National Institute of Public Health

REPORT ON THE DRUG SITUATION 2022 OF THE REPUBLIC OF SLOVENIA

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Drug policy workbook

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Summary

Andreja Belščak Čolaković

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 which was in force until the end of 2020, was 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: 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 and 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 National Programme on Illicit Drugs for the period 2014–2020 was carried out by an NGO alliance in the area of drugs and addiction. That evaluation was carried out based on a public tender issued by the Ministry of Health. Data collection for the entire survey was carried out through semi-structured questionnaires at organisations financed by the Ministry of Health in the scope of a public tender in the area of protecting and promoting health until 2022, and at organisations participating in the implementation of the ‘Mobile Unit’ operational programme. A total of 19 different organisations were evaluated. Programme providers and users would like to see increased ministerial cooperation from decision makers in the future. That cooperation must include programme providers in practice, as well as the possibility of academic support. In addition to the infrastructure, it will be necessary to strengthen the workforce in the area of treatment and integration. The same is true in the area of harm reduction. Inter-ministerial cooperation will be required to begin actively addressing the problem of drug use in public/open spaces, to begin the further expansion of housing programmes and to rethink the possibilities for expanding the role of social welfare and harm reduction in penal institutions.

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 organisations 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, only few 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 14,636,644.63 was allocated to the issue of illicit drugs in Slovenia in 2021.

1. National profile

Andreja Belščak Čolaković, Ines Kvaternik, Mateja Jandl, Maša Serec, Maja Roškar, Sandra Radoš Krnel, Helena Koprivnikar, Nejc Havaši, Anej Korsika Knific, Jože Hren, Nataša Blažko Urška Erklavec

1.1 National drugs strategies

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): 153-156.	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 https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/47846	Illicit drugs
2014–2020	Resolution on the National Programme on Illicit Drugs 2014–2020 http://pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915	Illicit drugs

Summary of the 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).

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. 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 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, was 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 had to 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 drug user psychosocial management; therapeutic communities, communes and reintegration programmes and social employment programmes of ex-addicts and with that, to 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 management programmes and various types of treatment;
6. Provide and upgrade the operating information system to ensure appropriate collecting, editing, processing and delivering of drug-related data, and the early-detection system for discovering and informing about new drugs;
7. Upgrade the activities of local action groups and harmonise them with activities on the national level;
8. Ensure the cooperation of different actors, especially the civil society in all areas 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 ensure 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. Activities against 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 included 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 was to reduce and limit the harm arising 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 referred 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 for the supervision of the action plan implementation. The Ministry of Health, together with other departments, regularly reports on the process of the action plan implementation to the Commission on Narcotic Drugs of the Government of the Republic of Slovenia.

Another national strategy/action plan that 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.

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

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	Alcohol action plan 2020–2021
Web address	In preparation
	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 Health Care Plan 2016-2025 "Together for a healthy society". The field of alcohol is also partly included in the Resolution on the National Programme on mental health 2018−2028. The strategic goals of the later, among others, aims to decrease the number of suicides and alcohol-related mental disorders and increase the number of people with alcohol addiction who undergo treatment and re-integrate. Alcohol is included in the Resolution on the National Road Safety Programme 2013–2022 with the aim of preventing road accidents caused by drink-driving, and in the Resolution on the National Programme for Young People 2013–2022, one of the aims of which is to reduce alcohol consumption among the young. Alcohol is one of the areas addressed in the action plan for the National Mental Health Programme 2021–23 (MIRA)[1] Activities are ongoing in relation to raising awareness of the consequences of alcohol use on mental health, and addressing risky and adverse alcohol use in healthcare and other settings.
Tobacco	
Strategy title	Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030
Web address	https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/ZDRAVJE/Preventiva-in-skrb-za-zdravje/Strategija-za-Slovenijo-brez-tobaka.pdf
	First Slovene tobacco control strategy was approved by the government in May 2022. It envisions tobacco and nicotine-free Slovenia in 2040, where less than 5% of the population aged 15 and over uses tobacco products, related products and other nicotine products, not registered as nicotine replacement therapy. The strategy defines goals to be achieved until 2030 in different areas, such as smoking prevalence and prevalence of use of related products in general population and among adolescents, inequalities in smoking, exposure to tobacco smoke and enforcement of tobacco control measures. Two-year action plans will be prepared to achieve the objectives. The first action plan will be prepared for the period of 2022–2024.

[1] https://www.zadusevnozdravje.si/wp-content/uploads/2021/05/Akcijski-nacrt-2021-2023_F_.pdf

Image and performance enhancing drugs	
Strategy title	Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2014–2023 (ReNPŠ14–23)
Web address	http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO99 https://www.sloado.si/
	The area of doping is covered by the Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2014–2023. Following the adoption of the World Anti-Doping Code by the Slovenian government and Olympic Committee of Slovenia, the Anti-Doping Rules of the National Anti-Doping Commission (NAC) were adopted on 25 May 2010 (due to the establishment of the Slovenian Anti-Doping Organisation (SLOADO), those rules have been referred to as the Anti-Doping Rules of the SLOADO since 16 December 2013). At the national level, those rules lay down the legal framework for the anti-doping programme in sports. The Slovenian Anti-Doping Organisation (SLOADO) is an independent anti-doping organisation established on 25 September 2013 by the Olympic Committee of Slovenia – Association of Sports Federations. In Slovenia, the SLOADO is responsible for the anti-doping programme in sports, which is based on the protection of the fundamental right of athletes to train and compete in a doping-free environment. The organisation must ensure a harmonised and effective anti-doping programme that covers the detection, deterrence and prevention of doping in sports. New international and national anti-doping rules entered into force on 1 January 2021. Those two sets of rules have been harmonised, and apply to all sports whose respective associations have signed the World Anti-Doping Code, and to 190 countries that have ratified the International Convention Against Doping in Sport (UNESCO). All documents relating to this area have been compiled by the SLOADO and are accessible at www.sloado.si.
Gambling	
Strategy title	**Initiatives in the field of gambling** 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. 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. In 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. 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. 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. 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.
Web address	/
Gaming	
Strategy title	/
Web address	/

Internet	
Strategy title	/
Web address	/
Other addictions	
Strategy title	MIRA Programme's action plan of mental health, for the period from 2021 to 2023
Web address	https://www.zadusevnozdravje.si/wp-content/uploads/2021/05/Akcijski-nacrt-2021-2023_F_.pdf https://www.uradni-list.si/1/objava.jsp?sop=2021-01-1157
	The interdisciplinary working group for non-substance addiction, which operates under the auspices of the National Mental Health Programme (MIRA), is responsible for tackling the field of non-substance addiction, including topics relating to the use of screen devices. Non-substance addiction has therefore also been incorporated into the MIRA Programme's action plan 2021–2023 (available online at: https://www.zadusevnozdravje.si/wp-content/uploads/2021/05/Akcijski-nacrt-2021-2023_F_.pdf). The planned activities include the preparation of recommendations and measures for education and for the protection of children's and adolescents' mental health in the digital media age, with the aim of preventing non-substance addiction (addiction to computer games, gambling, social media), and the development of programmes to prevent non-substance addiction. As part of the upgraded MoST (Model of a Community-Based Approach to Promoting Health and Reducing Health Inequality in Local Communities) project, the NIJZ engaged outside experts to help it draft material for one-to-one advisory sessions for parents of pre-school children on the topic of screen addiction; it also held training sessions for paediatricians and graduate nurses from the 27 health centres involved in the project, which is jointly funded by the European Social Fund and the Slovenian central government budget. Following publication of the guidelines (available online at: https://www.zdravniskazbornica.si/docs/default-source/novice-dokumenti/uporaba-zaslonov_smernice_za-splet_strani-zaporedno_kon%C4%8Dna.pdf?sfvrsn=dfb83436_2), we coordinated all the material for parents, which is available at ZDAJ.net. This is the website of the ZDAJ/Health Today for Tomorrow programme, which is aimed at newborns, infants, pre-school children, primary and secondary school pupils, students, children with developmental disorders and registered child athletes. After efforts by the paediatric and public health profession spanning many years, the preventive programme set out in a set of rules published in the Official Gazette (Uradni list RS) in 1998 was finally updated and published in April 2021: Rules for the Provision of Primary-Level Preventive Healthcare (Uradni list RS, 19/98, 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07, 22/09, 17/15, 47/18, 57/18 and 57/21). Accessed on 15 April 2021 at: https://www.uradni-list.si/1/objava.jsp?sop=2021-01-1157 Exposure to screens is also an important element of provision for children with obesity or reduced levels of physical fitness and their families (the 'family provision for healthy lifestyles' programme). The programme is available at health centres involved in the project. The acquisition of funding for the operation of the updated programme is currently underway. With this additional funding, we plan to expand the range of updated interventions to cover the entire country and provide staff training. Transitional periods, involving the establishment of management structures and the preparation of guidelines for programme implementation, are currently underway.

Drug strategy/action plan of the capital city

Ljubljana, the capital city of Slovenia, has a new strategy, "Development strategy on social care of the Municipality of Ljubljana from 2021 to 2027
(accessible at: https://www.ljubljana.si/assets/Uploads/Strategija-razvoja.pdf).

Elements of content of the latest EU drug strategy 2013–2020 and of the EU drug action plans (2013–16 and 2017–20) that were 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 social status.
2. In reducing the size of the illicit drug market and the availability of illicit drugs.
3. In coordination and cooperation on drug challenges in the EU and internationally.
4. In strengthening dialogue and cooperation among the EU and third countries and international organisations, 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

Evaluation of the National Programme on Illicit Drugs for the period 2014–2020

At the end of the National Programme on Illicit Drugs for the period 2014–2020, an NGO alliance in the area of drugs and addiction responded to a public tender issued by the Ministry of Health, and verified and evaluated the implementation mechanisms and development guidelines that were set out in the aforementioned strategic document. The report in PDF format is available at: https://www.zmanjsevanje-skode.si/wp-content/uploads/2021/09/Kon%C4%8Dno-poro%C4%8Dilo-Evalvacija-NP-14-201.pdf

Summary of the results of the latest strategy evaluation

Report on the evaluation of the National Programme on Illicit Drugs for the period 2014–2020

- **Evaluation team**

NGO alliance that responded to the Ministry of Health's public call for tenders.

- **Its timing**

Research was carried out across Slovenia from April 2021 to August 2021.

- **Its scope**

National Programme on Illicit Drugs for the period 2014–2020. In accordance with the tender conditions, the NGO alliance verified and evaluated the implementation mechanisms and development guidelines that were set out in the now-expired strategic document. At the request of the contracting authority, it also closely examined the work of mobile units, the development and upgrading of which was initiated by the Ministry of Health in 2017 with the implementation phase.

- **Assessment criteria**

The evaluation attempted to draw on the real experiences of organisations working in the field. For this reason, questions were posed in such a way to learn as much as possible about the work of those organisations and their experiences, and about users and identified needs. In this way, it is possible to see how the national programme is being implemented in reality.

- **The method**

While analysing data directly related to the national programme for the period 2014–2020, content was divided into the general work of organisations in the area of illicit drugs, the implementation of activities and programmes covered by the national programme, and guidelines applied by organisations for the formulation of the next national programme. The evaluation was designed to obtain as much information as possible about organisations and their work, and about their experiences directly related to the national programme itself. The research team decided to obtain empirical material directly using a surveying method, for which four contextually different versions of semi-structured questionnaires were developed. The team attempted to follow the fundamental principle of qualitative research when developing the questionnaires. Attention was given to aspects that are important to the research subjects and not only to the researchers. The team therefore strove to highlight real hardships and other aspects of people's lives. By using open-ended questions, it also obtained a wide range of information about the research subjects, as reported by the subjects themselves. To that end, the team followed the principles of social work to the greatest extent possible, and attempted to collect data in the life and work context of the research subjects. Data collection for the entire survey was carried out at organisations financed by the Ministry of Health in the scope of a public tender in the area of protecting and promoting health until 2022, and at organisations participating in the implementation of the 'Mobile Unit' operational programme. A total of 19 different organisations were evaluated.

- **Main findings and limitations**

It was determined that Slovenia has a fairly extensive network of different programmes that function in the areas of prevention, treatment, reintegration and harm reduction, as well as advocacy and public action. In addition to existing programmes, a number of new programmes were established in the period 2014–2020, primarily in the field of work with young people, where the demands of this particularly vulnerable group still far outweigh supply. The situation is very similar in other programmes intended for particularly vulnerable user groups where, for example, older users, homeless people, users with comorbid mental health problems, women, families with children, etc., remain, to a very large extent, out of reach of services and programmes. Even more frequently, they fail to receive the services they need to break the cycle of hardship. An important step was taken in the previous period to strengthen the link of social welfare and healthcare, which is based on the establishment and upgrading of the network of mobile units. Evident in the area of treatment and reintegration are the needs of practically all stakeholders, who wish to expand, modernise and make the network of programmes more accessible.

The most important finding in connection with the implementation of the 'Mobile Unit' operational programme is that the project has thus far met its previously defined purpose and objectives. A number of new services and activities have been established, including those foreseen in the national programme and intended for different user groups: young people enjoying the nightlife, people practising abstinence during reintegration, people practising abstinence during medical rehabilitation, the users of alternative therapies and other active users of illicit drugs. The project to 'upgrade and establish mobile units' can only be assessed as successful following the completion of the implementation phase provided that the project continues in its enhanced version, which means, among other things, further upgrading and the active addressing of current challenges.

- **Recommendations and how they were or will be used in drug strategy revision**

Programme providers and the users of services are putting forth proposals for the drafting of the next national programme, in which they would like to see increased ministerial cooperation from decision makers in the future. That cooperation must include programme providers in practice, as well as the possibility of academic support.

In addition to the infrastructure, it will be necessary to strengthen the workforce in the area of treatment and integration, as staff are in serious shortage due to the growing number of users and the increasing complexity of their hardships. This is equally true in the area of harm reduction, where a very large number of different user groups are seeking help in assistance programmes, including those persons whose main problem is not drug use or addiction, but who are left with no other options due to the lack of programmes tailored to their needs.

Inter-ministerial cooperation will be required to begin actively addressing the problem of drug use in public/open spaces, to begin the further expansion of housing programmes and to rethink the possibilities for expanding the role of social welfare and harm reduction in penal institutions, as users are reporting conditions that are by no means in line with modern professional guidelines.

1.3 Drug policy coordination

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 a representative from each of the two NGO Associations. Representatives from several other organizations may sit on the Commission: Coordination of Centres for the Prevention and Treatment of Drug Addiction, Prison Administration, Police, and National Institute of Public Health.

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

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 programmes 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 organisations;
- 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 at 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

Local and/or regional drug policies are coordinated by Local Action Groups (LAS) which operate in the field of prevention of addiction and were established as local promoters for achieving objectives of the national policy in the field of drugs. The key objectives of LAS 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 or 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.

Analysis of the situation "Overview of the operation of local action groups in the field of addiction" shows that in recent years the number of active LAS has nearly halved (from 59 in 2009 to 33 LAS operating on municipal and inter-municipal level in 2018) and that the operation of a network of local action groups weakened (Kvaternik et al., 2019).

In recent years, different community approaches in the field of promoting health and reducing inequality in healthcare have been developed in local communities in Slovenia (Mreža virov pomoči na področju duševnega zdravja, Mreža zdravih mest, project Zdravje v občini, project Sopa, Centri za krepitev zdravja in Zdravstvenovzgojni centri - Network of resources for help in the field of mental health, Network of healthy cities, project Health in the municipality, project Sopa, Health Promotion Centers and Health Education Centers). Integration of these projects would enable a more comprehensive community approach in the field of healthcare for all target population groups regardless of their needs (Kvaternik et al., 2019).

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 harmonizing project and programme activities on the local level.

In the proposal of the Resolution on the National Program in the field of illegal drugs (2022–2030), it is determined that the regional units of the National Institute of Public Health (NIJZ) will play a key coordinating role in the development of the community approach to health, the inclusion of active LAS and the addressing of addiction issues within the framework of the already existing coordinating structures.

1.4 Drug related public 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 2021 the Ministry of Labour, Family, Social Affairs and Equal Opportunities allocated EUR 3,434,576.00 to programmes pertaining to the issues, associated with illicit drugs, of which EUR 2,157,676.00 were allocated for high-threshold, EUR 1,097,600.00 for low-threshold and EUR 179,300.00 for prevention programmes. The Ministry of Labour, Family, Social Affairs and Equal Opportunities was one of the main co-financers 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 669,375.96 in 2021 for NGO programmes which worked to resolve drug-related issues. Additionally, EUR 448,300.54 was allocated for the project “Mobile Units”.

The Ministry of Interior provided EUR 346,646.39 that were allocated to the Slovenian Police for their work on drug supply reduction measures.

The Health Insurance Institute of Slovenia allocated EUR 5,487,140.00 in 2021 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 the substitution treatment of addictions (substitute drugs). An additional EUR 159.349,00 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 co-finances the programmes of youth work organisations annually, including those that run prevention activities against various forms of addiction or risk behaviour, associated with alcohol, tobacco and drug use, yet this prevention activity does not present a major part of their programme. In 2021, The Office for Youth contributed a total of EUR 12,125.00 to such programmes.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 362,957.87 for helping addicts through various humanitarian organisations in 2021.

Out of all 212 Slovenian municipalities, 180 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. These local communities spent a total of EUR 1,269,576.26 on solving drug-related issues in 2021.

The University Psychiatric Clinic Ljubljana allocated EUR 2,793,244.00 for the operation of The Centre for Treatment of Illicit Drugs Addiction in 2021.

Drawing from available data, an estimated sum of EUR 14,636,644.63 was allocated to the issue of illicit drugs in Slovenia in 2021.

The report only includes available reports on the funding of various programmes, associated with 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.

Table 1. Break-down of drug related public expenditure

Expenditure (EUR)	Year	COFOG or Reuter´s classifications	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programes in the area of illicit drug addiction (MDDSZEM) **3,434,576.00**	2021	Social protection		Labelled	
Tackling the drug issue (MZ) **1,117,676.50**	2021	Health		Labelled	
Supply reduction measures (MNZ) **346,646.39**	2021	Defence		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **5,487,140.00**	2021	Health		Labelled	
Purchase of safe injection equipment (ZZZS) **159,349.00**	2021	Health		Labelled	
Operation of The Centre for Treatment of Illicit Drugs Addiction (UPK Ljubljana) **2,793,244.00**	2021	Health		Unlabelled	
Programs of organisations in the area of youth work (Office for Youth) **12,125.00**	2021	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **362,957.87**	2021				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 (180 out of 212 municipalities) **1,269,576.26**	2021	Social protection		Unlabelled	

2. Additional information

In 2020 the Brez Izgovora (No Excuse) youth network drafted a report on political integrity in Slovenia in collaboration with Transparency International Slovenia (TI Slovenia). It uncovered systemic shortcomings when it came to ensuring that the decisions of public importance were adopted in a transparent manner. One of the key findings of the study was that, owing to a lack of public records and data in areas with an impact on political integrity, a shortfall in provisions to prevent the 'revolving door', illegitimate use of fast-track legislative procedures and other similar issues, the public was less well-informed than it should be of the details regarding policy decisions of public interest. This in turn increased the risk of privileged access to decision-makers by powerful interest groups.

These shortcomings are also evident in a case study of the legislative procedure that was applied to the 2019 amendments to the Restriction on the Use of Tobacco and Related Products Act, which confirmed the existence of a number of risks – risks to which attention was being drawn by civil society at the time the amended law was being adopted. The legislative footprint as it related to the adoption of the amended law was deficient. At the same time, it emerged that the tobacco industry financed at least one non-governmental organisation involved in the legislative procedure. This led to the possibility that parliamentarians were not made fully aware of circumstances that could have had an effect on the adoption of a decision in the public interest.

With the adoption of the Restriction on the Use of Tobacco and Related Products Act (ZOUTPI) in 2017 and the attempt to amend the same act in 2019, civil social representatives warned of the corruption risk, particularly that presented by the tobacco industry. At the time both laws were being adopted, representatives of the industry held intensive discussions with those drafting the policies and with members of the National Assembly, despite the fact that such contact is explicitly prohibited by the Framework Convention on Tobacco Control (FCTC). It also emerged that one of the NGOs that opposed the adoption of the ZOUTPI had received payments from tobacco companies.

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Methodology used

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

Ines Kvaternik

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 data on the 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

Table of Contents

Summary

Andreja Belščak Čolaković, Ines Kvaternik

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.

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

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1.1 Legal framework

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[2] and the Production of and Trade in Illicit Drugs Act (»ZPPPD«)[3]. 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[4], 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[5]. 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, 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.

[2] Official Gazette of the Republic of Slovenia, No. 50/2012
[3] Official Gazette of the Republic of Slovenia, No. 108/1999
[4] Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16
[5] (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)

On 17 July 2017 The Probation Act entered into force in Slovenia (Official Gazette of the Republic of Slovenia, no. 27/17). 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/her 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 implements 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 Misdemeanours).

The Probation Administration is a body affiliated with the Ministry of Justice. It enforces community punishments and measures (probation orders) under the Probation Act. Organisationally it comprises a central unit based in Ljubljana and five regional probation units (Ljubljana, Celje, Maribor, Koper and Novo mesto). Probation units work with, assist, protect and supervise offenders with the aim of ensuring that they do not reoffend. Their work therefore aims to change behaviour so that offenders can integrate into society successfully, and also involves resolving various life situations so as to reduce the risk that an offender will reoffend. For each person referred to the probation service, the adviser draws up a personal plan that covers the specific objectives of the process and is tailored to the person in question, and applies the principles of the profession by working in tandem with bodies responsible for imposing sanctions, courts, social services centres, prisons and detention facilities, employment services, NGOs and others. Work also takes place at people's homes when family members have also been referred to the probation service, and in cases of supervised house arrest.

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")[6]. 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 analysing 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 the primary level.

[6] Official Gazette of the Republic of Slovenia, No. 98/1999

Varying of the penalties 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 3–15 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 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 directs 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 offence. 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 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.

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 paragraph.

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).

Legislation, designed to control New Psychoactive Substances (NPS)

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. There is no special NPS legislation.

1.2 Implementation of the law

Available data on actual 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 eight years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code[7].

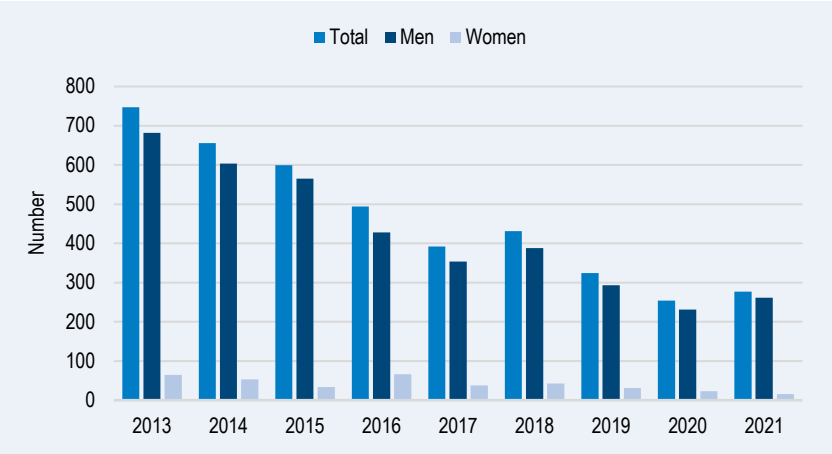
Table 1. Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Men	682	603	565	428	354	388	293	231	261
Women	65	53	34	66	38	43	31	23	16
Total	**747**	**656**	**599**	**494**	**392**	**431**	**324**	**254**	**277**

Source: Statistical Office of the Republic of Slovenia

[7] Source: Statistical Office of the Republic of Slovenia (SURS).

