordinator of the Prevention Group in the Municipality of Koper thus strengthening the cross-sectoral cooperation of the local community.

From June 2017 to November 2019, ŠENT – Slovenian Association for Mental Health was implementing the Dobre izbire ne škodijo (Good Choices Don't Harm) project which included the following activities:

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<sup>1</sup> In that period, the NGO Association had 13 members and 5 associate members implementing programmes associated to prevention, treatment, and harm reduction.

alternative ways of spending free time, social inclusion, workshops intended for young people in the field of formal and non-formal education, workshops on healthy lifestyles and right choices.

As part of its network of low-threshold programmes, the DrogArt Association implemented a harm-reduction programme intended for users of club drugs with the aim to strengthen the community approach and the existing network of low-threshold programmes in the field of social security. Their activities included the presence of young (peer) workers in nightlife venues, and working with vulnerable groups of young users of drugs during the day which included the receipt of drug samples for checking and coordination of other points for the receipt of samples which are part of the EWS system. In addition, the programme provided information (in person, online or over the telephone) as part of their guidance and information office.

Thanks to social rehabilitation programmes users were actively included in guidance programmes (for example UP Association established guidance offices in Ljubljana and Trbovlje) with the purpose to help them solve their current problems and include them in abstinence housing programmes.

During this period, harm-reduction programmes were continually implementing programmes which included illicit drugs users and their relatives (Svit Koper Association, POT Association from Ilirska Bistrica, Stigma Association from Ljubljana, ŠENT Association, JZ SOCIO, and other organisations), and homeless persons (Kralji ulice Association and other organisations) with continuous involvement of the local and broader community.

Ljubljana and also other parts of Slovenia demonstrate a great need for establishing various forms of housing support for illicit drugs users, like housing communities, safe houses for women, and programmes of social activation. In comparison with other target groups of homeless persons, a more intense and inter-disciplinary approach should be adopted with homeless users of illicit drugs, which cannot be accommodated with the existing financial means and human resources.

In 2017 and 2018, Kralji ulice Association provided one apartment for addicted users of illicit drugs as part of the individualised comprehensive housing support for homeless persons. To address shortage of such programmes in the South Primorska region, Svit Koper joined hands with the regional Red Cross association from Koper (shelter) where they housed a few drug users with particular difficulties.

In the field of harm reduction, 2017 and 2018 saw non-governmental organisations continuing their activities aimed at sensitizing local communities about the possibility of establishing a pilot programme which would entail a stationary or mobile safe room for illicit drugs users.

In addition, the NGO Association helped with the organisation of the conference entitled Healthcare and Social Security Hand in Hand to Tackle the Challenges of Public Drug Use which took place on 18 December 2018 at Faculty of Social Work in Ljubljana.

In 2018 DrogArt's drug checking services where users can anonymously send small drug samples to be subjected to paid or free-of-charge tests, was updated with the help of the project entitled Development and Upgrade of an Integrated Illicit Drug Checking Service and New Psychoactive Substances in Various Local Environments as part of the operation Development and Upgrade of a Network of Mobile Units for Drug Prevention Programmes and Drug-Related Harm Reduction Programmes – Lot 3, funded by the European Structural and Investment Funds. The existing drug checking system was updated to reduce the time needed to receive the results of the analysis (usually 1 week) and to also include quantitative results.

During this period, non-governmental organisations were taking active participation in the regional EWS groups as info points for the receipt of samples.

In 2018, DrogArt Association conducted two research studies. The research study which studied the use of drugs during sexual activity among men having sexual relations with men was conducted in collaboration with Škuc and Legebitra associations. In addition, the correlation between drug use and risky sexual behaviour was studied with the research study entitled Sex and the Nightlife: Risky Sexual Behaviour and Young People's Attitude Towards STIs. Both research studies were conducted as part of projects funded by the Ministry of Health.

In this period and with the purpose to provide continuous training for experts working in the field of drugs, the NGO Association organised its 2nd conference entitled Another Conference on the Use of Drugs Among Young People? Integration as the Key Factor of Success at Working with Young People Using New Psychoactive Substances.

In addition during this time non-governmental organisations operating in the field of drugs were actively entering international associations: the NGO Association operating in the field of drugs and addiction entered the Association of Service Providers in the Field of Homelessness and Socially Vulnerable Groups (Brezdomni - do ključa). A representative of the NGO Association attended the 4th European Harm Reduction Conference which took place on 21 November 2018 in Bucharest. The NGO Association also became part of the international Drug Policy Network SEE and one of its representatives participated at the annual assembly of the network in Belgrade. DrogArt Association is a member of the international NEW Net network with active members from various work groups (drug checking – T.E.D.I., peer intervention in nightlife settings – PINS, quality standards in nightlife settings –Party +).

### **1.2.2 Summary of the results of the latest strategy evaluation**

#### **Report on the execution of the Action plan in the field of illicit drugs 2017–2018:**

- The team was created by a core group of representatives from different Ministries that constitute the Republic of Slovenia Government Commission for Drugs, a representative of the NGOs and representatives from the National Institute of Public Health. The team's work was coordinated by the Ministry of Health.
- The report on the execution of the action plan.
- The complete action plan for 2017–2018.
- The realisation of a concrete task or its effect/result was treated as a criterion.
- A mixed qualitative method of process, outcome and summative assessment was carried out.
- Despite the consistency of strategic documents, and a high delivery rate of registered objectives and measures from the action plan, more efforts should be made to improve and intensify operations, integration, and networking between departments and with other shareholders. One of the challenges remains providing sufficient resources to finance proactive operations across the entire network of programmes: from prevention of drug use and treatment of drug users to efficient operation of enforcement authorities.
- In the future, the issues to be addressed include new psychoactive substances, prevention of all kinds of illicit drug trade activities (including online trade), and discussions on cannabis regulation reform. These issues should see an intensive international cooperation and coordination within the EU and the United Nations, since they exceed the possibility of action at national level.

#### **Report on the execution of the Action plan in the field of illicit drugs 2017–2018 from the NGO perspective:**

- Non-governmental organisations which are members of the NGO Association operating in the field of drugs and addiction (hereinafter NGO Association), non-governmental organisations financed by the Ministry of Health, and programmes contributing towards achieving the objectives of the action plan were invited to participate in the preparation of the report.

- The report on the execution of the action plan.
- The complete action plan for 2017–2018.
- The realisation of a concrete task or its effect/result was treated as a criterion.
- A mixed qualitative method of process, outcome and summative assessment was carried out.
- Non-governmental organisations involved in the preparation of this report deem that the level of efficiency with which the objectives of the action plan are being met, largely depends on the simultaneous and active collaboration of various shareholders, including financing entities and government authorities, local communities, health-care institutions, social security institutions, police, non-governmental organisations, and users.
- Given this, it is appropriate to establish a coordinating body to coordinate programme implementation and coherent operation of all shareholders involved in addressing drug use and addiction in a certain city. It is the opinion of non-governmental organisations that continuous implementation of existing programmes calls for the need to develop standards and norms (appropriate number of members of staff per number of programme users or activity).

### **1.2.3 Planned evaluations, annual progress reviews, mid-term, or final evaluations of current national strategy**

The Resolution on the National Programme on Illicit Drugs 2014–2020 presents a foundation for preparing three two-year action plans. An evaluation of this document is planned after the end of the period of validity of this National plan.

## **1.3 Drug policy coordination**

Andreja Belščak Čolaković, Ines Kvaternik

### **1.3.1 National drug policy coordination bodies**

The country's highest-level coordinating body in the area of illicit drugs is the Commission on Narcotic Drugs of the Government of the Republic of Slovenia, an interdepartmental authority that meets at least three times a year. The Commission is made up of representatives from nine ministries (Ministry of the Interior; Labour, Family, Social Affairs and Equal Opportunities; Justice; Defence; Education; Foreign Affairs; Agriculture; Finance; Health) and two representatives from two NGO Associations. Representatives from several other organizations may sit on the Commission: the Coordination of Centres for the Prevention and Treatment of Drug Addiction, the Prison Administration, Police, and the National Institute of Public Health.

The Ministry of Health, which is the Commission's Secretariat, and the Ministry of Interior are responsible for, respectively, the strategic and operational coordination of the programme, in the areas of drug demand and supply reduction.

Under the Act Regulating the Prevention of the Use of Illicit Drugs and on the Treatment of Drug Users, the Commission on Narcotic Drugs of the Government of the Republic of Slovenia promotes and coordinates the government policy, measures and programs for preventing the use of illicit drugs, reducing the demand for illicit drugs, reducing the harm associated with using illicit drugs, and for providing treatment and rehabilitation.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia also performs the following tasks:

- monitors the enforcement of provisions under conventions adopted by international authorities and international organizations;

- submits to the Government of the Republic of Slovenia a proposal for the national programme and measures for implementing the national programme;
- proposes measures for reducing the supply of illicit drugs;
- fosters international collaboration.

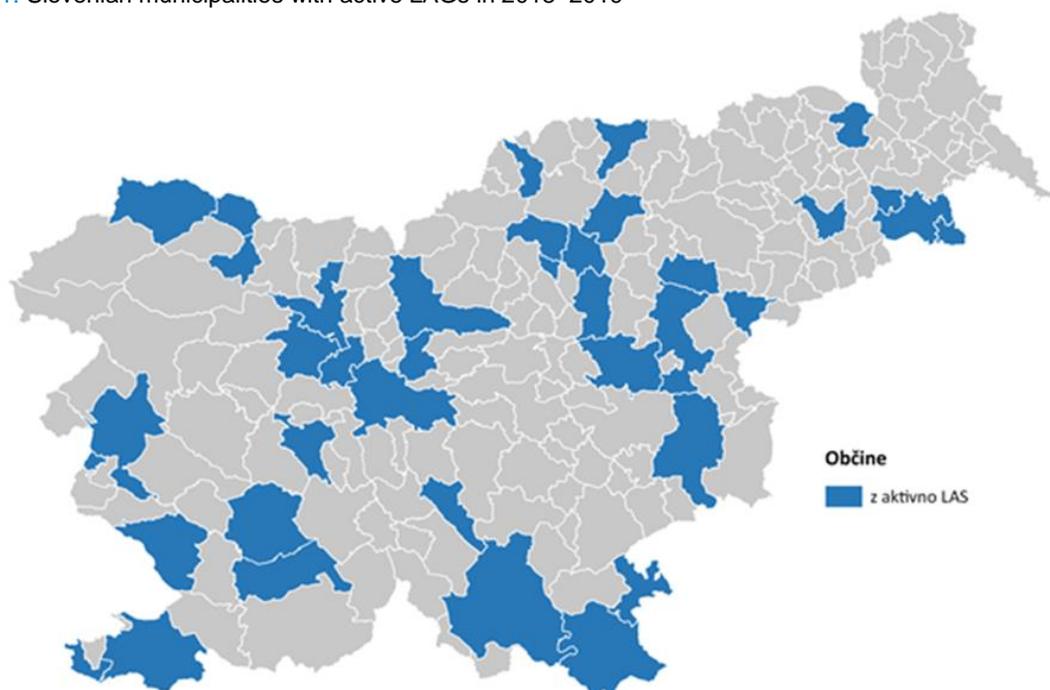
Among other things, the Commission reviews national annual reports on the drug situation in the country along with all other current topics related to illicit drugs, including any legislative proposals and initiatives. The Ministry of Health administers to the operational needs of the Commission on Narcotic Drugs by drawing up documentation and materials for meetings and by making sure, together with other competent ministerial sectors and institutions, that all resolutions passed by the Commission's sessions are implemented.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia and the Ministry of Health are responsible for coordinating activities in the area of illicit drugs at the government level. Within the Ministry of Health, the Health Promotion and Healthy Lifestyles Division is responsible for the day-to-day coordination of drug policy. At the local level, Local Action Groups (LAGs) continue to be the key coordinators of activities in local communities.

### Coordination at the local level

Currently, local and/or regional drug policies are coordinated by Local Action Groups (LAGs) which operate in the field of prevention of addiction where they have established as local promoters for achieving objectives of the national policy in the field of drugs. However, in recent years, their competences and number are in decline in local communities in Slovenia which has also been confirmed by the analysis of the situation which states the the number of active LAGs in Slovenia nearly halved (from 59 in 2009 to 33 LAGs operating on municipal and inter-municipal level in 2018) (Kvaternik et al., 2019). In the end of 2018, almost one fifth (20 %) of Slovenian municipalities had an active LAG operating in the field of prevention of addiction (40 out of 212 municipalities) with a fairly even distribution of these organisations across the country.

Figure 1: Slovenian municipalities with active LAGs in 2018–2019



Source: Overview of Operation of Local Action Groups in the Field of Prevention of Addiction in Slovenia (Kvaternik et al., 2019)

According to the analysis of the situation, most municipalities with active LAGs lack strategies and action plans in the field of prevention of addiction in the community. In addition, the analysis showed that prevention of addiction is usually included in youth work strategies. LAGs are funded from municipal budgets which cover the actual implementation of programmes and not the coordination.

The key objectives of LAGs operation are: promotion of health and healthy lifestyle in the communities, assessment of the addiction situation in the community, prevention activities in the field of addiction, bringing together various institutions, shareholders, and experts, raising expert and general public's awareness about the prevalence of the use of alcohol, illicit drugs, and tobacco, and other types of addictions in the community, raising awareness about efficient measures in the field of prevention of drug use, risky behaviours, and addiction, and reducing the use of drugs in local communities.

Due to a number of changes connected to the issues of the use of legal and illicit drugs and a widespread phenomenon of non-chemical addictions in local communities and their recognition in attempts to comprehensively address addictions, LAGs members should be made available regular, continuous expert trainings and meetings where they would have the opportunity to exchange experiences and good practices with expert support and guidance. At the same time, such activities would ensure continuous monitoring of the prevalence of addiction in local communities and identify local know-how about the needs of vulnerable groups of people. Based on the data acquired in the local environment, the key shareholders in the field of healthcare would get the incentive to effectively address the identified local needs, while the planned measures would find additional support in the local specifics.

In recent years, local communities in Slovenia have seen different community approaches in the field of promoting health and reducing inequality in healthcare. Integration of these projects would enable a more comprehensive community approach in the field of healthcare for all target population groups regardless of their functions. The integration of these projects, update of contents, and rationalisation of processes (coordination on national and regional level) would make the process of transferring good practices and know-how to the local level easier and more efficient. As proved by the above mentioned analysis of the situation, the key priority of the national policy in this field is to establish a common coordination body operating in the area of protection of public health in communities which would be responsible for harmonising project and programme activities on local level.

## 1.4 Drug related public expenditure

Mateja Jandl, Andreja Belščak Čolaković

### 1.4.1 Report on drug-related expenditure

Most operations against illicit drugs in Slovenia are financed from the state budget and the Health Insurance Institute of Slovenia. Additionally, the funds are acquired from various foundations and are contributed also by Slovenian municipalities that help to acquire appropriate premises for programmes.

In 2018 the *Ministry of Labour, Family, Social Affairs and Equal Opportunities* allocated EUR 3.122.159,30 to programmes pertaining to the issues of illicit drugs, of which EUR 1.992.959,30 was allocated for high-threshold and EUR 1.129.200,00 for low-threshold programmes. The Ministry of Labour, Family, Social Affairs and Equal Opportunities was one of the main co-financer of those programmes. The remaining funds were acquired from other sources such as local communities (municipalities), the Health Insurance Institute of Slovenia, memberships and contributions by users, the Foundation for Funding Disability and Humanitarian Organisations and others.

*The Ministry of Health* provided EUR 1.760.241,35 in 2018 for resolving drug-related issues, of which EUR 882.213,35 was allocated for the project “Mobile Units” and the funds were acquired from European funds.

*The Health Insurance Institute of Slovenia* allocated EUR 5.256.370,00 in 2018 to the operation of Centres for the Prevention and Treatment of Drug Addiction and for medications as well as other material costs in connection to substitution treatment of addictions (substitute drugs). An additional EUR 156.072,00 was contributed by the Health Insurance Institute for the purchase of material for safe drug injection, which was distributed to harm reduction programmes by the Koper Regional Office of the National Institute of Public Health.

*The Office for Youth of the Republic of Slovenia* annually co-finances the programmes of youth work organisations, including those that run prevention activities against various forms of addiction or risk behaviour regarding alcohol, tobacco and drug abuse, yet this prevention does not present the major part of their programme. In 2018, The Office for Youth contributed a total of EUR 58.416,00 to such programmes.

*The Foundation for Funding Disability and Humanitarian Organisations* allocated EUR 252.448,92 for helping addicts within the scope of various humanitarian organisations in 2018.

Out of all 212 Slovenian municipalities, 85 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. These local communities spent a total of EUR 904.567,32 on solving drug-related issues in 2018.

In 2018, the Slovenian Police spent a total of EUR 360.864,89 on combating illicit drugs.

Drawing from available data, an estimated sum of EUR 11.618.690,86 was allocated to the issue of illicit drugs in Slovenia in 2018.

The report only includes available reports on the funding of various programmes in connection to illicit drugs. The reports by some of the fund providers make it appear that various organisations and projects are funded as a whole, which makes it difficult to ascertain what share of the funds was spent on the implementation on the programme as a whole and how much was actually spent on drug-related issues alone.

## 1.4.2 Breakdown on the estimates of drug related public expenditure

Table 1. Break-down of drug related public expenditure

	Year	COFOG or Reuter's classifications	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programmes in the area of illicit drug addiction (MDDSZEM) <b>3.122.159,3</b>	2018	Social protection		Labelled	
Tackling the drug issue (MZ) <b>1.760.241,35</b>	2018	Health		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications <b>5.256.370,00</b>	2018	Health		Labelled	
Purchase of safe injection equipment (ZZZS) <b>156.072,00</b>	2018	Health		Labelled	
Programs of organizations in the area of youth work (Office for Youth) <b>58,416.00</b>	2018	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) <b>252.448,92</b>	2018				FIHO is a part of the public sector but not part of the General Government Sector, therefore The Classification of Functions of Government (COFOG) is not listed.
Co-financing of drug-related programs (85 out of 212 municipalities) <b>904.567,32</b>	2018	Social protection		Unlabelled	
Implementation of investigative measures and material and technical equipment of the police (MNZ) <b>350.864,89</b>	2018	Public order and safety		Unlabelled	

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### 2.2 Methodology

Ines Kvaternik

Local Action Groups (LAGs) operating in the field of prevention of addiction: overview of operation and proposals for further work

We conducted a two-part analysis of the situation. The first part of the analysis entailed an online survey involving a questionnaire that we prepared and distributed among all 212 Slovenian municipalities. The survey took place between 15 April and 22 May 2018 during which time the questionnaire was completed by 110 respondents. In some municipalities the questionnaire was completed by more than one LAG member. In such cases, we accumulated the data on municipality level. The survey enabled us to gain access to data from 85 municipalities. For the second part of the analysis, we invited representatives of the 33 remaining active LAGs to collaborate with us. 10 of them responded to our invitation, while 2 LAG representatives chose to send their answers by email. We organised three focus groups: one in Koper (on 22 January 2019), one in Ravne na Koroškem (on 28 January 2019), and one in Ljubljana (on 21 February 2019).

# **Legal framework workbook**

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## Summary

The area of drug-related crime in Slovenia is regulated by the Criminal Code and the Production of and Trade in Illicit Drugs Act. The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia. Offences related to the production of illicit drugs, illicit drug trade and possession of illicit drugs are set forth in the Production of and Trade in Illicit Drugs Act ("ZPPPD"). This area is broken down further by the Decree on the Classification of Illicit Drugs, which provides a detailed specification of illicit drugs in Slovenia and classifies them into 3 categories based on the severity of health hazard that may result from drug abuse. The adjudication procedure for minor offences is set forth in the Minor Offences Act. If certain conditions are met, the fine can be substituted for community service for the benefit of the general society or for the benefit of a self-governing local community.

The abovementioned Criminal Code defines two types of criminal offences involving drugs:

- Unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs (Article 186), and
- Rendering opportunity for consumption of illicit drugs or banned substances in sport (Article 187).

Individual prohibited acts as defined in Article 186 of the Criminal Code carry a sentence of 6 months to 15 years in prison. Individual prohibited acts as defined in Article 187 of the Criminal Code, however, carry a sentence of 6 months to 12 years in prison; in all cases, just like with Article 186, illicit drugs, banned substances in sport and drug use paraphernalia are confiscated.

In Slovenia, criminal sanctions in connection to illicit drugs range from minor offence, the mildest form of criminal sanction, which is punishable by a fine, to criminal offence, the most severe form of unlawful behaviour, which may carry a prison sentence. Article 33 of the Production of and Trade in Illicit Drugs Act provides for lighter penalties for those offenders who are found in possession of a smaller amount of illicit drug for one-time personal use if they choose to enrol in a treatment programme for illicit drug users or in social care programmes approved by either the Health Council or the Council on Drugs. In terms of criminal recidivism, criminal sanctions follow the general prevention principle, which is supposed to deter others from doing the same, as well as the principle of deterring convicted offenders themselves from relapsing into crime (special prevention principle).

Crime control in connection with new psychoactive substances is governed by the Criminal Code, the Decree on the Classification of Illicit Drugs and the Production of and Trade in Illicit Drugs Act and is implemented by the competent authorities. There is no special NPS legislation.

# 1. National profile

## 1.1 Legal framework

Andreja Belščak Čolaković

### 1.1.1 The characteristics of drug legislation and national guidelines for implementation

In Slovenia, drug legislation falls under the authority of the Ministry of Health, which is also responsible for its enforcement together with other competent ministries (Ministry of the Interior, Ministry of Finance – Customs, Ministry of Agriculture).

The Prison Administration, under the responsibility of the Ministry of Justice, is an authority in charge of enforcing criminal sanctions and organizing and running correctional facilities.

The area of drug-related crime in Slovenia is regulated by the Criminal Code<sup>2</sup> and the Production of and Trade in Illicit Drugs Act (»ZPPPD«)<sup>3</sup>. The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia. This area is broken down further by the [Decree on the Classification of Illicit Drugs](#)<sup>4</sup>, which provides a detailed specification of illicit drugs in Slovenia and classifies them into 3 categories based on the severity of health hazard that may result from drug abuse.

Illicit drug manufacturing and trade are prohibited by two articles of Slovenia's Criminal Code, articles 186 and 187:

- Unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs (Article 186), and
- Rendering opportunity for consumption of illicit drugs or banned substances in sport (Article 187).

Individual prohibited acts as defined in Article 186 of the Criminal Code carry a sentence of 6 months to 15 years in prison; and in all cases, illicit drugs, banned substances in sport and drug use paraphernalia are confiscated. The same applies to vehicles used for the transportation and storage of drugs or banned substances in sport if the vehicles have concealed compartments for the transportation and storage of drugs or banned substances in sport or if the owner of the vehicle knew or should have known the vehicle would be used for this purpose. Individual prohibited acts as defined in Article 187 of the Criminal Code, however, carry a sentence of 6 months to 12 years in prison; in all cases, just like with Article 186, illicit drugs, banned substances in sport and drug use paraphernalia are confiscated.

Slovenian criminal laws differentiate between minor and criminal offences:

A criminal offence is set forth in the abovementioned Criminal Code as any unlawful human act which the law defines as a criminal offence for the sake of safeguarding the core legal values and for which the law lays down constituting elements and sanctions to be imposed on the perpetrator once proven guilty. Article 43 of the Criminal Code lays down the sanctions that may be imposed on perpetrators proven guilty of committing a criminal offence. The sanctions are imprisonment, financial penalty, and prohibition against operating a motor vehicle.

The adjudication procedure for minor offences is set forth in the [Minor Offences Act](#)<sup>5</sup>. Article 6 of the Minor Offences Act defines a minor offence, or misdemeanour, as any act which represents a violation of the law, regulation adopted by the Government, decree adopted by a locally governed community,

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<sup>2</sup> Official Gazette of the Republic of Slovenia, No. 50/2012

<sup>3</sup> Official Gazette of the Republic of Slovenia, No. 108/1999

<sup>4</sup> Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16

<sup>5</sup> (Official Gazette of the Republic of Slovenia, Nos. 29/11 – official consolidated text, 21/13, 111/13, 74/14 – judicial decision of the Constitutional Court and 92/14 – judicial decision of the Constitutional Court)

any act as such which has been defined as a misdemeanour and for which a sanction has been prescribed. Article 4 of the Minor Offences Act lays down sanctions for committing minor offences. The following sanctions are prescribed: fine, reprimand, penalty points added to the driver record with revocation of the driving licence and prohibition against using the driving licence, prohibition against operating a motor vehicle, deportation of an foreigner, seizure of items, forfeiture or limitation of the right to receive funding from the budget of the Republic of Slovenia and budgets of self-governed local communities, exclusion from public procurement procedures, and correctional measures. If certain conditions are met, the fine can be substituted for community service for the benefit of the general society or for the benefit of a self-governing local community.

It should be highlighted here that in 1999 the National Assembly passed not only the aforementioned Production of and Trade in Illicit Drugs Act ("ZPPPD") but also the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users ("ZPUPD")<sup>6</sup>. The latter Act, in effect, lays down measures and activities aiming to help reduce the demand for drugs. The measures and activities include various information campaigns and prevention programmes, healthcare and social activities, harm reduction programmes and activities associated with monitoring and analyzing the issue of drug use. The ZPUPD also defines, among others, methods for dealing with illicit drug users, which include treatment and resolution of social problems associated with illicit drug use. Treatment of illicit drug users is provided through inpatient and outpatient treatment programmes approved by the Health Council. Under this Act, the term treatment also encompasses methadone maintenance and other substitution therapies approved by the Health Council. To provide outpatient services for the prevention and treatment of addiction, Centres for the Prevention and Treatment of Illicit Drug Addiction were set up as part of the public health service system at primary level.

### **1.1.2 How do the penalties vary by drug / quantity / addiction/ recidivism**

Article 186 paragraph 2 and Article 187 paragraph 2 of the Criminal Code lay down aggravating factors relevant to criminal acts of unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs, and to criminal acts of rendering opportunity for consumption of illicit drugs or banned substances in sport. If aggravating factors are found to exist, the prescribed prison sentence for the offender increases to 3–5 years and to 1–12 years respectively. Aggravating factors include selling, offering or handing out free of charge any illicit drug, banned substance in sport or precursor for illicit drugs:

- to a minor, mentally challenged person, person with a transient mental disturbance or severe mental retardation, or person in recovery from addiction or in rehabilitation;
- in educational institutions and their immediate surroundings, prisons, military units, public places, or at public events and gatherings;
- by a public servant, priest, physician, social worker, teacher or childminder, a person taking advantage of their position of authority or soliciting a minor to commit the act in question.

Article 186 paragraph 3 sets forth another aggravating factor, one that is relevant to criminal offences committed within a criminal organization; if this factor is found to exist, the prescribed prison sentence increases to 5–15 years.

With the Production of and Trade in Illicit Drugs Act ("ZPPPD"), Slovenia *de jure* decriminalized possession of small amounts of illicit drugs for one-time personal use. So under the ZPPPD, possession of small amounts of illicit drugs, cannabis included, is classified as a minor offence carrying a very light financial penalty or fine. In its decision U-I-69/06-16, the Constitutional Court ruled that prison sentences may no longer be imposed for minor offences after the end of the transitional period as set forth in Article

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<sup>6</sup> Official Gazette of the Republic of Slovenia, No. 98/1999

223 of the Minor Offences Act ("ZP-1"). As a result, procedures need to be run pursuant to the Minor Offences Act, meaning that fast-track procedures are generally used in cases involving minor offences, unless the Minor Offences Act provides otherwise.

Under the Production of and Trade in Illicit Drugs Act, a minor offence is therefore only punishable by a fine and not imprisonment, which used to be an alternative form of sentence for this type of minor offences. Obligatory confiscation of illicit drugs is prescribed for minor offences under the Production of and Trade in Illicit Drugs Act.

Slovenia's legislation (the Production of and Trade in Illicit Drugs Act and the Criminal Code) does not specify the amount of illicit drugs for one-time personal use. Still, the police can determine whether it is a criminal offence or merely a minor offence by looking at all the ascertained facts in a case, such as the amount in possession, how illicit drugs are packed, the offender's actions, and so on.

Under Article 33 paragraph 1 of the Production of and Trade in Illicit Drugs Act, a minor offence involving the possession of illicit drugs in violation of this Act is punishable by a fine of anywhere between EUR 208.64 and EUR 625.93. A minor offence involving the possession of a small amount of illicit drugs for one-time personal use results in a fine of anywhere between EUR 41.72 and EUR 208.64. In line with the provisions of the foregoing Act, a perpetrator of an offence listed under paragraph 1 of this Article who is found in possession of a small amount of illicit drug for one-time personal use and a perpetrator of an offence listed under paragraph 2 may receive a lighter penalty if they choose to enroll in a treatment programme for illicit drug users or in social care programmes approved by either the Health Council or the Council on Drugs.

To sum up, upon confiscation of illicit drugs, the police employ Article 33 paragraph 1 of the Production of and Trade in Illicit Drugs Act when a person is found in possession of an amount larger than for one-time use and when the police fail to prove during the procedure that the illicit drug found in possession was meant for resale or they find no signs of criminal intent. Minor offences of this type are very rare, though. With regard to paragraph 2 of the same Article, the above applies when a person is found in possession of a very small amount of illicit drug – most of the minor offences dealt with by the police fall under the scope of this Article.

With regard to criminal recidivism, criminal sanctions follow the general prevention principle, which is supposed to deter others from doing the same, as well as the principle of deterring convicted offenders themselves from relapsing into crime (special prevention principle).

### **1.1.3 Legislation designed to control New Psychoactive Substances**

In Slovenia, crime control in connection with new psychoactive substances is governed by the Criminal Code, the Decree on the Classification of Illicit Drugs and the Production of and Trade in Illicit Drugs Act and is implemented by the competent authorities.

## 1.2 Implementation of the law

Mateja Jandl, Andreja Belščak Čolaković

### 1.2.1 Data on sentencing practice related to drug legislation

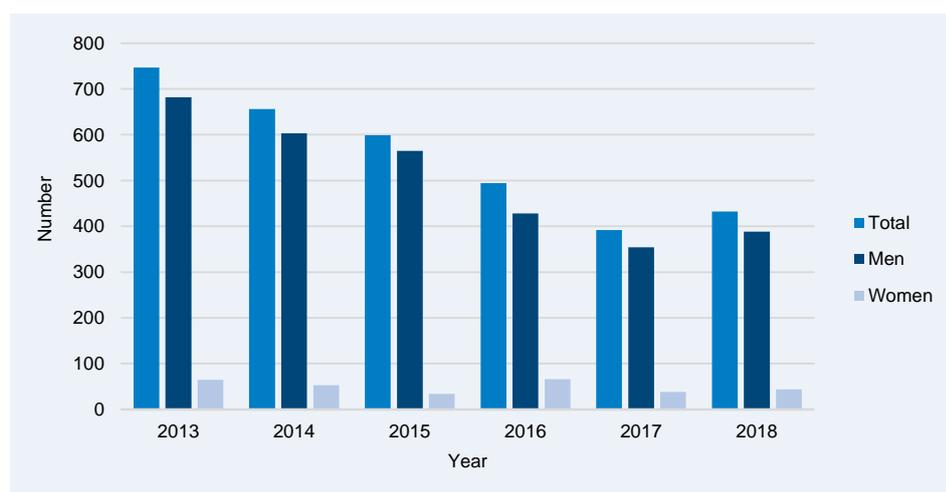
Table 1 and Figure 1 give an overview of the number of prison sentences (conditional and unconditional altogether) for adult offenders in Slovenia in the past six years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code<sup>7</sup>.

**Table 1.** Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults

	2013	2014	2015	2016	2017	2018
Men	682	603	565	428	354	388
Women	65	53	34	66	38	44
<b>Total</b>	<b>747</b>	<b>656</b>	<b>599</b>	<b>494</b>	<b>392</b>	<b>432</b>

**Source:** Statistical Office of the Republic of Slovenia

**Figure 1.** Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults



**Source:** Statistical Office of the Republic of Slovenia

Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past six years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

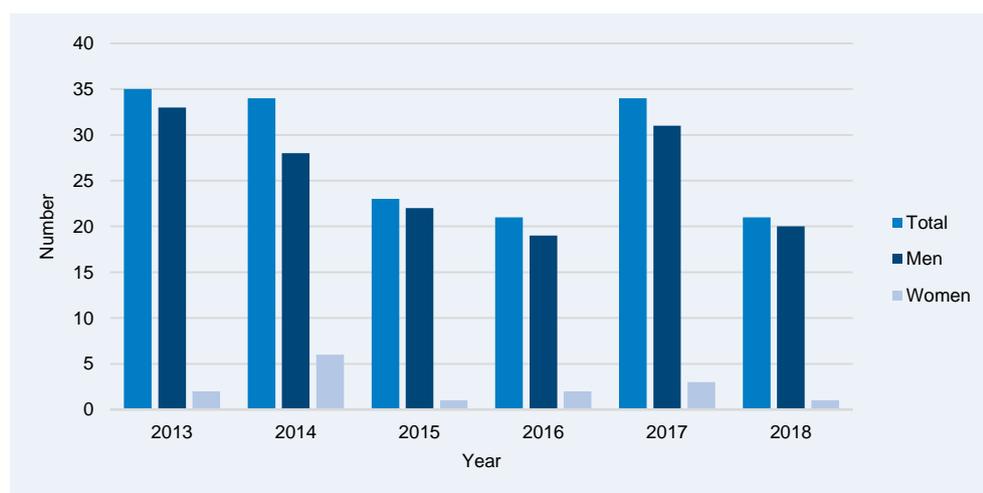
**Table 2.** Main sentences for drug-related criminal offences – convicted minors

	2013	2014	2015	2016	2017	2018
Men	33	28	22	19	31	20
Women	2	6	1	2	3	1
<b>Total</b>	<b>35</b>	<b>34</b>	<b>23</b>	<b>21</b>	<b>34</b>	<b>21</b>

**Source:** Statistical Office of the Republic of Slovenia

<sup>7</sup> Source: Statistical Office of the Republic of Slovenia (SURS)

Figure 2. Main sentences for drug-related criminal offences – convicted minors



Source: Statistical Office of the Republic of Slovenia

More information is available on the website:

<http://www.stat.si/StatWeb/pregled-podrocja?idp=60&headerbar=8>.

### 1.2.2 Data on sentencing practice related to legislation designed to control NPS

In Slovenia, new psychoactive substances are treated equally as the rest of the substances regulated by the Decree on the Classification of Illicit Drugs.

### 1.2.3 Why implementation might differ from the text of laws

While the Criminal Code does not provide any special mitigating factors, in practice the amount and type of illicit drug or substance and the offender's personal situation are taken into account when determining the sentence. In accordance with the general sentence reduction limits set forth in Article 51 of the Criminal Code, prison sentences may be reduced within the following limits:

- 1) if a criminal offence carries a minimum prison sentence of fifteen years, the sentence may be reduced to ten years;
- 2) if a criminal offence carries a minimum prison sentence of three years or more, the sentence may be reduced to one year;
- 3) if a criminal offence carries a minimum prison sentence of one year, the sentence may be reduced to three months;
- 4) if a criminal offence carries a minimum prison sentence of less than one year, the sentence may be reduced to one month;
- 5) if a criminal offence carries a prison sentence but no minimum prison term is specified, payment of a fine may be imposed in place of the prison sentence.

The court may choose to reduce the sentence if the perpetrator pleads guilty in exchange for a proposed reduced sentence, or if the perpetrator admits guilt in agreement with the public prosecutor:

- 1) if a criminal offence carries a minimum prison sentence of ten years or more, the sentence may be reduced to three years;
- 2) if a criminal offence carries a minimum prison sentence of three to ten years, the sentence may be reduced to three months;
- 3) if a criminal offence carries a minimum prison sentence of less than three years, the sentence may be reduced to one month;

- 4) if a criminal offence carries a minimum prison sentence of less than one year, payment of a fine may be imposed in place of the prison sentence.

Slovenia has no publicly accessible prosecution or sentencing guidelines – drawn up by the police or public prosecutors – for this type of criminal offences. Individual prosecutors' offices keep their own records of imposed sentences and fines and consult these records before proposing sentences in individual cases.

## 2. Trends

Andreja Belščak Čolaković

### 2.1 Changes in penalties and definitions of core offences in the legal framework since 2000

With the Production of and Trade in Illicit Drugs Act passed in 1999, Slovenia decriminalized possession of small amounts of drugs for personal use. This Act serves as a legal basis for dealing with drug offenders and has not undergone any change in substance since 1999.

In 2005 a new Minor Offences Act entered into force. As the umbrella offence act it modified the provision of the ZPPPD, i.e. that a prison sentence rather than a monetary penalty can be imposed for drug-related offences. Since then (2005) a prison sentence cannot be imposed under the mentioned offence laws.

## 3. New developments

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### 3.1 Changes in laws

#### **Decree on the Classification of Illicit Drugs**

The latest amendments and additions to the Decree on the Classification of Illicit drugs (Official Gazette of the Republic of Slovenia no. 45/14, 22/16, 14/17, and **4/19**) have transposed to Slovenian legislation the provisions of the Directive (EU) 2017/2103 of the European Parliament and of the Council of 15 November 2017 amending Council Framework Decision 2004/757/JHA in order to include new psychoactive substances in the definition of 'drug' and repealing Council Decision 2005/387/JHA (OJ L 305 of 21 November 2017, p. 12) which provides regulation for 19 new psychoactive substances. Fourteen of these substances had already been regulated in Slovenia before.

At its regular session in March last year, the United Nations Commission on Narcotic Drugs adopted a resolution on the regulation of 12 new psychoactive substances. Half of these substances had already been regulated in Slovenia, while the rest of them were included in the list of illicit drugs based on the amendments and additions adopted in January of this year.

International Narcotics Control Board prepared a list of 93 fentanyl for which no known legal use has been identified. 13 of the fentanyl included in this list had already been regulated in the Republic of Slovenia and the rest of them were also included in the illicit drugs list. Some of the substances from

this list were also included in the two lists contained in the directive and decision of the United Nations Commission on Narcotic Drugs.

The National Institute of Public Health prepared a risk assessment for the kratom plant, according to which kratom, along with two active substances (mitragynine and 7-hydroxymitragynine) found in it, was classified as an illicit drug due to the health risk associated with its use. This was the first time that an expert assessment of the health risks associated with a substance was conducted in Slovenia to become the basis on which conclusions were drawn to regulate the considered substances.

Based on the proposal for amendments and additions, a total of 89 psychoactive substances were classified as Group I illicit drugs.

### **Rapid safety/risk assessment for kratom (*Mitragyna speciosa*)**

In the first six months of 2018, the operative department of the General Finance Office of the Financial Administration of the Republic of Slovenia discovered two postal items that contained kratom. Following the discovery, the operative department transmitted the information through the Early Warning System for the emergence of new psychoactive substances. In February 2018, they discovered two postal items containing 3 and 4kg of kratom, and in June 2018 they discovered two shipments with 5 and 1kg of kratom. The shipments were sent from Indonesia and contained olive-coloured kratom powder. Further research revealed that kratom is being sold in Slovenia online at <https://www.nootropics.si/trgovina/kratom-pontianak-red-horn/>.

On 23 March 2018, the Early Warning System for the emergence of new psychoactive substances received a notification from the EU Early Warning System (EU EWS) which reported numerous cases of poisoning with salmonella-infected kratom in the USA (EU Early Warning System Briefing, Multistate outbreak of Salmonella infections linked to kratom products – Multiple States, United States, 2017-2018). On 6 February 2018, the US Food and Drugs Administration (FDA) also published a written statement on their website about the scientifically proven presence of opioid components in kratom.

In ten EU countries (Denmark, Estonia, Finland, Italy, Latvia, Lithuania, Poland, Portugal, Romania, and Sweden) and in Turkey, kratom is a controlled substance. According to the legislation in the field of illicit drugs or new psychoactive substances, the majority of countries listed kratom as a narcotic and psychotropic substance, or as a new psychoactive substance.

Based on the above, the National Institute of Public Health, in its role as a coordinator of the Early Warning System for the emergence of new psychoactive substances, submitted a proposal to the Ministry of Health of the Republic of Slovenia to call a meeting addressing the possible control of the kratom substance. At the meeting, which took place on 9 July 2018, the Ministry of Health requested of us to prepare a rapid safety/risk assessment and draft suitable measures aimed at protecting public health in Slovenia.

#### **Conclusion:**

The existing pharmacological, pharmacokinetic, clinical and toxicological data are not sufficient to draw conclusions about the safety and efficacy of kratom used in medicines and even in nutritional supplements.

Given the uncontrolled use, accessibility, and the obvious increase in use, we take the view that kratom, which has been proven to have opioid and  $\alpha$ 2-receptor agonist effects, represents a serious risk to public health. This is especially true for combinations involving kratom and alcohol or other drugs.

Uncontrolled accessibility of kratom represents additional risks for those users seeking products to relieve chronic pain, or those who intend to use kratom to relieve opioid withdrawal symptoms, since

active substances content in products may vary considerably. In addition, products may contain numerous other substances or impurities.

### **Probation act**

The Probation Act has been adopted in Slovenia and entered into force on 17 July 2017 (Official Gazette of the Republic of Slovenia, no. 27/17). Probation as a term is yet to be established in Slovenia, and the act itself will contribute to the promotion of the term and its recognition. Probation manages criminal offenders with short-term sentences and supervises their behaviour with the purpose of eliminating the causes that influenced the offenders in committing the criminal offence. It is essential that the person remains in his/hers living and working environment. At the same time, the person on probation is limited by the fact that certain obligations must be fulfilled.

This act establishes a common national authority that will implement the execution of community sanctions, i.e. serving a suspended sentence with probation-type supervision, conditional release with probation-type supervision, performing community service as a manner of serving custodial sentence or monetary penalty as well as house imprisonment in accordance with the Criminal Code. Probation also includes the execution of (probation) measures in the pre-criminal (pre-trial) proceedings, i.e. performing community service in accordance with the settlement proceedings or under suspended prosecution, eliminating or settling damage under suspended prosecution in accordance with the Criminal Procedure Act, and performing community service in accordance with the Minor Offences Act (Act on Misdemeanors).

The Slovenian Probation Administration as a body within the Ministry of Justice will have a central unit headquartered in Ljubljana, and five probation units in Ljubljana, Maribor, Celje, Koper and Novo mesto. Based on the judgement or the final decision of the court, the conditional release commission (within the ministry of justice) or the state's prosecution office, the probation officer will invite the person to the probation unit and present the professional treatment (management) process, to jointly prepare a personal plan of executing (implementing) the imposed sentence and/or alternative sanction. If the decision includes additional mandatory probation measure (e.g. obligations or instructions such as social skills training, treatment), the probation officer assists in finding an appropriate programme and the provider). The probation officers shall regularly inform the imposing authority on the implementation of the imposed sentence and/or alternative sanction.

Therefore, probation units will also manage or deal with criminal offenders (or suspects) such as drug users. They will be sent to the probation system by decision of courts or state's prosecution office, and by prisons if such person is subject to an early release under probation-type supervision. The treatment of drug users consequently imposes obligation to probation service to accordingly train/educate probation officers, to establish good knowledge of drug users' programmes network, to connect with existing programmes and public services, to develop new customized work methods and treatments, to analytically monitor this sensitive area etc.

Professional treatment of people in the probation, i.e. also drug users, includes assisting to identify the causes leading to criminal offence execution, to eliminate these causes, to resolve personal distress and problems, to arrange living circumstances and (re)establishing acceptable forms of behaviour. Probation strives to deter criminal wrongdoing, to consequently reduce the level of recidivism and to enhance the prospects of the sentenced person being reintegrated into society.

In 2017, several activities were carried out to prepare the act, bylaws and activities to prepare all conditions for the operation of the Slovenian Probation Administration. The execution of probation tasks started in 2018.

Various international practises and standards have been analysed to prepare the content of probation in Slovenia and several study trips were conducted to Norway, Ireland, Northern Ireland and Croatia. When establishing the probation concept and adapting it to the Slovene environment and conditions, good practices and experience have been included.

In 2017, a collaboration with several organisations and societies that run social security programmes in the field of providing assistance to vulnerable groups of people (issues with mental health, homeless people, excessive drinking and illicit drugs addiction, violence etc.) has started. Probation associates have also taken part in several professional training sessions (such as expert meeting on alternatives to coercive sanctions as response to drug law offences and drug-related crimes).

In addition to different organisational, technical and content-related preparations to enforce the Probation Act, human resources management have also started in 2017. The Slovenian Probation Administration employed experts from social work centres and the prison system. They are social workers, social pedagogues, psychologists, sociologists and lawyers by profession, specialized to work with offenders (and illicit drug addicts). In addition to all above, the Probation Administration is aware of the necessity of permanent professional education and training needs.

In 2017, Probation Act was adopted in the Republic of Slovenia, while the execution of probation duties started on 1 April 2018. In the first few months, the focus was mostly on the organisational and human resource issues attached to the operation of probation units. Expert workers were offered basic training and introduced to the guidelines directing the work of probation officers.

For every person included in probation, a personal plan and objectives are prepared which the person then pursues with the help of an adviser. At the same time, other organisations and associations covering specific fields of support may be invited to collaborate. As of last year, we have worked with many organisations and associations implementing social-security programmes in the field of mental health, addiction, employment, behavioural issues etc.

In May, two health and social-security experts from the Ljubljana Vič Rudnik Centre for Social Work and the Alcohol Dependence Treatment Unit of the Psychiatric Clinic Ljubljana held a lecture on the treatment of persons facing alcohol dependence and excessive alcohol consumption issues. Harmful alcohol consumption can be identified in many of the persons included in probation. Therefore, it is especially important to be acquainted with the alcohol dependency treatment system and the experiences associated with it.

In connection with the treatment of persons who have issues with addiction and are imposed alternative sanctions, most commonly collaboration was conducted with health centres, psychiatric clinics, and non-governmental organisations, including: Vir Institute, Projekt Človek, Zdrava pot Association, Socio Celje Institute, Treated Alcoholics Clubs from Velenje, Nova Gorica, Ljubljana, Vrhnika, and Kamnik, Stigma Association, Žarek upanja Association, Sopotje Association, Pelikan Karitas Institute, and Srečanje Association.

A psychologist from the Probation Administration conducted a lecture in the field of cognitive behavioural therapy and personality disorders for all probation officers. The officers also attended workshops on motivational interviews conducted by a psychiatrist with a long-standing practice in the treatment of persons experiencing alcohol addiction and mental disorders.

A number of activities were implemented on the national and international level. The Probation Administration actively participated with its presentations at the following events and organisations: Days of Criminal Justice and Security, Association of Vocational Rehabilitation Providers, the minor offences training event, the Criminal Law and Criminology Conference etc. On international level, they

presented the article Establishing Probation Service in Slovenia & Identifying Special Treatment Needs (Timișoara, 2018) at the 7th Specto Conference.

National and international collaboration is critical to this new body, since it contributes towards identifying the role and importance of sentence enforcement within the community and at the same time enables exchange of good practices and know-how which fosters the development of probation services.

In 2018, (from 1 April to 31 December) the Probation Administration dealt with 2,126 cases.

## **Tobacco**

Tobacco control measures in Slovenia are set out in two separate laws: The law on restricting the use of tobacco and related products (Official Gazette of the Republic of Slovenia, No.9/2017 and 29/2017), under the responsibility of the Ministry of Health, and the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016), under the responsibility of the Ministry of Finance. The former includes a large majority of government measures for tobacco control, except for taxation of tobacco products, which is provided for in the Excise Duty Act.

The first version of the Restriction of the Use of Tobacco Products Act was passed in 1996 and was one of Europe's most progressive laws at the time. The most important measures under this Act included: advertising restrictions; textual health warnings on tobacco products' packaging; smoking ban in public places, in the workplace and in catering and hospitality establishments except in designated sections separated from non-smoking areas; a total smoking ban inside educational and healthcare institutions; ban on vending machines selling tobacco products, and a prohibition of selling tobacco products to anyone younger than 15. A ban on selling tobacco for oral use came into force in 2002, followed in 2015 by a prohibition of sponsoring any event, activity or individual and a ban on any shape or form of direct or indirect advertising and promotion of tobacco and tobacco products except at points of sale. A total smoking ban in all enclosed public spaces and workplaces (allowing the option of setting up designated smoking cabins which must meet specific technical requirements), imposed in 2007, significantly reduced inhabitant's exposure to tobacco smoke not only in the enclosed places affected by the ban but also at home. The age limit to buy tobacco products was raised from 15 to 18 years. In 2013 Slovenia was among the most active EU countries seeking to include as stringent public health measures as possible in the context of preparation of the new Directive on the harmonisation of the laws and other regulations of the Member States relating to the manufacture, presentation and sale of tobacco and related products. In the beginning of 2017 the new Law on restricting the use of tobacco and related products was passed in Slovenia. It includes provisions from the new European Directive along with additional national tobacco control measures. Most of tobacco control measures from the new have already come into force (large pictorial health warnings on packs of tobacco products for smoking, complete ban on advertising, promotion and display of tobacco products, licences for selling tobacco products and ban on cigarette and roll-your-own tobacco with characterising flavours other than menthol). Plain packaging for cigarettes and roll-your-own tobacco packets and ban on menthol characterising flavour in cigarettes and roll-your own tobacco, will enter into force in on 1st of January 2020. Related products, such as electronic cigarettes and herbal cigarettes, are equally regulated compared to tobacco products in banning advertising, promotion, display, banning sales to minors, banning use in enclosed public and working places and requiring licenses for selling. Smoking/use of tobacco and related products is also banned in cars in the presence of minors. In June 2019 a proposal to delay plain packaging for another three years, signed by a group of parliamentarians, was released, but did not get the necessary support and there will be no delay in plain packaging implementation.

The tax rate and structure for tobacco products changed over the last decade, most significant changes resulting in more substantial price increases were implemented between 2011 to 2013, later price

increases were small. Prices of tobacco products in Slovenia are constantly among lower in the European Union. In 2018, the price level of tobacco products in Slovenia was substantially below the European Union average, i.e. 68%. In June 2019, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.10 to EUR 4.30, same as in the beginning of 2018. Weighted average price of a package of cigarettes remains at 3.51 EUR since January 2016. There are substantial price differences between various tobacco products, for example factory-made cigarettes and loose tobacco for roll-your-own cigarettes. The Excise Duty Act, which came into force in August 2016, includes excise duties for electronic cigarettes and heat-not-burn tobacco products.

Studies performed in 2018, after the new law was implemented, show that prevalence of smoking among adolescents and young adults decreased significantly in comparison to the time before the law was introduced. Prevalence of smoking among general population did not change, but average number of cigarettes smoked significantly decreased. World Health Organization collaborative cross-national survey Health Behaviour in School-aged Children (HBSC) showed that between 2014 and 2018 the prevalence of ever smoking of tobacco among 13-year-olds decreased from 14.2% to 10.4%, and among 15-year-olds from 40.0% to 28.6%. Prevalence of weekly and daily tobacco smoking also significantly decreased among 15-year-olds (weekly tobacco smoking: from 13.1% in 2014 to 8.8% in 2018; daily tobacco smoking: from 8.6% in 2014 to 5.4% in 2018). Another study on convenient sample of over 1200 adolescents from 2nd grades of secondary schools all over Slovenia showed that prevalence of ever smoking of cigarettes decreased from 58.7% in 2017 to 50.4% in 2018, weekly cigarette smoking from 21.1% in 2017 to 17.5% in 2018 and daily cigarette smoking from 14.2% in 2017 to 11.5% in 2018. Provisional data from National survey on tobacco, alcohol and other drugs show that prevalence of tobacco smoking among inhabitants, aged 15 to 64 years of age, remains close to a quarter (23.9%), but prevalence in age group of young adults (15 to 24 years) decreased significantly from 25.2% in 2012 to 19.3% in 2018. While prevalence of smoking among inhabitants aged 15 to 64 did not change significantly, average number of cigarettes smoked per day among daily smokers decreased significantly from 16.3 in 2012 to 15.1 in 2018. Beside increases in prices, which were not significant after 2013, there were no other major new measures or programmes during the observed period, so we can attribute a significant part of the favourable changes in smoking behaviour to the measures from the new law and intensive discussions and media presence before its implementation. To experience the full effect of the measures in the new law it is necessary to wait for the implementation of all measures, to ensure the maximum compliance and to allow sufficient time for the measures to show their maximum effect as these measures are long-term by nature. It should be noted, however, that significant percentages of inhabitants and youth still report exposure to advertising, display and promotion of tobacco products, which signals the presence of violations of the law and this may decrease the impact of its measures.

In accordance with the law first tobacco control strategy was prepared and released for public consultation, which ended 5th of August 2019. Also, a coordination group consisting of representatives of the Ministry of Health, Ministry of Finance, Ministry of Education, Science and Sport, public administration authorities responsible for the supervision of the provisions of the law, the National Institute for Public Health, National Laboratory for Health, Environment and Food and non-governmental organizations involved in the implementation of prevention was set up and will have the task to monitor the impact of the use of tobacco and related products on public health, the implementation of the law, strategies for mitigating the consequences of tobacco use and implementation plans.

#### Advocacy

In 2018 and the first half of 2019, non-governmental organisations were active in advocating strict compliance to the measures in The law on restricting the use of tobacco and related products and made huge efforts in preventing delay in plain packaging. They continued with Mystery Shopping activities,

especially to show first effects of implementation of permits to sell tobacco products end of 2018 and beginning of 2019.

### **Act Restricting the Use of Alcohol and Excise Duty Act**

In the past years, there were two proposals in Slovenia to amend the Act Restricting the Use of Alcohol (ZOPA) (Official Gazette of the Republic of Slovenia, No. 15/03) from 2003, which prohibited the sale and offer of alcohol in facilities and functional land where education and health activities are performed, at sport facilities where sport events take place, i.e. one hour before the start and during the sport event, and during working hours in the workplace.

The first proposal was submitted in 2015 and was, after the consideration of the Health Care Committee, assessed as inappropriate for further consideration.

In 2017 a group of MPs submitted a supplemented Proposal of the Act Amending the Act Restricting the Use of Alcohol (ZOPA-A) for consideration to the General Assembly, and this act would, after almost twenty years, once again permit the sale and offer of alcohol at sport events with the aim to stimulate the financing of sport organisations with income from the sale of alcohol.

The Government of the Republic of Slovenia, the National Council Commission for social protection, work, health care and the disabled, the National Institute of Public Health, all professionals, non-governmental organisations and the general public (public opinion research) did not support the proposed amendments.

All stakeholders warned that alcohol and sport are not compatible and that the sale and offer of alcohol at sport events would contribute to enhanced accessibility and increased marketing of alcohol. This would also strengthen the positive relation between drinking alcohol and sport, whereas, research shows that positive attitudes towards alcohol have a significant impact on the use of alcohol, which is on a quite high level in Slovenia.

Despite opposition, the proposal of the new act (ZOPA-A) was adopted on 17 June 2017. According to the ZOPA-A, the sale or offer of alcohol beverages containing less than 15 volume percent of alcohol (e.g. beer and wine, not spirits) can be sold or offered at sport facilities and functional land one hour before the start and during a public sport event. The organiser must acquire a permit issued by the administrative unit to sell or offer alcohol beverages at public events. Despite the fact that the act introduced the possibility of the sale and offer of alcohol at sport events, a doubling of the fines for violating legal provisions were introduced, i.e. for the sale of alcohol to minors or intoxicated people.

In Slovenia, excise duties on alcohol drinks have not changed since 2014. Excise subjects, small beer producers and small spirits producers pay a 50 % lower excise duty (max. 20,000 hectolitres of beer per year and 150 litres of 100 vol. % spirits per year). In 2016 the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/16) introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty. The permitted quantity of wine for own use amounts to a max. 600 litres per household or agricultural undertaking in a calendar year, and a quantity of beer that does not exceed 500 litres is considered as being for own use. The zero excise duty level for wine has also been preserved.

The Ministry of Finance opposes the increase of excise duty on wine. Currently, partial taxation is in effect with excise duty on beer, intermediate drinks and ethyl alcohol only. There is no excise duty on wine and fermented drinks. Excise duties are not being regulated with the inflation.

In 2019 Slovenian traffic safety agency (AVP) proposed the following changes to the Road traffic rules act on driving under the influence of alcohol and drugs. (i) lowering permitted blood alcohol level in all drivers (from 0,5 g/l to 0,0 or 0,2 g/l), (ii) lowering blood alcohol level to enter mandatory rehabilitation

programmes (to 0,8 g of alcohol per litre of blood), (iii) longer period of driving licence withdrawal, (iv) separate rehabilitation programmes for drivers driving under the influence of drugs and (v) introduction of additional measurements regarding re-offenders such as alco-locks In June 2019, a symposium and panel debate on these issues was organised by AVP and held in National Council. The speakers of the panel were minister of infrastructure, minister of home affairs, minister of justice and minister of health with hundred other participants attending the event (professionals, road safety experts and local representatives). They all showed support for proposed measures.

Table 1. Changes in laws

The regulatory document subjected to amendments / Initial version of the text	The amended regulatory document / Current version of the text		
Title. Hyperlink	Title. Hyperlink	Summary of change	Comments
<a href="#">Restrictions on the Use of Alcohol Act (ZOPA) (Official Gazette of the Republic of Slovenia, No. 15/03)</a>	<a href="#">Restrictions on the Use of Alcohol Act (ZOPA-A) (Official Gazette of the Republic of Slovenia, No. 27/17)</a>	The ZOPA-A permitted the sale and offer of alcohol beverages containing less than 15 volume percent of alcohol (e.g. beer and wine, not spirits) at sport facilities and functional land one hour before the start and during a public sport event. The organiser must acquire a permit issued by the administrative unit to sell or offer alcoholic beverages at public events. The ZOPA-A also introduced a doubling of the fines for violating legal provisions, i.e. for the sale of alcohol to minors or intoxicated people.	Various stakeholders opposed to the introduction of modifications and warned that alcohol and sport are not compatible and that the sale and offer of alcohol at sport events would contribute to enhanced accessibility and increased marketing of alcohol. This would also strengthen a positive relationship between drinking alcohol and sport.
<a href="#">The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 84/98)</a>	<a href="#">The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/16)</a>	The act introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty. The permitted quantity of wine for own use amounts to a max. 600 litres per household or agricultural undertaking in a calendar year, and a quantity of beer that does not exceed 500 litres is considered as being for own use. The act also stipulates the introduction of a new excise duty subjects, small beer producer and small spirits producer, who will pay a 50 % lower excise duty for beer production up to a max. 20,000 hectolitres and for spirits production up to 150 litres 100 vol. % alcohol per year.	

## 4. Additional information

Borut Bah, Milan Krek, Jože Hren

### 4.1 Other important aspects of the legal framework

#### **The discussion about the use of cannabis, held by the Committee on Health of the National Assembly**

Based on the request submitted by the Levica party, the 11th urgent meeting of the Committee on Health of the National Assembly addressed the use of cannabis. At the meeting, Representatives of the Government of the Republic of Slovenia stressed that in the last few years, proposals from the Ministry of Health resulted in a number of amendments and additions to the Decree on the Classification of Illicit Drugs which enabled prescription of cannabinoids for medical purposes. In Slovenia, medicines made from cannabis are available in all forms and can be prescribed by doctors when the patient's need for such medicines is established based on medical indications.

Doctors prescribing these medicines are required to observe the principles of expert judgement and reason, especially given the politicisation and non-critical promotion of the healing properties of cannabis directed at people experiencing severe illnesses and also due to a number of tragic examples of abandonment of treatment that we have witnessed in the last years.

All cannabis medicines prescribed to children are financed entirely by the compulsory health care insurance and require no additional payment. For adult patients, the compulsory health care insurance covers the full price of epilepsy treatment, whereas with other indications the insurance covers 70 % of the price for the medicine.

The data from the National Institute of Public Health show that in 2016, 410 prescriptions were issued for magistral formulas prepared in pharmacies, while the amount of consumed THC (dronabinol) and CBD reached 56.5g and 4,965.6g, respectively. In 2017, the number of issued prescriptions reached 1,892 (including repeat prescriptions), 1,657 of which were issued at the University Medical Centre pharmacy in Ljubljana. In total, these prescribed 9,333g of CBD and 82g of THC. In 2018, 830 prescriptions were issued, for a total of 33.35g of THC and 14,438.85g of CBD.

The Public Agency for Medicinal Products and Medical Devices issued a publication on the cannabis flower together with quality standards for medical cannabis prescribed to patients. This publication represents a legally defined condition for the use of cannabis for medical purposes and a prerequisite for prescribing medical cannabis buds as magistral formula.

EU member states' regulations that enabled the cultivation of medical cannabis are based on the relevant legislative acts and government monopoly as defined by the United Nations Single Convention on Narcotic Drugs.

The Government of the Republic of Slovenia is of the opinion that a comprehensive economic study should be conducted in order to assess the overall costs, benefits, and risks which would contribute to a well-supported and informed decision on whether Slovenia should cultivate cannabis for medical use or not. Such study would shed more light on the financial and other consequences of such arrangement and would, along with the collaboration of various departments, represent the crucial element to ensure that the proposed regulations for medical cannabis cultivation would be of public interest and not a source of unreasonable state expenses.

In addition, an assessment should be prepared to study the possible damage to health, safety, society and economy that could be anticipated along with the benefits of medical cannabis cultivation.

In technical and expert terms, medical cannabis cultivation is very demanding due to the high quality, safety, and efficacy standards that need to be observed and the thorough monitoring of the plants required throughout the entire cycle—from seed purchasing to the end product. In addition, the products have to demonstrate pharmaceutical-level quality which means standardised content of all compounds and complete absence of impurities in preparations. Moreover, control has to be exercised over all quality parameters to ensure uniform quality and efficacy. Security control of the cultivation has to be provided by the producer, while the state is responsible for establishing a reporting system.

Currently, all forms of cannabis-based medicines can be imported and made available to patients who need them.

Cultivation of cannabis for medical use cannot be regulated by the current legislation in force. Up until now, the Ministry of Health has issued permits for cannabis possession for research purposes to a few research institutions. These permits, however, do not permit the production of cannabis with a view to resale.

The conventions, as well as the applicable laws, allow research activities in the field of illicit drugs under certain conditions.

The Committee on Health of the National Assembly concluded the discussion on the possibility of cultivating cannabis for medical use with a call to the Ministry of Health, which should ensure that the interdepartmental work group tasked to prepare the analysis and the final report on the assessment of the possibilities to cultivate cannabis for medical use in Slovenia prepares the final report and sends it to the Government of the Republic of Slovenia by the end of this year. In addition to the report, the work group should also prepare a proposition of legal grounds which would enable the cultivation of plants from the cannabis genus with the purpose to obtain cannabis, cannabis resin, and other cannabinoids for medical purposes.

### **Safe room for illicit drugs users in Slovenia**

The first initiatives to establish safe rooms in Slovenia date back to around 2000. Later, the national legislation allowing the existence and use of safe rooms was also changed. In 2013, the Commission on Narcotic Drugs of the Government of the Republic of Slovenia approved the document prepared by the Koper regional unit of the National Institute of Public Health in collaboration with non-governmental organisations and the NGO Association operating in the field of drugs and addiction, entitled Establishment of Safe Rooms for Drug Users—Proposal for Operation and Assessment of Costs and Impacts. This document defines the theoretical and practical aspects of establishing safe rooms in Slovenia. The national programme and action plan served as the basis for the 2015 public tender of the Ministry of Health intended to finance the pilot project of establishing a safe room. In the same year, Stigma non-governmental organisation received financing from the Ministry of Health to establish a safe room in Ljubljana.

In the first phase of the pilot project they analysed the needs for a safe room from the users' perspective and prepared evaluation and assessment tools. In addition, they monitored harm reduction effects, and the changes in the behaviour and health of drug users.

The National Medical Ethics Committee presented its questions and initiatives on the subject of establishing a safe room, which should be properly addressed in advance by the implementing entity of the project and the Ministry of Health.

The Stigma NGO reports that the first phase of the pilot project was characterised by a lack of community approach due to the fear of an increase in drug use and public order incidents in the local community. On the other hand, drug users feared reinforced police activity in the area of the safe room.

As part of the activities connected to the safe room, the Stigma NGO participated in the project entitled EFUS Solidify – Supervised Drug Consumption Facilities to Install Harm Reduction and Social Cohesion at Local Levels which took place in 2018 and 2019. They got acquainted with five examples of good practice from Paris, Hague, Barcelona, Strasbourg, and Essen.

Thanks to the intensive activities of the Koper regional unit of the National Institute of Public Health and the expert and political support, the Municipality of Koper is also seriously considering the possibility of establishing a safe room. Currently they are seeking project funding and a suitable location for the safe room. In Ljubljana, an expert group was set up in the mayor's office to consider the possibility of establishing a safe room in the city.

Often, safe rooms are an important public-health contribution to the policies in the field of illicit drugs. In Slovenia, a safe room remains one of the tasks stated in the Resolution on the National Programme on Illicit Drugs 2014–2020. Local communities respond differently to the initiatives of the action plan. Slovenia supports the establishment of safe rooms and will direct all its efforts to implement them, also in the light of the risks associated with the possible increase in the use of fentanyl and opioid analgesics.

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# Drugs

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## Summary

### Drug Use and the Main Illicit Drugs

Andreja Drev, Darja Lavtar, Maruša Rehberger

Two surveys on the use of drugs in the general population have so far been conducted in Slovenia, one in the period 2011–2012, the other in 2018. The latter was the 2018 National Survey on the Use of Tobacco, Alcohol and other Drugs among the inhabitants of Slovenia aged 15 to 64 years. The data from this survey revealed that 284,600 (21%) of inhabitants aged 15 to 64 years have used one of the illicit drugs at least once in their lifetime. The most common drug was cannabis, which was used at least once by 280,700 (20.7%) inhabitants, followed by ecstasy which was used at least once by 39,500 (2.9%) inhabitants, and cocaine, used at least once by 35,800 (2.6%) of inhabitants, while amphetamine was used at least once by 31,200 (2.3%) inhabitants, and LSD by 29,200 (2.2%) inhabitants. The lifetime prevalence of illicit drug use is higher among men compared to women (Table 1). The lifetime prevalence of illicit drug use among young adults aged 15 to 34 years is 33.5%.

Table 1. Lifetime prevalence of illicit drug use among the general population aged 15–64 by gender and total

Illicit drug	Male (%)	Female (%)	Total (%)	Approximate number of persons
Cannabis	24.7	16.5	20.7	280700
Cocaine	3.6	1.6	2.6	35800
Ecstasy	3.6	2.2	2.9	39500
LSD	2.9	1.4	2.2	29200
Amphetamines	3.2	1.4	2.3	31200
Heroin	0.7	0.2	0.5	6300

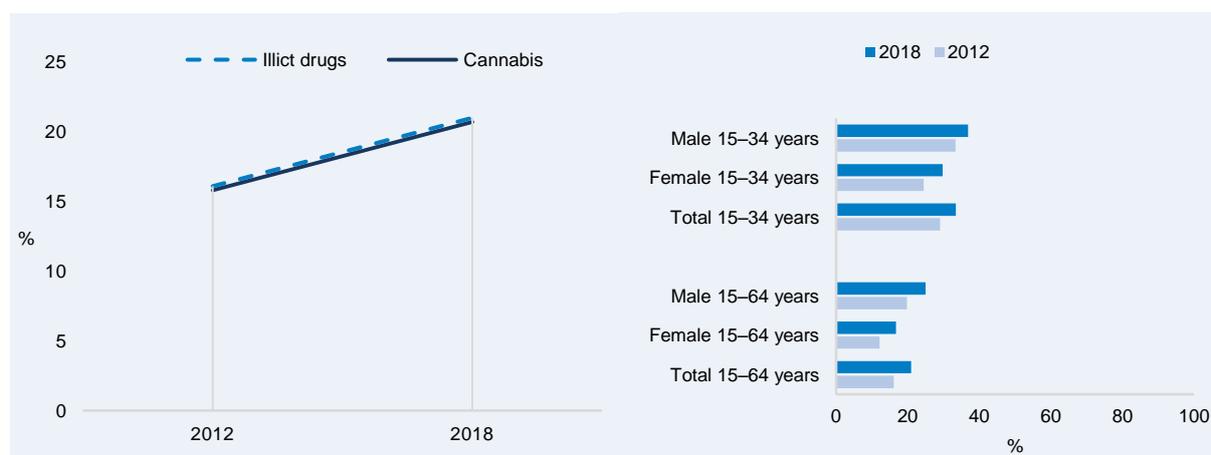
Source: National Institute of Public Health, National Survey on Tobacco, Alcohol and other Drugs 2018

In the last 12 months, illicit drugs were used by 6.2% of inhabitants aged 15 to 64 years; 8.2% of men and 4% of women. In the 15–34 age group, 12.9% of inhabitants used illicit drugs in the last 12 months, 16% of men and 9.5% of women.