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



Source: Statistical Office of the Republic of Slovenia

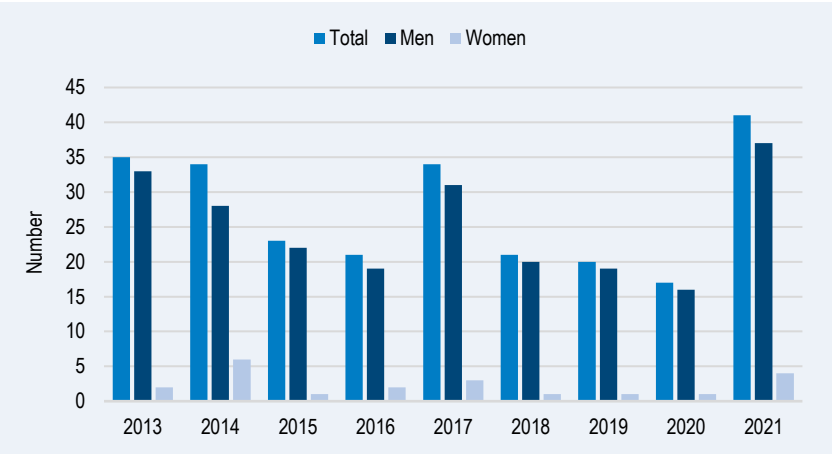
Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past eight years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Men	33	28	22	19	31	20	19	16	37
Women	2	6	1	2	3	1	1	1	4
Total	**35**	**34**	**23**	**21**	**34**	**21**	**20**	**17**	**41**

Source: Statistical Office of the Republic of Slovenia

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:
https://pxweb.stat.si/SiStatDb/pxweb/sl/10_Dem_soc/

Available data on actual 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.

Discussion why implementation might differ from the text of laws (e.g. political instructions, resource levels, policy priorities

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

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Changes in penalties and definitions of core offences (offences of use, possession for personal use, supply (including production) of illicit drugs) 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, which stated that a prison sentence rather than a monetary penalty can be imposed for drug-related offences. Since 2005, a prison sentence cannot be imposed under the mentioned offence laws.

Laws, changed in the last year. Short summary of the change and explanatory comments

The Probation Administration is a body affiliated to the Ministry of Justice. It enforces community-based punishments and measures (probation orders) under the Probation Act. The following types of probation order may be issued by a prosecutor, court or parole board: preparation of a report for a court or state prosecutor; reparation or settlement of damage; a conditional sentence with probation supervision; the drafting of a parole plan with probation supervision; parole with probation supervision; house arrest; and community service.

Probation units work with, assist, protect and supervise offenders with the aim of ensuring that they do not reoffend. Their work therefore aims to change behaviour so that offenders can integrate into society successfully, and also involves resolving various life situations so as to reduce the risk that an offender will reoffend. For each person referred to the probation service, the adviser draws up a personal plan that covers the specific objectives of the process and is tailored to the person in question, and applies the principles of the profession by working in tandem with bodies responsible for imposing sanctions, courts, social services centres, prisons and detention facilities, employment services, NGOs and others. Work also takes place at people's homes when family members are also involved in the process and the person concerned agrees, and in cases of supervised house arrest.

3. New developments

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Laws, changed in the last year. Short summary of the change and explanatory comments

Decree on the Classification of Illicit Drugs

The amendments to the Decree on the Classification of Illicit Drugs were adopted on 29 October 2021 (Official Gazette of the Republic of Slovenia,162/21). The Decree came into force 15 days after that date. Ninenew substances were added to classification number 268 (Group I): MDMB-4en-PINACA, 4F-MDMB-BICA, DIPHENIDINE, FLUBROMAZOLAM, DICLAZEPAM, CLONAZOLAM, CUMZL-PEGACLONE, N,N-Diallyl-5-methoxytryptamine and 3-Fluorophenmetrazine.

Proposal of the draft Act amending the Act on the Production and Trafficking of Narcotic Drugs
Proposers of the draft Act argued that the draft law introduces and lays down the conditions for the cultivation and processing of cannabis for medical purposes, specifies the responsibilities for the granting of authorizations for the production and marketing of cannabis for medical purposes, and also regulates comprehensively the supervision of the implementation of this activity.

In their intervention, a representative of the Ministry of Health pointed out that in recent years, a number of initiatives had been tabled by parliamentary groups to regulate cannabis, which, however, placed the economic interests at the forefront. According to the Government, the draft law, tabled by a group of deputies, was deficient in developing concrete solutions. The Ministry of Health, together with other competent national authorities, strives for a comprehensive regulation of this area. Such regulation would have to include an assessment of the financial feasibility and ensuring that the relevant conditions for cannabis cultivation are met, and also the appropriate checking of the quality of cannabis, storage, packaging, and distribution methods that will ensure the safety and well-being of patients and prevent abuse. It was explained that the Ministry of Health is preparing its own draft of the bill that will cover this area comprehensively. "**The Act on Cultivation and Trafficking in Cannabis for Medical Purposes**" has since been submitted into the inter-ministerial coordination by the Ministry of Health on 27 June 2021 and public debate was held between 12 June and 17 July, 2021.

In view of the above, the Health Committee of the National Assembly concluded that the draft Act amending the Law on the Production and Trafficking of Narcotic Drugs is not suitable for further consideration.

Tobacco
Tobacco control measures in Slovenia are set out in two separate laws: Restriction on the Use of Tobacco and Related Products Act (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 and 192/2021), under the responsibility of the Ministry of Finance. The former includes a large majority of government measures for tobacco control and represents a comprehensive tobacco control program, except for taxation of tobacco and related products, which is provided for in the Excise Duty Act.

The first tobacco control strategy was approved by the government on 12th of May 2022. Strategy for reducing the harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030 envisions tobacco and nicotine-free Slovenia in 2040, where less than 5% of the population aged 15 and over uses tobacco products, related products and other nicotine products, not registered as nicotine replacement therapy. The strategy defines goals to be achieved until 2030 in different areas, such as smoking prevalence and prevalence of use of related products in the general population and among adolescents, inequalities in smoking, exposure to tobacco smoke and enforcement of tobacco control measures. Two-year action plans will be prepared to achieve the objectives. The first action plan will be prepared for the period of 2022–2024.

The 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. The group will meet for the first time in the autumn of 2022.

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 2005 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 inhabitants' 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 the preparation of the new Directive on the harmonisation of 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. All of the new tobacco control measures from the law have already entered into force (large pictorial health warnings on packs of tobacco products for smoking, plain packaging, complete ban on advertising, promotion and display of tobacco products, licences for selling tobacco products and ban on cigarette and loose tobacco with characterising flavours, ban on smoking or use of tobacco, tobacco products and related products, with the exception of chewing tobacco and snuff, in vehicles in presence of minors). The last two measures that entered into force were plain packaging on 1st of January 2020 and ban on menthol characterising flavour on 20th of May 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.

The tax rate and structure for tobacco products changed over the last decade, the most significant changes resulting in more substantial price increases were implemented between 2011 to 2013, later price increases were smaller. Prices of tobacco products in Slovenia are constantly among the lower in the European Union. In 2021 the price level index for tobacco products in Slovenia was substantially below the European Union (EU 27) average, i.e. 70%. Slovenia is also at the bottom of the scale in terms of the retail prices of a pack of 20 cigarettes of the most popular brand, premium brand and the cheapest brand , converted into international dollars at purchasing power parity; in 2020, Slovenia ranked 26th among 27 European countries for retail prices of all three types of products.

From 15th of June 2022, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.65 to EUR 4.80. 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 includes also provisions on excise duties for liquids (with or without nicotine) for use in electronic cigarettes and tobacco sticks for use in heated tobacco products, but not for the devices of both products.

Advocacy

In 2021 and the first half of 2022, non-governmental organisations continued to be active in advocating strict compliance to the measures in The law on restricting the use of tobacco and related products, especially regarding sales of tobacco products to minors, in this respect they closely cooperate with the Market Inspectorate. All relevant stakeholders continuously advocate for further changes in tobacco control, especially in the area of excises and tobacco and related products' affordability.

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 (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 quite a 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, e.g. 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.

Currently, partial taxation is in effect with excise duty on beer, intermediate drinks and ethyl alcohol only. The zero excise duty level for wine has also been preserved. There is also no excise duty on fermented drinks. Excise duties are not being harmonized with inflation.

In 2019 the 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 measures 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 the National Council. The speakers of the panel were the minister of infrastructure, minister of home affairs, minister of justice and minister of health, with a hundred other participants attending the event (professionals, road safety experts and local representatives). They all showed support for the proposed measures. The Traffic

Rule Act changed in 2021, but the proposed changes regarding the driving under influence (DUI) were not included at that point. In 2020, there was a 22 % decrease in road traffic victims in general compared to 2019 (mostly because of the COVID measures), but for DUI it stayed on the same level as the year before; 36 % of deaths in road traffic were due to alcohol. DUI drivers committed 1.364 traffic accidents, which is 12 % less than in 2019, but more than third of all road victims. There were 122 severely injured and 472 lightly injured individuals in road accidents. Most DUI accidents were caused by drivers in the 18–24-year age group and 45–45 years of age.

In 2019 a National Council member put forward an initiative to amend the regulations on restricting the consumption of alcohol and the use of tobacco products so as to allow the sale or provision of alcohol and the use of tobacco products on the functional areas of land attached to school and education buildings. The proposal was for sale and use to be permitted outside teaching hours and the regular working hours of the educational establishment. The Ministry of Health and the National Institute of Public Health gave a negative opinion on the proposed amendments and the initiative failed to receive support, sufficient for further discussion.

4. Additional information

Further information on the work of the Probation Administration

Work processes and specialist treatment have been adapted to the epidemiological situation in 2021. There was less face-to-face contact with people, and meetings between counsellors and clients were not always held in person. Communication also took place by telephone and e-mail. There was a perceptible increase in stress, problems and fears linked to the epidemic (fear of infection and of losing one's job); this led to increased demand for counselling services.

Some of the community-based sanctions became difficult to implement in practice (e.g. community service in institutional care settings). It also became more difficult to carry out the instructions handed down by courts in tandem with probation (e.g. treatment in a suitable health establishment, treatment of dependence on alcohol or drugs, visits to the relevant professional, psychological or other counselling service).

Adjustments also had to be made in the field of training, with more online and fewer live events. There were training sessions on basic probation skills, the psychology of communication, managing difficult situations and people, interculturality and awareness of stereotypes, radicalization and extremism, and the treatment of harmful drinking and alcohol addiction. Active cooperation at international level also continued.

The Probation Administration (UPRO) dealt with 3,810 cases in 2021, with 209 people deemed to have problems, associated with the use of illicit drugs. The following sanctions and measures were imposed on these individuals:

- community service under the Criminal Code: 110 persons;
- community service under the Minor Offences Act: 48 persons;
- community service under the Criminal Procedure Act: 5 persons;
- conditional sentence with protective supervision: 40 persons;
- conditional discharge with protective supervision: 6 persons;

The following bodies and organisations were most frequently involved in helping to implement probation orders: health centres, methadone clinics, psychiatric clinics, and non-governmental organisations (Inštitut Vir, Projekt Človek, Socio, Društvo Zdrava pot, Racio, KZA Velenje, KZA Nova Gorica, KZA Ljubljana, KZA Vrhnika, KZA Kamnik, Društvo Stigma, Društvo Žarek upanja, TS Sopotje, Zavod Pelikan Karitas, Društvo Srečanje).

Additional information on alcohol and tobacco

Alcohol

In 2020, the national preventive action took place as part of the National Traffic Safety Programme 2013-2022, coordinated by the Slovenian Traffic Safety Agency. It included preventive activities such as media activities and financial support to several NGO project (*Heroes in traffic, Pure zero, Pure conscious, After-TAXI, 40days of sober, In nature to a healthy party, An abstinent while driving, Education after the brain injury*). New educative video on alcohol in traffic was introduced. Rehabilitation programs for drink- and drug-driving drivers were being carried out. Because of the Covid measures, there were less participants compared to previous years. Because of closed schools, there were fewer activities for youngsters. During the SARS-CoV-2 epidemic, the Coalition of Public Health NGOs put forward an initiative to prohibit the online sale and home delivery of alcohol during the epidemic. The initiative was supported by the National Institute of Public Health and the Ministry of Health. Between 7 December 2020 and the end of March 2021, the Ordinance on the Temporary Suspension of the Sale of Goods and Services to Consumers in the Republic of Slovenia prohibited the collection of alcohol and alcoholic beverages in person from pick-up points. This prohibition related largely to the collection of alcohol and alcoholic beverages in person from bars and restaurants, and complemented the ban on the consumption of food and drink in public areas. The effect was twofold: it helped enforce compliance with the measures to prevent and limit the spread of SARS-CoV-2, and reduced the possibility of accidents, violence and injury (thereby relieving the burden on the health system).

In 2021, representatives of the Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health (NIJZ) presented an upgrade to the *Veškajješ* application, which now includes information regarding alcoholic beverages and the associated calorie information with the aim of raising awareness. In addition to calorie information, the application was also upgraded with public health messages about the harmfulness of alcohol and the fact that any consumption of alcohol bears risks. The application guides users to a questionnaire that helps them check their alcohol consumption habits and to links where they can find assistance if they find themselves in distress due to alcohol. In order to assess the effectiveness of the use of health messages/warnings in improving knowledge and awareness of alcohol-related harm, which were displayed within the mobile application stated above, in 2021 we conducted a survey with 12 statements about possible risks and harms associated with the use of alcohol.

In the scope of the 'Heroes Drive in Pyjamas' project and in cooperation with the National Institute of Public Health, Slovenian Traffic Safety Agency and NGOs that work with young people, the VOZIM Institute for Innovative Education organised four consultations in 2020 and 2021 with adolescents, experts and political decision makers in three local/regional environments on the topic of driving under the influence of alcohol and alcohol consumption among young people. The purpose of the consultations was to raise the awareness of the local community about the importance of prevention, and to draw up regional action plans to limit the effects of the aforementioned problems. Organised in parallel were seven 'We Need to Talk About Alcohol' workshops for parents, which included a short theoretical section on the vulnerability of adolescents to the effects of alcohol and a practical section with role-playing on how to talk to adolescents about alcohol. A pilot lecture was also developed and organised for representatives of local communities (experts and political decision-makers) on the topic

of effective prevention at school, in society as a whole and in the local community. The lecture was entitled “Health is the Right Decision” and was aimed at improving awareness about quality prevention measures amongst key stakeholders. The VOZIM Institute organised 30 ‘Alcohol Changes Your Life’ workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

Tobacco

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. The 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 1100 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 and to 43.7% in 2021, weekly cigarette smoking from 21.1% in 2017 to 17.5% in 2018 and to 12.5% in 2021 while daily cigarette smoking decreased from 14.2% in 2017 to 11.5% in 2018 and to 7.5% in 2021. After 2000 and until 2020, there were no significant changes in the percentage of smokers among the adult population of Slovenia; about one in four adults smoked. New data from CINDI Health Monitor Study 2020 shows that following the adoption of the new law, the percentage of smokers among the adult population has declined. Between 2016 and 2020, we recorded among the population of Slovenia aged 25–74 a significant decrease in the percentage of smokers overall (from 23.1% to 20.4%) and in both genders (male: from 25.2% to 21.7%; female: from 20.9% to 19.0%), more markedly among men. A significant decrease in the percentage of smokers was noted in the age groups between 25–54 years, most notably in the youngest group (25–34 years: from 29.0% to 22.1%; 35–44 years: from 26.3% to 21.2%; 45–54 years: from 24.5% to 21.4%) and a significant decrease in the percentage of regular (daily) smokers overall and in both genders (overall: from 18.8% to 16.3%; male: from 20.9% to 17.6%; female: from 16.5% to 15.0%), again more markedly among men. The average number of cigarettes smoked per day among daily smokers did not change between 2016 and 2020 neither overall nor by gender or age. Cross-sectional studies PANDA from 2021 also indicate a further decrease in smoking prevalence in the general population. 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 and after its implementation. We cannot currently assess the impact of COVID-19 pandemic on smoking, but as recorded in different waves of the “SI-PANDA” study, 10 to19% of smokers smoke more during COVID-19 pandemic: this may have contributed to the unchanged average number of cigarettes smoked per day among daily smokers. Tobacco control measures in The law on restricting the use of tobacco and related products are long-term by nature, so it is important to allow sufficient time for the measures to show their maximum effect and it is also important to ensure maximum compliance with the measures.

But still every fifth adult (18–74 years of age) and almost every tenth 15-year-old smokes and tobacco remains one of the leading risk factors for death and years of healthy life lost. Beside low prices of tobacco and related products, we are still facing many other important issues. Despite extensive reductions, exposure of non-smokers to tobacco smoke remains present and is not negligible. Violations of the Restriction on the Use of Tobacco and Related Products Act are present. Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco. New products containing tobacco

or nicotine are being introduced in Slovenia, they are mainly used by young people and their use is becoming more common. The number of points of sale for tobacco and related products is very high and minors perceive tobacco and related products as easily accessible. The major issues are addressed by proposals of measures in the first strategy.

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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

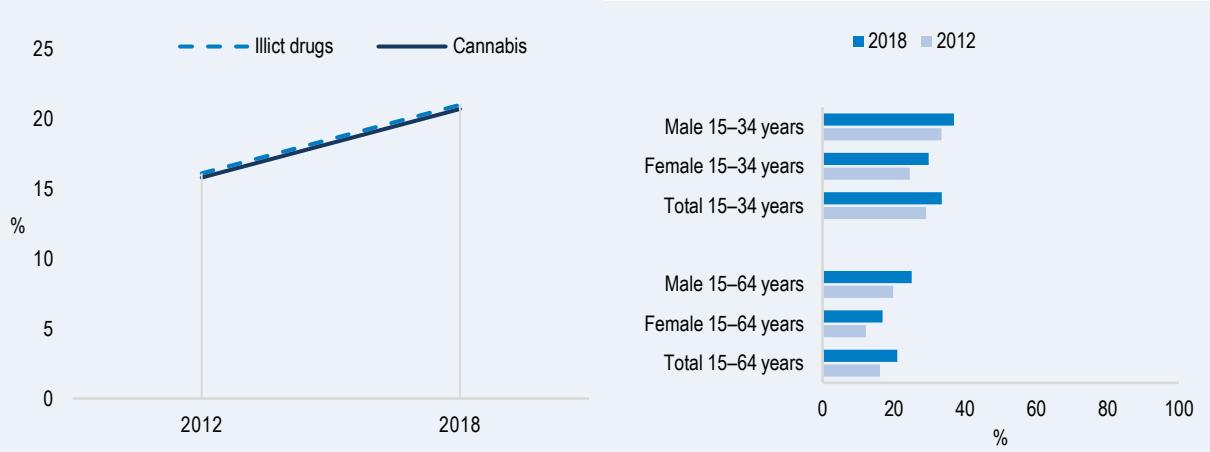
Source: National Institute of Public Health, National Survey on Tobacco, Alcohol and other Drugs 2018

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 the Use of Tobacco, Alcohol and other Drugs 2018

8.9% 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 2020, cannabis came in first for the number of poisonings treated at the emergency medical units of the University Medical Centre Ljubljana and second 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 (321 persons or 30%) 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 recent years, data has 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 findings of smaller research studies and wastewater analysis. A high prevalence of cocaine use was also confirmed by the annual research study, conducted among harm reduction programme users. In 2020, cocaine accounted for the highest number of deaths caused by a single illicit drug. In addition, the number of cocaine intoxications remains high and cocaine came in first for the number of intoxications with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana in 2021. 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. 167 persons (16% 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 five years, drug testing of psychoactive substances as part of the Early Warning System on New Psychoactive Substances showed a significant increase in the purity of cocaine, with samples of 70-90% purity occurring regularly (SI EWS, monthly reports for 2017, 2018, 2019, 2020 and 2021).

Drug use in schools

Tanja Urdih Lazar

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 ESPAD survey is presented below. The data of the HBSC 2018 survey is presented in 2020 National report on drugs.

According to the ESPAD 2019 research survey, 23.2% of schoolchildren aged between 15 and 16 have tried cannabis at least once, with the figures quite a bit higher for boys than for girls (26% vs 20.7%). This figure fell slightly between 2015 and 2019 among 15- and 16-year-olds in Slovenia, which can be attributed to lower use in girls (Figure 4).

Drug use in other sub-populations

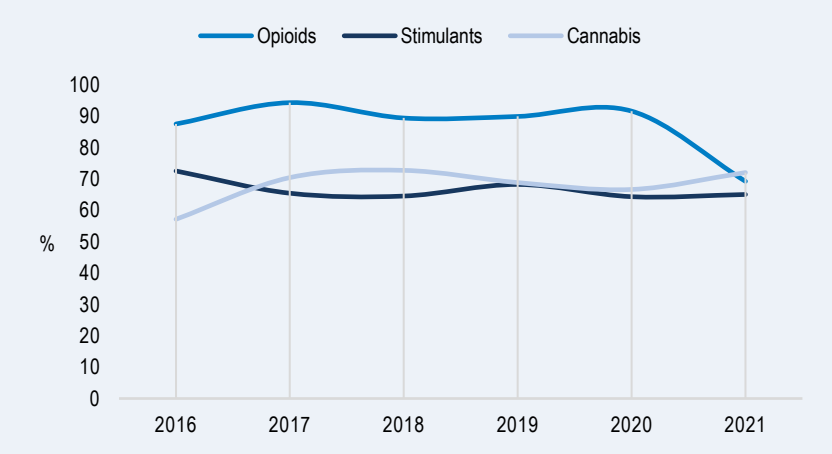
Andreja Drev, Živa Žerjal, Ines Kvaternik

The data on illicit drug use in other subpopulation 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. The National Institute of Public Health conducted a survey in 2020 that included questions on drug use among young adults who had dropped out of regular schooling and were included in the Project Learning for Young Adults (PLYA) programme (more about the PLYA can be found in the Prevention Workbook in the section on selective prevention).

According to data from the survey conducted among participants in the PLYA programme, 59.3% of participants have already used cannabis in their lifetime, while 30.3%, 26.1% and 25.6% of users reported using ecstasy, cocaine and amphetamine, respectively.

Illicit drug use is expectedly high among harm reduction programme users. In the last Survey on (the characteristics of) harm reduction programme users 2021, 69.3% of the respondents said they had used opioids in the last year: most frequently heroin (59.9%), 72.1% of the respondents used cannabis and two thirds (65.1%) stimulant drugs, most frequently cocaine (60.4%). In the period 2016–2021, the usage of opioids among harm reduction programme users decreased while the use of cannabis increased and the use of stimulants remains quite stable (Figure 2).

Figure 2. Prevalence of opioids, stimulants and cannabis use among harm reduction programme users, 2016–2021



Source: National Institute of Public Health, Rgional Unite Koper, Survey on Harm Reduction Programme Users 2016–2021

The prevalence of heroin use is high predominantly among low-threshold programme users and less so 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 intoxications with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana in 2021. 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 by individual drug group. 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, Darja Lavtar, Maruša Rehberger

Only a limited amount of information is available about the association between illicit drugs and alcohol, tobacco and prescription drugs use in Slovenia. The national survey on the use of tobacco, alcohol and other drugs conducted in 2018 also included questions on polydrug use and the co-use of prescription drugs, alcohol and illicit drugs. A total of 8.9% of the Slovenian population between the ages of 15 and 64 reported polydrug use. The highest percentage reported using alcohol and cannabis (92%), followed by a combination of alcohol, cannabis and at least one stimulant drug (10%). A total of 2% of the Slovenian population between the ages of 15 and 64 reported abusing a prescription psychoactive drug during the last 12 months, while 16.6% reported co-use of prescription drugs and alcohol, 6.4% reported co-use of prescription drugs and illicit drugs, and 4.6% stated that they used alcohol and illicit drugs while taking prescription drugs (Drev et al. 2021).

Data about the association between legal and illicit drug use among minors and youth from ESPAD and HBSC studies is presented in the 2020 National Report on Drugs.

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 that is currently available in Slovenia, does not allow for a differentiation amongst different types of cannabis since this information is not collected. Figures on the use of various types of cannabis in the school-age population are available because the ESPAD (European School Survey Project on Alcohol and Other Drugs) survey conducted in 2019 contained questions of this type. According to ESPAD figures, in 2019 Slovenian schoolchildren aged between 15 and 16 used cannabis in the following forms: dried leaves and buds (18.8%) and mixed with tobacco (17.4%), cannabis oil (6.5%) and cannabis resin (3.3%).

Cannabis is the most commonly used drug in Slovenia, moreover it is also very accessible. Slovenia is a self-sufficient country in the supply of cannabis, which is grown in specially designed facilities. The police established that the processes and methods for growing cannabis in special indoor facilities are getting more sophisticated, producing ever more cannabis in ever 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 occasionally seize synthetic cannabinoids. The Centre for clinical toxicology and pharmacology also reports treating individual cases of intoxication with hashish oil; these cases are mostly older people with chronic illnesses.

1.1.2 Cannabis Use in the General Population

Andreja Drev, Darja Lavtar, Maruša Rehberger

The findings of the 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 1).

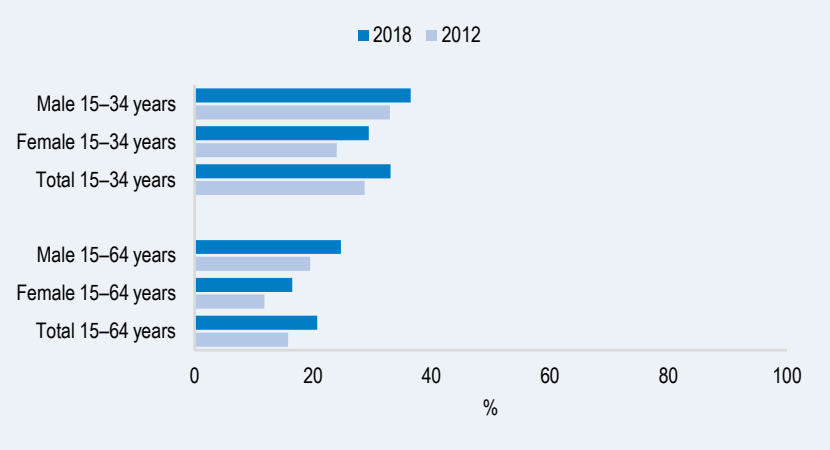
Table 1. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	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 increased, both for men, women, and in total, while the 15–34 age group saw an increase in the use of cannabis for women and in total (Figure 1).

Figure 1. 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

Slovenia saw some significant changes in the field of cannabis with the legalisation of cannabis for medical use (also see Legal Framework Workbook, section 4.1). 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. A special HBSC survey was carried out in 2020 and covered the period of the COVID-19 epidemic. 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. The data of HBSC 2018 and About the Lifestyle and Risky Behaviour of Children and Youth surveys is presented in the 2020 National Report on Drugs.

HBSC COVID-19

Andreja Drev, Tina Zupanič

The National Institute of Public Health also carried out a special HBSC survey in 2020 that covered the period of the COVID-19 epidemic and assessed the impact of the epidemic on health-related and risky behaviours of adolescents. In the HBSC COVID-19 survey, 45.2% students aged 18 reported using cannabis at least once in their lifetime, while 38.3% reported using cannabis during the last 12 months. A total of 21.2% of 18-year-old students reported using cannabis in the last 30 days; that use was more prevalent among boys (24.9%) than girls (17.9%). Some 3.7% of 18-year-old students reported daily cannabis use. A higher proportion of students from less affluent families (below-average subjective

assessment of family wealth) reported daily cannabis use compared with students from more affluent families (average and above-average subjective assessment of family wealth), as did a higher proportion of students from non-traditional families (single-parent, reconstructed, etc.) compared with students from traditional families (Jeriček Klanšček et al. 2021).

ESPAD

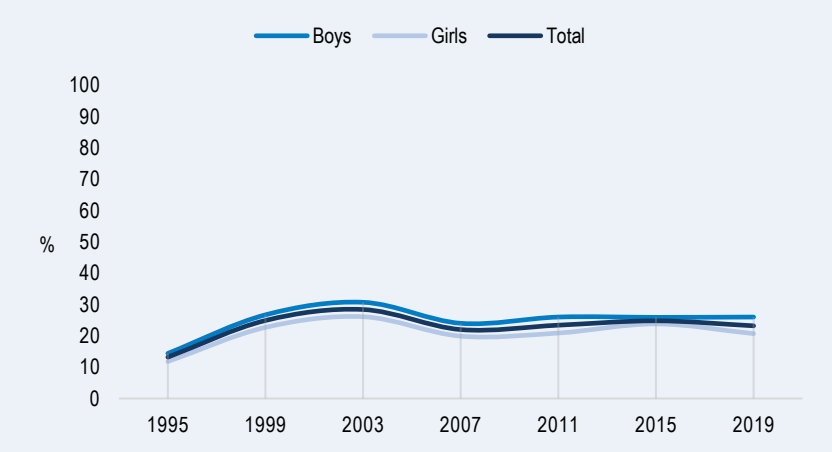
Tanja Urdih Lazar

According to ESPAD figures, cannabis has been the most widely used illicit drug among adults in Slovenia, as well as 15- and 16-year-olds, since 1995, when the survey was first conducted. According to the latest round of the survey, conducted in 2019, 23.2% of schoolchildren aged between 15 and 16 had tried cannabis at least once, with the figures quite a bit higher for boys than for girls (26% vs 20.7%). The difference between the sexes is statistically significant. These figures put Slovenia considerably above the average for ESPAD respondent countries, which was 16% in 2019 (18% among boys, 13% among girls). In the year prior to the survey, 3.8% of Slovenian schoolchildren (2.7% of girls, 5% of boys) had used cannabis on at least 40 occasions.

In 12 months prior to the survey, cannabis had been used by every fifth respondent in Slovenia (the average for the countries taking part in the survey was 13%). In the 30 days prior to the survey, cannabis had been used by 11% of schoolchildren surveyed (a somewhat higher number of boys than girls), while the average for the countries taking part in the survey was considerably lower at 7%.

If we look at the figures for 15- and 16-year-olds in Slovenia between the first round of the survey in 1995 and the most recent round in 2019, the numbers who tried cannabis at least once changed most markedly between 1995 and 1999, when it rose sharply. This was followed by a moderate rise between 1999 and 2003, a fall in 2007, a slight rise between 2007 and 2015, and another slight fall in 2019 (which can be attributed to lower cannabis use among girls) (Figure 2).

Figure 2. Use of cannabis at least once in a respondent's life, by sex and in total, 1995–2019, ESPAD



Source: Clinical Institute for Occupational, Transport and Sports Medicine at Ljubljana University Medical Centre, ESPAD 2019

Cannabis use among students during COVID-19 epidemic

At the beginning of 2021, the National Institute of Public Health carried out research regarding the experiences of students during the COVID-19 epidemic. The survey included a question about the impact of the epidemic on cannabis use. According to survey data, 9.2% (419) of those surveyed smoked cannabis less frequently in their free time during the COVID-19 than in the period prior to the resulting lockdown, while 5.9% (270) of those surveyed smoked more frequently and 4.9% (222) of those surveyed smoked at the same frequency. A total of 80.1% (3,664) responded that smoking cannabis in their free time during the COVID-19 epidemic does not apply to them (Gabrovec et al. 2021).

Cannabis use in other sub-populations

Andreja Drev, Tina Zupanič, Živa Žerjal, Ines Kvaternik

The National Institute of Public Health conducted a survey in 2020 that included questions on the use of cannabis and other illicit drugs among the vulnerable group of young adults who have dropped out of regular schooling and are included in the Project Learning for Young Adults (PLYA) programme. Survey data indicated that 59.3% of programme participants have used cannabis in their lifetime, with the proportion higher among boys (67.7%) than girls (49%). A total of 42% of programme participants reported using cannabis in the last year, while 31.8% reported using cannabis in the last month. Some 18% of PLYA programme participants reported daily cannabis use.

Cannabis is also commonly used by people in harm reduction programmes; most of them are opioid users who also use other drugs. According to the recent survey (Survey among harm reduction programme users 2021), 71.2% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 40 to 44 years (37.9%). Between 2016 and 2021, the proportion of cannabis use by harm reduction programme users increased (57.2% - 72.1%).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Cannabis use

Tanja Urdih Lazar, Andreja Drev, Darja Lavtar, Maruša Rehberger, Ines Kvaternik, Živa žerjal

According to ESPAD 2019 figures for 15- and 16-year-olds in Slovenia who had used cannabis in the last 12 months, just over a third were high-risk users according to the definition of the Cannabis Abuse Screening Test (CAST). This puts Slovenia in fourth place behind France, Germany and Monaco. If we look at the entire sample of participants in the survey, the figure for the number of high-risk users is 7.6%. CAST assesses the frequency or extent of the problems associated with cannabis use and includes questions on: cannabis smoking before midday, cannabis smoking alone (without the company of other users), problems with memory resulting from cannabis smoking, advice from parents or friends on reducing or giving up cannabis use, attempts to give up cannabis use, and problems in relationships or at school resulting from cannabis use.

According to ESPAD a fifth of Slovenian schoolchildren aged between 15 and 16 believe regular cannabis smoking is not risky or only slightly risky. In 2019, 44.3% of Slovenian schoolchildren believed that regular use of cannabis was very risky, the lowest figure of all respondent countries and considerably below the average for European countries (59%). It is also significantly lower than the figure for 2015 (55.4%). More girls (52.2%) than boys (35.8%) believe regular cannabis smoking to be very risky. This difference between the sexes is statistically significant.

Slovenian adolescents are also considerably above the average for the ESPAD countries when it comes to perceptions of the availability of cannabis: in 2019, 45.7% believed that cannabis was quite easily or easily available, compared to the average for ESPAD countries (one third of schoolchildren). This figure puts Slovenia in fourth place among the ESPAD countries, with only schoolchildren in the Czech Republic, Denmark and the Netherlands displaying higher figures regarding the perception of the availability of cannabis.

According to figures from the 2018 National Study on the Use of Tobacco, Alcohol and Other Drugs, the majority of the Slovenian population (81.9%) believe that they could get access to cannabis easily or very easily in the next 24 hours, 15.1% stated that it would be difficult to very difficult, and only 3% stated that it would be impossible for them to get access to cannabis in that time.

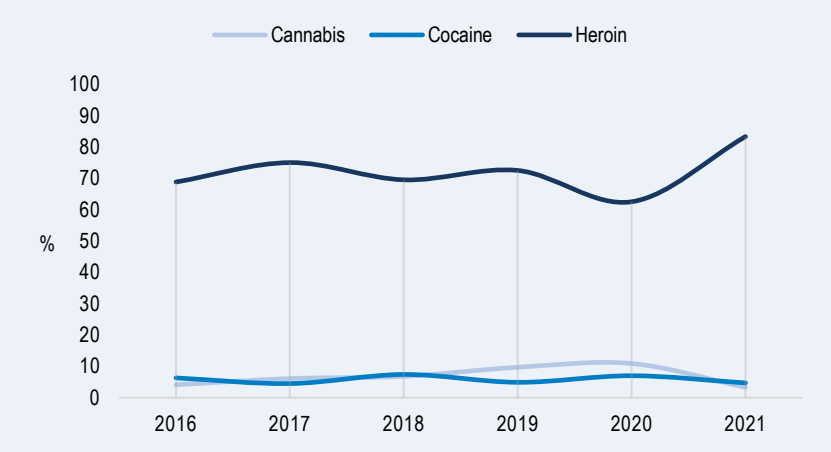
Of the harm reduction programme users who reported cannabis use in the last year (see section 1.1.3), 23.6% used cannabis every day, of which 15.4% reported using several times daily, and 1.9% used it at least once a week. Almost all cannabis users (90.6%) smoked it, and only 1.5% also consumed it orally (ate a cookie, consumed cannabis oil etc.), while 7.9% combined different routes of administration.

1.2.2 Reducing the Demand for Cannabis

Andreja Drev, Nataša Delfar, Mateja Debeljak, Helena Hercog, Anja Mihevc, Vanja Žmak

In 2021, the percentage of users who entered a treatment programme in the network of Centres for prevention and treatment of illicit drug addiction (CPTDA) for cannabis problems was 3% (7 persons). 4 persons were male and 3 female. The mean age upon entering the program was 24 years. In 2013, 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA. In 2021, the percentage of people who sought help due to cannabis use dropped and was replaced by cocaine as the second most frequent cause for entering a treatment programme. In 2017, 2019 and 2020, the percentage of users who entered treatment for problems related to cannabis use, exceeded the percentage of users with problems related to cocaine use, while in 2018, the percentage of those who entered treatment for cocaine-related problems was higher (Figure 3). The Treatment Workbook provides detailed statistical information about the users who enter treatment for problems related to cannabis use.

Figure 3. Treatment entrance due to cannabis, cocaine and heroin-related problems, 2017–2021



Source: National Institute of Public Health, TDI 2021

Four non-governmental organisations reported on the number of individuals included in counselling programmes and treated for problems related to illicit drug use for 2021. The observations of two non-governmental organisations (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 users included in the Centre for Addiction Prevention (CPO) experienced problems due to 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. The Up Association and Projekt Človek recorded an increased number of participants in 2021 due to problems with cocaine, both organizations also observed participants that needed help due to non-chemical addictions (gambling, digital addictions, sport bets, etc.). The Up Association continues to observe participants with associated mental health problems, such as anxiety, depression and with some behavioural addictions; these associated problems are most often present in cannabis and cocaine users. Projekt Človek observed participants with heavy alcohol drinking problem, youth with behavioural addictions, anxiety and not willing to return to school and increasing number of employed drug users often experiencing burnout syndrome. The DrogArt association recorded an increased number of participants in 2021 due to problems with GHB/GBL, and with alcohol and marihuana use. Furthermore, the number of young users in need for special treatment – in cooperation with other professional services - also increased (Table 2).

Table 2. The number of users included in counselling and treatment programmes due to problems related to illicit drugs in 2018–2021

NGO	DrogArt				Up Association				CPO				Projekt Človek			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Total number of included users	**59**	**94**	**103**	**109**	**84**	**82**	**67**	**116**	**113**	**285**	**271**	**263**	**372**	**674**	**633**	**571**
Number of included young users	**-**	**13**	**8**	**15**	**36**	**32**	**13**	**21**	**-**	**72**	**62**	**69**	**70**	**189**	**135**	**125**
Number of included adult users	**-**	**81**	**95**	**94**	**48**	**50**	**54**	**95**	**-**	**213**	**209**	**194**	**302**	**485**	**498**	**446**
Cannabis, cannabis combined with other PAS	10	12	21	25	40	34	34	40	101	125	115	130	85	159	151	136
Cocaine, cocaine combined with other PAS	18	30	28	28	11	14	18	27	12	20	25	20	26	48	45	92
Heroin, other opiates and combinations	5	8	3	7	15	13	11	9	-	4	4	5	95	172	157	74
Other drugs and combinations	17	20*	21*	31**	6	5	-	12	-	65	67	65	62	106	104	44
Alcohol	4	11	13	13	6	9	2	4	-	0	0	0	51	92	89	171
Other addictions and problems	5	13	17	5	6	7	2	24	-	0	0	0	53	97	87	54

*Amphetamine, GHB, psychedelics, 3-MMC, benzodiazepines, ketamine. **GHB, amphetamine, 3-MMC, 1-p-LSD, MDMA, modaphinile.
Source: Drogart, Up Association, NIPH Centre for Addiction Prevention, Projekt Človek

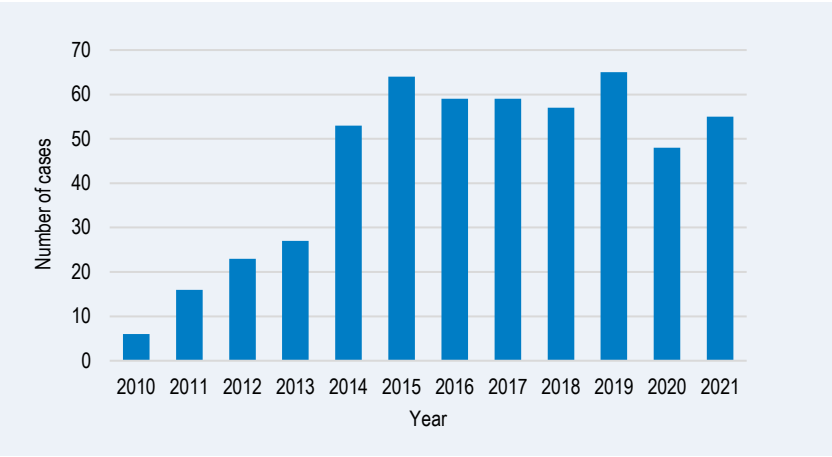
Cannabis users can seek help in all drug treatment programmes: CPTDA, harm reduction programmes and social rehabilitation programmes. These programmes offer various forms of treatment: counselling, quick interventions, treatment and social rehabilitation.

1.2.3 High Risk Cannabis Use

Miran Brvar

The data regarding illicit drug intoxication collected by emergency medical units at the University Medical Centre Ljubljana reveals that the number of intoxications by cannabis or THC, which is found in the cannabis plant, has grown substantially in the beginning of the past decade. The number of THC intoxications rose substantially in 2014, almost doubling relative to the previous year. A total of 64 such patients were treated in 2015, the largest number to date. The rise in the number of THC intoxications came to a halt in 2016, 2017 and 2018 (at around 60 patients), while that number rose again slightly in 2019 to 65 cannabis users. The number of cannabis intoxications fell sharply in 2020 to 48 patients, probably due to the COVID-19 epidemic, yet in 2021 the number rose again to 55 (Figure 4). Nevertheless, cannabis remains the number one drug which patients seek help for in the emergency room due to intoxication, although the number of cannabis users requiring emergency medical treatment has fallen notably in recent years. There are also individual cases of acute emergencies due to intoxication with hash oil, which is extracted from cannabis, but those patients are typically older people with other medical conditions. In 2021, 8 people were treated for hashish or hashish oil intoxication.

Figure 4. Number of intoxications with cannabis, 2010–2021



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Doctor consultations on drug poisonings in the scope of the 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana (2021)

The 24-hour information-consultative service in the area of clinical toxicology and pharmacology offers assistance and consultancy services to doctors and other experts across Slovenia who treat patients suffering from acute intoxication.

The 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana treated 158 intoxicated patients in 2021 who consumed a total of 216 illicit drugs (Table 3).

Table 3. Number of patients and illicit drugs used by intoxicated patients treated with assistance from the 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana

Drug	Number of drugs				
Year	**2017**	**2018**	**2019**	**2020**	**2021**
Number of patients intoxicated by illicit drugs	**158**	**128**	**195**	**122**	**158**
Number of illicit drugs used by intoxicated patients	182	171	258	166	216
Heroin	19	17	31	33	31
Cocaine	28	30	48	28	36
Cannabis	46	45	73	43	60
LSD	4	4	4	4	6
GHB, GBL, BD	14	20	33	15	24
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar substances)	37	25	38	23	35
New psychoactive substances (3-MeO-PCE, 3-MMC, 5F-AKB48 and unknown new psychoactive substances)	32	30	24	11	10
Psilocybin mushrooms	2	0	1	4	2
Unknown drugs			7	5	12

Source: TOVIS, Centre for Clinical Toxicology and Pharmacology, Division of Internal Medicine, University Medical Centre Ljubljana

When interpreting data regarding doctor consultations, we must take into account the fact that doctors only call an on-duty toxicologist if they need help or advice. If they are familiar with the treatment of drug intoxication and have experience in treating intoxicated patients, they do not need to call a toxicologist for assistance. The data in Table 82 thus does not necessarily reflect the actual number and relationship between drugs used, e.g. doctors call for advice less frequently for heroin overdoses, as they are familiar with the management of such cases.

The 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana handled fewer intoxications with all types of drugs in 2020, except for heroin, which is congruent with data about the treatment of patients suffering from drug intoxication at the UMCL's emergency units. The reduction in the number of intoxications was probably due to the COVID-19 epidemic. In 2021, the 24-hour toxicological information service once again noticed a rise in intoxications with illicit drugs, mainly stimulants such as cocaine and various amphetamine-type stimulants.

In the national survey on the use of tobacco, alcohol and other drugs in 2018, 0.7% of the Slovenian population between the ages of 15 and 64 years reported cannabis use 20 or more days in the last 30 days.

1.2.4 Synthetic Cannabinoids

Tilen Kozole, Marija Sollner Dolenc

From April 2021 to June 2021, a survey was conducted on the use of new psychoactive substances and illegal drugs among the students of Slovenian universities. 319 correctly filled-out questionnaires were collected in the survey.

Usage and its probability

Regarding having consumed synthetic cannabinoids, around 7.9% have answered that they have taken it and out of those 28% has confirmed they still use them. In regards to the possibility of taking synthetic cannabinoids, 33.8% of all (319 respondents) was strongly opposing the possibility of usage, 53.9% stated the usage will very likely not happen, while 11.6% stated they might take them and 0.7% that they are very likely to take them.

Knowledge self-evaluation

27.0% of all 319 respondents stated they know nothing about the drug (0% in users), 60.8% stated they know just a little (compared to 56% in users), 11.3% stated they know quite a lot (compared to 44% in users) and 0.6% stated they know a lot (0% in users).

Identification & prevalence and age of first use

Most of selected synthetic cannabinoids listed in Table 4 were known by up to 5% with some only around 1% of all respondents. Most of them were familiar with the synthetic cannabinoid JWH-018 (Spice), which was identified by 22.3%, and AM-2210 (legal hashish), identified by 59.2% and used by 2.5%. The use of other listed synthetic cannabinoids was reported just for MDMB-4en-PINACA. The selected synthetic cannabinoids were known by around 9.1% of respondents on average (12.0% among users or 18.9% if we exclude those with 0% of recognition). Respondents also indicated their age upon first contact with such drugs, which on average amounted to 18.1 years. The lowest reported age upon first use of these drugs was 14 and the highest was 27 (omitted a student aged 35 years).

Table 4. The share (%) of identification and lifetime prevalence of synthetic cannabinoid use among all (319) students

Drug	Identification (%) (n=319)	Identification (in users %) (n=25)	Prevalence (per all %)	Prevalence (in users %)
MDMB-4en-PINACA	4.40	16.00	0.30	4.00
5F-MDMB-PICA	5.30	12.00	0.00	0.00
5F-MDMB-PINACA	3.80	12.00	0.00	0.00
JWH-210	0.90	0.00	0.00	0.00
JWH-018 (Spice)	22.30	24.00	0.00	0.00
AM-2210 (legal hashish)	59.20	60.00	2.50	28.00
UR-144	0.90	0.00	0.00	0.00
CP-47/497	0.60	0.00	0.00	0.00
AH-7921	0.30	0.00	0.00	0.00
HU-210	0.60	4.00	0.00	0.00
Other	1.90	4.00	0.00	0.00
On average	12.0	18.9		

Source: Survey on NPS among students at Slovenian universites, University of Ljubljana, Faculty of Pharmacy, 2021/2022

Procurement (how & where)

When questioned how they encountered synthetic cannabinoids before pandemic, 64.0% of respondents (out of all 25 who confirmed the use of at least one of the substances) answered that they got them from their friends, 56.0% answered that they got them at a party, 24.0% bought them from a dealer, 8.0% bought them online and 12.0% bought it in a specialized shop.