In the last 30 days, illicit drugs were used by 3.2% of inhabitants aged 15 to 64 years; 4.5% of men and 1.8% of women. In the 15–34 age group, 6.5% of inhabitants used illicit drugs in the last 30 days, 8.8% of men and 4.0% of women.

In the period between 2012 and 2018, the percentage of those who used illicit drugs in their lifetime increase, mostly due to cannabis. In this period, the 15–64 age group saw an increase in the use of illicit drugs in total and by gender, while in the 15–34 age group the use of illicit drugs increased for women and in total (Figure 1).

**Figure 1.** A comparison of the lifetime prevalence of the use of illicit drugs and cannabis between 2012 and 2018, and a comparison of the lifetime prevalence of illicit drug use in the age groups 15–34 and 15–64, in total and by gender



**Source:** National Institute of Public Health, National Survey on Tobacco, Alcohol and other Drugs 2018

11.3% of Slovenian inhabitants aged 15–64 reported to have engaged in polydrug use on a single occasion at least once in their life (11.3% of men and 6.4% of women). 2.6% (3.5% of men and 1.7% of women) did that in the last year, while 1.3% (1.8% of men and 0.7% of women) did that in the last month. 15.8% of young adults aged 15–34 reported to have engaged in polydrug use on a single occasion at least once in their lifetime (18.5% of men and 13% of women). 6.2% (7.9% of men and 4.4% of women) did that in the last year, while 2.9% (4% of men and 1.8% of women) did that in the last month.

The most commonly used illicit drug by Slovenian inhabitants is cannabis, which was used in the last year by 5.9% of inhabitants aged 15–64 (7.8% of men and 3.6% of women) and in the last month by 3% of inhabitants (4.3% of men and 1.6% of women). The prevalence of cannabis use is especially high among young adults aged 15–34, with 33.1% of them (36.5% of men and 29.4% of women) reporting to have used it at some point in their life, 12.3% (15.2% of men and 9.1% of women) reporting to have used it in the last year, and 6.1% (8.2% of men and 3.8% of women) reporting to have used it in the last month. A comparison between 2012 and 2018 reveals that the percentage of inhabitants in the age group 15–64 who have used cannabis at some point in their lifetime increase, both for men and women, and in total, while the 15–34 age group saw an increase of the use of cannabis for women and in total (see Figure 3 in section A Cannabis 1.1.2).

Cannabis is widespread among school population, young adults, in nightlife settings, and among low-threshold programme users. In 2018, cannabis came in second for the number of poisonings treated at the emergency medical units of the University Medical Centre Ljubljana, first for the number of calls received by the 24-hour toxicological informative service, and third for the most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction (CPZOPD). In the same year, the number of persons experiencing difficulties related to cannabis was the highest (236 persons or 38%) among those included in programmes implemented by the four non-governmental organisations offering counselling, psychotherapy, and treatment of illicit drug-related problems.

The prevalence of other illicit drug use in the 15–64 age group in the last 12 months was less than 1%, while the 15–34 age group had a prevalence of cocaine use of 1.8%, while the prevalence of ecstasy and amphetamine use was 1.3%, and 1.1% respectively.

In the last years, data have shown an increased availability of cocaine in various population groups. In fact, the use of cocaine was recorded among secondary school students, while the significant presence of cocaine in nightlife settings has been confirmed by the data of smaller research studies and the data gathered with wastewater analysis. A high prevalence of cocaine use was also confirmed by the annual research study, conducted among harm reduction programme users. In 2018, cocaine accounted for the highest number of deaths caused by illicit drugs. In addition, a steep increase was recorded in the number of cocaine poisonings, which came in first for the number of poisonings with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana. Cocaine was the second most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction. 67 persons (11% of all persons treated for illicit drug use) were included in counselling and psychotherapy programmes implemented by the four non-governmental organisations. In the last three years, drug checking of psychoactive substances as part of the Early Warning System on New Psychoactive Substances recorded a significant increase in the purity of cocaine with continual emergence of samples with 70 and 90% cocaine content (SI EWS, monthly reports for 2017 and 2018).

### Drug use in schools

Andreja Drev, Tina Zupanič

We acquire data on drug use in schools from two international surveys, carried out periodically every four years: the ESPAD and HBSC surveys. The data of the latest HBSC survey are presented below.

The data from the HBSC survey for 2018 (Jeriček Klanšček et al., 2019) show that a fifth of young people (20.6%: 21.7% of boys and 19.5% of girls) aged 15 tried cannabis at least once in their lifetime (Table 2). A comparison with the previous survey from 2014 revealed that the use of cannabis among 15-year-old students remained stable, since the percentage of those who used cannabis at some point in their lifetime in 2014 was 21% (23.5% of boys and 19% of girls).

The HBSC survey (Jeriček Klanšček in sod. 2019) was carried out among 17-year-old students for the first time in 2018 and according to data, cannabis is the most prevalent illicit drug in this population group as well. 42.5% of 17-year-olds had already used cannabis at least once in their lifetime; 44.5% of boys and 40.5% of girls. 4.6 % of 17-year-olds had already used ecstasy at least once in their lifetime and 4.1% of them had already used cocaine (Table 2).

**Table 2.** Lifetime prevalence of Illicit drug use among students, HBSC 2018

Age	Illicit drug	Total (%)	Boys (%)	Girls (%)
15 years	Cannabis	20.6	21.7	19.5
17 years	Cannabis	42.5	44.5	40.5
	Cocaine	4.1	5.7	2.5
	Ecstasy	4.6	6.0	3.2
	Magic mushrooms	4.2	6.0	2.4
	Amphetamine	3.8	4.9	2.6
	Inhalants	3.6	4.5	2.6

**Source:** National Institute of Public Health, HBSC 2018

## Drug use in other sub-populations

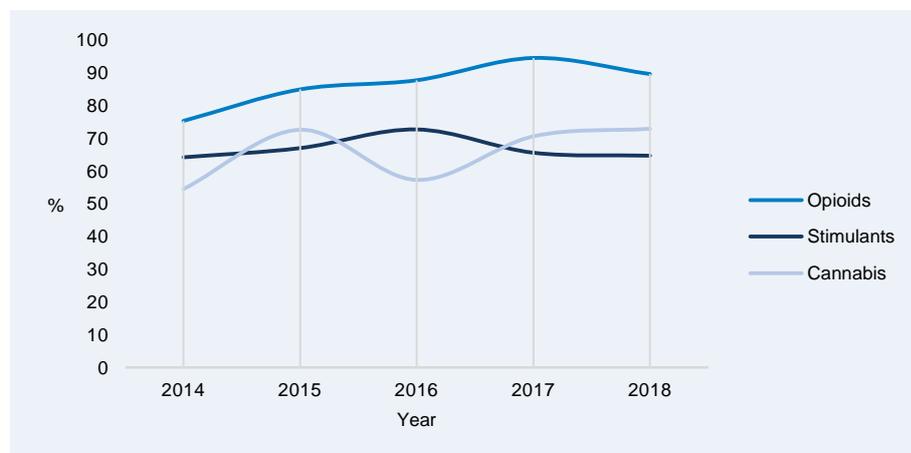
Andreja Drev, Matej Sande, Živa Žerjal, Ines Kvaternik, Mateja Jandl

The data on illicit drug use in other sub-population groups are acquired from one-time surveys and questionnaires, from surveys which recur in longer periodical time frames and from the annual survey among harm reduction programme users.

Some surveys (Sande et al. 2016, Sande 2017) show that illicit drugs are especially popular among night-life drug users and party goers who besides cannabis especially favour stimulant drugs. According to an online survey in this sub-population (Sande 2017), the largest percentage of respondents used cannabis (83.4%) in the last month, MDMA (54.2%), cocaine (38.0%) and amphetamines (31.8%). The MOND 2017 survey among 17–19-year-old students who take graduation trips showed that cannabis was used in the highest percentage (64.4%), while other psychoactive substances were used in much lower percentage: MDMA 5.9%, cocaine 4.9%, sedatives 4.6% and volatiles 4.3%.

Illicit drug use is expectedly high among harm reduction programme users, especially opioid drugs. In the last Survey on (the characteristics of) harm reduction programme users 2018, 89,5% of the respondents said they had used opioids in the last year: most frequently substitution medicines (80.51%), followed by heroin (58.1%), 72.8% of the respondents used cannabis and almost two thirds (64.6%) stimulant drugs, most frequently cocaine (61%). In the period 2014–2018, the usage of opioids and cannabis among harm reduction programme users increased while the use of stimulants remains quite stable (Figure 2).

Figure 2. Prevalence of opioid, stimulant and cannabis use among harm reduction programme users, 2014–2018



Source: National Institute of Public Health, Regional Unit Koper, Survey on Harm Reduction Programme Users 2018

The prevalence of heroin use is high predominately among low-threshold programme users and less in nightlife settings, while the prevalence of lifetime heroin use in the general population aged 15–64 and the school population is lower than 1%. On the other hand, heroin came in third for the number of poisonings with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana in 2018. In general, heroin and opioids remain the most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction. Opioids also accounted for the highest number of deaths caused by drugs. In 2017, Slovenia first saw a significant increase in the number of deaths due to synthetic opioids, while in 2018, the number of deaths attributable to this reason rose to 15, 13 of which were a consequence of the use of tramadol.

## **The use of illicit Drugs With Alcohol, Tobacco and Prescription Drugs**

Andreja Drev, Helena Koprivnikar, Matej Sande, Vesna Marinko

Only a limited amount of information is available about the association between illicit drugs and alcohol, tobacco and prescription drugs use in Slovenia. Data about the use of different combinations of cannabis, tobacco and alcohol by the Slovene population aged 15–64 is not up-to-date and indicates that in the last 12 months 0.2% of the population used cannabis and smoked, 1.3% used cannabis, smoked and drank, 0.9% used cannabis, smoked and drank excessively (Koprivnikar et al. 2015). Data about the association between legal and illicit drug use among minors and youth is available from ESPAD, HBSC studies and MOND study that includes school-leaving trips. According to the ESPAD 2011 survey, 9.8% of 15- and 16-year old pupils reported the use of multiple drugs; besides tobacco, alcohol and cannabis, other illicit drugs and prescription drugs were also included (Hibell et al. 2012). A data analysis of the HBSC 2018 survey on tobacco, alcohol and cannabis use among 15-year-olds in Slovenia shows that 32.1% of 15-year-olds have tried two or all three psychoactive substances at least once and 13.3% of 15-year-olds reported a more frequent/risky\* use of two or all three substances. In 2018, also 17-year-old students were included in the HBSC study. Lifetime use of two or all three psychoactive substances (tobacco, alcohol, cannabis) was reported by 53.3%, while a more frequent/risky use of two or more substances was reported by 29.2% of 17-year-old students (HBSC 2018). The MOND 2017 study which encompasses an unrepresentative sample of students, aged 17–19 years who took a graduation trip, showed that 96.7% of respondents drank alcoholic beverages on the trip and 87.5% drank 5 alcoholic beverages in a row at least once. 75.1% reported to have used tobacco at least once in their lifetime, 64.4% of young people have already used cannabis while fewer young people have already used other PAS (MDMA 5.9%; cocaine 4.9%; sedatives 4.6% and volatiles 4.3%). The most frequent risks associated with alcohol use are material damage, accidents and relationship problems with friends. Other noteworthy phenomena include the publication of embarrassing photos on social networks, sexual contacts that would not occur when sober and unwanted sexual experiences. Almost one half of young people used alcohol prior to their last sexual intercourse.

According to the online survey on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 3% of respondents drove under the influence of drugs and alcohol in the last 12 months. A greater percentage of women (50%) drove under the influence of drugs and alcohol than men (34%). Drug and alcohol use during driving increases with age (except for the 25–29 age group, where combining drugs and alcohol during driving is more frequent than the 30–34 age group).

In the survey, carried out among 248 harm reduction programme users, 80.5% of respondents reported using substitutional medications and 60.7% reported using hypnotics and sedatives (Survey among harm reduction programme users 2018; see also section 1.2.1 Heroin & other opioids).

\*More frequent/risky use is defined as the use of at least two substances = tobacco (weekly smoking) + alcohol (weekly drinking and/or drunkenness at least twice in lifetime) + cannabis (use 3 or more days in the last 12 months).

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## SECTION A. CANNABIS

### 1. National profile

#### 1.1 Prevalence and trends

##### 1.1.1 The Relative Importance of Different Types of Cannabis

Andreja Drev

Data about the use of cannabis among the general population, school population and other sub-populations that are currently available in Slovenia, does not allow a differentiation between different types of cannabis since this kind of information is not collected. Cannabis is the most commonly used drug in Slovenia, moreover is also very accessible. Slovenia is self-sufficient country regarding illicit supply of cannabis grown in specially designed facilities. The police established that processes and methods for growing cannabis in special indoor facilities are getting more sophisticated, producing more cannabis in smaller areas. According to the police, cannabis - marihuana type is the illicit drug associated with the highest number of drug-related offences and also with the highest number and quantity of seizures. In prisons, the police also seize synthetic cannabinoids at times. Centre for clinical toxicology and pharmacology reports on individual poisonings with hashish oil; however, mostly older people with associated diseases are poisoned.

##### 1.1.2 Cannabis Use in General Population

Andreja Drev, Darja Lavtar, Maruša Rehberger

The data of the latest 2018 National Survey on the Use of Tobacco, Alcohol and other Drugs among the inhabitants of Slovenia aged 15 to 64 years, show that cannabis remains the most commonly used illicit drug with 20.7% of residents aged 15–64 reporting to have used it at least once in their lifetime, 5.9% reporting to have used it in the last year, and 3% reporting to have used it in the last month. The prevalence of the use of cannabis is especially high among young adults aged 15–34, with 33.1% of them reporting to have used it at some point in their life, 12.3% reporting to have used it in the last year, and 6.1% reporting to have used it in the last month. The prevalence of cannabis use is higher among men compared to women (National Institute of Public Health, 2019) (Table 3).

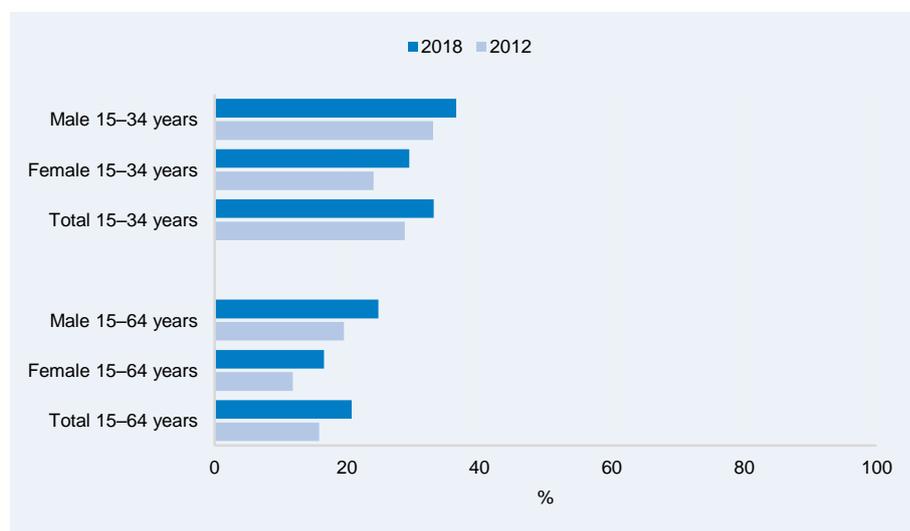
**Table 3.** Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	Age	Total (%)	Male (%)	Female (%)
Lifetime	15–64	20.7	24.7	16.5
Last 12 months	15–64	5.9	7.8	3.8
Last 30 days	15–64	3.0	4.3	1.6
Lifetime	15–34	33.1	36.5	29.4
Last 12 months	15–34	12.3	15.2	9.1
Last 30 days	15–34	6.1	8.2	3.8

**Source:** National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2018

A comparison between 2012 and 2018 reveals that the percentage of inhabitants in the age group 15–64 who have used cannabis at some point in their lifetime increase, both for men and women, and in total, while the 15–34 age group saw an increase of the use of cannabis for women and in total (Figure 3).

**Figure 3.** A comparison of the percentage of the lifetime use of cannabis between 2012 and 2018 for the age groups 15–64 and 15–34, in total and by gender



**Source:** National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2018

Recently, Slovenia saw some significant changes in the field of cannabis with the legalisation of cannabis for medical use. In addition, there is a strong initiative on the part of some non-governmental organisations and political parties to legalise recreational cannabis use. All this is reflected in the use of cannabis in the general population.

### 1.1.3 Cannabis use in Schools and Other Sub-populations

#### Cannabis use in Schools

Data on drug use in the Slovenian school environment are obtained using two international studies, i.e. the European School Survey Project on Alcohol and Other Drugs (hereinafter ESPAD) and the Health Behaviour in School-Aged Children Survey (hereinafter HBSC), both are carried out periodically every four years. In 2018, a survey entitled About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica was conducted among students attending grade 5 to 9 of primary school and students attending secondary school. The survey also addressed the use of cannabis and other illicit drugs by young people.

#### HBSC 2018

Andreja Drev, Tina Zupanič

The data from the 2018 HBSC survey show that 20.6% of 15-year-old students have already used cannabis at some point in their lifetime, 21.7% of boys and 19.5% of girls, which means that there are no significant differences between genders. A comparison between 2014 and 2018 shows that the use of cannabis among 15-year-old students remained stable (21.1% in 2014).

The HBSC survey was carried out among 17-year-old students for the first time in 2018. Survey (Jeriček Klanšček et al. 2019) results show that 42.5% of 17-year-olds have tried cannabis at least once in their lifetime, 33.5% used it in the last 12 months and 19.9% in the last 30 days. All three indicators show a

higher percentage among boys than girls (Table 4). Daily cannabis use (cannabis consumed in at least 20 out of last 30 days) was reported by 3.7% of 17-year-olds. Cannabis has been a very popular and most widespread drug among the young in Slovenia for some time. In recent years, there have been strong initiatives from civil society and some political parties that wish to legalise recreational cannabis use which could influence the perception of the young about the harmfulness/harmlessness of cannabis.

**Table 4.** Prevalence of cannabis use among 15 and 17-years old students, HBSC 2018

Survey	Age	Prevalence	Total (%)	Boys (%)	Girls (%)
HBSC 2018	17 years	Lifetime	<b>42.5</b>	44.5	40.5
		Last year	<b>33.5</b>	36.3	30.6
		Last month	<b>19.9</b>	24.5	15.2
	15 years	Lifetime	<b>20.6</b>	21.7	19.5
		Last year	<b>17.8</b>	18.6	17.0
		Last month	<b>12.7</b>	12.8	12.6

**Source:** National Institute of Public Health, HBSC 2018

### **About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica: the use of cannabis among primary and secondary school students**

Jelena Vukmir

According to the survey, 9.7% of primary school students in grade 9 (14 and 15 years old) have tried cannabis at least once in their lifetime (Table 5). More girls (13.6%) than boys (4.7%) reported to have used cannabis. The percentage of students reporting to have used cannabis was higher in urban (10%) than rural (3.3%) areas. The average age of those trying cannabis for the first time was 13.8 years. The majority of students (over 70%) use cannabis when they go out to party, while a smaller percentage use it on special occasions.

38.8% of secondary school students (more boys than girls) reported using cannabis at least once in their lifetime (Table 5). The data on the use of cannabis in different school programmes show that cannabis was used by 39.7% of grammar school students, 34.5% of 4-year technical school students, 36.3% of 3-year middle vocational school students, and 33.9% of 2-year lower vocational school students. The average age of first time cannabis users was 15.5 years. The majority of secondary school students use cannabis when they go out to party or on the occasion of socialising.

**Table 5.** The lifetime prevalence of cannabis use among primary and secondary school students

Students of grade 9				
	Prevalence	Total (%)	Boys (%)	Girls (%)
Cannabis	Lifetime	<b>9.7</b>	4.7	13.6
	Last year	<b>6.2</b>	0.0	11.1
	Last month	<b>4.1</b>	0.0	7.4
Secondary school students aged 14–20				
Cannabis	Lifetime	<b>38.8</b>	39.3	34.1
	Last year	<b>28.2</b>	28.4	26.8
	Last month	<b>14.7</b>	14.7	14.9

**Source:** Nova Gorica Youth Centre, About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica, 2017

## Cannabis use in Other Sub-populations

Matej Sande, Špela Dovžan, Tanja Drole, Živa Žerjal, Ines Kvaternik

The MOND 2017 study examined the characteristics of harmful alcohol consumption and alcohol-related risky behaviour among Slovene high school students on graduation trips and compared them with the MOND 2007 survey which was carried out ten years ago and included questions on cannabis lifetime use. Study results show that 64.4 % of 17- to 19-year-olds who went on their graduation trip had already tried cannabis at least once in their lifetime. This is a significant increase in the lifetime prevalence compared to 2007, when 46.6% of students who went on their graduation trip reported cannabis use (Table 6).

**Table 6.** Lifetime prevalence of illicit drug use among 17–19 years old students, MOND 2007 and MOND 2017

	<b>MOND 2007 N=1515 Lifetime prevalence (%)</b>	<b>MOND 2017 N=371 Lifetime (%)</b>
Cannabis	46.6	64.4
Ecstasy	4.9	5.9
Sedatives	8.1	4.6
Inhalants	-	4.3
Amphetamine	6.8	3.0

**Source:** DrogArt, MOND2007, MOND 2017

Cannabis is also popular among night-life drug users; the respondents of an online survey (Research drug checking services evaluation 2017; Sande 2017) reported having predominantly used marijuana (83.4%) in the last month and also mostly used marijuana (63%) at “average” party. Besides cannabis, they also reported using other drugs.

Cannabis is also commonly used by people in harm reduction programmes; most of them are opioids users who also use other drugs. According to the recent survey (Survey among harm reduction programme users 2018), 74.2% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 35 to 39. Between 2014 and 2018, the proportion of cannabis use by harm reduction programmes users increased from 54.4% to 72.8%.

## 1.2 Patterns, treatment and problem/high risk use

### 1.2.1 Patterns of Cannabis use

Andreja Drev, Tina Zupanič, Jelena Vukmir, Ines Kvaternik, Živa Žerjal

In Slovenia, we do not systematically collect information on the individual cannabis types in use, but HBSC and About lifestyle and risk behaviour studies offer some information on the availability. The survey of harm reduction programme users offers some information about the routes of administration of cannabis.

According to the HBSC 2018 survey (Jeriček Klanšček et al. 2019), the percentage of 17-year-olds who believe they can get cannabis in the next 24 hours easily or very easily is 63 % and the percentage of 15-year-olds is 49 %. According to the survey About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica, 8% of grade 9 students are of the opinion that it is quite easy to obtain cannabis, while 10% are of the opinion that it is very easy to obtain cannabis. 34.5% of secondary school students

are of the opinion that it is very easy to obtain cannabis, while 21.2% are of the opinion that it is quite easy to obtain cannabis.

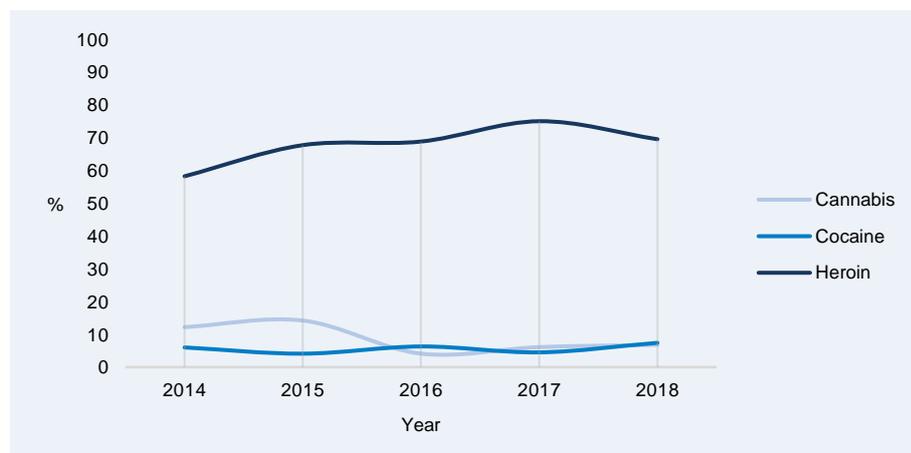
Of the harm reduction programme users who reported cannabis use in the last year (see section 1.1.3), 25.5% used cannabis every day, among them 10.3% several times daily, and 36.3% used it at least once a week. Almost all cannabis users (98.8%) smoked it and only 1.2% also consumed it orally (ate a cookie, drank cannabis oil etc.).

### 1.2.2 Reducing the Demand for Cannabis

Andreja Drev, Nataša Delfar, Helena Hercog, Sandra Vitas, Simona Šabić, Vanja Žmak

In 2017, the percentage of users, who entered a treatment programme in the network of Centres for prevention and treatment of illicit drug addiction (CPTDA) was 6.1% (15 persons). The majority (14 persons) were male. The average age at treatment entry was 29 years. In 2013, 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA. In 2016, the percentage of people who sought help due to cannabis use dropped and the second most frequent cause for entering a treatment programme was cocaine use. In 2017, the percentage of users who entered treatment for cannabis problems again exceeded the percentage of users with cocaine problems (Figure 3). The Treatment Workbook provides detailed statistical information about the users who enter treatment for cannabis problems.

Figure 4. Treatment entrants due to cannabis, cocaine and heroin problems, 2014–2018



Source: National Institute of Public Health, TDI 2018

Four non-governmental organisations reported on the number of those included in counselling programmes and treated for problems related to illicit drugs for 2018. The observations of two non-governmental organisation (Up Association and Projekt Človek) offering separate programmes for youth and adults, indicate that the majority of young people enter their programmes due to problems related to cannabis use or problems arising from the combined use of cannabis and other psychoactive substances. The majority of the users included in the Centre for Addiction Prevention (CPO) experience problems with the use of cannabis or the combined use of cannabis and other psychoactive substances. Cannabis is the second most frequent cause for users to enter the DrogArt counselling programme (Table 7).

**Table 7.** The number of users included in counselling and treatment programmes due to problems related to illicit drugs in 2018

NGO	DrogArt	Association Up	CPO	Projekt Človek
<b>Total number of included users</b>	<b>59</b>	<b>84</b>	<b>113</b>	<b>372</b>
<b>Number of included young users</b>	-	<b>36</b>	-	<b>70</b>
<b>Number of included adult users</b>	-	<b>48</b>	-	<b>302</b>
Cannabis, cannabis combined with other PAS	10	40	101	85
Cocaine, cocaine combined with other PAS	18	11	12	26
Heroin, other opiates and combinations	5	15	-	95
Other drugs and combinations	17	6	-	62
Alcohol	4	6	-	51
Other addictions and problems	5	6	-	53

**Source:** Drogart, Up Association, NIPH Centre for Addiction Prevention, Projekt Človek

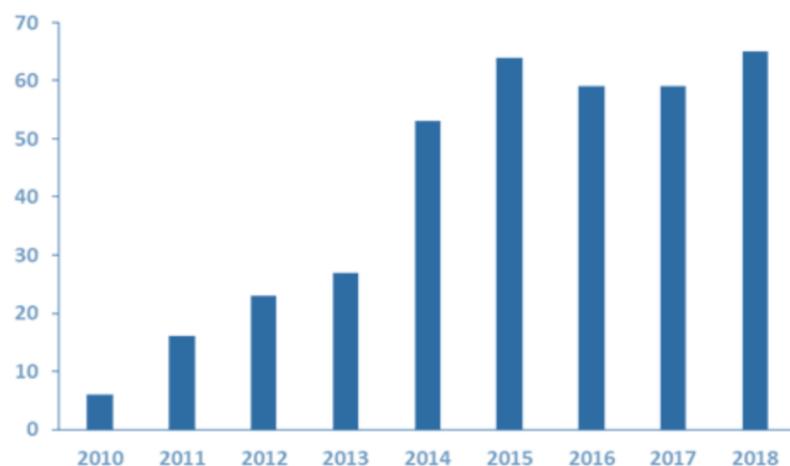
### 1.2.3 High Risk Cannabis Use

Andreja Drev, Miran Brvar, Vesna Marinko

In the HBSC 2018 survey (Jeriček Klanšček et al. 2019), 3.7% of 17-year-olds reported cannabis use 20 or more days in the last 30 days.

The data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of poisonings by cannabis or THC, which is in the plant, has grown constantly for the past few years. The number of THC poisonings grew substantially in 2014, almost doubling with respect to the year before. As many as 64 such patients were treated in 2015, the largest number to date. In years 2016, 2017 and 2018 the increase in the number of THC poisonings stopped (at around 60 patients) (Figure 5). In the period from 2014 to 2017, cannabinoids were the most commonly used illicit drugs registered with adults who experienced drug poisoning in Ljubljana, while in 2018 they were overtaken by cocaine poisonings. There are also individual cases of acute emergencies induced by hash oil, which is extracted from cannabis, where patients are typically older people with other medical conditions.

**Figure 5.** Number of poisonings with cannabis, 2010–2018



**Source:** University Clinical Centre Ljubljana, Internal clinic, Centre for clinical toxicology and pharmacology

The 24-hour toxicological informative service from the Centre for clinical toxicology and pharmacology (calls about drug poisonings) of University Clinical Centre Ljubljana treated 128 poisoned individuals in 2018 who used a total of 171 illicit drugs, the most used drug being cannabis (Table 8).

**Table 8.** The number of patients, poisoned with illicit drugs, who were treated at the 24-hour toxicological informative service\*

Drug	Number of drugs Year 2018 (n=171)
Heroin	17
Cocaine	30
Cannabis	45
LSD	4
GHB, GBL, BD	20
Amphetamine-like stimulants (amphetamine, metamphetamine, MDMA and similar)	25
New psychoactive substances (3-meo-PCE, 3-mmc, 5F-AKB48, unknown NPS)	30

**Source:** TOVIS, University Clinical Centre Ljubljana, Internal clinic, Centre for clinical toxicology and pharmacology

\*In the interpretation of the data regarding physicians' consultations, account should be taken of the fact that physicians only call the 24-hour toxicological informative service in case they need help or advice. In case they are familiar with the treatment of drug poisoning and have experience in treating poisoned individuals, they do not call the toxicologist for assistance. Therefore, the data included in the table do not reflect the actual number and ration between the used drugs (for example, physicians need help with heroin overdoses more rarely, since they are familiar with this kind of poisonings).

According to the online survey on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 5% of respondents drove under the influence of drugs in the last 12 months. Among them, men prevailed (66%) over women (56%). Most respondents who drove under the influence of drugs came from the age groups 17–24 (76%) and 25–29 (65%). 3% of respondents drove under the influence of drugs once a week or more often, followed by those who drove under the influence of drugs 1- to 2-times per year (2%), 1% of respondents drove under the influence of drugs 2-to 3-times per month and 1% once in three months. Respondents who used drugs and drove a motor vehicle mostly used cannabis (89%), followed by cocaine 14%, amphetamines 10%, ecstasy 9%, magic mushrooms 9%, LSD and sedatives (7% each), heroin 6%, valium and crack (5% each) and methadone 4%.

#### 1.2.4 Synthetic Cannabinoids

Nastja Vajdič, Marija Sollner Dolenc

According to web survey on the use of new psychoactive substances among the students of the University of Ljubljana, which included 516 students aged between 18 and 26, the selected synthetic cannabinoids listed in Table 9 were known by around 5,4% of respondents on average, most of whom were familiar with the synthetic cannabinoid AM-2210. The use of the synthetic cannabinoids listed was reported by 1.1% of respondents on average. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 18.5 years. The lowest reported age upon first use of these drugs was 14 and the highest was 24.

A reported total of 339 students (out of all 516 survey participants, so 65.7%) have recognized at least one of the mentioned synthetic cannabinoids and 69 students (13.4%) have used at least one of the substances before, at least once in their lifetime.

**Table 9.** The share (%) of identification and lifetime prevalence of synthetic cannabinoid use

<b>Drug</b>	<b>Identification (%)</b>	<b>Prevalence (%)</b>
5F-APINACA	2.9	0.8
MDMB-CHMICA	8.7	1.9
ADB-FUBINACA	2.3	0.6
ADB-CHMINACA	1.7	0.4
AB-CHMINACA	1.7	0.4
JWH-018 (Spice)	11.2	1.2
JWH-210	2.1	0.4
AM-2210	28.7	6.4
UR-144	1.7	0.2
CP-47/497	1.7	0.6
AH-7921	1.7	0.2
HU-210	1.0	0.2

**Source:** Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017/2018

When questioned how they came into contact with synthetic cannabinoids, 5% of respondents answered that they got them from their friends, 2% answered that they got them at a party, 1% bought them from a dealer and 0.2% bought them online.

Positive and negative experiences with the drug were reported by 3% of respondents, 4% reported only positive experiences and 1% reported only negative experiences. Some of the negative experiences mainly include feelings of paranoia and anxiety, nausea, light-headedness, etc.

3% of respondents reported having used the drug for less than a month, 1% reported having used it for 2 years or more, while 1.2% reported that they still used the drug, which is alarming.

On a scale of 1 to 5 (1 representing lack of information), respondents also assessed their knowledge on the dangers of using synthetic cannabinoids, with 34% assessing their knowledge with 1 and 5% believing that they were well informed. The average amounted to 2.3% and showed that the general knowledge of this type of drug is very poor.

## 2. Additional information

### 2.1 Further Aspect of Cannabis Use

Helena Hercog, Sandra Vitas, Vanja Žmak

According to non-governmental organisations that implement treatment programmes to address illicit drug problems, most commonly young people still use cannabis. Their observations furthermore show an increased accessibility of cannabis, in addition, young people and their parents demonstrate a non-critical attitude towards its use. The use of cannabis in combination with other psychoactive substances, such as alcohol, cocaine etc. is becoming ever more frequent.

Some programmes record a higher number of 30 to 40 year-old-persons, who enter the programmes due to long-term cannabis addiction (more than 10 years).

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## SECTION B. STIMULANTS

### 1. National profile

#### 1.1 Prevalence and trends

##### 1.1.1 The Relative Importance of Different Stimulant Drugs

Andreja Drev

Cocaine and ecstasy are most prevalent among stimulant drugs in Slovenia, followed by amphetamine. The importance of individual stimulants differs according to age gaps and different user groups but this drug group is the most common among night-life users and high-risk drug users.

For several years, cocaine has been the stimulant drug due to which users most frequently enter a treatment programme or therapeutic treatment or use other forms of help. Cocaine also has the highest number of poisonings and deaths among stimulant drugs. In 2018, cocaine was the leading cause for drug-related deaths. During the period of ecstasy shortage and later in the time of the economic and migrant crisis with a cocaine shortage on the drug market, the synthetic cathinone 3-MMC became popular in different user groups (Sande et al. 2016) but with time, its presence decreased. In the last three years, very pure cocaine and strong ecstasy tablets are being detected on the drug market. In addition, non-governmental organisations report significant accessibility of cocaine in nightlife settings and among various groups of users, including young users (SI EWS 2017, 2018 monthly reports).

##### 1.1.2 Stimulant Use in the General Population

Andreja Drev, Darja Lavtar, Maruša Rehberger

The data of the 2018 National Survey on the Use of Tobacco, Alcohol and other Drugs Use show that ecstasy, cocaine, amphetamines are the most widely used stimulant drugs among Slovenia inhabitants aged 15–64 years. 2.9% of inhabitants in the age group of 15–64 reported using ecstasy at some point in their lifetime, 2.6% cocaine, and 2.3% amphetamine (National Institute of Public Health, 2019).

In the 15–34 age group, 4.7% of inhabitants confirmed to have used ecstasy at some point in their life, while 1.3% used it in the last year. 4.5% of inhabitants aged 15–34 reported to have used cocaine at some point in their life, while 1.8% used it in the last year. 4.2% of inhabitants in the age group of 15–34 reported using amphetamine at some point in their lifetime, while 1.1% used it in the last year. The prevalence of the use of ecstasy, cocaine, and amphetamine is higher among men compared to women (Table 10).

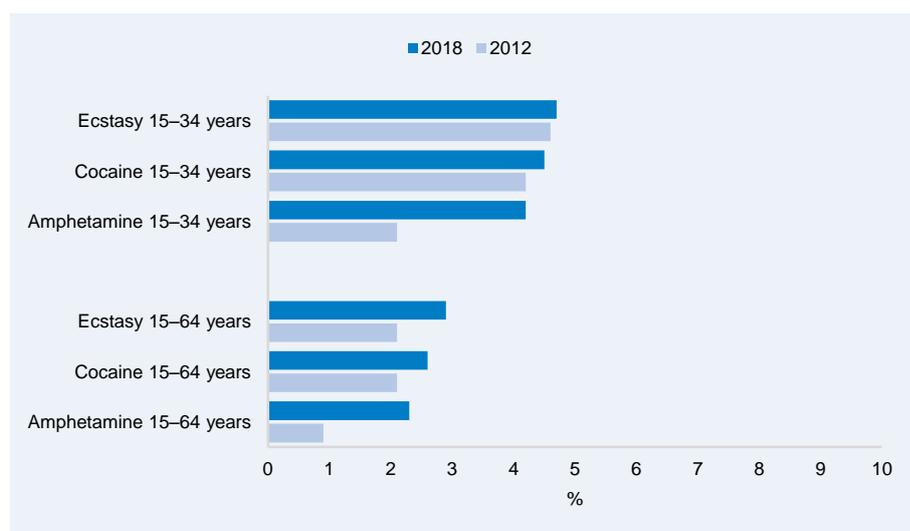
**Table 10.** The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

	<b>Total (%)</b>	<b>Male (%)</b>	<b>Female (%)</b>
<b>Ecstasy 15–64</b>			
Lifetime	<b>2.9</b>	3.6	2.2
Last year	<b>0.5</b>	0.6	0.4
Last month	<b>0.2</b>	0.3	0.1
<b>Ecstasy 15–34</b>			
Lifetime	<b>4.7</b>	5.2	4.1
Last year	<b>1.3</b>	1.5	1.0
Last month	<b>0.5</b>	0.6	0.3
<b>Cocaine 15–64</b>			
Lifetime	<b>2.6</b>	3.6	1.6
Last year	<b>0.8</b>	1.0	0.5
Last month	<b>0.3</b>	0.4	0.2
<b>Cocaine 15–34</b>			
Lifetime	<b>4.5</b>	5.6	3.3
Last year	<b>1.8</b>	2.3	1.2
Last month	<b>0.7</b>	0.9	0.4
<b>Amphetamine 15–64</b>			
Lifetime	<b>2.3</b>	3.2	1.4
Last year	<b>0.4</b>	0.5	0.3
Last month	<b>0.2</b>	0.3	0.1
<b>Amphetamine 15–34</b>			
Lifetime	<b>4.2</b>	5.5	2.8
Last year	<b>1.1</b>	1.4	0.7
Last month	<b>0.5</b>	0.7	0.2

**Source:** National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2018

A comparison between 2012 and 2018 reveals that the 15–64 age group has seen an increase in the lifetime use of ecstasy and amphetamine, while the 15–34 age group has seen an increase in the use of amphetamine (Figure 6).

**Figure 6.** A comparison of the lifetime prevalence of the use of ecstasy, cocaine, and amphetamine in the 15–64 and 15–34 age groups between 2012 and 2018



**Source:** National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2018

### 1.1.3 Stimulant Use in Schools and Other Sub-populations

#### Stimulant Use in Schools

Andreja Drev, Tina Zupanič, Jelena Vukmir

According to the HBSC 2018 survey (Jeriček Klanšček et al. 2019), ecstasy is the most widespread stimulant drug among 17-year-old students, as 4.6% of them have already tried it at least once in their lifetime; boys (6.0%) statistically more often than girls (3.2%). Cocaine had been used by 4.1% of 17-year-old students at least once in their lifetime; 5.7% of boys and 2.5% of girls; the gender difference is statistically significant. Amphetamine had been used by 3.8% of 17-year-old students at least once in lifetime; 4.9% of boys and 2.6% of girls.

According to the data from the survey About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica, 0.7% of grade 9 primary school students have used ecstasy at least once in their lifetime, much like 6% of secondary school students (6.5% of boys and 4.5% of girls). 3.3% of secondary school students from the Nova Gorica region reported to have used cocaine at least once in their lifetime (3.7% of boys and 2.6% of girls). 2.9% of secondary school students reported to have used amphetamine at least once in their lifetime (3.3% of boys and 1.8% of girls), while 0.7% of them reported on lifetime use of crack (0.4% of boys and 1.2% of girls).

#### Stimulant Use in Other Sub-populations

Matej Sande, Špela Dovžan, Tanja Drole, Živa Žerjal, Ines Kvaternik

According to the MOND 2017 study, 5.9% of 17- to 19-year-old students who went on their graduation trip reported ecstasy use, 3.0% of them reported to have used amphetamines at least once in their lifetime (Table 6).

An online survey of night-life drug users (Research drug checking services evaluation; Sande 2017) revealed that ecstasy, cocaine and amphetamines are the prevailing stimulant drugs in this population. 54.2% of the respondents reported they used MDMA in the last month, 38.0% of them used cocaine and 31.8% amphetamines. 59.3% reported they used MDMA, 32.9% used amphetamine and 27.7% cocaine at an “average” party.

Stimulant drugs are also popular among harm reduction programme users, who are most often opioid drug users. In the Survey on harm reduction users 2018, almost two thirds (64.6%) of the respondents reported they used stimulant drugs (cocaine, amphetamines and methamphetamines and ecstasy). The highest percentage of respondents reported they had used cocaine in the last year (61%). 27.8% of drug users consumed cocaine once per week or more often, 12.9% used cocaine every day or several times per day. 17.1% of the respondents used amphetamines and methamphetamines in the last year. 52.5% used this type of drug just a couple of times per year while 27.5 % used it once per week or more often, 12.5 % of these users used it on a daily basis. 18.7% of the respondents used ecstasy in the last year. Most of them (69.6%) used ecstasy just a couple of times per year.

During 2014 and 2018, the percentage of respondents who used stimulant drugs varied with the lowest point at 65% in 2014 and in 2018 and the highest point at 72% in 2016.

## 1.2 Patterns, treatment and problem/high risk use

### 1.2.1 Patterns of Stimulant Use

Andreja Drev, Tina Zupanič, Živa Žerjal, Ines Kvaternik, Nataša Delfar

In the HBSC 2018 survey (Jeriček Klanšček et al. 2019), 0.8% of 17-year-old students reported they had used cocaine in 30 or more days of their lifetime, 0.7% of them reported they had used MDMA in 30 or more days in their lifetime and 0.7% said this for amphetamine.

Among respondents from harm reduction programme users (Survey on harm reduction programme users 2018), who reported they had used cocaine (61%) in the last year, 50% of them injected cocaine and 22.6% combined injections with other routes of administration, 23.3% sniffed it, 2% smoked it and 2% combined smoking and sniffing. Among users who said they used amphetamine and methamphetamine, (17.1%), 31.7% injected the drugs, and 19.5% of these users combined injecting with other routes of administration (orally, sniffing, smoking etc). Among ecstasy users (18.7%), the largest percentage (71.7%) consumed it orally (ate/drank it) and 13% of users combined oral consumption with sniffing. 8.7% of users injected ecstasy or combined injections with other routes of administration.

According to TDI data, those that entered a treatment programme due to stimulant drug use most frequently used cannabis and hypnotics and sedatives as second drug. Sniffing and injecting prevail as route of administration of stimulant drugs.

### 1.2.2 Treatment for Stimulants

Andreja Drev, Nataša Delfar

Data on treatment demand reveal that, in 2018, 8.7% (19 persons) of users who entered treatment programme at network of CPTDA for the first time or again, sought help due to stimulant use. Most of them were men (15 persons). Among stimulants, cocaine is the leading drug due to which users enter treatment. In 2018, cocaine was the second most frequent reason for entering treatment (Figure 4) (see also section A Cannabis T1.2.2). In 2018, 7.4% (16 persons) of users entered treatment programmes due to cocaine-related problems; most of them were men (12 persons). The mean treatment entry age for cocaine problems was 30.75 years and 32 years for other stimulant drugs (detailed statistics available in Treatment Workbook).

In Slovenia, users of stimulant drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of NGO programmes for stimulant drug users carried out by the DrogArt Association, Society Up, Projekt Človek and within NIPH Centre for treatment of addiction. In,

2018 these four institutions provided counselling and psychotherapy services to 67 persons who joined their programme due to cocaine problems.

### 1.2.3 High Risk Stimulant Use

Miran Brvar

Data on poisonings by illicit drugs collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of cocaine poisonings was similar between 2010 and 2013, but more than doubled in 2014 in Ljubljana (34 cases of poisoning in 2014). In 2015, the number of cocaine poisonings reached 45 patients, topping the number of acute emergencies induced by heroin. The number of cocaine poisonings in 2016 increased, i.e. to 54 and topped the number of heroin-induced poisonings. In 2018, the number of cocaine poisonings further increased to reach 65 patients and exceeded by 70% the number of heroin poisonings. The number of poisonings attributable to “classic” amphetamine-type stimulants, which include amphetamine, methamphetamine, and MDMA and similar phenethylamines, grew by a third (34 poisonings) in 2018 compared to 2017 (22 poisonings), and became the highest so far.

The 24-hour toxicological informative service at the Centre for clinical toxicology and pharmacology (calls with regards to drug poisonings) of University Clinical Centre Ljubljana treated 128 poisoned individuals in 2018, who used a total of 171 illicit drugs; cocaine was second, NPS third and amphetamine-type stimulants were the fourth most used drug (Table 8; section A Cannabis 1.2.3).

### 1.2.4 Synthetic Cathinones

Nastja Vajdič, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Ljubljana revealed that more students know synthetic cathinones than synthetic cannabinoids – about 9.6% can identify synthetic cathinones, which is about 4% higher than with synthetic cannabinoids. The most widely known was 3-MMC (called ‘sladoled’ or ice cream on the streets of Slovenia) with 24.2%, followed by 4-MMC and methylone with 15.9% (Table 11). The use of synthetic cathinones was reported by an average of 1.1% of all (516) respondents, most of them reporting the use of 3-MMC. A reported total of 391 students (out of all 516 survey participants, so 75.8%) have recognized at least one of the mentioned synthetic cathinones and 43 students (8.33%) have used at least one of the substances before, at least once.

The average age of respondents who came into contact with the mentioned group of drugs was 18.6 years, which is almost identical to the result from synthetic cannabinoids. The lowest age upon first use was 16, while the highest was 24.

**Table 11.** The share (%) of identification and lifetime prevalence of synthetic cathinones use among all (516) students

Drug	Identification (%)	Prevalence (%)
4-MMC (Mefedrone)	15.9	1.6
3-MMC (Ice cream)	24.2	3.7
4-MEC	4.8	0.4
Etilkatinone	4.5	0
Petedrone	3.5	0.6
Metilon (Explosion)	10.3	1.2
Metkatinon (Efedrone)	7.9	0.4
MPDV	4.7	0.6

**Source:** Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017/2018

When questioned how they came into contact with synthetic cathinones, 2.2% of respondents answered that they bought a synthetic cathinone from a friend, 2% bought the drug at a party, 1% from a dealer and 0.4% bought it online.

3% of respondents reported having used cathinones for less than a month, while 0.4% used them for over 2 years. When questioned about the effects of the drugs, 2.3% of respondents reported positive effects, 2.1% reported mixed effects, i.e. both positive and negative, and 0.2% of respondents reported only negative effects. Negative effects were described primarily as a constant need for a new dose, feeling unwell and not thinking clearly, depression and fatigue after the use. Positive feelings upon use were described as a feeling of well-being and bursting with energy.

Concerning the assessment of knowledge about the dangers involved in the use of synthetic cathinones, 62% of respondents chose 1 (complete lack of awareness), while the average grade was 1.7. We concluded that there is an even bigger lack of knowledge concerning synthetic cathinones than with synthetic cannabinoids.

### **1.2.5 Injecting and Other Routes of Administration**

Among harm reduction programme users who used cocaine in 2018, 72.6% reported they injected it, while 31.7% of amphetamine and methamphetamine users and 8.7% of ecstasy users reported they injected the drug.

Cocaine is the prevalent stimulant drug, injected by harm reduction programme users. In the period from 2014 (65.3%) to 2018 (72.6%), injecting cocaine as a route of administration increased.

## **2. Additional information**

### **2.1 Additional Sources of Information**

#### **Wastewater-based assessment of drug consumption in Slovenia**

Taja Verovšek, Ivona Krizman Matasić, Tina Kosjek and Ester Heath

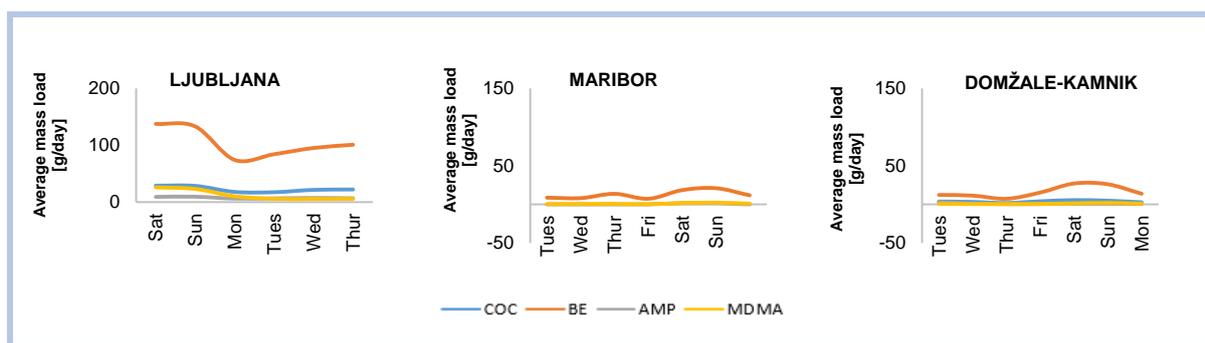
This study aimed to apply WBE to investigate the consumption of stimulating drugs such as amphetamine (AMP), methamphetamine (MAMP), ecstasy (MDMA) and cocaine (COC) in three Slovenian municipalities, including Ljubljana, Maribor and Domžale-Kamnik. The obtained data were compared with data from other European cities, and world capitals who participated in the 2018 “Wastewater analysis and drugs – a European multi-city study”<sup>1</sup>. Since Ljubljana already participated in 2017<sup>2</sup>, the results discussed herein are from both years.

#### **Results:**

##### **A) Mass loads of selected drug urinary biomarkers**

Drug consumption patterns can be studied based on mass loads of target illicit drug biomarkers (cocaine as a biomarker was not measured in samples from Maribor in 2018). Figure 7 shows how the mass loads of analysed urinary biomarkers increased during the weekend in all three municipalities. The same trend is observed in other studies<sup>3-5</sup>

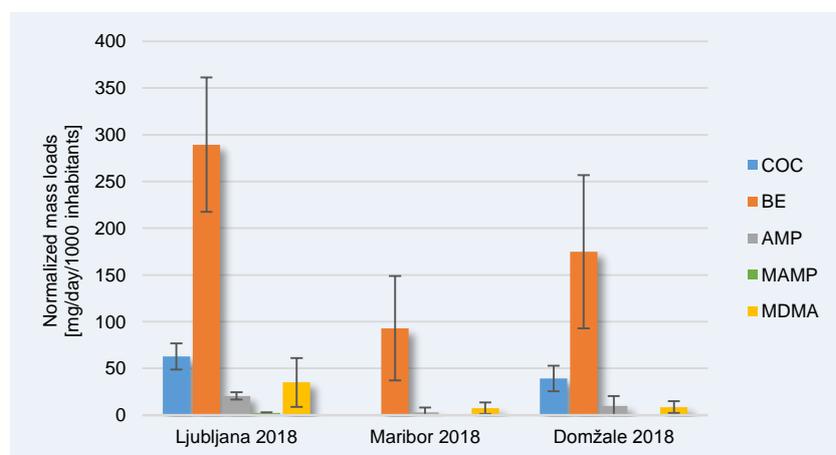
**Figure 7.** Daily variations of stimulating drug biomarkers in different Slovenian regions (Ljubljana, Domžale-Kamnik, Maribor) in 2018



COC – cocaine, BE – benzoylecgonine, AMP – amphetamine, MDMA - 3,4-methylenedioxyamphetamine

The mass loads were normalized to PE (Population Equivalent) in order to compare data from different sized cities. In 2018, the highest normalized mass loads in the three municipalities were observed for the cocaine urinary biomarker benzoylecgonine (53 – 382 mg/day/1000 inhabitants), followed by cocaine (18 – 80 mg/day/1000 inhabitants). The normalized mass loads of other stimulating biomarkers were lower (0.03 – 72 mg/day/1000 inhabitants). The highest mass loads of all biomarkers were obtained in wastewater from Ljubljana and the lowest in Maribor (Figure 8).

**Figure 8.** Normalized mass loads of selected illicit drug urinary biomarkers, obtained for Ljubljana, Maribor, and Domžale-Kamnik in 2018



COC – cocaine, BE – benzoylecgonine, AMP – amphetamine, MAMP – methamphetamine, MDMA - 3,4-methylenedioxyamphetamine

Table 12 gives the average normalized mass loads obtained for the three municipalities together with the average for the European multi-city study in 2018 (average mass loads for cities that participated in the monitoring campaign organized by the SCORE group for more than five years). Nearly all of the Slovenian average mass loads were below the average, especially the mass loads of amphetamine and methamphetamine, obtained within the 2018 study. The exception was MDMA (Ecstasy) in Ljubljana, which was slightly above the average of the multi-city study.

**Table 12.** Average normalized mass loads obtained for Slovenian municipalities in 2018 and the SCORE action 2018, expressed in mg/day/1000 inhabitants

Biomarker of illicit drugs	Ljubljana	Maribor	Domžale-Kamnik	Average obtained within European multi-city study in 2018 <sup>1,6</sup>
Benzoylcegonine	289	93	175	450
Amphetamine	21	3	10	55
Methamphetamine	2.31	< 0.05	< 0.05	31
MDMA (Ecstasy)	35	7	9	29

Among the participating countries (n=27) and cities (n=86), Slovenia is in the middle based on benzoylcegonine (Figure 3a) and MDMA mass loads, while for amphetamine (Figure 3b) and methamphetamine Slovenia ranks among lowest.<sup>6</sup>

**Figure 9.** Ranking of Slovenia based on benzoylcegonine (a) and amphetamine (b) mass loads in 2018

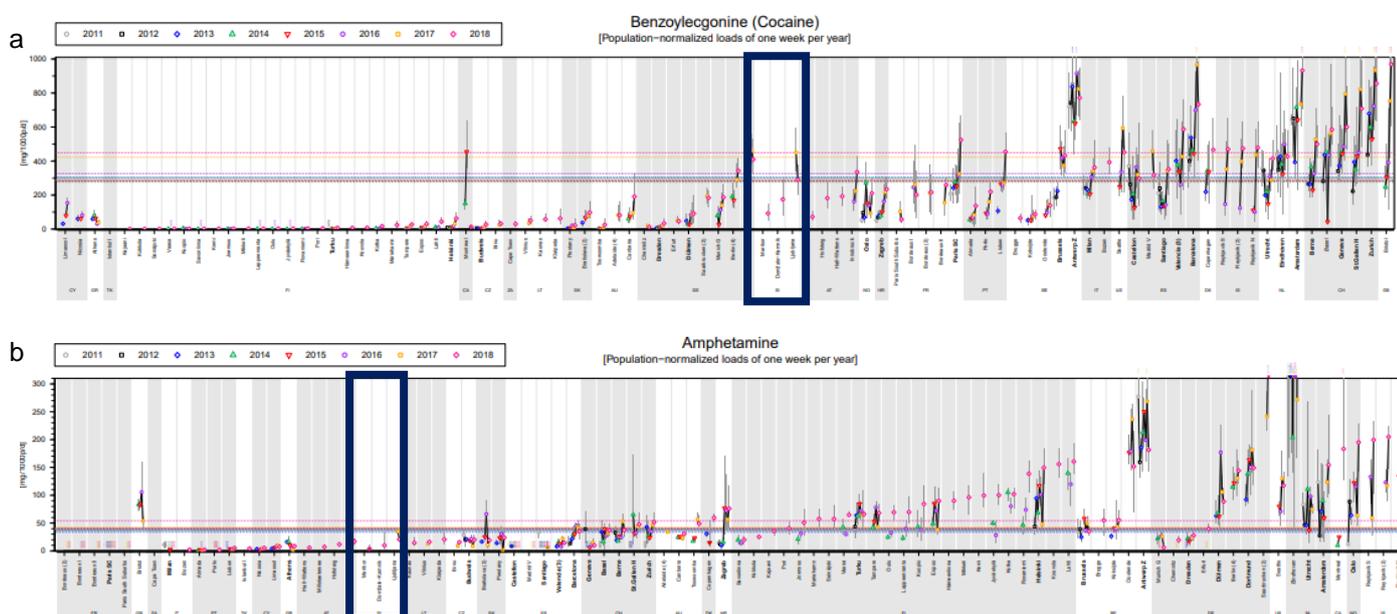
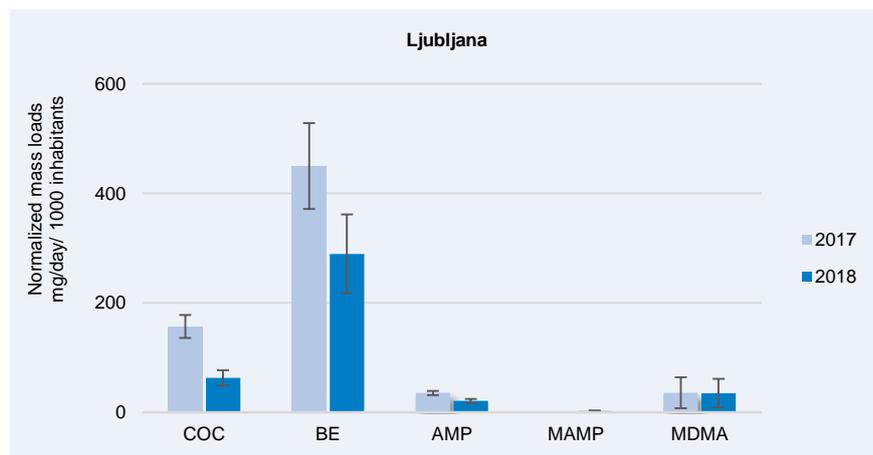


Figure 10 shows a comparison of the results for 2017 and 2018. The normalized mass loads of all illicit drug biomarkers were lower in 2018 than in 2017. Although some trends were observed, no solid conclusions about drug consumption trends are possible based on only two years of data.

Figure 10. Normalized mass loads of selected illicit drug urinary biomarkers for Ljubljana in 2017 and 2018



COC – cocaine, BE – benzoylecgonine, AMP – amphetamine, MAMP – methamphetamine, MDMA - 3,4-methylenedioxyamphetamine

### B) Estimation of stimulating drugs consumption

Table 13 summarizes consumption estimations calculated as mg/day/1000 inhabitants and as doses/day/1000 inhabitants. Cocaine consumption was highest in all Slovenian municipalities (190 - 1376 mg/day/1000 inhabitants), while the consumption of MDMA (6.3 - 315 mg/day/1000 inhabitants), amphetamine (0.6 - 93 mg/day/1000 inhabitants) and methamphetamine were lower (< 0.1 – 8.5 mg/day/1000 inhabitants).

Table 13. Estimated drug consumption

	Ljubljana	Domžale-Kamnik	Maribor
Drug consumption [mg/day/1000 inhabitants]			
Cocaine	1042	629	387
Amphetamine	58	28	8
Methamphetamine	6	< 0.1	< 0.1
MDMA (Ecstasy)	154	38	33
Drug consumption [doses/day/1000 inhabitants]			
Cocaine	35	21	13
Amphetamine	1.2	0.6	0.2
Methamphetamine	0.4	0.01	0.01
MDMA (Ecstasy)	1.6	0.4	0.3

### Conclusions:

In 2018, three Slovenian municipalities (Ljubljana, Domžale-Kamnik, Maribor) participated in a European multi-study relating to drug consumption. Except for methamphetamine stimulating drugs were present in the wastewater of all three participating municipalities. Methamphetamine was measured sporadically in Ljubljana. The data showed that in Slovenia cocaine and MDMA (Ecstasy) consumption falls midway among the cities in the European multi-city 2018 study, while the consumption of amphetamine and methamphetamine was in the lower quartile. This study demonstrated that WBE could detect patterns of illicit drug use; however, a more extended monitoring period is necessary to make firm conclusions about multiannual trends.

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## SECTION C. HEROIN AND OTHER OPIOIDS

### 1. National profile

#### 1.1 Prevalence and trends

##### 1.1.1 The Relative Importance of Different Opioid Drugs

Andreja Drev

In Slovenia, the opioid group in context of illicit drug use relates primarily to heroin but also to medications used in substitution treatments (methadone, buprenorfin). In the last three years, some cases of fentanyl and tramadol usage were detected.

Slovenia has a very accessible treatment system and a widespread system of harm reduction programmes with counselling and informing, where needles and injections are also distributed. In drug-related harm reduction programmes, an increase in the use and injection of substitution medicines from the black market among opioid users is being observed. In general, the user population in treatment and harm reduction programmes is ageing but on the other hand, young opioid users are appearing who refuse to participate in such programmes or socialize with older users due to the fear of stigmatisation.

Despite the fact that the number of users included in treatment programmes within the network of centres for the prevention and treatment of illicit drug addiction is in decline, this group of drugs is still one of the leading causes for treatment. Moreover, opioids account for the higher number of drug-related deaths, with heroin being the main cause of death within this group of drugs. In 2017, Slovenia has seen for the first time a significant increase of deaths attributable to synthetic opioids (7), while in 2018, the number of deaths caused by synthetic opioids poisoning rose to 15. This number includes two persons who died due to fentanyls, while the remaining 13 died due to tramadol.

##### 1.1.2 Estimates of Opioid Use in the General Population

We do not estimate the prevalence of heroin and other opioids use in general population by using indirect methods in Slovenia. All that is available is data on the prevalence of use among the general population, school population and sub-populations. According to this data heroin is the most commonly used illicit drug from the opioid group. Among inhabitants of Slovenia aged between 15 and 64 years 0.5% reported using heroin in their lifetime and 0.1% in the last year (NIJZ 2018). In the HBSC 2018 survey, 0.8% of 17-year-old students reported they had used heroin at least once in their lifetime (Jeriček Klanšček et al. 2019) Among night-life users (Research on drug checking service evaluation; Sande 2017), 2.4% of them used heroin in the last month.

##### 1.1.3 Estimates of Opioid Use in Sub-populations

###### Estimate of the number of high risk opioid users

Ines Kvaternik, Katja Rostohar

High-risk drug use includes high-risk patterns of the use of psychoactive substances and/or high-risk use of psychoactive substances in the last 12 months. An assessment of the high-risk opioid use has been conducted in Slovenia in recent years. The assessment addresses the problematic or reoccurring use of heroin and other opioids, which causes a number of health and social problems for their users.

The calculation of the high-risk opioid use (HROU) was based on two databases: the record of treatment of drug users (the TDI database) and the survey conducted among harm reduction programme users (the HR database). Given that the data collected in harm reduction programmes are anonymous and the two databases do not have the same identifier based on which we would be able to eliminate duplicates and use the capture recapture method, we used the treatment multiplier method. To estimate the number of high-risk opioid users for 2018, we used the data provided by 19 centres for the prevention and treatment of illicit drug addiction and the Centre for Treatment of Addiction where they recorded 2,724 users, the data on the number of incarcerated persons receiving substitution therapy (604), and 248 surveys conducted in 12 harm reduction programmes, which amounts to 11.6% of the total number of users included in harm reduction programmes in 2018 (2,114).

Table 14 shows that the best estimate of the entire population of high-risk opioid users in Slovenia in 2018 was 4,756 users (on the 95% confidence interval from 4,126 to 5,725), which in relative share means 3.55 users per thousand residents aged 15 to 64 years.

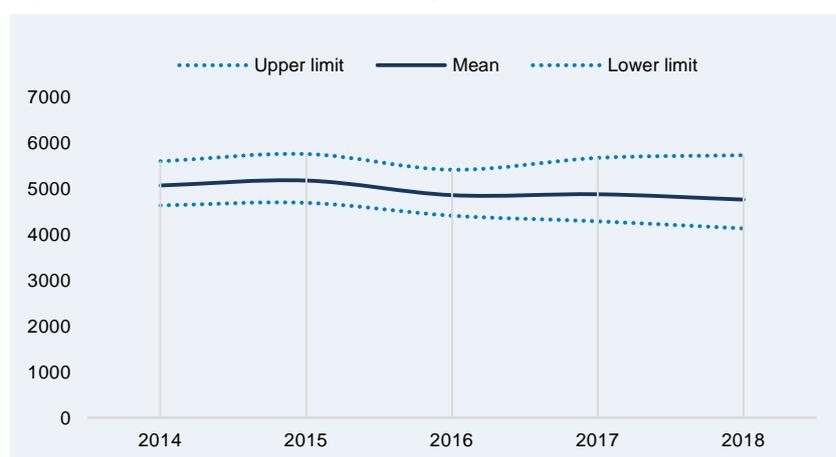
**Table 14.** An estimate number of high risk opioid users (HROU) in year 2018, using the treatment multiplier method (used datasets from OST and HR programs)

	Lower limit	Average estimate	Upper limit
HROU number estimate	4.126	4.756	5.725
15–64/1,000 resid.	3.08	3.55	4.27

**Source:** Datasets from OST and HR programs (NIPH), estimated number of HROU using treatment multiplier method (NIPH), number of inhabitants in year 2018 (SURS)

The estimated number of HROU in Slovenia showed that there was approximately 5,064 drug users in year 2014, 5,172 in year 2015, 4,853 in year 2016, 4,873 in year 2017 and 4,756 in year 2018, which indicates a stable trend of the number of such users in the last years (Figure 11). The estimate mostly included the drug users that were included in treatment programs (OST or HR).

**Figure 11.** Estimate of the number of high risk opioid users, 2014–2018



**Source:** NIPH, Datasets from OST and HR programs (NIPH), estimated number of HROU from 2014–2018, using treatment multiplier method

We assume that the HROU calculation is undervalued, since we failed to calculate the entire population of high-risk drug users (HRDU) based on available data sources. We especially failed to include younger users who are less likely to be included in existing harm reduction programmes. In view of that, in 2019, we also calculated the number of HRDU. For that purpose, we used the data from the TDI database

and the database of dead users. The estimate was obtained with the capture recapture method and it shows that in the period from 2013 to 2016 there were around 6,000 to 10,400 risky drug users in Slovenia. We assume that this estimate is overvalued, since persons who are not included in treatment programmes, are more likely to die due to drugs. Due to the discrepancies in the estimates, which are a consequence of poor access to high-quality data for the calculation of HRDU, we are considering further in-depth research activities of the field.

### Context information

Since 2013, the prevalence of high-risk opioid use in Slovenia has been relatively stable. This is probably due to stable use of heroin according to Survey among harm reduction programmes users data. In general, for younger persons, the use of opioids seems no longer to be attractive in contrast, for example, to the use of cannabis and stimulants, so that clients in treatment programme and in harm reduction programs represent an aging cohort. This is also in line with the fact that the average age of victims of drug-induced deaths has been rising for years. Ageing of this population causes a number of additional problems, both health-related and social, and hence many new needs.

## 1.2 Patterns, treatment and problem/high risk use

### 1.2.1 Patterns of Heroin/Opioid Use

Ines Kvaternik, Živa Žerjal

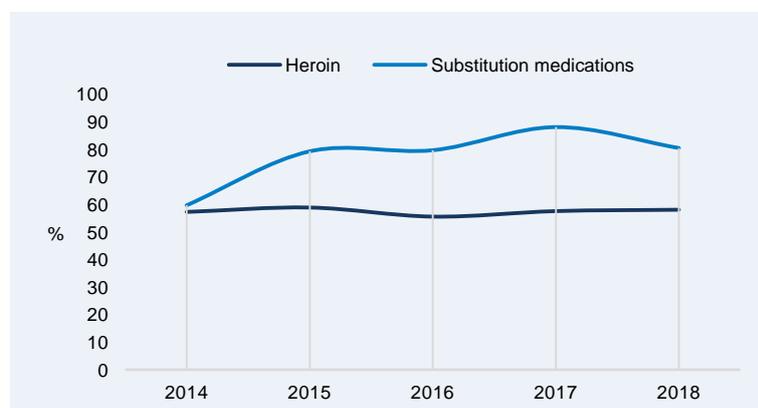
The prevailing group of drugs used by harm reduction programme users remain opioids (heroin and substitution medications), which were used in the last year by 89.5% of all respondents.