Comparing to during the pandemic where respondents got in contact through friends (36.0%), at parties (8.0%) and from a dealer (16.0%).

In regards to the location where they obtained the drug, before pandemic 64.0% got it on a private location (at home or at friends'), 52.0% at a party/concert and 32.0% at a public location (street, bus station, park).

Comparing to during the pandemic where respondents obtained it 48.0% got it on a private location (at home or at friends'), 0% at a party/concert and 8.0% at a public location (street, bus station, park). This shows that the lockdowns did have an impact on consumption and ability to obtaining the drugs, much less to those who had close friends using or selling the drug.

Amount, length, frequency (pre-pandemic vs. since)

Only one use of the drug was stated by 20.0% of respondents, 16.0% stated for all of the following: up to 3 times, up to 5 times, up to 10 times, 12% stated up to 20 times, 8% stated up to 40 times and 12.0% stated they used the drug more than 40 times. Thus, roughly a third of users used the drug more than 10 times, which is quite a significant amount.

In length, 80.0% of respondents (out of all 25 who confirmed the use of at least one of the substances), reported having used the synthetic cannabinoids for a very limited amount of time, 8.0% for less than a month, 8.0% reported having used it for less than 3 months, while 2.0% reported that they used it for less than 2 years.

In regards to how often they used the drug before the pandemic, 8.0% used it few times a week, 4.0% every 3 months, 24.0% every half a year, 12.0% once a year and 52.0% less than once a year.

Comparing to during the pandemic where 56.0% respondents stated they never used it, 4.0% stated using it much less, 16.0% stated it somewhat less, 20.0% stated somewhat more and 4.0% much more than before the pandemic.

External appearance & testing

In looks, most of the drugs were mix of herbs for smoking (76.0%), pills or powder/crystals were reported by 8.0%, liquid/paste form was reported by 12.0%.

For testing, only 4.0% of users tested the drug before using it with 96.0% of users reporting no testing.

Experience assessment & side effects

Both positive and negative experiences with synthetic cannabinoids were reported by 52.0% of respondents (out of all 25 who confirmed the use of at least one of the substances), 40.0% reported only positive experiences and 8.0% reported only negative experiences. Some of the experiences included: feeling of slowing down, feeling of anxiety, confusion, paranoia, exhaustion, hallucination, higher heart rate, sweating, stomach problems, nausea, losing conscious, panicking; but also feeling well, at ease, state of happiness, peace, being high. One also stated that it depends on people and environment you take it in.

2. New developments

2.1 New Developments in the Use of Cannabis

See 1.2.2., 1.2.3.,1.2.4., 4.1.

3. Additional information

3.1 Additional Sources of Information

Evaluation of the effects of the new law on controlling tobacco use among secondary school pupils

In 2021, the NIJZ conducted a study among secondary school pupils titled 'Evaluation of the effects of the new law on tobacco control'. According to the study, 8.6% of secondary school pupils had smoked an e-cigarette with cannabis at some point in their life and 5.6% had done so in the previous 30 days (Koprivnikar and Zupanič 2021).

European Web Survey on Drug Use

Darja Lavtar, Maruša Rehberger, Andreja Drev

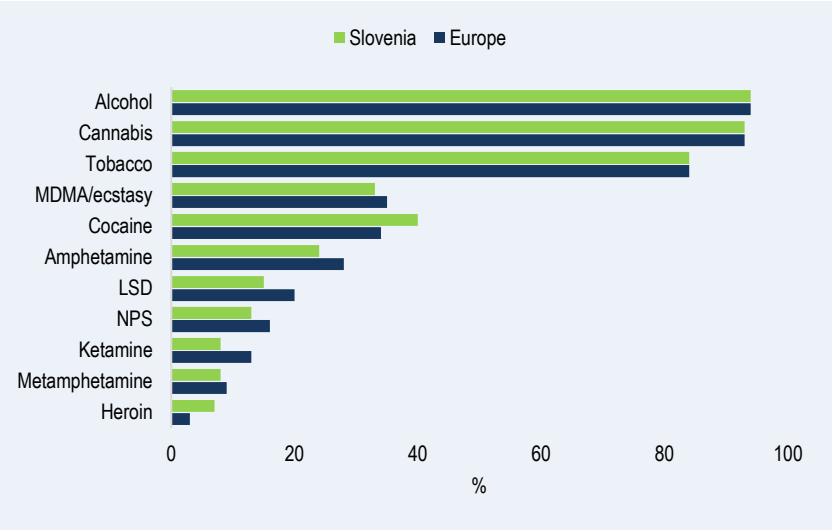
The NIJZ took part in the European Web Survey on Drugs, which took place in March and April 2021 and surveyed drug users aged 18 and over from 21 EU Member States and 9 non-EU countries. At that time, the inhabitants of many European countries were affected by the restriction on activities or movement as a result of the Covid-19 pandemic. A total of 2,738 people who said that they had used at least one illicit drug in the previous 12 months took part in the survey in Slovenia (a total of 48,469 respondents participated in the EU survey). The results of the survey for Slovenia are shown below.

According to the survey, most of the respondents (93%) reported that they had used cannabis in the previous 12 months, followed by stimulants such as cocaine (40%), MDMA/ecstasy (33%) and amphetamine (24%). Fifteen per cent of respondents reported using LSD in the previous 12 months, 13% reported using NPS, 8% reported using ketamine, 8% reported using methamphetamine, and 7% reported using heroin. A comparison with data for the EU shows that drug use in Slovenia was similar to that in the EU (Figure 5).

The three most common reasons given for using cannabis in the previous 12 months were: to alleviate stress, to sleep better and to socialise. Home was by far the most common setting for drug use in the previous 12 months (84% of respondents), followed by public spaces (46%) and music festivals or parties (41%).

The respondents reported a variety of experiences in response to the question of how the Covid-19 pandemic had impacted their illicit drug use. They used marijuana more and stimulants, such as MDMA, cocaine and amphetamines, less often. They also used NPS less often. Although the sample of respondents who reported using heroin was small, a large proportion of them reported increased use of the drug in this period.

Figure 5. Prevalence of drug use over the previous 12 months



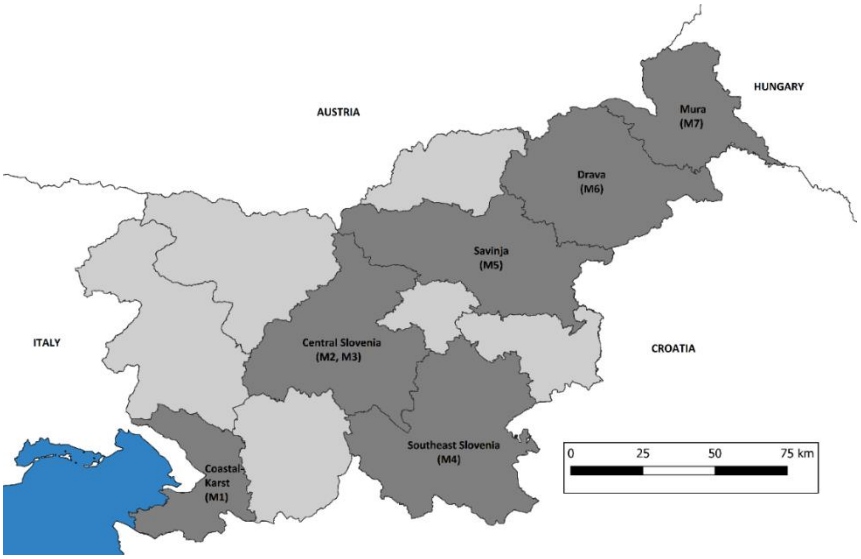
Source: European Web Survey on Drug Use, NIJZ, 2021

Results of the wastewater analysis from Slovenian education institutions

Taja Verovšek, Ester Heath

Using a wastewater analyssis, the Jožef Stefan Institute studied the extent of the use of legal drugs (nicotine/tobacco and alcohol), prescription drugs that are abused (morphine, codeine and methadone) and illicit drugs (cannabis, cocaine, amphetamine, methamphetamine, ecstasy and heroin) in Slovenian education institutions. That study included 44 education institutions that provide various levels of education (19 primary schools, 10 secondary schools, nine higher education institutions and six education institutions that provide secondary and higher education). The education institutions included in the study were selected from both urban and non-urban areas in seven Slovenian municipalities and six statistical regions. The results regarding the extent of drug use were compared with respect to level of education, geographic location and urbanisation. Comparisons were also made with the results of epidemiological studies (the European School Survey Project on Alcohol and Other Drugs (ESPAD), carried out among 15 and 16-year-olds; Health Behaviour in School-Aged Children (HBSC) survey, carried out among 11, 13, 15 and 17-year-olds; and SCORE monitoring 2019, general population).

Figure 6. Map of Slovenia indicating the distribution of sampled municipalities (M1–7) by statistical region



The results of the analysis were presented with the frequency of occurrence of drug biomarkers in samples from educational institutions (FO or frequency of occurrence represents the percentage of samples with a biomarker above the detection limit). The results show the presence of drugs that were not necessarily consumed at education institutions due to longer periods required for the urinary excretion of drug metabolites. In addition, the school environment includes not only students of all ages, but also the teaching staff, support personnel and visitors who could contribute to the presence of biomarkers in wastewater.

We can conclude the following from the results of the analysis of wastewater samples from education institutions (Table 5):

- in general, nicotine, alcohol and cannabis were the most widely used drugs, where the extent of use of alcohol and cannabis was comparable, despite varying levels of accessibility (permitted use of alcohol by persons above the age of 18 and the permitted use of THC solely for medical purposes);
- among prescription drugs that are abused, biomarkers were identified for morphine and codeine, while methadone biomarkers were below the detection limit;
- cocaine was the most widely used stimulant;
- various types of drugs (with a differing occurrence of biomarkers) were present in samples depending on the level of education. Standing out: varying extent of use of nicotine, alcohol and cannabis (primary schools: nicotine > cannabis > alcohol; other schools: same extent of use; biomarkers detected in 100% of samples); high frequency of the occurrence of morphine in higher education institutions (frequency of occurrence (FO) = 83%) and the occurrence of amphetamine specific for samples from higher education institutions;
- nicotine, alcohol, cannabis and cocaine were identified at education institutions in all seven municipalities, while a biomarker for at least one prescription drug that is abused was identified in nearly every municipality. Only in Ljubljana were biomarkers identified for all target drugs (with the exception of methadone and heroin);
- there is a link between the accessibility/use of cocaine and urbanisation, where the mixing of alcohol and cocaine was only identified in samples from urban areas; and
- despite differences in the extent of use of drugs taking into account the level of education, geographic location and urbanisation, only the level of education was seen as a factor that affects observed differences. Differences were seen primarily between primary schools and other education institutions.

Table 5. Occurrence of drug biomarkers in wastewater samples from all education institutions (FO, n=40).

Drug	Biomarker	FO [%]
Nicotine (tobacco)	HCOT	98
	Cotinine	100
	Nicotine	100
Alcohol	Ethyl sulfate	80
Morphine	Morphine	40
Codeine	Codeine	23
Methadone	Methadone	n.d.
	EDDP	n.d.
Cannabis	THC-COOH	93
Cocaine	Cocaine	75
	Benzoylecgonine	50
	Cocaethylene	8
Amphetamine	Amphetamine	5
Methamphetamine	Methamphetamine	13
Ecstasy	MDMA	15
Heroin	6-acetylmorphine	n.d.

n.d. = not detected (<LOD)
EDDP: 2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine; HCOT: trans-3'-hidroksikotinin; MDMA: 3,4-methylenedioxy-methamphetamine; THC-COOH: 11-Nor-9-carboxy-delta-9-tetrahydrocannabinol

3.2 Further aspects of cannabis use

Anej Korsika Knific

At the end of July 2021, the Ministry of Health sent a draft Act on the Cultivation of and Trade in Cannabis for Medicinal Purposes to the Government Office for Legislation and for inter-ministerial coordination. The draft act defines the precise conditions for obtaining a licence to cultivate medical cannabis, and gives new powers to the Ministry of Health, the National Laboratory for Health, Environment and Food, and the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia. The Ministry of Health will be responsible for granting and revoking licences for the cultivation of cannabis for medicinal purposes and, together with the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia, for issuing a public call for the granting of licences. The Ministry of Health will also be responsible for setting the quantity and price of produce for the domestic market.

The National Laboratory for Health, Environment and Food will be solely responsible for the purchase of medicinal cannabis for the domestic market for analytical testing of the standardised quality of medicinal cannabis and for resale on the Slovenian market. The Agency for Medicinal Products and Medical Devices of the Republic of Slovenia is responsible for controlling the holders of cultivation licences and the quality of harvested product.

The National Laboratory for Health, Environment and Food is solely responsible for the trading of cannabis for medicinal purposes. The Agency for Medicinal Products and Medical Devices of the Republic of Slovenia may also grant a selected holder of a licence for the cultivation of cannabis for medicinal purposes a licence for export to a foreign market, provided that quantities are announced in advance, and are intended for a customer who holds an import licence for their country.

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 the most prevalent among stimulant drugs in Slovenia, followed by amphetamine. The relative importance of individual stimulants differs among different age brackets and different user groups, but this drug group in general is used most commonly by participants of nightlife events and high-risk drug users.

For several years, cocaine has been the stimulant drug which was responsible for users most frequently seeking help, either by entering a treatment programme or pursuing other forms of help. Cocaine also causes the highest number of intoxications and deaths among the individual stimulant drugs. In 2018 and 2019, cocaine was the leading cause of death caused by a single substance. During the period of ecstasy shortage and later in the time of the economic and immigrant crisis with a cocaine shortage on the drug market, the synthetic cathinone 3-MMC gained popularity in different user groups (Sande et al. 2016) but with time, its presence decreased again. In the last five years, high-purity cocaine and very potent ecstasy tablets have been detected on the drug market. In addition, non-governmental organisations report significant accessibility of cocaine in the nightlife setting and among various groups of users, including young users (SI EWS 2017, 2018, 2019, 2020 monthly reports).

1.1.2 Stimulant Use in the General Population

Andreja Drev, Darja Lavtar, Maruša Rehberger

The findings of the 2018 National Survey on the Use of Tobacco, Alcohol and other Drugs Use show that ecstasy, cocaine and amphetamines are the most widely used stimulant drugs among Slovenia inhabitants aged 15–64 years. 2.9% of inhabitants in the age group 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 ecstasy, cocaine, and amphetamine use is higher in men than in women (Table 1).

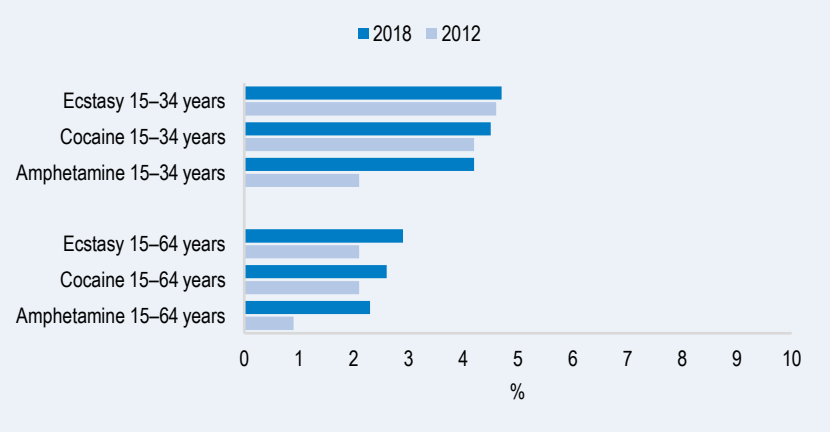
Table 1. The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

	Total (%)	Male (%)	Female (%)
Ecstasy 15–64			
Lifetime	**2.9**	3.6	2.2
Last year	**0.5**	0.6	0.4
Last month	**0.2**	0.3	0.1
Ecstasy 15–34			
Lifetime	**4.7**	5.2	4.1
Last year	**1.3**	1.5	1.0
Last month	**0.5**	0.6	0.3
Cocaine 15–64			
Lifetime	**2.6**	3.6	1.6
Last year	**0.8**	1.0	0.5
Last month	**0.3**	0.4	0.2
Cocaine 15–34			
Lifetime	**4.5**	5.6	3.3
Last year	**1.8**	2.3	1.2
Last month	**0.7**	0.9	0.4
Amphetamine 15–64			
Lifetime	**2.3**	3.2	1.4
Last year	**0.4**	0.5	0.3
Last month	**0.2**	0.3	0.1
Amphetamine 15–34			
Lifetime	**4.2**	5.5	2.8
Last year	**1.1**	1.4	0.7
Last month	**0.5**	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 mainly in the use of amphetamine (Figure 1).

Figure 1. 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

ESPAD
Tanja Urdih Lazar

The ESPAD survey includes questions related to the use of the following stimulants: ecstasy, amphetamines, methamphetamines, cocaine and crack cocaine. Some 6.3% of 15- to 16-year-olds had tried one of these stimulants at some point in their lives (4.9% in 2015). Ecstasy had been used by 2.9%, amphetamines by 1.3%, methamphetamines by 2%, cocaine by 2.9% and crack cocaine by 0.9% of respondents. The differences between the sexes are small and not statistically significant. In the 12 months prior to the study, ecstasy had been used by 2.4%, cocaine by 2.1%, methamphetamines by 1.8%, and amphetamines and crack cocaine by up to 1% of respondents.

In 2019, as in previous ESPAD studies, the use of stimulants among the research group was relatively rare. The same applies to all illicit drugs with the exception of cannabis. The 15- and 16-year-olds surveyed believed these stimulants to be quite easily accessible. Slovenian schoolchildren in 2019 recorded one of the highest figures of all schoolchildren in Europe when it comes to the perceived accessibility of ecstasy, with 22% stating that ecstasy was quite or very easily accessible. The proportion in this age group was only higher in the Czech Republic (24%). Slovenian respondents were also near the top of the list in comparison with other countries when assessing the availability of cocaine and crack. A fifth believed that cocaine was quite or very easily accessible, and 13% of respondents agreed that crack was easy to obtain.

Data of HBSC 2018 and About the Lifestyle and Risky Behaviour of Children and Youth surveys is presented in the 2020 Report on the drug situation.

Stimulant Use in Other Sub-populations
Živa Žerjal, Ines Kvaternik, Andreja Drev

According to data from the survey conducted in 2020 by the National Institute of Public Health in the vulnerable group of young adults (16 to 28 years of age), included in the Project Learning for Young Adults (PLYA) programme, ecstasy, cocaine and amphetamine have already been used at least once in their lives by 30.3%, 26.1% and 25.6% of those persons, respectively.

Stimulant drugs are also popular among harm reduction programme users, who are most often opioid drug users. In the Survey on harm reduction users 2021, approximately two thirds (65.1%) of the respondents reported they used stimulant drugs (cocaine, amphetamines, methamphetamines and ecstasy). The highest percentage of respondents reported using cocaine in the last year (60.4%). 20% of drug users consumed cocaine several times per week, 3.5% used cocaine once per week, 13% used cocaine every day or several times per day. The highest percentage of cocaine users were aged 40 to 44 (38.8%).

23.5% of the respondents used amphetamines and methamphetamines in the last year. 24.2% reported using these drugs several times per month and 39.4% reported using them a couple of times per year, while 22.9% used them once per week or more often, 3% of these users used them on a daily basis. The highest percentage of amphetamine and methamphetamines users was in the 40 to 44 age bracket (32.9%). 16.8% of the respondents used ecstasy in the last year. Most of them (57.4%) used ecstasy a couple of times per year only. The highest percentage of ecstasy users was in the 40 to 44 age bracket (36%).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Stimulants Use

Ines Kvaternik, Živa Žerjal

Among respondents from harm reduction programme participants (Survey among drug users in harm reduction programs, 2021), who reported they had used cocaine (60.3%) in the last year, 39.7 of them injected cocaine and 29.3% combined injections with other routes of administration, 23.4% snorted it, 4% smoked it and 4% combined smoking and snorting. Among users who said they used amphetamine and methamphetamine (23.5%), 10.3% injected the drugs, 35.3% snorted them, 7.4% smoked, 10.3% used orally and 13.2% of these users combined injecting with other routes of administration (oral, snorting, smoking etc.) and 17.6% combined smoking with other routes of administration. Among ecstasy users (16.8%), the largest percentage (67.3%) consumed it orally (ate/drank it), 6.1% snorted it, and 20.4% of users combined oral consumption with snorting. 6.1% of users combined injections with other routes of administration.

1.2.2 Treatment for Stimulants

Andreja Drev, Nataša Delfar

Data on treatment demand reveals that in 2021, 4.7% (10 persons) of users who entered a treatment programme in the CPTDA network for the first time or again, sought help for stimulant use. The majority of them were men (8 persons). Among stimulants, cocaine is the most common drug for which users enter treatment. In 2021, cocaine was the second most frequent reason for entering treatment overall (Figure 3, see section A Cannabis 1.2.2). The mean age at which users entered for stimulant/cocaine problems was 42.4 years (detailed statistics available in the Treatment Workbook).

In Slovenia, users of stimulant drugs either enter a drug addiction treatment programme in the CPTDA network or seek help through NGO programmes which provide services to stimulant drug users (DrogArt Association, Society Up, Projekt Človek and within NIPH Centre for treatment of addiction). In 2021, these four institutions provided counselling and psychotherapy services to 167 persons who joined their programme for cocaine-related problems.

1.2.3 High Risk Stimulant Use

Miran Brvar

Data on intoxications with illicit drugs, which is collected by emergency medical units at the University Medical Centre Ljubljana reveals that the number of cocaine intoxications treated was similar between 2010 and 2013, but more than doubled in 2014 in Ljubljana (34 cases of intoxication in 2014). In 2016, 54 patients were treated for cocaine intoxication, exceeding the number of acute emergencies caused by heroin. In 2018, the number of cocaine intoxications treated reached its highest level of the past 16 years, and cocaine became the most frequently abused illicit drug by patients treated at the University Medical Centre Ljubljana's emergency units for the first time ever. The number of cocaine intoxications dropped slightly in 2019, however the proportion of cocaine intoxications relative to the proportion of heroin intoxications increased, as we treated twice as many patients suffering from cocaine intoxication than heroin intoxication in 2019. The number of cocaine intoxications fell further in 2020, which could be explained by the COVID-19 epidemic. In 2021 the number of intoxications again rose, with cocaine intoxications once again being more common than heroin intoxications.

The number of intoxications with 'traditional' amphetamine-type stimulants, including amphetamine, methamphetamine, MDMA and similar phenethylamines, was down by 50% in years 2020 and 2021 relative to 2019. In 2019, intoxication cases dropped only slightly relative to 2018, when the highest number of intoxications was recorded in the last ten years. We attribute this to the restrictions associated with the COVID-19 epidemic.

1.2.4 Synthetic Cathinones

Tilen Kozole, Marija Sollner Dolenc

From April 2021 to June 2021, a survey was conducted on the use of new psychoactive substances and illegal drugs among the students of Slovenian universities. 319 correctly filled-out questionnaires were collected in the survey.

Usage and its probability

Regarding having consumed synthetic cathinones, around 1.6% have answered that they have taken it and out of those 40% has confirmed they still use them. In regards to the possibility of taking synthetic cathinones, 57.2% of all (319 respondents) was strongly opposing the possibility of usage, 40.3% stated the usage will very likely not happen, while 2.6% stated they might take them and 0% that they are very likely to take them.

Knowledge self-evaluation

68.3% of all 319 respondents stated they know nothing about the drug (worryingly, 20.0% in users), 27.9% stated they know just a little (compared to again worryingly 80% in users), 3.4% stated they know quite a lot (none in users) and no one stated they know a lot.

Identification & prevalence and age of first use

The survey on NPS use among the students at Slovenian universities revealed that more students recognize synthetic cathinones than synthetic cannabinoids, however, the usage was lower. The selected synthetic cathinones listed in Table 2 were known by around 11.9% of respondents on average (which is around 2% more than in synthetic cannabinoids), whereas on average 36.7% recognized it among users (which is 3-fold recognition compared to synthetic cannabinoids). Respondents also indicated their age upon first contact with such drugs, which on average amounted to 23 years, with the lowest reported age upon first use of these drugs was 21 and the highest was 25. The most widely recognized was 3-MMC (called 'sladoled' or ice cream on the streets of Slovenia) with 43.9% (100.0% among users), followed by 4-MMC with 24.5% (80.0% among users), followed by methcathinone with 22.6% and hexen with 17.6% (Table 2). The use of synthetic cathinones was reported by an average of 1.6% of all (319) respondents, most of them reporting the use of 3-MMC (100% among users) and 4-MMC (40% among users).

Table 2. The share (%) of identification and lifetime prevalence of synthetic cathinones use among all (319) students

Drug	Identification (%) (n=319)	Identification (in users %) (n=4)	Prevalence (per all %)	Prevalence (in users %)
4-MMC (Mefedrone)	24.50	80.00	0.60	40.00
3-MMC (Ice-cream, ice)	43.90	100.00	1.60	100.00
Methylone (Explosion)	8.50	60.00	0.00	0.00
Alpha-PVP	5.60	20.00	0.00	0.00
Hexen	17.60	20.00	0.00	0.00
4-CMC	5.30	40.00	0.00	0.00
4-MEC	0.90	20.00	0.00	0.00
Ethcathinone	4.70	20.00	0.00	0.00
Pentedrone	5.00	40.00	0.00	0.00
Methcathinone (Ephedrone)	22.60	20.00	0.00	0.00
MDPV	4.40	20.00	0.00	0.00
Others	0.00	0.00	0.00	0.00
On average	11.9	36.7		

Source: Survey on NPS among students at Slovenian universities, University of Ljubljana, Faculty of Pharmacy, 2021/2022

Procurement (how & where)

When questioned how they encountered synthetic cathinones before pandemic, 80.0% of respondents answered that they got them from their friends, 80.0% answered that they got them at a party, 20.0% bought them from a dealer and none bought them online nor in a specialised shop.

Comparing to during the pandemic where respondents got in contact through: friends (80.0%), at parties (20.0%) and from a dealer (20.0%).

In regards to the location where they obtained the drug, before pandemic 60.0% got it on a private location (at home or at friends'), 40.0% at a party/concert and 20.0% at a public location (street, bus station, park).

Comparing to during the pandemic where respondents obtained it 40.0% got it on a private location (at home or at friends') and none at a party/concert nor at a public location.

Amount, length, frequency (pre-pandemic vs. since)

Only one use of the drug was stated by 20.0% of respondents, 20.0% stated for up to 3 times, 40% for up to 5 times, and lastly 20.0% for up to 10 times. There was no user stating using it for more than 10 times.

In length, all respondents reported having used the synthetic cathinones for a very limited amount of time.

In regards to how often they used the drug before the pandemic, 20.0% used it every half a year and the rest (80.0%) stated using it less than once a year.

Comparing to during the pandemic where 40.0% respondents stated they never used it, 20.0% stated using it much less and 40.0% stated it somewhat less. No one reported using it somewhat/much more.

External appearance & testing

When questioned about the looks, all respondents stated it was in form of powder or crystals, with only 20% of respondents stating they tested the drug before using it.

Experience assessment & side effects

When questioned about their experience with these drugs, 40.0% of respondents reported positive effects, 40.0% reported mixed both positive and negative effects, and 20.0% of respondents reported only negative effects. Some of the experiences included: burning sensation on nasal mucosa, feeling really bad, having fun, feeling good.

1.2.5 Injecting and other Routes of Administration

Among harm reduction programme participants who used cocaine in 2021, 68.4% reported injecting it, while 23.5% of amphetamine and methamphetamine users and 6.1% of ecstasy users reported injecting the drugs.

Cocaine is the stimulant drug which is most commonly injected by harm reduction programme participants. There was no significant change in the proportion of those injecting cocaine between 2020 and 2021.

0.5% of ESPAD respondents aged between 15 and 16 confirmed injecting a drug with a syringe, although this question referred to drugs that could be specifically used in this way, e.g. heroin.

2. New developments

2.1 New Developments in the Use of Stimulants

See 1.2.2., 1.2.3.,1.2.4., 4.1.

3. Additional information

3.1 Additional Sources of Information

Wastewater- based epidemiology: drug consumption in six Slovenian municipalities

Taja Verovšek, Urška Blaznik, Ada Hočevar Grom, David Heath, Maria Laimou-Geraniou, and Ester Heath

Wastewater-based epidemiology (WBE) was used to investigate the use of stimulants, namely amphetamine, methamphetamine, ecstasy or 3,4-methylenedioxymethamphetamine (MDMA) and cocaine, and cannabis (∆-9-tetrahydrocannabinol, THC) in wastewater (obtained over 7 consecutive days) of six Slovenian municipalities: Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto and Velenje. Results on drug consumption in Slovenian municipalities were compared with the data obtained for other major cities within an international monitoring campaign organised by the Sewage Analysis CORe group Europe (SCORE) in 2021 [1, 2]. Finally, timely trends in drug use in Slovenian municipalities were explored.

Results:

A) Biomarkers mass load

Mass loads (g/day) of biomarkers for cocaine (benzoylecgonine), amphetamine (amphetamine), methamphetamine (methamphetamine), ecstasy (MDMA), and cannabis (11-nor-9-carboxy-Δ^9-tetrahydrocannabinol, THC-COOH) in wastewater were used to explore daily patterns in drug use within individual municipality. A distinctive weekly pattern, i.e., higher mass loads of biomarkers during weekends in connection with increased consumption of stimulants [3-5], was typically observed when analysing wastewater before COVID-19 pandemics (SCORE monitoring campaigns 2017–2019)[6,7]. In contrast, a distinctive weekly pattern was observed mainly for benzoylecgonine during the COVID-19 lockdown in 2020[8], confirming the effect of COVID-19 lockdowns on drug consumption patterns[9,10]. Similarly, in 2021 (short lockdown within the sampling period: 1.4.–11.4.2020), higher mass loads of benzoylecgonine were observed over the weekend in comparison to weekdays in all participating Slovenian municipalities (Figure 2), while mass loads of MDMA increased in Ljubljana, Domžale-Kamnik, and Koper. No distinctive weekly pattern was observed for THC-COOH, which is typical for drugs used regularly throughout week[3].

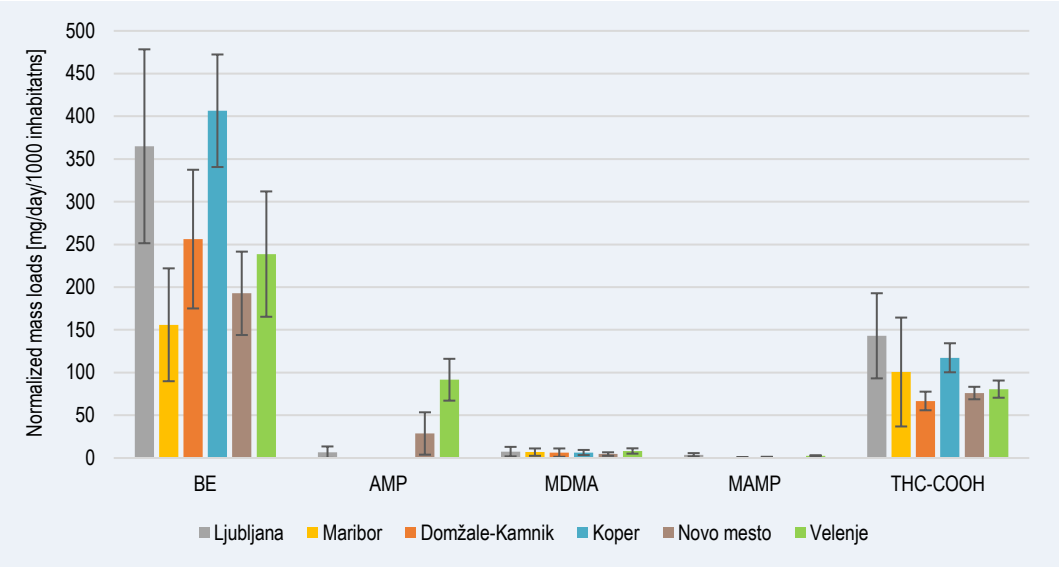
Figure 2. Daily variations in drug mass loads in 2021

AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH – 11-nor-9-carboxy-Δ9-tetrahydrocannabinol

All biomarker mass loads were normalised to the population served by wastewater treatment plant to compare the data between different-sized municipalities. The highest average mass loads of THC-COOH (143 mg/day/1000 inhabitants) and methamphetamine (3.75 mg/day/1000 inhabitants) were observed in Ljubljana, amphetamine (91.7 mg/day/1000 inhabitants) and MDMA (8.21 mg/day/1000 inhabitants) in Velenje and benzoylecgonine (407 mg/day/1000 inhabitants) in Koper (Figure 3).

Figure 3. Average mass loads and standard deviations (7 monitoring days) of selected drug biomarkers in six Slovenian municipalities in 2021

AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH – 11-nor-9-carboxy-Δ9-tetrahydrocannabinol



Slovenian municipalities mainly scored below the 2021 SCORE average for the monitored biomarkers of stimulants (Table 3). Only amphetamine in Velenje and benzoylecgonine in Koper were above 2021 SCORE average. Benzoylecgonine in Ljubljana was right below the 2021 SCORE average. In contrast, THC-COOH loads were above the 2021 SCORE average in all Slovenian municipalities.

Table 3. Average mass loads (7 monitoring days) and the estimated 2021 SCORE averages

AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH – 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol

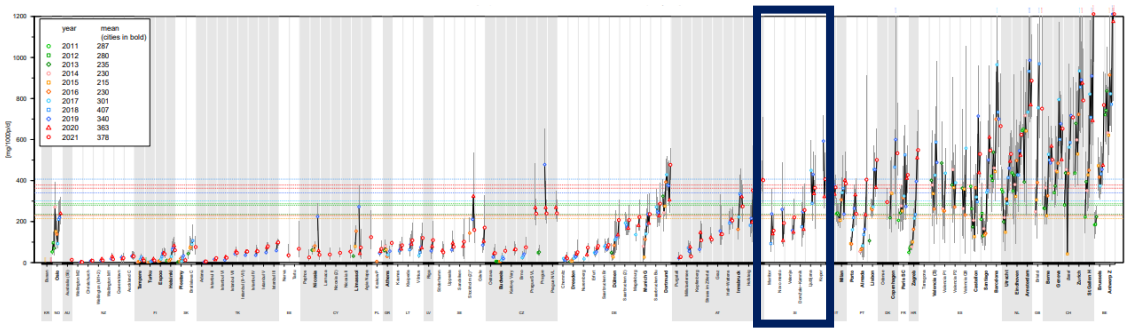
Biomarker of illicit drugs	Ljubljana	Maribor	Domžale-Kamnik	Koper	Novo mesto	Velenje	2021 SCORE average [1]
	Normalized mass loads [mg/day/1000 inhabitants]						
BE	365	156	256	407	193	239	378
AMP	6.78	n.a.	n.a.	n.a.	28.7	91.7	81
MDMA	7.49	6.86	6.33	6.42	4.59	8.21	23
MAMP	3.75	n.a.	0.642	1.14	n.a.	2.70	28
TCH-COOH	143	101	66.7	117	76.0	80.6	42

n.a. – not applicable (measured concentrations of biomarker were under the limit of quantification in all obtained wastewater samples)

In the SCORE, participating municipalities (2021: n=90) are ranked according to normalized mass loads of biomarkers (the 1st having the highest normalized mass load of biomarker). Slovenian municipalities (Figure 4. a–e)[2] ranked in the upper half regarding benzoylecgonine: Ljubljana (25th), Maribor (41st), Domžale-Kamnik (29th), Koper (20th), Novo mesto (38th), and Velenje (31st), while with mass loads of the biomarkers of other stimulants, they mainly ranked in the lower half: amphetamine (<37th), MDMA (<49th) and methamphetamine (<51st). The exception was Velenje, which ranked 15th for amphetamine. Regarding THC-COOH, Slovenian municipalities ranked 3rd–26th.

Figure 4. Ranking of Slovenian municipalities based on benzoylecgonine (a), amphetamine (b), MDMA (c), methamphetamine (d) and TCH-COOH (e) normalised mass loads in SCORE 2021 (adapted from SCORE graphical representation of results 2021[1]); y-axe: biomarker mass loads (mg/day/1000 inhabitants), x-axe: participating cities and countries.

(a)



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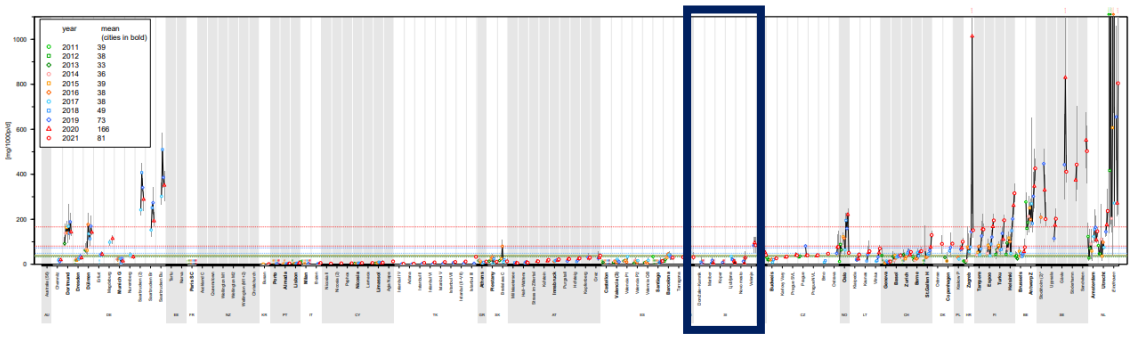

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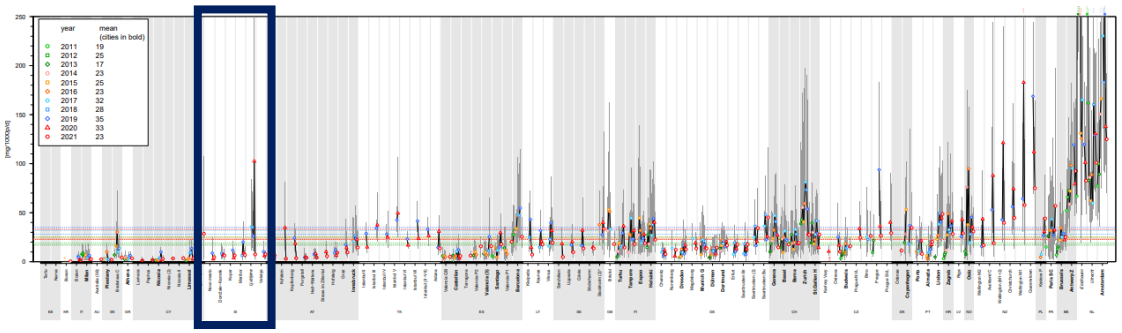

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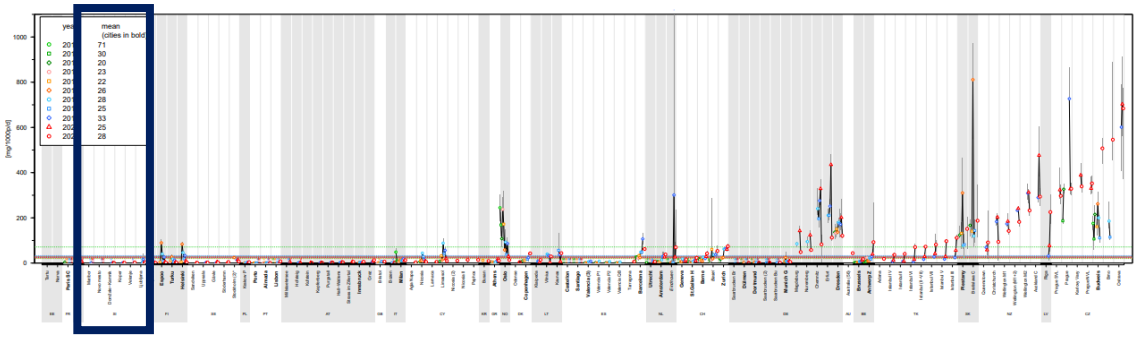
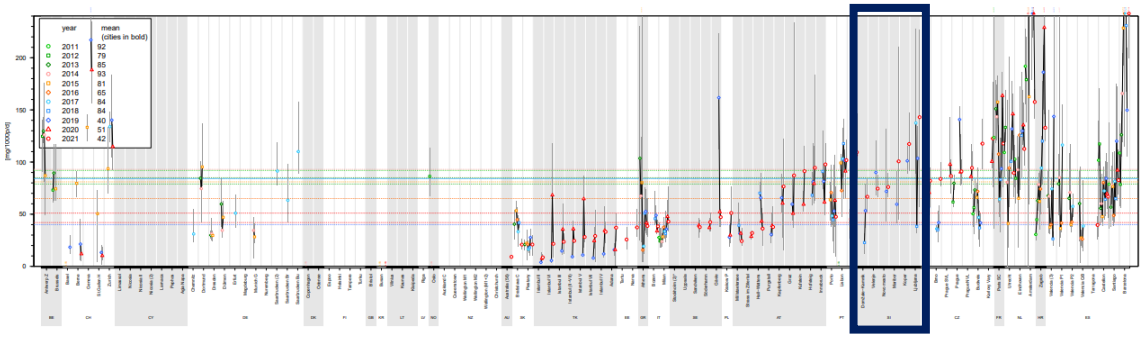


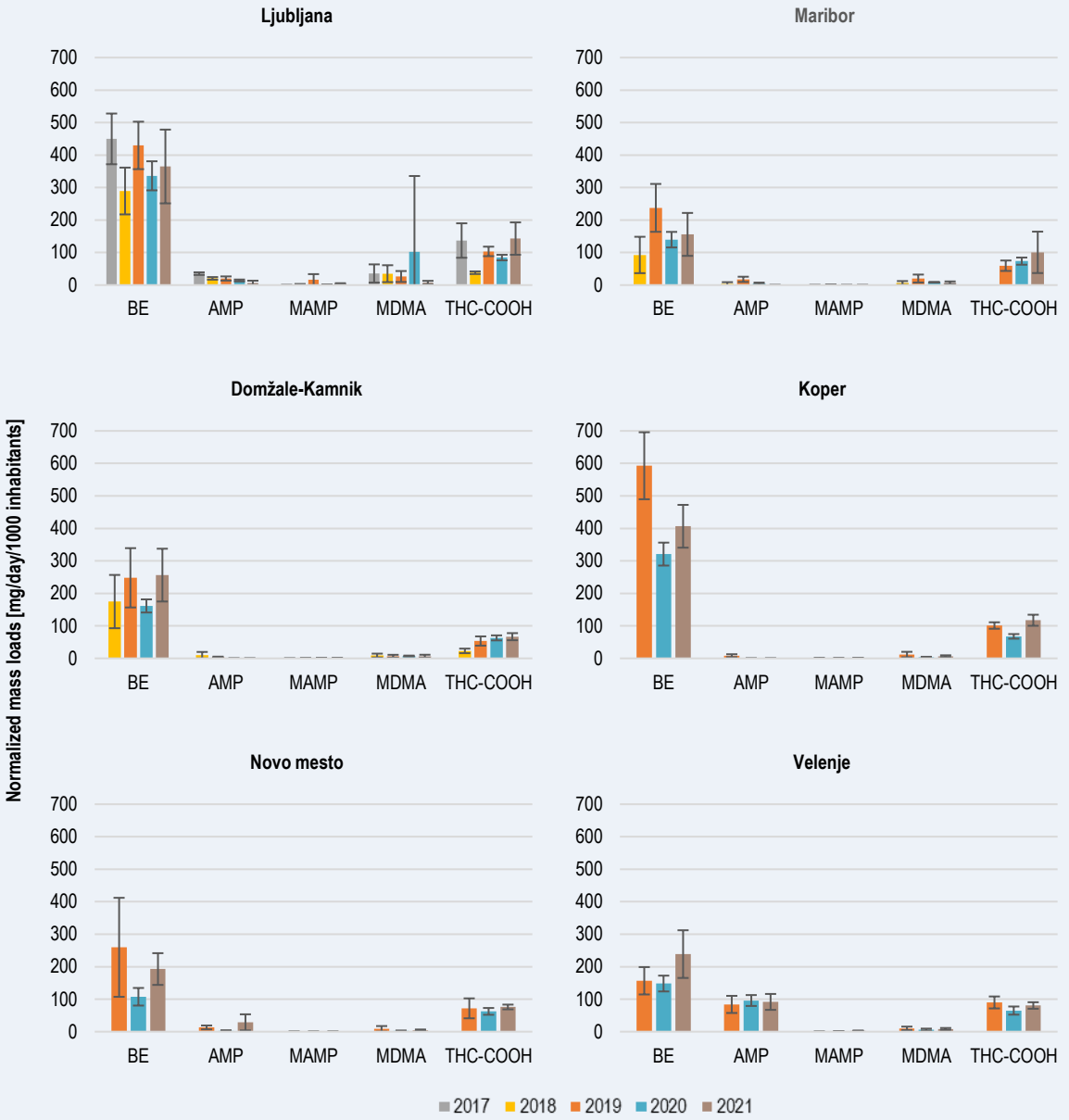
(e)



According to SCORE[1], at least five annual measurements are needed to predict temporal trends in drug use. In 2021, only Ljubljana was involved in SCORE for five consecutive years. However, specific trends can be observed in Maribor and Domžale-Kamnik, which were included in SCORE monitoring for four years (since 2018). During the five-year monitoring campaign, cocaine, amphetamine and MDMA consumption in Ljubljana (included in SCORE monitoring since 2017) generally decreased (Figure 5). The exception was the high average MDMA load in 2020 (a consequence of unusually high MDMA loads in one of seven wastewater samples), which most likely originated from unused MDMA disposed in the sewer system as it was indicated using enantiomeric profiling[11]. Consumption of methamphetamine and cannabis has been relatively constant. In Maribor (included in SCORE monitoring since 2018), the only trend observed is the increasing consumption of cannabis (Figure 5). In addition to cannabis, cocaine use has increased in Domžale-Kamnik (included in SCORE monitoring since 2018), while consumption of amphetamine continues to decline (Figure 5). Due to fluctuations in drug use in Koper, Novo mesto and Velenje (included in SCORE monitoring since 2019), no clear drug use patterns were observed (Figure 5). The exception is cocaine consumption in Velenje, which was higher in 2021.

Figure 5. Average mass loads and standard deviations (7 monitoring days) of selected drug biomarkers for Slovenian municipalities, participating in SCORE monitoring for three or more consecutive years

AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH – 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol



B) Drug consumption estimates

Drug consumption estimates (mg of drug/day/1000 inhabitants or doses/day/1000 inhabitants) are back-calculated from normalised mass loads of biomarkers (mg of biomarker/day/1000 inhabitants) taking into account correction factor that considers the percentage of parent drug metabolite excreted and the parent drug-to-metabolite molar mass ratio. Cannabis (Table 4) was the most consumed drug (average consumption: 167–314 doses/day/1000 inhabitants), while cocaine was the most used stimulant (average consumption: 12.4–32.4 doses/day/1000 inhabitants). The same consumption trend was also observed in 2020[8].