Heroin was used in the last year by 58.1% of respondents. 76.9% of heroin users injected the drug, 23.9% of which also smoked or inhaled it. 45.3% of users used heroin at least once a week. The majority of heroin users are 35 to 39 years old (29.6%).

80.5% of respondents used substitution medications and the majority of them used them orally. Those who reported using substitution medications orally by eating or drinking them, were 85.6%, while 11.1% of the users injected them, 7.8% of which combined injecting with eating/drinking and sniffing them. The majority (89.5%) used substitution medications every day. The majority of substitution medications users were 40 to 44 years old (29.9%).

Figure 12 shows that the use of heroin in the period 2014–2018 was relatively stable, while the use of substitution medications rose.

Figure 12. Heroin and substitution medications use among harm reduction programme users, 2014–2018



Source: National Institute of Public Health, Regional Unit Koper, Survey on harm reduction programme users, 2014–2018

Hypnotics and tranquillisers were used by 60.7% of respondents, who usually took them orally (85.4%). Some of them (8%) injected them; others combined injecting with oral use (4.4%), while the minority sniffed them (2.2%). More than a half of them used these drugs every day (43.7%) or several times per day. The majority of users were 40 to 44 years old (35.4%).

### **1.2.2 Treatment for Heroin and Other Opioids**

Andreja Drev, Nataša Delfar

In 2018, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In the same year, 79.5% of users entered treatment at CPTDA for the first time or again due to opioid as the main drug. Among users seeking help due to opioids at CPTDA, those seeking help due to heroin as the main drug prevail (87.4%) over those seeking help due to the buprenorphine (4%), methadone bought on the black market (4.6%) and other opioids (4%). Users who enter treatment programmes due to opioid problems are mostly men (77%). The mean age of entering a programme for opioid treatment is 30.73 years. Despite the number of those who were included in treatment programmes due to problems with heroin or opioids has been in decline since 2014, the period from 2014 to 2017 saw an increase of the percentage of those who were included in treatment due to heroin problems, while in 2018 this percentage decreased (detailed statistical data available in the Treatment Workbook).

In Slovenia, users of opioid drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of NGO programmes carried out by the DrogArt Association, Society Up, Projekt Človek and within NIPH Centre for treatment of addiction. In 2018, these four institutions provided counselling and psychotherapy services to 115 persons who joined their programme due to heroin or other opioid problems (see also section A Cannabis 1.2.2). Opioid users can also seek help within the scope of the harm reduction programmes. Harm reduction programmes in the field of drugs, which are relatively easily accessible, carry out a service of replacing sterile materials, informing and offering counsel. Harm reduction programmes in the field of drugs carry out the following services: daily centre, safe house for female drug users, shelter for homeless drug users, field work and field work with a mobile unit.

### **1.2.3 High Risk Opioid Use**

Miran Brvar, Vesna Marinko

According to the data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana, the number of heroin poisonings since 2013 (14 poisonings) increased and reached 44 and 42 poisonings in 2015 and 2016 respectively. In 2017, the number of heroin poisonings decreased (26 poisonings), and in 2018 the number increased once again in comparison to previous year and reached 38 poisonings.

The 24-hour toxicological informative service within the Centre for clinical toxicology and pharmacology (calls about drug poisonings) treated 128 poisoned individuals in 2018 who used a total of 171 illicit drugs, the sixth most used drug being heroin (Table 8) (see also section A Cannabis 1.2.3).

According to the online study on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 5% of respondents drove under the influence of drugs in the last 12 months. Respondents who used the drug and drove a motor vehicle used heroin in 6% (see also section A Cannabis 1.2.3).

### 1.2.4 Synthetic Opioids

Andreja Drev, Mateja Jandl

In 2017, the National Forensic Laboratory identified fentanyl, benzilfentanyl and methoxyacetylfentanyl in substances, seized by the police in one case of user poisoning. In the beginning of 2018, the Institute of Forensic Medicine and the National Forensic Laboratory dealt with a case of user death and identified cyclopropylfentanyl. The National Laboratory of Health, Environment and Food identified cyclopropylfentanyl and methoxyacetylfentanyl in two samples, collected for anonymous testing.

The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines are intended for people from different organizations (police, first responders, customs etc.) being at risk to be exposed to fentanyl and also for people from non-governmental organisations who collect samples of new psychoactive substances. Guidelines are accessible at: <http://nijz.si/sl/publikacije/fentanil-smernice-za-ravnanje-s-fentanilom-njegovimi-analogi-in-derivati> (see also Best Practice Workbook 2018, section 1.2.2).

In 2017, Slovenia first saw a significant increase in the number of deaths (7) due to synthetic opioids while in 2018, the number of deaths attributable to this reason rose to 15. This number includes two persons who died due to fentanyls, while the remaining 13 died due to tramadol. One third of the deceased were women (5) while their average age was 61. It is worrying that out of 12 deaths, which were caused by intentional self-poisoning (suicide), 8 were attributable to tramadol abuse.

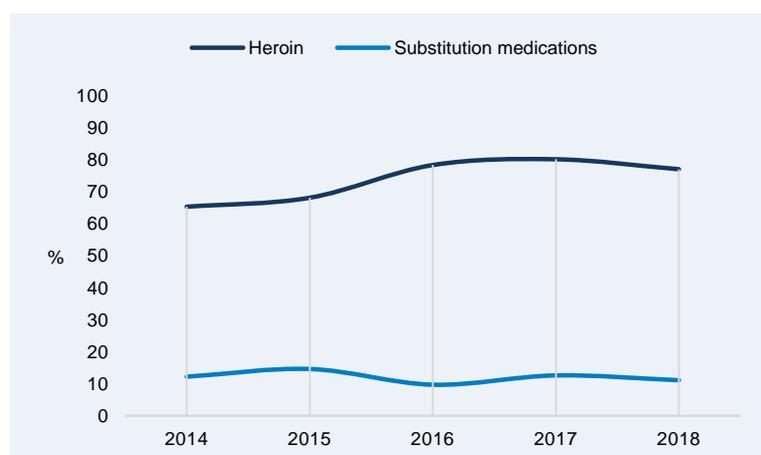
### 1.2.5 Injecting and other Routes of Administration

Ines Kvaternik, Živa Žerjal

According to the survey on (the characteristics of) harm reduction users 2018 data, injecting is still the prevalent route of administration among harm reduction programme users. More than a half (56.9%) of the respondents reported they injected any type of drug. Those who used heroin in the last year mostly injected it (76.9%).

In the period from 2014 to 2017 the injecting of heroin increased, while injecting of substitution medications remained on a relatively stable level (Figure 13)

Figure 13. Injecting heroin and substitution medications among harm reduction programme users, 2014–2018



Source: National Institute of Public Health, Regional Unit Koper, Survey on harm reduction programme users, 2014–2018

## 2. Additional information

### 2.1 Further Aspects of Heroin and Opioid Use

Dare Kocmur, Katja Kajnc

For a number of years, the Stigma non-governmental organisation has been implementing a harm reduction programme in Ljubljana, the capital of Slovenia. The majority of their users are heroin users, who have been increasingly abusing prescription drugs. Such abuses became more evident when benzodiazepine prescriptions were substituted by psychiatric drugs prescriptions such as antipsychotics (Zyprexa, Kventiax, and Seroquel). Due to substitution of benzodiazepines with antipsychotics the demand for benzodiazepines on the black market increased (Dormicum, Flormidal, Apaurin, and Helex). Users use these orally, intravenously or by sniffing them. In addition to these, abuse of antiepileptics, neuroleptics, and alcohol addiction treatment drugs has also been recorded in the field.

Simultaneous use of different drugs and (occasional) abuse of legal medications have also been recorded among young people. The percentage of young people who primarily use heroin is quite low. Instead, young people use mostly cocaine, cannabis and NPSs (predominately GHB/GBL). However, they use heroin and benzodiazepines to “come down from their high” after using stimulants. Young people most commonly consume drugs by sniffing or smoking them. Some young people who use heroin have already injected it, but they are keeping this from their peers and field workers. They often inject heroin together with older heroin users, who provide them with injecting utensils.

Recently, a deterioration in the health and social situation of the users has been recorded. To contribute to the aggravation of the social situation of the users were the rising prices of rents and shortage of apartments in Ljubljana causing the percentage of homeless users to increase.

Inadequate living conditions and ageing of users contributed to the deterioration of their health condition. A significant proportion of users experience difficulties with legs due to groin injecting. In addition, the lack of adequate health programmes and treatment upon hospital discharge of users who are homeless and unable to live independently, also poses a major problem.

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## SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE

### 1. New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

#### 1.1 Prevalence and Trends in NPS Use

Nastja Vajdič, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Ljubljana also covered the use of new psychoactive substances that are not listed in the group of synthetic cannabinoids or cathinones. Respondents mostly recognised the new psychoactive substance ketamine (with 35.1%), followed by 1P-LSD with 22,5% and GBL/GHB with 22,1% (Table 15).

Table 15. The share (%) of identification and lifetime prevalence of synthetic cathinones use

Drug	Identification (%)	Prevalence (%)
25C-NBOMe	3.5	0.8
25I-NBOMe	3.7	0.8
25D-NBOMe	3.5	0.4
25B-NBOMe	3.7	0.0
α-PVP	5.0	1.0
Ketamine	35.1	2.1
2-FA	1.9	0.8
4-FA	2.7	0.8
Flubromazolam	3.5	0.4
Clonazolam	4.5	0.2
X-MMC	4.8	0.8
DMT	16.3	1.4
1P-LSD	22.5	1.4
3-meo-PCP	6.8	0.6
Metoksetamin (MXE)	9.7	0.8
Etilfenidat	4.7	0.4
AL-LAD	2.5	0.2
LSZ	5.4	0.2
GBL/GHB	22.1	2.9

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017/2018

4.1% of all respondents had only positive experiences with other new psychoactive substances, while 1,2% reported experiencing both positive and negative effects. 0.6% reported only negative effects. Respondents mostly described good effects during the use and bad effects after the use, including feeling unwell, depression or a need for a new dose. They experienced disorientation as a result of an overdose of GHB. The latter is taken in very small doses, drops - an overdose occurs rapidly and it can lead to unconsciousness.

The survey also focused on a comparison of the risks involved in the use of new drugs compared to 'classic' illicit drugs, such as heroin, cocaine and marijuana. The risk was assessed using a scale from 1 to 5, with 1 representing much less risky than 'classic' drugs and 5 representing very risky compared to 'classic' drugs. Almost half of the respondents (40%) assessed the risk with grade 3. The mean value of the answers selected amounted to 3.7, which equals the danger of new drugs with that of classic ones according to the opinions of respondents.

Respondents were also asked where they would turn to for help in case of problems related to the use of new psychoactive substances. There were multiple answers possible. 70% of respondents answered that they would seek help from friends, 32% would go to their family and relatives, 36% would seek help from the anonymous forums dealing specifically with such issues, 29% would go to drug rehab clinics, 22% would see their personal physician, 23% would go to the DrogArt Association, 28% would call anonymous help lines intended for drug users, while others would not seek help at all or would not know how to act in such a situation.

Of all respondents, 0% already sought help in the past due to NPS.

All of the results gathered in this year's survey are comparable to the survey done in 2015. The only main difference is concerning the identification and prevalence of synthetic cathinones – it is apparent that the drugs ketamine, 1P-LSD and GHB are on the rise amongst students in Slovenia.

## 1.2 Harms Related to NPS Use

Miran Brvar

According to data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana, In 2018 the number of poisonings with gamma-hydroxybutyrate (GHB) and gamma-butyrolactone increased once again in comparison to previous years and reached about the same record numbers from 2013 and 2016 (31 poisonings). In 2018, we treated 27 GHB poisonings and 7 GBL poisonings which is the highest number so far and coincides with reports from non-governmental organisations on the ever more frequent abuse of GBL at parties. In 2018, only 4 cases of poisoning with new psychoactive substances were reported, for example with 3-MMC and synthetic cannabinoids. Among them, the prevailing type of substance were synthetic cathinones, mostly 3-MMC.

### **A brief summary of the SONDA project report (New Psychoactive Substances Monitoring System in Slovenia)**

The purpose of the SONDA project was to identify the occurrence of poisonings with NPS in Slovenia and increase the knowledge of NPS among healthcare professionals. The project connected the 24-hour toxicological informative service with the emergency medical and intensive care units network to establish a centralised collection system for biological samples from persons with NPS poisoning.

During the two-year duration of the project (from October 2016 to October 2018) we collected biological samples (blood and urine) from 145 patients, who were treated in medical facilities in Slovenia for suspected poisoning with NPS and whose cases required a consultation of the physician with the 24-hour toxicological informative service. As part of the project, they managed to analyse blood and urine

samples from 78 patients. The poisoned persons had clinical pictures typical of the sympathicomimetic and serotonin syndrome with predominant symptoms such as mydriasis (16/78), tachycardia (17/78), hypertension (10/78), anxiety (13/78), aggressiveness (27/78), hallucinations (7/78), psychosis (6/78), spasms (8/78), dystonia (8/78), rhabdomyolysis (7/78), and agitation. Often the patients had disturbance of consciousness, from somnolence (12/78) to comma (27/78), most commonly associated with combined use of various benzodiazepines, opioids, antipsychotics, and GHB. It is surprising that NPSs were only found with 4 out of 78 patients treated for suspected poisoning with NPS; they only confirmed poisonings with 3-MMC, mephedrone (twice) and pentedrone, which are all part of the synthetic cathinones group and have been present on the NPS market for a longer period of time. They identified more poisonings with “older” stimulants, such as MDMA (13 cases), amphetamines (8 cases), methamphetamine (1 case), cocaine (5 cases), and GHB (13 cases). For 17 patients (20%) they confirmed the use of psychotropic medications such as ephedrine, midazolam, diazepam, alprazolam, bromazepam, zolpidem, bupropion, pregabalin, fluoxetine, sertraline, quetiapine, olanzapine, and methadone.

### **1.3 Prevalence, Trends and Harms Related to Other drug Use**

The data of the 2018 National Survey on the Use of Tobacco, Alcohol and other Drugs (National Institute of Public Health, 2018) suggest that 2.2% of inhabitants of Slovenia aged 15–64 have used LSD at least once in their lifetime, and 0.3% of them used NPS. Compared to the survey results from 2012, the lifetime use of LSD has increased.

According to the HBSC 2018 survey (Jeriček Klanšček et al. 2019), 4.2% of 17-year-old students used magic mushrooms at least once in their lifetime, 3.6% of them used inhalants, 2.9% LSD and 1.9% new psychoactive substances.

According to the data from the survey About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica, 3% of secondary school students have used LSD at least once in their lifetime, while 5.8% used magic mushrooms, 0.5% GHB, and 1.2% used tranquillizers.

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## SECTION E. SOURCES AND METHODOLOGY

### 1. Sources and methodology

#### 1.1 Sources

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National Survey on the Use of Alcohol, Tobacco and Other Drugs 2018, NIPH, 2019

Survey on (the characteristics of) harm reduction users, 2018

Survey on the Use of Alcohol, Tobacco and Other Drugs, NIPH, 2011-2012

Survey on use of new psychoactive substances (NPS) among University of Ljubljana students, Faculty of Pharmacy

Survey on drug and alcohol use among drivers, Road Safety Agency of RS

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Record of Treatment of Drug Users – TDI database, NIPH, 2018

The data collected within the scope of the Early Warning System for NPS, 2017, 2018

The drug checking services evaluation research, DrogArt 2017

## 1.2 Methodology

### **National Survey on the Use of Tobacco, Alcohol and other Drugs among the residents of Slovenia, National Institute of Public Health, 2018**

The purpose of the survey was to assess the prevalence of the use of tobacco, alcohol, and illicit drugs by the residents of Slovenia, and the prevalence of the inadequate use of medications, use of cannabis for medical purposes, and the incidence of non-chemical addictions. The 2018 survey was the second survey conducted in this field in Slovenia, following the first one in 2011/12.

16,000 Slovenian residents aged 15–64 residing in private households (not institutionalised) were invited to participate in the survey. 8,000 of the residents were invited to participate in the survey in spring and another 8,000 in autumn. The sample was prepared by the Statistical Office of the Republic of Slovenia and the sampling frame was based on survey districts and the Central Population Register. A two-stage sampling was used to produce a stratified two-stage sample (PPS with repetition). The sample was stratified explicitly according to the size and type of settlement, and implicitly according to statistical regions.

Data collection method:

- An online survey prepared and executed by the National Institute of Public Health. The survey was conducted using the 1KA online survey application ([www.1ka.si](http://www.1ka.si)). All selected persons received a notification letter and the password to access the online survey. The online survey was available to the selected participants for the entire time of the duration of the research study.
- Personal interviews, conducted by an outside service provider, via computer-assisted personal interviewing (CAPI). Personal interviews were conducted with all participants who did not respond to the online survey.

9,161 surveys were conducted with selected participants, 46.3% of which were executed online, while 53.7% included personal interviews. The response rate was 62.4%. The respondents included 4,267 (46.6%) men and 4,894 (53.4%) women. A third of respondents (33.3%) were 15 to 34 years old, and 66.7% were 35 to 64 years old. 66.5% of respondents have completed secondary school (middle or lower vocational school or middle technical school or grammar school), 13.9% completed primary school or less, the remaining 33.5% completed university or higher education or more. More than half of respondents were employed (58.3%), 12.9% were secondary school and university students, 10.8% were pensioners, 7.2% were unemployed, and 5.8% were self-employed. The remaining respondents (4.7%) were family workers, homemakers, persons incapable of work, and other. The data in the report are balanced.

The sets of questions on illicit drugs were drafted employing the methodology of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), therefore the results of the survey are comparable with similar surveys conducted in other members of the European Union, while some sets of questions were updated with national issues. The questionnaire includes questions addressing the use of different illicit drugs (marijuana or hashish, ecstasy, amphetamine, methamphetamine, cocaine, heroine, LSD, or other hallucinogens, and new psychoactive substances), the combined use of drugs on one occasion, the reasons for using illicit drugs, and the consequences or problems related to the use of illicit drugs. To examine the prevalence of the use of drugs in the general population, we used three standard time frames, namely the lifelong use of drugs (the use of drugs at some time in a person's life), the use of drugs in the last 12 months before the survey, and the use of drugs in the last 30 days before the survey. The questionnaire also included two sets of questions on the use of cannabis for medical purposes.

In addition, the questionnaire included questions on smoking together with the questions on the use of e-cigarettes, smokeless tobacco products, and heat-not-burn tobacco products.

The questions on the use of tobacco and drugs were complemented with a number of questions on the use of alcohol (beer, wine, spirits), on alcohol intoxication on one occasion, on the attitude towards the use of alcohol and unregistered alcohol use.

For the first time, the survey included questions on the so-called non-chemical addictions, such as spare time internet use, video games, and gambling.

## **HBSC 2018**

The Health Behaviour in School-Aged Children survey (HBSC) follows an internationally standardized methodology and has been carried out in Slovenia every four years since 2002. The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours. In 2018, for the first time in Slovenia, also data on 17-year-old secondary school students were collected. Data on 11-, 13- and 15-year-old students allow cross-national comparisons; trends may be examined at both the national and cross-national level.

### **Model**

Data are collected on nationally representative sample of 11-, 13-, 15- and 17-year old students. The basis for the sample were the data from the Ministry of education, science and sport about the enrolment and number of classes for the school year 2017/2018. The sample was drawn from the list of all relevant classes. The primary sampling unit was school class and classes were randomly selected. Stratified two-stage sampling was used. At the first stage, primary and secondary schools were selected, and at the second stage, among secondary schools, classes within different school programmes were selected (grammar school, 4-year technical school, middle vocational school and lower vocational school). The survey was performed in schools with a self-administered web questionnaire in February 2018.

The gross sample of 17-year olds was: 107 school classes combined of 2519 students. The final response rate for 17-year olds (based on selected classes) was 87,9 %. Net sample size was 1782.

### **Questionnaire**

A Research Protocol is produced every HBSC survey cycle. Each protocol includes scientific rationales for the survey items, the standard international questionnaire and technical appendices on data collection and management. The international standard questionnaire enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. The questionnaire consists of mandatory questions, questions from optional packages and national questions. In 2018, Slovenia added also national questions on different drugs, which were set only to 17-year old students.

### **Procedure**

Data are collected in classes by the schools' education counsellors and teachers following specific instructions prepared by National Institute of Public Health who carries out the survey in Slovenia. The survey is completely anonymous for all participants. The questionnaire only has three personal questions – year and month of birth, and sex – the answers to which alone cannot be used to identify the person that completed the questionnaire. Data are gathered with a self-administered web questionnaire. The field work phase takes one or maximum two weeks to complete, within a specific time frame with no school or bank holidays one month before the survey.

## Data processing

Due to web questionnaire, no data entry is needed. Questionnaires are first checked (whether the number of questionnaires matches the number of people from the school report, quality of responses) and encoded (country, class, person). The administrator of the international database performs data cleaning in two phases. In phase one, inadequate cases are excluded from the database (missing gender, age outside of range, missing grade and age out of range within grade), and in phase two, logical validation checks are applied to the data. National datasets are then sent to the national research team for analysis.

## Term definitions

Daily cannabis use: daily cannabis users are respondents who reported using cannabis 20 days or more during the last 30 days.

Regular use: regular users are respondents who reported using any illicit drug 30 days or more in their lifetime.

## **MOND 2017 survey on alcohol use and its related risks among pupils on graduation trips**

The purpose of the MOND 2017 survey was to examine the characteristics of harmful alcohol consumption and alcohol-related dangerous behaviours among Slovene high school pupils on graduation trips and compared them with the MOND 2007 survey which was carried out ten years ago. The survey was carried out by the DrogArt Association with the help of a larger agency that organises graduation trips from July until the end of August 2017.

In the survey, a modified questionnaire from the first MOND 2007 survey was used (the first questionnaire used an ESPAD scale which refers to the prevalence of drug and alcohol use, the consumption of five or more alcoholic beverages at one time and to dangerous situations encountered by young people due to alcohol use) with additional questions on the sexual behaviour of young people. The finalised sample included 371 final year high-school pupils on graduation trips in 2017 with an average age of 17.8. The sample was not representative and was based on self-selection. Due to problems with distribution of the questionnaire, a smaller sample was included than in 2007 when there were 1,630 respondents.

## **About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica**

About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica As part of their preventive programme, which was co-financed by the Nova Gorica Urban Municipality and the Local Action Group for the prevention of addiction, the Nova Gorica Youth Centre conducted in 2016 a comprehensive research study addressing the lifestyle and risky behaviour of children and youth in Nova Gorica. The research study included questions adapted to the respondents age addressing the issues of satisfaction with life and health, tobacco, alcohol, illicit drugs<sup>8</sup>, non-chemical addictions such as social networks, video games, gambling<sup>9</sup>, other areas, sex<sup>10</sup>, violence, satisfaction with body image, and eating disorders. The target group were primary school students in grades 5 to 9, and secondary school students in grades 1 to 5 from the Nova Gorica Urban Municipality. Despite the anonymous nature of the survey, the research study only included those minors whose parents signed a consent for them to be included in the research study.

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<sup>8</sup> The respondents up to the age of 13 only responded to questions about alcohol and tobacco. On the other hand, older respondents answered questions addressing cannabis and other illicit drugs.

<sup>9</sup> Only for respondents over the age of 13

<sup>10</sup> Only for respondents over the age of 13

Some questions were based on other questionnaires (Youth, ESPAD, HBSC), while others were prepared in collaboration with the Nova Gorica Youth Centre.

The questionnaire was completed by 830 primary school students and 1,569 secondary school students. After eliminating respondents who provided incomplete demographic data (gender, grade, programme), those who did not complete the major part of the questionnaire, and those who obviously failed to employ a serious approach to completing the questionnaire, the sample included 1,441 secondary school students and 779 from primary school students.

The questions about cannabis and other illicit drugs were responded by 148 primary school students in grade 9, (55% of girls and 45% boys), 90% of which lived in an urban area and 10% in rural areas, and 1,441 secondary school students (62.8% of men and 37,2% of women in the age of 14 to 20 years in grades 1 to 5 of secondary school in the Nova Gorica Urban Municipality).

The questionnaire was completed online via the 1KA.si portal. To established contact with the schools were the Youth Centre and the Nova Gorica Urban Municipality. The primary and secondary schools who responded to the invitation, first had to provide parents' consents for minor students to be able to participate in the survey.

Data collection took place during 1 February and 2 May 2016. Within this time frame, the participating schools scheduled the completing of questionnaires individually. The respondents completed the questionnaires in computer rooms supervised by teachers. They were allowed enough time to complete the questionnaires.

Some of the schools (mostly secondary schools) chose to send the questionnaires to their students via email therefore the completion process was not supervised.

The collected data were processed with SPSS, which generally involved the entire sample, unless where stated otherwise.

The primary school data were processed according to gender and grade, while the data from the questions addressing the use of substances were additionally processed according to urban/rural areas. Given that the numerous is very small, the data should be interpreted with caution.

Secondary school data were processed according to grade and gender, while the data from the questions addressing the use of substances were additionally processed according to school programmes.

All questions were processed separately according to grade and gender. In the part addressing alcohol and tobacco use, the data were separated according to grades and school programmes. In the section addressing drugs, some questions were presented in both forms, while some were not, due to the fact that the sample was so small that any further calculations would not be reasonable.

With some questions, the numerous was different, because some responses were excluded (due to a lack of serious approach).

For the data on the use of cannabis and other illicit drugs among secondary school students, the given values present the results of the statistical average, since the research study was conducted in detail according to the grades of secondary school, which demonstrate the biggest differences. Some respondents did not provide answers to all questions.

**Survey on drug and alcohol use among drivers:** Between 26. 10. 2016 and 20. 11. 2016 Road Safety Agency of RS carried out survey on drug use and alcohol use among drivers using web surveying 1ka ([www.1ka.si](http://www.1ka.si)). The online questionnaire was published on Facebook, at the portal of National television (rtvslo.si), at the web site of Road Safety Agency and at the website of Police. 3026 correctly filled out

questionnaires were collected. The respondents didn't need to respond to all questions to be included into final sample, therefore the number of respondents differs at the individual questions.

### **Use of new psychoactive substances (NPS) among University of Ljubljana students**

Between 18/10/2017 and 30/04/2018 a survey on the use of new psychoactive substances (NPS) was carried out among University of Ljubljana students. We used an online survey 1Ka ([www.1ka.si](http://www.1ka.si)) which offers free, easily accessible and anonymous responding. We sent the link to the online questionnaire to the year representatives of different faculties, shared it on their web pages and social networks (Facebook), in student dormitories in Ljubljana and also included the Drogart organisation. In this way, sample randomness was achieved.

The questionnaire included demographical questions (gender, age, place of residence and temporary residence, faculty and year of study) as well as questions on: familiarity with the term NPS, the frequency of combining NPS with alcohol, classical drugs and prescription drugs, familiarity and use of new drugs from the synthetic cannabinoid group, catinones and other psychoactive substances, the age of first contact with a certain drug and a time period of use, method of supply with the drug, personal opinions of users and the effects and relation to the net income/income and weekly/monthly amount of money spent on drugs and alcohol. The purpose of the survey was to collect data on new drugs because the Republic of Slovenia (RS) does not have relevant information on the use and recognisability of new drugs. We also included older, already illicit drugs and newer drugs so that the respondents were able to recognise them to a higher degree.

The target population was young adults, students of the University of Ljubljana with an average age of 22.0 years (at least 18 and max. 26 years or until the end of student status validity). Using an online survey, we gathered 516 suitable responses, 32% of the respondents were male and 68% female.

**Survey on (the characteristics of) harm reduction users:** The survey was carried out between 1/11/2018 and 31/12/2018 within harm reduction programmes in Slovenia. The survey 'Questionnaire on drug consumption' among harm reduction programme users (ZŠ) was completed by 10 societies (Društvo Stigma, DruštvoSvit, Društvo Po moč, Društvo Pot, DruštvoZdrava pot, DruštvoKraljiulice, Javnizavod Socio Celje, Šent – daily centre Ljubljana, Šent – zavetišče Ljubljana Šent Velenje and Šent Nova Gorica, Združenje DrogArt). Questionnaires were filled out by users who were attending programmes in stationary locations and users reached by expert programme workers in the field. Cooperation in the survey was voluntary and anonymous. The data was entered into the NIJZOE Koper database and processed by the IBM SPSS application. The majority of questions were closed questions but a couple of them added the option of adding answers (e.g. "Please, list your health problems").

In 2018, the survey included 248 harm reduction programme users in the field of drugs in Slovenia. The respondents were 81% male and 19% female. The average age of the respondents was 39 years. The youngest respondent was 18 and the oldest 61 years of age.

The majority of the respondents had completed vocational or secondary schools (60.9%), 31.5% had only primary school level education and 5.2% had higher education, university degree or higher qualifications. 2.4% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (84.5%); 9.8% of them were regularly employed, 5.3% retired and 0.4% still in school.

The largest percentage of the respondents (40.5%) lived alone, a slightly smaller percentage (23.6%) still lived with their parents or relatives, 6.6% lived together with their partner, 4.1% with friends, 10.3% in shelters and 9.5% outside (in the park, street, abandoned buildings).

77% of the respondent harm reduction programme users had been included in other programmes for illicit drug users in the last year. 97.7% of these users participated only in a substitutional programme, 2% only in programmes to reach abstinence and only one respondent indicated hospital detoxification. 23% were not included in any other programme in the last year.

The police dealt with 32.9 % of the respondents in 2017.

NIPH Koper Regional Unit is keeping current records of the issued equipment and supplies. Professionals employed in harm reduction programs fill out questionnaires on drug use once per year, which are then forwarded to NIPH Koper Regional Unit and entered into the database where the data is processed.

**High risk opioids use:** We assessed the **number of high risk opioids users** using the multiplier method (treatment multiplier). We obtained the multiplier based on databases from the survey carried out among harm reduction programme users which included 248 persons and on the CPTDA database with an estimated inclusion of 3,735 persons (the estimate also includes persons from other centres who did not report on a persons inclusion but carried out such treatment programmes) who are being treated for opioids and other illicit drugs addiction. The multiplier was obtained based on the question: “Did you participate in a substitutional programme in the last year?” from the survey “Questionnaire on drug use” among harm reduction programme users.

Since both databases relate to drug users (mostly opioids) in treatment and harm reduction programs, we assume that the estimation is underestimated, because both bases fail to include persons who are not participating in such programs (hidden population). The survey in harm reduction programs was also bound by a shorter period, presenting a higher probability of including persons who are using harm reduction programmes more frequently. We used data from recent years for those CPTDA centres without reports on included persons. The analysis also included persons included in treatment programmes for opiates addiction in prisons.

#### **Wastewater-based epidemiology and COST action ES1307:**

Wastewater-based epidemiology is an approach based on determining the quantity of excreted drug compounds and their metabolites (urinary biomarkers) in municipal raw wastewater. Using biomarker concentration determined by chemical analysis of raw wastewater and taking into account the flow rate, drug excretion profiles and size of the target population, drug consumption can be estimated<sup>1</sup>. Consumption of stimulant drugs (cocaine, amphetamine, methamphetamine and MDMA or ecstasy) was estimated and compared among different European cities and other world capitals within the COST Action ES1307<sup>2</sup>, which is supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Slovenia first participated in 2017 and 2018, delivering first WBE data for Ljubljana<sup>3</sup> and then in 2018 the municipalities of Maribor and Domžale-Kamnik were also included. The number of countries and cities that participate in the action increases yearly; in 2017, data were obtained for 23 countries (73 cities), while in 2018 this had increased to 27 countries (85 cities)<sup>2</sup>.

**Target analytes:** After consumption, illicit drugs are excreted from the human body either in the form of the parent drug or as a metabolite. For example, amphetamine-type drugs are mostly excreted unchanged ( $\leq 65\%$ ), while cocaine is excreted mainly as its metabolite, benzoylecgonine (35-45%)<sup>4</sup>. An ideal biomarker is a major and exclusive excretion product (metabolite or unchanged parent drug), which is stable and detectable in wastewater. This study determined five urinary biomarkers of stimulating drugs, including amphetamine (AMP), methamphetamine (MAMP), 3,4-methylenedioxymethamphetamine (MDMA), cocaine (COC) and benzoylecgonine (BE).

**Sample collection and analysis:** Seven samples of untreated municipal wastewater were collected over seven consecutive days in April 2018 at the inflow of three Wastewater Treatment Plants (WWTP) servicing the municipalities of Ljubljana, Domžale-Kamnik and Maribor. The WWTPs differ in size (WWTP Ljubljana: 360000 population equivalents (PE), WWTP Domžale-Kamnik: 92000 PE and WWTP Maribor 136356 PE). Samples were analysed by the COST SCORE partners (Institute for Pharmacological Research „Mario Negri”, Milan, Italy and the University of Antwerp, Belgium).

**Estimation of drug consumption:** Drug consumption was assessed according to Zuccato et al. (2008)<sup>1</sup>. The selected biomarkers were benzoylecgonine (cocaine), amphetamine, methamphetamine, and MDMA. The daily mass loads were calculated by multiplying the concentrations of selected urinary biomarkers by the daily wastewater flow. These daily mass loads were then normalized by dividing the average mass loads with the number of inhabitants (in thousands) served by the WWTPs. Drug consumption (mg/day/1000 inhabitants) was calculated by multiplying the normalized population mass loads by a correction factor used to convert the excreted amount of a specific drug into a consumed amount (Table 1). The correction factor takes into account the percentage of parent drug excreted as the chosen metabolite and the parent drug-to-metabolite molar mass ratio. The average doses of drugs used in Slovenia were obtained from the DrogArt web-page and used to calculate illicit drug consumption (doses/day/1000 inhabitants)<sup>5</sup>.

**Table 1.** Selected drug biomarkers and data used for estimation of drug consumption

Stimulating drug	Urinary biomarker	Percentage of drug dose excreted as drug biomarker (%)	Molar ratio	Correction factor	Average dose (mg)
Cocaine	BE	29	1.05	3.6 <sup>6</sup>	30 <sup>5</sup>
Amphetamine	AMP	36	1.00	2.8 <sup>7</sup>	47.5 <sup>5</sup>
Methamphetamine	MAMP	22.7	1.00	2.3 <sup>7</sup>	15 <sup>5</sup>
Ecstasy (MDMA)	MDMA	22.5	1.00	4.4 <sup>7</sup>	95 <sup>5</sup>

<sup>5</sup>DrogArt; <sup>6</sup>Castiglioni et al., 2013; <sup>7</sup>Gracia-Lor et al., 2016  
MDMA - 3,4-methylenedioxyamphetamine

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# **Prevention workbook**

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## Summary

- The Resolution on the National Programme on Illicit Drugs 2014–2020 is the basic document that also contains starting points for prevention. In prevention of illicit drug use, the resolution also envisages the implementation of approaches that are based on modern scientific knowledge and are professionally implemented and evaluated. Otherwise, prevention is regulated in Slovenia with laws, regulations and guidelines within the various departments coordinated by the Ministry of Health, which are in the field of preventing the use of psychoactive substances. The carriers and providers of prevention services are governmental and non-governmental institutions, associations, local authorities, universities and research institutions.
- In the field of environmental prevention the various interventions refer mostly to alcohol and tobacco. In addition to legislative measures, there are also many campaigns such as mystery shopping, and these are intended for active monitoring of legislation violations in the fields of tobacco and alcohol use. Universal Prevention Programmes are implemented mostly in schools. In recent years, various programmes intended for parents, such as the "Incredible Years" programme, have been implemented. Several programmes that focus on the prevention of drug use, such as "Izštekanj", "Effekt" etc. are implemented besides programmes that address the strengthening of health and healthy life skills (Health Education, Health Promoting Schools). Local action groups that are an example of a community approach to implementation have been active in the community for several years. Selective prevention in Slovenia arises mostly from social work that has a history of long-term and quality development, and from the needs that have been detected within the drug use-related harm reduction programmes. Therefore, selective prevention programmes in Slovenia frequently contain the elements of harm reduction. Selective prevention programmes comprise the programme for young people who dropped out of school (PUM-O), the early intervention programme FredGoes Net, and programmes for vulnerable families such as "Family Strengthening" and "Family Centres". The indicated prevention is implemented within the scope of the public health care system; it is implemented by organisations and specialised associations on the national, regional and local levels. Most programmes are implemented within the organised therapeutic and educational context.
- Slovenia does not have a common quality assurance system, therefore, institutions that deal with prevention usually determine the method for ensuring quality. Several publications with descriptions of quality standards were issued in the previous years, as well as guidelines for quality work in prevention. With the establishment and release of national quality standards for prevention programmes in 2016, significant progress was made in terms of quality assurance as well.
- In general, abandonment of prevention practices that do not work or can even cause damage to target populations is observed on all prevention levels. In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated.
- On its 14th meeting in May 2019, the Commission on Narcotic Drugs of the Government of the Republic of Slovenia adopted a resolution by which it tasked the Ministry of Health to form an interdepartmental work group that would prepare a comprehensive model for the prevention of the use of illicit drugs.
- The new Action Plan in the Field of Illicit Drugs 2019–2020, adopted by the Government of the Republic of Slovenian in July 2019, also includes prevention quality assurance objectives.
- The Utrip Institute implemented a first training for future implementers of the boys and Girls Plus programme and organised a training for future trainers and supervisors of school-based prevention programme Good Behavior Game.

# 1. National profile

## 1.1 Policy and organization

Branka Božank, Andreja Drev, Jože Hren

### 1.1.1 Main prevention-related objectives of national drug strategy or other key drug policy document

The Resolution on the National Programme on Illicit Drugs 2014–2020 points out that the state should take appropriate measures to protect children and adolescents from supplying and using drugs. The state should support them in making decisions not to use drugs by employing approaches that are based on current scientific knowledge and implemented and evaluated in a professional manner. These approaches include drug use prevention (the objective is total abstinence or the postponement of initiation to a later age), the reduction of drug use-related risks (safer use in the event of actual use) and the control of drug supply. The purpose of these approaches should be to improve the social competencies of children and adolescents, including by teaching them social skills, developing appropriate strategies for coping with life challenges, distress, and crisis situations and encouraging their personal development. Therefore, children and adolescents, as well as parents and educators should have access to objective information, knowledge and skills. It is important that children and adolescents are acquainted with how drugs affect the society and individuals, that they understand the drug-related risks and have the opportunity to study the manner of reducing personal and social problems relating to drugs and that they talk about this with adults they trust and their peers in accordance with the degree of their development. Simultaneously, they should be given the opportunity to live a healthy lifestyle and participate in the decision-making process in their social environment. To sum up, prevention must be based on modern scientific knowledge and evaluated programmes, since improper approaches can encourage the behaviour which it basically wants to prevent.

On 31 July 2019, the Government of the Republic of Slovenia adopted the Action Plan in the Field of Illicit Drugs 2019–2020 which, among other things, includes a few of the quality assurance objectives in the field of prevention. These objectives are: promotion of quality standards for prevention programmes in the field of drugs and application of these standards in the development of programmes and public tenders for financing prevention programmes, promotion of environmental, universal, and selective prevention and healthy lifestyle promotion programmes in the context of education and teaching.

### 1.1.2 The organisational structure responsible for the development and implementation of prevention interventions

In Slovenia, prevention is regulated by laws, regulations and guidelines within different ministry departments; in the case of prevention of psychoactive substance use, these departments are coordinated by the Ministry of Health. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, acting as an interdepartmental work group made up of representatives from nine ministries and two NGO unions working in the area of drugs, is responsible for coordinating the government policy, measures and programmes. Prevention is organized and delivered by government institutions and non-governmental organizations (NGOs), societies, local authorities, universities and research institutions.

The Ministry of Education and Sport is the authority responsible for prevention programmes in children's day care centres and schools, with valuable professional support being offered by the National Education Institute Slovenia. Numerous prevention programmes are part of regular preschool and

school curricula, and prevention programmes are also being run as part of various projects and by external providers. Slovenian schools follow the applicable drug laws, particularly the Act Restricting the Use of Alcohol and the Act Restricting the Use of Tobacco Products. Schools must also adhere to the Rules on the School Order in Secondary Schools and the Rules on Elementary School Student's Rights and Duties; some individual schools have put in place a special protocol of measures for handling incidents involving the use, possession and trafficking of psychoactive substances in school.

Apart from youth centres and numerous government institutions and NGOs and engaged individuals, regional Red Cross Associations, operating under the wing of the Slovenian Red Cross, and some religious organizations also play quite an active role in the local communities. Police officers play an important part in reducing risk behaviours within their local communities. To employ the whole community approach in preventing and reducing issues related to psychoactive substances, addiction and other forms of risk behaviours, Local Action Groups ("LAGs") have been established across Slovenia. Most LAGs operate as expert consultative bodies of the mayor and/or city/municipal council, some as part of youth centres, societies or public institutions.

Most of the funding for selective prevention programmes is provided by the Ministry of Labour, Family and Social Affairs. While selective prevention is carried out by government institutions, NGOs and societies, it is the non-governmental sector that prevails. Indicated prevention is carried out by government organizations and specialized societies, communities and associations at national, regional and local levels. Most programmes are run in an organized therapeutic, educational and counselling context.

### **1.1.3 Funding system underlying prevention interventions**

The Ministry of Health provides funds via public tenders (2- or 3-year period for co-financing programmes implemented by NGOs and other non-profit legal entities), via public procurement and the public services of the NIPH. The Ministry of Health, Family, Social Affairs and Equal Opportunities publishes public tenders to co-finance social assistance programmes to a max. 80%, i.e. for verified social assistance programmes for a 7-year period and other programmes for 1-year period. The remaining share of funds is acquired by NGOs and other non-profit legal entities from other sources such as municipalities, European funds, private funds, etc.

## **1.2 Prevention interventions**

### **1.2.1 Environmental prevention interventions and policies**

#### **Alcohol**

Maja Roškar, Sandra Radoš Krnel, Tadeja Hočevar, Nataša Blažko, Maša Serec, Mateja Markl, Vesna Marinko

By adopting advanced and effective measures to reduce alcohol use, Slovenia has managed to make several important steps towards establishing an effective alcohol policy in recent years. The most important law addressing the alcohol issue was passed in 2003, the Act Restricting the Use of Alcohol (Official Gazette of the Republic of Slovenia, No. 15/03), which has been essential in enforcing limited access to alcoholic beverages, for young people in particular. This Act also introduced the disclosure of alcohol content on labels of foods containing alcohol, a warning that the food product is not suitable for children, a ban on selling and offering alcohol to underage (under 18 years) and to anyone showing obvious signs of drunkenness. The sale of alcoholic beverages was restricted in terms of points of sale and hours of the day., It is forbidden to sell alcohol between 21 pm and 7 am the next day, except in

catering establishments, where the sale of alcoholic beverages is allowed during their operating time. It is also forbidden to sell spirits in bars from the start of the daytime opening hours until 10 am (this prohibition includes the adding of spirits to non-alcoholic drinks and other beverages). There is also a requirement to offer non-alcoholic beverages at a lower price. The act prohibits the sale and offer of alcohol in facilities and functional land where education and health activities are performed, at sport facilities where sport events take place, i.e. one hour before the start and during the sport event, and during working hours in the workplace. The act amendments that entered into force in 2017 allow the sale or offer of alcoholic beverages containing less than 15 volume percent of alcohol (e.g. beer and wine, not spirits) at sport facilities and functional land one hour before the start and during a public sport event.

Other laws (described below) in connection with reducing hazardous and harmful alcohol use have not been changed in the past year:

- Passed in 2001, the Media Act (Official Gazette of the Republic of Slovenia, No. 35/01) placed a complete ban on advertising alcoholic beverages, but with the Act Amending the Health and Hygiene Safety of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs Act (Official Gazette of the Republic of Slovenia, No. 42/02), passed in 2002, such advertising was no longer banned completely but was merely restricted. The ban on advertising spirits remains in place, while the rest of alcoholic beverages are subject to certain restrictions in terms of point of sale, hours of the day, and advertisement content. Health warning labels are legally required on alcohol advertisements in Slovenia at the national level.
- The adoption of amendments to traffic laws (Resolution on the National Road Traffic Safety Programme, Road Traffic Safety Act, Drivers Act), which incorporate health measures since 2010, has resulted in a reduced number of traffic accidents involving alcohol. The main strategies used to prevent drink driving are random breath testing and sobriety checkpoints.
- The Occupational Health and Safety Act (Official Gazette of the Republic of Slovenia, No. 43/11), passed in 2011, introduced a prohibition of being under the influence of alcohol, drugs or other psychoactive substances at work.
- The Protection of Public Order Act (Official Gazette of the Republic of Slovenia, No. 70/06) prohibits youngsters under 16 years, i.e. between 24:00 and 5:00, the entry to hospitality facilities and events where alcohol is served if they are not accompanied by parents, foster carers or guardians.
- The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 84/98), which regulates the taxation of alcoholic beverages, was enacted in 1998. Under this act, all alcoholic beverages were subject to excise duties except for wine. In 2016, the act introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty. The act also stipulates the introduction of a new excise duty subjects, small beer producers and small spirits producers, who will pay a 50% lower excise duty for fixed quantities of beer and spirits.

A one-on-one counselling service to help stop hazardous and harmful alcohol drinking has been available since 2002 within the national network of health care and education centres, which operate as part of community health care centres. With the establishment of reference clinics (2011), and different projects, including SOPA – “Interdisciplinary approach in tackling hazardous and harmful alcohol drinking in Slovenian adults” (2016; funded within the framework of the European social fund), Slovenia further increased its capacities for the preventive treatment of people with at-risk and heavy drinking problems.

In 2019 Slovenian traffic safety agency proposed the following changes to the Road traffic rules act on driving under the influence of alcohol and drugs: (1) lowering permitted blood alcohol level in all drivers (from 0,5 g/l to 0,0 or 0,2 g/l), (2) lowering blood alcohol level to enter mandatory rehabilitation

programmes (to 0,8 g of alcohol per litre of blood), (3) longer period of driving licence withdrawal, (4) separate rehabilitation programmes for drivers driving under the influence of drugs and (5) introduction of additional measurements regarding re-offenders such as alco-locks.

## **Tobacco**

Helena Koprivnikar

Most of tobacco control measures from the new Law on restricting the use of tobacco and related products have already come into force (large pictorial health warnings on packs of tobacco products for smoking, complete ban on advertising, promotion and display of tobacco products, licences for selling tobacco products and ban on cigarette and roll-your-own tobacco with characterising flavours other than menthol). Plain packaging for cigarettes and roll-your-own tobacco packets and ban on menthol characterising flavour in cigarettes and roll-your own tobacco, will enter into force in on 1st of January 2020. Related products, such as electronic cigarettes and herbal cigarettes, are equally regulated compared to tobacco products in banning advertising, promotion, display, banning sales to minors, banning use in enclosed public and working places and requiring licenses for selling. Smoking/use of tobacco and related products is also banned in cars in the presence of minors, while ban on smoking in all enclosed public and working places has been implemented in 2007.

Studies performed in 2018, after the new law was implemented, show that prevalence of smoking among adolescents and young adults decreased significantly in comparison to the time before the law was introduced. Prevalence of smoking among general population did not change, while average number of cigarettes smoked significantly decreased. Beside increases in prices, which were not significant after 2013, there were no other major new measures or programmes during the observed period, so we can attribute a significant part of the favourable changes in smoking behaviour to the measures from the new law and intensive discussions and media presence before its implementation. To experience the full effect of the measures in the new law it is necessary to wait for the implementation of all measures, to ensure the maximum compliance and to allow sufficient time for the measures to show their maximum effect as these measures are long-term by nature. It should be noted, however, that significant percentages of inhabitants and youth still report exposure to advertising, display and promotion of tobacco products, which signals the presence of violations of the law and this may decrease the impact of its measures.

In accordance with the law first tobacco control strategy was prepared and released for public consultation, which ended 5th of August 2019. Also, a coordination group consisting of representatives of the Ministry of Health, Ministry of Finance, Ministry of Education, Science and Sport, public administration authorities responsible for the supervision of the provisions of the law, the National Institute for Public Health, National Laboratory for Health, Environment and Food and non-governmental organizations involved in the implementation of prevention was set up and will have the task to monitor the impact of the use of tobacco and related products on public health, the implementation of the law, strategies for mitigating the consequences of tobacco use and implementation plans.

## **Mystery Shopping**

Daša Kokole, Ingrid Kristančič Šömen

In 2018 and 2019, non-governmental organisations were actively conducting mystery shopping campaigns with the intent to verify compliance with tobacco and alcohol legislation. Similar campaigns in the past identified a high level of non-compliance, since underage activists succeeded to buy tobacco and alcohol in over 90 percent of the cases (Kokole 2015, Košir and Vujkovic 2018). During the period

from November 2018 to January 2019, underage activists from the No Excuse Youth Network made 100 purchases of alcohol and 100 purchases of tobacco in 6 Slovenian regions and their biggest cities which included Ljubljana, Maribor, Celje, Kranj, Novo mesto, and Koper. In April 2019, they also made 26 intervention purchases of alcohol in collaboration with the Market inspectorate of the Republic of Slovenia. The stores were randomly selected by lot. In 18 instances the purchase was successful (alcohol was sold to underage activists) while the rest of the purchases (8) were unsuccessful, meaning that the inspectors took action in 18 cases.

At the end of 2018 and in the first half of 2019, the NewPrevent non-governmental organisation and the Utrip Institute conducted two mystery shopping campaigns as part of the STAD project (<http://http://stadineurope.eu>). The two campaigns entailed 19 purchases of alcohol in the municipalities of Koper, Izola, and Piran. In over 90% of the cases, the underage activists were able to readily buy alcohol. In addition, two training events were organised for staff serving alcohol which were attended by 18 employees from 5 bars.

### **1.2.2 Universal prevention interventions**

Andreja Drev, Vesna Pucelj, Mojca Bevc, Matej Košir, Daša Kokole, Ingrid Kristančič Šömen

Based on the findings of the national survey (Kašnik Janet et al., 2009; Kašnik Janet et al., 2009a), most of the general goals of prevention programmes at the universal prevention level revolve around building up and improving life skills and on establishing safe and inspiring living environments. Only a small proportion of the programmes focus merely on raising awareness and providing information.

Programmes for parents increasingly shift from traditional methods of passing information to employing approaches focused on intensive training and strengthening of knowledge and skills, which parents may find helpful in raising their children. One such programme is the Incredible Years (originally, "Neverjetna leta") programme. In 2015, a pilot study was conducted to introduce the Incredible Years® parenting program in Slovenia. A consortium of nine partner institutions from five Slovenian regions, including child and adolescent mental health teams, centers for social affairs and the Municipality of Ljubljana, delivered the program to the first 330 parents. Due to a high interest among professionals and parents to take part in the program, the Ministry of Health and Ministry of Work, Families, Social affairs and Equal opportunities supported the delivery of the programme. Its regional implementation is supported and planned in the Resolution for a national mental health program, accepted by Parliament earlier this year. Until now, the program has been delivered to more than 600 parents. According to the data of the implemented evaluation, parents gave the highest level of evaluation to the effect of the programme in improving the connection to their children, the outcome has observed changes in their parenting skills, improvement in children's behavioural problems as well as parenting well-being.

Despite offering a more diverse range of activities, events only draw in a smaller number of parents, and participants are mostly individuals with prior knowledge and clear positions on (not) using psychoactive substances. Parents that would benefit the most from receiving information about preventing risk behaviours or resolving existing problems, do not take part in the events and workshops.

Universal prevention in schools remains the most frequently used approach in the country. Prevention starts in preschool, so all children's daycare centres in Slovenia systematically incorporate into their curricula general elements of developing and strengthening social, emotional and behavioural competencies. As early as preschool, children are introduced to "Health Education" promoters (originally, "Vzgoja za zdravje"), a program funded by the Health Insurance Institute of Slovenia. Health education is part of health promotion and is defined as a planned process of gaining knowledge about health or a disease. Health education is more than just spreading information, it is an active learning process that takes into account personal experiences and socioeconomic factors. Its aim is to provide

information and encourage individuals or groups to take care of their health. There are also various programmes that enable individuals to gain and increase knowledge, formulate views and find out useful information on how to lead a healthy lifestyle. In 2016, the health promotion programme for the youth (15 to 25 years) who do not finish their regular schooling and are unemployed, was set-up as a test programme. The programme has been designed in cooperation with the programme on Project Learning for Young Adults that evolves under the Slovenian Institute for Adult Education. In 2017, a couple of other health care centres began to run the programme, in the first half of 2019, health education facilitators allied with all thirteen organisations that currently implement the Project Learning for Young Adults programme (PUM-O).

National Institute of Public Health, in liaison with all its regional branches, produced a reference manuals with lesson plans for individual classes or age groups of pre-school-age children, primary-school-age children, secondary-school-age youngsters for all Health Education facilitators. The programmed learning approach to health education for different age groups of children and youngsters came to life nationwide with the signing of a General Agreement with the Health Insurance Institute of Slovenia ("ZZZS") for the contract year 2017 (a general agreement is signed every year) and after providing all facilitators with proper training for giving lessons on prevention independently. Health education lessons cover various aspects of maintaining good health; specifically, topics on drugs, addiction and risk behaviours are taught in fifth grade, and this issue is again indirectly addressed in later grades when children learn about growing up, positive self-image, interpersonal relations and healthy sexuality. In the 2018/2019 school year, the health education facilitators conducted health education workshops in 94.5% of all school departments. The workshop on addiction designed for 5th grade students was conducted in 96.7% of departments. The interactive workshop focused on the strengthening of identity, and development and reinforcement of social, emotional, and behavioural skills that play a crucial role in enabling children and young people to take healthy and sound lifestyle decisions. Health education is also provided to secondary school students. Lessons for secondary school students address, among others, psychoactive substances and non-chemical addictions, particularly to modern communication technologies. In the 2018/2018 school year, facilitators conducted 209 workshops in the field of psychoactive substances and addictions covering one third of all secondary school departments. In addition, addiction-related topics are also included as part of other content, workshops, and discussions carried out as part of the health education programme.

The most methodical prevention programmes being offered across the country belong to what is known as the Schools for Health programme. Slovenia joined the Schools for Health in Europe network ("SHE Network") in 1993. In the 2018/2019 school year the Slovenian Network of Health Promoting Schools expanded for the sixth time to include 35 new institutions. The network currently includes 323 primary schools (71% of all primary schools), 62 secondary schools (34% of all secondary schools), 10 school dormitories (28% of all school dormitories), and 3 institutions for children with special needs. Their programmes revolve around strengthening healthy life skills with little coverage of the elements of preventing problem behaviours, including drug use, among others. A new main theme is chosen every year on which the activities in that school year are based. The school year 2016/17, for the third year running, was dedicated to strengthening mental health as the basis of preventive efforts. In early 2016, based on a manual entitled "Health Through Art – Guidelines for Teachers on Discussing Select Health Topics," the NIPH, through its regional coordinators, started training school team leads in the Health Promoting Schools (and others that expressed interest). The manual sets out expert guidelines on how to address and discuss typically sensitive health topics such as mental health, eating disorders, healthy sexuality, and issues involving alcohol, tobacco and drugs. For the school year 2017/18, the Slovenian Network of Health Promoting Schools chose mental health promotion as the main topic and added guidelines for a healthy diet and more physical activity in the school environment. This year, two new

important topics were added to the programme: education in real and digital world, and schools' approach to tackling addiction with psychoactive substances.

Starting in the school year 2010/2011, the Utrip Institute has been offering in some schools a prevention programme called Unplugged (originally, "*Izštekanj*"), which is aimed at 12 to 14-year-olds and their parents. According to the evaluation results of the pilot stage (2010/11), school children participating in the programme (intervention group), in contrast to the control group, were shown to exhibit lower rates for cigarette use, occasional and regular use of alcohol and binge drinking, and the use of cannabis and other illicit drugs. Process evaluation has since the start shown a high level of fidelity to the programme, meaning that the teachers implement the programme as envisaged. In the school year 2018/2019, the "*Izštekanj*" programme comprised approximately 1,500 students from 34 elementary schools. In the 2018–2019 period, 1 training course was implemented for programme carriers and 12 new teachers and school counsellors from 6 elementary schools attended the training. The "Effekt" programme has also been run by the Utrip Institute since 2014, focusing on the maintenance of stricter rules of parents with regard to alcohol use among their children and youngsters. Collaboration with the Ljubljana regional branch of the Red Cross was established to disseminate and implement the "Effekt" programme in elementary and secondary schools in the Ljubljana region. Schools regularly implement it (teachers and counsellors trained by the Utrip institute) in 10 primary and 6 secondary schools. The "Effekt" programme in the Ljubljana region will be finally (outcome) evaluated in spring 2020. Additionally, the programme is also running in primary schools in Laško, Zreče, Ptuj and Tolmin.

The No Excuse Youth Association (originally, "*Brez izgovora*") has been running tobacco and alcohol abuse prevention programmes in schools for the last ten years and in the past year, they also added a cannabis abuse programme and other novelties. In the past two years, they have raised awareness among more than 10,000 primary and secondary school pupils and more than 150,000 over the span of nine years. As a pilot project, workshops on the prevention of peer violence were also implemented.

In 2018, the NoExcuse Network started implementing the Martin Krpan programme in some of the primary schools. The programme, which is intended to foster prevention in the field of alcohol and tobacco addiction, includes multiple interventions that focus on acquiring social and life skills. The programme employs interactive workshops to equip young people with skills that will enable them to face various challenges in life, resist alcohol and tobacco use, and take sound decisions. The programme is intended for students attending the last three years of primary school (second half of grade 7, and grades 8 and 9) and consists of 15 hours of workshops which are included in regular school lessons as agreed upon with the class teacher. In addition to students, the programme strives to include teachers, class teachers, school counsellors, and parents. The programme also includes an evaluation of processes and effects. Processes are evaluated at the end of each series of workshops (after the last, fifth workshop) while the effects of the programme will be evaluated in 2020.

The primary objective of school-based prevention programmes, however, is not to impart information but to strengthen various life skills, providing only limited information on drugs; interactive techniques are increasingly being used.

Most school-based prevention programmes are being offered by external providers (experts in various fields, representatives from government institutions and NGOs, private individuals, and others), followed by a combination of teacher and external provider; only rarely are drug and addiction prevention activities undertaken by teachers alone. Major progress for the better has been made in recent years in raising awareness regarding prevention practices that do not work or may even cause harm in target populations. Above all, there has been a decrease in the number of former drug users participating in the programmes and lectures, something which was common practice ten and more years ago.

Some individual schools have put in place a special protocol of measures for handling incidents involving the use, possession and trafficking of psychoactive substances in school. In practice, schools face concrete situations involving drug use or trafficking which they tackle with varying degrees of success. Schools lack coordinated practical policies to follow, protocols that would enable them to take proper action and to cooperate with other stakeholders whose expertise and experience could help not only to resolve acute situations but also to set up longer-term measures (for example, the police, NGOs, public utility service, and so on). Teaching staff assess and act on information concerning their students in accordance with their professional qualifications and also the law.

To employ the whole community approach in preventing and reducing issues related to psychoactive substances, addiction and other forms of risk behaviours, Local Action Groups ("LAGs") have been established across Slovenia. Their activities encompass community-based programmes which play a major part in preventing and reducing drug use and addiction, improving the health of addicts and their reintegration, and increasing the welfare of the local population and the social cohesiveness of the local community. Most LAGs focus on preventing the use of licit and illicit drugs and on promoting a healthy lifestyle in the local community. An example of this is the municipality of Radlje ob Dravi, which in the 2014-2018 period via its Public Institute for Sport, Culture, Tourism and Youth and in cooperation with the Utrip Institute established a local action group in the field of addiction prevention. To a great extent, they followed the Communities That Care (CTC) model that was developed in the USA. The Radlje ob Dravi Municipality adopted a short-term action plan describing all goals, activities, measurable indicators, carriers and providers, as well as deadlines and successfully transferred one example of best practice (i.e. the family prevention programme entitled " Strengthening Family Program") into its environment. The programme was successfully implemented in 2018 and 2019 with the fourth and fifth generation of families at risk. Another example is the Coordination Prevention Group at the Municipality of Koper. The Group identifies young people demonstrating risky behaviour or being at risk and carries out an early intervention action with individual treatment. The Coordination Group was established in 2016 and includes representatives from the centres for social work, police, health care, home nursing, National Institute of Public Health Regional Unit Koper, and the NewPrevent NGO. In 2018, they handled 6 cases of young people demonstrating risky behaviour or being at risk. The risk factors associated to these young people include poor school performance and dropping out of primary school education, early use of psychoactive substances in peer groups, poor social integration after immigrating to the country, participation in acts with elements of violence, petty crimes etc. In all of these cases, educational helplessness of the parents was identified. The action plan provides for young people to be included in sound peer communities, gain motivation for learning, encourage them in seeking pleasure in areas where they are particularly successful, and offers peer support from youth workers equipped with suitable knowledge from the field of acquiring social skills and counselling.

Police officers play an important part in reducing risk behaviours within their local communities. The most common target populations of prevention programmes carried out by police officers and criminal investigators are preschool and primary-school-age children, followed by parents, professional staff and secondary school students; their universal prevention programmes seldom target the general population and higher education students. For a long time, police officers and criminal investigators would carry around, in a so-called drug prevention briefcase, samples (imitations) of illicit drugs for presentation purposes. When this approach turned out to be ineffective – it often included elements of intimidation – this practice began to be phased out some ten years ago and today this approach is no longer employed in school settings.

### 1.2.3 Selective prevention interventions

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Selective prevention in Slovenia has evolved primarily from the sphere of social work, which has seen extensive, quality development over the years, and from the needs identified in harm reduction programmes associated with drug use. This is why selective prevention programmes offered in Slovenia typically incorporate harm reduction elements.

In the field of prevention work in vulnerable groups the Project Learning for Young Adults programme (PUM-O) has an important role in working with the youth who did not complete their schooling. In the current, updated and upgraded form, the programme started in May 2016. Prior to that, the PUM programme functioned from the 1990s to June 2015.

PUM-O is an educational programme intended for the youth who are not in employment, education or training (NEET youth) as well as for pupils who attend regular schooling but are in danger to drop out. The age of PUM-O students are 15 to 26. The main purpose of the programme is to bring young adults closer to the labour market by supporting their personal development, overcoming social exclusion, supporting them in further education and thus helping them in creating their professional, social and cultural identity. Every participant outline his/her personal career and personal learning plan that shall follow during the program. There are mentors who help students in articulating life goals and support them to achieve them. Mentors also help students in resolving their crucial life problems that have contributed to their dropping out of school. In doing so they cooperate with experts from other institutions i.e. employment services, medical institutions, schools, social services. Participants join the program upon the recommendation of job counsellors, social workers or parents or even their peers who have already joined the program. Participation is voluntary and free of charge and lasts approximately 10 months with the possibility of extending or shortening the participation (Slovenian Institute for Adult Education, 2016). In the period from 2016 to 2018 1376 students participated in PUM-O programme.

Within the scope of working with children with social, behavioural or learning problems, children from families with addicted members (alcohol, drugs) and those who want to actively spend their free time, 26 programmes for children and youngsters functioned in 2018, including one telephone counselling programme. These programmes contribute to inclusion of children and youngsters who are in distress due to various reasons, not only addictions. 7,471 people were included in counselling and daily centres in 2018. 32,000 phone conversations and 1,222 electronic services (via e-mail and e-chatroom) were carried out within the scope of the telephone counselling programme. These programmes also include Sonček Ilirska Bistrica day centre (241 users in 2018), Škrlovec day centre for the youth and families (there were 154 users of the programme in 2018, of which 126 were younger than 18 years), Žarek Jesenice day centre: The Youth Should Not Be Brought Up by the Street (total number of various users in 2018 was 413), and the Korak programme, which is a part of the community programmes for the youth of the Social Work Centre Ljubljana Moste-Polje (136 people were included in the activities of this programme in 2018).

With the purpose of improving the social inclusion of the Roma, the following programmes were carried out in 2018: Kher šu Beši Day Centre programme implemented by Trebnje Social Work Centre, the Roma Children Day Centre programme implemented by the Voluntary Work Development Association in Novo mesto, the Hand in Hand programme under the Mozaik Association in the Ljubljana City Municipality. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 488 users in 2018, of which 365 users were under 18.

In Slovenia, juvenile offenders aged between 14 and 23, inclusive, are ordered by court decisions to serve their sentences at Radeče Correctional Facility, which is under the authority of the Ministry of Justice and is the only facility of its kind in the country. A total of 34 minors served there in 2018.

Youth non-offenders who face different problems growing up can be ordered by the Centres for Social Work, within the bounds of the law, to stay at any of the country's 9 residential special schools. The following residential special schools operate in Slovenia: Fran Milčinski Educational Institution Smednik, Kranj Educational Institution, Veržej Educational Institution, Višnja Gora Educational Institution, Logatec Educational Institution, Planina Educational Institution, Maribor Youth Care Centre, Malči Beličeva Youth Care Centre, and Jarše Youth Care Centre. These institutions had 429 children enrolled in the 2018/2019 school year, and 408 children in the 2017/2018 school year.

Focusing on family settings and prevention activity in vulnerable families, Family Centres have been established across the country. These serve as social hubs both for parents and children and represent an important institution in the European context that answers the needs related to modern parenting and family life, both in the sense of strengthening social roles and exchanging best practices and positive experience. The Ministry of Labour, Family, Social Affairs and Equal Opportunities in 2018 co-financed 11 providers of family centre content. 8550 children, 2118 youngsters, 9593 individuals, 1500 families, 245 extended families and 75 individuals that were stated under "other" were included in the family centres' content.

The work of the Glimmer of Hope ("*Žarek upanja*") society is particularly important in terms of focusing on family settings in which problems with the use of alcohol or other harmful substances have been identified. They run a programme for psychosocial support, counselling and tackling of social problems associated with alcohol use and other forms of addiction, which is aimed at people with problems as well as their closest relatives. 758 adults and 76 children were included in this programme in 2018.

Utrip Institute has been running the Strengthening Families Program (originally, "*Krepitev družin*") since 2011; the programme is designed for practising family skills and also strengthening protective factors such as improvement of family relations, enhancement of parenting skills, and refinement of social and other life skills in children and adolescents. An external evaluation of the program's pilot implementation (2011) showed that families were actively engaged in the programme and that they effectively strengthened the planned family skills (Kumpfer et al., 2012). Currently, the work with families at risk is evolved on the individual level, the SFP programme enables the inclusion of 5 to 10 different families (with regard to the risk level) simultaneously. In the 2018-2019 period, the Utrip Institute implemented a pilot programme in five regions, i.e. in Koroška (Radlje ob Dravi), Ljubljana, Podravska (Ptuj), Northern Primorska (Tolmin) and Obalno-Kraška region (Sežana); in November 2018, it also implemented the training for future programme providers. Most of involved families are recruited by local or regional social services and collaborating partners (mostly NGOs) in the above mentioned cities.

The Centres for Social Work, in 62 locations across the country, play a major part in addressing and tackling conflicts in family settings. They are responsible for providing social care services such as preventing and addressing social problems of individuals, families and specific population groups, as well as taking action in the event of child neglect, maltreatment, social distress and similar situations often associated with the abuse of alcohol and other drugs.

While working in communities with enhanced risk factors, the *Žoga skače* (The Ball Jumps) programme is implemented in the Markovec residential area near Koper, i.e. within the scope of the SVIT Koper association. The programme is focused in reducing risk factors in the environment (easy access to drugs, availability of alcohol to minors at bars, etc.), i.e. for children and youngsters who are deprived of a normal family life, to whom this programme represents an important support network in the environment to avoid risky and health-endangering forms of behaviour. In the spring of 2018 the

programme was implemented also in the Prisoje residential area of Koper, because it was identified as having a high level of environmental risk factors for youngsters, who had until then little support in their neighbourhood. Between April and December of 2018, 85 daily sessions of field work were carried out within the “Žoga skače” programme, totalling 264 hours in both locations. It included 192 children and minors, with whom they had 780 contacts. 35 parents participated in different activities, which resulted in 92 contacts in the field. Continuity of the programme and user relations in youth work preventive programmes is of paramount importance. The sixth year of community work brought a bigger resident inclusion with more intergenerational collaboration and programme support in the field.