Table 4. Average illicit stimulant use

	Ljubljana	Maribor	Domžale-Kamnik	Koper	Novo mesto	Velenje
	Drug use [mg/day/1000 inhabitants]					
Cocaine	1310	560	920	1459	692	857
Amphetamine	18.8	n.a.	n.a.	n.a.	79.5	254
Methamphetamine	16.8	n.a.	2.77	4.88	n.a.	11.8
Ecstasy (MDMA)	32.8	30.1	27.7	28.2	20.2	36.0
Cannabis (THC)	26031	18319	12148	21352	13839	14671
	Drug use [doses/day/1000 inhabitants]					
Cocaine	29.1	12.4	20.4	32.4	15.3	19.0
Amphetamine	0.395	n.a.	n.a.	n.a.	1.67	5.343
Methamphetamine	0.838	n.a.	0.138	0.244	n.a.	0.588
Ecstasy (MDMA)	0.345	n.a.	0.291	0.297	0.213	0.379
Cannabis (THC)	314	221	146	257	167	177

n.a. – not applicable (measured concentrations of the biomarker in all raw wastewater samples were under the limit of quantification)
THC – Δ-9-tetrahydrocannabinol

Conclusions

Six Slovenian municipalities (Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto and Velenje) participated in the 2021 SCORE monitoring. Among them, cannabis and methamphetamine use was highest in Ljubljana, while amphetamine and MDMA use was highest in Velenje. Koper had the highest cocaine use. Generally, normalized mass loads of stimulants' biomarkers were below the 2021 SCORE average in Slovenian municipalities, except for Koper (benzoylecgonine) and Velenje (amphetamine), while the average loads of THC-COOH were consistently above the SCORE average. The data from 3–5 years monitoring shows, cocaine, amphetamine and MDMA use has declined in Ljubljana, while the use of cannabis in Maribor and cannabis and cocaine in Domžale-Kamnik increased.

3.2 Further Aspects of Stimulant Use

Within the EWS, we investigated the reasons for the high levels of amphetamine found in waste water in the Municipality of Velenje. According to the data we collected, amphetamine use is present among drug users and construction workers in the Velenje area. This latter group are assumed to use amphetamine to help them handle their daily workload.

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 the context of illicit drug use means heroin primarily but also medications used in substitution therapy (methadone, buprenorfin). In the last three years, cases of fentanyl and tramadol use were also detected.

Slovenia has a highly accessible treatment system and an extensive system of harm reduction programmes with counselling and informing, where needles and syringes are also distributed. In drug-related harm reduction programmes, an increase in the use and injection of substitution medicines from the black market by opioid users is being detected. In general, the user population in treatment and harm reduction programmes is ageing. On the other hand, young opioid users are appearing who refuse to participate in such programmes or socialise 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 highest number of drug-related deaths, with heroin being the main cause of death within this group of drugs. In 2017, a significant increase of deaths attributable to synthetic opioids was seen in Slovenia for the first time (7), while in 2018, the number of deaths caused by synthetic opioids rose to 15. This number includes two persons who died due to fentanyl, while the remaining 13 succumbed 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 the general population by using indirect methods in Slovenia. Data is available on the prevalence of use among the general population, school population and subpopulations. 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) In the nightlife setting (Research on drug checking service evaluation; Sande 2017), 2.4% of participants 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 had been conducted in recent years tor Slovenia, where the problematic or reoccurring use of heroin and other opioids was investigated which causes a number of health and social problems for their users. In the calculation of the number of high-risk opioid users (HROU) the treatment multiplier method has been applied with two different databases. The records of treatment of drug users (the TDI database) and the survey among drug users in harm reduction programs (the HR database).

To estimate the number of high-risk opioid users in year 2021, we used the data provided by 17 out of 21 Centres for the prevention and treatment of illicit drug addiction and the Centre for Treatment of Addiction and from prisons. In total, 2482 different drug users were in database TDI and the data on the number of incarcerated people receiving substitution therapy have been added (873 persons) and the interpolated number of persons for the centres that have not reported number of treated persons in that year (70 persons). Data for HR database was collected from all 12 harm reduction programs, where the survey with the questionnaire was applied among them (Survey among drug users in harm reduction programs, 2021).The response rate was 15.4 %, where 300 drug users filled the questionnaire among 1.944 different drug users included in harm reduction programs in year 2021.

Table 1 shows the estimated number of high-risk opioid users in Slovenia estimated with treatment multiplier method. We estimated that there were about 4.125 high-risk opioid users in Slovenia in 2021 (with the 95% confidence interval from 3.850 to 4.450), which in relative share means 3.0 users per thousand residents in the age group 15 to 64 years. Since both datasets are from treatment programs, the applied estimation is more likely underestimated as well it is hard to isolate the drug users within the age group 15-64, however, majority of those drug users fall into this age group.

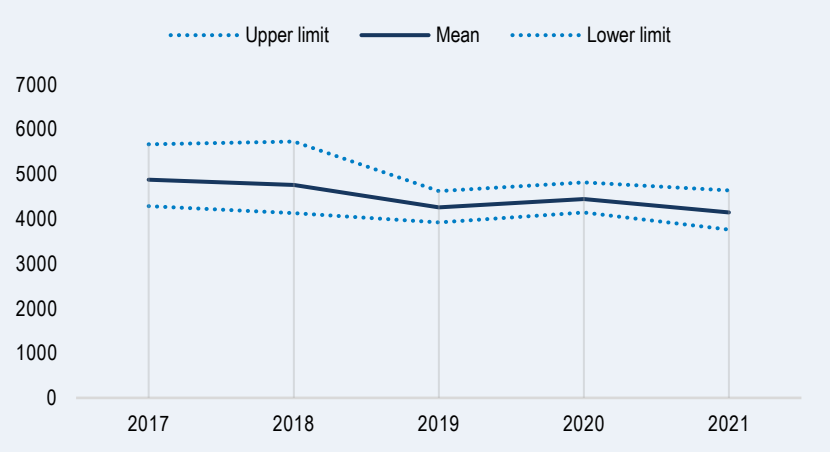
Table 1. An estimated number of high risk opioid users (HROU) in year 2019, using the treatment multiplier method (used datasets from OST and HR programs)

	Lower limit	Average estimate	Upper limit
HROU number estimate	3.850	4.125	4.450
15–64/1,000 resid.	2.9	3.0	3.2

Source: Datasets from OST and HR programs (NIPH), estimated number of HROU using treatment multiplier method (NIPH), number of inhabitants in year 2020 (SURS)

The estimated number of HROU in Slovenia showed that there was approximately 4.125 high-risk opioid users in year 2021. That indicates a stable trend in the number of such users in the last years (Figure 1), despite the epidemic situation and its problems and measures. The estimate number covers mostly drug users who are more likely included in health programs, as both databases are based on treatment (TDI) or assistance to users (HR programs).

Figure 1. Estimate of the number of high risk opioid users, 2017–2021



Source: NIPH, Datasets from OST and HR programs (NIPH), estimated number of HROU from 2017–2021, using treatment multiplier method

We assume that the HROU calculation is underestimated, since we calculate the entire population of high-risk drug users (HRDU) based on available data sources from treatment centres and non from other sources. There is mostly younger population of drug users who is less likely present/included in existing harm reduction or treatment programs (for opioids).

In view of that we also calculated the number of injection drug users. For that purpose, we used the data from the TDI database and death register correlated to drug related deaths. The estimated number of injection drug users was obtained with the capture recapture method (CRC) and it shows that in the period from 2019 to 2020 there were about 7400 injection drug users in Slovenia. We assume that this estimate is overestimated, since persons who are not included in treatment programmes, are more likely to die due to drug use. 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.

In 2020, in response to the increased incidence of visible drug use and the problems associated with this, we calculated the number of intravenous drug users in the Ljubljana area. In 2020, 550 users were involved in drug paraphernalia exchange programmes in this area, according to three non-governmental organisations that run such programmes. With the help of figures on the frequency of visits by users to a drug paraphernalia exchange programme, we calculated the number of intravenous drug users in the Ljubljana area. We first calculated the frequency of visits per user, then, using a single source method and Poisson distribution, we estimated the value of the hidden population and then the number of intravenous drug users. We can conclude, based on the calculations, that there are around 1,250 intravenous drug users in the Ljubljana area (95% confidence interval from 1,100 to 1,500). Given that users that inject belong to the most at-risk group of drug users, we will in future also produce a national estimate of the number of intravenous drug users using the data-collection method and methodology we developed for this regional estimate.

Context information
Since 2013, the prevalence of high-risk opioid use in Slovenia has been relatively stable. The data also shows the number of people seeking help in treatment centres did not decrease dramatically during the covid-19 pandemic (See Harms and Harm Reduction Workbook, 2021). This is probably due to a stable pattern of heroin use according to Survey among harm reduction programmes users. Generally, opioid use no longer seems to be as attractive for younger persons, as opposed to cannabis and stimulants, so clients in treatment and harm reduction programmes represent an ageing cohort (older population). This is also corroborated by the fact that the average age of drug overdose victims has been rising for years. The ageing of this population is giving rise to a number of additional problems and needs, both health-related and social in nature.

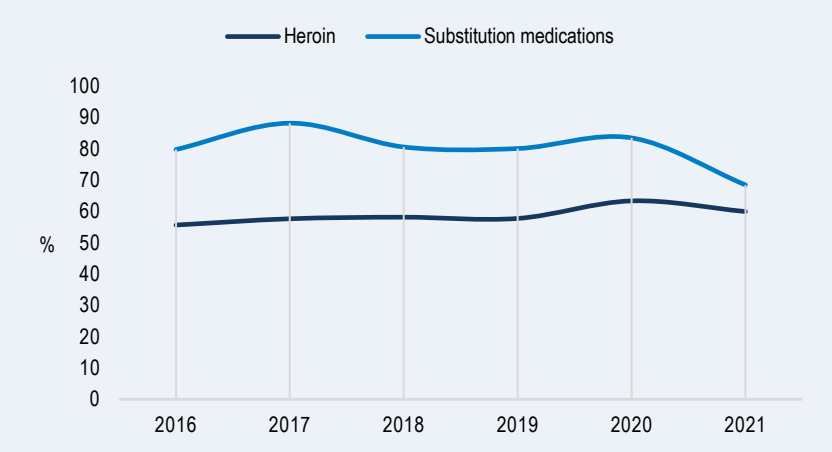
1.2 Patterns, treatment and problem/high risk use

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 69.3% of all respondents. Heroin use remained stable in 2021, while the use of drug substitution among users of harm-reduction programmes fell (Figure 2).

Figure 2. Heroin and substitution medications use among harm reduction programme users, 2016–2021



Source: National Institute of Public Health, Regional Unite Koper, Survey on harm reduction programme users, 2016–2021

Heroin was used in the last year by 59.9% of respondents. A total of 70.9% of heroin users injected the drug, while 13.1% of those persons also smoked or inhaled it, and 10.2% snorted it. The majority of those surveyed used heroin several times a year (22.4%) or several times a month (21.2%), while 21.7% of users used heroin at least once a week, and 34.7% used it every day or several times a day. The majority of heroin users are 40 to 44 years old (36.9%). In 2021, 109 (68.6%) of respondents abused substitute drugs. Most took the drugs orally (49.5%), while 35.3% injected them or used injection with other methods of use. More than half abused substitute drugs every day or several times a day (55.1%).The majority of substitution medication users were aged 40 to 44 (36.1%).

In 2021, 137 respondents (86.7%) abused sleeping tablets and hypnotics. Most sniffed the drugs or took them orally (34.6% and 29.9%, respectively), while 33.3% injected them or used injection with other methods of use. Just under a third (31.6%) abused sleeping tablets and hypnotics once or several times a day. The majority of users were 40 to 44 years old (38.7%).

1.2.2 Treatment for Heroin and Other Opioids

Andreja Drev, Nataša Delfar

In 2021, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In that same year, 75.7% of users entered treatment at CPTDA for the first time or again due to opioid as the main drug of choice. Among users seeking help due to opioids at CPTDA, those seeking help due to heroin as the main drug were more common (82.4%) than those seeking help due to buprenorphine (6.1%), methadone bought on the black market (7.2%), and other opioids (4.1%). Users who entered treatment programmes for opioid problems were mostly men (77.3%). The mean age of entering a programme for opioid treatment was 36.67 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 2015 to 2021 saw a relative increase of the percentage of those who were included in treatment due to heroin problems (detailed statistical data available in the Treatment Workbook).

In Slovenia, users of opioid drugs can enter a drug addiction treatment programme at the network of CPTDA or seek help through NGO programmes provided by the DrogArt Association, Society Up, Projekt Človek and the NIPH Centre for the treatment of addiction. In 2021, these four institutions provided counselling and psychotherapy services to 95 persons who enrolled in their programmes for heroin or other opioid related problems (see also section A Cannabis 1.2.2). Opioid users can also seek help through harm reduction programmes. Harm reduction programmes in the field of illicit drugs, which

are relatively easily accessible, replace sterile materials, inform and offer counselling to users. Harm reduction programmes also provide a range of other services: hosting a 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

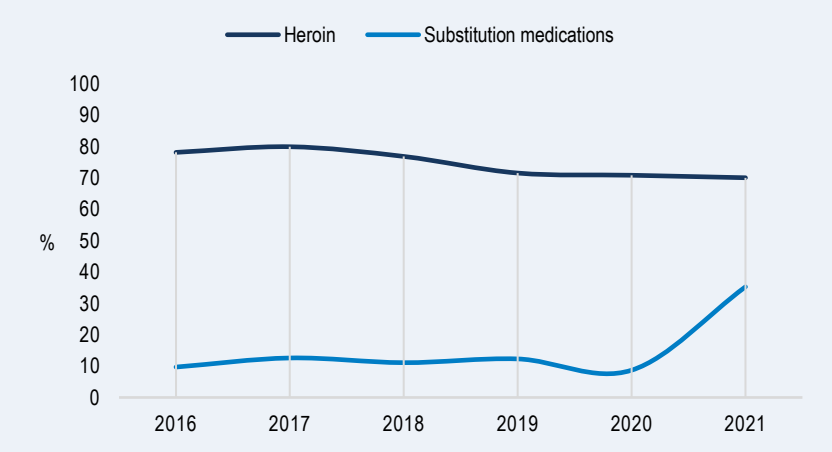
The number of heroin intoxications declined gradually between 2007 and 2012, then began to rise again in 2013 and continued rising until 2015. The number of heroin intoxications plummeted in 2017, albeit temporarily, and then began to rise again. The number of intoxications has not changed significantly in the last few years, 2021 included.

1.2.4 Injecting and other Routes of Administration

Ines Kvaternik, Živa Žerjal

According to the survey on (the characteristics of) harm reduction users 2021 data, injecting is still the prevalent route of administration among harm reduction programme users. More than a half (59.6%) of the respondents reported they injected any type of drug. Those who used heroin in the last year mostly injected it (70.1%). In the period from 2017 to 2021, the injecting of heroin remained on a relatively stable level. The proportion of users who injected substitute medications increased probably due to the changed method of data collection (Figure 3) (see book Harms and harm reduction 2022).

Figure 3. Injecting heroin and substitution medications among harm reduction programme users, 2016–2021



Source: National Institute of Public Health, Regional Unite Koper, Survey on harm reduction programme users, 2016–2020

Half of one per cent of ESPAD respondents aged between 15 and 16 replied that they had injected a drug using a syringe, although this question related to drugs that could specifically be used in this way, e.g. cocaine or amphetamines.

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

ESPAD
Tanja Urdih Lazar

According to the ESPAD 2019 survey, 5.1% of 15- to 16-year-olds responded that they had already tried new psychoactive substances that mimic the effects of illicit drugs. They reported that such drugs could be obtained in the form of herbal preparations, powder, crystalline form or tablets. In the last 12 months, these substances had most commonly been consumed by respondents in the form of herbal preparations for smoking, followed by powder, crystalline form or tablets. The substances were taken in liquid or some other form by the least respondents.

LSD or other hallucinogenic drugs had been consumed at some point in their lives by 3.2% of the Slovenian schoolchildren who took part in the ESPAD survey, which is just over twice the figure for 2015 (1.5%). Roughly the same proportion had taken magic mushrooms (3.1%). Similar to other years of the survey, the proportion of respondents who had tried GHB was low (0.6%).

Solvents are among the psychoactive substances most widely taken by schoolchildren in Slovenia. According to the ESPAD 2019 survey, 11% of schoolchildren aged between 15 and 16 said that they had consumed a solvent at some point in their lives, which was slightly lower than the figure for 2015 (14%). This puts Slovenia in the group of seven European countries with a figure higher than 10% (with Latvia, Croatia, Estonia, Greece, Austria and Sweden).

For the first time in 2019, the ESPAD survey contained questions on the use of substances to boost academic performance, i.e. substances that act as stimulants and are acquired by respondents without a medical prescription. Some 5.9% of schoolchildren in Slovenia had used a substance of this kind at least once (slightly more girls than boys, 6.3% vs 5.5%, although the difference between the sexes is not statistically significant). Schoolchildren most often obtained these substances from family members, friends or acquaintances (2.7%), and rarely from street dealers, online or from a pharmacy.

The survey on NPS use among students of Slovenian universities
Tilen Kozole, Marija Sollner Dolenc

From April 2021 to June 2021, a survey was conducted on the use of new psychoactive substances and illegal drugs among the students of Slovenian universities. 319 correctly filled-out questionnaires were collected in the survey.

Usage and its probability
Regarding having consumed other NPSs, around 5.3% (17 respondents) have answered that they have used some and out of those 58.8% has confirmed they still use them. In regards to the possibility of taking these drugs, 59.5% of all (319 respondents) was strongly opposing the possibility of usage, 37.2% stated the usage will very likely not happen, while 3.0% stated they might take them and 0.3% that they are very likely to take them.

Knowledge self-evaluation & synthetic opioids

24.8% of all (319) respondents stated they know nothing about the drug (0% in users), 56.1% stated they know just a little (35.3% in users), 17.6% stated they know quite a lot (52.9% in users) and 1.3% stated they know a lot (11.8% among users).

In regards to synthetic opioids (e.g., fentanyl), 42.6% of all (319) respondents stated they recognize these drugs and 4 people, thus 1.3% of all, stated they already used these drugs.

Identification & prevalence and age of first use

The survey on NPS use among the students at Slovenian universities revealed that more students recognize these other NPS compared to synthetic cathinones or synthetic cannabinoids. These other NPS listed in Table 3 were known by around 35.5% of all (319) respondents on average which is quite an increase compared to the average knowledge about the NPS covered in the 2 sections above. On average, 55.6% recognized these other NPS among users (which is again an increase compared to synthetic cannabinoids and almost 5-fold the percentage).

Respondents also indicated their age upon first contact with these NPSs, which on average amounted to 20.9 years, with the lowest reported age upon first use being 14 and the highest was 25.

The most widely recognized were benzodiazepines with 83.4% of all (319) respondents (100.0% among users), followed by ketamine with 82.8% (100.0% among users), GHB and GBL with 52.0% (100% among users). DMT was recognized by 32.6% of respondents (94.1% among users), while 2C-B was recognized by only 7.5% (70.6% among users). Etizolam, flualprazolam, and flubromazolam were recognized by between 10-25% of people.

The use was reported by 17 respondents who used these drugs as following: ketamine (88.2% among users), benzodiazepines (52.9% among users), GHB and GBL (58.8.% among users), 2C-B (41.2% among users), DMT (29.4% among users), while flubromazolam and etizolam were both reported with 5.9%.

Table 1. The share (%) of identification and lifetime prevalence of other NPS use among all (319) students

Drug	Identification (%) (n=319)	Identification (in users %) (n=17)	Prevalence (per all %)	Prevalence (in users %)
Ketamine	82.80	100.00	4.70	88.20
Flubromazolam	14.70	11.80	0.30	5.90
Flualprazolam	19.70	11.80	0.00	0.00
Etizolam	24.50	11.80	0.30	5.90
Benzodiazepines (xanax, helex, valium, dormicum, apaurin)	83.40	100.00	2.80	52.90
2C-B	7.50	70.60	2.20	41.20
GHB or GBL (liquid ecstasy)	52.00	100.00	3.10	58.80
DMT	32.60	94.10	1.60	29.40
Other	0.30	0.00	0.00	0.00
On average	35.3	55.6		

Source: Survey on NPS among students at Slovenian universites, University of Ljubljana, Faculty of Pharmacy, 2021/2022

Procurement (how & where)

When questioned how they encountered these NPS before pandemic, 94.1% of respondents answered that they got them from their friends, 70.6% answered that they got them at a party, 41.2% bought them from a dealer, 11.8% bought online and 5.9% bought in a specialised shop.

Comparing to during the pandemic where respondents got in contact through: friends (41.2%), at parties (11.8%), from a dealer (29.4%), bought online (11.8%) and bought in a specialized shop (5.9%).

In regards to the location where they obtained the drug, before pandemic 82.4% got it on a private location (at home or at friends'), 70.6% at a party/concert and 11.8% at a public location (street, bus station, park).

Comparing to during the pandemic where respondents obtained it 47.1% got it on a private location (at home or at friends'), 5.9% at a party/concert and none at a public location.

Amount, length, frequency (pre-pandemic vs. since)

Only one usage and using it up to 40 times was stated by 5.9% users, up to 3 times, up to 10 times and more than 40 times was reported by 11.8% users, while up to 5 times reported 23.5% users and up to 20 times 29.4% users. This shows that these drugs were more likely to be consumed more times rather than just on a few occasions.

In length, 82.4% respondents reported having used these drugs for a very limited amount of time,

while 5.9% reported each of the 3 following duration: less than a month, less than 2 years, more than 2 years.

In regards to how often they used the drug before the pandemic, all users stated they used the drug a few times a week.

Comparing to during the pandemic where 41.2% respondents stated they never used it, 17.6% stated using it much less, 29.4% stated somewhat less and 11.8% stated they used them somewhat more.

External appearance & testing

When questioned about the looks, 94.1% of users stated it was in form of powder or crystals, 58.8% stated consuming pills and 47.1% stated using liquid/paste form. Only 3 out of 17 users (17.6%) stated they tested the drug before using it.

Experience assessment & side effects

When questioned about their experience with these drugs, 70.6% of respondents reported positive effects, 29.4% reported mixed both positive and negative effects, while none reported only negative effects. Some of the experiences included: getting high, euphoric state, excess of energy, synesthesia, strong connection to the surrounding people, environment, music, experiencing spirituality, positive alienation, peacefulness, changed mind state, tackling anxiety, state of well-being, psychedelic effects, being at ease; but also some experienced anxiety, loss of orientation, rigidity, slow motion, hallucinations, carelessness.

SECTION E. SOURCES AND METHODOLOGY

1. Sources and methodology

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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). 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.

ESPAD

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has taken place at four-year intervals since 1995 using a standardised international method. The main aim of the survey is to collect comparable data on the use of various psychoactive substances among 15- and 16-year-old schoolchildren in Europe so as to monitor trends within and between these countries. Six data-collection series have so far taken place as part of the ongoing survey project. The first survey was conducted in 26 countries in 1995. By 2019 the survey had expanded to cover 35 countries. Slovenia has participated in all seven surveys conducted so far.

Sample

The data is collected within stratified random samples representative of schoolchildren who reached the age of 16 in the year in which the data was collected. This means that the 2019 survey encompassed school-age adolescents born in 2003. The sampling unit is the class. Classes are chosen randomly from the lists of all first-year departments at Slovenian secondary schools for four types of secondary-education programme. In 2019 the sample collected together 204 first-year departments containing a total of 4,861 schoolchildren. The survey was completed by 4,186 children. The responses of 3,417 schoolchildren born in 2003 were included in the final processing (1,651 boys and 1,766 girls).

Questionnaire

The ESPAD questionnaire was developed by a group of ESPAD experts, and was based on the Pompidou questionnaire for research into the use of drugs among the school population (Hibell et al., 2012). The questionnaire comprises core questions, optional questions and modules. The core questions are compulsory for all countries and relate to selected demographic variables, the frequency of use of various drugs, the internet, social media and computer games throughout the respondents' lives and in the last year and last month prior to the survey, the age at which the regular use of drugs started, views on the use of drugs (accessibility, health risks) and of internet use, an estimate of the frequency of use of drugs among peers and older siblings, family circumstances, school performance, leisure activities, and satisfaction with relationships (parents, peers). Each country is free to choose several more optional questions and questions from a maximum of two modules. In addition to the core questions, the Slovenian questionnaire contains questions relating to the use of alcohol, energy drinks and substances for improving academic performance.

Process

The data is collected in classes by school advisers who have been issued with expert instructions. Every child included in the survey is guaranteed complete anonymity. The questionnaire contains only three personal questions (on year and month of birth and sex). It is not possible to use this data to identify a child who has completed the questionnaire. Every respondent receives an envelope in which they insert their answers to the questionnaire. The survey is conducted over a week or a maximum of two weeks within a specific time period (it should not be a period in which there have been holidays in the month prior to the survey).

Processing of the data

The SPSS program is used for data entry and processing.
Before data is entered in the computer database, the questionnaires are reviewed (matching of the number of questionnaires with data in the class report, quality of the responses) and coded (country, school, class, individual, type of programme). The data is cleaned by the international database administrator in two stages. In the first stage, they remove cases of no use to the survey, in the second they perform the logical substitution of missing values. They then send the national data to the research team for further processing.

HBSC COVID-19 Survey

The HBSC survey was based on a quantitative method. The survey carried out during the 2020/2021 school year included the same representative sample of school children and secondary school students included in the sample used in the HBSC survey carried out during the 2017/2018 school year. The former represents the first longitudinal survey in the area of health and health-related behaviours of Slovenian adolescents. The survey was carried out among 9th graders in primary school and 4th year secondary school students (those students were 6th graders in primary school and 1st year secondary school students during the 2017/2018 school year). Similar to all previous HBSC surveys, the 2020 survey only included adolescents enrolled in school and not those who were not (drop-outs).

We asked the headmasters of schools selected in the sample for their cooperation in the survey. Only one school refused to participate in the survey from the outset, while other schools opted to participate in the survey.

The online survey was carried out with the help of the 1KA (EnKlikAnketa) online survey tool, an open-code application that facilitates such surveying. The survey was carried out in selected grades/sections of primary and secondary schools from 5 October 2020 to 23 October 2020. Schools were obliged to comply with the measures to prevent the spread of COVID-19 that they implement during in-school lessons while conducting the survey.

Students completed an online questionnaire on school computers in the computer labs or libraries of selected schools, and on tablet computers and smart phones. Online surveying also facilitates the continuous monitoring of the response rates of individual schools, where we further encouraged schools that did not complete the survey during the first week to do so. Due to quarantine decisions in connection with SARS-CoV-2 infections, a certain number of schools unfortunately did not complete the survey in school. The final overall survey participation rate was 91% (with respect to the number of sections/grades included in the sample).

When preparing the final database, we eliminated all questionnaires where more than one half of answers were missing. We then purged the data collected as such applying internationally defined rules that were used in the survey conducted in 2018. The final database thus includes 3,052 adolescents and represents the basis for all analyses performed.

All analyses were carried out using a purged and weighted database. We analysed data using Microsoft R, version 3.5.3. With the help of bivariate contingency tables, we determined the distributions of groups of adolescents for selected indicators of individual content area, taking into account selected inequality indicators, such as gender, cohesive region of residence, subjective assessment of family wealth, family type and employment of parents. We determined the link between selected variables using the chi-squared ($\chi 2$) test, while we compared the proportions between individual pairs of categories by means of a z-test (for which we used the Bonferroni correction). A p-value of $p \leq 0.05$ was used every time for the level of statistical significance.

Use of new psychoactive substances (NPS) among the students of the University of Slovenia

From April 2021 to June 2021, a survey was conducted on the use of new psychoactive substances and illegal drugs among the students at the Slovene universities. The questionnaire focused on use of new psychoactive substances (NPS) and illegal drugs among Slovene students, with comparison of the situation before the pandemic of SARS-CoV-2 (better known as Covid-19) and since/during the pandemic.

The target population were young adults between the ages of 19 and 28 (with only four respondents being above the age, one of each was 29, 30, 33 and 36 years old) – the average age amounted to 23.2 years – from all over Slovenia studying actively at any faculty of the Slovenian universities. Using web surveying (www.1ka.com) 319 correctly filled-out questionnaires were collected, 28% of which were completed by men and 72% by women.

The students were from University of Ljubljana (93.0%), University of Maribor (6.4%) and University of Primorska (0.6%).

Survey among drug users in harm reduction programs

The survey was carried out between 1.12.2020 and 28.2.2021 within harm reduction programmes in Slovenia. The survey 'Questionnaire on drug consumption' among harm reduction programme users (ZŠ) was completed by 12 societies (Društvo Stigma, Društvo Svit, Društvo Po moč, Društvo Pot, Društvo Zdrava pot, Društvo Kralji ulice, Javni zavod Socio Celje, Šent – daily centre Ljubljana, Šent – zavetišče Ljubljana Šent Velenje and Šent Nova Gorica, Združenje DrogArt). Questionnaires were filled out by drug 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 database was saved and analysed by experts in NIJZOE Koper, where programs Excel and SPSS were applied. The majority of questions were closed questions but some questions were also open (e.g. “Please, list your health problems”).

In the survey in 2021 there were 300 drug users that answered the questionnaire. There were 83.2% of male and 16.8% of female respondents, where the mean age was 41.2 years. The youngest respondent was 22 and the oldest 64 years old.

The majority of the respondents had completed vocational or secondary schools (66.8%), 26% had only primary school level education and 5.5% had higher education, university degree or higher qualifications. 1.7% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (88.5%); 7.3% of them were regularly employed, 3.8 % retired in 0.3 % were still in school (pupil, student).

The largest percentage of the respondents (33.9%) lived alone, a slightly smaller percentage (28%) still lived with their parents or relatives, 9.7% lived together with their partner, 4.2% with friends, 4.5% in shelters and 19.7% outside (in the park, street, abandoned buildings). A total of 87.2% of respondents had been involved in various programmes of help and assistance in the last year, while 82.3% of users

had been involved in a substitution programme, 6.4% had attended a drug dependency treatment centre, 9.7% had been treated at a psychiatric hospital, 11.4% had received substitution therapy at a correctional facility, 3.3% had received treatment at a rehabilitation centre in Slovenia, and two respondent (0.7%) had received treatment at a rehabilitation centre abroad.

The police dealt with 33.6% of the respondents in 2021.

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 treatment multiplier method (TM). We obtained the estimate based on datasets and survey carried out among treatment centres and users of harm reduction programs. There 300 out of 1.944 persons voluntary participated in the questionnaire from harm reduction programs. From CPTDA database, where persons who are being treated for opioids and other illicit drug addictions substitution treatment centres, the estimated number of included persons in year 2020 was 3.588. Among 21 centres 4 centres did not report the data, so we interpolated this data according to the reported data from previous years. We also added the data from prisons (in total of 873 persons). The multiplier estimate 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. For those CPTDAs that did not report on the persons involved, we took into account data from previous years. The analysis also included persons included in treatment programmes for opiates addiction in prisons.

Regional estimate of intravenous drug use

To calculate the prevalence of intravenous drug use in the Ljubljana area, we used the frequency of visits made by drug users to drug paraphernalia exchange programmes run by three non-governmental organisations. We used a single source method and Poisson distribution to estimate the value of the hidden population, and thereby calculated the number of intravenous drug users in Ljubljana.

Eurpean Web survey on Drugs

The European Web Survey on Drugs took place in March and April 2021. It surveyed drug users aged 18 and over in 21 EU Member States (Austria, Bulgaria, Cyprus, Czech Republic, Estonia, Finland, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden) and 9 non-EU countries (the web survey was also conducted under the auspices of the EMCDDA IPA7 project in Albania, Kosovo, Montenegro, North Macedonia and Serbia, and under the auspices of the EMCDDA EU4MD project in Georgia, Ukraine and Lebanon. The web survey was also carried out in Switzerland). The respondents answered questions within modules for the following drugs: cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin and new psychoactive substances. The questionnaires were translated into the languages of each participating country. Approximately 360,000 people visited the survey website, with 84,000 taking

part in the survey. The number of completed valid surveys was 51,304. Among the respondents surveyed, 70% were men and 30% women. Most of them were under 35 years old.

In Slovenia the study was conducted by the NIJZ. The survey was carried out online and the sample was random. Respondents were obtained by a variety of means: via social media (Facebook, Twitter, Instagram), via announcements about the survey and sponsored advertisements, via website advertisements, via email invitations sent to various organisations, and with the help of drug harm-reduction programmes. A total of 2,738 people took part in the survey in Slovenia.

Wastewater-based epidemiology and SCORE monitoring

Wastewater-based epidemiology is based on determining excreted drug residues (parent compound or metabolite; biomarkers) in raw municipal wastewater. By determining biomarker concentrations by chemical analysis and taking into account wastewater flow rate, drug excretion profile and size of the targeted population, drug use can be estimated[1]. The use of stimulants (cocaine, amphetamine, methamphetamine and MDMA or ecstasy) and cannabis (THC) was estimated and compared among European cities and world capitals within the SCORE monitoring[2], which is supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[3]. The first monitoring was organized in 2011[2,3], but Slovenia first participated in 2017, providing data for Ljubljana[4]. In 2018, Maribor and Domžale-Kamnik were included, and then in 2019, also Novo mesto, Koper and Velenje. The number of participating countries and cities has increased from 19 cities in 2011 to 90 cities in 2021[2].

Target analytes: After consumption, illicit drugs are excreted from the human body as the parent compound or metabolites. For example, amphetamine-type drugs are mainly excreted unchanged (≤ 65%), while cocaine is excreted mainly as its metabolite, benzoylecgonine (35-45%) [5,6]. Chemical analysis is then used to determine levels of selected drug residue (biomarkers) in raw wastewater. An ideal biomarker is a major and exclusive excretion product which is stable and detectable in wastewater. In this study, biomarkers of cocaine (benzoylecgonine), amphetamine (amphetamine), methamphetamine (methamphetamine), ecstasy (3,4-methylenedioxymethamphetamine, MDMA) and cannabis (11-Nor-9-carboxy-Δ9-tetrahydrocannabinol, THC-COOH) were monitored.

Sample collection and analysis: Seven daily composite samples of raw (untreated) wastewater were collected over seven consecutive days in March/April 2021 at the inflow of six Slovenian wastewater treatment plants (WWTPs) servicing the municipalities of Ljubljana (270305 inhabitants), Maribor (129000 inhabitants), Domžale-Kamnik (77981 inhabitants), Koper (49843 inhabitants), Novo mesto (25414 inhabitants) and Velenje (32583 inhabitants). Samples were analysed at the "Jožef Stefan" Institute, Department of Environmental Science in the Laboratory for Organic Analysis using Solid-phase extraction followed by liquid chromatography-mass spectrometry[7].

Drug consumption Estimation: Drug consumption was assessed according to Zuccato *et al.* (2008)[1]. Biomarker mass loads were calculated by multiplying the concentrations of drug biomarkers with the wastewater flow. Mass loads were normalised by dividing mass loads by the number of inhabitants (in thousands) served by the WWTPs. Drug consumption (mg of drug/day/1000 inhabitants) was calculated by multiplying the normalised mass loads by a correction factor that considers the percentage of parent drug metabolite excreted and the parent drug-to-metabolite molar mass ratio (Table 1). Average doses (Slovenia) were obtained from the DrogArt webpage[8] and used to calculate drug use in doses/day/1000 inhabitants.

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

Drug	Biomarker	Percentage of drug dose excreted as drug biomarker (%)	Molar ratio	Correction factor	Average middle dose (mg)
Cocaine	Benzoylecgonine	29	1.05	3.59[6]	45[8]
Amphetamine	Amphetamine	36.3	1.00	2.77[6]	47,5[8]
Methamphetamine	Methamphetamine	22.7	1.00	4.4[6]	20[8]
Ecstasy (MDMA)	MDMA	22.5	1.00	4.4[6]	95[8]
Cannabis (THC)	THC-COOH	0.2	1.09	182[6]	83[8]

[6]Gracia-Lor et al., 2016; [8]DrogArt
MDMA - 3.4-methylendioxymethamphetamine, THC-COOH – 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol

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Prevention workbook

Table of Contents

Summary

Summary of Policy and organization

- The previous Resolution on the National Programme on Illicit Drugs 2014–2020 was the basic document that also contained starting points for prevention. In prevention of illicit drug use, the resolution also envisaged the implementation of approaches that are based on modern scientific knowledge and are professionally implemented and evaluated. The new draft resolution for 2022–2030 also provides for the implementation of approaches based on prevention science. The objectives include an expansion of scientifically supported programmes of early prevention and the establishment of a central system for development, education and the monitoring and evaluation of prevention measures with the aim of implementing quality standards for drug prevention programmes. 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.

Summary of prevention interventions

- In the field of environmental prevention, the various interventions refer mostly to alcohol and tobacco. In addition to legislative measures, there are also 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 "Izštekani", "Effekt" etc. are implemented besides programmes that address the strengthening of health and healthy life skills (Health Education, Health Promoting Schools). In the field of promoting the mental health of children and adolescents, the “To sem jaz” (This Is Me) programme has been running in schools for a number of years. The number of Local Action Groups involved in prevention in the field of psychoactive substances (PAS) in local communities has fallen drastically, although some local communities/municipalities have joined in piloting the CTC programme. Selective prevention programmes comprise the programme for young people who dropped out of school (PUM-O), 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.

Summary of quality assurance of prevention interventions

- There is no quality control/assurance system in place in Slovenia for programmes and providers in the field of PAS prevention, nor is there an accreditation system for prevention programme providers, a certification process for prevention programmes or a register covering evidence-based prevention programmes. In recent years, several publications with descriptions of quality standards as well as guidelines for quality work in prevention were issued.

Trends

- In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated. There has also been a strengthening of activities in the field of education and training for those who decide which prevention programmes to implement, as well as for providers of prevention programmes. Although the majority of prevention programmes are still aimed at school settings, programmes that address families and local communities and environmental prevention activities are also carried out.

New developments

- At the 65th session of the UN Commission on Narcotic Drugs, a resolution titled “Promoting comprehensive and scientific-based early prevention”, which had been tabled for discussion by Slovenia, was adopted unanimously. A new Resolution on the National Programme on Illicit Drugs 2022–2030 is being drawn up. Among its priorities in the field of prevention are the strengthening of scientifically supported programmes of early prevention, and the development, monitoring and evaluation of scientifically supported programmes.

1. National profile

1.1 Policy and organization

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

The previous Resolution on the National Programme on Illicit Drugs 2014–2020 pointed 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 (see also Policy Workbook).

The new draft Resolution on the National Programme on Illicit Drugs 2022–2030, which at the time of writing is still being drawn up, also states that the goal of prevention in the field of illicit drugs is to prevent their use through the deployment of approaches based on prevention science. Prevention science is focused on developing evidence-based strategies, reducing risk factors and strengthening protective factors for improving the health and well-being of individuals, families and communities. As the new resolution notes, adolescents in Slovenia are above the average for their peers in other European countries when it comes to prevalence of the use of cannabis and certain other illicit drugs. Moreover, ineffective prevention practices are still being identified in the field, with the monitoring and evaluation of prevention practices representing a particular challenge. In the light of these findings, the new resolution sets the following objectives in the field of prevention: (1) To expand the implementation of scientifically supported early prevention programmes. (2) To improve the coordination of prevention activities via more intensive cooperation between stakeholders at national and local levels (healthcare, social services, schools, parents, NGOs and local communities) with the aim of taking an integrated approach to dealing with vulnerable individuals and groups. (3) To establish a central system of

development, education and the monitoring and evaluation of prevention measures with the aim of implementing quality standards for drug prevention programmes. (4) To bolster awareness-raising, information and advocacy activities (see also Policy Workbook).

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

Organisation

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.

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.

Social care programmes, which fall under the remit of the Ministry of Labour, Family, Social Affairs and Equal Opportunities, also contain a number of prevention programmes in the field of illicit drugs, particularly selective prevention programmes.

1.1.3 Funding system

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

Tobacco and related products

Helena Koprivnikar

The last measures (plain packaging and ban on characteristic menthol flavour) from the currently valid Restriction on the Use of Tobacco Products and Related Products Act (Official Gazette of the Republic of Slovenia, 2017) were implemented in 2020 (more details in Legal Framework Book, Section 3.1). Following the adoption of the new law in 2017, the percentage of smokers among the adult population has declined, but still every fifth adult is current tobacco smoker (Koprivnikar et al., 2021a). Tobacco smoking is also declining among youth, almost every tenth 15-year-old currently smokes tobacco (Koprivnikar et al., 2021a). After 2020, no new measures were implemented or are planned for the next short time period. Slovene Market Inspectorate and NGOs implement Mystery shopping check-ups and in 2022 they report that the percentage of violations decreased from 54 % in 2020 to 36% in 2022 (Pakiž, 2022). In May 2022 the government approved the first tobacco control strategy -Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030 (more

details in Drug Policy Book, Section 1.1.4). It envisions tobacco and nicotine free Slovenia in 2040 and outlines the measures for the period of 2022–2030 to lead Slovenia towards the vision (Ministry of Health, 2022). There are numerous frequent issues requiring swift action (Koprivnikar et al., 2021b). Despite frequent initiatives to increase taxation and prices of tobacco and related products, cigarette prices in Slovenia remain among the lowest in the European Union and there are significant differences between the prices of different groups of tobacco products. New products containing tobacco or nicotine are introduced in Slovenia, they are mainly used by young people and their use is increasing. Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco. The number of points of sale for tobacco and related products is very high and minors perceive tobacco and related products still as easily accessible (Koprivnikar et al., 2021b).

Alcohol

Maja Roškar, Nataša Blažko, Peter Debeljak, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Maša Serec, Tadeja Hočevar, Mateja Markl, Vesna Marinko, David Razboršek

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 (see also Legal Framework Workbook, section 3.1).

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 Excise Duty Act; Official Gazette of the Republic of Slovenia, No. 47/16), the act introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty (see also Legal Framework Workbook, section 3.1). 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 (see also Legal Framework Workbook, section 3.4).

In 2020, the national preventive action took place as part of the National Traffic safety Programme 2013–2022 coordinated by the Slovenian Traffic Safety Agency. It included preventive activities such as media activities and financial support to several NGO project (*Heroes in traffic, Pure zero, pure conscious, After-TAXI, 40 days of sober, In nature to a healthy party, An abstinent while driving, Education after the brain injury*). New educative video regarding the alcohol in traffic was introduced. Rehabilitation programs for drink- and drug-driving drivers were going on. Because of the Covid measures there were less participants compared to previous years. Because of the closed schools, there were fewer activities for youngsters.

Between 7 December 2020 and the end of March 2021, the Ordinance on the Temporary Suspension of the Sale of Goods and Services to Consumers in the Republic of Slovenia prohibited the collection of alcohol and alcoholic beverages in person from pick-up points. This prohibition related largely to the collection of alcohol and alcoholic beverages in person from bars and restaurants, and complemented the ban on the consumption of food and drink in public areas. The effect was twofold: it helped enforce compliance with the measures to prevent and limit the spread of SARS-CoV-2, and reduced the possibility of accidents, violence and injury (thereby relieving the burden on the healthcare system).

In 2021 representatives of the Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health (NIJZ) presented an upgrade to the *Veškajješ* application, which now includes information regarding alcoholic beverages and the associated calorie information with the aim of raising awareness. In addition to calorie information, the application was also upgraded with public health messages about the harmfulness of alcohol and the fact that any consumption of alcohol bears risks. The application guides users to a questionnaire that helps them check their alcohol consumption habits and to links where they can find assistance if they find themselves in distress due to alcohol. In order to assess the effectiveness of the use of health messages/warnings in improving knowledge and awareness of alcohol-related harm, which were displayed within the VKJ mobile application, in 2021 we conducted a survey with 12 statements about possible risks and harms associated with the use of alcohol.

In the scope of the 'Heroes Drive in Pyjamas' project and in cooperation with the NIJZ, Slovenian Traffic Safety Agency and NGOs that work with young people, the VOZIM Institute for Innovative Education organised four consultations in 2020 and 2021 with adolescents, experts and political decision makers in three local/regional environments on the topic of driving under the influence of alcohol and alcohol consumption among young people. The purpose of the consultations was to raise the awareness of the

local community about the importance of prevention, and to draw up regional action plans to limit the effects of the aforementioned problems. Organised in parallel were seven 'We Need to Talk About Alcohol' workshops for parents, which included a short theoretical section on the vulnerability of adolescents to the effects of alcohol and a practical section with role-playing on how to talk to adolescents about alcohol. A pilot lecture was also developed and organised for representatives of local communities (experts and political decision-makers) on the topic of effective prevention at school, in society as a whole and in the local community. The lecture was entitled Health is the Right Decision and was aimed at improving awareness about quality prevention amongst key stakeholders. The VOZIM Institute organised 30 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

National Institute of Public Health in 2022 prepared the systematic review entitled "Effectiveness of regulatory policies on online/digital/internet - mediated alcohol marketing" to determine if existing statutory regulation as well as industry self-regulation in restricting online/digital/internet - mediated alcohol marketing can be considered as effective.

The Ministry of Health regularly co-finances the various activities and programmes carried out by non-governmental organisations aimed at preventing risky and harmful alcohol consumption. These activities and programmes are aimed at different groups of the population, with an emphasis on vulnerable groups; they are also focused on young people through the incorporation of peer and other approaches. The programmes include activities to promote healthy lifestyles, raise awareness of the consequences of alcohol consumption, prevent drink-driving, provide assistance to people engaged in harmful alcohol consumption and their families (particularly children), provide advocacy services and monitor the implementation of sectoral legislation (e.g. "mystery shopping"). Since 2017 the Ministry of Health has increased the funds for this purpose considerably, thereby contributing to the development of the field. In 2021 the Ministry of Health provided co-financing of nearly EUR 900,000 to 16 alcohol-related programmes.

Prevention in nightlife settings
Simona Šabić

Prevention interventions at nightlife venues are mainly carried out by the Združenje DrogArt NGO. These activities include: peer-to-peer outreach interventions at various music events around Slovenia, "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, drug checking, promotion of safer sex among MSM and general population (STDs in nightlife program).

1.2.2 Universal prevention

Andreja Drev, Vesna Pucelj, Ksenija Lekič, Matej Košir, Mia Zupančič, Ingrid Kristančič Šömen

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 in 2018. 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.

Education for Health programme

Universal prevention in schools remains the most frequently used approach in the country. The National Institute of Public Health (NIPH) implements the Education for Health 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, parent-to-be, parents, pre-schoolers, elementary school pupils, high school students, teachers and youngsters outside schools (dropouts). Activities are implemented in health clinics and in education institutions (kindergartens and schools) as well as in local communities. Health education for pre-school children, school children and parents in health clinics are implemented during periodically health examinations as individual health education and/or group work carried out by specially trained nurses or other health professionals (such as physiotherapist, medical doctor). A program is funded by the Health Insurance Institute of Slovenia. 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 2020/2021 school year, cooperation with the school remains at a similar level to the previous year (reduced activities due to the epidemic). Due to changes in the monitoring of the implementation of activities, precise data are not yet available.