The DrogArt Association carries out the major share of work in nightlife. The main areas of work are providing information and advice about alcohol (Choose yourself program) and drug (Dance smart program) harm reduction in info points (located in Ljubljana and Maribor) and peer-to-peer outreach interventions at various music events around Slovenia, counselling and therapeutic programme for drug users, daytime field work to offer psychosocial help and support for regular drug users. Within the risks associated in nightlife they also promote safer sex among MSM and general population (Chemsex and HIV programs) with outreach work at various events in the LGBT community and awareness campaigns and run “After taxi” project with the purpose of preventing driving under the influence of alcohol and drugs, handing out free taxi cab ride 5 EUR coupons.

Higher-risk events are under police supervision at least once a month.

Within the scope of training staff that deals with serving alcoholic beverages, the Manual for training catering staff with five learning modules for responsible alcohol serving was prepared at the National Institute of Public Health. The purpose of the manual is to train future hospitality (catering) workers to have the knowledge and skills to enhance their responsibility in regard to selling or serving alcoholic drinks and to autonomously and appropriately handle alcohol-related conflict situations, thus contributing to the reduction of damage connected to alcohol consumption (Radoš Krnel et al. 2017). In 2018, the National Institute of Public Health organized an NGO training workshop entitled Responsible Alcohol Services within the framework of the 4th National Alcohol Policy Conference.

Another drink driving prevention programme, 0.0 Driver, is delivered on multiple occasions throughout the year in the form of campaigns with stricter police control over drink driving enforced across the country, also targeting van, truck and bus drivers, particularly buses transporting children.

FreD Goes Net, an important programme for early interventions at the first indication of alcohol and illicit drug use among youth, has been offered in Slovenia since 2008, but only by the Maribor regional branch. The programme targets young drug and alcohol users aged between 13 and 25. The programme is based on early, shorter-duration interventions (8-hour course) aiming to encourage young drug users to rethink their drug use pattern, to show them how to tackle the risk factors causing them to resort to drugs and to take responsibility for their actions, with the final goal being to prevent drug addiction. Participants are referred to the programme by responsible persons of authority who duly identify the use of alcohol or illicit drugs in a young person. According to a programme satisfaction survey conducted in 2011, 82.4% of the programme participants would recommend the course to a friend or someone else, while 17.6% would not recommend taking the course. Overall, the participants rated the course as successful, with 41.2% of them being very satisfied with the course, 41.2% satisfied, 14.7% partially satisfied and a mere 2.9% not particularly satisfied. None of the participants responded “very dissatisfied”. A short intervention with 146 pupils was implemented in 2018. There were 10 classes carried out in 2018.

#### **1.2.4 Indicated prevention**

Maša Serec

Within the public health care system, children with mental disorders are addressed by The Child Psychiatry Service (a unit of The Division of Paediatrics within the University Medical Centre Ljubljana). Therapeutic work pervades the motivational and cognitive-behavioural approach, and includes play therapies and specific individual therapies. An important role of the professional teams involved in the long-term treatment of children includes working with parents, as well.

Another public health service aimed at children at risk is The Adolescent Psychiatry Unit (a unit of the Psychiatric Clinic Ljubljana). It addresses the young people from all over Slovenia between the ages of 14 and 22 who suffer from various psychiatric problems that require intensive hospital treatment. The Unit also accepts young people who require diagnostic treatment.

Moreover, children and adolescents with mental health problems can be dealt with at the mental health clinics inside health care centres. They are treated by a team including a child and adolescent psychiatrist, clinical psychologist, specialized education instructor and other relevant experts (depending on the nature of the problem), who carry out the necessary diagnostic assessments. Based on their findings and in liaison with parents or legal guardians, they prescribe further treatment for the child or adolescent, which can be psychotherapeutic, pharmacological, combinational, etc., and may be delivered individually or within a group. All children and adolescent treatments always involve the participation of parents.

Treatments are also provided by private clinical psychologists, psychotherapists and child and adolescent psychiatrists (with or without a concession), public institutions such as the Ljubljana Counselling Centre for Children, Adolescents and Parents, Maribor Counselling Centre for Children, Adolescents and Parents, Koper Counselling Centre for Children, Adolescents and Parents, Novo mesto Counselling Centre, and some non-governmental organizations. Some public institutions, regional health care centres and NGOs also offer support groups for parents.

Parents of children and adolescents with mental health problems and resulting difficulties in meeting education standards may be pointed by the Guidance Commission for Children with Special Needs, which operates as part of the National Education Institute Slovenia, in the direction of tailored education programmes with additional expert help, adapted education programmes or specialized education programmes for their children.

### **1.3 Quality assurance of prevention interventions**

Vesna Pucelj, Mojca Bevc, Matej Košir, Katja Rostohar

#### **1.3.1 The main prevention quality assurance standards, guidelines**

Slovenia does not have a common quality assurance system, therefore, institutions that deal with prevention usually determine the method for ensuring quality. Several publications were issued in previous years as help to plan quality programmes and for quality work in prevention. In continuation, we describe an example of quality assurance at the implementation of the Health Education programme, and we also shortly present the key guidelines and recommendations in prevention, which were also published in recent years.

The National Institute of Public Health (NIPH) implements the Health Education programme (orig. Vzgoja za zdravje) for children and youngsters within the scope of primary health care, i.e. for all key age groups: pregnant women, parents to be, parents, pre-schoolers, elementary school pupils, high

school students and drop-outs. Activities are implemented in health clinics (at regular systematic health examinations) and in education institutions (kindergartens and schools) as well as in local communities. The NIPH monitors health education via regular statistics and periodic research. It receives an insight into the scope of activities, target population, key content, and services providers via regular statistics (the data are regularly published in the Statistical Health Care Yearbook). It monitors other aspects of the implementation of activities via periodic research (qualitative and quantitative), e.g. the satisfaction of services providers and users, the attitude towards education for health, the attitude to contents and organisational aspects of education for health, etc. The education for health programme for children and youngsters with all manuals and other evaluation reports is published on the website of the National Institute of Public Health: <http://www.nijz.si/sl/vzgoja-za-zdravje-za-otroke-in-mladostnike>.

Within the Slovenian Network of Health Promoting Schools (SNHPS) programme, the National Institute for Public Health in the 2015/2016 school year prepared a series of materials for elementary and high schools as an additional tool for introducing the promotion of health in the school environment. The materials that were translated and arranged according to the materials of the SHE network, comprise: the SHE online manual, school action guidelines, the SHE network tool and the Criteria of Health Promoting Slovenia does not have a common quality assurance system, therefore, institutions that deal with prevention usually determine the method for ensuring quality. Several publications were issued in previous years as help to plan quality programmes and for quality work in prevention. In continuation, we describe an example of quality assurance at the implementation of the Health Education programme, and we also shortly present the key guidelines and recommendations in prevention, which were also published in recent years.

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The National Institute of Public Health also prepared workshops on how to promote health in the school environment and also implemented the education of regional coordinators of SNHPS. Workshops intended for teachers - leaders of school teams - included 281 team leaders from 255 Health Promoting Schools and were implemented in nine regions. In 2016, the NIPH prepared the Quality Standards for Drug Prevention Programmes. The standards are based on European quality standards and area

adapted to the Slovenian environment, especially its needs and legislation. They also represent a framework on how to implement high quality drug use prevention. The publication comprises eight sets of fundamental standards that represent the programme's development cycle from planning to the implementation and assessment as well as expansion of the programme. Quality standards are initially intended for experts who work in prevention areas, as well as for the funders of prevention programmes and stakeholders who require prevention programme implementation. The standards are published on the website of the NIPH:

[http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/standardi\\_kakovosti\\_prirocnik\\_2016\\_obl.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/standardi_kakovosti_prirocnik_2016_obl.pdf)

In June 2012, the Utrip Institute published the guidelines and recommendations for school-based prevention. The content includes a description of effective school policies and approaches that are based on scientific findings, especially practices that should be avoided in the school area and beyond, and which can have harmful effects on children and youngsters. It is intended for competent educational institutions, elementary and high schools, as well as all carriers and providers of prevention interventions at schools. The guidelines and recommendations are in Slovenian and English (among others) published as best practices examples on the web portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): <http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>.

In 2012, the Utrip Institute published the "Guidelines and recommendations for family-based prevention." The publication is intended for institutions and programmes that deal with family-based prevention on a daily basis. The guidelines and recommendations arise from the latest scientific and practical findings of the most distinguished internationally renowned experts in family-based prevention.

Link: [http://www.preventivna-platforma.si/docs/smernice/Smernice\\_in\\_priporocila\\_za\\_delo\\_na\\_podrocju\\_druzinske\\_preventive.pdf](http://www.preventivna-platforma.si/docs/smernice/Smernice_in_priporocila_za_delo_na_podrocju_druzinske_preventive.pdf).

In 2013, the Utrip Institute published the Slovenian version of a short guide to European prevention-based quality standards. The guide is intended for professionals who regularly or occasionally implement prevention activities, as well as competent officials at ministries and offices that decide on which prevention interventions should be (co)financed and which should not. Within the scope of the aforementioned project, the Utrip Institute developed educational modules and the manual for professional workers in prevention, i.e. on the topic of prevention basics and the assessment of prevention programmes, which are also sensibly included in the short guide. Link:

[http://www.preventivna-platforma.si/docs/smernice/Kakovostni\\_preventivni\\_standardi\\_hitri%20vodnik\\_SL.pdf](http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri%20vodnik_SL.pdf).

At the beginning of 2017, the Utrip Institute published the "Guidelines and recommendations for prevention in the field of driving under the influence of alcohol." The publication is intended for institutions and programmes that deal with traffic safety and those that are active in the field of prevention of driving under the influence of alcohol. Link: <http://www.preventivna-platforma.si/docs/Utrip-Smernice-in-priporocila-za-preventivno-delo-na-podrocju-voznje-pod-vplivom-alkohola.pdf>

## 2. Trends

### 2.1 The main changes in prevention interventions in the last 10 years

#### **Alcohol**

##### **MOSA - Mobilizing community for responsibility towards alcohol**

Maja Roškar, Tanja Kamin, Maša Serec

Closer integration of all key players in prevention of alcohol-related problems is facilitated through the state's funding of the web portal MOSA – Mobilizing community for responsibility towards alcohol ([www.infomosa.si](http://www.infomosa.si)), which was launched in 2009, with the aim to build a network of actors and stakeholders, involved in solving alcohol issue in Slovenia, provide a review and analysis of present activities (prevention, promotion, research, ...) and mobilize professionals and society to better respond to alcohol-related problems.

MOSA database of promotional and prevention programmes, projects and campaigns aiming to prevent hazardous and harmful drinking in Slovenia comprises of 70 programmes. The number of such programmes has clearly increased after 2006, most likely, among others, as a result of legislative restrictions introduced with the passing of the Act Restricting the Use of Alcohol in 2003. Most programmes target adolescents and adults (there is a lack of programmes for students and elderly) and mainly include informing about the harmful implications of alcohol use and about safe driving. In recent years, alcohol-related prevention activities have increased in coverage and scope, for example through the development of programmes for the responsible serving of alcohol, raising awareness about alcohol use during pregnancy, and interdisciplinary and comprehensive treatment of hazardous and harmful drinkers.

#### **Tobacco**

Helena Koprivnikar

Tobacco use prevention programmes have gained momentum over the last decade, particularly in schools. Through various "watchdog" campaigns (such as Mystery Shopper, Yellow Card), NGOs have been actively monitoring violations of the Restriction of the Use of Tobacco Products Act, their special focus is on violations of ban on selling tobacco products to minors. NGOs intensively supported adoption of the new law in media, by lobbying and studies such as the one that showed that over 90% of schools have a point of sale of tobacco products within 250 m where advertising of tobacco products is present. National Institute of Public Health focuses on monitoring prevalence of use of tobacco and related products, publishing of data that forms the basis for decision-making of different stakeholders, preparation of proposals for effective tobacco control measures, providing expert support in adopting effective measures and evaluation of tobacco control policies and on media.

#### **Universal and selective prevention**

Branka Božank, Ingrid Kristančič Šömen, Daša Kokole, Helena Hercog

Universal and selective prevention have seen major shifts in the last decade, primarily in terms of the development and implementation of evidence-based, theory-driven, structured and evaluated prevention programmes and in terms of formulating national quality standards for prevention programmes. A lot has changed for the better in terms of adherence to prevention guidelines, particularly in school settings, and in terms of avoiding using approaches that do not work or may even cause harm.

More and more activities are directed at training prevention workers, development of community approaches, and also the revival of local action groups. Despite the fact that the majority of prevention programmes are still implemented in school environments, the shift to other environments, such as family prevention programmes and prevention activities in nightlife settings and places of leisure cannot go unnoticed. This increased the potential for reaching high-risk individuals such as dropouts and young people who are not included in the labour market.

There are more and more initiatives to normalise the use of cannabis in society and also myths about its (positive) effects. Prevention workers observe an ever-greater permissiveness in relation to the use of cannabis by both, young people and their parents. Young people who experiment with PAS, often use different combinations of PAS. There is also a growing number of other difficulties that young people face during adolescence such as self-harm, mental health problems etc., and the excessive use of digital technologies and poor social skills.

### 3. New developments

Andreja Drev, Matej Košir, Sanela Talić, Jože Hren

#### 3.1 New developments observed in prevention

On its 14th meeting which took place on 16 May 2019, the Commission on Narcotic Drugs of the Government of the Republic of Slovenia also took note of the information regarding the prevalence of illicit drug use among young people (especially cannabis) and the activities in the field of prevention of drug use which are implemented in school environments by non-governmental organisations. The members of the Commission emphasized some of the challenges to face in this arena: lack of high-quality accessible prevention programmes, lack of a systematic approach to training people working in this field, lack of sufficient political support and scarce representation of this field in the Commission on Narcotic Drugs, and the need to design a prevention model on the state level. With regard to this, the Commission adopted two resolutions.

- The first one is to support, within its powers, further development of all high-quality prevention programmes which apply relevant quality standards in this field.
- The second one is to task the Ministry of Health to form an interdepartmental work group for the preparation of a comprehensive model for the prevention of the use of illicit drugs.

From 2014 to 2016 the Utrip Institute cooperated in the development of the school prevention programme in the field of drugs, i.e. Boys and Girls Plus, the purpose of which was to offer education workers (especially teachers and youth workers) from various educational institutions an assessed programme in health promotion for the target population of youth from 13 to 19 years of age. The programme is based on the life skills model (Botvin) and consists of 6 learning units that last from 45 to 135 minutes. By cooperating in this programme, the youth can develop skills for facing peer pressure and how to make independent decisions to live a healthy lifestyle. The features of learning tools enable the use in various educational environments (formal and informal). In this way we can appropriately approach the youth with a lower socio-economic status as well as drop-outs. The Boys and Girls Plus emerged on the basis of a series of online Boys and Girls videos which are used to approach the youth via modern technologies ([www.boysandgirlslabs.eu](http://www.boysandgirlslabs.eu)). In December 2018, the Utrip Institute implemented a first training for future implementers (e.g. teachers and school counsellors in secondary schools). Six teachers and counsellors from 4 secondary schools from different regions participated the training and received updated implementation manual.

The Utrip Institute has, since the beginning of 2017 and until the end of 2018, cooperated in a European project whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention. In the first half of 2018, a short pilot training course took place, which was intended for decision-makers, policy planners and opinion leaders. A manual entitled “European Universal Prevention Curriculum” was finalized and will be published by EMCDDA in autumn 2019. The Utrip Institute will publish an updated version of EUPC in Slovenian language in autumn 2019 as well.

The Utrip Institute has, since February 2017, cooperated in a European project “Learning to Be: Development of Practices and Methodologies for Assessing Social, Emotional and Health Skills Within Education Systems” (shortly: Learn2Be) whose aim is to develop assessment methods and tools for the development of social and emotional skills in general education schools. The tools have been tested in 10 intervention schools in the school year 2018/2019 and the outcome evaluation results (comparison between 10 intervention and 8 control schools) are expected to be published in autumn 2019 (<https://learningtobe.net/>).

In February 2019, the Utrip Institute organised a training for future trainers and supervisors of school-based prevention programme “Good Behavior Game” (a German version: KlasseKinderSpiel).

## 4. Additional information

### 4.1 Additional information on prevention

Ada Hočevar Grom, Helena Hercog

Expert meetings play a crucial role in presenting and transferring recent research findings in the field of prevention in various environments, and exchange of best practices and opinions. In addition, there are national conferences that are traditionally organised in the first week of November, the month dedicated to preventing addiction. In 2018, the National Institute of Public Health in collaboration with the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and the Ministry of Education, Science and Sport, organised the 12th national conference accompanying the month dedicated to preventing addiction. The conference took place on 6 November 2018 in Radenci under the slogan *Recognising Addiction (Prepoznajmo zasvojenost)*. The conference was attended by over 200 participants from various expert fields, mostly school counsellors, teachers, social workers, and NGO representatives. The main focus of the conference were risk and protective factors that have an impact on the development of addictions with children and young people. The conference also provided advice on what action to take and how to talk to young people when they first experiment with illicit drugs.

Based on identified needs to integrate different forms of support, establish cooperation, and exchange experiences, the Projekt Človek non-governmental organisation implemented the Križišče (*Crossroads*) project. This project includes a network of programmes for young people who experiment and abuse alcohol, cannabis, and other PAS, excessively use digital technologies, and experience adolescence difficulties. The network brings together 34 organisations from 10 Slovenian regions.

### 4.2 Other important aspect of prevention

Nataša Blažko

Since 2017, as part of the three-year public tenders, the Ministry of Health has substantially increased financial means dedicated to health protection and promotion programmes implemented by non-governmental organisations and expert institutions. These programmes are intended to reduce risky

and adverse use of alcohol, reduce the use of tobacco and related products, reduce the demand of drugs and psychoactive substances, prevent non-chemical addictions, promote mental health, counselling, and psychosocial assistance in states of mental distress, provide empowerment and raise awareness in the field of chronic non-communicable diseases, and encourage young peoples' involvement in the implementation of the Strategy of the Republic of Slovenia for Health of Children in Relation to the Environment 2012–2020. In the period from 2017 to 2019, the annual budget for these programmes was EUR 2,950,000, while in the period from 2015 to 2016, the budget for the above programmes, including the programmes from the field of nutrition and physical activity, and programmes aimed to prevent HIV/AIDS, was EUR 475,000 per year. In July 2019, the Ministry of Health published a new three-year public tender worth EUR 9,000,000 to co-finance health promotion and prevention programmes implemented by non-governmental organisations and expert institutions.

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25. Drivers Act (Official Gazette of the Republic of Slovenia, Nos. 109/10 and 25/14)
26. The Protection of Public Order Act (Official Gazette of the Republic of Slovenia, No. 70/06)

# Treatment workbook

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## Summary

Slovenia carries out a comprehensive approach regarding the treatment of drug addiction. Networks of interrelated treatment and social programmes for persons addicted to drugs have been established in Slovenia. Transfer from one programme to another is a free choice of each drug user. If a patient has basic and supplementary health insurance, most programmes within the healthcare system are free of charge. In the framework of social care system the majority of funds for programmes are obtained by state and municipalities, other funds providers are FIHO Foundation and private sector sources – including programme users who contribute a small part of funds. There is a network of psychiatric outpatient units, specialised psychiatric hospitals and hospitals operating within the scope of the healthcare system. However, the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is the only one in Slovenia carrying out opioid substitution therapy programme (hereinafter OST), is the most important organisation in health system offering help to persons addicted to drugs. Admission to the programme is free of charge and there is no waiting list. Patients enter an inpatient programme following preliminary preparation. Social programmes are most often run by NGOs. As a rule, there are no waiting lists, other than for therapeutic communities and detoxification programme, which requires preliminary preparation for admission. Important programmes include day centres (including field work), therapeutic communities and rehabilitation programmes, centres for prevention and treatment of illicit drug addiction and Centre for treatment of drug addiction.

Programmes in the field of drugs have been improving in quality from year to year. Most of the centres for the prevention and treatment of illicit drug addiction in the network of centres have been awarded the ISO 9000 standard. The number of drug-related programmes provided has been increasing from year to year. Furthermore, the knowledge and skills of persons employed in programmes have improved over the years. In recent years, we have faced a decreasing number of drug users with problems due to opiate use.

In 2016, the percentage of programme users who entered a programme which was implemented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction with the main problem of opioid use increased. A little higher was also in 2017. But in the year 2018 it was decline on 50,9%. Among drug user heroin is not popular any more.

In 2016, the share of patients entering the programme due to the consequences of cannabis use, including both first entry and re-entry into the programme, declined and 2017 rise up again on 6,1% and the same was happened in 2018 (on 6,8%). In 2016, the share of patients entering the the first time in programme due to the consequences of cannabis use declined on 14,9%. In the year 2017 it was risen up again on 19,4% and the same was happened in 2018 (on 26,5%). The number hospitalisations due to cannabis also raise up to the year 2017(406) and in the year 2018 it was declined on 366. An increasing share of patients who have problems with opioids otherwise prescribed as substitution treatment are entering the programme. The number of patients in the maintenance programme increased from 1997 to 2010, when there were 3526 such patients. For 2017 we do not have a data. In the year 2018 the number has raised up on 3906. In 2018 it was introduced two mobile units and opened one new center. In Slovenian prisons there were additional 583 clients in 2016 who were involved in substitution treatment and in 2017, 553 clients and in 2018, 605 clients. More users entered programmes in 2017 run by NGOs compared to 2015 and 2016. In 2018 the number of client decline on 29604.

Last year, the largest focus in relation to drugs was on cannabis and NGOs promoting the legalisation of cannabis in Slovenia, and on treatment with medical cannabis. In the spring of 2017, the medical use of cannabis was legalised, and the necessary documents are being prepared to allowing prescribing to become operational in everyday practice. In 2019 the guidelines for prescription of medical cannabis for

epilepsy and patient with cancer was introduced by the medical doctors. The demand for the treatment of addiction to cannabis was riced in 2017 and 2018. The use of new drugs and, as a result, increasing needs for the treatment of problems related to new drugs have come to the fore, which is why the first psychotherapy programme in this field has been developed in 2016. Due to financial problems, the Health Insurance Institute of Slovenia has preparing a new method for financing and monitoring programmes that would enable better control over the funds spent. Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed and proposals for improving the operations of this network were provided to ministry of health. The share of elderly users in treatment programmes has been growing inexorably, which indicates that this population is getting older and that new approaches to treating them are necessary.

## 1. National profile

### 1.1 Policies and coordination

#### 1.1.1 Main treatment priorities in the national drug strategy

The treatment of drug addiction is regulated in Slovenia with the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the RS, No. 98/1999 and 2/24). The Resolution on the National Programme on Illicit Drugs 2014-2020 stipulates that the treatment of drug users in Slovenia must be comprehensive, ongoing and accessible to all drug users. Cooperation between the providers of various treatment programmes, psychosocial treatment and psychosocial rehabilitation must be guaranteed, allowing users of programmes to transfer from one programme to another. Programmes must cover all groups of drug users and must be tailored to both genders and different age groups. Treatment programmes for drug users are adopted on the national level based on an evaluation of effectiveness, safety, and professional and scientific grounds. They are confirmed by the top professional bodies. Programmes of treatment, psychosocial treatment and rehabilitation are funded by the State from different sources with respect to the relevant legislation, whereby the top level (the Republic of Slovenia Government Commission for Drugs) provides the legal basis for the undisturbed treatment of users irrespective of the sources of financing. The structure of programmes is tailored to the needs of users. Programmes must ensure voluntary transfers of drug users from one programme to another. All programmes must also provide psychotherapy and psychosocial treatment. Drug users are treated on a daily basis at the level of healthcare, social care and NGOs. Expert, financial and administrative control over programme providers is carried out in line with the legislation regulating healthcare and social work. Control over the professional work performed by employees in the programmes is carried out by the competent chambers. Private treatment of drug users is not available in Slovenia. No organisations or programmes require that patients pay the full amount for their treatment. Some NGOs require a surcharge to be paid by the patient for full day programmes, but the amount does not exceed the social relief the patient receives from the state. For prisoners serving their sentence, treatment is available in prison facilities and is carried out by health organisations that are not a part of the prison structure. Health facilities are obliged to treat drug addicts in prisons. Treatments in prison are also being carried out by non-governmental organisations in prison facilities where they perform social treatment of drug addicts in detention. In exceptional cases, the Prison administration of RS can decide to approve an alternative treatment for drug addicts in detention. In this case, the person is transferred to one of the programmes outside prison. If the person stops treatment, he/she must return to prison and serve his/her sentence.

The main goal of the treatment is the recovery of the patient and establishment of abstinence and the protection of the patient from infectious diseases. If the patient fails to achieve abstinence, he/she is

directed to a long-term substitution treatment or to harm reduction programmes. All patients have the right to rehabilitation which enables them to regain employment and reintegrate into society.

### **1.1.2 Governance and coordination of drug treatment implementation**

Within the public healthcare system, the most important treatment of drug users is carried out within a network of Centres for the Prevention and Treatment of Illicit Drug Addiction (hereinafter “Centres”) and at the inpatient unit of the Centre for the Treatment of Drug Addiction in Ljubljana. Substitution therapy may only be prescribed in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. A large number of patients receive substitution therapy, controlled by the network personnel to prevent opiate medication abuse in the first place.

Patients addicted to illicit drugs are also treated at psychiatric hospitals and psychiatric outpatient units at medical centres and concession operators. After determining addiction, the last three usually appoint them to the network of Centres for the Prevention and Treatment of Addiction or other NGOs programmes.

All programmes must be confirmed by the medical council operating within the scope of the Ministry of Health. A programme has to be approved by the medical council to receive funds from the Health Insurance Institute of Slovenia. All substitution therapies in Slovenia are paid by the Health Insurance Institute of Slovenia. A patient in healthcare pays for no services nor a participation fee for treatment if they have compulsory and supplementary insurance. Services of uninsured persons are paid by the Slovenian State from a special fund at the Ministry of Health. All medical products prescribed by a physician, including substitution therapy, are financed from health insurance funds. Patient hospitalisation is fully paid from health insurance funds, both in the network of Centres as well as in psychiatric hospitals, psychiatric dispensaries and concession operators.

The doctrine for the treatment of addiction in healthcare is prepared and proposed by the Coordination Body of Centres for the Prevention and Treatment of Illicit Drug Addiction, established by the Slovene Ministry of Health.

The doctrine is based on foreign and domestic experiences as well as on the scientific findings and analyses of the effectiveness of existing and new treatment programmes. There are no waiting lists for first visit in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction for patients addicted to drugs. There is also no waiting list in case of urgent hospitalisation. Anyone who wants to be admitted to treatment or requires urgent hospitalisation is admitted instantly. There is, however, a waiting list for entry to the inpatient programme of the Centre for the Treatment of Drug Addiction, which also depends on the patient’s readiness to be treated at the establishment. There is also a waiting list at psychiatric dispensaries and outpatient clinics. Treatment is total free of charge and covered by the Health Insurance Institute of Slovenia.

Healthcare programmes often cooperate with other programmes for the treatment of addiction in the governmental and non-governmental sector in a well-coordinated manner. Drug users are permitted to transfer from one programme to another, irrespective of whether it is a healthcare programme or not. The continuity of addiction treatment is also provided if a patient moves from one region to another, whereby governmental and non-governmental programmes occasionally exchange the relevant data on the needs of an individual drug user, naturally with the patient’s consent. Individual Centres for the Prevention and Treatment of Illicit Drug Addiction, where a specific person addicted to illicit drugs seeks services, exchange data within the healthcare system. A major problem occurs when patients need help and maintenance therapy outside Slovenia. In such cases, the staff working in treatment programmes provides contacts with similar programmes abroad. In such case, patients encounter many problems, since methadone cannot be obtained free of charge and without unnecessary complications

in certain countries. Therefore, doctors furnish a patient with a special document in which they enter the basic information about the treated patient and hand it over to the patient, who then hands it over to a doctor in whatever country they move to. Continuity is also provided upon a drug user's transfer to a prison; that is, a programme for the treatment of addiction as provided by the local medical centre is carried out in all prisons. Every prison in Slovenia has a programme for the treatment of addiction to illicit drugs. When a person leaves a prison facility, they may re-enter one of the Centres for the Prevention and Treatment of Illicit Drug Addiction or other programmes treating addicted persons. Many programmes have established themselves in prisons as well, which is why continuity in other programmes has also frequently been established upon transfer to and from prison.

The treatment of illicit drug addiction within the healthcare system is coordinated by the Coordination Body of Centres for the Prevention and Treatment of Illicit Drug Addiction, appointed by the Slovene Ministry of Health. The priority programmes for the treatment of illicit drugs in healthcare are those leading to abstinence from drugs and those preventing the harmful consequences of drug use, the spread of infectious diseases and crime development. Scientific research in drug addiction and drug use is promoted in clinics and public healthcare at the primary, secondary and tertiary level of healthcare as well as in higher education.

The practical applications of the illicit drug addiction treatment programme are supervised by a dedicated commission made up of addiction treatment experts, experts from the Slovenian Family Medicine Society, and psychiatry experts, as well as members of the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. The centres came under scrutiny in 2015, which included a thorough review of the centres' operations. The Commission is going to release a special report designed to help improve the performance and effectiveness of the network of Centres for the Prevention and Treatment of Illicit Drug Addiction.

Supervision of the operations of the centres took place in 2016. The Supervisory Committee reviewed the operations of all centres, and prepared a report for each centre, specifying the programme's deficiencies and suggesting improvements. The Committee also proposed some improvements at the level of the network of centres, suggesting that the Coordination of Centres have to be more active in monitoring the centres' operations and to implement innovative approaches in addiction treatment. They suggested preparing new guidelines for addiction treatment, improving staffing by hiring new experts at the centres, improving the spatial conditions in which the centres operate; in this regard, the Committee pointed to urine collection, which is not collected in proper working conditions in some centres. They proposed better recording of services provided by the centres and improving computer programs, which should allow for printing out important data. They suggested more precise record-keeping of dispensing opioid medications to patients and proposed a new method for record-keeping of opioid medications that are ordered and dispensed. As part of the supervision, a survey of programme users was conducted. The biggest issue proved to be the centres' working hours, as they are a major obstacle for employed addicts. The patients, especially elderly patients, often reported the need for additional services. The Committee emphasised the fact that women and the elderly need different additional treatment. With respect to HIV and hepatitis C, they suggested the centres consistently provide for and advertise voluntary testing for HIV and hepatitis C; in the event of a positive result, proper treatment should be initiated immediately. Today, both HIV and hepatitis C treatment is much more successful than in the past, so consistent screening contributes to reducing the mortality of drug users included in the programme. The Committee also proposed introducing naloxone as a take-home antidote for people presenting a high risk of opioid overdose. Before that, these people should receive proper training in its use and regarding its adverse effects.

## Social area

The professional activities focused on resolving drug-related social issues are carried out within the frame of social security services, social security programmes and other forms of assistance pursuant to the legislation governing social welfare. Social security services primarily provide the first social assistance and counselling, while social security programmes include public social security programmes, development and experimental programmes, and supplementary programmes. Different forms of assistance within the scope of social security programmes are primarily carried out by NGOs (civil society). These programmes also include programmes intended to help individuals, families and groups overcome social distress and problems related to drug use. They also include organised forms of mutual assistance for the users of illicit drugs, their close ones and other interested parties.

In addition to strengthening the network of existing programmes, focus is also placed on promoting the creation of development and experimental programmes responding to social changes. Professional work is hence carried out using different methods of work:

- **field work**, with which first contact is established with drug users who have not entered any programme yet, but are in need of help to reduce harm, of advice and guidance to individual programmes;
- **provision of counselling** and other forms of therapy for users who do not need a full-day treatment or treatment at resident centres;
- **high-threshold day centres**, where an individualised assistance programme is carried out (provision of information, counselling, identification of social distress);
- **high-threshold programmes**, which are based on the work performed by experts to ensure appropriate diagnostic procedures (social history, family history, psychological history), counselling and psychotherapy along with simultaneous consideration of the family;
- **different forms of high-threshold programmes**, which are focused on achieving abstinence – admission and day centres, therapeutic communities and self-support communities or communes. These programmes admit persons who wish to quit using drugs. The programmes are carried out in premises in which drug users spend 24 hours a day;
- **night shelters**: very important programmes for homeless drug users, where they get a safe shelter and a bed at night, along with a chance to clean themselves;
- **self-support groups** (social networks): these are established at the initiative of an individual or a group and offer different services to users with respect to their needs;
- **reintegration centres**, as a professional form of work with stable abstainers and their close ones, providing specific social inclusion to individuals. After completing therapy or treatment, a former drug user faces one of the most important steps, i.e. social reintegration or re-inclusion in the society. The reintegration of former drug users in the society implies their inclusion at all levels and areas and, in particular, the development of social skills and competences, and the promotion of education and employment;
- **independent employment programmes** for disadvantaged current drug users and all those returning from (high-threshold) programmes;
- **establishment of new social treatment programmes**: therapeutic communities for young adolescents, specialised programmes for cannabis users, programmes for users using different drugs at the same time, programmes for older drug users, specialised therapeutic communities for users with comorbidity, etc.;
- beside above mentioned specialistic social treatment and help programmes also Centres for Social Work are dealing with drug users.

Special attention is placed on further development of measures and activities intended for the prevention of social exclusion of different groups of drug users, particularly adolescents, users included in maintenance substitution programmes, drug users in prisons and following their release from prison, etc. Suitably and additionally trained expert associates must be the key players in the comprehensive reintegration of former drug users in a community. Public social security services include first social assistance, specialised first social assistance, personal assistance and assistance for the family and home, encompassing assistance in the identification and definition of social distress and problem, an assessment of possible solutions and informing the person entitled of the possible forms of social security services, programmes and duties to be exercised as well as of the network of providers that can help them in the process. In addition to the mentioned forms of assistance, it is possible to combine urgent short-term measures to temporarily alleviate social distress or problem and other social security services rendered by public services (Centres for Social Work) and other providers. Professional work is focused on the identification of personal and social distress and the search for realisable forms of assistance that will provide an individual with an increased level of social inclusion, thereby promoting a decision for a change in drug use. An important role in the social treatment of drug users is played by a number of governmental and non-governmental organisations. Their coordinated operations are a prerequisite for successful and efficient professional work. Social reintegration also covers a group of drug users who cannot or do not want to quit using drugs. Appropriate premises or shelters (food distribution centres, possibilities for maintaining personal hygiene, day centres, night shelters, etc.) must be provided for those users, who are not only threatened by social exclusion (homelessness, unemployment), but also by different diseases. Due to the complexity of the problems drugs may cause to an individual, their family and wider community, it is vital to have various and comprehensive professional assistance programmes. Hence, we may speak of the positive discrimination of drug users under the same terms for all citizens. Social security, healthcare, educational and repressive bodies cooperate closely in order to provide suitable jobs and housing for drug users, including former convicts – drug offenders.

Priorities in the social sphere are:

- to increase the share of drug users included in programmes and establish a network of assistance pursuant to the needs;
- to adequately support NGOs, also by co-financing them;
- to adequately train employees in illicit drugs;
- to evaluate all verified drug-related programmes for which long-term financing has been foreseen and the criteria for financing clearly defined on that basis.

National social programmes are coordinated through the Ministry of Labour, Family, Social Affairs and Equal Opportunities. At the local level, coordination takes place via local Centres for Social Work. Individual NGOs are connected in NGO associations, within the scope of which their work and mutual cooperation are coordinated. Professional supervision is carried out by the Social Chamber of Slovenia.

#### **Treatment within the Scope of NGOs**

NGOs carry out the key assistance programmes in the prevention and treatment of illicit drug users, harm reduction and integration, representing an important partnership to the treatment programmes provided by the State. Furthermore, they influence the national drug policy and ensure progress through the development and implementation of innovative programmes either on their own or organised in associations (<http://www.zmanjsevanje-skode.si>). They deal with research and ensure that their findings are transferred to everyday practice and work with users. Due to their flexibility and sensitivity to changes, NGOs are frequently the only ones that can respond fast to the changing needs and requirements of users. They respond fast and efficiently, transferring and creating good practices

internationally. Civil society NGOs are important representatives and intermediaries of the opinions expressed by individual citizens, experts and users of services in the process. NGOs hence ensure that the common interest of often marginalised groups of illicit drug users is realised along with the public interest.

NGOs organise a well-attended expert conference in a particular field every year. The conference addresses current issues that NGOs face in the field of illicit drugs and new approaches to managing people with addiction problems. The 2017 conference focused on the following; epidemiological data on drug use among the young; the advantages of the community-oriented approach in managing risky lifestyles; specific interventions intended for the young in night-life settings; counselling and motivational services; psychiatric treatment of children and adolescents with emotional and behavioural problems, and multi-dimensional family therapy.

In 2016, there were 26428 users of social-oriented programmes in 2017 there were 32786 and in the year 2018 there were 29609 clients. Their attendance is shown in the table 1. It is evident that in the year 2018 the majority (70.2%) of programme users made only one visit annually or used programme services only once a year. Only 233 (0,7%) patients attended the programme every day (Table 1). The increase is primarily due to people who come in contact with experts and counsellors during field work in dance events, normally only once a year. Programmes were attended daily less people in 2018 (233) than the year before (333). Less people attended them a couple of times per week (1936 persons) than the year before (2164). A smaller number of people attended the programmes a couple of times per month in 2017 (2,149) than in 2018 (2,333). Much higher number of people visited them once a month (two or more) in 2018 (1606 persons) than in 2017 (1232 persons). A lower number of people were included in the programme in 2018 (29604 persons) than in 2017 (32,786 persons). (table 1)

**Table 1.** Division of programme users according to their attendance of social care management programmes.

Frequency of programme attendance	2015		2016		2017		2018	
	Number	Share %						
Every day	459	2	378	1.4	333	1	233	0.7
Several times a week	2035	8.7	1,945	7.4	2164	6.6	1936	6.1
Several times a month	2829	12.1	1,791	6.8	2149	6.6	2336	7.3
Once a month	1362	5.8	1,230	4.7	1232	3.8	1606	5.0
Once a year	7678	37.7	17,486	66.2	22875	69.8	22395	70.2
Several times a year	1715	7.3	2106	8	2396	7.3	2555	8.0
Not known	7371	31.4	1,492	5.6	1637	5	843	2.6
Together	23449	100	26428	100	32786	100	29604	100

**Source:** Social Protection Institute of the Republic of Slovenia, 2017, 2018

### Evaluation of Programmes

Healthcare and social programmes are regularly evaluated internally and externally. Following an evaluation, corrective measures are introduced to improve the programmes. Public social care programmes are being evaluated every few years by external evaluator.

### **1.1.3 Further aspects of drug treatment governance**

Future programme governance will be carried out similarly as today. Much more attention will have to be placed on need assessment studies, following the needs of drug users in the creation and governance of programmes. Programmes will have to be more integrated and new programmes, such as safe rooms, Narcanti and, possibly, heroin prescription, will have to be developed. Special attention will have to be placed on older drug users, both as regards medical treatment, as their health condition deteriorates quickly due to the conditions in which they live, as well as socially, as they are left without property, accommodation and work. Based on epidemiological data (from ESPAD, HBSC and others), we estimate that the demand for treating medical complications associated with the use of cannabis and new psychoactive substances will increase substantially. The big question is how will Slovenia handle the issue of treating new addictions, such as gambling and other forms of dependence. Currently, there is only one treatment programme dealing with addiction to gambling. We are thinking of providing additional education and training for the people working at the existing Centres for the Prevention and Treatment of Illicit Drug Addiction and of recruiting new psychotherapy and social work experts. But the problem here is that for fear of stigmatization, people suffering from new addictions are not always willing to come to centres where illicit drug addicts are being treated. Treatments in the social sphere are also being adapted to users' needs; social care programmes are enrolling people addicted to gambling, new psychoactive substances and other new addictions.

## **1.2 Organisation and provision of drug treatment**

### **Outpatient network**

#### **1.2.1 Outpatient drug treatment system – Main providers and client utilisation**

The treatment of persons addicted to illicit drugs in healthcare is most often carried out within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which was established in 1994, but was fully put into action in 1995. Before 1994 there were two centres from 1991, one on the coastal Carst region and the second one in Ljubljana. From 1991 to 1994 they covered all needs of the clients in Slovenia. In 2018, there were 21 ( two mobile units) Centres in Slovenia. Furthermore, the network is closely related to outpatient treatment at the Centre for the Treatment of Drug Addiction, which carries out inpatient treatment. Centres for the Prevention and Treatment of Illicit Drug Addiction are governed by the Coordination Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health. The operations of the Coordination Body and its tasks are laid down in the Rules on the structure and method of work of services co-ordinating the Centres for the prevention and treatment of addiction to illicit drugs (Official Gazette of the RS, No. 43/00). The Chair of the Body represents it in its external relations and ensures the permanent professional work of the Body, along with the training of its employees. Control over the operations of the Centres is carried out by the Commission for the supervision of the work of Centres for the Prevention and Treatment of Illicit Drugs Addiction (Official Gazette of the RS, No. 98/99).

In addition to a specialised healthcare network for the treatment of addiction to illicit drugs, there is also a chance to enter the healthcare system and treat addiction via psychiatric outpatient units and dispensaries included in the primary healthcare network at medical centres or concession operators. Some outpatient units are also set up at psychiatric establishments, clinics and hospitals. Patients often resort to these programmes for first aid. Patients are often drug users with mental comorbidity. At a later stage, only these programmes direct them to a specialised network for treatment of illicit drug

addiction – network of Centres for the Prevention and Treatment of Drug Addiction or to social programmes such as therapeutic communities and other programmes.

In Slovenia, there are 9 harm reduction programmes which predominantly provide counselling and sterile kits for injecting drugs as well as other harm reduction services. The purpose of these programmes is to cover the maximum number of drug users from the hidden population, thus reducing harm that might occur as a result of drug use with a non-sterile kit and other harmful methods. Besides, in the framework of social care programmes also high-threshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use are available. Some of high-threshold programmes are providing accommodation and some are carrying out social reintegration.

At Centres for Social Work (62), the issue of illicit drugs is largely (in 62% of cases) dealt with as a part of first social aid. Evidently, the issue of illicit drug is not very common at Centres for Social Work. Between 2009 and 2013, there were between 220 and 356 cases per year. In 2013, the number of cases was the same as in 2009 that is 275 (Table 2). For 2018 we do not have a data.

Centres can provide drug users with one-off or permanent financial aid and direct them to treatment and social rehabilitation programmes.

### 1.2.2 Further aspects of outpatient drug treatment provision

Programmes cooperate very well with one another, operating as a uniform network, and patients can freely transfer from programme to another. Hence, different measures may upgrade one another. A certain share of patients uses the services in two or more programmes. In future, it is expected that programmes will continue to adjust to the needs of persons addicted to drugs. Complications upon the use of cannabis and new synthetic drugs, which require different handling than for persons addicted to heroin, are coming to the fore.

**Table 2.** Network of outpatient treatment facilities (total number of units and clients)

	<b>Total number of units</b>	<b>National Definition Characteristics/ Types of centre included within your country</b>	<b>Total number of clients</b>
Specialised drug treatment centres	<b>21</b>	Network of centres for prevention and treatment of drug users.	<b>3792</b>
Low-threshold agencies	<b>9</b>	NGO organisation for harm reduction activities. Low-threshold programmes carrying out day centres, field work and prevention.	<b>12158</b>
General primary health care (e.g. GPs)	<b>78</b>	General practitioner and other medical doctors on primary level.	<b>1992</b>
General mental health care	<b>46 psychiatrist</b>	Psychiatric out patients units located in local health centers in local community	<b>1686</b>
Prisons (in-reach or transferred)	<b>7</b>	Outpatient clinics for the treatment of addiction in prisons belong to local health center out of prison authority	<b>605</b>
Other outpatient units – day care centres	<b>10</b>	Units in social care, mostly NGOs, which are working only during a day.	<b>2449</b>

**Source:** National Institute of Public Health, Standard table 24

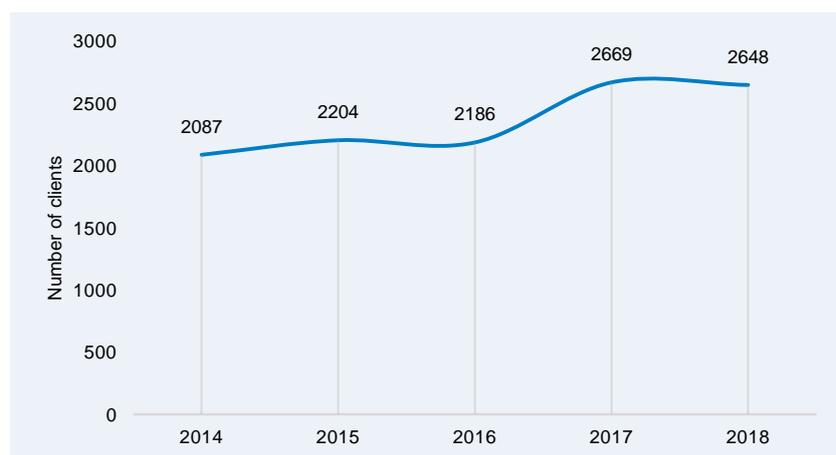
### 1.2.3 Further aspects of outpatient drug treatment provision and utilisation

Outpatient treatment of addiction within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction is important because it is available to all persons in need without a waiting list and free of charge if they have basic and supplementary health insurance. These programmes importantly reduce infections of drug users with HIV and hepatitis C, thus prolonging their life span and reducing their involvement in criminal acts. The key advantage of these programmes is their comprehensive approach to addiction and team work, along with a good connection with inpatient programmes and programmes ran by NGOs. In 2018, these programmes included 2449 persons. (Tables 2). The data was collected based on a report released by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. Included are all patients who have been enrolled in the programme in the current year. The data from NGO were collecting by the Social protection institute of the republic of Slovenia and data for general primary health and general menthal health care were collecting by the national data bases.

Harm reduction programmes are important because they cover users in the early stage of the development of the disease, when they have not yet entered other therapy programmes. Assistance is free of charge and there is no waiting list and practically no condition for entry except violence. The programmes are free of charge for drug users, and funded by ministry for social care and health. The local community has an important participatory role, either in providing facilities where programmes take place or in providing financial support. Above all, it is important that the local community provide real support for the programmes and has enough political courage to set up such programmes in the local environment, because the local population always resist such programmes.

Particularly important are outreach programmes that approach drug users in their environment. In them, drug users gain important additional knowledge and receive different forms of assistance that reduce risks upon drug use. According to the 2018 annual report delivered by the Social Protection Institute of the Republic of Slovenia, 2648 persons were included in low-treshold programmes (day centres and field work (without HR activities on dancing events) is lower than in 2017 (2669 persons) (Figure 1).

**Figure 1.** The number of persons included in harm reduction programmes in Slovenia in the period 2014–2018 not including DrogArt programme users (dancing events)



**Source:** Social Protection Institute of the Republic of Slovenia, 2019

If the number of users who were offered assistance at special events and night parties by DrogArt (an NGO) is also taken into account, 14806 people were dealt with in the field of harm reduction in 2018. (Figure 2).

**Figure 2.** The number of contacts mainly on dancing events with drug users in the DrogArt NGO in the period of 2014–2018



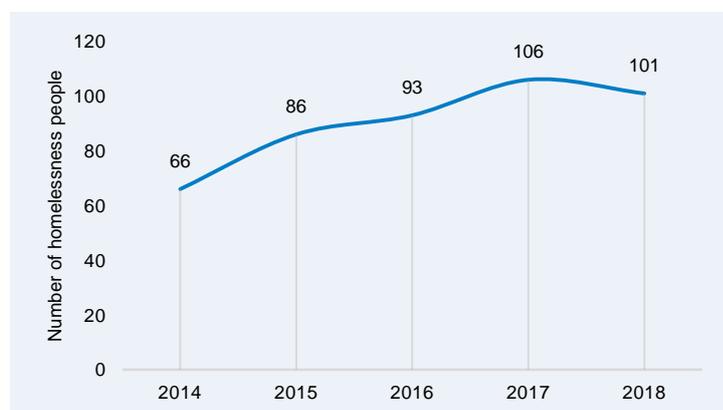
**Source:** Social Protection Institute of the Republic of Slovenia, 2019

DrogArt is a programme which focuses primarily on users of new psychoactive substances on a dancing events. Established in 1999, the DrogArt Association is a privately held non-governmental volunteer organization whose main goal is to reduce the harm caused by drugs and alcohol among young people. The Association's core fields of activity include: providing information and counselling, running an information point, carrying out field work at electronic music events, running "It's Your Choice" workshops aiming to reduce alcohol-induced harm among the youth, publishing, and research. The Association is widely known for its website (<http://www.drogart.org/>), which provides users with the latest information on new psychoactive substances. They frequently carry out prevention activities at major dance events by handing out prevention materials, providing advice and, if needed, calling urgent medical assistance. They are also performing drug testing out in the field, an activity which is still in the trial stage.

In 2017, the DrogArt NGO established field testing of new psychoactive substances (NPS). They collect NPS using a network of contact points and sent them for laboratory testing. They also have a mobile laboratory in a van for testing NPS directly at a dance event. Each testing is accompanied by counselling.

In the framework of programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 101 persons were included in these programmes in 2018 and 66 in the year 2014 (Figure 3).

**Figure 3.** The number of persons included in shelters for homeless drug users and a safe house for woman drug users in period of 2014–2018



**Source:** Social Protection Institute of the Republic of Slovenia, 2019

Further, low-threshold programmes also included in 2018 approximately 300 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information etc.

Reports from the field indicate that some drug users in Slovenia have come from the Middle East as migrants fleeing events occurring there. The refugees live in various, but typically difficult, situations. They are usually unemployed and do not receive any assistance from social work centres, because there is no legal basis for this, they are illegal inhabitants. Since they do not have health insurance, they cannot officially access treatment or health-care programmes. As their residence in Slovenia is illegal, they can be included in harm reduction programmes. Some are intravenous drug users and at increased risk of spreading infectious diseases (HIV and HCV).

Numerous psychiatric outpatient clinics play an important role in assisting persons addicted to drugs with mental comorbidity and in identifying addiction in these persons. According to the central database of the National Institute of Public Health, 46 psychiatrists were working in these programmes in 2018 at the primary health-care level, but they are included in several programmes at a time. They usually work at community health-care centres, and can be accessed without a referral from the selected physician, but waiting lists are usually long.

Outpatient units for the treatment of addiction at prisons are important as regards the prevention of the spread of infections in closed facilities. At the same time, outpatient units in prisons provide substitution therapy and other forms of treatment. Prisoners can be treated while in prison and may continue treatment at establishments when released from prison. The programme involves the work of physicians and other medical staff who are not employees of the prison. The local health care centre's own staff carry out addiction treatment inside the prison. This is also important for another reason: when patients are released from prison, they can continue receiving therapy as part of the addiction treatment programme at the local health care centre. Prisoners are also being handled and treated by NGOs. The programmes are interconnected.

Methodological explanation:

Drug users attending these programmes could be included and, as such, statistically recorded, in all stated programmes. Currently, there is no way to distinguish between the patients to avoid double counting except in the network Addiction Prevention and Treatment Centre. All these programmes usually provide a starting point for the continuation of the treatment of drug addiction in more demanding programmes, such as inpatient treatment, detoxification and treatment in therapeutic communities. Before joining therapeutic communities, patients have their blood samples tested for infectious diseases and undergo a battery of other tests and examinations at an Addiction Prevention and Treatment Centre. Based on the results, the physician advises the patient whether or not he or she should join a therapeutic community. Some therapeutic communities make it a rule not to accept patients with a concurrent mental disorder, which is why it is essential that all patients undergo the testing at an Addiction Prevention and Treatment Centre. Patients also resort to these programmes, when they are released from prison, discharged from a hospital or a therapeutic community, or when in recidivism. It is vital that the requirements for entry in these programmes be very low and that programmes can adjust to the needs of not only a group, but also an individual.

Alternative sentencing programmes for drug-addicted persons

All these programmes including hospitalization in special prison hospital unit and hospital program of centre for treatment of drug addiction in Ljubljana are also important as alternative sentencing programmes for persons penalised due to the possession or resale of minor quantities of drugs. Drug-addicted patients, instead of serving prison sentences, are directed to therapeutic programmes. If they

complete the programme successfully, their prison sentence is revoked. The court may direct a person into an alternative sentencing programme after a thorough examination of documents and consultation with court experts. However, it must be noted that the courts monitor the success of treatment, and if the patient leaves the treatment, they must serve a prison sentence.

The role of selected personal physicians in drug addiction treatment should be investigated in the future. In the current system, they are not closely involved in the addiction treatment of their patients. Cooperation between physicians working in centres for the prevention and treatment of illicit drug addiction and the selected physician is also not always established.

#### 1.2.4 Ownership of outpatient drug treatment facilities

The public network of Addiction Prevention and Treatment Centres was established by the Slovene state and is financed from public health insurance funds. The premises used are usually local health facilities owned by the local communities. Primary healthcare is provided locally by local communities who also own the facilities, in which these programmes are carried out. Programmes are funded by public health insurance. Psychiatric outpatient units in health facilities are also financed from public health insurance funds. Harm reduction programmes are established by NGOs. Local communities provide certain funds for these programmes. Programme activities are also funded by the Slovene state through tenders and by certain donors. One daily centre was established by the National Institute of Public Health. It is carried out in NIJZ areas, owned by the state and financed from funds of the Ministry of Labour, Ministry of Family, Social Affairs and Equal Opportunities. The remaining daily programmes were established by NGOs that obtain funds from tenders, local communities, the Slovene state and donors (Table 3).

**Table 3.** Ownership of outpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all outpatient specialised drug treatment centres are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities

	Public / Government	Non- government (not for profit)	Non- government (for profit - Private)	Other	Total (%)
Specialised drug treatment centres	All centres				100
Low-threshold agencies		All centers, 100%			100
General primary health care (e.g. GPs)	All health care 100%				100
General mental health care	All mental health 100%				100
Other outpatient units (1)	One is public 9%	All units 100%			91
Other outpatient units (2)					100

**Source:** National Institute of Public Health, Standard table 24

### Inpatient network

#### 1.2.5 Inpatient drug treatment system – Main providers and client utilisation

The main provider of inpatient treatment in Slovenia is a specialised inpatient unit for the treatment of addiction in Ljubljana operating at the Centre for the Treatment of Drug Addiction (<http://www.psih-klinika.si/strokovne-enote/center-za-zdravljenje-odvisnih-od-prepovedanih-drog/>). The programme is carried out in the form of individual interviews or therapy groups. It also includes work with relatives and a partner or family therapy. The programme is planned together with the patient and, in agreement with

the latter, it is desired that important close ones participate in the process. Treatment may also be purely outpatient. The inpatient programme starts with several months of preparation for admission to the inpatient unit. The patient and relatives visit a preparatory group. This is followed by admission to the inpatient unit for a 14-week treatment. The programme is carried out at the detoxification unit for 6 weeks and at the intensive extended treatment unit for 8 weeks. Later on, a patient may enter a day care unit, where treatment is carried out 3 times a week for at least 6 months or more. A former drug user may later be included in individual or group therapy or visit the club of treated drug users. Notably, the programme is tailored to the needs and abilities of an individual. Patients enter the programme voluntarily and may also choose to leave it. Patients who have left the programme cannot be readmitted in the programme for the next 3 months. The hospital also carries out a **day hospital programme**.

Only a small number of drug users resort to seven psychiatric hospitals in Slovenia. If and when possible, they are sent to a specialized institution – an addiction treatment centre. They are accepted despite having concurrent mental disorders, because due to a sudden onset of a mental disorder, the primary focus needs to be on treating the mental disorder. These establishments are often visited by persons addicted to drugs with mental comorbidity who require hospitalisation due to a deteriorated mental condition.

In Slovenia, there is also a forensic hospital at the University Medical Centre Maribor, where prisoners are treated within a closed hospital system. This hospital ward is frequented by people serving prison terms who suffer from severe mental disorders in addition to addiction. It is a restricted-access prison medical ward located inside a public hospital, with medical staff employed by the public hospital.

The forensic hospital is intended for patients sentenced to mandatory psychiatric treatment. These prisoners suffer from mental disorders and cannot be treated in ordinary psychiatric hospitals, as ordinary psychiatric hospitals are not adapted to guarding prisoners with mental disorders and addiction.

The programme costs are covered by the Health Insurance Institute of Slovenia (ZZZS).

This group includes therapeutic community programmes, i.e. programmes which typically involve 24-hour accommodation at an establishment for up to 3 years or more. Clients are admitted to a therapeutic community upon completing a preparation programme.

Following discharge from a therapeutic community and other programs, there are rehabilitation programmes that often operate under the model of a residential community led by experts.

This group also includes two Centres for homeless drug users; specialised centres that only offer help to homeless illicit drug addicts. Some homeless illicit drug addicts are also staying in the remaining Centres for homeless persons but we do not know the number of such drug users (Table 4).

### **1.2.6 Further aspects of inpatient drug treatment provision and utilisation**

Admission to Slovenian psychiatric hospitals (all are public) is possible at any moment if so decided by the treating physician. The latter or a specialist psychiatrist is required to fill out the relevant referral note, which provides the basis for cost calculation and is, at the same time, a source of information that an outpatient doctor sends to their inpatient colleagues.

Admission to a specialised drug treatment hospital within the scope of the Centre for the Treatment of illicit Drug Addiction is always a matter of agreement between the doctor working at a Centre for the Prevention and Treatment of illicit Drug Addiction and the doctor working at the specialised hospital, and is always delayed for the period of preparation for admission to the hospital. Before being admitted to treatment, a patient undergoes many activities. A patient must achieve a level of the development of addiction and an attitude to addiction providing successful detoxification. Upon admission, patients are not allowed to have drugs on them or use them during hospitalisation. Initially, a patient stays at a

closed ward. Treatment at the hospital gets more and more structured, seeking options for an individual patient. This will become more and more pronounced in future, with more and more drugs with different addictive properties emerging in various social environments (Table 4).

**Table 4.** Network of inpatient treatment facilities (total number of units)

	<b>Total number of units</b>	<b>National Definition (Characteristics/Types of centre included within your country)</b>	<b>Total number of clients</b>
Hospital-based residential drug treatment	5	Psychiatric or other hospitals	<b>2402</b>
Residential drug treatment (non-hospital based)	3	Rehabilitation and reintegration centres	<b>58</b>
Therapeutic communities	3	Classic TC between 1 – 3 years programmes	<b>68</b>
Prisons	1	Special hospital for inmates	<b>60</b>
Other inpatient units - Special hospital for drug treatment	1	Special hospital for drug treatment	<b>185</b>
Day hospital	1	Special day hospital	<b>94</b>

**Source:** National Institute of Public Health, Standard table 24

### 1.2.7 Ownership of inpatient drug treatment facilities

There are still no private non-profit institutions in this field in Slovenia. There are just organisations supported by public funds such as hospitals, prison hospitals and a hospital specialised in addiction treatment. All forms of organisation are financed from public health insurance. Other programmes and patient programmes are carried out by NGOs that are funded by the state through tenders, funds from local communities (which normally also provide premises), and donor funds (Table 5).

**Table 5.** Ownership of inpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all Therapeutic communities are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities

	<b>Public / Government</b>	<b>Non- government (not for profit)</b>	<b>Non- government (for profit - Private)</b>	<b>Other</b>	<b>Total (%)</b>
Hospital-based residential drug treatment	100%				<b>100</b>
Residential drug treatment (non-hospital based)		100%			<b>100</b>
Therapeutic communities		100%			<b>100</b>
Prisons	100%				<b>100</b>
Other inpatient units - Centers for homelessness people and drug addicted mothers		100%			<b>100</b>
Other inpatient units - Special hospital for drug treatment	100%				<b>100</b>

**Source:** National Institute of Public Health, Standard table 24

### 1.2.8 Further aspects of inpatient drug treatment provision and utilisation

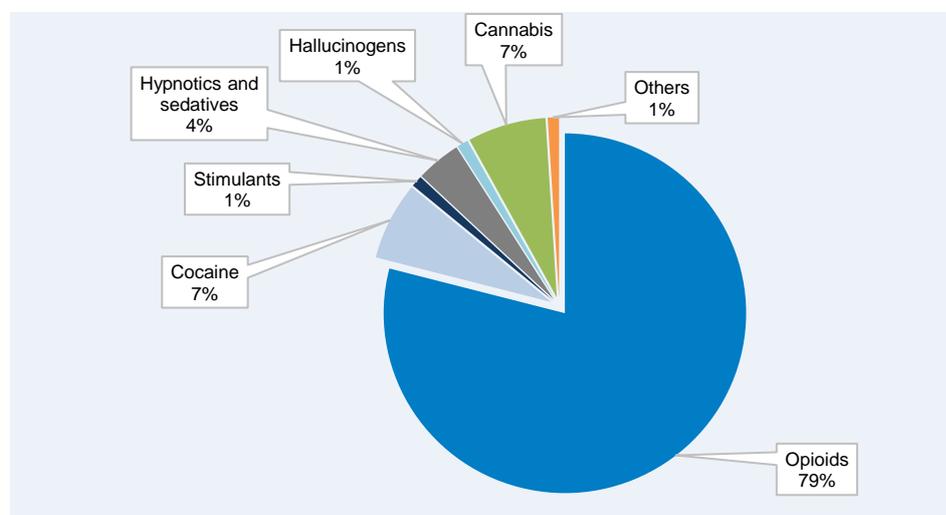
An important question is the development of future inpatient programmes if an increased use of new synthetic drugs occurs. Inpatient programmes are not very desirable because they tear the patient away from their family for a long period of time. This is especially hard for addict mothers with children. In future, hospital treatment will most probably have an own perspective in the field of punitive policies as this is one way of moving patients with severe conditions from a prison environment into a hospital environment which is friendlier to them. Slovene general psychiatric hospitals are currently primarily accepting patients with concurrent mental disorders. Patients with a predominant addiction can also receive treatment in a special hospital for addiction treatment which also has an outpatient clinic. Drug addicts are primarily only hospitalised in a specialised hospital for addiction treatment. In the case of increased needs, one of the existing psychiatric hospitals could decide to specialise in illicit drug addiction treatment. Other hospitals also accept drug addicts who require treatment for other diseases or injuries which also occur due to drug use. This is why the data from the first line of Table IV should be taken with a large methodological reserve as it primarily counts patients hospitalised for urgent conditions and patients who were hurt while using cannabis. These hospitals usually do not treat addiction or must treat it in addition to the patient's disease which was the reason for beginning treatment (e.g. Hepatitis C).

## 1.3 Key data

### 1.3.1 Summary table of key treatment related data and proportion of treatment demands by primary drug

In 2014, data in Slovenia were for the first time collected under the TDI 3.0 protocol an on line. Data were collected in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and at the Centre for the Treatment of Drug Addiction, which is in essence an outpatient unit. Of all questionnaires collected in 2018, 219 persons were monitored who entered or re-entered a drug treatment programme in 2018. 174 of them (79 %) entered or re-entered programmes due to opiate problems. 16 (7%) of those indicating why they entered a programme reported having a cocaine problem, 15 (7%) had cannabis problems (all smoking), 8 (4%) hypnotics and seadtives problems, 1(0,5%) hallucinogens, 3 (1. %) had stimulant problems and 2(1%) had problems with other drugs. (Figure 4).

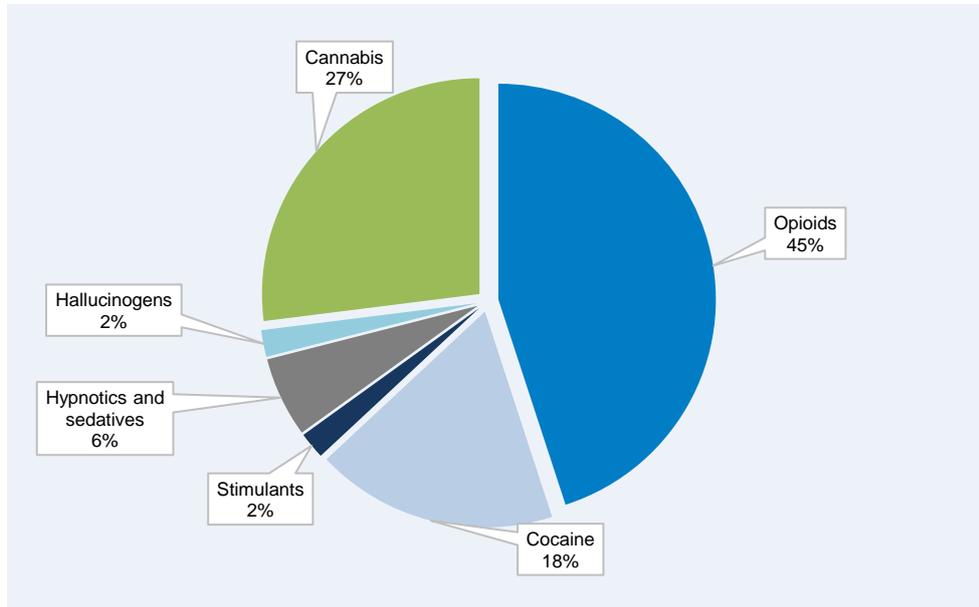
Figure 4. Proportion of treatment demands by primary drug



Source: National Institute of Public Health, TDI, 2018

Among those entering the programmes for the first time (49 persons), most had problems with opioid use 22 (45%). Nine (18%) persons had problems with cocaine, 1 (2%) with stimulants, 3(6%) with hypnotics and sedatives, 13 (27%) with cannabis. (Figure 5).

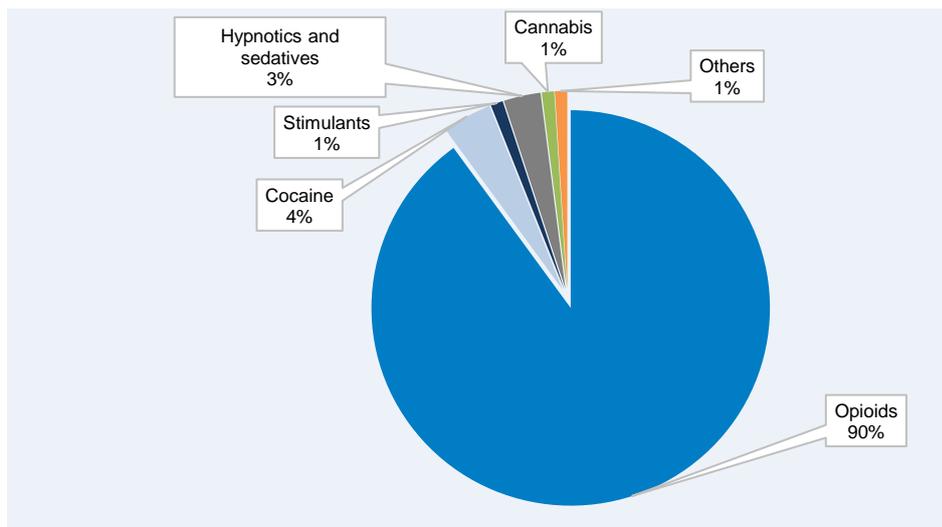
Figure 5. Proportion of treatment demands by primary drug – first admission in 2018



Source: National Institute of Public Health, TDI, 2018

Among those re-admitted, the number and share of persons having problems with opioids was significantly higher (151, i.e. 90%). Seven (4%) persons had problems with cocaine, 2 (1%) with stimulants, 5 (3%) with hypnotics and sedatives, and only 2 (1%) with cannabis, only one 2(1%) others (Figure 6).

Figure 6. Proportion of treatment demands by primary drug – re-admission in 2018



Source: National Institute of Public Health, TDI, 2018

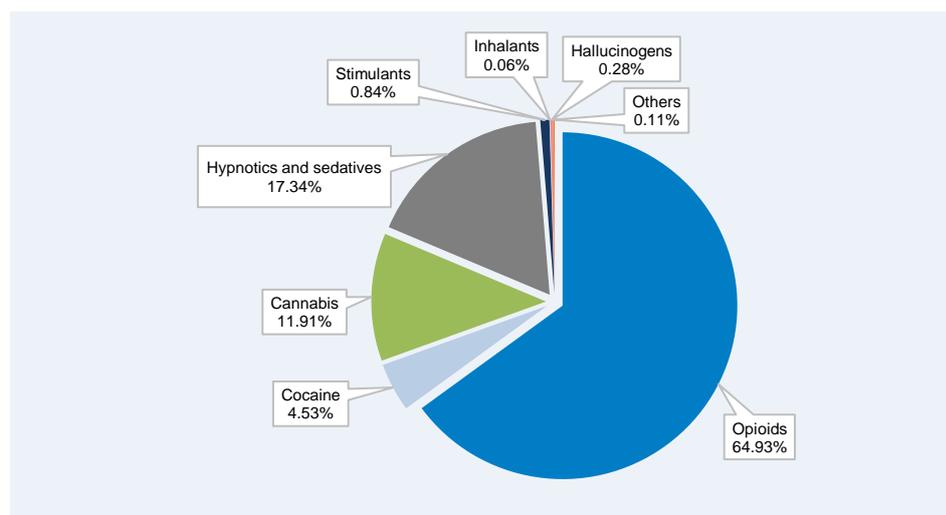
In conclusion, among those entering the programme for the first time in 2018, the share of persons with cannabis use problems was considerably higher compared to the patient group re-entering the programme in the same year. The percentage of patients who first entered the programme due to problems with cannabis use was 19% in 2017 and increased to 27% in 2018. This was expected due to the upward trend of cannabis use among young people in Slovenia.

The percentage of patients who enter the programmes due to opiate addiction is also interesting. Among programme users who re-entered the programme, the percentage of persons with opiate use problems increased from 88% to 93.7% between 2016 and 2017 and in 2018 is 90%. It is also interesting that the percentage of patients in all three groups of patients who entered the programmes due to cocaine problems is in 2018 again going up specil among the people who were entering the programme in the first time (18%).

### 1.3.2 Distribution of primary drug in the total population in treatment

Out of 2628 persons, 79.3% were men and 20.7% women. Their average age was 38.99 years. The youngest was 15 and the oldest 74. The problems of elderly drug users have come to the fore. Without a job or parents who used to offer them a place to live, they often become homeless (Figure 7).

**Figure 7.** The percentage of patients who spent more than 1 year in the programme and are still included in the programme in 2018 according to primary drug



**Source:** National Institute of Public Health, TDI

The largest percentage of patients spent more than one year in the programme due to opiate addiction problems (64.93%), followed by 17.34% of patients who had problems with sedatives and hypnotics addiction in 2017. A relatively high percentage (11.91%) had problems with cannabis use. It is also important to note that 4.53% of patients had cocaine problems.

### 1.3.3 Key treatment-related data

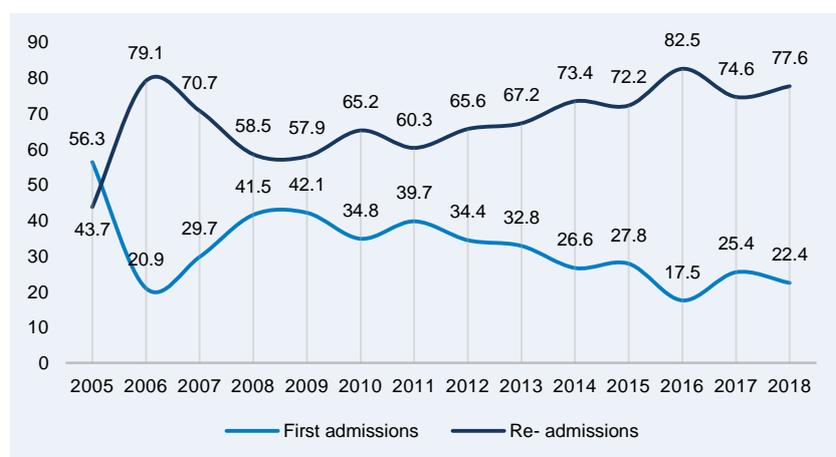
The data come from centres for the prevention and treatment of illicit drug addiction. Therefore, the TDI data are available only for this population group and do not represent the drug user population in Slovenia in treatment. It is planned to introduce the TDI and prevalence questionnaire in prisons as well. The total number of clients in treatment includes inpatient programmes as well as outpatient programmes. There is no way of methodologically excluding double counting of individual patients because patients with drug addiction seek help in different programmes in the same year.

This is why Table IV (Hospital residential drug treatment) includes patients who were hospitalised due to an indirect effect of drugs as well as patients who were hospitalised due to injuries and other diseases which were influenced by drug use.

### 1.3.4 Characteristics of clients in treatment

In 2018, according to TDI data 219 person entered or re-entered treatment program at the network of Centers for Prevention and Treatment of Illicit Drugs Addiction. Out of 219 persons entering the programme in 2018, 159 persons (72.6%) entered the programme on their own accord. 49 person (22.4%) entered the programme for the first time and 77.6% re-entered the programme. The trend is showing decrease of first entrants and increase of re-entrants (Figure 8).

Figure 8. Percentage of first admissions and re-admissions in Slovenia in period of 2005–2018



Source: National Institute of Public Health, TDI

Among patients who entered treatment programmes in 2018, only 22.8% of them were regularly employed and 48.4% were unemployed. Only 78.5% of patients who entered the programme had a permanent accommodation (flat) and 2.3% were homeless. 6.1% of them were in prison and 12.8% had non-permanent accommodation which means that homelessness is a big issue among drug users as we could estimate that 17.8% of them do not have permanent accommodation and belong to a broader range of homeless people. In the last 30 days before entering the programme, 78.5% of them lived alone, 11.4% with their primary family and 8.2% in institutions or shelters. 12.4% of them lived with children which indicates a great need for additional programmes for children that live in an environment where illicit drugs are being used. Only 42.9% of users did not inject drugs. For their last injection, 3.6% of users shared an already used needle to inject drugs which still indicates a great hazard of HIV and Hepatitis C transmission in this group of drug users. Half of them (50%) bought needles at a pharmacy and just 50% received them via harm reduction programmes. According to data, the majority still buys needles at a pharmacy, although they are available in harm reduction programmes free of charge. Only 22.9% of drug users who entered an addiction treatment programme used a condom during their last sexual intercourse in 2018 less than 2017, (29.6%). Only 52.1% of them did not change their sexual partner in the last year. 2.1% received payment for sexual intercourse. 25.1% were not yet vaccinated against Hepatitis B and 45.7% had already been pursued in court in a drug-related case. 23.7% had already served a sentence in prison due to violation of a drug-related law. 28.8% of patients who entered treatment programmes had already lost their driver's license due to drug use.

### 1.3.5 Further top level treatment-related statistics

It must be understood that detailed treatment data is available only for those patients who enter treatment programmes in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and for day centre users in harm reduction programmes which we will address in the second section of this report.

Table 6. Summary table - Clients in treatment

	Number of clients
<b>Total clients in treatment</b>	25559
<b>Total OST clients</b>	3792
<b>Total All clients entering treatment</b>	219

Source: National Institute of Public Health, ST24 and TDI

## 1.4 Treatment modalities

### Outpatient and Inpatient services

#### 1.4.1 Outpatient drug treatment services

Treatment programmes include well trained personnel for the execution of programmes and interventions in all programmes included in Table VI. Substitution therapy can only be carried out in specialised centres for addiction treatment. The main goal of this measure is to prevent trafficking of opiates outside of medical institutions. The personnel in these centres is specially trained to control prescription, usage and misuse of opiate medications. In general, all persons in need of substitution therapy are directed to special centres for addiction treatment. Substitution treatment is also run by specialised doctors in prisons. Substitution therapy can only be prescribed by specialised doctors. Substitution medications are only available on prescription. Patients collect them daily or less frequently in treatment programmes. Some of them must drink them daily under the supervision of a doctor or a nurse. (Table 7)

Table 7. Availability of core interventions in outpatient drug treatment facilities. Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of low-threshold agencies).

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	>75%	>75%	>25%-75%	>75%
Screening and treatment of mental illnesses	>75%	>75%	>75%	>75%
Individual case management	>75%	>75%	>75%	>75%
Opioid substitution treatment	>75%	Not available	Not available	Not available
Other core outpatient treatment interventions	>75%	>75%	>25%-75%	>75%

Source: National Institute of Public Health, Standard table 24

A range of out-patient drug treatment services is available in Slovenia. They are mainly characterised by the fact that the patient may come to the centre every day and stay there for a brief period. Afterwards, they are free to leave. According to Table VIII, various approaches in these programmes are very accessible to all. Every person with an addiction problem can enter the programme.

The founders and administrators of these organisations are governmental and non-governmental organisations. The programmes were established according to the current legislation and expert policies. Governmental organisation programmes are financed from the national budget or from Health Insurance Institute funds. In Slovenia, there are no private programmes for drug addiction treatment based on patients pay in full for the costs of services to the programme provider. Some NGOs that manage therapeutic communities (24-hour programmes) require patients to pay a symbolic amount, which they receive in the form of social transfers. NGOs are financed from the funds of different ministries and other actors in this field. The local community is also an important source of funds. Programme implementation is supervised at different levels. The first level is the internal control performed by each programme. At the second level, there are external controls, typically performed by professional associations (e.g. Social Chamber) or by the funders, who want to know what their money is being spent on.

The facilities for governmental programmes are provided by the state or local community. NGOs obtain facilities from local authorities. The facilities also often constitute a problem in programme operations. The first issue concerns the environment of the facility. In Slovenia, the general public and local population are still averse to such programmes. The facilities received by NGOs were not been built for the purpose of such programmes, so they need to be adapted, which requires funding.

Access to the programmes is good, as none of them has a waiting list in practice. It is possible to enter and access the programme on the same day. However, there are some problems in regions where there are no such programmes and patients need to drive to distant programmes, which imposes an additional burden on the patient as well as on traffic, as some of them drive alone under the influence of the treatment or other drugs.

We are developing programmes for individual target groups, but such programmes are implemented as part of existing drug addiction treatment programmes. This is a suitable solution for small countries, since it is difficult to develop a treatment network for each addiction and population group (e.g. cannabis) separately. We believe that this is how we acquire expertise which can be used in developing therapeutic approaches for other types of addiction.

Homeless drug users:

Day centres are available for homeless drug users, where they can stay, receive food and counselling. For some homeless people, residential units and residential groups are provided, which operate under the framework of NGOs. Night shelters have also been established, allowing for a safe and warm sleep during winter. NGOs make efforts to find jobs for them, but this is difficult to do in small communities where people know each other and employers tend to avoid hiring drug addicts.

Persons with a psychiatric comorbidity:

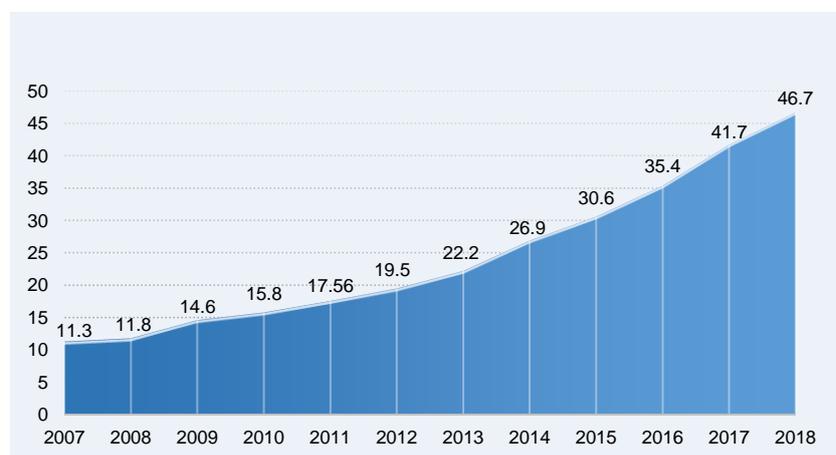
In Slovenia, persons with a psychiatric comorbidity are usually well cared for, as every centre for the prevention and treatment of illicit drug addiction also employs a psychiatrist and a psychologist to manage patients with a psychiatric comorbidity. Many such patients are treated for mental disorder at local psychiatric out-patient clinics. They also attend community programmes for mental health. Of course, when their condition declines, they go to a psychiatric hospital. Specialised hospital for addiction treatment: in 2016, 39 persons with a psychiatric comorbidity were treated at the ward of the Centre for

the Prevention and Treatment of Illicit Drug Addiction. There is also a special therapeutic community that offers help to persons addicted to illicit drugs with a psychiatric comorbidity. A specific therapeutic community is planned for drug users with mental disorders within the centre for addiction treatment, which currently implements the hospital addiction treatment programme. There is also a day hospital and an out-patient ward where 4,472 examinations were made in 2016, with 228 persons being handled for the first time. In the year 2018, 94 clients were included in day hospital programme. All these health-care activities are financed by the Health Insurance Institute of the Republic of Slovenia.

#### Elderly drug users:

By reducing HIV infections and mortality due to hepatitis C, which has become a curable disease, and because of improved living conditions, drug users now live considerably longer than they used to. The graphicon shows the share of programme users over 40 who were included in the treatment programme. In the last 11 years, this share has increased from 11.3% in 2007 to 41.7%%, with a linear increase each year. In the year 2018 it was 46.7%. (Figure 9).

**Figure 9.** Share of elderly patients included in the treatment programme in Centres for prevention and treatment of drug addiction who are over 40 years old and over from 2007 to 2018



**Source:** National Institute of Public Health, 2018

This gives rise to a new problem, i.e. how to help them and how to adapt the programmes to their needs, Due to their age, these drug users have a number of additional problems, both health-related and social, and hence many new needs. The questionnaire prepared for drug users who attend centres for the prevention and treatment of illicit drug addiction revealed that a relatively high percentage (30%) of elderly users believed they needed additional programmes. Younger patients expected new programmes in a significantly lower percentage. Among all age groups, the percentage of the elderly requiring new programmes better suited to them was the highest. This means that the needs of the elderly have not been adequately tracked and that a better understanding of elderly drug users and their needs is required first. Subsequently, the content of programmes suited to them should be established.

#### Programmes for women and pregnant women:

In Slovenia, programmes intended for women are implemented only in a single therapeutic community; otherwise, women enter the programme together with men. Generally, the same entry conditions and addiction treatment procedures apply to them. In some programmes, specific approaches are taken to women, especially to pregnant women and mothers. Gynaecologists from community health centres and regional hospitals also cooperate. Pregnant women are monitored from the start of pregnancy.

Their therapy is adjusted accordingly, and they have more frequent check-ups at the gynaecologist and at the centre. Upon delivery, the baby's withdrawal syndrome is treated, and the community nursing service takes care of the child and the mother. Social work centres also take care of pregnant women and, later, the family, and provide for proper financial transfers and supervise how the mother and other family members care for the child. If the parents neglect the child due to drug use, the child is removed from the family and placed in a foster family. STIGMA, an NGO, (<http://www.prostovoljstvo.org/index.php?t=itemOrganization&uid=2951>) established a safe house programme for female drug users and mothers who are drug users.

#### Sex workers:

Media reports often associate prostitution with organised crime in the field of illicit drugs. Through prostitutes, pimps also offer drugs. (1) Drugs are often only one of the additional features of prostitution. Female drug users are the lowest-ranked prostitutes and constitute one of the most vulnerable groups, because they are not protected against violence and exploitation from pimps. At the same time, they are stigmatised by higher-status women. Prostitution is one of the options to earn money open to female and male drug, in addition to begging, fraud and theft.

People engaged in prostitution who have drug problems also have free entry to all programmes in Slovenia in the field of addiction treatment, provided they have health insurance. Without health insurance, funds from the national budget are provided, which requires slightly more administrative work from employees.

The programmes regularly deal with sexually transmitted diseases and provide active testing for different types of hepatitis, HIV and other STDs, as well proper counselling before blood collection and after submitting results. Reports from the programmes clearly show that some female and male drug users are forced to engage in prostitution due to their financial circumstances. NGOs also distribute condoms provided by the state. A particular programme is being set up in the non-governmental sector, focusing mainly on prostitution. It is in the initial stages of development. Some years ago, Slovenia established a programme for working with prostitutes within the European UMBRELLA project, but prostitution organisers responded negatively and threatened us, so the programme was stopped. A programme is currently underway operating with the assistance of an NGO, which deals with men having sexual relations with men, who are currently the most risk group for HIV transmission. The programme is also related to the chemsex field. A particular NGO is active in the field of preventing trafficking in human beings and protecting victims of trafficking in human beings. They also include drug users (<http://www.beliobroc.si/>). The "Beli obroč" (White Ring) NGO is also important in the field of counselling victims of trafficking in human beings. They employ trained experts who are able to advise victims on several matters.

#### Problem drug users:

NGO which run harm reduction programmes provide counselling and assistance to persons addicted to injection drugs who live in difficult social circumstances. They have field teams and special vehicles, so they are mobile and can make contact with users anywhere. Within the network of programmes, sterile material for safer drug injection is provided and disposed contaminated materials are collected, which are then transported for destruction in a professional way. These NGOs play an important role in referring users to programmes and establishing contacts with programmes of social care, health care, the judiciary and many public authorities. A safe house for female drug users also operates within this network. In recent years, it has been observed that the morbidity of drug users has become very complex. Some have implanted heart valves or have undergone other serious surgical procedures due

to cancer. Increasingly often, the patients need complex health care, and the idea has arisen that physicians in the centres should assume the role of personal physician.

The activities in all programmes are implemented according to acknowledged expert doctrines. All cases within the programme are managed individually. However, in some programmes, individuals are not identified. This applies particularly to harm reduction programmes. At centres that employ psychiatrists, checking for the presence of mental disorders is straightforward. However, the situation is more difficult for programmes without psychiatrists. These programmes make use of the network of psychiatric out-patient clinics in public health care. Most of the programmes provide psychosocial management, which is the main way in which NGOs deal with persons addicted to drugs and their relatives. Our field operations are well developed. They are implemented by experts in harm reduction programmes, who go into the field and approach drug users; sometimes, they succeed in referring them to programmes that are more demanding for the users. Substitution treatment is available to everyone who needs it. It may be prescribed only by selected physicians working at centres for the prevention and treatment of illicit drug addiction. Substitution medications are not available on prescription, but by order form. Patients attend the centre and take their therapy under the supervision of the personnel, which minimises the likelihood of substance abuse. Only stabilised patients who meet the prescribed conditions receive take-home medication for a specified period.

### **Outpatient drug treatment services in Slovenia**

#### Specialised drug treatment centre

The centres for the prevention and treatment of illicit drug addiction function within the network and cooperate with each other at different levels. They follow the most recent findings from around the world. There is no waiting list for patients. The centres form the only health-care network which is permitted to prescribe substitution therapy to people addicted to opioids. The centres run sub-programmes intended for the homeless, for women, elderly, families etc. In addition to substitution programmes, these centres also provide psychotherapy, various workshops, blood collection for HIV testing and counselling, inclusion of people in hepatitis C treatment, diagnosis of tuberculosis, programmes for preventing drug overdose and counselling. The centres also cooperate with other programmes in the region and with social work centres. A scientific conference is held each year, which plays an important role. The population of Slovenia still has reservations about substitution treatment, even though it has been carried out for almost 30 years. The centres make great efforts to overcome this lack of understanding. To this end, new therapeutic approaches have been introduced. Finally, they also do a great deal of preventive work in their local communities.

#### Low – threshold agencies

Harm reduction programmes act at the community level, both as daily centres for drug users, as well as in the form of field work with drug users. Their main activities involve counselling on safer drug injection and providing sterile injection equipment. They contribute significantly to reducing the harm that the users would suffer without these programmes. The at-risk drug user population turn to such centres, and through the activity of these centres, the risk is considerably reduced. In recent years, great efforts have been made to establish safe room programmes. Typically, local communities tend to oppose such programmes, so they have not been set up yet, despite the great necessity, as the number of deaths due to drugs grows.

#### General primary health care

In this context, this includes physicians and other health-care professionals in primary health care who come into contact with drug addicts. It depends on the commitment of these professionals whether

these people will receive timely help. When a drug user comes to their office, first, they have to recognise them and then refer them to a centre for drug addiction treatment. When treating their drug-addicted patients, they need to cooperate with the centre for drug addiction treatment.

#### General mental health

Psychiatric out-patient clinics are common targets for drug users with mental disorder comorbidities. Psychiatrists need to recognise drug addicts and act accordingly. They may refer them to the centre for the prevention and treatment of illicit drug addiction for further treatment or to another programme. They may also refer them to a hospital to be treated for addiction or mental disorder.

#### Prisons

Prison programmes form part of the regional public health-care network (see textbook Prisons). Physicians and other staff are not employed at the prison, but come from outside, usually from the community health-care centre. This has many advantages. They implement a programme identical to that implemented at centres for the prevention and treatment of illicit drug addiction, except that the programme is adapted to the target prisoner population.

#### Other outpatient units on secundar medical level

Addicts also often attend specialised secondary-level out-patient clinics, which are staffed by surgeons, internal medicine specialists and other physicians. The physicians are familiar with the addiction issue, so they are able to help people. It is important they send the drug-addicted person as soon as possible to a centre for the prevention and treatment of illicit drug addiction or to any other appropriate programme. If a drug-addicted person is hospitalised, an agreement is made between the hospital physicians and the physicians working in the addiction treatment programme regarding the continuation of addiction treatment.

#### Other outpatient units in social care field

Field social programmes primarily perform counselling and refer people to addiction treatment and management. The different programmes focus on different target populations. There are programmes for the adolescents, which operate during the day, and then parents come to pick up their children and take them home. Other social programmes perform counselling, family therapy, group psychotherapy etc. Some programmes prepare for addicts' admission to a therapeutic community, in cooperation with centres for the prevention and treatment of illicit drug addiction.

#### Addiction is a chronic disease – preventing relapses

In some people, drug addiction progresses into a chronic disease with recurring relapses. The programmes implement activities that prevent relapses in an attempt to prolong the abstinence period. If a relapse occurs, the best measure is to begin therapy immediately.

Treating addiction as a shameful disease and pushing patients to the margins of society and into prisons is a poor solution for society. Such an attitude to the disease creates additional barriers for a person trying to receive timely treatment, and is the basis for unnecessary complications of the disease and increased complications associated with it. In Slovenia, it is not difficult to enter management and treatment programmes, since there is enough of them. The person considering to take this key decision is, however, more problematic, as the decision is often related to the inappropriate attitude of society and family members to this disease and a great fear of stigmatisation.

### 1.4.2 Further aspect of available outpatient treatment services

In the future, the programs will be developed on the basis of the needs of drug users and society. There is less interest in therapeutic communities. People and drug users want to have short interventions that take as little time as possible. New approaches on treatment of drug users are developed in the field of the NPS. It will be necessary to develop field work and early intervention programs. The programs will also include other professionals and other methods. We have to work much more on motivation for treatment and relapse reduction activities. It seems that in the future there will be much more older drug users, who will need special programmes. Much more attention we should give to the minorities (women, pregnant women, older drug users, young drug users). Each of them needs a more specific approach.

### 1.4.3 Availability of core interventions in inpatient drug treatment services

Inpatient programmes are being carried out in the governmental and non-governmental sector in Slovenia. Programmes offer a large amount of knowledge on addiction treatment and use various approaches. 24-hour patient monitoring also enables more challenging procedures such as Psychodrama (Table 8).

**Table 8.** Availability of core interventions in inpatient drug treatment facilities. Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of therapeutic communities).

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	>75%	>75%	>75%	>75%
Screening and treatment of mental illnesses	>75%	>75%	>75%	>75%
Individual case management	>75%	>75%	>75%	>75%
Opioid substitution treatment	>75%	Not available	Not available	>75%
Other core outpatient treatment interventions	>75%	>75%	>75%	>75%

**Source:** National Institute of Public Health, TDI

Within these programmes, the patient is accommodated more than 24 hours and up to three years or even more. In this period, several therapeutic interventions and approaches are used in order to change the person's behaviour. The programmes are organised both in the governmental and non-governmental sectors. Health-care programmes are financed by the Health Insurance Institute. It is crucial that a person spends much more time in contact with therapists so they can also carry out complex procedures of addiction treatment.

#### Therapeutic communities

In Slovenia, there are therapeutic communities employing experts, and therapeutic communities using self-help approaches based on the mutual self-help of community members. Entry to the community entails a preparation process, the duration of which varies according to whether the patient is ready to enter the programme and when the therapists consider them able to do so. This phase also involves centres for the prevention and treatment of illicit drug addiction, psychiatrists and other services. The duration of the programme varies, depending on each community programme and on the patient's progress. Joining and remaining in the programme are voluntary; the patient may leave the programme whenever they wish. Usually, completed treatment in a therapeutic community is followed by a rehabilitation programme. This allows the user to become slowly included in everyday life and gives

them the opportunity to do jobs they used to do before their addiction, allowing them to have their own source of income for subsistence.

#### Programmes in prisons

Pursuant to the valid legislation, prisoners have the same rights to access health-care services as the general population, irrespective of the gravity of their crime. Each prison has a psychiatric service, general health-care services and a programme for treating illicit drug addiction. The providers of these services are not employed at the prisons, but come from the community health-care centre. It is important that the therapists working in the prison are often the same people the patients were treated by before going to prison, which allows for better treatment continuity. After leaving prison, users again enter the programme of the local centre for addiction treatment or local NGOs involved in treating addicts in prisons. Drug users in prisons are free to opt for addiction treatment. There is no forced addiction treatment in Slovenia. Nevertheless, we would like more people serving alternative sentences to be treated outside prison. NGOs also take their programmes into prisons. The 'Stigma' association has published a special manual on this subject, Reducing Risks for Drug Users in Prisons 'Enhancing Health Promotion for Drug Users within the Criminal Law System'

(<https://harmreduction.eu/documents/publications/HARM-Reduction-slovenski.pdf>). All activities for prisoners are voluntary.

#### Hospital programmes

Slovenia has two hospital programmes for drug-addicted persons. One is in Ljubljana, and accepts drug-addicted persons who have problems with addiction and need hospital treatment. The second programme is in Maribor, and involves the management of incarcerated persons with mental disorders. Both programmes are run by the university medical centres. In the case of a psychiatric comorbidity, many users are hospitalised at regular psychiatric hospitals, where both the mental disorder and illicit drug addiction are treated. In addition to such hospitalisations, drug-addicted persons may also be hospitalised for other diseases that may be associated with drug use (sepsis). All hospital programmes are offered in the public health-care context; no private clinics work in this field. Some physicians from the centres for the prevention and treatment of illicit drug addiction also act as consultants at regional hospitals (Table 9).

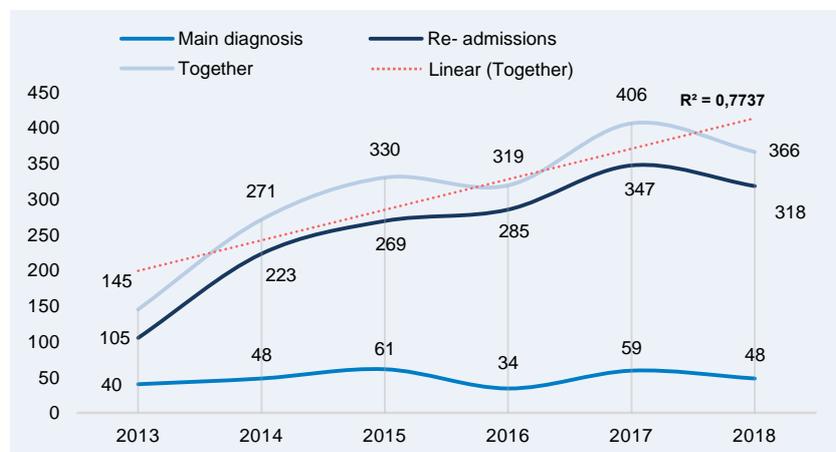
**Table 9.** Overview of the number of hospitalisation by basic diagnosis for each drug and by secondary diagnosis between 2013–2018 in Slovenia

	<b>Drugs</b>	<b>Primary diagnosis</b>	<b>Additional diagnosis</b>	<b>Total</b>	<b>Share among all (%)</b>
1	Multiple drugs	2609	2639	<b>5248</b>	43
2	Sedatives and hypnotics	647	2294	<b>2941</b>	24.1
3	Cannabis	290	1547	<b>1837</b>	15
4	Opioids	448	1204	<b>1652</b>	13.5
5	Cocaine	81	229	<b>310</b>	2.5
6	Other stimulants	39	159	<b>198</b>	1.6
7	Hallucinogens	13	23	<b>36</b>	0.3
8	<b>Together</b>	<b>4127</b>	<b>8095</b>	<b>12222</b>	100

**Source:** National Institute of Public Health, 2019

Comparing the number of hospitalisations by drug, most were due to multiple drug use. Hospitalisations due to cannabis use were ranked third (Figure 10).

**Figure 10.** Number of primary and additional diagnoses associated with patient hospitalisation due to the consequences of cannabis use between 2013 and 2018



**Source:** National Institute of Public Health, 2019

The total number of hospitalisations due to the consequences of cannabis use in 2018 was reduced due to primary and additional hospitalisation diagnoses, the number of which declined in 2018. We observed a positive trend from 2013 onwards with a 2.5 x increase. The percentage of cannabis-related hospitalisations increased in those case in which cannabis use is listed as an additional diagnosis. We have to be careful when interpreting this information, because many hospitalizations for cannabis are hidden in poly drug hospitalisations.

#### 1.4.4 Further aspect of available inpatient treatment services

Each hospitalisation is difficult for patients, both in terms of them deciding to go, and due to them being away from their relatives for several months. Therefore, therapists and patients only rarely opt for hospitalisation. Recently, day hospital has come to the fore. Patients come in the morning and leave in the afternoon. In 2018, 94 persons were included in this form of care. The 24-hour hospitalisation time is thereby reduced. Programmes based on out-patient approaches will probably be more common in the future, which means additional investments in their development will be needed, both from the aspect of knowledge and personnel needed, and from the aspect of working methods and introducing new medication schemes. New types of therapy not requiring hospitalisation are being developed. From the cost-benefit perspective, hospitalisation is an inappropriate type of treatment, as it costs most (except for prisons). In the year 2018, 94 clients were including in day hospital programme.

#### 1.4.5 Target intervention for specific drug using groups

Individual programmes address individual population groups using a targeted approach. Drug users with a concurrent mental disorder receive special treatment including more intensive involvement of psychiatrists. We also have a special therapeutic commune which only handles persons with a concurrent mental disorder. A lot of attention is given to minors addicted to drugs, with special treatment. However, special programmes for them are not yet available. Special treatment is available for pregnant mothers with the goal of stabilising the pregnant women as soon as possible and establishing the best possible social conditions for them. Gynaecology and obstetrics specialists also collaborate in these treatments. A midwife service is also included which cares for the newborn and the mother after she is

dismissed. There is a special programme for mothers and their children who are facing violence that enables them a retreat from the violent environment and provides a safe one. Recently, more attention has been devoted to elderly drug users. A survey among these users established that they need considerably more help from the programmes than they currently enjoy.

#### **1.4.6 Treatment outcomes and recovery from problem drug use**

The survey conducted while the supervision of centres for the prevention and treatment of illicit drug addiction was ongoing showed that satisfaction with prescribed medication decreases with patients' age. Some 88% of patients from the age group of up to 29 years are satisfied with their therapy, while only 74% of patients over 50 were satisfied. The difference in the assessment of the method of taking the medication was also observed. 86% of patients from the age group of up to 29 years were satisfied with the method of taking their medication compared to only 78% from the age group over 50. Elderly patients are more satisfied with the management at the centres than those aged up to 29. The younger patients considered the working hours of the centres inappropriate, while a high percentage of elderly people were satisfied with the centre's work schedule. Only 20% of younger users, aged up to 29 years, said they needed more services, while 31% of the elderly expressed such wishes. 62.5% of patients aged up to 29 years said that they felt better at the time of the survey than at the beginning of treatment, while only 55% of those aged over 50 shared this opinion. 56.3% of patients said their health was better at the time of the survey than at the beginning of treatment, while only 44.4% of patients from the age group over 50 thought so. 34.4% of patients from the age group of up to 29 years thought they had better chances of employment while they were on therapy than before the therapy. This share was significantly lower among the elderly (20%).

Several problems exist in this field which will need quick solutions in the future:

1. The population of addicts who entered the programme years ago and are still included in them is ageing and their needs are nowadays considerably different from those in the past. This is why programmes for this population must change. Today's programmes do not meet their needs and according to surveys in Slovenia, elderly drug users are not receiving the service they need.
2. There is an increasing number of young people in the field who use NPS and stay away from currently available programmes. The existing programmes stigmatise them and compare them with junkies which is what the young reject. There is a great need for programmes directed at their needs.
3. Adolescents are facing the problem of drug use at an early age. There are not enough programmes in Slovenia which would offer them help. Due to the lack of programmes offering help, additional ones should be carried out in the field. Field work brings the experts closer to the youth and enables them to direct adolescents to treatment programmes and a healthy lifestyle.
4. There is an increasing number of cocaine addicts in Slovenia. This fact derives from the data on cocaine content in the Ljubljana sewage system. This is also evident from the substantially higher number of cocaine-related deaths than in the past. The Centre for poisonings of UMC Ljubljana observed an increased number of cocaine poisonings. The analysis of seized cocaine showed that the concentration of cocaine in seized samples is increasing. The price of cocaine is not increasing which indicates that the cocaine supply is increasing and interviews with cocaine users confirm this. We have more and more cocaine addicts who refuse to enter existing programmes due to the fear of stigmatisation. As cocaine addiction develops only several years after the first cocaine use, we should anticipate a greater need for cocaine addiction treatment.

5. The number of children who are born and live in families where at least one parent is an illicit drug user who has developed a dependency syndrome is increasing in Slovenia. There are more and more children in families with at least one addict parent which is why special programmes for these children should be carried out. Programmes are still not sufficiently developed.
6. The simplest way of knowing the needs of users is in the field by approaching them with our services and becoming a part of their everyday life. The number of programmes is insufficient, especially for the youth. More field work is needed to approach drug users in the field and offer them help there.
7. Migrants from the south are coming up north to the EU and Slovenia and they need special programmes. We need to understand their culture, their needs and adapt the programme to these groups of drug addicts. Language and cultural barriers present a great issue. These drug addicts do not enter addiction treatment programmes as they are usually from hidden migrant groups without proper residence permits to live in Slovenia. This also means that they are living without proper health insurance and social care. Their status means they live in conditions in which they are exposed to a higher risk of infection with HIV and Hepatitis C.
8. Addiction relapse is common because addiction is a chronic illness. We therefore need to focus even more on programmes for preventing addiction relapse in Slovenia. Much more needs to be done to prevent addiction relapse with the help of permanent programmes.
9. Hepatitis C is nowadays a curable disease so we are executing a targeted approach to find HCV infected persons among drug users in Slovenia. The recovery success rate is high at 90%.

#### **1.4.7 Social reintegration services (employment/housing/education) for people in drug treatment and other relevant populations**

In Slovenia, reintegration processes already take place during treatment. At that time, the patients are motivated to obtain additional education and acquire skills that would be useful when they are well. Many patients on substitution treatment are regularly employed and have sufficient incomes, their own apartments and families. At the end of addiction treatment, patients may engage in reintegration processes in order to regain skills needed in everyday life. During this time, they are obtaining additional education and seeking jobs and housing. Within the programme, they are assisted in finding accommodation. The programme usually takes a year, but the period can be extended if the patient does not resolve their employment and other issues. The programmes are free of charge; experts from treatment programme and those from reintegration services often cooperate to help the patient. It is interesting to note that local communities have a positive attitude to such programmes. Some programmes also organise help for neighbouring populations, e.g. during harvest and other tasks. Social work centres supervise the process and provide social transfers. Employment services also play a role. This is a statement from one of the more important reintegration programmes in this field, operating at Kranj Social Work Centre: "The principal aims of the programme are to provide support for people in improving their relationships with relatives, in seeking employment and continuing schooling, as well as to provide assistance in finding accommodation. Participants receive individual and group treatment and participate in sports, cultural and artistic, computer, spiritual and other workshops. Their free time is filled with meetings that are both pleasant and useful. The programme lasts for six months and may be extended for an additional three months. When the stay at the reintegration centre is over, the person joins the extra-residential unit (which provides support for the person when they start to live independently) for six months. At the end, the person formally receives a certificate on the successfully completed programme, which is a good basis to build upon. The programme is free (accommodation and services) or covered from financial social assistance."

([http://www.omamljen.si/OMAMLJEN\\_SI,,reintegracijski\\_center,o\\_programu\\_reintegracije.htm](http://www.omamljen.si/OMAMLJEN_SI,,reintegracijski_center,o_programu_reintegracije.htm)).

## Opioid substitution treatment (OST)

### 1.4.8 Main providers/organisations providing Opioid substitution treatment

Substitution treatment in Slovenia can be performed only by programmes within the network of centres for the prevention and treatment of illicit drug addiction and at prison clinics. All medications used globally for substitution treatment are available. The programme is fully financed by the Health Insurance Institute. Approximately 4000 users are included annually in the programme run by the centres, but not all users are on substitution treatment. Between 3000 and 4000 persons per year receive substitution treatment. (see graphicon) In 2018, 3301 patients were included in the substitution programme within the network of centres. Among 3301 clients in the special treatment centres, 1801 patients received methadone, 952 buprenorphine, 215 a buprenorphine/naloxone combination, and 333 SR morphine. Some 605 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used. Except for SR morphine, the same substitution treatment is available in prisons as in the centres for the prevention and treatment of illicit drug addiction.

The instructions applicable to the programme must be followed by all employees working in the programme. Upon the patient's entry to the programme, a thorough examination is required. The decision to include the patient in substitution treatment is made at the centre's team meeting, involving a physician, psychiatrist, social worker and nurse. When the patient is admitted, he or she must sign a therapy agreement, which lays down the patient's and physician's rights and obligations. First, the patient receives the therapy at the centre from the nurse on a daily basis. Substitution medications are not available on prescription. The head of the centre and the nurse are responsible for purchasing substitution medications, which are then dispensed to patients by the nurse. Since these are opioid medications, how they are stored and used is strictly supervised. Several records are kept to ensure that no errors occur. Frequent urine testing is performed to check for the presence of illicit drugs and certain medications. Based on the patient's needs and the clinical picture as well as on urine tests, the therapeutic dose of the substitution medication is determined in the first month. The dose may be adjusted only by the physician. Substitution treatment can be short-term and used as support for discontinuing opioid use, or long-term or even life-long. Special attention is dedicated to different patient groups, such as pregnant women, the homeless, persons with mental disorder comorbidities.

Substitution treatment in Slovenia has contributed to the fact that only a very low number of drug users are HIV-positive, and that crime among drug users has reduced. Well-managed patients are employed and do their job with diligence. Substitution treatment allows them to be employed again and live a normal life, as they do not need to buy heroin. A cohort study of methadone users showed significantly lower mortality among patients on substitution treatment compared to users not included in a programme.

### 1.4.9 Number of clients in OST (the data are for 2018)

Approximately 65% of problem opioid users are estimated to be included in substitution treatment. We believe that this share is high compared to other countries, but still too low considering the wide availability of the programme. We are not sure why more users do not use the programme. In 2018, 3301 patients were included in the substitution programme within the network of centres. Among them, 1801 patients received methadone, 952 buprenorphine, 215 buprenorphine/naloxone combinations and 333 SR morphine. Some 605 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used.

#### **1.4.10 Characteristics of clients in OST**

The maintenance programme is divided into two groups. The first group constitutes a short-term maintenance programme involving patients who receive substitution treatment for a maximum of 6 months. The second is a long-term programme involving patients who receive the medication for more than 6 months or even for their whole life. In 2018, the average age of patients in the short-term substitution programme was 30,72 years, and 39,45 years in the long-term programme. The short-term detoxification group was comprised of 77% men and 23% women. The percentage of men in the long-term maintenance programme was higher, i.e. 80,3%, and 19,7% were women. 19% of users had alcohol problems in the long-term substitution treatment. In the short-term substitution treatment, 26% of people had injected drugs within the last month, and 16,9% from the long-term group. More information is not available because it is not collected.

#### **1.4.11 Further aspect on organisation, access, and availability of OST**

Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed in 2016 and proposals for improving the operations of this network were made. The Committee prepared many measures aimed at improving programme operation and access to the programme (which is very good, even today). The Republic of Slovenia Government Commission for Drugs accepted the report. The coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction received certain tasks to improve the quality of their programmes.

The measures include improving the spatial conditions in which the centres operate, hiring additional experts, adopting new guidelines for programme implementation, improving the recording of services to allow for better insight into the services provided at the centres, adjusting the programmes to users' needs and to the new needs of people addicted to new psychoactive substances and gambling. Closer cooperation among the programmes and motivating patients to select the programme best suited for them is recommended. As before, there will be no waiting list for entering the programme in the future.

In 2018, a mobile unit was established for the distribution of substitution therapy. It is expected to operate in areas where centres cannot be set up, which should reduce problems patients have due to daily journeys to receive treatment. At the same time, the programme will be brought closer to substitution treatment users. Therefore, the Coordination of the Centres is constantly seeking improvements in the centres' operations and in the programme's accessibility. Various options for dispensing methadone or another substitution medication to patients who cannot access the centre during its working hours are being sought. This allows the patient to be employed and to regularly do their job, without time limitations due to their receiving therapy. The centre's work schedule is adapted to patients' needs.

### **1.5 Quality assurance of drug treatment services**

#### **1.5.1 Quality assurance in drug treatment**

All programmes operate on the basis of adopted expert policies, which are being continuously updated in accordance with new findings in this field. The centres for the prevention and treatment of illicit drug addiction also follow special instructions, which are about to be updated. These instructions were adopted by the Health Council at the Ministry of Health, which is the supreme authority that confirms the professional arrangements of a particular programme. New expert guidelines are adopted at regular expert meetings of the Coordination of Centres, which are held monthly. The guidelines are then introduced into everyday practice. The work of the centres for the prevention and treatment of illicit drug addiction is supervised by the Coordination of Centres, which also specifies expert policies. External supervision takes place occasionally and yields proposals for updates and improvements to the

programme. The programmes comply with the ISO 9000 standard. The Health Insurance Institute of the Republic of Slovenia supervises the implementation of the programme and the use of funds.

Programmes implemented by NGOs are run according to expert findings in the field of social work and the work of experts employed in these programmes (psychologists, pedagogists, psychotherapists). Before a programme becomes operational and before it can receive funds for its operation, an expert opinion on the programme is required from the Social Chamber, which is also the supervisory authority for the programme's implementation. Only when the Social Chamber issues an expert opinion can the state provide funds. The Social Chamber also conducts occasional supervision to check that work is done according to the expert guidelines. If not, this can lead to the withdrawal of the positive opinion of the Social Chamber and consequently to the loss of state funding. The Ministry of Labour, Family, Social Affairs and Equal Opportunities also carries out regular financial supervision. If any anomalies are found in the programme's implementation, the programme is reassessed. This may lead to a withdrawal of funds and a request for reimbursement of the misused funds. Following up on the Ministry's initiative, the Social Protection Institute regularly evaluates the programmes.

Those programmes which are subsidiaries of foreign programmes, e.g. from Italy, are also occasionally supervised by their founders.

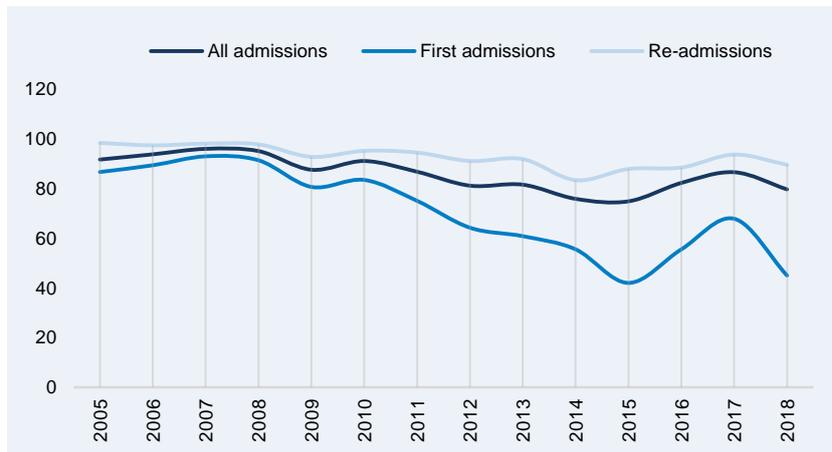
## 2. Trends

### 2.1 Long term trend in numbers of clients entering treatment and in OST

The number of entries in NGO programmes in 2018 increased; This involves mainly one-time patients. It is commendable that the number of people entering the programmes is increasing, because this means we are attaining the goal of having fewer patients on the street who have no assistance. Despite more people entering the social assistance and counselling programmes, some towns are experiencing standard open scenes of drug injection, indicating that despite the great efforts made in this field, not all drug users have been covered. Hence the need for additional activities. Patients are not enthusiastic about long-term programmes, so more intense and shorter programmes are being developed. Day hospitals are also being developed, which are better for patients, as they spend the night at home. In addition, the family is more involved in addiction treatment.

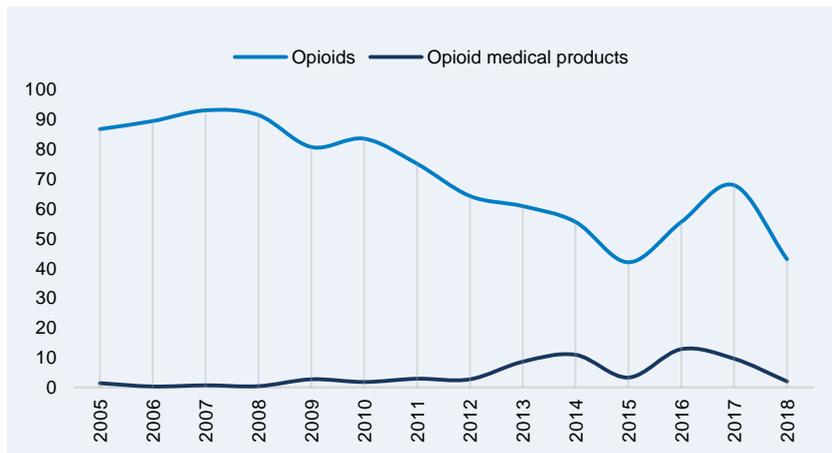
In recent years, the share of first entries due to opioid addiction has declined. This share was lowest in 2015 (41.9%) in 2018 it was 44,9%. In 2017(68%), this share increased considerably, indicating a new opioid-type epidemic among drug users. The share of people re-entering the programme due to opioid addiction also increased in 2017 on 93.5% and then in 2018 decline on 89,4%. (Figure 11). According to the figure, the percentage of patients who enter the first time, due to opiate problems is decreasing in 2018 (Figure 12).

**Figure 11.** Share of patients entering or re-entering the programme of the centres for the prevention and treatment of illicit drugs addiction due to problems with opioids, 2005–2018



**Source:** National Institute of Public Health, TDI, 2018

**Figure 12.** Percentage of patients who entered for the first time and had problems with opiate medication or opiates in the period of 2005–2018

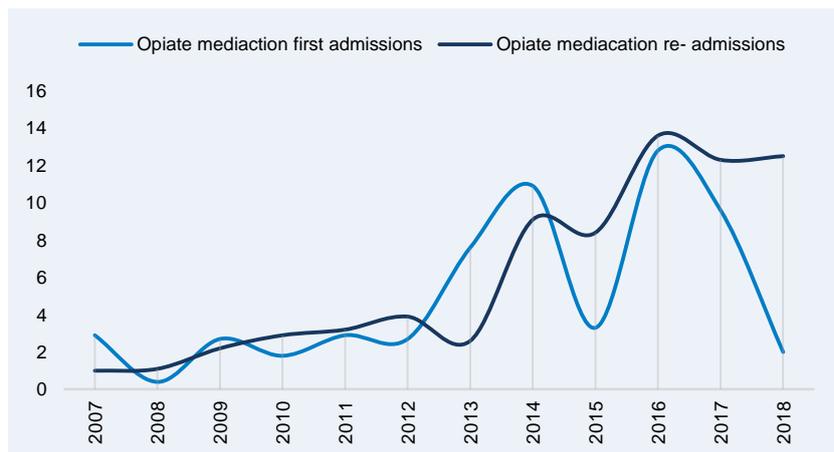


**Source:** National Institute of Public Health, TDI

#### Additional trend

In recent years, it has been observed that the programmes include an increasing share of persons who have been abusing prescription medicines and need help. This trend was apparent both for first entries and re-entries to the system. The trend is rapidly growing which means that more and more people are abusing opiate medications. We would also need to introduce stricter guidelines for prescribing opiate analgesics by doctors (Figure 13).

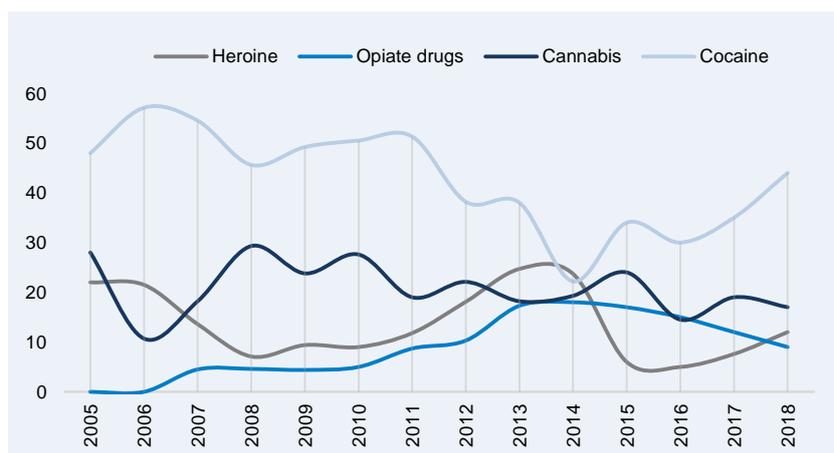
**Figure 13.** Share of patients entering or re-entering treatment programme for opiate medications missuse in 2018



**Source:** National Institute of Public Health, TDI, 2018

Particular trends are also observed when examining the share of patients reporting on their most burdening second drug (Figure 14).

**Figure 14.** Share of patients on re-entry into the programme in centres for the prevention and treatment of illicit drug addiction by the second drug in the period of 2005–2018



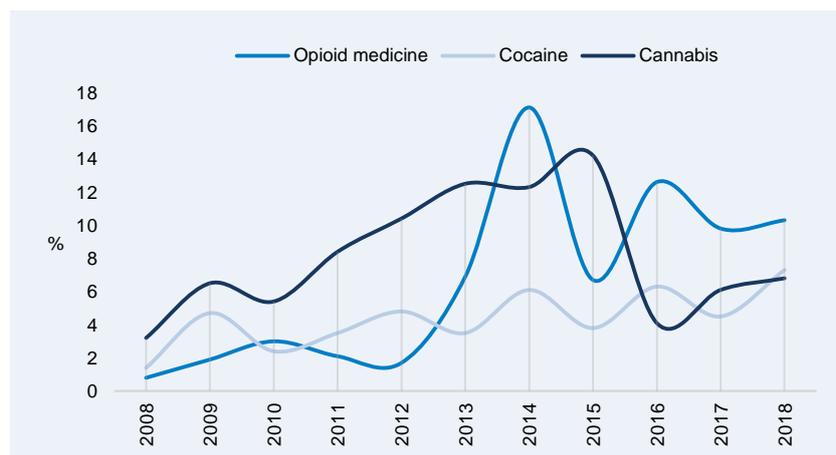
**Source:** National Institute of Public Health, TDI

In figure 14 we present the share of person who used some drugs among the users of secondary drugs who have been re-entry the programme between the year 2005 and 2018. Figure 14 shows that from the year 2005 to 2014 we see among the secondary drugs an increasing share of patients enter the programme and purchase opioid substitution medications on the black market because they are addicted to them. Later from 2014 that group of clients have been reduced and 2018 it was lower than in 2017. In this group, cannabis accounts for a significant share of causes of inclusion in the programme in the year 2018 there were 17% of such clients. The share of patients who have problems due to cocaine as a secondary drug on re-entry has been declining from 2006, but still they were going up after 2014 and reach in 2018, 44%. All of this can be related to the upward trend of cocaine use in Slovenia after 2014, with increased cocaine availability and a significantly larger cocaine concentration in cocaine on the streets than in the past. Problems that patients have with the additional drug should be taken into account when assessing trends and the current situation. This is particularly important because only 35% of persons who had problems with only one drug were accepted in 2018. We were found also a high level of cocaine in waste wather in Ljubljana.

## All treatment entrants

When monitoring entries to programmes run by the centres for the prevention and treatment of illicit drug addiction, a slow increase has been observed in the share of patients entering the centres' programmes for opioids. Turning to other psychoactive substances, there has also been an increase in the share of patients entering the programme due to abuse of prescribed substitution medications. This share declined slightly in 2015 and then increased in 2016 again to 13.3%. It is worth noting the initial trend of a declining share of cocaine users, which subsequently grew and stood at 6.3% in 2018 (Figure 15).

**Figure 15.** Share of admission by the principal drug due to which drug users were admitted into the programme in the period of 2008–2018



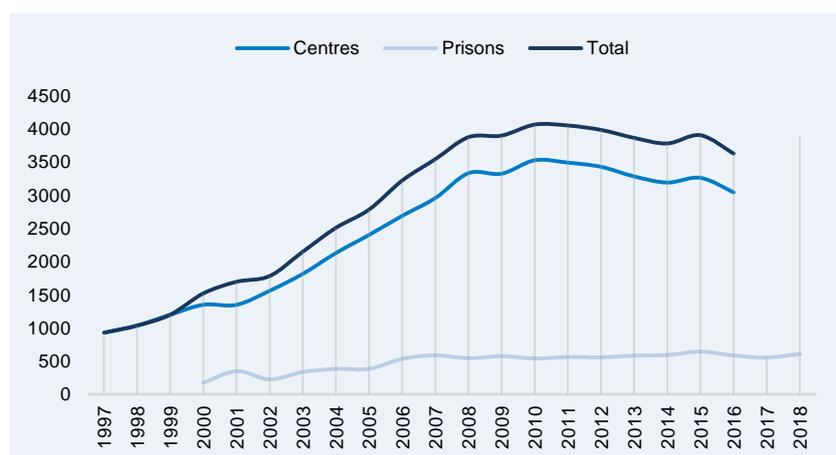
**Source:** National Institute of Public Health, TDI

It is also worth noting first a decline in the share of patients who formerly attended the centre due to cannabis problems and then an increase in this share, with a peak in 2015, followed by a steep decline in 2016 and again raise up to the 7,3% in 2018. In 2018 the share of client who were entering the program the first time such clients were 26,5%.

## OST clients

The trend in the number of patients included in the OST programme has been monitored for some time. The programme is run within the network of centres for the prevention and treatment of illicit drug addiction and in Slovenian prisons (available to all prisoners). There is a slow decline in the number of patients included in the substitution treatment programme has been observed. The precise reasons are not known. Access is free and there is no waiting list. However, being in this programme in Slovenia nowadays still means being marginalised, and employers do not wish to hire people undergoing treatment for addiction, because they do not want to have problems with them, despite the fact that experience shows that the patients included in the substitution programme are compensated and very able to do a good job. However, public opinion in Slovenia is still antagonistic towards this population group. The number of patients included in substitution treatment in Slovenia has been declining since 2010. The data provided in this volume that show an increased demand for the treatment of addiction and abuse of opioid drugs indicate that there is a high probability that epidemics of opioid medication use will occur, which is currently the case in the US. In the coming years, the need for opioid addiction treatment and the number of users in this field is expected to grow (Figure 16).

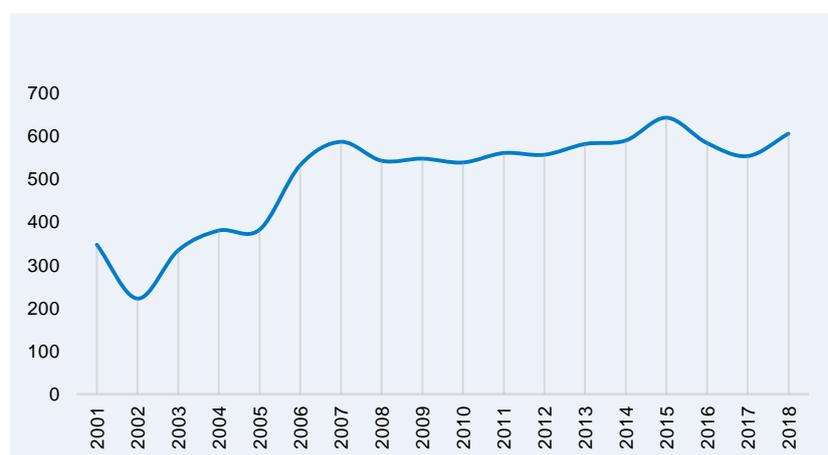
**Figure 16.** Number of patients on substitution treatment in the centres for the prevention and treatment of illicit drug addiction, in prisons, and total number, 1997–2018



**Source:** Coordination of Centres for prevention and treatment of illicit drug addiction, Prison administration of RS\*

\*There is not a data for treatment centres for the year, 2017

**Figure 17.** The number of persons in detention who were included in a substitution programme in a detention facility during 2001–2018 by year

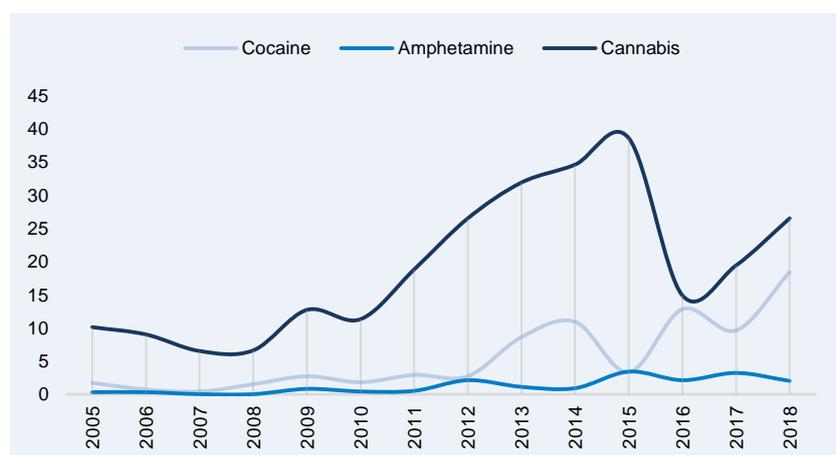


**Source:** The Prison Administration of the Republic of Slovenia. Annual Report 2018

## 2.2 Additional trends in drug treatment

The use of synthetic drugs is a great unknown in the field of addiction treatment. A psychotherapeutic programme operating in Ljubljana deals with persons addicted to new psychoactive substances (100 clients). The coming epidemics of opioid use and the implementation of the necessary preventive measures is a new challenge for us. We will probably have to resort to safe house programmes and to prescribing naloxone (opioid antidote) to opioid users and their relatives. We already prepared the guidelines for the post man and for the police and customs, how to deal with the suspicion post. The direction of cannabis use remains unknown. Will the current legislation on cannabis be amended? If this is done for political reasons, a significantly higher share of funds will have to be invested into prevention, as well as the treatment of addiction and all the consequences of cannabis use. The availability of human resources will be an issue in the event of epidemics of both opioid and cannabis abuse (Figure 18).

**Figure 18.** Share of first admissions per year by primary drug due to which drug users were admitted in the programme, 2005–2018



**Source:** National Institute of Public Health, TDI (2005–2018)

**Figure 19.** Share of first admissions per year by primary drug (opioids) due to which drug users were admitted in the programme, 2005–2018



**Source:** National Institute of Public Health, TDI (2005–2018)

### 3. New developments

#### 3.1 New developments

Since the last report, the Centre for the Treatment of Drug Addiction in Ljubljana has developed a special hospital programme for treating addiction with psychiatric comorbidities. Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed. Based on the Committee’s report, certain corrective measures were adopted in order to further upgrade and improve the (already good) programme. A mobile unit is being set up, which will be able to function as a mobile centre for treating illicit drug addiction to reach more people in the field and facilitate better access to the treatment programme. For harm reduction programmes, we are considering introducing sterile water for safer drug injection. In 2016, convenient spoons for preparing drugs for injection were introduced. A psychotherapy programme for addicts to new psychoactive substances was developed. In the Nova Gorica region, a treatment programme for non-chemical addictions was established more than 10 years ago and has more and more patients.

## 4. Additional information

### 4.1 Psychiatric comorbidity

All centres for the prevention and treatment of illicit drug addiction employ psychiatrists and psychologists; they treat psychiatric comorbidities. Within NGOs, there is a special therapeutic community for persons with a psychiatric comorbidity. There is a specialised hospital for drug-addicted patients. In this hospital, i.e. the Centre for the Treatment of Drug Addiction, there is a special unit for treating persons with a psychiatric comorbidity. At Maribor Department of Psychiatry, there is a special division for the hospital treatment of addicted patients with a psychiatric comorbidity who are serving a prison sentence. In all prisons in Slovenia, prisoners with a psychiatric comorbidity have the option to be treated both for addiction and for the psychiatric comorbidity under the supervision of a psychiatrist and a physician specialising in addiction treatment. A new therapeutic community is opening in 2018, led by psychiatric institutions and intended to treat patients with a concurrent mental disorder.

## 5. Sources and methodology

### 5.1 Sources

The data from the report was collected in different ways. The TDI questionnaire collects data from Centres for the Prevention and Treatment of Illicit Drug Addiction. The questionnaire is electronic and includes various control systems that prevent entry errors. Thus, the quality of collected data was greatly improved. Because of the high quality of collected TDI data since 2005 we can use them to follow certain trends for individual indicators. The hospitalisation data is taken from the databases collected on a national level. Some data from 2016 is taken from the statistical database of primary and secondary level healthcare where every programme entry is recorded along with the reason for entering treatment programmes on primary and secondary levels. An important source of data was also the Control record on the activities of Centres for the Prevention and Treatment of Illicit Drug Addiction. The author of this book also took data for 2018 from other books and data bases. An important source of data was the annual report of the Social Protection Institute of the Republic of Slovenia which publishes annual reports on the activities and financing of non-governmental organisations, working in the field of drugs in Slovenia.

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# **Best practice workbook**

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## Summary

The Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the National Social Care Programme 2013–2020 are the key documents regulating the areas of drugs and social care, which provide for quality drug use prevention programmes, drug addiction treatment programmes and social care programmes. The provision of quality programmes is also stipulated in individual laws in the areas of drugs, social care and organization of the healthcare system, which prescribe courses of action for the management and supervision of treatment programmes and for the treatment of people enrolled in social care programmes.

National Institute of Public Health (NIPH) significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH actively started to prepare and establish the system to ensure a high quality of prevention programmes in the field of drugs. The mentioned efforts resulted in the preparation of Quality standards for Drug Prevention Programmes.

NGOs and local action groups have an important role in promoting measures to ensure quality in the field of reducing the demand for drugs.

Addiction assessment and treatment programmes must meet regulatory requirements to be recognized as quality programmes and to be eligible to receive public funding. Major requirements include the programmes' professional relevance, which is evaluated on an ongoing basis. In the area of addiction treatment, methods for ensuring the professional relevance of the programmes are proposed and evaluated by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the Medical Chamber of Slovenia, expanded professional boards and the Health Council.

The implementation of social care programmes is monitored by the Social Protection Institute of the Republic of Slovenia. All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes.

Slovenia does not have any special accreditation system in the field of prevention programmes, but it does have a professional verification system in the field of social care programmes intended for illicit drug users and persons who have found themselves in social distress due to alcohol abuse or other types of addiction. The professional verification system is used to confirm the ability to carry out a selected social care programme over a long period of time or to enable it to enter the public network of social care programme.

As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social care and other fields where they need to obtain knowledge and skills of social work. The syllabus includes also two courses in the area of the addiction and drug abuse reduction. The Utrip Institute cooperates in organising short 5-day courses based on the US-developed Universal Preventive Curriculum, intended for decision makers, policy planners and opinion leaders. It also collaborates with the Faculty of Health Sciences in a pilot edition of informal training and in developing a post-graduate course of preventive sciences in Slovenia.

# 1. National profile

## 1.1 Policies and coordination

### 1.1.1 The main quality assurance-related objectives of your national drug strategy

#### Prevention

Marijana Kašnik

The Resolution on the National Programme in the Field of Illicit Drugs 2014–2020 in Slovenia (hereinafter: Resolution) represents a strategic starting point for a uniform, integrated, and harmonised approach of the state to drugs. At the operational level, the implementation of the strategy is based on two-year action plans laying down the priorities, implementers, and required financial resources. The action plan is also an instrument whose structure facilitates close monitoring of the implementation and case-to-case adjustment of the activities to the topical problems and needs in the field of drugs. (see also Policy Workbook).

The Resolution and action plan emphasise nine fundamental principles, which are equivalent among each other, namely: (1) the principle of constitutionality and legality, (2) the principle of human rights protection, (3) the principle of comprehensive and simultaneous drug problem resolution, (4) the principle of global cooperation, (5) the principle of decentralisation, (6) the principle of ensuring the safety of the residents of the Republic of Slovenia, (7) the principle of adaptation to different population groups, (8) the principle of creating conditions for responsible decision-making on drug use, particularly among children and adolescents, and (9) the balanced approach principle.

The main target of the Resolution is to reduce and limit the harm caused to individuals, families, and society by the use of illicit drugs.

In the solving of drug-related issues various sectors - in the field of social protection, health care, education, justice, internal affairs, finances and defence, and consequently also various parts of the civil society and general public – are involved. Many NGOs and local action groups are very active in local environments. The Government Commission for Drugs ensures the coordination of measures and policies.

The content of the Resolution is also based on the evaluation of previous resolutions, which has shown a significant number of problems. The previous two resolutions promoted the preparation of new programmes, but at the same time these programmes were often left to themselves, they were not properly evaluated and no permanent financial resources were ensured for their implementation. In the evaluation, programme implementers expressed the need for improved exchange of information and good practices, concrete content-based criteria for the evaluation of quality and effectiveness of their work, and for better coordination between line ministries in terms of communication with implementers as well as the commitment to continuous support to programmes.

Based on the evaluation findings and needs in the state, the Action Plan for 2017 and 2018 points out the key tasks and objectives in the area of establishing and ensuring the quality of prevention programmes in the field of drugs, as follows:

#### **(1) The information system: establishing standards and guidelines for prevention work in the field of illicit drugs, which includes the following implementation activities:**

- to establish a working group for the promotion of standards and guidelines,
- implement the pilot evaluation of programmes on the basis of standards and guidelines,
- to observe standards and guidelines in public tenders.

**(2) Prevention in education: providing prevention programmes and health and healthy lifestyle promotion programmes:**

- preparation of quality standards summary,
- the use of quality standards in the selection and co-financing of prevention programmes,
- the appointment of a work group for the preparation of a situation assessment of prevention programmes that are implemented in educational institutions.

**(3) Education, research, evaluation: evaluating various policies, programmes, approaches and procedures, which includes the following implementation activities:**

- to evaluate programmes in the field of drugs (public social care programmes),
- to prepare the evaluation instrument,
- to observe the quality criteria,
- the involvement of users and implementers in evaluation,
- the assessment of effectiveness of programmes, strategies, and policies.

**Evaluation**

The Resolution emphasises that the evaluation of programmes is one of the major activities for verifying the programme implementation. This contributes to the quality of programmes and simultaneously also to the rational use of funds. The regular evaluation of all budget-funded programmes and other prevention programmes should be continued also in the future. The objective is to establish a uniform evaluation system to be used in all phases of programme planning or implementation.

The planning and design of the programme should include an outline of the nature of the problem, its extent, and the environment in which it occurs. On this basis, a conceptual framework should be set up in order to define the theories that have or will arise from the target groups, objectives, methods, contents, and programme providers. The implementation of the programme should be accompanied by a process evaluation in which the implementation of the programme and its effects on the participants are to be determined. The programme completion is followed by a final evaluation of its results. Evaluation experts can be internal and/or external, but the main idea is to have the majority of programmes evaluated by external experts who meet the conditions for scientific and research work. To this end, a professional body is to be established to draft the professional criteria and guidelines for all evaluation stages.

**Treatment and social rehabilitation**

The Resolution on the National Programme on Illicit Drugs 2014–2020 ("ReNPPD14-20") (Official Gazette of the Republic of Slovenia, No. 25/14) stipulates that drug user treatment programmes have to be adopted based on their estimated effect, security, and professional and scientific merit. They are approved by the highest-ranking expert authorities. Treatment, psychosocial support and rehabilitation programmes receive public funding from a number of sources as per applicable legislation, where at the highest level (the Commission on Narcotic Drugs of the Government of the Republic of Slovenia), continuous treatment is provided for users regardless of what sources of funding are available, as follows:

1. Treatment within the healthcare system
2. Treatment within the social care system
3. Treatment provided by NGOs

Drug user treatment programmes offered within the healthcare and social security systems and provided by NGOs all need to be aligned and need to allow users to switch between programmes.

The ReNPPD14-20 does place a strong emphasis on programme evaluation but does not provide any further details regarding quality assurance.

## **Treatment**

Milan Krek

The principal law governing the treatment of illicit drug addicts, which also addresses the topic of programme quality, is the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). Under this Act, the Ministry responsible for health-related matters monitors the situation in preventing illicit drug use, reducing the demand for illicit drugs, reducing the harm caused by illicit drug use, as well as in the treatment and remediation of social problems associated with illicit drug use. The Act authorizes the Ministry of Health to steer the interdepartmental coordination in setting programme priorities and to supervise and coordinate the implementation and development of programmes. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia is the key decision-making authority at national level on topics concerning the policy for developing diverse programmes and promotes and supports the development of such programmes. Following a proposal by the Commission on Narcotic Drugs of the Government of the Republic of Slovenia, the minister responsible for health may formulate measures for illicit drug users that aim to prevent infectious diseases and disorders caused by illicit drug use. Treatment of illicit drug users is provided through inpatient and outpatient treatment programmes approved by the Health Council. Expanded professional boards also play an important role in assuring the quality of health programmes. They are the top-level professional authorities in their respective fields, which coordinate proposals from clinics, professional associations and chambers, higher education institutions, healthcare institutions and individual experts. Expert proposals from expanded professional boards that affect the substance and scope of healthcare services and at the same time also the health policy and healthcare funding, are reviewed and approved by the Health Council as the top-level professional coordination authority in healthcare. The Health Insurance Institute of Slovenia ("ZZZS") only provides funding for programmes that have been approved by the Health Council.

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is carried out by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed, and whose tasks are defined, by the Ministry of Health. The Coordination of Centres formulates and proposes to the Health Council a doctrine (program implementation rules and principles), reviews the application of the illicit drug addiction treatment doctrine and coordinates the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country. What's more, the Coordination of Centres may put forward to the Ministry of Health proposals for organizing professional training and may propose to relevant professional associations criteria for professional work within illicit drug addiction treatment programmes. It is also involved in the production of journals and other educational materials, and it is responsible for verifying research projects taking place in the Centres for the Prevention and Treatment of Illicit Drug Addiction nationwide.

Supervision over the work done within the programmes run by the Centres for the Prevention and Treatment of Illicit Drug Addiction is also carried out by the Commission for Supervising the Work of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health and performs the following key tasks: reviewing the implementation method of the addiction treatment doctrine; consultation on the implementation of the addiction treatment doctrine; monitoring the implementation of the methadone maintenance program nationwide; checking the centres' documentation; watching over the scope of work done; checking the compliance with requirements for human resources; checking the compliance with requirements regarding the centres' facilities and equipment; and miscellaneous other tasks. Aside from the oversight mechanisms above, adherence to

ISO standards is also being monitored by individual institutions running the programmes. ISO standards lay down a set of requirements for programmes to meet in order to be eligible to receive funding and to be able to run. (see also Treatment Workbook, Policy Workbook and Legal Framework Workbook).

## **Social rehabilitation**

Simona Smolej Jež

The legal framework for the social security system has been established by the Social Security Act (Official Gazette of the Republic of Slovenia, No. 3/2007 and subsequent issues), and the area of social benefits is governed primarily by the Social Assistance Benefits Act (Official Gazette of the Republic of Slovenia, No. 61/2010 and subsequent issues) and the Exercise of Rights to Public Funds Act (Official Gazette of the Republic of Slovenia, No. 62/2010 and subsequent issues), which came into effect in 2012 and resulted in substantial cuts to the system of social benefits.

The fundamental substantive and normative definitions for dealing with social distress and problems people face are laid down in the National Social Care Programme, which is passed by the state for a period of several years. In April 2013, the National Assembly passed the Resolution on the National Social Care Programme 2013–2020 ("ReNPSV13–20") (Official Gazette of the Republic of Slovenia, No. 39/2013), Slovenia's fundamental programming document in the area of social security for the period until 2020. The ReNPSV13–20 lays down the basic starting points for developing the social care system along with social care development goals and strategies, establishes a public network of social care services and programmes and sets out methods for their implementation and monitoring, and outlines the responsibilities of individual players at various levels.

Professional activities aimed at resolving social issues related to illicit drug use are carried out in the public service framework (at 62 Centres for Social Work in the context of providing social care services and exercising public authority) and in the framework of other social care providers (mostly privately held organizations and NGOs) running various (public, developmental, experimental, complementary) social care programmes.

In the context of the social care programme network, the ReNPSV13–20 also lays down a framework for developing a network of programmes for the social rehabilitation of addicts, which are aimed at illicit drug users and people in social distress as a result of alcohol addiction or other forms of dependence (eating disorders, gambling, etc.). In this area, the ReNPSV13–20 provides for the development of prevention, information and counselling programmes, telephone counselling programmes, coordination and support programmes, assistance and self-help programmes, harm reduction programmes, day centres carrying out fieldwork, housing and therapy programmes, reintegration and activation programmes (ReNPSV13–20. Official Gazette of the Republic of Slovenia, No. 39/2013).

The ReNPPD14–20 too states that professional activities for resolving social issues arising from illicit drug use are to be carried out as part of social care services, social care programmes and other forms of assistance in accordance with applicable social security legislation. Social first aid and counselling are most frequently being offered as part of social care services, while social care programmes comprise public social care programmes, developmental and experimental programmes and complementary programmes. The ReNPPD14–20 places a special emphasis on setting up developmental and experimental programmes that adapt to social change. Pursuant to the ReNPPD14–20, in the context of resolving social issues in the period until 2020, a special emphasis will be placed on:

- increasing the proportion of drug users enrolled in programmes and establishing an assistance network on an as-needed basis;

- providing appropriate support to NGOs, co-funding included;
- providing suitable professional training for people working in the area of illicit drugs;
- evaluating all verified drug-related programmes with secured long-term funding, and based on evaluation results, determining straightforward criteria for funding.

In November 2016 the Rules on the co-financing of social care programmes (Official Gazette of the Republic of Slovenia, No. 70/16) entered into force. The rules stipulate the areas and types of social care programmes, staff and spatial conditions, conditions with regard to technical equipment by types of social assistance programmes, appropriate share of funds, the criteria for programme co-financing, the method of their financing, the change of programme scope and activities and the monitoring and assessment of programmes. The programmes, whose (mostly technical) conditions are specifically determined in the mentioned rules, also include programmes intended for the prevention and resolution of social distress of drug addicts. Thus, the state sets clearer and more transparent frameworks for quality implementation of programmes, expert work and the development in the direction of ensuring appropriate response to the needs of users in the field.

### **Quality assurance objectives in the Action Plan in the field of Illicit Drugs 2019–2020**

Andreja Drev, Jože Hren

On 31 July 2019, the Government of the Republic of Slovenia adopted the Action Plan in the Field of Illicit Drugs 2019–2020 which includes the following quality assurance objectives:

#### Prevention

- Promotion of standards and prevention programmes in the field of drugs, and development of programmes and preparation of public tenders for the financing of prevention programmes in accordance to these standards.
- Promotion of environmental, universal and selective prevention, and healthy lifestyle promotion programmes in the context of educational system.

#### Social reintegration and harm reduction

- External evaluation of publicly-funded prevention and social care programmes.
- Establishment of standards for harm reduction programmes.

#### Treatment

- Establishment of a uniform ISO standard for centres for the prevention and treatment of illicit drug addiction, preparation of spatial standards for employees and users, and expert supervision over the work of the centres.

## **1.2 Organisation and functioning of best practice promotion**

### **1.2.1 National organizations/institutions promoting quality assurance of drug demand reduction interventions and their function**

#### **Treatment provision**

Milan Krek

The following professional bodies are responsible for promoting the quality of addict treatment programmes:

The Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction: Proposes expert solutions, incorporates them into programmes of work and monitors them.

The Commission for Supervising the Work of the Centres: Oversees the programme implementation quality following a preapproved programme and programme implementation instructions.

Expanded professional boards specializing in respective areas: Assess the professional relevance of a programme and may submit the programme to the Health Council for approval. They may also reject a programme.

The Health Council: Receives proposals of individual expert programmes submitted for approval from the expanded professional boards. If approved, a programme is qualified to receive funding through the Health Insurance Institute of Slovenia.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia: Secures funding for programmes and enables their incorporation into the comprehensive interdisciplinary programme for addressing the issue of drugs and their implications.

The Medical Chamber of Slovenia: Oversees the quality of programme implementation and the quality of work of physicians engaged in the programmes.

## **Prevention**

Marijana Kašnik

The NIPH significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. Together with partners (for example health centres, hospitals, schools, ministries, NGO's, Centres for prevention and treatment of illicit drug addiction etc.), it represents the source of data and information necessary for individuals, experts and the health policy to make decisions and take actions. It recognises the key health challenges of the population, including the determinants that affect the health, and it proposes health improvement measures. The NIPH monitors the health protection system, drafts system operation analyses and proposes measures to increase accessibility and effectiveness of the health care system and the development of priorities. Based on analyses, it recognises possible health threats, assesses risks and prepares health protection measures. Its research work and international cooperation contribute to new knowledge and spread new findings and good practices. In accordance with the legislation, it operates at ten locations throughout Slovenia. In addition to the central unit with eight centres, there are nine regional units where interdisciplinary teams carry out various tasks in the field of communicable and non-communicable diseases.

In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH actively started in 2014 to prepare and establish the system to ensure a high quality of prevention programmes in the field of drugs. A team of experts working in the field of drugs prepared a publication called Quality Standards of Prevention Programmes in the Field of Drugs, which is based primarily on the European drug prevention quality standards. Its objective is to facilitate comparisons, provide evidence and exchange knowledge among various EU countries. The content was adjusted to the situation in the country, and it included knowledge and practical experience of domestic and foreign experts.

NGOs and local action groups have an important role in promoting measures to ensure quality in the field of reducing the demand for drugs. They believe the system of introducing the quality standards of prevention programmes in the area of drugs in Slovenia will have an important effect on their work and improve the quality and effectiveness of prevention programmes.

## **Harm reduction and Social reintegration**

Simona Smolej Jež

The implementation of social care programmes, in light of the fulfilment of the ReNPSV13–20, is monitored by the Social Protection Institute of the Republic of Slovenia ("IRSSV"). Based on final (annual) programme implementation reports collected every year, the IRSSV produces an overview and analysis of the situation regarding the implementation of the social care programmes funded in part by the Ministry of Labour, Family, Social Affairs and Equal Opportunities ("MDDSZ"). Collected nationwide, the data provide a reliable picture of the situation regarding the implementation of social care programmes in Slovenia. It needs to be noted, however, that the IRSSV only deals with programmes which receive a portion of funding from the MDDSZ, leaving out programmes not funded through the MDDSZ. We believe that such programmes are not many and that the MDDSZ provides financial backing to a large majority of specialized programmes in this area through annual calls for proposals. The IRSSV data is therefore essential to professionals as it provides an insight into the situation, trends and development, or expansion, concerning the social care programme network, while also being useful in laying down guidelines and setting the course for further development in this aspect of social welfare.

All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes. The evaluation comprises the following: determining the programme's suitability for the target population, measuring its performance and effectiveness, assessing the implementation risks and analysing the aspects of the programme's long-term sustainability. Data to be evaluated is recorded promptly, whereas external checking, assessment and benchmarking of programmes within the same group, that is, composed of related programmes or of the same type, is conducted every few years.

Similarly to other social care programmes, low-threshold programmes in the field of illicit drugs must also gain verification and stable (7-year) financing from the state and meet certain quality criteria. The criteria are common for all programme groups and special (specific), which are defined for an individual programme group only. The Social Chamber of Slovenia (<https://www.szslo.si/verifikacija>) monitors the achievement of criteria by checking and evaluating them in order to obtain or keep the status of a public social care programme. These programmes are also included in the above described unified evaluation process for social care programmes. The unified evaluation process is led by the Slovenian Institute for Social Security.

Tasks and services performed and public authorizations exercised at centres for social work are entered locally into the social database ("BSP"), which forms part of the Information System for Social Work Centres ("ISCSD"). These databases are managed and maintained by the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

### **1.2.2 National practice guidelines published in the last five years in the areas of treatment provision, prevention, harm reduction and social reintegration**

Andreja Drev, Simona Smolej Jež, Mateja Jandl

#### **Treatment provision**

In 2013, the Recommendations to use and abolish benzodiazepines for patients, included in the substitutional programmes of treating opioid addiction in Slovenia were accepted (Kastelic A, Šegrec N. Priporočila za uporabo in ukinjanje benzodiazepinov pri bolnikih, vključenih v substitucijske (z zdravili podprte) programe zdravljenja odvisnosti od opioidov v Republiki Sloveniji. Zdravniški Vestnik 2013:let 28.Št.10:629-634).

## **Prevention**

In 2016, the NIPH prepared the Quality Standards for Drug Prevention Programmes. The standards are based on European quality standards and are adapted to the Slovenian environment, especially its needs and legislation. They also represent a framework on how to implement high quality drug use prevention. The publication comprises eight sets of fundamental standards that represent the programme's development cycle from planning to implementation and assessment, as well as expansion of the programme. Quality standards are initially intended for experts who work in prevention areas, as well as for the funders of prevention programmes and stakeholders who require prevention programme implementation. The standards are published on the website of the NIPH: <http://www.nijz.si/sl/publikacije/standardi-kakovosti-preventivnih-programov-na-podrocju-drog> (see also Prevention workbook).

At the beginning of 2017, the Utrip Institute published the "Guidelines and recommendations for prevention in the field of driving under the influence of alcohol." The publication is intended for institutions and programmes that deal with traffic safety and those that are active in the field of prevention of driving under the influence of alcohol. Website: <http://www.preventivna-platforma.si/docs/Utrip-Smernice-in-priporocila-za-preventivno-delo-na-podrocju-voznje-pod-vplivom-alkohola.pdf> (see also Prevention Workbook).

In 2013, the Utrip Institute published the Slovenian version of a short guide to European prevention-based quality standards. The guide is intended for professionals who regularly or occasionally implement prevention activities, as well as competent officials at ministries and offices that decide on which prevention interventions should be (co)financed and which should not. Website: [http://www.preventivna-platforma.si/docs/smernice/Kakovostni\\_preventivni\\_standardi\\_hitri%20vodnik\\_SL.pdf](http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri%20vodnik_SL.pdf). (see also Prevention Workbook).

## **Harm reduction**

The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines are also intended for people from non-governmental organisations who collect samples of new psychoactive substances. Guidelines are accessible at: <http://nijz.si/sl/publikacije/fentanil-smernice-za-ravnanje-s-fentanilom-njegovimi-analogi-in-derivati> (see also Drugs Workbook).

## **Social rehabilitation**

In November 2016, the Rules on the co-financing of social care programmes (Official Gazette of the Republic of Slovenia, No. 70/16) entered into force.

### **1.2.3 Accreditation systems for intervention providers in drug demand reduction**

Simona Smolej Jež

Slovenia does not have any special accreditation system in the field of prevention programmes, but it does have a professional verification system in the field of social care programmes intended for illicit drug users and persons who have found themselves in social distress due to alcohol abuse or other types of addiction. The professional verification system is used to confirm the ability to carry out a selected social care programme over a long period of time or to enable it to enter the public network of social care programmes.

The Social Chamber of Slovenia is the institution responsible for the procedure of professional verification of social care programmes. The procedure is executed in accordance with the Rule on procedure of professional verification of social care programmes (all the criteria is listed in the Rule) (Official Gazette of RS, No. 96/07 in 79/13). The programme must be continuously carried out for at

least three consecutive years to be able to apply for professional verification. If programme is verified as a public social care programme it becomes a part of public network and 7-years funding is provided. If verification is not successful; the programme is not accepted in a public network of social care programmes and therefore cannot be funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities for 7 years but for one or two years as experimental and developmental social care programmes.

#### **1.2.4 Specific education systems for professionals working in the field of demand reduction**

Andreja Drev

As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social protection and other fields where they need to obtain knowledge and skills of social work. The syllabus includes the following two courses in the area of the drug abuse reduction:

(1) Subject: Addiction (Undergraduate study – Social work profession)

Objectives: getting to know addiction and consequences of psychoactive substances as the foremost social pathologic phenomenon, and the methods of first social aid, the prevention of addiction, social regulation, social care and development of the social-labour profession in this area.

(2) Subject: Forms of Work in the Field of Drug Use and Addiction (Graduate study, Master programme – Social work, Community care module)

The subject is focused on gaining knowledge, which enables expertise and understanding of the micro world of legal and illicit drugs, planning skills and intervention implementation plus practical work in the field of drugs.

## **2. Additional information**

### **2.1 Evaluation of verified public social care programmes**

Simona Smolej Jež

The evaluation of verified public social care programmes in the field of drugs was implemented in 2016. There are many results, comparisons and proposals. In general, the evaluation has shown that high-threshold and low-threshold programmes that were included in the evaluation have a long tradition of continued functioning, programme providers are professionals and are available to users for a specific time during the day, and on envisaged dates they also implement field work and provide advice by telephone. The programmes work well on a high professional level and with great responsibility to users and funders, which is also shown in the mostly high average evaluations connected to the evaluated criteria.

The evaluators have separately emphasised that high-threshold programmes are also available for people with a lower economic and social status, and are open to all age groups, are flexible and follow new needs that emerge in the field (non-chemical addiction, self-harm behaviour, etc.). Professional staff attends additional professional training with various specialisations and follows new therapeutic knowledge, because the basic education within university studies is often not enough. Professional staff is focused on working according to the Code and Principles of Social Care. Users also have the opportunity to complain, commend, follow their needs within the professional work doctrine (Žiberna et al. 2016a and Žiberna et al. 2016b).

## 2.2 Other aspects of best practice promotion

### Prevention

Universal prevention curriculum

Matej Košir, Sanela Talić

The Utrip Institute has, since the beginning of 2017, cooperated in a European project UPC-Adapt (<http://upc-adapt.eu>) whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention. In the first project phase (until autumn 2017) the project partners prepared a summary of the existing educational curriculum under the name Universal Prevention Curriculum (hereinafter referred to as the UPC) and prepared a situation analysis with regard to the needs of European prevention works for such types of education and training. The UPC was developed in the USA with the support of the American government, and was tested in subsequent years mostly in Asian countries. Within the scope of the project, the UPC will be adapted to the European (and also Slovenian) situation and needs. In the second phase the project partners developed three different curricula or parts of European adaptation of UPC (EUPC) (academic, online and short 5-day curriculum for decision and policy makers and opinion leaders). The Utrip institute was involved in the development of short curriculum (2 days basics + 3 days advanced). Additionally, a trainer's guide was developed, tested and finalized by project partners which will allow as quality dissemination of the curriculum as possible and quality trainings of different target groups in the field of prevention.

In April 2018, a pilot training of EUPC was organised by the Utrip Institute in Ljubljana (2 days) and Bohinjska Bistrica (3 days) and 26 participants from 16 different institutions were trained. The basic (2-day) training content includes sessions such as: epidemiology, substance use and why is prevention important, language of prevention, overview of school, workplace, family, environmental, community and media-based preventive interventions, advocacy for evidence-based prevention, and monitoring and evaluation. The advanced (3-day) training content includes sessions such as: human development and prevention, socialisation, substance-use prevention activities in different developmental periods, advanced content on family-based, school-based, workplace-based, community-based, environment-based and media-based prevention interventions, how to recognise effective prevention, practical application of theories of persuasion in substance-use prevention related to media-based prevention) and reflection on the whole training (see also Prevention Workbook).

Within the scope of the Slovenian part of the project, the Utrip Institute signed a cooperation agreement with the Faculty of Health Sciences of the University of Ljubljana, which will collaborate in the pilot implementation of informal education and future development of post-graduate studies of preventive science in Slovenia. Preparation of application for submission of the post-graduate study is still in progress in 2019. The Faculty also submit the application for selected subject for interested students on prevention of risk behaviours, which will be implemented in collaboration with the Utrip Institute (if subject is approved by the University of Ljubljana).

### Harm reduction

NightArt certificate

Lucija Golčer

In 2018 and 2019, the DrogArt Association approached six night clubs (Kino Šiška, Klub K4, Club Tiffany, Terminal, and Božidar in Ljubljana, and the Niagara Lounge Bar in Maribor) with the objective to lay the ground for the development and implementation of the NightArt quality standard certificate. During two one-month pilot periods, 550 condoms, 330 ear plugs, and 1,000 units of NightArt

informative materials were distributed among night club visitors by DrogArt. However, up until now, none of the participating night clubs have decided to obtain the NightArt certificate.

The holders of the NightArt certificate have to provide trained staff, free water, condoms, and ear plugs. In addition, the agreement requires that the club provides informative materials and fosters prevention by expressing intolerance towards drunk driving and encourages intoxicated individuals to use public transport. The night club that obtains the certificate concludes a one-year agreement and is given a sticker which indicates that the club is a member of certified nightlife venues. In other countries, this concept exists in different forms and has different names (e.g. Quality nights, Safer clubbing etc.) and its purpose is to prevent risks that persist in nightlife settings.

#### Guidelines and standards for safe rooms for drug use

Dare Kocmur, Katja Kranjc

For some time now in Slovenia, efforts have been under way to establish a safe room for drug use. In 2013, the National Institute of Public Health prepared the documentation concerning the establishment of safe rooms for illicit drug users which also included the proposal for their operation, and an assessment of costs and impacts (for details see Legal Framework Workbook, section T4.2). The pilot operation concerning the establishment of a safe room was conducted by Stigma Association (NGO) which also drafted respective standards and guidelines.

The guidelines set forth by Stigma Association were drafted following the example of guidelines which had been adopted by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) from Lisbon and endorsed by the World Health Organization (WHO) and Joint United Nations Programme on HIV and AIDS (UNAIDS). Standards and guidelines were drafted based on the basic objectives of safe rooms which include: (1) prevention of viral and bacterial infections; (2) prevention of overdose and possibility of effective overdose treatment; (3) reduction of drug use in public and in abandoned buildings; (4) enabling contact with people that are normally hard to reach; and (5) addressing the isolation of long-time users of illicit drugs.

By attaining these objectives we strive to address safety and hygiene, and ensure a stressless environment for drug use. With safety we refer to the fact that drug consumption is allowed in this programme which also includes staff who offer expert supervision to users in the event that something goes wrong. This includes first aid and direct availability of rescue services. Users are offered information about the less risky use of drugs. The staff at the safe room have to ensure a safe, clean, and hygienic space for drug consumption. Availability of clean and sterile utensils helps reduce infections with HIV and hepatitis. The less stressful drug use is, the more pronounced is the awareness of risks associated to it.

Standards and norms of establishing safe rooms refer to the rules and criteria associated to the work and role of expert staff working in safe rooms. The organisational operating rules for safe rooms intended for injecting drug users were drafted following the example of similar programmes in other countries, especially Canada and Netherlands. The safe room operating rules are: (1) users have to sign a statement stating that they are over 18 years of age; (2) in addition to the statement, users have to sign an agreement with which they undertake that they will conduct themselves in accordance with the basic operating objectives of the safe room, and that they will not compromise safety, hygiene, and stressless environment; (3) it is recommended that the place of residence (district-wise) of users is also recorded; (4) the traffic and exchange of drugs in the room is forbidden; (5) smoking, and food and beverage intake in the room is forbidden; (6) in the event that the staff judge that a user is excessively intoxicated (with alcohol or other psychoactive substances), the use of the safe rooms is temporary denied to them; (7) every user has to wash their hands thoroughly before and after using the room; (8)



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# **Harms and harm reduction workbook**

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## Summary

### National profile and trends harms

Illicit drug-related health harms are constantly and systematically monitored in Slovenia, including data on mortality related to illicit drugs, on acute poisonings (currently only in the Ljubljana region) and on the incidence of infection diseases among persons who inject illicit drugs. There is also a network of various harm reduction programmes available as the reduction of drug-related harm is an important goal of the National Programme on Drugs 2014–2020 and its Action plan 2019-2020. Further development and upgrading of harm reduction programmes is needed and more attention needs to be given to a more even and equitable geographic distribution.

In 2018, 59 deaths related to the direct effects of illicit drugs were reported in Slovenia, 12 deaths more than in 2017. There is still the constant increase of deaths since 2011 among men and since 2014 also among women. Of those who died in 2018, 48 were men and 11 were women. The average age of the men was 42,4 years, and the average age of the women was 49,1 years, while most of the deceased were in the age groups between 35 and 39 years. Like in previous years, most of the fatalities occurred at home. Most deaths were caused by cocaine (15) and synthetic opioids (15). In 2016 we noticed for the first time large increase in cocaine deaths and this trend remains high. Cocaine has become the most commonly used stimulant in Slovenia, which is used by more and more problematic users in addition to recreational users. Synthetic opioid deaths have also been on the rise since 2016. The substance that caused these poisonings is mainly tramadol but also fentanyl.

In the observed year, 178 people were treated for illicit drug-related acute emergencies, which is 35 patients more than in the 2017. Emergency examinations of persons with illicit drug-related poisoning represented 0.75 % of the cases examined at emergency outpatient clinics for internal medicine in Ljubljana—the highest rate observed in the last decade. In 2018, we observed a significant increase in poisonings with almost all drugs, with the most pronounced increase seen in cocaine. This year marked the first time that cocaine was the most common drug involved in cases of patients treated at emergency outpatient clinics for internal medicine in Ljubljana. There was also an increase in GHB and especially GBL poisonings again. In 2018, we also noted a significant increase in poisonings with amphetamine-type stimulants (e.g. ecstasy), as well as a significant decrease in the number of confirmed poisonings involving new psychoactive substances, which is most likely due to the termination of the SONDA project (*Sistem odkrivanja NPS*; a detection system for new psychoactive substances). The number of cannabis poisonings has not changed substantially compared to the previous year.

The situation in infectious diseases among drug users remained relatively stable in 2018. In 2018, no cases of new diagnosis of HIV infection with a history of injecting drug use were reported. During the period from 2014 to 2018, HBV (anti-HBc) infection prevalence estimates of PWIDs entering for the first time or re-entering treatment in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction ranged from the lowest 0% in 2018 to the highest 7.6% in 2014. Respective HCV current or former infection (anti-HCV) prevalence estimates ranged from the lowest 36.0% in 2014 to the highest 48.1% in 2016 and was 36.4% in 2018. According to the available surveillance data, HIV infection has not started spreading extensively among PWID in Slovenia. Due to underdiagnoses of infections, underreporting of identified cases and very scarce information on transmission routes, data on HBV and HCV infection incidence rates underestimate the burden of these infections.

### National profile and trends harm reduction

Slovenia is relatively well covered with harm reduction programmes in general but there are still some dark spots on regional coverage. In particular, the north east part of Slovenia is, with the exception of mobile units, poorly covered by harm reduction programmes. As for the last few years, in 2018 there

were 10 harm reduction programmes with implemented sterile injection kit exchange services in Slovenia. Six programmes carried out fieldwork, of which five were equipped with mobile unit. There was a total of 10 day centres in eight programs. Some day centres operate at several sites in some regions. These programmes included 2.144 persons (6% less than in 2017). 164 users were registered for the first time. The harm reduction programmes in 2018 recorded 26.155 contacts (10% more than in 2017) which means 12 contacts per person (in 2017 were 10 contacts per person). In Slovenia The open scene challenges movement began in May 2017 as response to calls by citizens, municipalities and other local actors to regulate the disturbed use of public spaces by users of various drug and homeless organizations. In 2018, stakeholder meetings continued in Ljubljana and individual players carried out the planned activities based on the conclusions of the meetings. In July 2018, the City of Ljubljana organized a roundtable entitled Combating Illicit Drugs in Ljubljana, and in January 2019 set up a working group to address the problem of illicit drugs in Ljubljana. Representatives of non-governmental organizations also participated in all these activities.

### **New developments**

Ministry of Health has through the Operational Program for the Implementation of the European Cohesion Policy for the period 2014-2020, acquired funds for the implementation of the program "Development and upgrading the network of mobile units for the implementation of preventive programs and harm reduction programs in the field of illicit drugs". As part of the implementation of the program, the existing network of mobile units was complemented and replaced in terms of vehicle replacement, improvement of the personnel structure in mobile units (health workers and chemists). Development of new services and programs have also been provided. From October 2016 to October 2018 the SONDA project was running with aim to identify the occurrence of NPS poisoning in Slovenia and to improve the knowledge of medical professionals about NPS. With the SONDA project, we have developed a system for collecting biological samples of users intoxicated with new psychoactive substances in Slovenia and simultaneously monitoring the clinical picture of poisoning. Through the cooperation of a 24-hour toxicology service and a network of emergency ambulances and intensive care units of Slovenian hospitals, we were able to collect biological samples of 145 patients treated for suspected NPS poisoning within two years. With the results of the project, we have also improved the data collection for the "Early warning system for the emergence of new NPS" under EMCDDA and joined the European Euro-DEN project.

Pregnant women and mothers are special vulnerable group and a project addressing them started to run in Slovenia in 2017. Within the framework of this project a manual for health workers has been published and workshops for gynecological teams were organized (Identification of Addiction, Mental Disorders and Violence in the Postpartum Period).

## **1. National profile and trends**

### **1.1 Drug-related deaths**

Mateja Jandl

#### **1.1.1 Overdose deaths**

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Monitoring Centre for Drugs and Drug Addiction (hereinafter EMCDDA) since 2003. Monitoring data include direct deaths, i.e. deaths directly caused by the effects of illicit drugs on the body (these include intentional poisoning or overdoses, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the

cause of death; these data were taken from a cohort study. The data on indirect deaths collected on death certificates and cause-of-death reports were analysed. The National Institute of Public Health (NIJZ) analyses and keeps these certificates in National Causes of Death Registry.

In 2018, Slovenia 59 deaths due to the direct effects of illicit drugs were reported, including intentional poisonings (suicide), unintentional poisonings (overdose) or overdoses of undetermined intent. These included 48 men and 11 women; the average age of the men was 42.4 years, and the average age of the women was 49.1 years, while most of the deceased were in the age groups between 35 and 39 years. Of the 59 cases of poisoning, 52 (88%) were toxicologically confirmed (Table 1). Like in previous years most of the fatalities occurred at home.

**Table 1.** Overdose deaths in the Republic of Slovenia by drug group, age group and gender, 2018

Illicit drug	Age group												Gender		Total
	< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	> 65	Men	Women	
Heroin	0	1	0	0	1	5	3	1	0	0	0	0	10	1	11
Methadone	0	0	0	0	1	1	3	0	1	0	0	1	7	1	8
Other synthetic opioids	0	0	1	0	3	0	0	3	0	3	2	3	10	5	15
Cocaine	0	0	0	1	4	3	1	3	1	0	0	0	14	1	15
Psychostimulants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Addiction	0	0	0	1	2	0	3	0	2	1	0	0	7	3	10
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>48</b>	<b>11</b>	<b>59</b>

**Source:** National Institute of Public Health, Medical report on a deceased person – NIPH 46

### 1.1.2 Toxicology of overdose deaths

Most deaths in 2018 were caused by cocaine (15) and synthetic narcotics ((15). Half of deaths were caused by unintentional poisoning (29), 12 deaths occurred due to intentional poisonings (suicide), while in 8 cases it was not determined whether the poisoning was intentional or not. (Table 2) We have searched for additional information, which other substances (other illicit drugs and/or alcohol) were found in overdose deaths. In most cases it was the use of several illicit drugs or use of illicit drug in combination with alcohol and/or sedative-hypnotic medicines, in particular benzodiazepines.

**Table 2.** The number of overdose deaths by external cause and type of drug used, 2018

Illicit drug	External cause of death			Addiction	Total
	Unintentional poisonings	Intentional poisonings	Undetermined intent		
Heroin	10	0	1	0	11
Methadone	5	1	2	0	8
Other synthetic opioids	6	8	1	0	15
Cocaine	8	3	4	0	15
Psychostimulants	0	0	0	0	0
Addiction	0	0	0	10	10
<b>Total</b>	<b>29</b>	<b>12</b>	<b>8</b>	<b>10</b>	<b>59</b>

**Source:** National Institute of Public Health, Medical report on a deceased person – NIPH 46

### **1.1.3 Mortality cohort studies**

The General Mortality Register includes only those deceased illicit drug users, who died due to direct drug poisoning; all other deaths due to other reasons such as violent deaths (suicides, road accidents etc.) or diseases are lost because the General Mortality Register does not include the information that the deceased was an identifiable drug addict. This is why reasons of indirect deaths of drug users stem from the cohort study data.

The cohort study follows illicit drug users who were registered in Centres for the prevention and treatment of illicit drug use (CPZOPD) for the first time or repeatedly in Slovenia during 2009 and 2012 and filled-out the TDI questionnaire (Treatment Demand Indicator). We included users aged 15 to 65years. These data are entered into the Drug user treatment register. All types of treatments were included (first-time, repeated and long-term treatments) from 22 reporting units in Slovenia that reported for this period. We also included the hospital unit - Center for illicit drug use treatment Ljubljana (CZOPD) and three prisons.

For a cohort study on deceased drug users who were treated in CPZOPD, we compared drug user treatment register databases from 2009, 2010, 2011 and 2012 with data from the General Mortality Register for the period 2009–2015.

Firstly, a new code was allocated to all records of treated patients based on the SAUNDEX index (code, based on the patient's surname), date of birth and sex. Then we used different data to determine if the data under the same new code, that might be repeated two or more times, belongs to the same person and reduced all double or multiple records to a single record so that the number of first records in an individual year represented the number of persons. To conclude, we composed a SAUNDEX index for all deceased during 2009–2015 using their data and used it together with the date of birth and sex to construct a new code in the same way as the first line of data. By linking new codes, we created a third database: a database of persons, composing a cohort and those persons in the cohort who died during 2009–2015. We used this database to carry out mortality calculations and determine causes of death of persons in the cohort.

Mortality rates are calculated for 1,000 individuals/year or related population groups; the European standard population was used for age standardisation. Codes for diseases were taken from the International Classification of Diseases and related medical problems for statistical purposes – tenth revision (ICD-10). Principal causes of death were (like during 2009–2015) chosen by codes, requested by the EMCDDA; only those codes are chosen with a value of 1 in the variable Filter B.

### **Results**

Persons, who were treated during 2009–2012, filled out a new questionnaire about the drugs they used and the way they used them. We do not rule out the possibility that not all persons included in treatment programmes filled out the questionnaire or that the questionnaire was not submitted to the Drug user treatment register. It is also possible that accurate information is not given due to the complexity of the matter and stigmatisation. It is not always clear if the person genuinely quit drugs or conceals drug usage. We combined the data for all four years and tried to maintain as much information about the nature of involvement in the programme as possible: the principal and additional drug types the persons used; the method used to take the drugs and infections that they listed or were confirmed using tests. The same person could have been a participant in different centres/programmes in Slovenia and could therefore have filled out several questionnaires. Therefore, we combined the data to preserve as many records for an individual as possible.

We identified 5,157 persons (4,077 men and 1,090 women) included in treatment programmes (and treatment database), who were observed for 29,146.0 years. At the end of our observation (at the end of 2015), 5,004 treated persons (3,931 men and 1,079 women) in the treatment database were still alive. Drug poisoning was the cause of death for 70 persons registered in treatment programmes (61 men and 9 women) who died until the end of 2015. Treatment programmes also included 83 persons (75 men and 8 women) who died from another cause.

In the same period 2009–2015, 118 persons (101 men and 17 women) who died due to poisoning were not included in treatment programmes. The data about the number of cases and causes of death comes from the General Mortality Register.

From the information on mortality rates for the period 2009–2015 for persons included in the cohort who were included in treatment programmes at least once in the years (2009–2012), we identified that 153 of them (3% of 5157) had died. Among them, 1.4% (70) of deaths were determined as poisonings and the other 83 (1.6%) did not die from poisoning-related causes (Table 3).

By gender, 136 men (3.3% persons) and 17 women (1.6%) died in the cohort study. More than half of the deceased female users died of overdose or poisoning while most of the men died from other causes. The average age of the deceased in this group was 40.5 years; those, who died of poisoning, averaged 38.2 years. The average ages of the deceased in the cohort study in terms of the number of drugs used (as recorded in the TDI questionnaire) is as follows: the deceased users who claimed they used one or no drugs died at 42 years on average; users who claimed to use more than two drugs died at 38 years on average. The majority of the deceased come from the age group 35–40, followed by 30–35.

Among all those who filled out the TDI questionnaire, 4,257 specified the use of one main drug, 2,904 specified the use of an additional drug and 1,518 a second additional drug (in at least one questionnaire in four years). Heroin was most frequently used as the main drug (around 80% of persons) and cocaine, benzodiazepines and cannabis as additional drugs.

The illicit drug user mortality rate in 1,000 observed years of persons included in the cohort and aged 15–45 years in Slovenia during 2009–2015 was 4.4 (5 among men and 2.3 among women).

**Table 3.** The number of deceased drug users in Slovenia during 2009–2015, treated in Centres for the prevention and treatment of illicit drug use

Year	Death drug users included in a cohort study	Death drug users not included in a cohort study	Total
2009	4	25	29
2010	11	18	29
2011	27	12	39
2012	33	12	45
2013	31	13	44
2014	22	17	39
2015	25	21	46
<b>Total</b>	<b>153</b>	<b>118</b>	<b>271</b>

**Source:** National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

Among all deceased drug users, a good half of them received treatment in Drug treatment centres. Although addiction treatment represents a protective factor, it is possible that with the ageing of the cohort, the number of natural deaths increases. Digestive diseases prevailed, followed by neoplasms and cardiovascular diseases and mental illnesses (Table 4).

**Table 4.** Causes of death, Mortality cohort study 2009–2015

Cause of death /ICD group of diseases	Disease	Transport accident	Poisoning	Suicide	Unknown intent	Other accidents	Total
Neoplasms	9	0	0	0	0	0	9
Endocrine diseases	1	0	0	0	0	0	1
Mental, behavioural or neurodevelopmental disorders	3	0	4	1	0	1	9
Diseases of the circulatory system	4	0	0	0	0	0	4
Diseases of the respiratory system	2	0	0	0	0	0	2
Diseases of the digestive system	17	0	0	0	0	0	17
Unknown causes	0	0	0	0	0	4	4
Injury, poisoning or certain	0	3	53	25	17	9	107
<b>Total</b>	<b>40</b>	<b>3</b>	<b>57</b>	<b>26</b>	<b>17</b>	<b>14</b>	<b>153</b>

**Source:** National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

During 2009–2015, 136 men and 17 women died; violent death was the prevalent cause in most of the cases. Thus, violent death was the cause for more than two thirds of treated drug user deaths, less than one third died from a natural cause; poisoning was the most common among violent deaths. In total, 37% deaths occurred due to unintentional poisoning, followed by deaths from unidentified causes (11%) and suicides (17%), digestive diseases (11%), road accidents (2%), cardiovascular diseases (2.6%) and malign neoplasms (6%); all other causes of death were much less common (Table 5).

**Table 5.** Type of death by type of poisoning, Mortality cohort study 2009–2015

Type of death/Type of poisoning	Unintentional death	Suicide	Unknown intent	Total
Heroin	22	4	7	33
Other opioids	1	0	0	1
Methadone	23	3	6	32
Cocaine	3	0	1	4
Narcotics	4	0	0	4
Medicines	2	2	3	7
Alcohol	2	0	0	2
CO poisoning	0	1	0	1
Death by hanging	0	11	0	11
Transport accident	0	1	0	2
Other causes	0	4	0	3
<b>Total</b>	<b>57</b>	<b>26</b>	<b>17</b>	<b>100</b>

**Source:** National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

Illicit drugs that most commonly caused poisoning (intentional, unintentional or unidentified cause) were heroin and methadone (one third of cases for both), other drugs represented less than 10% (Table 5). Almost one half of suicides were committed by hanging, CO poisoning was not a significant cause, 34% of poisonings came from illicit drugs and medications and the one fifth found other ways to kill themselves. Accidental poisonings and suicides were the most common among violent deaths, followed by deaths where it was unknown if it was suicide or an accident.

**Table 6.** Causes of death in the drug users' cohort compared to causes of death among other drug users, Slovenia 2009–2015

	<b>Persons included in a cohort study</b>	<b>Persons not included in a cohort study</b>	<b>Total</b>
Male	136	101	<b>237</b>
Female	17	17	<b>34</b>
Average age at the time of death	39	35	
Neoplasms	9	0	<b>9</b>
Mental, behavioural or neurodevelopmental disorders	4	1	<b>5</b>
Diseases of the circulatory system	4		<b>4</b>
Endocrine diseases	1	0	<b>1</b>
Diseases of the respiratory system	2	0	<b>2</b>
Diseases of the digestive system	17	0	<b>17</b>
Unknown causes	4	0	<b>4</b>
Transport accident	3	0	<b>0</b>
Other accidents	6	0	<b>6</b>
Poisoning	57	86	<b>143</b>
Suicide	26	8	<b>34</b>
Attacks	2	0	<b>2</b>
Unknown intent	17	23	<b>40</b>
Complications during treatment	1	0	<b>1</b>
<b>Total</b>	<b>153</b>	<b>118</b>	<b>271</b>

**Source:** National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

The number of treated deceased men and women included in the cohort differs substantially from the number of untreated; there are differences in the age at death between the treated persons (39.5 years of age) and the untreated persons (35 years of age). There is also a substantial difference in the case of external causes of death. Poisonings stand out among untreated users and a negative trend occurred in suicides; there are more in the group of treated users (Table 6). In the cohort study, carried out by NIJZ during 2004–2006, there was a distinctly lower rate of suicides among treated users.

**Table 7.** Mortality rates in 1,000 residents among the cohort of illicit drug users aged from 15 to 85 compared to mortality rates among inhabitants of Slovenia, by cause of death

Cause of death	Number of deaths, cohort 2009–2015	% of deaths, cohort 2009–2015	% of deaths, Slovene population 2012	Death rate, cohort 2009–2015	Death rate, Slovene population 2012
Neoplasms	9	5.9	30.4	1.7	2.8
Mental, behavioural or neurodevelopmental disorders	4	2.6	0.9	0.7	0.1
Diseases of the circulatory system	4	2.6	39.3	0.7	3.7
Diseases of the respiratory system	2	1.3	7.2	0.4	0.6
Diseases of the digestive system	17	11.1	6.1	3.3	0.5
Endocrine diseases	1	0.7	2	0.2	0.2
Complications during treatment, unknown causes of death	5	3.2	1.6	0.9	0.1
External causes	111	72.5	7	21.5	0.6
<b>Total</b>	<b>153</b>	<b>100</b>	<b>94.5</b>	<b>29.4</b>	<b>8.6</b>

**Source:** National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

Almost three quarters of the deaths of cohort members who died during 2009–2015 were violent deaths. We can see that the mortality rates for all causes in Table 7 (except for neoplasms and circulatory and respiratory diseases) are higher in the treated drug user population than in the rest of the Slovene population of the same age.

### Conclusion

During the observation years, 70 out of 5,157 cohort members died due to poisoning and 57 deaths occurred due to unintentional poisoning. Almost one half of suicides were committed by hanging; just one suicide victim poisoned themselves with carbon monoxide, one third with heroin, methadone or medications. Men and women were more often victims of unintentional poisoning than committing suicide. Among 100 violent deaths, just 1 was a transport accident, two persons died as victims of an attack and besides 17 deaths from unidentified causes we also recorded four cases of violent death: falls, drownings or other accidents.

During the observation period of six years, 40 out of 5,157 treated drug users died from diseases or natural causes of death. Alcoholic liver cirrhosis was the most frequent cause of death among treated drug users, followed by malignancies.

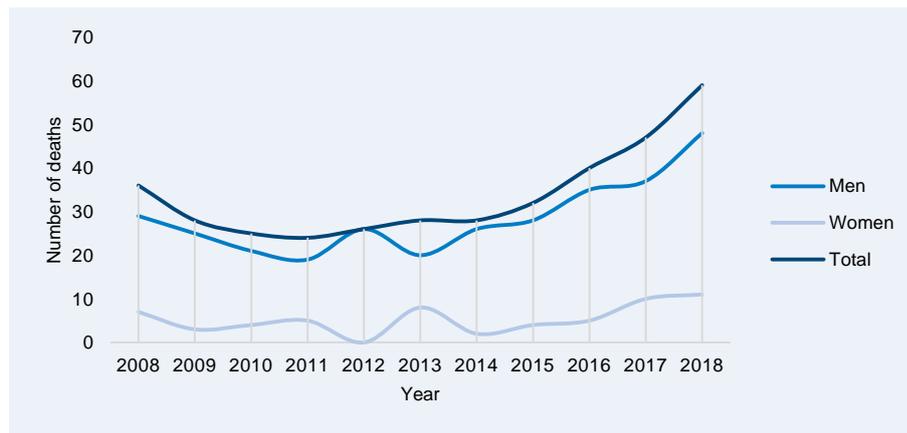
During the six years of observation of the cohort members, women were the most threatened by poisoning; we determined that based on causes of death. As it turned out, the average age of users poisoned with drugs differed greatly between treated and untreated persons. Untreated users die younger. Among causes of death, unintentional heroin poisonings prevailed in both groups. The suicide percentage was higher for treated users. The most frequent causes of death of treated drug users were alcoholic liver cirrhosis and neoplasms. 70 people from the cohort and 118 untreated people died of poisoning; this corresponds to facts that have been known for a longer period of time.

The mortality of both men and women who had been treated as drug users increased during 2009–2013 but dropped in 2014 and 2015. The average age at death increased during this time period which means that the user cohort is ageing. Unintentional poisonings, disease and suicides were the most frequent causes of death.

### 1.1.4 Trends

Whereas the number of deaths (intentional, accidental or of unknown intentionality) directly caused by drug use was dropping in the 2008–2011 period, a steady upward trend has been recorded since 2011. The upward trend in the number of deaths in men has been increasing sharply since 2013; in 2018, we have thus recorded 2.4 times more deaths than in 2013. Since 2014, female deaths have also been increasing. While the rate of increase is slower than that observed in men, in 2018 we nevertheless recorded the highest number of female deaths in the last ten years. In 2018, there were four times as many deaths in men than in women (Figure 1).

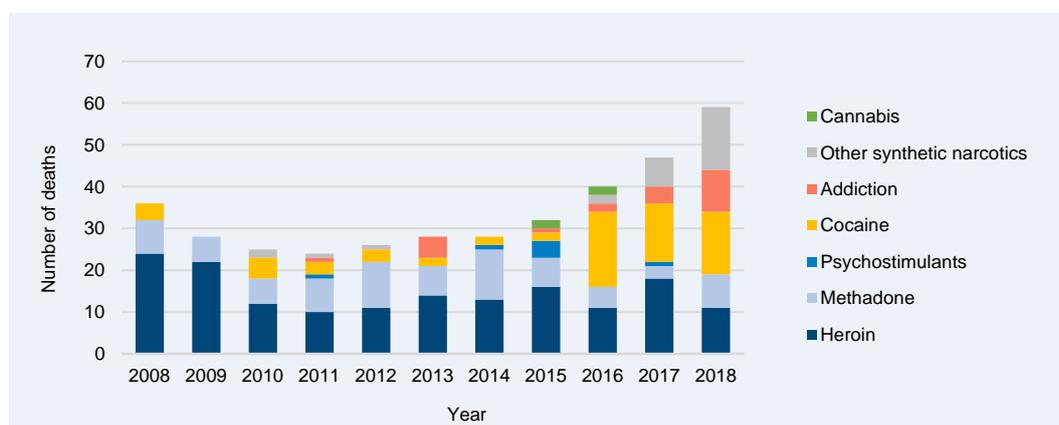
Figure 1. Number of illicit drug-use related deaths, total and by gender, 2008–2018



Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

Each year in the 2008–2014 period, most deaths resulted from heroin poisoning (with the exception of 2012, when we had the same number of heroin and methadone poisonings). Until 2016, the second most common cause of death was methadone. From 2016 onwards, however, we have witnessed a major increase in deaths due to cocaine (Figure 2). The number of deaths due to cocaine in the period from 2007 to 2015 ranged between 0 and 5 per year. In 2016, the number of deaths due to cocaine jumped to 18. High numbers of cocaine-related deaths were also recorded in 2017 and 2018. Deaths caused by synthetic opioids have also been increasing since 2016. The substances involved in these poisonings were tramadol and fentanyl. The majority of deaths from synthetic opioids were in people over the age of 45. A similar trend can be observed in intentional self-poisonings, where as many as 8 out of 12 deceased persons committed suicide using synthetic opioids. 5 persons were over 45 years old.

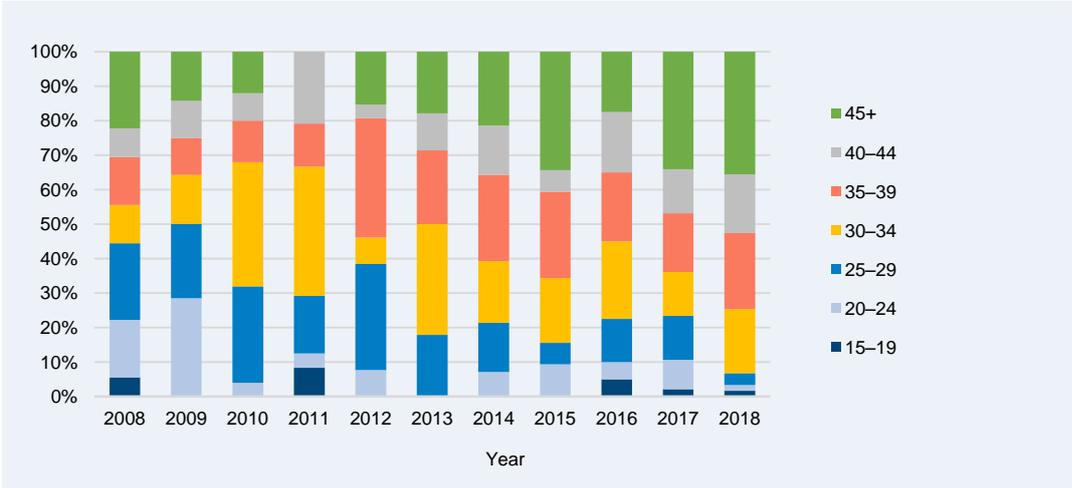
Figure 2. Lethal drug poisoning (intentional, unintentional, undetermined intent) by type of drug, 2008–2018



Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

Epidemiological data for the past ten years indicate that addicts are dying older; whereas in 2011, the number of deaths was highest in the 25–29 age group (Figure 3), the highest number of deaths began to shift towards older age groups in the subsequent years. In 2012 and 2014, most of the deaths were in the 35–39 age group, while in the last two years, the most noticeable trend has been the increasing number of deaths in the oldest age group, namely people over the age of 45.

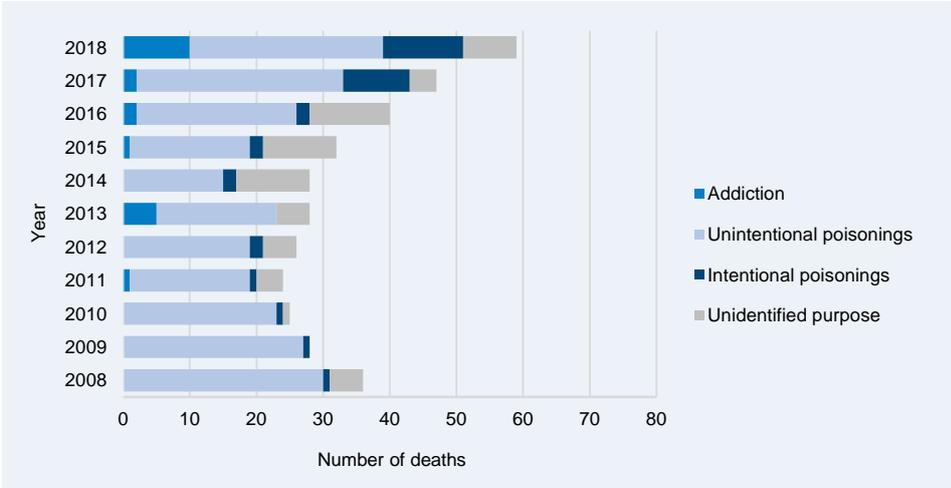
Figure 3. Age distribution of direct deaths (drug poisonings – intentional, unintentional, undetermined intent), 2008–2018



Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

A clear picture of mortality from intentional and unintentional poisonings is made impossible by the large number of deaths where the intentionality has not been established. Although this number began to decrease after 2009, it started rising once again after 2014 (Figure 4). Since this decrease was accompanied by a simultaneous increase in the number of unintentional poisonings, it would be reasonable to conclude that unintentional poisonings predominated over suicides. The fact that the proportion of deaths where intentionality remains unknown has been decreasing in recent years is also linked to an improvement in the quality of data.

Figure 4. Lethal drug poisoning by cause (addiction, intentional, unintentional, undetermined intent), 2008–2018



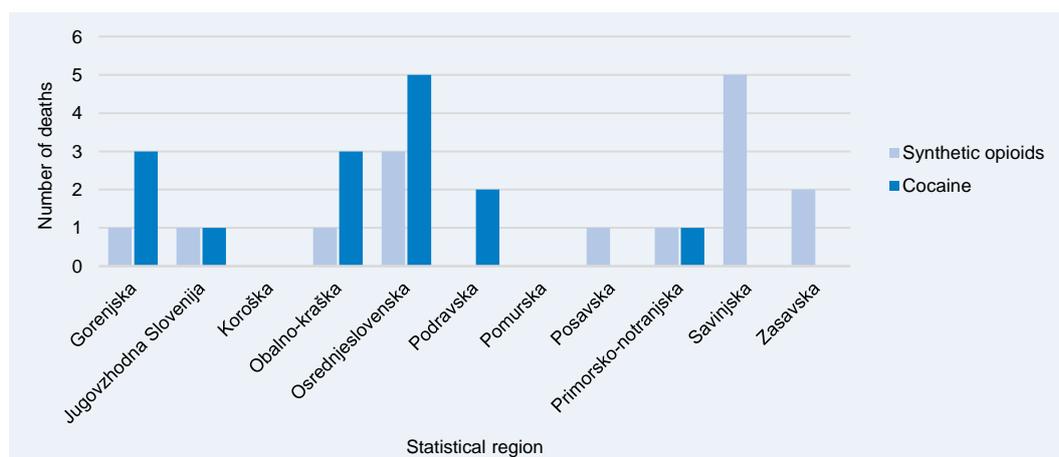
Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

### 1.1.5 Additional information on drug-related deaths

#### Deaths due to synthetic opioids

Following the observation in the last year's National Report that in 2017 in Slovenia, the number of deaths caused by synthetic opioids saw a significant rise for the first time (7 deaths in 2017), this trend continued in 2018. In this year we have recorded no less than 15 deaths caused by synthetic opioid poisoning. Of these deaths, 2 were caused by fentanyl poisoning, while the other 13 were caused by tramadol. With one exception, the deaths were toxicologically classified as combined drug intoxication. One third of the dead were women (5 persons) of an average age of 61. Most deaths were recorded in the Savinja region (Figure 5).

Figure 5. Number of deaths by statistical regions and type of drug, 2018



Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

Worryingly, 8 out of 12 deaths classified as intentional self-poisonings (suicides) were committed using tramadol. The average age of the persons who deliberately poisoned themselves was 46. Two of them were women.

## 1.2 Drug related acute emergencies

Miran Brvar

### 1.2.1 Drug-related acute emergencies

Slovenia the information on drug-related acute emergencies/poisonings are available, but not yet for a whole country. Similarly, to previous years, this article only demonstrates the statistics of treated adult patients, examined and treated for illicit drug poisoning in UMC Ljubljana, a secondary hospital in the Ljubljana region with ca. 600,000 residents. The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

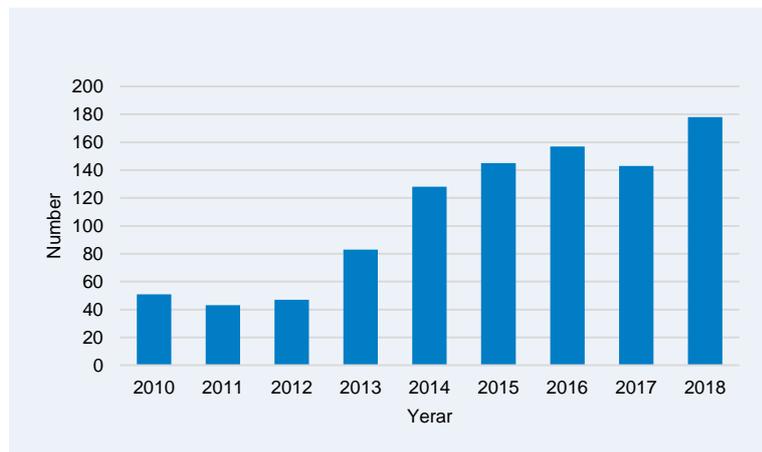
- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

More about the monitoring system is described in Sources and methodology.

### 1.2.2 Toxicology of drug-related acute emergencies

In 2018, the emergency medical clinic of UMC Ljubljana examined 23,680 patients in total. They treated 178 patients for illicit drug poisoning, which is 35 patients more than last year's 143 persons. This is the highest number of illicit drug poisonings in the observed period and four times more than in 2011 when we have reported the lowest number (Figure 6).

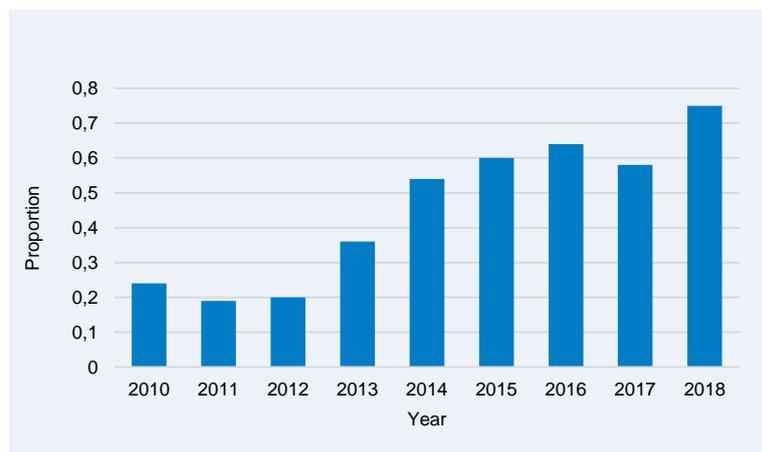
Figure 6. Number of patients treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, 2010–2018



Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of patients poisoned with illicit drugs in 2018 was represented 0.75% of all treated patients in emergency medical clinics (Figure 7) which is the highest proportion after 2011. The incidence of illicit drug poisoning in the Ljubljana region in 2018 was 30/100,000 residents.

Figure 7. Proportion of patients treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, compared to all patients treated, 2010–2018



Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Table 8 shows types of drugs used by intoxicated adult patients who were treated at the UMC Ljubljana internal clinic. The number of used drugs in Table 8 is larger than the number of intoxicated patients shown in Figure 6 since drug users often take several different drugs at the same time.

**Table 8.** Illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2018

Illicit drugs	Number of drugs								
	2010 (n=61)	2011 (n=55)	2012 (n=61)	2013 (n=104)	2014 (n=164)	2015 (n=193)	2016 (n=226)	2017 (n=191)	2018 (n=257)
Heroin	35	9	8	14	34	44	42	26	38
Cocaine	12	10	12	14	34	45	54	49	65
Cannabis	6	16	23	27	53	64	59	59	57
LSD	0	0	1	1	1	1	3	2	2
GHB, GBL, BD	2	2	5	31	19	17	31	18	34
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27	22	34
New psychoactive substances (NPS)	3	1	0	2	10	5	10	11	4
Unknown drug	0	0	0	0	0	0	0	4	23
<b>Total</b>	<b>61</b>	<b>55</b>	<b>61</b>	<b>104</b>	<b>164</b>	<b>193</b>	<b>226</b>	<b>191</b>	<b>257</b>

**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

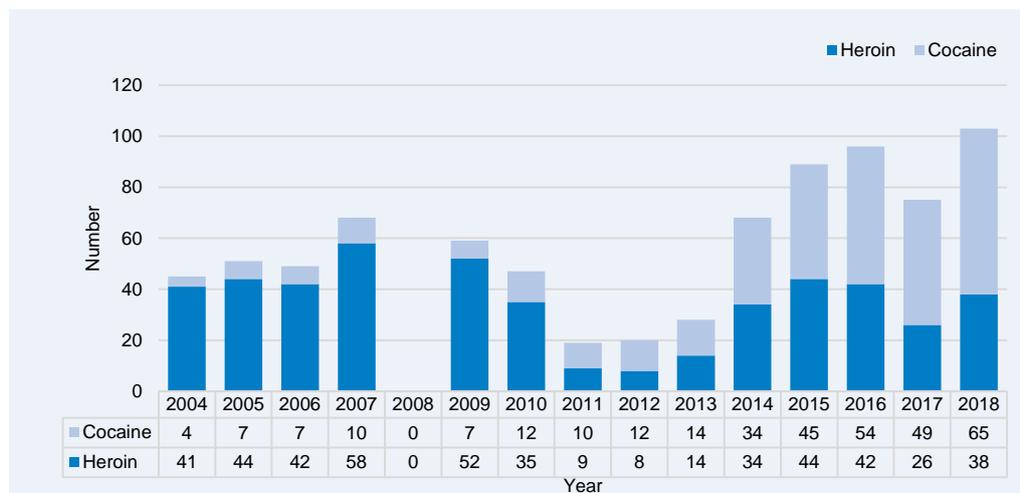
**Table 9.** New psychoactive substances that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2018

NPS	Number of drugs								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7	4	3
Synthetic cannabinoids	0	0	0	0	3	0	0	0	1
Other NPS (2CI, 2-CP, NBOMe, DTM, 2-oxo-PCE, 2-MeO-PCE, unidentified tryptamine, 2F-DCK)	1	0	0	0	4	2	3	3	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>7</b>	<b>4</b>

**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The frequency of illicit drug poisonings in UMC has been monitored for several years now. Figure 8 shows the number of people intoxicated with heroin and cocaine in the last 14 years.

**Figure 8.** Number of patients with acute heroin and cocaine-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2018



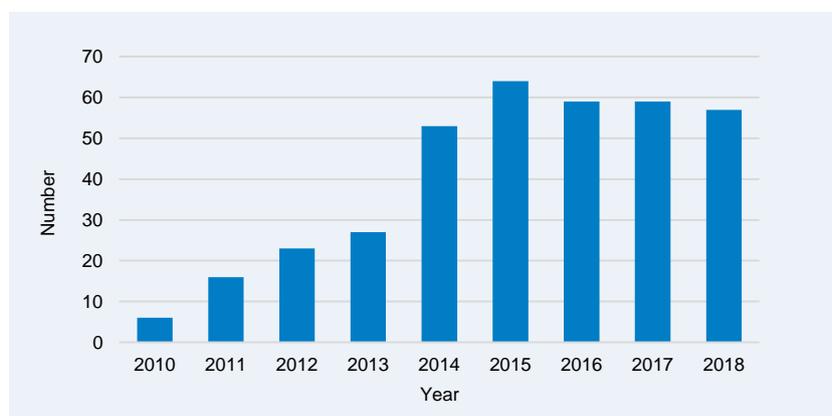
**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Figure 8 shows that heroin poisonings gradually declined from 2007 to 2012, but started to increase again in 2013 and reached the same level as at the beginning of this decade in 2015 and 2016. In 2018, the number of heroin poisonings increased again compared to the previous year.

The number of cocaine poisonings remained stable from 2010 to 2013 but in 2014, cases of cocaine poisoning in Ljubljana more than doubled and reached a total of 54 patients in 2016 and exceeded the number of heroin poisonings. In 2018 we observed the highest number of cocaine poisonings so far with 65 cases, which means that the number of cocaine poisonings exceeded the number of heroin poisonings by 70%. Cocaine intoxication was, for the first time, the most commonly used illicit drug in patients treated in emergency unit of UMC Ljubljana.

In recent years, the number of cannabis (THC) poisonings is also steadily increasing. Between 2014 and 2017, cannabinoids were the most common illicit drug found in adults poisoned by drugs in Ljubljana. But in 2018 they were outnumbered by cocaine poisoning. The number of THC poisonings doubled in 2014 compared to the year before. In 2015, we treated 64 cannabis users but between 2016 and 2018 the growing trend of THC poisonings stopped at around 60 cases per year (Figure 9). We also noticed some poisonings with hashish oil, which comes from cannabis, but in most cases these are older people suffering from other diseases.

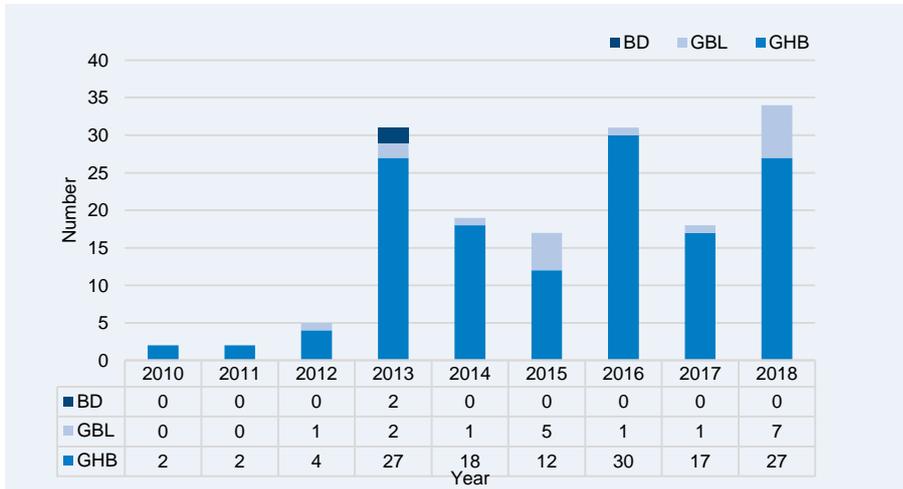
**Figure 9.** Number of acute cannabis-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2010–2018



**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

In 2018, the number of Gamma-Hydroxybutyrate (GHB) poisonings increased again compared to previous years and reached the high number of poisoning we observed in 2015 and 2016. In 2018, we had 7 cases of intoxication with GBL, which is the highest number so far and coincides with DrogArt's reports of increasing GBL abuse at parties (Figure 10).

**Figure 10.** Number of patients treated for acute intoxication with GHB, GBL and BD at the UMC Ljubljana, Division for Internal Medicine, 2010–2018

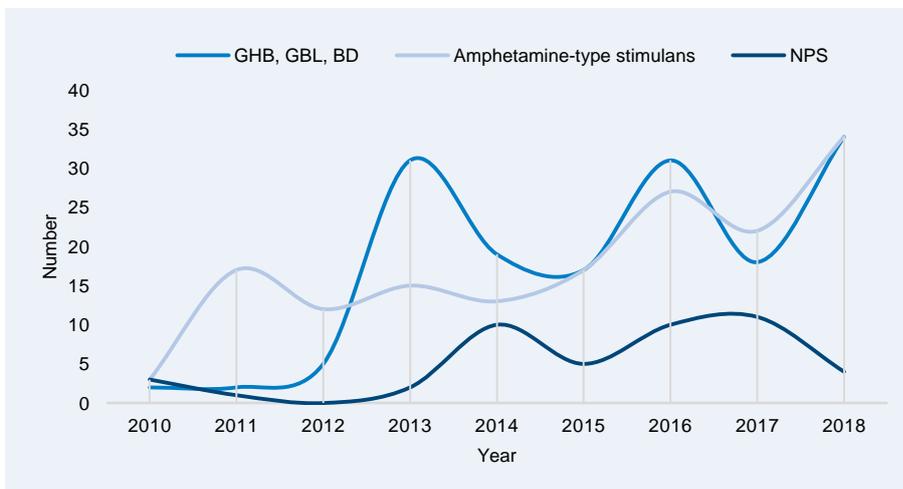


**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of poisonings with so called “classical” amphetamine-like stimulants, including amphetamines, metamphetamines and MDMA and similar phenethylamines, increased significantly in 2018. The increase was 30% compared to the previous year and reached the highest number so far (Table 10).

In 2018, we recorded only 4 poisonings with new psychoactive substances like 3-MMC and synthetic cannabinoids. Synthetic cathinones prevailed among NPS, especially 3-mmc. The decrease in the number of NPS is likely due to the termination of the SONDA project, which ran from 2016 to 2018 and biological samples are not collected systematically any more (Figure 11).

**Figure 11.** Number of patients treated for acute intoxication with GHB, GBL, BD, Amphetamine-type stimulants and NPS at the UMC Ljubljana, Division for Internal Medicine, 2010–2018



**Source:** UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

### 1.2.3 Additional information on drug-related acute emergencies

In the 24-hour informative-consultative service for clinical toxicology and pharmacology, we provide assistance and consulting to physicians and other experts who deal with cases of acute poisoning.

In 2017, at the 24-hour toxicological informative service of the Centre for clinical toxicology and pharmacology (CKTF) of the UMC in Ljubljana, we treated 158 poisonings in which a total of 182 illicit drugs were used; in 2018, we treated 128 drug-related poisonings involving a total of 171 illicit drugs (Table 10).

**Table 10.** The number of patients and illicit drugs involved in the poisoning cases handled by the 24-hour toxicological informative service of the Centre for clinical toxicology and pharmacology (CKTF) of the UMC in Ljubljana

Illicit drug	Number of drugs	
	2017	2018
	(n=182)	(n=171)
Heroin	19	17
Cocaine	28	30
Canabis	46	45
LSD	4	4
GHB, GBL, BD	14	20
Amphetamine-type stimulans (amphetamine, methamphetamin, MDMA and similar)	37	25
NPS (3-meo-PCE, 3-mmc, 5F-AKB48)	32	30
Psilocibe	2	0
<b>Total</b>	<b>182</b>	<b>171</b>

**Source:** TOVIS, UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

In interpreting the data about consultations sought by physicians we have to take into account that physicians only consult the on-call toxicologist if they need help or advice. If they know and have experience in the treatment of poisoning involving a particular drug, they do not need the help of a toxicologist, so the data in Table 2 do not reflect the actual number and ratio of drugs used, e.g. doctors rarely call in cases of heroin overdoses, as they are familiar with this type of poisoning

## 1.3 Drug related infectious diseases

Irena Klavs, Tanja Kustec, Maja Milavec, Andrej Kastelic, Zdenka Kastelic, Sandra Kosmač, Edita Eberl-Gregorič

### 1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV

Drug-related infectious diseases among persons who inject drugs (PWIDs) that are transmitted through exposure to infected blood, while sharing injecting equipment, include HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infections. HIV, HBV and to a much lesser extent HCV infections are also transmitted through sexual intercourse. Thus, these infections can be spread through unprotected sexual intercourse to the partners of PWIDs. All three infections can also be transmitted from infected mother to the new-born child before, during or after the birth. Hepatitis B infection can be prevented by vaccination. Since there is no vaccine for HIV and HCV, the prevention is based on prevention of risk behaviour, promoting behavioural changes, harm reduction programs, early diagnosis and treatment of those infected.

HIV, HBV and HCV surveillance is coordinated by NIJZ. It is based on regular collecting, analysing and interpretation of data about diagnosed cases. All three diagnoses must be reported according to the Contagious Diseases Act and Healthcare Databases Act. To ensure comparability of data European surveillance case definitions are used. The data about notified diagnosed cases usually underestimate the true incidence of these infections. With the exception of diagnosis of HIV, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Therefore, we can not estimate the proportion of notified cases of new diagnoses which is related to injecting drug use.

This surveillance information is complemented by monitoring the prevalence of HIV, HBV and HCV infections in convenience samples of clients of Centres for the Prevention and Treatment of Illicit Drug Addiction who are entering for the first time or re-entering treatment by collecting available information about voluntary confidential tests' results in the past. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIJZ within annual monitoring of Treatment Demand Indicator. When interpreting this data, the limitations of methodology must be taken into consideration. Estimated percentages do not represent estimates of the prevalence of infections among those entering for the first time or re-entering treatment, but rather the proportion among those for whom the results of any previous tests at the time of entering or re-entering the treatment were documented in the medical record.

During the past five years (2014 - 2018) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 921 PWIDs who entered for the first time or re-entered treatment - 263 in year 2014 (25 for the first time), 189 in year 2015 (17 for the first time), 187 in year 2016 (11 for the first time), 157 in year 2017 (24 for the first time) and 125 in year 2018 (5 for the first time). Proportion of PWIDs with any result of tests for HIV, HBV or HCV infections reported to NIJZ ranged from the highest of 48,7% in year 2015 to the lowest of 27,2% in year 2018.

Since 1995, the prevalence of HIV is monitored also in convenience samples of PWIDs. During the period from 2014 to 2018, the convenience samples of PWIDs were among those, who entered treatment for the first time in the Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana (2014) and clients of three nongovernmental harm reduction programmes - in Ljubljana (2014–2017), Koper (2014–2017), Maribor (2014, 2016–2017), Celje (2018) and Nova Gorica (2018). Saliva specimens for unlinked anonymous HIV testing were voluntarily provided by PWIDs entering the treatment for the first time at the Centre for Prevention and Treatment of Illicit Drug Addiction in Ljubljana in 2014, and by clients of the aforementioned needle-exchange programmes for the first time during the period of sampling, which was one month each year.

### **HIV Infection**

For the period from 2014 to 2018 the NIJZ received the data for a total of 364 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HIV infection were available in the medical documentation (in the year 2014 for the 107 PWIDs, in the year 2015 for the 87 PWIDs, in the year 2016 for the 79 PWIDs, in the year 2017 for the 62 PWIDs, and in the year 2018 for the 29 PWIDs).

To ascertain the number of PWIDs with diagnosed HIV infection we took into account results of screening and/or confirmation tests for HIV antibodies (anti-HIV) available in the medical documentation – screening tests of third and fourth generation and confirmation tests Western blot and Immunoblot. During this period, the number of PWIDs with diagnosed HIV infection before treatment demand ranged from the lowest of 0 among PWIDs who entered or re-entered the program in years 2015, 2017 and 2018 to the highest of 3 among PWIDs who entered or re-entered the program in 2014. Respective HIV

prevalence estimates ranged from the lowest 0% in 2015, 2017 and 2018 to the highest 2.8% in 2014. When interpreting these results, it is important to take into consideration that these estimates for respective years were based on the results of tests conducted before entering for the first time or re-entering treatment.

More reliable estimates of the proportions of currently HIV infected PWIDs can be derived from data from unlinked anonymous HIV testing of small convenience samples of PWIDs at first treatment demand, which has been conducted for HIV surveillance purposes in the largest Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana and five harm reduction programmes by NGOs in Ljubljana, Koper, Maribor, Celje and Nova Gorica. Among 643 tested PWIDs during the period from 2014 and 2018 none were HIV positive (Table 11).

**Table 11.** Proportion of HIV infected PWIDs among clients of one Centre for Prevention and Treatment of Illicit Drug Addiction and three harm reduction programmes, 2014–2018

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
2014	4	139	29	0	0	0.0	0.0
2015	2	67	11	0	0	0.0	0.0
2016	3	80	57	0	0	0.0	0.0
2017	3	97	14	0	0	0.0	0.0
2018	5	129	20	0	0	0.0	0.0

**Source:** Unlinked anonymous testing for HIV for surveillance purposes, 2014–2018

During the period from 2014 to 2018, the reported HIV infection incidence rate in the Slovenian population ranged from the lowest 1.7/100,000 inhabitants in 2018 to the highest 2.9/100,000 inhabitants in 2016. During the last five years (2014–2018), four cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIJZ, one in 2015 and in 2016 and two in 2014. At least three of these individuals had a history of injecting drug use abroad. In 2018 there were no reported cases of HIV diagnosis in individuals with a history of injecting drug use to NIJZ. Since 1986, when the national HIV surveillance, based on mandatory notification of all diagnosed HIV infection cases was initiated, a cumulative total of 20 new HIV diagnoses was reported among PWIDs. Majority of these individuals had a history of injecting illegal drugs abroad. It has to be noted that not all HIV infections are diagnosed.

According to all available surveillance information, extensive spread of HIV infection has not started yet among PWIDs in Slovenia.

### HBV Infection

For the period from 2014 to 2018, the NIJZ received the data for a total of 171 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HBV infection were available in the medical documentation (in the year 2014 for the 66 PWIDs, in the year 2015 for the 34 PWIDs, in the year 2016 for the 36 PWIDs, in the year 2017 for the 22 PWIDs and in the year 2018 for the 13 PWIDs).

To ascertain the number of PWIDs with diagnosed HBV infection we took into account results of tests for antibodies to HBVc (anti-HBc). The number of PWIDs with diagnosed acute or chronic HBV infection before treatment demand ranged from the lowest of 0 among PWIDs who entered the program in year 2018 to the highest of 5 among PWIDs who entered the program in 2014. Respective HBV prevalence

estimates ranged from the lowest 2.8% in 2016 to the highest 7.6% in 2014. When interpreting these results, it is important to take into consideration that the estimates were based also on the results of tests conducted several years before entering for the first time or re-entering treatment.

During the period from 2014 to 2018, the reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from to the lowest 1.9/100,000 inhabitants in 2014 and 2016 to the highest 2.7/100,000 inhabitants in 2018. Due to under-diagnosis and underreporting, HBV reported incidence rates underestimate the true incidence of this infection. Unfortunately, the information about the transmission mode is very scarce and thus the proportion of cases who are PWIDs is not available.

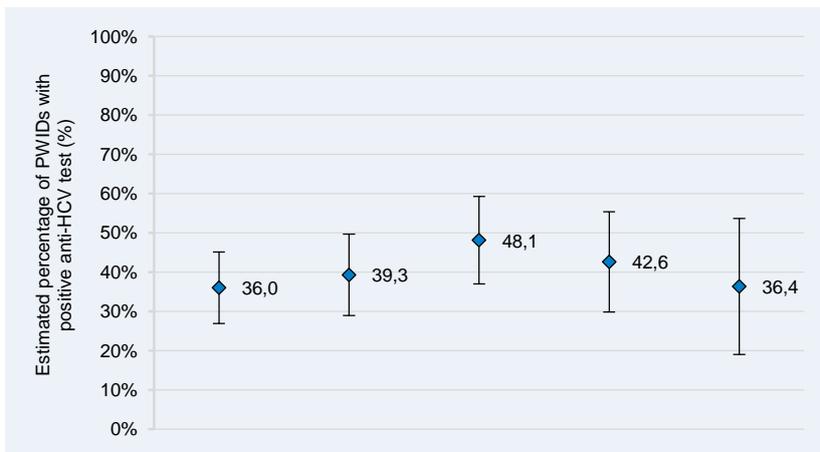
### **HCV infection**

For the period from 2014 to 2018, the NIJZ received the data for a total of 375 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were available in the medical documentation (in the year 2014 for the 111 PWIDs, in the 2015 for the 89 PWIDs, in the year 2016 for the 81 PWIDs, in the year 2017 for the 61 PWIDs and in the year 2018 for the 33 PWIDs).

To ascertain the number of PWIDs with diagnosed HCV infection we took into account the results of screening and/or confirmation tests for antibodies to HCV (anti-HCV). The number of PWIDs with diagnosed HCV infection before treatment demand ranged from the lowest of 12 among PWIDs who entered or re-entered the program in year 2018 to the highest of 40 among PWIDs who entered or re-entered the program in 2014. Respective HCV prevalence estimates ranged from the lowest 36.0% in 2014 to the highest 48.1% in 2016. In 2018, the estimated prevalence was 36.4%. When interpreting these results, it is important to take into consideration that the estimates were based also on the results of tests conducted several years before entering treatment for the first time or re-entering treatment in respective years.

Figure 12 shows the estimated percentage of persons with positive anti-HCV test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were known.

**Figure 12.** Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted anti-HCV test among PWIDs, entering the for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use, 2014–2018



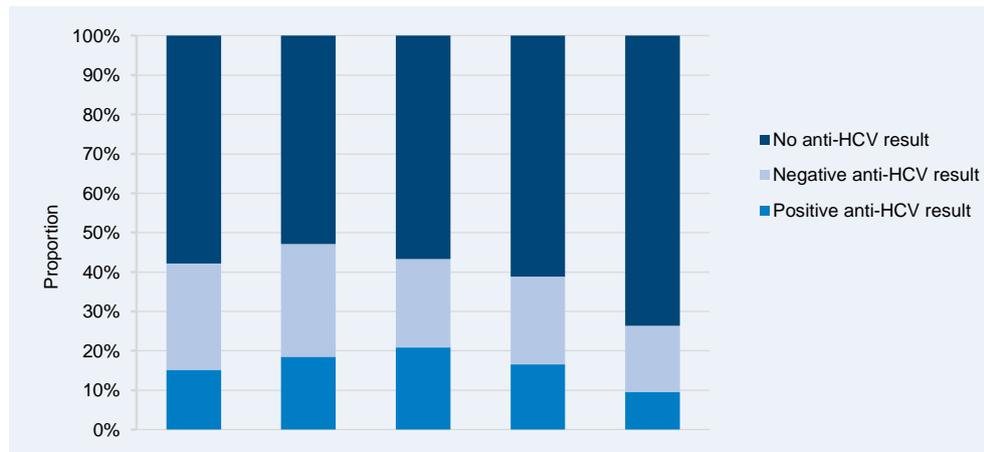
Year of entering for the first time or re-entering treatment	2014	2015	2016	2017	2018
Number of PWIDs with positive anti-HCV test result	40	35	39	26	12
Number of PWIDs with known anti-HCV test result	111	89	81	61	33
Number of PWIDs entering for the first time or re-entering treatment	263	189	187	157	125
Average age of PWIDs entering for the first time or re-entering treatment (in years)	35	36	36	36	37

**Source:** National Institute of Public Health

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use is relatively low and for many there is no data on testing for HCV markers. Therefore, the corresponding 95% confidence intervals for estimates of PWIDs with HCV infection in different years are relatively wide. From the results shown, we can not conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period.

In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 47% in 2015 to 26% in 2018 (Figure 13).

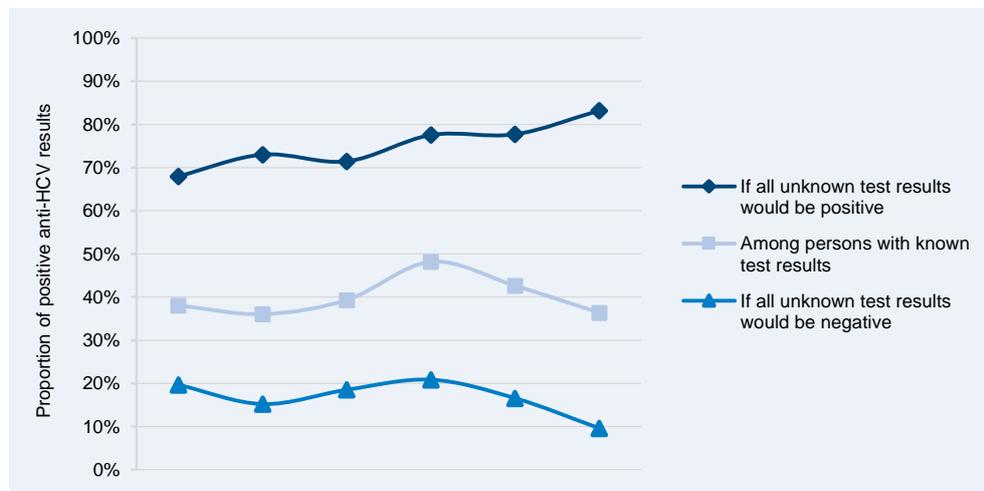
**Figure 13.** Proportion of persons according to the result of previous anti-HCV test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Preventions and Treatment of Illicit Drug Use, 2014–2018



Year of entering for the first time or re-entering treatment	2014	2015	2016	2017	2018
Number of PWIDs entering for the first time or re-entering treatment	263	189	187	157	125

Source: National Institute of Public Health

**Figure 14.** Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of anti-HCV testing, national network of Centres for Preventions and Treatment of Illicit Drug Use, 2014–2018



Year of entering for the first time or re-entering treatment	2014	2015	2016	2017	2018
Number of PWIDs entering for the first time or re-entering treatment	263	189	187	157	125

Source: National Institute of Public Health

Since a proportion of PWIDs with unknown test results of anti-HCV testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 14 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment regarding to known or unknown test results. In addition to the estimates of the proportion of persons infected with HCV among those with known test results, estimates of the proportions of infected persons are presented under assumption that all PWIDs with unknown results on anti-HCV testing would have positive results and under assumption that all PWIDs with unknown test results on anti-HCV would have negative results.

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation of proportion of infected persons with HCV among PWIDs. For example, among 133 people with known HCV test results entering for the first time or re-entering treatment within national network of Centres for Preventions and Treatment of Illicit Drug Use in 2018, 42% of results were from 2018, 15% results from 2017. The other 33% of results were of tests carried out before 2017.

During the period from 2014 to 2018, to the NIJZ reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from to the lowest 3.1/100,000 inhabitants in 2014 to the highest 5.8/100,000 inhabitants in 2018. An increase could be a reflection of an intensive promotion of HCV infection testing over the years. Due to under-diagnosis and underreporting, HCV reported incidence rates underestimate the true incidence of this infection. Unfortunately, the information about the transmission mode reported to the NIJZ is very scarce and thus the proportion of cases who are PWIDs is not available.

Data on possible transmission mode of persons with newly diagnosed HCV infection between the 2008 and 2015 was collected in a special retrospective study by Gregorčič et al. (2018). A total of 1398 persons with new HCV infection diagnosis during the period 2008-2015 were included, of which 955 (63.3%) were men. Injecting drug use was recognized as the most frequent possible HCV transmission mode (58.5%) while possible HCV transmission mode was unknown for 31.1% of persons. Other possible HCV transmission modes included healthcare-related transmission, higher-risk sexual behaviour, being a family member of HCV infected person, tattoo and/or piercing of the skin and or/mucous, injury with parenteral exposure to HCV infected blood and perinatal transmission from HCV-infected mother to child.

### **1.3.2 Notifications of drug-related infectious diseases**

Although communicable diseases do occur among drug users, the surveillance system in Slovenia, which is based on mandatory reporting of diagnosed communicable diseases cases, does not provide reliable information about the proportion of different communicable diseases diagnosed among PWIDs, because the information about the presumed transmission mode (that would include the history of injecting drug use) is not recorded systematically, with the exception of HIV infection.

During the period of last five years, there was not a single report of an outbreak of a communicable disease among PWIDs.

## 1.4 Harm reduction interventions

Ines Kvaternik, Živa Žerjal

### 1.4.1 Drug policy and main harm reduction objectives

The fundamental goal of drug-harm reduction, arising from the Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the National Social Security Programme 2013–2020 (Official Gazette of the Republic of Slovenia [Ur. l. RS] No. 39, 2013) is to develop networks of harm reduction programmes to further reduce the number of HIV, hepatitis B and C infections and deaths due to overdose, as well as to reduce the psychological and social distress and visible consequences of drug use in the community (e.g. open scenes).

Measures to reduce the health and social consequences of drug use and in the field of including drug users in society are necessary to achieve the aforementioned goals and are further determined in the Action Plan for Illicit Drugs in Slovenia (Action plan 2019–2020).

To reduce the consequences of drug use, the network of various harm reduction programmes should be further developed and upgraded, including programmes for users of cannabis, synthetic drugs and stimulants. Various programmes should be developed and quality field work with drug users should be ensured. Drug users should be continuously educated of the hazards of drug use and less risky methods of using them. A needle replacement programme should be introduced in pharmacies, especially in environments where no such programmes exist. A safe room's network should be established, and night and day shelters for drug users on the streets as well as safe and permanent residences for homeless drug users should be introduced. Free vaccination against contagious diseases for drug addicts should be ensured. System for testing a limited quantity of drug samples whereby users could anonymously send samples for drug testing free of charge or otherwise should be introduced into all regions. Public services or other forms of employment must be introduced for the purpose of including illicit drug users into society; drug users should be encouraged to become active in self-help, self-organisation, in expressing their views and needs, as well as in mutual cooperation.

### 1.4.2 Organisation and funding of Harm reduction services

According to the Resolution on the National Social Assistance Programme 2006-2010, harm reduction programmes are integrated into the network of public social assistance programmes (Official Gazette of the Republic of Slovenia [Ur.l. RS] No. 39/2006). The aforementioned programmes are intended to complement social assistance services and for the prevention and resolution of social hardships of individual vulnerable groups. No technical, staff or substantive standards are laid down for the functioning of these programmes. The programmes will be implemented based on the verification or guidelines published in public calls for proposals for their (co)financing; they are designed to take into account the characteristics and needs of individual target groups of users, and are derived from particular features of the environment and area of implementation.

Slovenia is well covered with harm reduction programmes in the field of drugs, i.e. in the form of day centres, mobile units and field work. In regions with no day centres, mobile exchanges of sterile injection kits are implemented through field work, i.e. by primary or secondary exchanges of kits or through field work with a mobile unit (the Goriška region, part of the Central Slovenian region and part of SE Slovenia, parts of Koroška, and the Pomurje region). Some parts of SE Slovenia are still not covered by such programmes, in particular, the Pomurje region (north-east part of Slovenia), with the exception of mobile units, is poorly covered by programs from the rest of Slovenia. Although mobile units cover most of the territory of Slovenia and there are exchanging sterile accessories there, they do not, however, satisfy the needs of users who need continuous treatment and daily contact with the services. Experts and

users of harm reduction programs have for many years pointed to the need to open daily centers to the north east and south east of Slovenia.

Harm reduction programmes offer users the possibility of expert or lay counselling in their day centres along with sterile injection equipment exchange services. Users receive help in solving their housing and healthcare problems services, finding employment (in cooperation with the Employment Service of Slovenia) and getting into contact with social care centres. Day centres also offer food and drinks. In the field, the exchange of sterile injecting equipment and information and counseling capabilities is mostly carried out, as there is a great need for continuous treatment of high-risk drug users. One programme also offers a shelter for homeless drug users and another one a safe house for female drug users.

The functioning of the aforementioned programmes, which are operated by non-governmental organisations or public institutions, is financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of Health and local communities. They employ qualified social workers, and lay workers. Since 2018 health-care workers are also employed in these programmes.

The sterile injection kit exchange programme represents the basic starting point for all other approaches to harm reduction; they are intended for persons who inject drugs, because access to sterile kits is important to prevent the spread of contagious diseases, as well as for increasing access to the hidden population of drug users. The Health Insurance Institute of Slovenia finances sterile equipment for safe injection. Sterile equipment exchange programmes are taking place in day centres and in the field, on locations where users congregate. In addition to needle and injection exchange and distribution of drug use paraphernalia (alcohol swabs, “spoons” for drug preparation, ascorbic acid and pocket containers for waste needles etc.), field workers and workers in day centres also distribute information about communicable diseases and low-risk injection methods.

In recent years, open scenes (drug use in public places) have started to appear in some parts of Slovenia and are becoming disturbing for the local community. Currently, there are ongoing discussions in the Municipality of Ljubljana and Koper aiming to solve this issue effectively.

### **1.4.3 Provision of harm reduction services**

#### **a) Infectious diseases testing**

##### **Hepatitis C Testing**

Katja Krajnc in Eli Zamernik

At Stigma organisation, with the support from the Ministry of Health, we decided to join the European Hepatitis C Testing Week in 2018. The Slovenian testing project was organised by the Clinic for Infectious Diseases and Febrile Illnesses of the UMC Ljubljana in collaboration with the Association Slovenia HEP and with expert and substantive support by the Clinic for Infectious Diseases and Febrile Illnesses of the UMC Ljubljana and the Institute of Microbiology of the Ljubljana Faculty of Medicine. We conducted anonymous hepatitis C testing and FibroScan examinations in drug harm reduction programs in Slovenia. Helping us to carry out the campaign were also donations by the pharmaceutical companies Abbvie, Medicopharmacia and MSD.

The testing was carried out during the opening hours of the day centre. Everyone who opted for the test and/or the FibroScan exam received a code with which they were able to receive their test results in person. FibroScan is an ultrasound exam and is routinely used for cirrhosis evaluation, as it can show even small and nodular progression of the disease. It is also used to detect hepatocellular carcinoma. FibroScan, a form of transient elastography, uses elastic waves to determine the stiffness of the liver tissue. This generates an ultrasonic image of the liver (20–80 mm) along with a pressure reading (in

kPa). This test takes a lot less time than a biopsy-it usually takes between 2,5 and 5 minutes-and is completely painless.

A system was set up at the Clinic for Infectious Diseases for people who tested positive and expressed a desire to be treated, which allows immediate start of treatment. The Clinic for Infectious Diseases then contacted the personal physicians and physicians of the Centre for Prevention and Treatment of Illicit Drug Addiction (CPZOPD), requesting an urgent referral. The foremost reason this is important, as we have discovered, is that for many of the users, the trouble already begins when issuing a referral.

68 users were involved in the campaign, of which 33 tested positive. Every day, the testing campaign moved to a different non-governmental organisation (Stigma, Svit, Zdrava pot, Kralji ulice, Šent, Projekt Človek). In day centres, visits by users are unpredictable, which affected the number of those who ended up tested; this number would certainly be higher if testing could continue for several consecutive days.

Users also filled out extensive questionnaires in which they reported their data, as well as data about their personal physicians, so that treatment of positive users could be commenced immediately. Ideally, the procedure should be carried out in the following way: a user tests positive - an infectious disease specialist contacts the user's personal physician - the latter issues a referral - the user starts treatment.

As part of the campaign, with users' cooperation, we also produced an informative leaflet about the treatment process, as well as a leaflet inviting more users to be tested.

For the coming years, we are planning testing campaigns that will run for several consecutive days, and we also aim to include illicit drug users from the regions of Southern Primorska, Koroška, Gorenjska, Dolenjska, Celje and Prekmurje in the testing.

#### **b) Sterile injection kit exchange services**

Ines Kvaternik

Drug users can acquire free sterile injection equipment within harm reduction programmes all over Slovenia. In regions without day centres, sterile injection kit exchange is carried out with mobile units (vans) or classical field work. In 2018, the field work of these programmes was carried out in 75 towns on 81 locations. In Slovenia, 10 aforementioned programmes were active in 2018.

Field work was carried out within 6 programmes and 5 of them were equipped with a mobile unit while one programme performed field work on two locations. Day centres were established in 8 programmes; in some cases, they are working on several locations. A shelter for homeless drug users and a safe house for female illicit drug users are also offered within the network of these programmes.

The total number of drug users within these programmes in 2018 was 2,144 and 291,080 needles and injections were distributed. Users return waste needles to the programme collection points (see Drugs Workbook 2019).

#### **c) Equipment and drug use paraphernalia provided in harm reduction programmes**

**Table 12.** Equipment and drug use paraphernalia (beyond syringes/needles) provided in harm reduction programmes, 2019

Type of equipment	Routinely available	Often available, but not routinely	Rarely available, available in limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	yes				
Dry wipes				yes	
Water for dissolving drugs				yes	
Sterile mixing containers				yes	
Filters			yes, complete with a teaspoon		
Citric/ascorbic acid	yes				
Bleach				yes	
Condoms	yes				
Lubricants				yes	
Low dead-space syringes	yes				
HIV home testing kits				yes	
Non-injecting paraphernalia: foil, pipes, straws				yes	
List of specialist referral services: e.g. drug treatment; HIV, HCV, STI testing and treatment	yes				

**Source:** National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes

**d) The take-home naloxone programme** has not been introduced in Slovenia yet, although it is defined in the Action plan 2019 – 2020. It is planned to be introduced until the end of 2020.

#### **e) Other types of harm reduction services**

##### **DrogArt centre for counselling and psychotherapy**

Simona Šabič, DrogArt

In 2018, 87 users were included in the personal counselling programme, of which 28 only sought one-time advice and did not choose to enrol in the continuous counselling programme. The remaining 59 entered the counselling/therapy programme; 39 were men, 18 were women and there was also one couple; this amounts to 2/3 men and 1/3 women. The youngest user was 16 and the oldest 46 years old. The average age of users is 31 years.

In 2018, 16 individuals enrolled in the counselling programme for cocaine and 2 for cocaine in combination with another drug (alcohol; methadone). This is followed by enrolment due to cannabis (7) and cannabis in combination with another drug (alcohol in two cases and amphetamine in one). Five users were included because of amphetamine and one because of methamphetamine. Four users were included for alcohol use, including one in combination with cocaine and one in combination with buprenorphine and benzodiazepines. Three users were included because of heroin (including one in combination with benzodiazepines), one for the use of opiates in combination with stimulants, one because of benzodiazepines and one for the use of methadone in combination with cocaine. Three users came as a result of psychedelics use or because of a difficult psychedelic experience, three for the use of GHB/GBL, one for the use of ecstasy or speed in combination with GHB/GBL and one for the use of new psychedelic substances (in combination with cocaine). 5 users were included due to a desire to maintain abstinence.

### **Open scene challenges: needs and considerations of users of public places**

Simona Šabić, The NGO association in the field of drugs and addiction (ZvezaNVO)

The campaign Izzivi odprte scene (Open scene challenges) began in May 2017 as a response to the initiatives of citizens, the municipality and other local actors calling for regulation of disruptive use of public places by users of different organisations working in the field of drugs and homelessness (not all of these users actually utilise any of the NGOs services). This campaign can also be seen as a response to the needs of users who occupy these locations; NGO workers have been finding out for some time that the existing programmes and methods of dealing with drug use, addiction, homelessness and other issues do not adequately respond to the needs of drug users and residents who live in a neighbourhood. In their work, they indirectly encounter users, their problems and systemic barriers to solving the problems of both the individuals and the community. At the same time, NGO workers are often the ones who listen to the issues of residents of the neighbourhoods where open use of drugs takes place, as well as other disruptive behaviours and types of socialising that drug users exhibit. The non-governmental sector is unable to respond to these issues with currently available programmes alone. The purpose of the campaign is therefore to establish dialogue between all stakeholders (on national and local level) involved in the issue of open drug use in the local community. Through meetings taking place several times a year the campaign seeks to highlight the problems from the viewpoint of different stakeholders and users of public places and jointly look for suitable solutions (e.g. based on foreign good practice, adapted to local specifics), the possibilities for implementing the proposals, as well as monitoring the implementation of agreements arrived at at the meetings. The campaign takes into account the fact that this is very complex issue—both from the perspective of the diverse needs of different groups of drug users associating in open public spaces (older users, younger users...) and because of the likewise diverse needs of other users of public places. Furthermore, communication and solution finding is often hindered by various fears and prejudices, which is why suitable ways of communication and cooperation between all involved persons should be established (on national and local level). In addition, this process should also involve the relevant decision makers.

Stakeholder meetings in Ljubljana continued in 2018 (organised in May by the Ministry of Health), with individual actors carrying out the planned activities on the basis of the decisions adopted at the meetings. In August, the NGO Association prepared an assessment of the situation and of the needs for further development of the existing and the establishment of new programmes for different target groups. Together with the Faculty of Social Work and the Faculty of Education, the association organised an international conference in December, entitled *Healthcare and Social Care Hand in Hand in Tackling the Challenges of the "Open Scene."* In the first part of the conference, representatives of NGOs from different local environments presented the good experiences, as well as the obstacles encountered in the cooperation of healthcare and social services in the area of managing drug use in open public spaces. Examples of good practices from abroad were also presented; this was followed by a round table on the possibilities for improving cooperation, which involved representatives of the decision-makers, the non-governmental sector and the faculties. In May, the Ministry of Health organised a meeting of the core group that dealt with the problem of high concentration of users of the Centre for Prevention and Treatment of Illicit Drug Addiction in the vicinity of the Community Health Centre Ljubljana-Center. In July, the Municipality of Ljubljana organised a round table entitled Tackling Illicit Drugs in Ljubljana and established a working group on dealing with the issue of illicit drug use in Ljubljana in January 2019. Representatives of non-governmental organisations participated in all the aforementioned activities.

## **The Kemseks Programme**

Simon Kovačič

"Chemsex" is a slang term originating in the gay community that denotes the use of psychoactive substances in sex.

The Kemseks programme was created on the initiative of three organisations, the ŠKUC Association, the Legebitra Information Centre Society and the Drogart Association, who in recent years have noted an increase in risky behaviour in the group of men who have sex with men (MSM) and use drugs in sex. The programme is unique in the field of harm reduction in Slovenia and represents a combination of two approaches that, in practice, did not individually meet the needs of the target group, but when combined co-create a new quality, providing the services with an integrated framework; the programme combines and builds upon the approaches of LGBT organisations that focus on the sexual aspect of prevention and those of the organisation engaged in drug-related prevention.

Within the programme, activities aimed at the MSM population are carried out (informing "in the field", in spaces where MSM socialise; raising awareness and informing online, conversation evenings with chemsex users, an SOS telephone line and individual counselling by professionals), as well as activities for increasing competences in the programme partnership (education of professional workers, training of peer workers) and research activities (taking two periodical "snapshots" of the situation, preparation of a cultural-historical and subcultural study that puts the chemsex phenomenon in the social context).

Since the program began in 2017, we have established contact with more than 1500 users by holding more than 100 information sessions at the Tiffany and K4 nightclubs, as well as at the men's sauna District35. Over that period, we have distributed more than 10,000 pieces of informational material, 8,000 condoms and 4,000 lubricants.

In 2019, we took a snapshot of the situation; participating were 114 men who have sex with men and who use psychoactive substances in sex. The main reasons for the use of drugs in sex are: increased pleasure, longer lasting and more intense sex, avoidance of discomfort during sex, escape from personal problems.

In the context of chemsex, the most commonly used drugs are GHB/GBL, ecstasy (MDMA), amphetamine, cocaine and "ice-cream" (3-MMC), followed by mephedrone (4-MMC), methamphetamine and methylone and ketamine. The use of poppers is also common. As many as a third of GHB/GBL users have ever overdosed in the past 12 months.

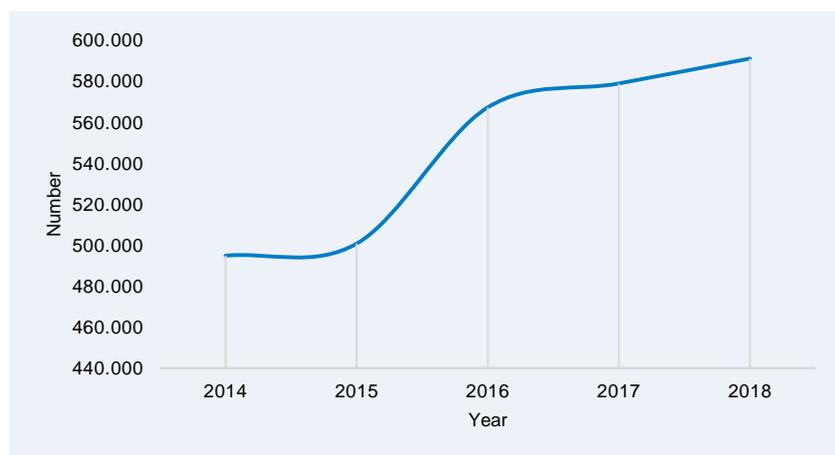
Partners most often meet through social apps (Grindr, Planet Romeo, Scruff...) and the average number of sexual partners in a year is approximately twice higher in chemsex users compared to those who do not practice chemsex.

### **1.4.4 Harm reduction services: availability, access and trends**

Ines Kvaternik, Živa Žerjal

The programme of sterile equipment exchange within harm reduction programmes recorded 26,155 contacts with 2,144 different drug users in 2018. 164 were recognized as new users. Figure 15 indicates that the use of needles and syringes among the harm reduction programmes has been increasing since 2014.

**Figure 20.** Number of needles and syringes issued among the harm reduction programmes users, 2014–2018



**Source:** National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes

The number of needles and syringes issued and contacts with users in the harm reduction programs has been increasing since 2014, despite a noticed drop in injection among program users in 2018 (from 65.4% in 2017 to 56.9% in 2018). The cause of injection reduction is probably the aging user population, which is mostly using substitution drugs, hypnotics and sedatives and switching to other ways of drug use (smoking, snuffing) (see Drugs workbook 2019). The number of contacts with users and the number of needles and syringes issued are increasing. It seems that users are more likely to come to programs for smaller quantities of material (1-2 needles) (Table 13).

**Table 13:** Data on the exchange of sterile injection equipment in harm reduction programs, 2014–2018

	2014	2015	2016	2017	2018
<b>Number of needles and syringes issued</b>	494.890	500.757	567.233	578.926	591.080
<b>Number of contacts</b>	20.180	22.199	25.384	23.382	26.155
<b>Number of new users</b>	156	124	151	137	164

**Source:** National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes

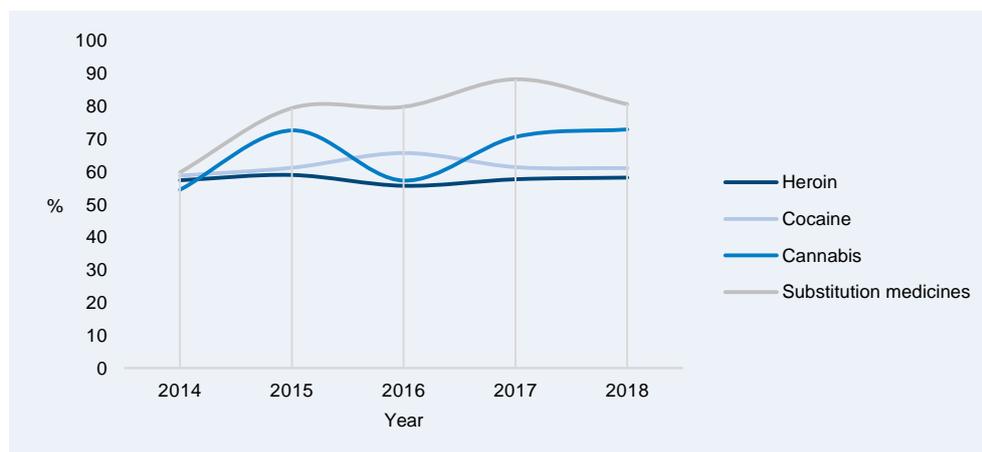
Although users of harm reduction programs use several types of drugs at the same time, opiates are still the most commonly used. The use of other illicit drugs, heroin, cocaine, cannabis, ecstasy, amphetamines/methamphetamines, hallucinogens and new drugs is quite stable. However, we notice that the abuse of substitution drugs and other prescription drugs (hypnotics and sedatives) has declined in 2018 but still remains high. (Table 14, Figure 16).

**Table 14:** Proportion of illicit drugs and medicines used among the harm reduction programmes users, 2014–2018

	2014	2015	2016	2017	2018
Heroin	57.3	58.9	55.6	57.6	58.1
Cocaine	58.7	61.1	65.6	61.3	61
Cannabis	54.4	72.5	57.2	70.5	72.8
Substitution medicines	59.7	79.3	79.7	88.1	80.5
Other medicines	56.8	61.1	56	65	60.7
Ecstasy		14.2	26.7	17.5	18.7
Amphetamines/methamphetamines		24.7	26.5	18.9	17.1
Hallucinogens		15.7	16.3	11.8	13
NPS		14.2	14.8	5.3	5.8

**Source:** National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2014–2018

**Figure 16.** Proportion of of heroin, cocaine, cannabis and substitution medicines used among the harm reduction programmes users, 2014–2018



**Source:** National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2014–2018

The assessment of prescription drug abuse among users of harm reduction programs shows that 29% of them are abusing hypnotics, followed by sedatives 22%, opioids 20%, antipsychotics 16% and stimulants 5%. The most common motive for opioid abuse is stunning. Hypnotics are used to relieve the debilitating symptoms of the medicines themselves, as most drug users use them for a long time. During group discussions, users emphasized that they no longer feel stunned when using hypnotics. The most common motive for abusing sedatives is relieving anxiety, stress and depression. These drugs are less commonly used to potentiate the effect of the drug. Stimulants are most commonly used for this purpose. The most common use of medicines among users of harm reduction programs is oral (eat drink), followed by intranasal use (sniffing), and the least by injection.

## 2. New developments

### 2.1 New developments in drug-related deaths and emergencies

#### **Project report summary for the Detection System for New Psychoactive Substances in Slovenia (SONDA)**

Miran Brvar

The use of new synthetic psychoactive substances (NPS) is increasing in the European Union. The collection of data on NPS poisonings is difficult due to the poor classification of discharge documentation for NPS poisoning patients and the demanding process of NPS confirmation, which uses chromatographic methods that require well-equipped toxicological laboratories. It is crucial, however, that physicians in emergency outpatient clinics consider the possibility of a NPS poisoning in the first place, as their knowledge about NPS is often lacking.

The purpose of the SONDA project was to identify cases of NPS poisoning in Slovenia and to improve the knowledge of medical workers about NPS. In the project, we connected the 24-hour toxicology service with a network of emergency outpatient clinics and intensive care units with the aim of centralising the collection of biological samples from persons poisoned with NPS.

In the two years that the project has been running (from October 2016 to October 2018), we have managed to collect biological samples (blood and urine) of 145 patients who were treated in medical institutions in Slovenia for suspected NPS poisoning and in connection with whom the doctor consulted the on-call toxicologist. In the project, we managed to analyse urine and blood samples from 78 patients. The poisoned had clinical pictures characteristic of sympathomimetic and serotonin syndrome, with the predominant symptoms including mydriasis (16/78), tachycardia (17/78), hypertension (10/78), anxiety (13/78), aggressiveness (27/78), hallucinations (7/78), psychosis (6/78), convulsions (8/78), dystonia (8/78), rhabdomyolysis (7/78) and agitation, but which was often accompanied by impairments of consciousness ranging from somnolence (12/78) to coma (27/78), especially in cases of simultaneous administration of various benzodiazepines, opioids, antipsychotics and GHB. Surprisingly, we found NPS in only four patients out of 78 with suspected NPS poisoning; the only confirmed poisonings involved 3-MMC, mephedrone (twice) and pentedrone, all of which belong to the synthetic cathinones group and have been present among NPS users for a while. Other NPS, such as synthetic cannabinoids, fentanyl, piperazines, piperidines, tryptamines, etc., were not found in the blood of the patients involved, despite the fact that we had anamnestic data indicating use of NPS and that the clinical picture, in most cases, suggested NPS poisoning. It is possible that patients did not actually take NPS, although in view of the clinical pictures suggesting NPS poisoning, this is less likely. It is more likely that our toxicology investigations merely failed to confirm the NPS. In as many as 37 patients, GC-MS and/or LC-MS/MS blood toxicology analysis yielded completely negative results; this represents nearly half of all patients with clinical suspicion of NPS poisoning. Although this could also be due to improper taking and storage of samples (especially samples taken too late and/or samples degrading in storage), both were certainly carried out appropriately in the vast majority of cases. Identification is further hindered by the typically short half-lives and low concentrations of NPS, which need to be isolated from complex biological samples containing large amounts of substances that interfere with the analysis. The problem of the low detection threshold can sometimes be solved by analysing a larger than normal sample volume; this is, however, generally not available in clinical cases. An additional problem in toxicology analysis is also the constant emergence of NPS, whose presence, for the most part, can not be reliably demonstrated in biological samples until sufficiently pure comparison compounds (standards) are available.

Interestingly, we found more poisonings that involved "older" stimulants such as MDMA (13 cases), amphetamine (8 cases), methamphetamine (1 case), cocaine (5 cases) and GHB (13 cases). In 17 patients (20%), psychotropic drugs such as ephedrine, midazolam, diazepam, alprazolam, bromazepam, zolpidem, bupropion, pregabalin, fluoxetine, sertraline, quetiapine, olanzapine and methadone have been demonstrated. In 15 patients with a completely negative urine and blood GC-MS and/or LC-MS/MS toxicological test result (15/37), ethanol presence in the blood and/or THC presence in the urine was confirmed by the immunochemical method (ethanol in 6 patients, THC in 6 patients, ethanol and THC in 3 patients).

In interpreting our results, we can also make use of the results of tests performed at the National Laboratory of Health, Environment and Food (NLZOH) on drugs obtained with the help of NGOs; in those results, NPS detections are also quite rare, since established drugs (MDMA, amphetamine, cocaine, cannabis, LSD...) clearly still predominate among drug users. In the last three months of the SONDA project (July-September 2018), 105 samples of different drugs were analysed at NLZOH; NPS were only found in 12 samples (11%) (DOC, AM-2201, dipentylon, 4-MeO-PV9, 3-MMC, 2C-B, modafinil, ETH-LAD). In the SONDA project, toxicologically confirmed NPS poisonings accounted for 5% of the patients involved (4/78). These results show that even in highly selected samples of drugs and poisoned patients, conventional (older) drugs predominate, while NPS represent a small proportion of drugs.

In the future, some samples could also be sent to appropriate toxicology laboratories abroad in order to determine whether patients really did not take NPS, or if we were merely unable to identify them in our toxicological analyses. An experimental toxicological analysis at the Faculty of Pharmacy of the University of Ljubljana performed on one blood and urine sample from a patient poisoned with unknown drugs was successful, but even at the Faculty of Pharmacy they only managed to prove the presence of MDMA, and it took a relatively long time to do so. In addition, while organisational and legal issues make it infeasible to routinely perform toxicological analyses of biological samples at the Faculty of Pharmacy, other laboratories in Slovenia are either not adequately equipped or do not have the permits required for such analyses of biological samples.

The frequent recreational use of medicines in young people is worrying, but it is also possible that the patients involved had psychiatric illnesses and had been prescribed the medication, which they used while simultaneously taking illicit drugs.

With the SONDA project we developed a system for collecting biological samples from patients poisoned with new psychoactive substances in Slovenia and simultaneously monitoring the clinical picture of poisonings. Through the cooperation of the 24-hour toxicology service with the network of emergency outpatient clinics and intensive care units in Slovenian hospitals, we managed to collect biological samples of 145 patients treated for suspected NPS poisoning over two years. With the results of the project, we have also improved the data collection for the "Early warning system for the emergence of new NPS" under EMCDDA and joined the European Euro-DEN project.

In the future, we will need to pay even more attention to the toxicological analyses of biological samples; in particular, staffing and technical-financial support of the ISM Toxicology Laboratory will be needed, as this is the only way to obtain more reliable results and consequently a greater number of results in NPS investigations and successfully track the development of toxicological analyses for the growing number of diverse NPS.

Despite the aforementioned shortcomings of the project, it can be concluded that not many NPS poisonings occur in Slovenia and that the abuse of older stimulant drugs, such as MDMA, amphetamine and cocaine, as well as various psychotropic drugs, is still predominant. In the future, we will also need to pay more attention to the possibility of medication abuse occurring together with the use of NPS.

It would therefore be reasonable to continue with the SONDA project—it has achieved wide recognition among emergency doctors throughout Slovenia, providing them with access to toxicological analysis without financial complications. We believe that in the future, doctors would be even more keen to send samples if they could receive the results of toxicology tests immediately, or within a reasonable time, which, given the capabilities of the toxicology laboratory at ISM, was not feasible during the project.

The SONDA project was funded by the Slovenian Research Agency and the Ministry of Health under Targeted Research Projects (V3-1636).

## 2.2. New developments in harm reduction interventions

### Helping Vulnerable Groups of Pregnant Women and Mothers Project

*Helping Vulnerable Groups of Pregnant Women and Mothers* is a project funded by the Ministry of Health; within this project, a handbook for health workers entitled *Identifying Vulnerable Groups of Women During the Postpartum Period* was produced in 2018, and PODN workshops were conducted (focusing on identifying addiction, mental disorders and violence in the postpartum period). As part of the project, several workshops were conducted for gynaecological teams in several Slovenian regions. In addition, a website was set up at: [www.podn.si](http://www.podn.si). The aim and objectives of the project were: raising awareness among the profession and the lay public about the negative consequences of addiction, mental disorders and violence for the woman, foetus, child and family; training a network of gynaecological teams across Slovenia to conduct screening, counselling and guidance and to equip all gynaecological teams with the appropriate skills and tools for carrying out screening. The website [www.podn.si](http://www.podn.si) was also set up, where materials remain accessible after the end of the project.

### Mobile unit programmes in Slovenia

Maša Serec, Jože Hren, Samra Mušič

The Ministry of Health (hereafter the Ministry) has been carrying out the Programme for harm reduction using vehicles specialized for field work since June 2007<sup>11</sup>. During this time, field workers carried out their services for at least 1,000 users yearly and travelled more than 1.6 million kilometres across Slovenia. The need for new vehicles and additional services was evident.

The Ministry acquired funds within the Priority axis 9 “Social inclusion and reduction of the risk of poverty”, Investment priority 9.1. “Active integration including promotion of equal opportunities and active cooperation and improving employability”, specific objective 9.1.2 “Empowering target groups to enter the labour market” of the Operative programme for implementing European cohesion policy in the period 2014–2020 (in total with the equipment EUR 3,303,324.00) for the implementation of the programme “Development and upgrade of mobile units for the implementation of preventive programmes and harm reduction programmes in the field of illicit drugs”. The purpose of the programme is to enable full implementation of preventive programmes and harm reduction programmes in the field of illicit drugs and new psychoactive substances. Within the implementation of the programme, the existing network of mobile units was supplemented and upgraded by replacing vehicles, enhancing the staffing of mobile units (including health care workers, nurses and a chemist) and developing new services and programmes in mobile units. Conditions were established for better collaboration and a greater coherence among social and healthcare services that treat users within the programme which will improve the effectiveness of services and ensure a more comprehensive treatment for users.

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<sup>11</sup> Rakovec, T., Kristančič, L., Hren, J. (2013) Programi zmanjševanja povpraševanja po drogah z mobilnimi enotami. V: Drev A. (ur) Nacionalno poročilo 2013 o stanju na področju prepovedanih drog v RS. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije.

Important highlights are activities which help users to enter the labour market. According to some NGOs, employing a health care worker presented a welcome assistance to the existing work force and they were also warmly welcomed by users. The programme began on 1 October 2018 and ends on 31 October 2020.

### **1. Illicit drug and new psychoactive substance (NPS) use prevention programmes in mobile units and harm reduction programmes for illicit drug and new psychoactive substance users in mobile units**

The purpose of mobile unit programmes is to increase the accessibility of prevention programmes and harm reduction programmes for illicit drug and NPS users. The main goals of the implementation of illicit drug and NPS prevention programmes are counselling, informing, early detection and early intervention. The main goals of harm reduction programmes are to mitigate healthcare and social consequences for illicit drug and NPS users including needle and sterile syringe exchange and to establish contact with a greater number of users, especially those not yet included in any kind of treatment or assistance. As part of six consortium co-operations between NGOs and health facilities in different areas in Slovenia (Ljubljana, Maribor, Celje, Nova Gorica, Koper and ŠkofjaLoka), NGOs received mobile units and health facilities employing a graduated health care worker who will collaborate in mobile unit programmes.

### **2. Substitution treatment programmes in mobile clinics**

The purpose of substitution treatment programmes in mobile clinics is to increase the accessibility of substitution treatment in deficit regions. The main goal of the programme implementation is higher inclusion of illicit drug and NPS users in substitution treatment programmes and prevention of health and social consequences for patients. The programme also enables early detection and establishing contact with a greater number of users, especially those not yet included in any kind of treatment or assistance. Two health centers are running the programme (SlovenjGradec and Ptuj). They both received mobile clinics, and both employed two graduated health care workers and one nurse for the implementation of the programme in the mobile clinic.

### **3. Illicit drug and NPS analysis in a mobile laboratory**

The purpose of the mobile laboratory programme is to enable different services in the field where the youth and others who use illicit drugs and particularly NPS gather (e.g. at dance parties and other entertainment events). NPS became a great issue all over the world and in Slovenia, because their production is relatively easy and quick with an unknown and unpredictable effect. Due to the use of NPS, some EU countries including Slovenia have already reported deaths. The main goal of the programme is the anonymous testing of substance samples and offering earliest possible feedback on the content of the substance. Using anonymous testing and immediate feedback, the risk of consuming a life-threatening substance for the user is greatly reduced. Further detailed analyses of individual substances that were submitted for testing are carried out in the National Laboratory of Health, Environment and Food using sophisticated methods. Mobile laboratory services contribute greatly to monitoring, profiling and recognizing illicit drugs and NPS on a national level as well. It is a consortium co-operation (agreement) between an NGO and the National Laboratory of Health, Environment and Food for the whole territory of Slovenia, where the NGO received a mobile laboratory and the national laboratory employed a chemist for the programme implementation.

### **4. Mobile unit for medical rehabilitation of illicit drug and NPS users**

The purpose of the Mobile unit for the medical rehabilitation programme is to ensure a personalized treatment in the illicit drug and NPS user community as these users' access institutional and non-governmental aid programmes harder due to associated mental disorders or other health problems. The main goal of the programme implementation is to enable a personalized treatment of the target group

including a multidisciplinary evaluation of needs and user capabilities, composing a rehabilitation plan with defined treatment goals until the end of treatment or acceptance in other programmes, performing medical and non-medical treatments, working with relatives and connecting with NGOs and other field services. A tertiary healthcare institution (Psychiatric Clinic) which covers the whole territory of Slovenia carries out the programme. They received a mobile unit and employed a health care worker for the implementation of the programme.

## 3. Sources and methodology

### 3.1 Sources

#### Sources and methodology in Drug Related Deaths

Mateja Jandl

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Monitoring Centre for Drugs and Drug Addiction (hereinafter EMCDDA). Monitoring data include direct deaths, i.e. deaths directly caused by the effects of illicit drugs on the body (these include intentional poisoning or overdoses, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the cause of death; these data have been taken from a cohort study. The NIPH manages the national General Mortality Register in accordance with the Health Care Databases Act. The register contains data on medical death certificates and cause-of-death reports (death certificate). The causes of death are categorised in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

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#### Sources and methodology in drug related emergencies

Miran Brvar

The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

The registration of a case of illicit drug poisoning may be sent by doctors to the Slovenian Register of Intoxications on a printed or online 'Intoxication Registration Form' (<http://kt.kclj.si>). The Centre for Poisoning also carries out 24/7 information consultation service in clinical toxicology providing information about the treatment of drug-related cases of poisoning. The toxicologists on duty warn doctors treating patients poisoned by drugs that they are required to report all cases of poisoning to the Slovenian Register of Intoxications. In cases of interesting or serious drug poisoning, e.g. by NPS, the course and outcome of poisoning is followed up and all relevant data on the poisoning are collected upon the completion of treatment. The largest deficiency of the mentioned data collection on illicit drug poisoning lies in deficient toxicology analytics, which applies primarily to medical centres and secondary hospitals. In 2016, the Centre for Poisoning started collecting biological samples of persons poisoned by NPS at the emergency medical units of medical centres and hospitals throughout Slovenia within the scope of the SONDA project, thus ensuring their toxicology analysis. The project will join the 24/7 information consultation service and the Register of Intoxications, and the toxicologist on duty will ensure that doctors or medical institutions regularly send biological samples and report cases of poisoning to the Slovenian Register of Intoxications using an online form.

The Centre for Poisoning also collects data on the treatment of poisoned patients at an emergency unit, toxicology department and UMCL intensive care unit; this provides an overview of illicit drug poisonings in Central Slovenia, as emergency medical units at UMCL cover approximately 600,000 inhabitants of Central Slovenia. Emergency medical units' treat referred patients poisoned by illicit drugs who require at least several hours of treatment and/or admission to a hospital. The most frequent causes for referring such patients to emergency medical units are disturbances in consciousness, respiratory failure, low blood pressure, cardiac arrhythmia, chest pain, epileptic seizures, aggressive behaviour, etc. Biological samples (blood and urine) are taken from all persons poisoned by illicit drugs, particularly NPS, for a toxicology analysis at the Institute of Forensic Medicine at the University of Ljubljana and are stored. The frequency and course of poisonings by illicit drugs at a UMCL emergency medical unit or hospital department are monitored using the data provided by the toxicology consultation service (phone calls) and the hospital computer system, which provides an overview of diagnoses and search by key words. Furthermore, cases of poisoning by illicit drugs are verified by inspecting the record of examined patients, in which all examined patients with any diagnosis are hand recorded, and by analysing all medical documents referring to patients poisoned by illicit drugs. Currently, such approach provides a good overview of drug-related poisonings but only in the Ljubljana region.

## **Sources and methodology in drug related Infectious diseases**

Irena Klavs

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## Sources and methodology in harm reduction

Ines Kvaternik

NIPH Koper Regional Unit is keeping current records of the issued equipment and supplies. Harm reduction programmes workers fill out questionnaires on drug use once per year, which are then forwarded to NIPH Koper Regional Unit and entered into the database where the data is processed.

Harm reduction: Data on drug user profiles in harm reduction programmes in the period 2014-2018 were acquired with a "Questionnaire on drug use" among harm reduction programme users within Slovenia. The questionnaire was filled out by users who visit programmes in stationary locations and users reached by expert programme workers in the field. Cooperation in the survey was voluntary and anonymous.

In 2017, the survey included 249 harm reduction programme users. The respondents were 81% male and 19% female. The average age of the respondents was 39 years. The youngest respondent was 18 and the oldest 61 years of age. The majority of the respondents had completed vocational or secondary education (60.9%), 31.5% had only primary school level education and 5.2% had higher education or university degrees. 2.4% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (84.5%); 9.8% of them were employed, 5.3% retired and 0.4% still in school.

The largest percentage of the respondents (40.5%) lived alone, a slightly smaller percentage (23.6%) still lived with their parents or relatives, 6.6% lived together with their partner, 4.1% with friends, 10.3% in shelters and 9.5% outside (in the park, street, abandoned buildings).

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### 3.2 Methodology in Drug-Related Infectious Diseases

Irena Klavs, Tanja Kustec, Maja Milavec, Zdenka Kastelic, Sandra Kosmač

We monitor prevalence estimates for HIV, HCV and HBV infections by collecting data about previous voluntary confidential diagnostic testing for HIV, HBV and HCV infections among PWIDs who enter for the first time or re-enter treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIJZ within annual monitoring of Treatment Demand Indicator. The strengths of such an approach is the nationwide coverage and the sustainability of such a surveillance system. The limitations are the non-representativeness of such estimates for all PWIDs in Slovenia, the fact that estimated proportions do not represent the prevalence of infections among those entering for the first time or re-entering treatment, but rather the proportion among those who had known results of previous tests at the time of entering or re-entering the treatment available in their medical documentation. During the period from 2014 to 2018 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 921 PWIDs who entered for the first time or re-entered treatment, 263 in year 2014 (25 for the first time), 189 in year 2015 (17 for the first time), 187 in year 2016 (11 for the first time), 157 in year 2017 (24 for the first time) and 125 in year 2018 (5 for the first time). Proportion of PWIDs with any result of tests for HIV, HBV or HCV infections reported to NIJZ ranged from the highest of 48.7% in year 2013 to the lowest of 27.2% in year 2018.

In addition, unlinked anonymous HIV testing of PWIDs at first treatment demand has been conducted for HIV surveillance purposes in the largest Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana since 1995. Since 2002, four non-governmental harm reduction programmes have also been included in this system. These programmes are needle exchange programmes: AIDS Foundation Robert (only in 2003 in Ljubljana), Stigma (in Ljubljana since 2005), Svit (in Koper since 2004), Zdrava pot (in Maribor since 2010), Javni zavod Socio (in Celje since 2018) and Dnevni center Šent (Nova Gorica since 2018). Detailed descriptions of methods have already been published (Klavs and Poljak, 2003). Saliva specimens for unlinked anonymous HIV testing was voluntarily provided by PWIDs entering the treatment for the first time at the Centre for Prevention and Treatment of Illicit Drug Addiction in Ljubljana, and by clients of the aforementioned needle-exchange programmes for the first time during the period of sampling, which was few months each year. In the past three years, the period of sampling was shortened to one month.

In addition, the NIJZ collects information on newly diagnosed cases of HIV, HBV and HCV infections, which may include information on the transmission routes. All three diagnoses must be reported according to the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06) and Healthcare Databases Act (Official Gazette of the Republic of Slovenia, No. 65/00 and 47/15). To ensure comparability of data surveillance case definitions are used. Nearly all of the newly diagnosed HIV infection cases reports contain information on the transmission route. In contrast, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Therefore, we can not estimate the proportion of notified cases of new diagnoses of HBV and HCV which is related to injecting drug use. Surveillance reports that include information on HIV, HBV and HCV newly diagnosed cases reporting are published annually (Klavs and Kustec (ed.) 2017, Sočan et al. (ed.) 2017).

The strength of HIV, HBV, and HCV reported incidence monitoring is its nationwide coverage. In contrast to relatively reliable AIDS reported incidence data, the information about reported newly diagnosed HIV infection cases among PWIDs cannot reliably reflect HIV incidence. However, the notification of diagnosed HIV cases is believed to be complete and HIV incidence among PWIDs to be very low. Also, almost 100% of HIV infection cases reported to the NIJZ contains information on probable transmission

route. Thus, any underestimation of HIV infection incidence among PWIDs is only due to possible late diagnosis. In contrast, due to underdiagnoses, underreporting of diagnosed cases and very scarce information on transmission routes, overall HBV and HCV reported incidence rates are much less reliable and underestimate the true burden of diagnosed infections in the general population of Slovenia as well as among PWIDs.

# **Drug market and crime workbook**

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## Summary

- **Domestic drug market**

Slovenia is self-sufficient in the production of the illicit drug cannabis, which is produced in specially modified facilities. Although the number of those facilities remains approximately the same, the number of seized plants is increasing. This means that the facilities intended for cannabis production are larger, while the equipment and methods for the production of cannabis are improving.

Illicit drugs are smuggled along the traditional Balkan route. Primarily cannabis, as well as heroin, is smuggled through the Balkan route from Albania, Kosovo and Serbia. Otherwise, the leading supplier of heroin is Turkey. International criminal organisations often replace heroin for acetic anhydride, which comes to Slovenia from the Czech Republic and recently also from Poland. In Slovenia, larger quantities of acetic anhydride, which are intended for transport to the producing countries, are being stored. MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands; smaller amounts of cocaine are smuggled into Slovenia from Spain.

The most widespread way of smuggling among criminal groups in Slovenia or members of international criminal groups from Slovenia is still smuggling large quantities of diverse illicit drugs using goods vehicles, while smaller quantities of illicit drugs are most commonly smuggled hidden in specially modified passenger vehicles or in luggage on buses.

- **National drug law offences**

In 2018, the police recorded 1,855 drug-related criminal offences. Pursuant to the Criminal Code of the Republic of Slovenia, such criminal offences include the unjustified manufacture and trafficking of illicit drugs and facilitating the consumption of illicit drugs. In 2018, the police also detected 4,149 violations of the Production of and Trade in Illicit Drugs Act.

- **Key drug supply reduction activities**

The key documents for the police in the field of reducing the supply of drugs are the Resolution on the National Programme on Illicit Drugs 2014-2020 and the related two-year Action Plan 2017-2018. The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The priority list of the Slovenian police includes the illicit drugs heroin, cocaine and, increasingly, synthetic drugs and new psychoactive substances. The police intensively gather data on any functioning cannabis cultivation facilities and working laboratories for the production of synthetic drugs, and analyse large seizures of these.

Active smuggling along the Balkan route needs to be stopped, so the goal and activity of the police is to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the border and inside Slovenia. In addition, the police are also strengthening good international cooperation with the police forces of other countries and international organisations. They work with the goal of discovering smuggling organisers and discovering members of (international) criminal organisations.

The aim of the police is also focused activity in the field of uncovering money laundering, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking. The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

# 1. National profile

## 1.1 Drug market

### 1.1.1 Domestic production of drugs

According to the police, Slovenia remains a self-sufficient country in terms of the production of the illicit drug cannabis, which is grown in specifically-adapted facilities. The number of discovered cannabis-growing facilities remains roughly the same as in previous years. In 2018, the police discovered 75 facilities for growing cannabis in artificial conditions, while in 2017 they discovered 78 such facilities. In 2018, the police confiscated 8,393 cannabis plants, which is slightly less than in 2017 when they confiscated 10,259 plants (MNZ 2019).

### 1.1.2 Routes of trafficking

Staša Šavelj

The traditional two-way Balkan route is still the main route for smuggling illicit drugs, and we estimate that the scope of smuggling operations is still increasing. Primarily cannabis and heroin is smuggled through the Balkan route from Albania, Kosovo and Serbia. Heroin is smuggled into Slovenia and further to the Western European countries primarily from Turkey. We also observe that heroin is loaded onto passenger vehicles in Serbia, where larger quantities are stored, and then smuggled into other European countries. We still find that international criminal organisations often exchange heroin for acetic anhydride, which is a precursor for heroin production. Acetic anhydride is brought to Slovenia from the Czech Republic and, in recent year, mainly from Poland. Slovenia is used only as a country for storing large quantities of acetic anhydride before it is transported to the producing countries, or countries on their way to Afghanistan.

We note that MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands. For Slovenia and the rest of the Western Balkan countries, Spain remains the main supplier of cocaine.

Criminal groups in Slovenia, or rather criminal group members from Slovenia, most often smuggle larger volumes of various illicit drugs by freight transport. The high volumes of freight traffic on European roads reduce the chance of uncovering and seizing illicit drugs, and with the successful transport of illicit drugs to the final location, earnings are even higher. Smaller quantities are most often smuggled hidden in specially adapted passenger vehicles or in luggage on buses.

### 1.1.3 Contextual information on trafficking

Staša Šavelj

Smaller amounts of smuggled individual illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave Slovenia. Cannabis, which is produced in specially modified facilities in Slovenia, mostly remains in Slovenia and is sold by members of criminal organisations to dealers.

Both in quantities large and small, illicit drugs seem to be easier to come by in Slovenia's larger urban areas. Members of criminal groups then resell smaller volumes of illicit drugs to other members outside these urban areas. The most common method of smuggling within the country is the use of private passenger vehicles, small goods vehicles, or as passengers in buses or taxis.

### 1.1.4 Wholesale drug and precursor market

Staša Šavelj

We note that illicit drugs (amphetamine, cocaine, MDMA, heroin) in larger volumes are more easily accessible in the areas of larger cities. Cannabis - marijuana, which is produced in specially modified facilities, is available in large quantities irrespective of the location and size of the city. Production is carried out throughout Slovenia, since it only requires favourable conditions for growing cannabis - e.g. larger warehouses, vacant apartments. Often the owners who rent out those warehouses, apartments, etc. know that they are being used for criminal activities, but profits prevail over the risk that the activity will be uncovered by the police.

Members of international criminal groups mainly buy acetic anhydride legally in the Czech Republic and Poland, load it onto trucks or smaller goods vehicles, and smuggle it to other European countries, often also to Slovenia. The acetic anhydride is stored somewhere in Slovenia, where it is either repackaged or not, and it then waits for further transport. It is then transported in smaller quantities to Turkey. There is no data available that would indicate that acetic anhydride is being used for heroin production in the Slovenian territory.

There are internationally-linked criminal groups operating in Slovenia, with Slovenian citizens acting as organisers, providers of logistical support and also perpetrators of the criminal offences of supplying the European market with illicit drugs. We estimate that these are medium-size criminal groups whose members have links with criminal groups from other countries, both in the Western Balkans and the EU. Still, international criminal groups operating in Slovenia continue to exactly follow the illicit drug supply and demand trends.

Table 1 below shows prices for the most common illicit drugs found in Slovenia and their wholesale volumes. We note that wholesale prices for most illicit drugs have not changed much in recent years. Despite the fact that the price for 1 kg of cocaine remains the same, the purity of accessible cocaine has increased..

Table 1. Wholesale prices of illicit drugs in Slovenia, in EUR, 2017

Type of illicit drug		1 kg	1000 tablets
Heroin	Min.	14,000	
	Max.	25,000	
	Typ.	25,000	
Cocaine	Min.	35,000	
	Max.	43,000	
	Typ.	40,000	
Ecstasy	Min.		1,500
	Max.		3,500
	Typ.		3,500
Amphetamine	Min.	1,500	
	Max.	3,500	
	Typ.	3,000	
Cannabis (marijuana)	Min.	1,500	
	Max.	4,500	
	Typ.	4,000	

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

### 1.1.5 Retail drug market

Staša Šavelj, Marko Verdenik

The illicit drug market in Slovenia is very varied and diverse. According to police estimates, cannabis and cocaine are widely available, and the supply and demand for synthetic drugs are high as well.

The retail market has a clear hierarchical structure. Larger volumes of certain illicit drugs are broken up into smaller packages and resold to middlemen. The middlemen break up the packages even further and also cut the illicit drug, which is then made available to street pushers and users. Illicit drugs prepared in this way are available in all parts of the country. There is no evidence indicating that other psychoactive substances are being mixed with heroin or cocaine.

Below (Table 2) are the retail prices of the most accessible and top-selling illicit drugs, per 1 gram or 1 tablet. The prices have not changed significantly over the last 5 years.

Table 2. Prices of illicit drugs at the retail level in Slovenia, in EUR, 2017

Type of illicit drug		1 gram	1 tablet
Heroin	Min.	20	
	Max.	50	
	Typ.	30	
Cocaine	Min.	40	
	Max.	100	
	Typ.	60	
Ecstasy	Min.		5
	Max.		10
	Typ.l		5
Amphetamine	Min.	10	
	Max.	30	
	Typ.	20	
Cannabis (marijuana)	Min.	4	
	Max.	10	
	Typ.	4	

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The information on the street (“retail”) price of drugs, meaning price per gram, blotter, or pill, are also collected as part of the receipt of psychoactive substances submitted for anonymous drug checking. Table 3 below includes the prices for the most common illicit drugs in Slovenia.

Table 3. Retail prices for illicit drugs, 2018

Type of PAS		1 gram	1 tablet
Cocaine	Min.	20	
	Max.	150	
	Typ.	80	
Amphetamine	Min.	1	
	Max.	25	
	Typ.	8	
MDMA (crystals)	Min.	5	
	Max.	70	
	Typ.	30	
MDMA (ecstasy)	Min.		2
	Max.		10
	Typ.		5
LSD	Min.	2	
	Max.	20	
	Typ.	7,5	
Heroin	Min.	15	
	Max.	50	
	Typ.	25	
Ketamine	Min.	10	
	Max.	60	
	Typ.	40	

Source: Association DrogArt

## 1.2 Drug related crime

### 1.2.1 Drug law offences data

In 2018, the police recorded 244 offences related to the unlawful manufacture and trade of illicit drugs, illicit substances in sport, and precursors, which met the criteria to qualify for organised crime.

16 investigations (12 of which were international) of criminal organisations were conducted, in which they confiscated a significant amount of illicit drugs (cannabis, hashish, heroin, cocaine, and amphetamine) in the EU member countries, including Slovenia.

In addition to the police, drugs were also confiscated by the Financial Administration of the Republic of Slovenia. The increase in the quantity of confiscated drugs is due to the above-mentioned investigations and increased level of the controls in hot spots (Table 6).

With regard to the abuse of illicit drugs, 1,611 criminal offences were recorded, which met the criteria to qualify for organised crime (1,510 criminal offences of unlawful manufacture and trade of illicit drugs, illicit substances in sport, and precursors for the production of illicit drugs, and 133 criminal offences of enabling the use of illicit drugs or illicit substances in sport).

In addition, in 2018, the police recorded 4,149 instances of the violation of the Production of and Trade in Illicit Drugs Act, including the possession of illicit drugs (MNZ 2019).

### **1.2.2 Drug related crime - driving under the influence of drugs**

In 2018, the police ordered 1,237 expert examinations to identify the presence of illicit drugs, psychoactive medications, or other psychoactive substances with drivers. This is slightly less compared to 2017, when they ordered 1,326 such examinations.

Despite the fact that less expert examinations were conducted in 2018, the number of instances with determined presence of illicit substances with drivers that were subjected to examination was higher compared to 2017. In 2018, 259 examinations returned positive for blood/saliva and 212 returned positive for urine, while in 2017 239 returned positive for blood/saliva and 199 for urine.

In 2018 there were also less refused examinations (658 refused examinations for blood/saliva and 368 refused examinations for urine) compared to 2017 (671 refused tests for blood/saliva and 417 refused tests for urine) (MNZ 2019).

## **1.3 Drug supply reduction activities**

### **1.3.1 Drug supply reduction activities**

Staša Šavelj

In 2017, the police in Slovenia operated in accordance with the stated goals and activities in the field of reducing the supply of illicit drugs, which were set out in the two-year Action Plan 2017-2018 on the basis of the Resolution on the National Programme on Illicit Drugs 2014–2020.

The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The illicit drugs heroin, cocaine, cannabis and, increasingly, synthetic drugs and new psychoactive substances remain the priorities of the work of the Slovenian police. The police still intensively gather data on any functioning cannabis growing facilities and working laboratories for the production of synthetic drugs, and analyse the seizures of large quantities of these, which is also one of the objectives of the Action Plan and thus-related police activities.

Active smuggling along the Balkan route needs to be stopped, so the goal and activity of the police is to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the border and inside Slovenia. In addition, we are also strengthening good international cooperation with foreign police forces and international organisations (Europol, Interpol, EMCDDA, DEA USA, UNODC, etc.), which contributes to an even greater reduction in the supply of illicit drugs in the wider market, not only in Slovenia. We work with the goal of discovering smuggling organisers and discovering members of (international) criminal organisations.

The aim of the police is also focused activity in the field of uncovering money laundering, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking.

The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

Preventive police work in the area of criminal acts involving illicit drugs is based on collaboration with competent governmental institutions, non-governmental organisations, municipal security panels, education institutions and all others working in the field of illicit drug supply reduction. Most often we participate in lectures, in the form of consultation services to various national institutions, we present police activity at various events, we prepare various information materials (answers to journalistic questions, articles in certain magazines and newspapers, etc.), and thus raise awareness among target groups about the harmful consequences of illicit drug abuse.

## 2. Trends

### 2.1 Trends in seizures, price and purity

In the last five years, the number of discovered facilities adapted specifically to grow cannabis has dropped (Table 4), which is not true for the number of confiscated cannabis plants, which increased significantly in the last four years (Table 5). According to the police, this is because the discovered facilities have become larger over the years and contained more plants.

Table 4. Number of facilities modified for cannabis cultivation, 2011–2018

	2011	2012	2013	2014	2015	2016	2017	2018
Number of facilities modified for cannabis cultivation	52	75	70	118	80	81	78	75

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, Annual Police Report 2018

Table 5. Number of cannabis plants seized and the amount of dried cannabis seized in facilities modified for cannabis cultivation, 2015–2018

	2015	2016	2017	2018
Cannabis plant	4,659	6,002	10,259	8,393
Dried cannabis (kg)	86.6	25.6	88.7	n.i.

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The number of hashish seizures has doubled over the past 5 years in violations of the Production of and Trade in Illicit Drugs Act, while the number of seizures in criminal offences remains approximately the same. This points to the fact that the number of hashish users is increasing. The largest quantity of hashish was seized in 2017, i.e. 19.78 kg (while over the last 5 years, the quantities seized have not exceeded 3 kg).

Cannabis, which is grown in specially modified facilities in Slovenia, is available on the market of neighbouring countries - Austria, Italy, Croatia, and also Germany, with higher selling prices and yielding higher sales profits compared to Slovenia. The amount of cannabis grown in specially modified facilities is usually higher; therefore, cannabis is usually sold on the wholesale market in kilograms. In 2017 (the amount is comparable to 2013), the police seized much more cannabis than during 2014-2016. Most of this cannabis was smuggled in trucks and specially modified passenger vehicles by foreign citizens from Albania, Montenegro and Serbia. Cannabis was not intended for the Slovenian market, but for the market in other EU and European countries.

We estimate that the situation on the cocaine market over the past 5 years is comparable. Individual seizures of larger quantities in 2014 and 2016 stand out. In 2017, we also recorded one random seizure of 10 kg during a road traffic check. These larger amounts of seized cocaine were probably not intended for the Slovenian market.

In the field of heroin, the total number of criminal offences and minor offences and related seizures is almost the same as in 2014. Despite a smaller quantity of heroin being seized, we cannot talk about a reduced market in Slovenia.

The quantities of methamphetamine seized have been comparable and small over the last 5 years. Since 2013, the number of seizures has fluctuated between 22 and 31, and rose sharply in 2017 (49), suggesting that, despite more users, the quantity has not increased.

In 2017, a much larger amount of MDMA tablets was seized than in 2016, but still much less than in 2015. However, we estimate that this is an extremely varied market with different logos on tablets and with different MDMA content. The fluctuation in the number of tablets seized over the last 5 years is extremely variable and depends mainly on the operational activities of the police in the field of illicit synthetic drugs. Most of the operational activities were carried out in 2015 and 2017.

**Table 6.** Total quantities of seized illicit drugs by type

Type of illicit drug	Unit	2012	2013	2014	2015	2016	2017	2018
Heroin	kg	20.34	7.65	4.87	6.47	47.62	10.71	41.45
Cocaine	kg	26.82	3.31	181.99	2.77	104.61	12.25	14.22
Ecstasy	tablets	960	922	218	2908	499	1,636	511
	kg	0	0.85	0.11	1.98	0.36	1.21	0.28
Amphetamine	tablets	80	307	737	95	232	312	58
	kg	9.28	15.12	21.39	2.11	3.11	6.08	5.7
Cannabis – plant	pcs	11,166	9,515	11,067	14,006	14,717	13,594	29,683
Cannabis – marijuana	kg	706.06	809.59	535.06	487.54	515.96	837.91	398.06
Cannabis resin - hashish	kg	2.56	0.52	2.32	2.54	0.94	19.78	0.78
	ml					2,888.00	137.7	315.4
Benzodiazepines	tablets	3,251	14,620	5,292	10,503	5,608	14,177	17,734
Methadone	ml	2,670.0	2,093.7	1,572.9	2.80	3,137.8	1,501.5	2,282.9
Methamphetamine	kg	0.05	0.54	0.08	0.41	0.07	0.03	0.16
	tablets	43	110	53	324	138	137	82

**Source:** Annual Police Report 2018

The monitoring of illicit drugs, conducted by the National Forensic Laboratory, revealed that the average content in heroin samples have stabilised in the last two years. Detailed analysis show that heroin samples of high quality as well samples that were significantly cut are found in Slovenia (NFL, 2019). The average contents of cocaine have increased in the recent years and remained high in 2018 as well. In 2018, the average concentration of the total amount of THC in the plant was 6.3% in and in hashish 9.4%, which is slightly less compared to previous years. The average amount of amphetamine in dry samples amounts to 27%, which is considerably higher compared to previous years (Picture 1).

Picture 1. Average concentrations of individual illicit drugs, 2014–2018



Source: MNZ, GPU, National Forensic Laboratory

### Purity of samples collected in drug checking services

Marko Verdenik

The Early Warning System on new psychoactive substances includes an anonymous drug checking service, thanks to which non-governmental organisations established eight receipt points in Slovenia, which collected 812 samples (January 2018–June 2019). The analyses were conducted at the National Laboratory of Health, Environment and Food. The majority of samples were submitted as cocaine (n=179), followed by amphetamine (n=104), MDMA in ecstasy pills (n=100), MDMA in crystal form (n=76), LSD (n=78), heroin (n=28), benzodiazepines (n=25), and ketamine (n=20).

103 (57.5%) out of 179 samples submitted as cocaine only contained cocaine, 65 samples (36.3%) contained cocaine and at least one additional substance (usually levamisole), while for 11 samples (6.2%) tests confirmed the presence of at least one substance instead of cocaine. The average concentration of cocaine calculated based on 152 samples was 73.55%. The lowest content of cocaine was 6.8%, and the highest was 93.9%.

34 samples (32.7%) submitted as amphetamine sulphate only contained amphetamine, 64 samples (61.5%) contained amphetamine and at least one additional substance (usually caffeine and creatine), while 6 samples (5.8%) did not contain amphetamine, but rather one or more other substances. The average concentration of amphetamine calculated based on 92 samples was 27.42%. The lowest content of amphetamine was 1.6%, and the highest was 94%.

176 samples were submitted as MDMA, 100 of which were submitted in the form of ecstasy pills and 76 in the form of crystals. 162 samples (92%) contained only MDMA, 4 samples (2.3%) contained at least one additional substance, while 10 samples (5.7%) did not contain MDMA, but rather one or more other substances. The average content of MDMA in ecstasy pills calculated based on 68 samples was 163mg. The lowest content was 74mg, while the highest was 284mg. The average concentration of MDMA in crystal form calculated based on 64 samples was 86.3%. The lowest concentration was 74.25%, while the highest was 99%.

A total of 78 samples were submitted as lysergic acid (LSD), 74 of which were in the form of blotters and 4 in liquid form. 63 samples (80.8%) contained only LSD, 5 samples (6.4%) contained at least one additional substance besides LSD, while 10 samples (12.8%) did not contain LSD (and contained either more than one other substance or no substance at all). The average content of LSD in the form of blotters, calculated based on 55 samples was 56µg; the lowest content was 1.1µg, and the highest was 173µg.

27 (96.4%) of 28 samples submitted as heroin in base form also contained at least one substance in addition to heroin, usually caffeine, paracetamol, and other commonly added substances which derive from heroin. One sample (3.6%) contained THC (cannabis resin) instead of heroin. The average concentration of heroin calculated based on 24 samples was 23.58%. The lowest concentration was 0.9%, and the highest was 66.6%.

15 (75%) of 20 samples submitted as ketamine only contained ketamine, 2 samples (10%) contained at least one substance in addition to ketamine, while 3 samples (15%) did not contain ketamine, but rather one or more other substances. The average content of ketamine calculated based on 15 samples was 79.7%. The lowest calculated content was 62.7%, and the highest was 94%.

The substance that was most commonly submitted as benzodiazepine was alprazolam (14 samples), followed by etizolam (6 samples), diazepam (2 samples), flualprazolam (2 samples), and midazolam (1 sample). 15 samples (60%) contained the same type of benzodiazepine as stated by the users upon submitting the sample, 8 samples (32%) contained a different type of benzodiazepine, while 2 samples (8%) did not contain any substance from the benzodiazepine group of substances.

The anonymous drug checking of psychoactive substance detected the following new psychoactive substances (NPS), which were bought and introduced as NPS, used instead of classic drugs, or as cutting agents in classic drugs: 1P-LSD, 2-Br-4,5-DMPEA, 25B-NBOMe, 25C-NBOMe, 3-CMC, 3-MMC, 4-CMC, 4-fluoroethylphenidate, 4MeO-PV9, 4-MMC, 4-MPD, 5F-MDMB-PINACA, A-PHP, Adamantyl-THPINACA, AM-2201, BK-2C-B, BMDP, ciclopentylfentanyl, dipentylone, DOC, DPT, ephylone, FUB-144, hexen, MEC, Methen-U-47700, methoxyacetylfentanyl, methyl-alpha-acetylphenylacetate, MMMP.

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### 3.1 Sources

MNZ 2019

Ministrstvo za notranje zadeve, Policija, Služba generalnega direktorja policije. Letno poročilo o delu policije za leto 2018. Ljubljana, april 2019. Poročilo je dosegljivo na spletni strani:

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# Prison workbook

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## Summary

### National profile

The Prison Administration, under the responsibility of the Ministry of Justice of the Republic of Slovenia, is an authority in charge of enforcing criminal sanctions and organising and operating the correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities at thirteen locations, and one juvenile correctional facility. Prisons enforce three sentencing regimes, i.e. open, semi-open and closed regime, which mostly differ by the degree of freedom restriction. There are five key categories of prisoners, i.e. convict (a person found criminally liable by a final court judgement), remand prisoner (a person temporarily remanded in custody due to ongoing criminal proceedings), persons serving substitute imprisonment (substitute imprisonment is a form of enforcement of unpaid or uncollectible fines), convicted juvenile delinquent (a person under 18 years of age who has been found criminally liable by a final court judgement), and a juvenile placed in a correctional facility (young adolescents of both sexes aged 14 to 21 who have been sentenced to the correctional measure of placement in a correctional facility, where they can be held up to the age of 23). In 2018, Slovenian prisons held 2.335 convicted prisoners, predominantly (92.9%) men. In comparison to 2017, the average number of prisoners decreased by 11.79%. Since 2012, new psychoactive substances have been detected among prisoners. NPS first appeared among the younger prison population, but in the following years, the use of NPS also spread to the older prison population.

In accordance with the Survey on the Use of Drugs, Tobacco and Alcohol, which encompassed prisoners aged 19 and more, 38% of convicted prisoners used illicit drugs prior to imprisonment, and slightly less than one quarter of them used them during imprisonment. They mostly used cannabis, heroin and cocaine. 8.5% of prisoners reported on injecting illicit drugs prior to imprisonment, and 1.9% of them during imprisonment; they mostly injected cocaine and heroin.

According to Prison Administration data more than one quarter of all prisoners had problems with illicit drugs in 2018, and 62% of them received substitution therapy. 292 prisoners decided to get tested for HIV and hepatitis; HIV and hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in thirty-one and hepatitis C in forty prisoners.

Prisoners bring drugs to prison in various ways: they often hide drugs on their bodies or clothes, throw them over the wall and bring them to prison in packages, mostly factory-packed food. It can be presumed that prisoners most frequently hide drugs in their bodies, which can be difficult to discover, because interventions in the human body are not permitted.

The development of programmes for reducing the demand for drugs in prisons is determined in the Resolution on the National Programme on Illicit Drugs 2014–2020. Otherwise, the treatment of prisoners with drug problems in prisons is implemented in accordance with the treatment plan for prisoners with drug problems in the Republic of Slovenia. The authority that proposes the addiction treatment plan and verifies it is the Coordination of Centres for the Prevention and Treatment of Drug Addiction.

Healthcare services under the jurisdiction of the Ministry of Health provide health care for prisoners. They provide suitable working hours of medical practitioners and other health care staff at general clinics and specialist psychiatric clinics, medical practitioners at the clinic of the Centre for Treatment of Drug Addiction, dentist for adults and a medical practitioner at the gynaecological clinic.

Prisoners addicted to drugs are provided with equal access and quality of health services as people outside prison. Upon admission to the prison every person is examined at the prison clinic. If they have addiction problems, the medical practitioner assesses whether the person requires medication for overcoming abstinence crisis and/or prescribes a substitution therapy. Health care clinics with psychiatrists or medical practitioners from centres for the prevention and treatment of drug addiction

provide treatment for addictions in prisons. Besides the health care aspect, the treatment of addictions also encompasses individual and group consultations, psycho-social help programmes that are executed by prison professional workers at institutions. Prisoners with drug problems can join low threshold, higher threshold and high threshold programmes during their imprisonment. All prisoners are also entitled to free, voluntary and anonymous testing and treatment of hepatitis and HIV. They are also provided access to condoms, latex gloves and disinfectants.

### **New developments**

A consultation meeting on the issue of illicit drugs addiction during imprisonment and after release took place in March 2019. The main emphasis of the consultation was placed on the establishment of new forms of support for those addicted to drugs, such as for example therapeutic communities.

## **1. National profile**

### **1.1 Organization**

Eva Salecl Božič

#### **1.1.1 Overview of prison services**

The Prison Administration, under the responsibility of the Ministry of Justice of the Republic of Slovenia, is an authority in charge of enforcing criminal sanctions and organizing and operating the country's prison system, which comprises correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities in 13 locations, and one juvenile correctional facility:

#### **Central prisons**

Dob Prison, for male convicts serving a term longer than 18 months; Dob Prison also includes the semi-open unit Slovenska vas and the open unit Puščava. Prisoner accommodation capacity: Dob Prison: 449, Slovenska vas semi-open unit: 70, and Puščava open unit: 21.

Ig Prison, for women convicts regardless of the length of the prison term, women prisoners in custody, women serving substitute imprisonment and female juvenile delinquents sentenced to juvenile detention. Prisoner accommodation capacity: 103.

Celje Prison and Juvenile Prison for convicts, remand prisoners, persons serving substitute imprisonment and minors sentenced to juvenile detention. Prisoner accommodation capacity: 98.

#### **Regional prisons (for prison terms of up to 1 year and 6 months) with branch units**

Koper Prison for convicts serving a term of more than 1 year and remand prisoners; Koper Prison also includes the Nova Gorica unit for convicts serving a term of up to 6 months, for remand prisoners and persons serving substitute imprisonment. Prisoner accommodation capacity: Koper Prison: 110, Nova Gorica unit: 28.

Ljubljana Prison and the Novo mesto unit for convicts, remand prisoners and persons serving substitute imprisonment; the Ig open unit for convicts, operating as part of Ljubljana Prison. Ljubljana Prison and its Novo mesto unit house convicted prisoners serving up to one year and up to six months respectively. Prisoner accommodation capacity: Ljubljana Prison: 135, Novo mesto unit: 35, Ig open unit: 27.

Maribor Prison and its Murska Sobota unit house for convicted prisoners serving more than six months and up to six months respectively, remand prisoners and persons serving substitute imprisonment. Prisoner accommodation capacity: Maribor Prison: 146, Murska Sobota unit: 34, Rogoza open unit: 36.

Radeče Correctional Facility for juveniles of both sexes sentenced to the correctional measure of placement in a correctional facility. Juvenile accommodation capacity: 47.

The prison regimes come in three varieties – open, semi-open, and closed – with varying degrees of restrictions being the main difference between them.

Prisoners are categorized as follows:

- Convict: a person found criminally liable by a final (res judicata) court judgment.
- Remand prisoner: a person temporarily remanded in custody due to ongoing criminal proceedings.
- Persons serving substitute imprisonment<sup>12</sup>: a form of enforcement of unpaid or uncollectible fines.
- Convicted juvenile delinquent: a person under 18 who has been found criminally liable by a final (res judicata) court judgment.
- Juvenile placed in a correctional facility: young adolescents of both sexes aged 14 to 21 who have been sentenced to the correctional measure of placement in a correctional facility, where they can be held up to the age of 23.

In 2018, Slovenian prisons held 2.335 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (92.9%) men, with the highest proportion aged between 28 and 39 years (Table 1). In comparison to 2017, the average number of prisoners decreased by 11.79%.

Table 1. Convicted prisoners by gender and age, 2018

	At 1 Jan.		Newly admitted		All	Proportion (%)
	M	F	M	F		
up to 18 years	0	0	1	0	1	0.0
18+ to 23 years	35	1	73	0	109	4.7
23+ to 27 years	71	2	115	7	195	8.4
27+ to 39 years	381	18	567	47	1013	43.4
39+ to 49 years	232	20	299	29	580	24.8
49+ to 59 years	127	13	139	16	295	12.6
59+ to 69 years	53	7	55	5	120	5.1
69+ years	9	3	10	0	22	1
<b>Total</b>	<b>908</b>	<b>64</b>	<b>1259</b>	<b>104</b>	<b>2335</b>	<b>100</b>

Source: Prison Administration of the Republic of Slovenia

<sup>12</sup>Act Amending the Minor Offences Act (ZP-1J), Official Gazette of the Republic of Slovenia no. 32/16, applicable from 6 November 2016.

## 1.2 Drug use and related problems among prisoners

### 1.2.1 Drug use among prisoners

Ines Kvaternik, Darja Lavtar, Andreja Drev

In 2015 the National Institute of Public Health (NIPH) conducted a Survey on the Use of Drugs, Tobacco and Alcohol in prison settings. The survey was taken by convicted prisoners from all Slovenian prisons and their units. Data on the use of drugs, tobacco and alcohol in prisons were collected in March and April of 2015. Convicted prisoners completed printed questionnaires by themselves (self-administered survey). Questions regarding illicit drug use inquired about two distinct time periods: before and during the current prison term.

The target population of the survey included all convicted prisoners serving a prison term on the day of the survey: on 14 April 2015, all the country's prisons held a total of 1,225 convicted prisoners. All convicted prisoners were included in the sample, and the questionnaire was completed by 688 of them, so the response rate stood at 56%.

#### **Illicit drug use among Slovenia's convicted prisoners prior to imprisonment**

Prior to imprisonment, 38.4% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 21.7% of them used an illicit drug in the last 12 months, and 15.7% in the last 30 days. The most commonly used drug among the convicts prior to imprisonment was cannabis (34.5% reported using it at some point in life, 17.1% in the last 12 months, and 10.9% in the last 30 days), followed by cocaine (26.3%, 12.7% and 8.2% respectively), heroin (18.7%, 9.7% and 6.6%), ecstasy (18.7%, 4.9% and 2.2%) and amphetamine (14.0%, 4.9% and 2.3%).

- Regular use of illicit drugs<sup>13</sup>

Prior to imprisonment, 12.1% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 7.3% of the convicts used cannabis regularly prior to imprisonment, 4.7% of them regularly used heroin and 4.2% cocaine, with amphetamines (0.9%) and ecstasy (0.4%) being used by less than one percent of them.

- Drug use by injection

8.5% of the convicted prisoners aged 19 and over reported having injected an illicit drug prior to imprisonment. 7.3% of them injected heroin, 6.9% cocaine and 1% amphetamines. None of them reported injecting ecstasy.

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<sup>13</sup> By definition, regular use of cannabis means using it for 20 days or more in the last 30 days, while with the rest of illicit drugs, this frequency of use is 14 days or more in the last 30 days.

**Table 2.** Proportion (%) of drug use among convicted prisoners prior and during imprisonment

<b>Prevalence of drug use prior to imprisonment</b>	<b>Cannabis</b>	<b>Cocaine</b>	<b>Heroin</b>	<b>Amphetamines</b>	<b>Ecstasy</b>	<b>Any illicit drug</b>
Lifetime	34.5	26.3	19.9	14.0	18.7	38.4
Last year	17.1	12.7	9.7	4.9	4.9	21.7
Last month	10.9	8.2	6.6	2.3	2.2	15.7
Regular use	5.9	3.6	4.3	0.8	0.3	10.1
Injecting drug use	--	6.9	7.3	1.0	0.0	8.5
<b>Prevalence of drug use during imprisonment</b>						
Lifetime	20.7	8.2	8.9	3.3	4.6	23.6
Last year	13.4	4.0	4.7	1.2	1.4	15.1
Last month	5.6	1.7	1.9	0.6	0.8	6.8
Regular use	1.7	0.8	0.6	0.3	0.2	2.3
Injecting drug use	--	1.3	1.1	0.2	0.0	1.9

**Source:** Survey on the Use of Drugs, Tobacco and Alcohol in Prisons 2015, NIPH, 2015

### **Illicit drug use among Slovenia's convicted prisoners during imprisonment**

During imprisonment, 23.6% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 15.1% of them used an illicit drug in the last 12 months, and 6.8% in the last 30 days. The most commonly used drug among the convicts during imprisonment was cannabis (20.7% reported using it at some point in life, 13.4% in the last 12 months, and 5.6% in the last 30 days), followed by heroin (8.9%, 4.7% and 1.9% respectively), cocaine (8.2%, 4.0% and 1.7%), ecstasy (4.6%, 1.4% and 0.8%) and amphetamine (3.3%, 1.2% and 0.6%).

- **Regular use of illicit drugs**

During imprisonment, 2.7% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 2.0% of the convicts reported regularly using cannabis, 0.8% regularly use cocaine, 0.7% heroin, 0.3% amphetamine, and 0.2% ecstasy.

- **Drug use by injection**

1.9% of the convicted prisoners aged 19 and over reported having injected an illicit drug during imprisonment. While incarcerated, 1.3% of them injected cocaine and 1.1% heroin. 0.2% of them reported having injected amphetamine, none reported ecstasy.

According to the survey results, cannabis is the most commonly used illicit drug among convicted prisoners aged 19 and over in Slovenia judging from all three drug use indicators and the two time periods observed, that is, prior to and during imprisonment. This coincides with the findings of the Slovenian population survey (Lavtar et al., 2014), which revealed that cannabis was the most widely used illicit drug in Slovenia's adult population (15.8%). It should be noted, however, that the prevalence of cannabis and other illicit drugs is higher among convicted prisoners than it is in the general population. Furthermore, Slovenian police data show that for a number of years now cannabis has been associated with the largest number of drug-related criminal offences (Šavelj, 2015) and that cannabis is also the most frequently seized illicit drug in the country's prisons (Salecl Božič, 2015).

Judging from a comparison of the prevalence of use of individual drugs prior to and during incarceration, the percentage of convicts using drugs while serving time is lower than the percentage of convicts that used drugs prior to imprisonment. We also observed that the second most commonly used drug among convicts prior to imprisonment was cocaine, whereas during imprisonment this was heroin. This probably has to do with the availability of individual drugs, as well as the effects of an individual drug because drugs like heroin produce effects that are more suited to the prison setting compared to the effects of cocaine (Boys et al., 2002).

As expected, regular use of each individual illicit drug among convicts during imprisonment decreases as well due to limited availability of drugs on the one hand and increased participation in various drug user support programs on the other.

According to the available data, drug use by injection during imprisonment is lower than compared to the "prior to" period but is nonetheless present, with drugs being injected by almost 2% of the convicted prisoners. We assume that since sterile drug injection equipment exchange programs are not being offered in prisons like they are elsewhere, drugs are being injected using very risky methods and various paraphernalia.

Curiously, the survey found a low percentage of convicts using new psychoactive substances (NPS) in both time periods observed, whereas the data collected as part of the national Early Warning System show that there were quite a few cases of NPS seizures and poisonings registered in prisons in 2015 and 2016, mostly synthetic cannabinoids (EWS Final Report 2015, EWS Progress Report 2016). A likely reason for this may be that at the time of our survey, NPS use in prisons was not as widespread as in the months that followed, but it could also be that prisoners refused to report using NPS because contrary to conventional drugs, the presence of NPS in the body is much more difficult to detect using the testing facilities available in prisons.

### **1.2.2 Drug-related problems among the prison population**

Eva Salecl Božič

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as they would get outside of prison. Upon admission to a correctional facility, every person undergoes a medical examination at a prison clinic. If a drug addiction is identified, the physician determines whether a medication therapy is needed to ease withdrawal symptoms and/or prescribes a substitution, or replacement, therapy. More than one-quarter of the country's entire prison population had a drug problem in 2018 (Table 3).

A smaller survey conducted in 2013 on a sample of 58 prisoners using illicit drugs (Madjar, 2014) showed that a little over 30% of them had overdosed in the past and that 63% of them had prior prison records. A little over one-fifth of them showed signs of mild depression, and more than a half reported having contemplated suicide. They also faced major social problems and were, in most cases, less sociable, unsystematic, emotionally unstable, full of fear and concern, and had a harder time adjusting to social norms, as compared to the general population.

**Table 3.** Inmates with a drug problem among the entire prison population, 2014–2018

Year	2014	2015	2016	2017	2018
Prison population	4550	3905	3555	3380	3501
Inmates with a drug problem	997	841	917	929	977
Proportion in %	21.9	21.5	25.8	27.5	27.9

**Source:** Prison Administration of the Republic of Slovenia, Annual Report 2018

According to available data on testing results acquired at clinics and organised under the coordination of competent regional health clinics, 292 prisoners decided to get tested for HIV and hepatitis in 2018. Among all the people tested, HIV and hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in thirty-one and hepatitis C in forty prisoners (Table 4).

The last two years have seen a rise in the number of tested prisoners. This is due to a systematic approach to fostering voluntarily testing at the beginning of imprisonment adopted by the medical team in Maribor Prison where in 2018 166 imprisoned persons were tested. We strive to promote this good practice on various educational events.

Tests are free, anonymous and voluntary. Patients can seek advice at infectious diseases specialists, HIV clinics and clinics for other sexually transmitted diseases. Health care staff have individual consultations with every prisoner before and after testing. They are also provided access to condoms, latex gloves and disinfectants.

**Table 4.** The results of voluntary confidential testing for hepatitis and HIV, 2014–2018

Year	2014	2015	2016	2017	2018
Persons tested for HIV and hepatitis	196	190	136	269	292
HIV	0	0	3	2	0
Hepatitis A	1	0	0	0	0
Hepatitis B	9	7	3	23	31
Hepatitis C	25	18	61	27	40

**Source:** Prison Administration of the Republic of Slovenia, Annual Report 2018

Each prison has implemented an Infection Prevention and Control Programme, which, under the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 69/95) sets forth minimum subject matter, organizational and technical requirements for developing and implementing the infection prevention and control programme. Infection prevention is part of a comprehensive and cohesive drug control strategy. It revolves around counselling, education and awareness-raising activities offered to prisoners and staff on the topics of risk behaviour and communicable diseases, possible ways of becoming infected, protective measures against infection, infection signs and treatment, the course of the disease, and treatment options.

### 1.2.3 Drug supply in prison

Eva Salecl Božič

Illicit drug traffic is also a problem during imprisonment. Prisoners bring drugs to prison in various ways and are always looking for new ways to hide them. They often hide drugs in their bodies or clothes, throw them over the wall and bring them to prison in packages, mostly factory-packed food. It can be

presumed that prisoners most frequently hide drugs in their bodies, which can be difficult to discover, because interventions in the human body are not permitted. When smuggled drugs are discovered, they are mostly found in small quantities.

Thorough control at entry to prison, regular checks of premises and people, and finding drugs with trained dogs further force prisoners to find other ways to smuggle drugs into prisons. Therefore, we must also ensure that prisoners do not attempt to misuse the staff. If there are signs or suspicions of such events, we examine them in collaboration with the police.

There were 365 finds/events (tablets, alcohol, drug use tools, etc.) in 2018. Total finds encompassed, 26.11 g of cocaine, 11.64 g of heroin, 497.08 g of cannabis, 21.20 l of alcohol, 3.070 pieces of tablets, 46.90 g of "afgana" or 38 seizures of synthetic drugs and minor quantities of substitution therapy drugs. The mentioned quantities are gross quantities. The discovered drugs are, with packaging, handed over to the police.

### **1.3 Drug-related health responses in prisons**

Eva Salecl Božič

#### **1.3.1 Drug-related prison health in a policy or strategy document at national level**

The Resolution on the National Programme on Illicit Drugs 2014–2020 (Official Gazette of the Republic of Slovenia, No. 25/2014) states that suitable in-prison programmes for reducing the demand for illicit drugs need to be developed further. On the whole, inmates with a drug problem in the prisons and the juvenile correctional facility are being treated in accordance with the country's addiction treatment doctrine. Treatment of prisoners with a drug problem is carried out in line with the Treatment Plan for Inmates with Drug Problems in Prisons and Juvenile Correctional Facility (internal documentation) and the Guide for Taking Urine Samples and Follow-up Testing (internal documentation). Both documents have been approved by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the body responsible for developing and monitoring the addiction treatment doctrine.

#### **1.3.2 Structure of drug-related prison health responses**

Since 1 January 2009, medical services in correctional facilities in Slovenia are provided by healthcare service providers under the authority of the Ministry of Health. Healthcare services for prison inmates are provided by primary health care centres operating in the areas where prisons are located, based on an agreement signed between a prison and a health care centre. In the prisons, health care centres establish suitable working hours of general medicine physicians and other medical staff, a psychiatry specialist, addiction specialists in the Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

### 1.3.3 Types of drug-related health responses available in prisons

**Table Drug related interventions in prison**

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
Assessment of drug use and drug related problems at prison entry		YES	In all prisons	
Counselling on drug related problems		YES	In all prisons	
	Individual counselling	YES	In all prisons	
	Group counselling	YES	Implemented on a continuous basis in the central facility Dob Prison. On other locations, counselling is implemented occasionally, depending on the staff and the workload of expert workers.	
Residential drug treatment				
	Drug free units/Drug free wings	YES	Prisoners are assigned to units and wings with convicts without problematic personality traits and no identified issues with the use of PAS.	
	Therapeutic community /residential drug treatment	NO		For considerable time, the Prison Administration of the Republic of Slovenia (URKSIS) has striven to obtain funds to establish a therapeutic community and additional employments.
Pharmacologically assisted treatment				
	Detoxification	YES	Implemented at the Forensic Psychiatry Unit of the University Medical Centre Maribor.	
	OST continuation from the community to prison	YES	In all prisons	
	OST initiation in prison	YES	In all prisons	
	OST continuation from prison to the community	YES	In all prisons	
	Other pharmacological treatment targeting drug related problems	NO		
Preparation for release				
	Referrals to external services on release	YES	In all prisons	
	Social reintegration interventions	YES	In all prisons	
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)	YES	In all prisons	Prior to release, prisoners who use drugs are warned that their tolerance to drugs has been strongly reduced, which means that small quantities of drugs or a combination of different drugs, alcohol, and medicines can be life-threatening for them.
	Naloxone distribution	NO		

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
Infected diseases interventions				
	HIV testing	YES	In all prisons	All tests are conducted in external health institutions.
	HBV testing		In all prisons	
	HCV testing		In all prisons	
	Hepatitis B vaccination	YES	In all prisons	Vaccination is voluntarily.
	Hepatitis C treatment with interferone		The treatment is conducted in external health institutions in lines with health guidelines that apply in the Republic of Slovenia.	
	Hepatitis C treatment with DAA	YES	Conducted in external health institutions.	
	ART therapy for HIV	YES	Conducted in external health institutions.	
Needles and syringe exchange		NO		
Condom distribution		YES	In all prisons	
Others (specify)				

The work with prisoners in Slovenian prisons is focused and organised with the purpose of preventing recidivism and to simplify reintegration of prisoners into society. The professional doctrine is based on a team interdisciplinary approach where prison expert workers (pedagogues, social workers and psychologists) play the key role in addition to the prison's health care team (psychiatrist, medical practitioner, nurse) and other external experts with whom prisons do not have concluded formal contracts. Each profession tackles the treatment of prisoners with drug problems with their specific professional knowledge.

At each prison is a prison expert worker who is responsible for implementing the programme for treatment of prisoners with drug and alcohol abuse problems and coordinates the cooperation among individual prison expert workers, health care staff at the prison and external institutions and in addition to this the expert worker is also counsellor to the group of convicts. The exception is the central prison for men, where two prison expert workers deal only with treatment of prisoners with drug and alcohol abuse problems.

When making the evaluation of problems caused by drug use, the medical diagnosis is also accompanied by data from the judgement (criminal offence, committed under the influence of psychoactive substances), expert opinion, social work centre report, findings of the expert worker on the basis of interviews, the statements of the prisoner, whether the prisoners start their sentence under the influence of drugs, and findings regarding whether the prisoner during imprisonment takes psychoactive substances that are not included in the medical treatment.

Upon entry to prison expert workers prepare the plan for imprisonment for each convict on the basis of the needs and risk assessments, where other needs and the goals of sentencing are defined besides the set assessment on drug use problems. Every person is subject to the treatment that they need (e.g. treatment of prisoners with drug and alcohol abuse problems...). The personal treatment plan is supplemented, evaluated and coordinated if necessary with consideration of the convict's imprisonment.

If a prisoner has opioid addiction problems, the medical practitioner assesses whether substitution therapy must be prescribed. The patient takes substitution therapy under supervision. If the medicine is methadone, it is administered in a solution mixed with fruit juice. According to head of Coordination of

Centres for prevention and treatment of drug addiction (CPTDA) Andrej Kastelic methadone is most commonly prescribed, followed by buprenorphine with naloxone and exceptionally buprenorphine and almost never sr-morphine. Medical practitioners can also decide otherwise if they believe that the beneficial effects could outweigh the guidelines and if they can also appropriately argue this fact. Here, team consultation is advised to weight the arguments and consider the patient's benefit and also the effect on public health.

Among 977 prisoners with illicit drug use problems, 605 of them or 62% of all prisoners with drug use problems received substitution therapy. Personal substitution therapy is enabled in all prisons. With prisoners who are addicted to opioids and who are, prior to imprisonment, included in a substitution programme, substitution therapy can continued during imprisonment. Prisoners who were not included in substitution therapy before the penalty can also have it prescribed while in prison. The needs of the prisoner are considered. After imprisonment, the treatment can be appropriately continued. Prior to release from prison, it is advisable to direct the drug user upon their consent to treatment programmes in the community, and it is obligatory that the person is included in substitution therapy at the competent centre specialising in the prevention and treatment of drug addiction (CPTDA). Prior to release, the medical practitioner must send the competent CPTDA or other institution where the released person will continue treatment, information in written form on the use of medical therapy during imprisonment, when and for how long in advance the prisoner received therapy and/or whether appropriate medical prescriptions have been issued.

Prior to release, prisoners who use drugs are warned that their tolerance to drugs has been strongly reduced, due to which small quantities of drugs or a combination of different drugs, alcohol and medicines can be life-threatening.

Besides the health care aspect, the treatment of addictions also encompasses individual and group consultations, psycho-social help programmes that are executed by professional workers at institutions. Prisoners with drug problems can join low threshold, higher threshold and high threshold programmes (Table 5) during their imprisonment.

A low-threshold programme is intended for reducing damage and counselling on reducing damage due to drug use. The aim of the programme is to provide information on adverse consequences of drug use, raising the awareness on risk behaviours and transmitted diseases, motivating testing for various viruses (HIV, hepatitis) and providing help at re-integration in the social network. Therefore, activities within the scope of the programme are focused on counselling, access to important information and the provision of a substitution therapy programme.

In April 2018, the Rules on the Vaccination and Chemoprophylactic Programme for 2018 were adopted. Thanks to these rules and the Instructions for the Vaccination and Chemoprophylactic Programme for 2018, also persons in prisons and correctional facilities have access to free-of-charge vaccination against hepatitis B. The Prison Administration of the Republic of Slovenia updated the prisons and the correction facility on this novelty. In 2018 and 2019, the Prison Administration also submitted an initiative to the health centres providing health services in prisons and the Ministry of Health to actively approach these issues with the aim to prevent the occurrence and spreading of infectious diseases in prisons by fostering prisoners to get hepatitis B vaccination.

Due to problems related to preserving abstinence in the prison environment, prisoners are encouraged towards integration in a higher-threshold programme in which they maintain stability using substitution therapy. They are also encouraged to join the high-threshold programme and the treatment of drug addiction with the aim to completely stop using drugs. Abstinence maintenance is required in the high-threshold programme. The aim is to strengthen knowledge and skills on establishing a critical relationship to the abuse of psychoactive substances, recognising behaviour patterns and learning to

solve problems in a socially acceptable manner, strengthening work habits and responsibilities and strengthening the social network. Convicts who wish to maintain stability on substitution therapy or completely give up drugs, are assigned to units intended for convicts for which drug issues have not been identified or are assessed as having no problematic personality traits.

**Table 5.** The number of prisoners with illicit drug use problems, who are included in treatment programmes, 2018

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
521	222	87

**Source:** Prison Administration of the Republic of Slovenia, 2018 Annual Report

The treatment is part of a wider-scope advisory work that motivates prisoners to join daily activities in prison. This means that they are encouraged to establish a daily rhythm with work, education and active leisure time. Prisoners who, during imprisonment, are included in various treatment programmes, receive individual and group treatment in prisons provided by prison expert workers. Prisoners are also enabled treatment in external health institutions and in non-governmental organisation programmes (psychiatric hospitals, Centre for Treatment of Drug Addiction in Ljubljana and other centres for the prevention and treatment of drug addiction, Karitas – Pelikan Institute, Vir Institute, Projekt Človek Association, Zdrava pot Association, Izberi pravo pot Association, Srečanje Association, Stigma Association, Local Action Group for addiction prevention, etc.). In 2018, a total of 76 prisoners joined treatment programmes outside prison during imprisonment. After being released, 68 prisoners joined treatment programmes at external institutions.

The preparation for release commences already at the beginning of imprisonment when a social reintegration plan is drafted as part of the personal plan. With consent from the convict, the prison expert workers together with expert social workers, prepare a programme which includes support measures to be observed after the release and further aid in the local community. In the period prior to the release, the entire treatment programme is focused on specific preparation for release which involves housing, employment, material conditions etc. For this purpose, prisons collaborate with employment services, workers’ hostels, homeless shelters, humanitarian organisations, and other government and non-governmental organisation.

In collaboration with convicts and after obtaining their consent, plans are also made for further general and addiction treatment after their release. In some cases, convicts continue to collaborate with the non-governmental organisation which offered them support during imprisonment.

**1.3.4 Contextual information helpful to understand the estimates of opioid substitution treatment clients in prison**

All prisoners included in the treatment can get OST. In 2018, 62% of prisoners recognised as having a drug usage problem were receiving substitution therapy. Annual reports from the Prison administration show that the percentage of persons recognised as having a drug usage problem included in substitution therapy is between 60 and 70%.

OST receivers are not being stigmatised because they are receiving the therapy but are rather motivated to spend their time actively and participate in different educational, working and other activities, organised in institutions. They are being stimulated to maintain stability in substitution therapy and strengthen their skills to quit drug usage. If the prisoners in substitution therapy are stable and fulfil other obligations of the institution, they can also benefit from activities outside the institution and be allowed to go home during the weekends and have an annual vacation, that can be spent outside prison.

## 1.4 Quality assurance of drug-related health prison responses

### 1.4.1 Overview of the main treatment quality assurance standards, guidelines and targets

Eva Salecl Božič

The principal law governing the treatment of illicit drug addicts, which also addresses the topic of programme quality, is the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). Under this Act, the Ministry responsible for health-related matters monitors the situation in preventing illicit drug use, reducing the demand for illicit drugs, reducing the harm caused by illicit drug use, as well as in the treatment and remediation of social problems associated with illicit drug use. The Act authorizes the Ministry of Health to steer the interdepartmental coordination in setting programme priorities and to supervise and coordinate the implementation and development of programmes.

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is carried out by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed, and whose tasks are defined, by the Ministry of Health. The Coordination of Centres formulates and proposes to the Health Council a doctrine (program implementation rules and principles), reviews the application of the illicit drug addiction treatment doctrine and coordinates the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country.

## 2. Trends

### 2.1 Trends or important developments in prisons over the past 5 years

Eva Salecl Božič

Since 2012, we have been detecting new psychoactive substances (especially synthetic cannabinoids) that appeared among the juveniles in the re-education facility and the younger prison population. In the following years, the usage of new psychoactive substances also spread to the older prison population.

During 2012 and 2014 we recorded a higher number of poisonings with new psychoactive substances but this decreased to just a few individual cases in the following years. According to our predictions, the decline in poisonings with new psychoactive substances is a consequence of mixing/preparing the synthetic drug and/or a better knowledge of usage dosing by drug users.

In 2016, we organised workshops for prisoners in all institutions to raise awareness and inform them about complications and the harmful consequences of new psychoactive substances usage. At the same time, we carried out several training sessions for employees who work directly with prisoners. We also organised workshops for prisoners in 2018.

## 3. New developments

### 3.1 New or topical developments in drug-related issues in prisons

Eva Salecl Božič, Jože Hren, Andreja Drev

The Slovene Prison Administration organised a new workshop cycle together with a non-governmental organisation DrogArt in 2018 for prisoners in all institutions to raise awareness and inform them about the possible complications and harmful consequences of new psychoactive substance usage. The

Prison Administration also prepared a brochure in 2018 about the harmful consequences of synthetic cannabinoids that is being made available in visitor reception areas too.

In March 2019, the Forensic Psychiatry Unit of the University Medical Centre Maribor organised a consultation meeting on the issue of illicit drugs addiction during and after imprisonment. The main emphasis of the consultation was placed on the establishment of new forms of support for those addicted to drugs, such as for example therapeutic communities. Only the biggest prison was identified as fit to provide such support. The reason for this is, that this facility accommodates a larger number of persons with addiction issues who are serving longer prison sentences. One of the main obstacles to providing such support are sustainable forms of funding.

## 4. Additional information

### 4.1 Probation Act

Simona Svetin Jakopič

The Probation Act was adopted in Slovenia and entered into force on 17 July 2017 (Official Gazette of the Republic of Slovenia, no. 27/17). This Act established a common authority that will implement community sanctions. The Probation Administration of the Republic of Slovenia as a body within the Ministry of Justice started operating on 1 April 2018. Probation units will consider criminal offenders (or suspects) such as drug users. They will be sent to the probation unit by courts or prosecutor's offices and also by prisons, if they will be subject to preliminary release under protection. Professional treatment of people under probation, i.e. drug users, comprises assistance in identifying causes that affected the execution of a criminal offence, and also for their elimination, assistance at resolution of personal distress and problems, assistance at arranging living circumstances and establishing acceptable forms of behaviour. Probation strives to prevent recidivism and thus to achieve a lower level of recidivism and greater integration of people into the community.

In 2017, several activities were carried out to prepare the law, bylaw and activities to prepare all conditions for the operation of the Probation Administration. The execution of probation tasks started in 2018.

In 2018, (from 1 April to 31 December) the Probation Administration dealt with 2,126 cases. For every person included in probation, a personal plan and objectives are prepared which they then pursue with the help of an adviser. At the same time, other organisations and associations covering specific fields of support may be invited to collaborate. In connection to the treatment of persons who have issues with addiction and are imposed alternative sanctions, most commonly collaboration is concluded with health centres, psychiatric clinics, and non-governmental organisations.

A psychologist from the Probation Administration conducted a lecture in the field of cognitive behavioural therapy and personality disorders for all probation officers. In addition, they also attended a workshop on motivational interviews.

## 5. Sources and methodology

### 5.1 Sources

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## 5.2 Methodology

### **Survey on the Use of Drugs, Tobacco and Alcohol in Prisons 2015, NIPH 2015**

Data on the use of drugs, tobacco and alcohol in prisons were acquired from convicts who are imprisoned in prisons in the Republic of Slovenia.

Expert workers invited convicts in prisons to fill out printed surveys. Convicts filled out the questionnaires as self-surveys in group rooms where the research workers were present and available for further questions, or the expert workers distributed the questionnaires in prisons and the convicts filled them out by themselves. All who participated in the survey received a small gift as a token of appreciation (e.g. coffee from the coffee machine).

The surveys were filled out from 25 March to 22 April 2015.

The target population were convicts who were imprisoned on the day of the survey. The pattern included convicts who were imprisoned on the day of the survey.

On 14 April 2015 there were 1225 convicts in prisons in the Republic of Slovenia. The answers in the survey were provided at a 56% response rate, because 688 convicts filled out the questionnaire, which is quite a good response with regard to the sensitivity of the topic under consideration.

The data collected on paper questionnaires were entered in the 1ka entry mask and data were managed with the SPSS version 21 programme.

Because the research included the entire population of convicts and the gender-age structure of participating convicts corresponded with the gender-age structure of the population, we decided that data weighing was not necessary.

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# Research workbook

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## Summary

Slovene National Programme on Drugs for 2014-20 includes a specific chapter on research, evaluation and education, in which the priority areas of research are listed. On the basis of the aforementioned strategy, the Government of the Republic of Slovenia adopted the last, third Action plan for the period 2019–2020 which contains the following goals related to research: research and planning of programmes on the basis of needs assessments (encouraging the inclusion of users and providers of programmes in research and development), research of priority areas by planning training, assessing various policies, programmes, approaches and procedures, and connecting practice, research, education and policy-making. Drug-related research is therefore an important component of the national strategy, since it ensures the further development of the area on the one hand, and also determines its financing on the other hand. Main entities financing research on drugs are Ministry of health and Ministry of Labour, Family, Social Affairs and Equal Opportunities and Slovene Research Agency.

The main institution undertaking research work in the field of drugs, i.e. within the scope of public health work, is the National Institute of Public Health (NIJZ), which is by legislation also the authorised institution for the national health statistics, meaning that it manages various national health databases. It conducts national surveys and leads and participates in many national and international projects. Part of the NIJZ is the National drug observatory which is, with its experts, actively involved in national surveys and national and international projects, performs qualitative and quantitative analysis, publishes reports and professional publications and has at least a rough overview of other research institutions in the field of drugs in Slovenia. The Ministry of Health finances data collection and most of surveys by annual NIJZ work programme and with additional financing for surveys. National and international projects are the second major source of funding.

Data on the use of illicit drugs in target populations are drawn from researches of public organisations, non-governmental organisations (NGO) and Universities. Most studies and surveys on the topics of clinical epidemiology, therapy and addiction are conducted in the framework of the University Medical Centres in Ljubljana and Maribor and the University Psychiatric Clinic Ljubljana. The funds for the aforementioned research originated from the tenders from the Slovenian Research Agency, the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and by other ministries, the Health Insurance Institute, international projects and individual municipalities (to a minor extent).

There are several scientific and professional journals in Slovenia which publish also drug-related papers. These journals include the Slovenian Journal of Public Health, the Slovenian Medical Journal, the journal published by the Medical Chamber ISIS, Slovenian Nursing Review and some others. Due to its influence (it is included in SSCI, IF (2018) =1,074), the Slovenian Journal of Public Health, is probably the most important of the aforementioned journals.

Main research started in Slovenia in the field of illicit drugs in 2018 are the national project about assessing illicit drugs in wastewater, the second wave of General Population Survey on tobacco, alcohol and drug use and Prevalence and long-term effects of adverse childhood experiences on adult functioning study (ACE Study). The results of these studies will be published in the coming years.

## 1. Drug-related research<sup>14</sup>

### 1.1 The main drug-related research institutions

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health which is the central national public health institution in Slovenia. With its Expert Group on Illicit Drugs, it is actively involved in the area of illegal and legal drugs and addiction. It collaborates with a number of researchers from other governmental and academic institutions and also with NGOs at the national and local level. It actively publishes the findings of in-house researches, which are available to the general public online, determines the trends in the use of drugs and draws attention to the use of drugs in the Republic of Slovenia of both the general public and government organisations. It also enforces the prevention programmes for the prevention of drug use at the most vulnerable part of the population and a lot of focus is also in reducing health inequalities. In terms of comprehensive monitoring of the epidemiological situation and trends in the problem area of the use of different drugs, the data or data aggregation of different departments (ministries) are collected and analysed. The NIJZ is an authorised institution for national health statistics, meaning that it has various health databases, such as Hospital Admission Database, Mortality Database, Drug Prescription Database etc. These databases enable the merging and analysis of different data. The NIJZ also conducts national surveys such as the European Health Interview Survey (EHIS), Health Behaviour in School-Aged Children (HBSC) and the General Population Survey on Tobacco, Alcohol and Drug Use. The NIJZ, Koper Regional Unit, performs an annual survey on the profile of users of the harm reduction programme, which obtains data on usage and risky behaviours related to drug use in the target group. The NIJZ also provides data to other research institutions and international organisations and is the contact focal point of the European Network for Drugs (REITOX) at the EMCDDA. It is not responsible for implementation, execution or coordination of drug-related research activities in the country but plays an important role in advocating research in the field of drugs. With its regional network, it provides a fast and efficient national early warning system.

The University Medical Centre Ljubljana, University Medical Centre Maribor and the University Psychiatric Clinic Ljubljana are the leading public health care institutions providing secondary and tertiary-level of health care services and at the same time fulfilling an educational and research role. In doing so, they cooperate with some university faculties. The University Medical Centre in Ljubljana, i.e. the Clinical Institute of Occupational, Traffic and Sports Medicine, conducts the European School Survey Project on Alcohol and Other Drugs (ESPAD) in Slovenia and publishes reports. It also deals with addiction at workplace and some other health promotion activities for the working population. The University Medical Centre in Ljubljana, i.e. Centre for Clinical Toxicology and Pharmacology, treats all types of acute and chronic poisonings, and offers a 24-hour information and consultancy service in the field of clinical toxicology to all doctors and other experts in Slovenia. Their experts are also involved in national and international research. In recent years they published more than 20 articles in journals with an impact factor. The Drug Treatment Centre at the University Psychiatric Clinic Ljubljana is providing counselling, education, outpatient and hospital treatment and coordination of 18 regional centres for the prevention and treatment of drug addicts. As a university clinic, they are also strongly involved in national and international research activities. At the Faculty of Education, Faculty of Pharmacy, Faculty of Medicine, Faculty of Social Work of the University of Ljubljana and also at the Faculty of Medicine, Faculty of Criminal Justice and Security of the University of Maribor, different views of drug use in Slovenia are researched in theses, master theses, doctoral theses and in different national and international projects.

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<sup>14</sup> "Drug-related research involves performing a study on illicit drugs, which may involve a range of disciplines, through the use of scientifically accepted methods and procedures, in order to test a hypothesis or answer a specific question." (EMCDDA, 2012 [Drug-related research in Europe: recent developments and future perspectives](#))

Research implemented by non-governmental organisations is also very important. Below, we mention some of the most active organisations among them which carry out also research. The DrogArt Association is one of the fastest developing NGO in Slovenia. It is a private non-profit volunteer organisation founded in 1999 with the main purpose of reducing the harmful consequences of drug and alcohol use among young people. Its main areas of operation are informing and consulting, providing info point for users, carrying field work at electronic music events, providing different, publishing activity and research. The DrogArt Association has had the status of a humanitarian organisation since 2005. The vision of DrogArt Association is to reduce the risks related to the use of drugs and alcohol in Slovenia. The No Excuse Slovenia is a national public youth organisation that strives to achieve positive social changes and personal growth among young people. The organisation is active in public health and sustainable development, especially in the fields of tobacco, alcohol and cannabis use. The UTRIP Research and Development Institute is a private non-profit institution that collaborates on numerous European and national projects concerning alcohol, drugs and prevention. In local communities some NGO's, municipal organisations and institutions also perform some research work in the area at the smaller scale limited to the local environment or sub-populations.

With the national project about assessing illicit drugs in wastewater Jožef Stefan Institute (IJS) joined to the illicit drug research in 2017. The Institute cooperates with many renowned institutions around the world, organizes international conferences, participates in international exhibitions. In addition, it is in the best interests of the international exchange of experts. Many research achievements have received international recognitions, while many IJS collaborators are internationally renowned scientists.

Research on prevalence and long-term effects of childhood trauma (ACE studies) is very important also in the field of addiction as unresolved trauma can lead to mental health issues and addiction later in life. ACE study is being carried out for the first time in Slovenia and will give an important insight into the situation in this area. Coordinator of the study is University of Ljubljana, Faculty for Social Sciences and NIJZ is a partner.

Links to the websites (Slovene/English):

National Institute of Public Health:

- National Institute of Public Health of Slovenia: <http://www.nijz.si>; <http://www.nijz.si/en>

Medical Centers:

- University Medical Center Ljubljana: <http://www.kclj.si/>
- University Medical Center Maribor: <http://www.ukc-mb.si>; <http://www.ukc-mb.si/en/>
- University Psychiatric Clinic Ljubljana: <http://www.psih-klinika.si/>

Faculties:

- University of Ljubljana, Faculty for Social Sciences: <https://www.fdv.uni-lj.si/>;  
<https://www.fdv.uni-lj.si/en/home>
- University of Ljubljana, Faculty of Education: <https://www.pef.uni-lj.si/>;  
<https://www.pef.uni-lj.si/12.html>
- University of Ljubljana, Faculty of Pharmacy: <http://www.ffa.uni-lj.si/domov>;  
<http://www.ffa.uni-lj.si/en/home>
- University of Ljubljana, Faculty of Social Work: <https://www.fsd.uni-lj.si/>;  
<https://www.fsd.uni-lj.si/en/>
- University of Ljubljana, Faculty of Medicine: <https://www.mf.uni-lj.si/>;  
<http://www.mf.uni-lj.si/en/index.html>
- University of Ljubljana, Faculty of Arts: <http://www.ff.uni-lj.si/>;  
[http://www.ff.uni-lj.si/an/aboutFaculty/about\\_faculty](http://www.ff.uni-lj.si/an/aboutFaculty/about_faculty)

- University of Maribor, Faculty of Medicine: <http://www.mf.um.si/si/>; <http://www.mf.um.si/en/>
- University of Maribor, Faculty of Criminal Justice and Security: <https://www.fvv.um.si/>; <http://www.fvv.um.si/en/>
- University of Primorska, Faculty of Education: <https://www.pef.upr.si/eng/>
- University of Primorska, Faculty of Health Sciences: <http://www.fvz.upr.si/en>
- University of Primorska, Andrej Marušič Institute: <http://www.iam.upr.si/en/>

Research Institute:

- Jožef Stefan Institute: <https://www.ijs.si/ijsw>

Research Agency

- Slovenian Research Agency: <http://www.arrs.si/en/>
- Slovenian Academy of Sciences and Arts <http://www.sazu.si/en/about-sasa>

NGOs:

- DrogArt: <http://www.drogart.org/>
- No Excuse: <http://www.noexcuse.si/about-us>
- Institute for Research and Development "Utrip" (UTRIP): <http://www.institut-utrip.si/en/>

## 1.2 The main institutions funding drug-related research in your country

- Ministry of Health, Republic of Slovenia: <http://www.mz.gov.si/en/>; <http://www.mz.gov.si/en/>
- Ministry of Labour, Family, Social Affairs and Equal Opportunities: <http://www.mddsz.gov.si/>; <http://www.mddsz.gov.si/en/>
- Health Insurance Institute of Slovenia: <https://www.zzzs.si/>
- Slovenian Research Agency: <https://www.arrs.gov.si/en/>
- University of Ljubljana: (students at some faculties perform drug-related research work): <https://www.uni-lj.si/>; <https://www.uni-lj.si/eng/>
- University of Maribor: (students at some faculties perform drug-related research work): <https://www.um.si/Strani/default.aspx>; <https://www.um.si/en/Pages/default.aspx>
- Municipalities: occasionally individual municipalities finance drug-related research in a smaller scale level. City of Ljubljana municipality is the biggest municipality in Slovenia and in 2017 they financed study and published publication Challenges with addictions in Ljubljana: <https://www.ljubljana.si/sl/mestna-obcina/publikacije-mol/?category=6;> <https://www.ljubljana.si/en/municipality/city-of-ljubljana-publications/>

### 1.3 The list of the main national scientific journals where drug-related research is published

Name	Topics	Language	Abstracts
<b>Slovenian Journal of Public Health</b> website: <a href="http://www.degruyter.com/view/j/sjph">http://www.degruyter.com/view/j/sjph</a>	public health, primary care, prevention, promotion	English	Slovene, English
<b>Theory and practice</b> website: <a href="http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa">http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa</a>	political science, sociology, journalism and media studies, cultural studies	English	English
<b>Social work</b> website: <a href="https://www.fsd.uni-lj.si/en/">https://www.fsd.uni-lj.si/en/</a>	social work	Slovene	Slovene, English
<b>Journal of Criminal Investigation and Criminology</b> website: <a href="http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology">http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology</a>	criminology, criminal investigation, criminal law	Slovene	Slovene, English
<b>Social Pedagogy Journal</b> website: <a href="http://www.revija.zzsp.org/">http://www.revija.zzsp.org/</a>	social pedagogy, psychology, sociology	Slovene	Slovene, English
<b>Journal for Critique of Science</b> website: <a href="http://www.ckz.si/english">http://www.ckz.si/english</a>	critical scientific analysis of different scientific fields	Slovene	Slovene
<b>Slovenian Medical Journal</b> website: <a href="http://vestnik.szd.si/index.php/ZdravVest">http://vestnik.szd.si/index.php/ZdravVest</a>	case studies, clinical medicine, primary care, public health	Slovene	Slovene, English
<b>Slovenian Nursing Review</b> website: <a href="http://www.obzornikzdravstvenenege.si/">http://www.obzornikzdravstvenenege.si/</a>	health care, midwifery and interdisciplinary areas of health and social sciences	Slovene, English	Slovene, English
<b>Public health</b> website: <a href="http://www.nijz.si/sl/revijajavnozdravje">http://www.nijz.si/sl/revijajavnozdravje</a>	public health, prevention, promotion	Slovene	Slovene, English

### 1.4 The list of drug-related research relevant websites/resources

- Hočevar Grom A, Zaletel M, Kvaternik I (2017) Use of illicit drugs, tobacco and alcohol among convicted persons in Slovenia, NIJZ;  
<http://www.nijz.si/sl/publikacije/poraba-prepovedanih-drog-tobaka-in-alkohola-med-obsojenimi-osebami-v-sloveniji>
- Andreja Drev (2017). Stanje na področju prepovedanih drog v Sloveniji 2016, NIJZ;  
[http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/stanje\\_na\\_podrocju\\_prepovedanih\\_drog\\_v\\_sloveniji\\_2016.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/stanje_na_podrocju_prepovedanih_drog_v_sloveniji_2016.pdf)
- Andreja Drev, Ada Hočevar Grom, Andreja Belščak (2018). Stanje na področju prepovedanih drog v Sloveniji 2017, NIJZ; [http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/npslo\\_2017.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/npslo_2017.pdf)
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## 2. New developments

### 2.1 The list of the main drug-related, recent/on-going studies/research projects

#### Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research):

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- Makoter, Teo, 2019, Extraction of bioactive compounds from industrial hemp : thesis. University in Maribor, Faculty for Chemistry. <https://dk.um.si/IzpisGradiva.php?lang=slv&id=73919>
- Roviš Darko, Vasiljev Vanja, Jenko Pražnikar, Zala Petelin et al. (2019). Mental health and drug use severity: the role of substance P, neuropeptide Y, self-reported childhood history of trauma, parental bonding and current resiliency. *Journal of Mental Health*. 1-9. 10.1080/09638237.2019.1644492

### **Population based and clinical epidemiology (including site surveys, ethnographic studies and acute toxicity studies):**

- Bučan Eva, Bregar Branko (2017). Uporaba novih psihoaktivnih snovi med študenti zdravstvenih in pedagoških poklicev (Use of new psychoactive substances among students of medical and pedagogical professions). Obzornik zdravstvene nege: strokovno glasilo Zveze društev medicinskih sester in zdravstvenih tehnikov Slovenije. 2017;51(1):42-51 <http://obzornikzdravstvenenege.si/2017.51.1.42>
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- Žmegač Klemen (2018). Use of cannabis for medical purposes, thesis. University in Maribor, Faculty for Health Sciences. <https://dk.um.si/lzpisGradiva.php?lang=slv&id=72714>
- Koprivnikar Helena, Zupanič Tina, Drev Andreja, Jeriček Klanšček Helena. (2019). Prevalence and characteristics of tobacco and cannabis co-use in 15-year-old students in Slovenia. Obzornik zdravstvene nege. 53. 10.14528/snr.2019.53.1.259.
- Hočevar Grom Ada, Drev Andreja, Koprivnikar Helena et al. (2018). Medicine use and abuse among convicts in Slovene prisons. European Journal of Public Health. 28. 10.1093/eurpub/cky214.213.

### **Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research):**

- Lejko-Zupanc, Tatjana (2018). Okužbe pri osebah, ki si injicirajo droge (Infections in people who inject drugs). Infekcijske bolezni. 2. dopolnjena izd. - Ljubljana : Združenje za infektologijo, Slovensko zdravniško društvo. Str. 431-434
- Sirnik Kristijan, Marn-Vukadinović Duša, Delić Mirjana (2017). Celostno zdravljenje odvisnosti od alkohola in prepovedanih drog pri osebi z beriberijem (Integral treatment of alcohol and drug addiction in a person with beriberi disease). Viceversa-glasilo Združenja psihiatrov pri Slovenskem zdravniškem društvu. Ljubljana : Slovensko zdravniško društvo; Združenje psihiatrov pri Slovenskem zdravniškem društvu. Številka 62. Str 26-31 <http://www.zpsih.si/media/documents/VV62.pdf>
- David Neubauer, Mirjana Perković Benedik, Damjan Osredkar (2018). Cannabidiol for treatment of refractory childhood epilepsies : experience from a single tertiary epilepsy center in Slovenia. Epilepsy and behavior Vol. 81 (Apr. 2018), str. 79-85 <https://www.sciencedirect.com/science/article/pii/S1525505017309423>
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#### **Supply, supply reduction and crime:**

No information.

#### **Drug policy (including laws, economic issues and strategies):**

No information.

#### **Other topics:**

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- Kadenšek Klavdija, Bregar Branko (2017). Razumevanje vloge medicinske sestre pri spremembi življenjskega sloga posameznikov, v preteklosti odvisnih od prepovedanih drog (Understanding the role of a nurse in changing the lifestyle of individuals who were dependent on illicit drugs in the past), *Obzornik zdravstvene nege*. 51 (2), str. 124-133 <https://obzornik.zbornica-zveza.si/index.php/ObzorZdravNeg/article/view/137/116>
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### 3. Additional information

#### 3.1 Specific studies or information on drug-related research priorities

In 2018 the second wave of the General Population Survey on tobacco, alcohol and illicit drugs use is underway in Slovenia. The first GPS survey took place in 2011/2012. Both surveys are coordinated by NIPH and financed by Ministry of health. Some new questions about medical use of cannabis, misuse of medicines and internet addiction are included in the survey. The survey was finished by the end of 2018 and the first results will be available at the end of 2019. Some information about survey available in Slovene language: <http://www.nijz.si/sl/podatki/anketa-o-uporabi-tobaka-alkohola-in-drugih-drog>

In the first part of 2018 NIPH also conducted the Health Behaviour Survey in School-Aged Children (HBSC) in Slovenia for the six time in a row. The questionnaire included also questions on cannabis use among 15-year olds and for the first time 17-year old adolescents were also included in the survey. There have been also some questions about using new media included. The publication will be published in the end of October 2019. The both surveys were financed by Ministry of health.

In the autumn 2018 Jožef Stefan Institut started national research Illicit drugs, alcohol and tobacco: epidemiology based on wastewater analysis, purification efficiency and vulnerability of the aquatic system. NIJZ is partner in this research which will run for 3 years. Four Slovene cities (Ljubljana, Maribor, Kamnik in Domžale) will be included in the study. Results will be also provided to the European multi-city study of wastewater analysis and drugs. The research is financed by Slovenian Research Agency. Some preliminary results have been published already: <https://www.zrc-sazu.si/sl/dogodki/se-tudi-reke-drogirajo>.

Study Prevalence and long-term effects of adverse childhood experiences on adult functioning (ACE Study) is being conducted for the first time in Slovenia. Awareness of what early adverse experiences and their consequences are and primarily recognition of this phenomenon and ensuring of support aimed at reducing the risk factors and damage are among the key social and public health tasks. Coordinator of the study is University of Ljubljana, Faculty for Social Sciences, NIJZ is a partner. Study aims to acquire data on the prevalence of adverse experiences in childhood, most frequent adverse experiences in childhood, their correlation with health and psychosocial outcomes in adulthood as well as on risk factors and protective factors in childhood and adulthood. In the second part of the project the focus groups with preschool teachers, school teachers and school consultants will be conducted, with focus on their recognition of adverse experiences in children, understanding potential consequences and existing response strategies. The survey will be conducted using a sample of Slovenian adult population (18–75 years).



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