Schools for Health programme

The most methodical prevention programmes being offered across the country belong to what is known as the Schools for Health programme. 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, in 2020/21 it's Time for health is time for us (eg. mental health, stress management, improving communication, mindfulness, mediation ...). We continued with themes related to education in real and digital world, and schools' approach to tackling addiction with psychoactive substances.

This is Me

The National Institute of Public Health established 'This is Me' ('To sem jaz') preventive programme in 2001. The programme aims to strengthen young people's mental health and mental resilience. It is based on evidence-based preventive approach in school environment and supported by online counselling service for adolescents at www.tosemjaz.net. The programme has been recognized by different international healthcare organizations (eg. WHO, etc.) as an example of good practice in the field of organized mental healthcare for adolescents.[8]

2018: as part of the EU Compass project, programme selected as one of the nine best examples of good practice in the area of mental health and outlined in the *Good Practices in Mental Health & Well-Being* publication: https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_work_schools_en.pdf

2019: programme described as an example of good practice in a World Health Organization document titled *Case Studies The WHO European Health Equity Status Report Initiative:* http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2019/case-studies-the-who-european-health-equity-status-report-initiative-2019.

2018: programme presented as a leading example of good practice at the Global Mental Health Summit in London (working group on child and adolescent mental health).

Preventive work in the school environment based on the model of 10 'This is Me' workshops addresses the development of social and emotional skills and positive, realistic self-image. It is aimed at adolescents between the ages of 13 and 17. In 2018, 10 primary schools, 425 pupils, 13 education professionals/workshop leaders and 64 teachers were involved in evaluating the effectiveness of the workshops. The measurements were performed three times (before the workshops, after five workshops and after ten workshops had been held), with the results indicating that the workshops had a positive impact on strengthening mental health for the class as a whole as well as for the individual. Between the beginning and end of the programme, the classroom climate improved in a statistically significant way. On average, after the programme was completed, the pupils involved in the workshops reported fewer difficulties in inter-personal relations with friends, at home and with the opposite sex, and assertiveness. The workshop mentors (teachers) perceived a greater level of connection between pupils and a better relationship between themselves and the pupils, which was reflected in an increased mutual trust and readiness to resolve problems together. The aim of the 'This is Me' model is to carry out all ten workshops in the same class over one or two academic years. The workshop leaders are teachers (usually class teachers). The manual for preventive work with adolescents ('Zorenje skozi To sem jaz' or 'Maturing through the This is Me programme) is free for education professionals and publicly available online at https://www.nijz.si/sl/prirocnik/tosemjaz. In 2021 the programme was conducted by 157 education professionals at 101 primary and secondary schools.

The online counselling service www.tosemjaz.net provides young people with anonymous, publicly available, free-of-charge and easily accessible professional online advice. The answers to questions about the challenges and hardships of growing up are provided by a multidisciplinary online counselling network, which brings together more than 70 specialists/volunteers (psychologists, medical doctors from various disciplines, social workers and other experts). In 2021 they responded to more than 2,000 questions from young people on the dilemmas and pressures of growing up (issues related to their relationships with peers, friends and family, falling in love, physical maturation and sexuality, self-image). About 75 percent of the questions are asked by girls, and nearly 60 percent of users are between 13 and 17 years old. About 15 percent of all questions are categorized as 'the most severe questions', related to crisis situations (associated with anxiety and depression, suicidality, eating disorders, self-harm and various forms of violence). 'This is Me' is the largest and oldest online counselling service in Slovenia and has collected more than 50,000 dialogues between young people and specialists since it was set up 21 years ago. Recently, the online counselling service website for young people received a new technical and visual makeover and has been fully updated and enriched with new counselling tools. Now young people also have access to over 200 quality articles divided in nine content sections, related to health, mental health and support during growing up. A short presentation video about the online counselling service for young people is available here: https://www.youtube.com/watch?v=8q-o5lLcZhM

New in the field of online communication with young people is creating and publishing of e-Monthly news (e-Mesečnik) for young people, where significant topics about health and various dilemmas of growing up are highlighted (example of the edition at the beginning of school year: https://mailchi.mp/5f1f72e60dce/e-mesenik-za-mlade-iz-programa-to-sem-jaz).

In 2022, also a self-help manual aimed at adolescents over 15 years of age was published. It is an interesting hybrid between a classic book and a website This is Me. The manual, entitled What can I do to make it easier?, was distributed free of charge to all primary and secondary schools in Slovenia, as

2018: programme classified as one of the nine selected examples of good practice in the field of mental health within the EU Compass project, and described in *Good Practices in Mental Health & Well-being*: https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_work_schools_en.pdf

well as to institutions in the field of health and social care. The handbook is based on cognitive behavioural model and explains the circular connection of thoughts, experiencing emotions and behaviour. It uncovers the cognitive distortions and offers young people tools to help them in situations where they are worried and they experience anxiety, tension and fear. The manual contains QR codes that lead the reader to useful online content and audio recordings, as well as guided self-help exercises. The digitalized edition of the handbook is available at: https://live.editiondigital.com/e/221cpgqsc/prirocnik-kaj-lahko-naredim-da-mi-bo-lazje#!page1.

Unplugged

Starting in the school year 2010/2011, the Utrip Institute has been offering in some schools a prevention programme called Unplugged (originally, "*Izštekani*"), 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 2021/2022 school year, despite restrictions due to the epidemic, 11 schools implemented the programme, which included over 400 students.

Effekt

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. Due to the epidemic, the programme is not being implemented in the school year year 2021/2022, except in Laško (one school), Tolmin (one school) and Izola (two schools). Communication between the existing implementing schools, as well as between the new ones, takes place regularly.

Boys and Girls Plus

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 programme is intended for 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 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). Due to the circumstances and the epidemic, the "Boys and Girls Plus" programme was not implement after March 2020 until the beginning of school year 2021/2022.

Lions Quest programme

In 2022, the Utrip Institute (in collaboration with UNODC and Lions Clubs International Foundation) initiated a pilot phase of implementing Lions Quest programme in Slovenia, which will start in school year 2021/2022. Almost 30 schools and more than 1.600 children aged 11–12 will collaborate in the pilot implementation, which will be conducted in two consecutive school years (40 lessons all together). Five trainings in different parts of Slovenia will be conducted in autumn 2022 and 74 teachers and school counsellors will be trained to implement the programme in their schools. The pilot implementation will be evaluated and similar number of school and children will be involved as control group as well.

Martin Krpan

In 2018, the NoExcuse Youth Association 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 to 25 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 were evaluated in 2020. Process evaluation was carried out during the implementation of the programme. The evaluation showed they the pupils preferred workshops on the topic of video game and internet addiction, compared to chemical addictions, which is probably due to the topics being more relevant for them, especially after the epidemic. When evaluating the effects, we were keen to find out how the viewpoints and skills of the participants developed as the programme progressed. Participants therefore completed the same questionnaire before the first and after the last workshop. The questions related to their emotional and social skills, and their opinions on and behaviour around alcohol and tobacco.

Pupils rated alcohol consumption on a five-point scale, where 1 signified something negative (e.g. drinking is bad) and 5 signified something positive (e.g. drinking is good). The results of an analysis of pupils' responses showed that drinking was rated more negatively in Year 9 than in Year 7. The results are encouraging because, while most of the older pupils had already tried alcohol, negative views regarding its consumption do, in fact, prevent drinking habits from taking root. The results also showed that pupils generally had more negative views regarding alcohol. In the case of attitudes towards smoking, there was a reverse of the trend seen in attitudes towards alcohol, with older pupils being more positively inclined towards smoking. However, the ratings were still fairly low, which is encouraging.

Community prevention

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. The number of active LAGs has fallen over the years, with only a handful remaining in operation. Most of still active 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. In addition, the Utrip Institute received a three-year funding from the Ministry of Health to extend this pilot CTC-based model to some other local communities in the period of 2020–2022. The new phase of the programme called "Preventivna platforma" (in English "Prevention Platform") (www.preventivna-platforma.si) includes (in the role of programme consortium partners)

6 local communities (municipalities), namely Škofja Loka, Borovnica, Ankaran, Tolmin, Radlje ob Dravi and Krško. The programme was not implemented after March 2020 and only partly in 2021 and 2022, but with many limitations and barriers due to COVID-19 situation. In 2021/2022 period, a set of webinar for collaborating municipalities was carried out. Most of other planned activities have been postponed until late 2022 and early 2023. In early 2022, Utrip and the Municipality of Radlje ob Dravi (sponsored by Mayor) initiated a campaign called Ambassadors of Health at the local level, which will include a set of different community-based prevention activities, recruitment of local key stakeholders to promote health and well-being by personal example and policy or institutional collaborative action, and collaboration in the development of next local prevention action plan for the period of 2023–2026.

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. At the beginning of 2021, during the epidemic, four at-risk adolescents aged between 14 and 17 took part in a one-to-one monitoring programme. The main problems common to all of them were considerable loneliness, anxiety, distress in the period leading up to institutional provision, the period after discharge from hospital following a suicide attempt, lack of motivation at school, and so on. The annual meeting of the Coordination Group was organised in June 2021. It included a training programme for professionals and providers (students) titled 'Suicide risk of adolescents and parents'. Self-harming and suicide attempts became a more common problem during the second wave of the epidemic among the children and adolescents being seen by various services. In March 2021, in order to design relevant prevention activities, a short online questionnaire ("Covid Generation") was drawn up to monitor the well-being of young people during the second wave of the Covid-19 epidemic. The questionnaire was completed by 46 secondary school students (average age 16.3 years). Half of the respondents said that they found the second wave of the epidemic more difficult than the first, seven had used more psychoactive substances than usual in the last month, and only half wished to return to school. In addition to socialising, entertainment and sporting activities, just under a third wanted (or needed) discussion and advice after returning to their normal daily rhythm, with slightly fewer mentioning learning assistance and instruction. Just under half had no option of becoming involved in sports activities that they would have to pay for. In this period of declining physical activity, this is particularly worrying. A family prevention programme ("Strengthening the family") was organised in Izola. Three families were initially involved, but only one stayed the course. The "Izštekani" (Unplugged) and "Effect" programmes took place at two primary schools in Izola and Koper. A total of 79 pupils took part, along with the same number of parents. The daily "Žoga skače" (Bouncing Ball) programme took place, including during the summer holidays, and filled in the gap left by a lack of free leisure-time activities and recreational forms of sport for children and adolescents. The programme was held in Koper and Izola and involved around 190 children and adolescents in 2021, and around 130 children and adolescents between April and June 2022.

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.

1.2.3 Selective prevention interventions

Andreja Drev, Andreja Belščak Čolaković, Matej Košir, Ingrid Kristančič Šömen, Natalija Žalec, Manica Jakič Brezočnik, Gašper Krstulovič, Nataša Sorko, Simona Smolej Jež, Maruša Petrič

PUM-O

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, 2020).

Programmes for children with social, behavioural or learning problems

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, 21 programmes for children and youngsters functioned in 2021, 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. 8,595 people were included in counselling and daily centres in 2021. 17,570 phone conversations and 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 (223 users in 2021), Škrlovec day centre for the youth and families (there were 67 users of the programme in 2021, of which 54 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 2021 was 414), and the community programme for the youth of the Social Work Centre Ljubljana Moste-Polje (712 people were included in the activities of this programme in 2021, of which 548 were younger than 18).

Programmes for Roma ethnic group

With the purpose of improving the social inclusion of the Roma, the following programmes were carried out in 2021: Kher šu Beši Day Centre programme implemented by Trebnje Social Work Centre, the Roma Children Day Centre programme and the Roma Youth Day Centre programme, both implemented by the Voluntary Work Development Association in Novo mesto, the Hand in Hand programme under the Mozaik Association in the Ljubljana City Municipality and the Daily help and support for children and youth programme implemented by Kralji ulice Association in the Maribor City Municipality. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 552 users in 2021, of which 461 users were under 18.

Juvenile offenders

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 24 minors served there in 2021.

Youth non-offenders

Youth non-offenders who face different problems growing up can be ordered by thecourt in collaboration with the Centres for Social Work, to stay at any of the country's 9 residential special schools. The following residential special schools operate in Slovenia: Fran Milčinski Educational Institution Smlednik, 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 466 children enrolled in the 2021/2022 school year, 460 children enrolled in the 2020/2021 school year, 458 children enrolled in the 2019/2020 school year, and 429 children in the 2018/2019 school year.

Family Centres

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 2021 co-financed 12 providers of family centre content. 3117 children, 1627 youngsters, 1646 individuals, 760 families, 47 extended families and 949 individuals that were stated under “other” were included in the family centres' content.

Glimmer of Hope

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. 181 adults and 24 children were included in this programme in 2021.

Strengthening Families Program

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 2021–2022 period, the implementation of the programme was not fully carried out due to Covid-19 restrictions. However, there has been a growing need for the programme amongst regional and local social work centres, so two implementers’ trainings were organised in 2022, especially for the regional centres for social work from Pomurje. Additionally, the pilot implementation of the Strong Families programme (developed by UNOCD) was initiated. In the first phase (early 2022) all materials were translated into Slovenian language.

Centres for Social Work

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.

"Žoga skače"

The "Žoga skače" daily field programme, which involves prevention work with children and adolescents at a recreational activities location, is aimed at co-creating a safe and stimulating environment for leisure time activities for children and adolescents in tower block estates, which are recognised as risky environments (open drug scene, drug dealing, etc.). A continuous presence "in the field" (two or three times a week), even during the school holidays, provides the opportunity to steer young people towards healthier lifestyles. The emphasis is on learning life skills, group forms of work (strengthening a feeling of belonging), exercise/sports, and the identification and inclusion of children and adolescents with problems growing up. As a way of leading this last group into activities, the introduction of circus teaching proved to be an example of good practice. We also held open conversations with individuals, often those who had dropped out of school, on risky behaviours and drug use (early use of cannabis, e-cigarettes). Because the activities were held in public spaces and participation was voluntary, parents and local residents were able to join the games, which gave the programme an additional boost in terms of prevention. The programme took place in Koper and Izola in 2021, with around 190 children and adolescents involved (1,280 instances of contact). Between April and June 2022, the programme involved 130 children and adolescents (187 instances of contact).

1.2.4 Indicated prevention

Maša Serec

In 2018, Slovenia has adopted its first strategic document in the area of mental health – the Resolution on the National Mental Health Programme 2018−2028 (the MIRA program), resulting in several new strategic priorities to strengthen and maintain good mental health of the population. One of the important novelty introduced by the MIRA Program is the establishment of 50 Centres for Mental Health of Children and Adolescents within the primary health care centres across Slovenia by the 2028. The main idea is to ensure equal access to services and programs for the entire population in their local area and link all relevant services and stakeholders in the local environment to optimally provide early interdisciplinary and interdepartmental treatment according to the needs of the individual and the community.

In 2020, 10 Centres for Mental Health of Children and Adolescents have already been established. Their main goal is to strengthen mental health of children, adolescents and their families. The centres treat children and adolescents, struggling with the:

- distress at home, resorting to various habits, difficulties in growing up/becoming independent, psychosomatic problems, addiction;
- developmental problems (delays and disorders including autism spectrum disorders, speech and language problems);
- learning difficulties, concentration disorders,
- adjustment problems, emotional and behavioural disorders, educational problems;
- sleeping, eating disorders, trauma and stress-related disorders;
- other problems and disorders.

Alongside and as before 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.

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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.

1.2.5 Warning campaigns

Campaign supporting the ban on smoking in all vehicles in the presence of minors
Irma Glaner, Nataša Blažko

Every September from 2017 on, Ministry of Health of the Republic of Slovenia is leading a mass media campaign supporting the ban on smoking in all vehicles in the presence of minors (under 18). *Contents (i.e. key message):* The key message is: “When you smoke in car, your child is smoking with you”. The campaign is also aiming at prevention of second-hand smoking in vehicles and other private places (i. e at home): https://www.youtube.com/watch?v=ozZlhqaxrEo. *Coverage:* Television (dissemination of spot), Radio (radio advertisement and talk shows with public health professionals from National institute of public health aiming to prevent second hand smoking), Roadsides (Police officers are disseminating leaflets with important public health messages aiming to prevent second hand smoking

in cars and other private spaces), Social media (dissemination of public health messages related with smoking). *Target population:* parents and other adults with underage children in private vehicles and other private spaces (i. e. at home), general public. *Possible evaluations of the campaign:* No evaluation yet.

"Slovenija piha 0,0" – against alcohol on the roads
Irma Glaner

The goal of the series of campaigns run under the "Slovenija piha 0,0" slogan is to reduce the harmful and risky consumption of alcohol, illicit drugs and other psychoactive substances among road users and at social gatherings and, at the same time, to provide comprehensive information on the harmful effects of these substances on the individual and society.

Despite the Covid-19 epidemic, the Ministry of Health managed to carry out the November "Slovenija piha 0,0 – against alcohol among drivers on Slovenian roads" campaign. Owing to the restrictions on movement brought about by the Covid-19 epidemic, the planned campaigns at Planica and the school-leaving celebrations were postponed until such time as large gatherings could be held again.

In cooperation with the police and NGOs, the November "Slovenija piha 0,0" campaign, which featured the traditional concert by the Police Orchestra and special musical guest Tilen Artač, was held between 5 and 14 November 2021 (as the period around the St Martin's Day celebrations is known for the large number of road accidents caused by drunk drivers). Police stepped up their controls of drivers' fitness to drive by carrying out roadside breath tests. Drivers who "napihali 0,0", i.e. who had no alcohol at all in their breath sample, immediately received a ticket code for the concert by the Police Orchestra and special guest. We presented the campaign on radio and more intensively on social media (the "Slovenija piha 0,0" and Ministry of Health Facebook pages, and the Ministry of Health Twitter account).

The concert by the Police Orchestra and guest Tilen Artač, who imitated a number of famous musicians in his unique way, met the requirement for good music and a positive atmosphere, and was a nice thank-you to all those who behaved responsibly and soberly behind the wheel and drive without any alcohol in their system. It took place on Saturday 27 November 2021 at 8 pm on the nulanula.si website, where there was also an online quiz of educational content relating to drink-driving. Drivers could watch the concert during the Covid-19 epidemic from the comfort of their armchairs together with members of their household. Figures showed that the concert was watched live by close to 10,000 viewers, and a recording of the concert has also been published on the Ministry of Health's YouTube channel at https://www.youtube.com/watch?v=5jVq_daJYIA

In November and December, the ministry stepped up its anti-drink-driving communications on the "Slovenija piha 0,0" and Ministry of Health Facebook pages. The Ministry of Health regularly communicates content related to alcohol and road safety throughout the year on its website and social media pages (Facebook and Twitter), the "Slovenija piha 0,0" Facebook page, and the social media pages of NGOs whose alcohol and illicit drug projects are co-financed by the ministry.

1.2.6 Advocacy campaigns

Listen First Campaign
Matej Košir, Sanela Talić

Listen First" and "The Science of Care" materials have been translated into Slovenian and were being released nationally in Slovenia in February 2021 by the Utrip Institute. The materials were broadcasted by all nationally and locally relevant TV stations and featured in many newspapers during the winter and spring of 2021, as well as on social media. Based on the demand from health and social services,

kindergartens, and schools, the “science Sheets” were distributed and posted on information boards that inform parents and caregivers across the country. The materials can be accessed here: https://www.unodc.org/unodc/sl/listen-first/Slovenian/videos.html. In 2022, the Utrip Institute upgraded the campaign with new materials “The Science of Skills” developed by UNODC. The materials (e.g., science sheets) were translated into Slovenian language and posted on social media of Utrip and Prevention Platform network in spring and summer 2022. Additional activities are planned for autumn and winter 2022/2023, including the broadcasting of video materials (also translated into Slovenian language).

2. Trends

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

Alcohol
Maja Roškar, Tanja Kamin, Maša Serec

MOSA - Mobilizing community for responsibility towards alcohol
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), 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, programmes also include electronic cigarettes and other novel products containing nicotine. Special focus of all relevant stakeholders is on prevention and punishment of violations of the law and at the same time on identification of necessary new measures in this respect. 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, in this respect they cooperating with Market Inspectorate.

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.

Universal and selective prevention

Branka Božank, Andreja Drev, Ingrid Kristančič Šömen, 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 (for details, see the Best Practice workbook). 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 activities are directed at training of decision makers in the prevention field, prevention workers and development of community approaches. 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 community prevention activities and prevention activities in 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.

In the last year, there has been a significant shift among policy- and decision-makers. After a resolution titled “Promoting comprehensive and scientific-based early prevention”, which had been tabled for discussion by Slovenia, was passed at the 65th session of the UN Commission on Narcotic Drugs, the government undertook to adopt measures to lay the groundwork for the development and implementation of this type of prevention work. The fact that this undertaking is being realised is already visible in the strategic objectives set out in the forthcoming Resolution on the National Programme on Illicit Drugs 2022–2030. Among its priorities in the field of prevention are the strengthening of scientifically supported programmes of early prevention, and the development, monitoring and evaluation of scientifically supported programmes.

A further significant shift in the introduction of scientifically-supported programmes has been signalled by the inclusion of two manualised prevention programmes, with proven effectiveness, in the Resolution on the National Mental Health Programme 2018–2028, with the resolution ensuring their implementation in local and school settings throughout the country.

Indicated prevention

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. In 2018 Slovenia adopted the Resolution on the National Mental Health Programme 2018−2028, which envisages, among other things, the establishment of 50 mental health centres for children and adolescents throughout the country by 2028. This will ensure equal access to a variety of programmes, including indicated prevention programmes for the entire child and adolescent population of the country.

3. New developments

3.1 Notable new or innovative developments observed in prevention

Resolution on Early Prevention
Anej Korsika Knific

The 65th Session of the UN Commission on Narcotic Drugs, which took place in Vienna, saw Slovenia tabling a resolution for discussion ("Promoting comprehensive and scientific-based early prevention") for the first time in its history. The resolution, which calls for renewed efforts to prevent the use of illicit drugs among children and young people, was passed on the last day of the meeting.

After intensive negotiations undertaken in the complex political circumstances caused by the war in Ukraine, the Ministry of Health and the Ministry of Foreign Affairs managed, on the last day of the meeting, to obtain the full support of all member states of the UN Commission on Narcotic Drugs, which approved the resolution unanimously.

The resolution calls on the international community to make renewed efforts to prevent the use of illicit drugs, especially among children and young people, and entails the development of measures and activities that prevent people from using drugs or engaging in other harmful lifestyles in the first place.

The resolution encourages member states to employ an intersectoral and multidisciplinary approach to ensure sufficient support and funds for early prevention of drug use during childhood and adolescence.

"Make the Difference" – prevention programme for children from families with addiction
Karmen Ostarc Kokotovič, Vesna Šmarčan

In 2021 the Maribor regional office of the National Institute of Public Health began an international project, "Make the Difference" (MTD), the aim of which is to prevent, uncover, identify and respond to negative experiences from childhood (particularly those resulting from living with parents who are drug users or already addicted). This is followed up by activities that teach children skills and strategies that improve their psychological resilience. The first phase of the project is focused on addressing the importance of cooperation between institutions that deal with addiction and those that deal with child protection, with the aim of establishing a binding cooperation agreement and putting in place a system of help for children who come from families struggling with addiction.

The second phase of the project focuses on providing additional support in the form of "Jaz in ti – MI" (Me and You – US), a low-threshold prevention measure. This measure employs a mentoring approach where, through interactions between mentor and child, the child is able to develop a positive, stable and friendly stance which, by strengthening their psychological resilience, acts to protect them against their harmful childhood experiences. The target group for this prevention measure will be children aged between 6 and 15 who attend primary school and who have been identified as vulnerable because they are growing up in a family in which the parents abuse drugs, alcohol or prescription drugs, or are undergoing treatment for addiction to those substances.

Translation of the book Smoke Screen
Matej Košir, Sanela Talić

In 2022, the Utrip institute actively collaborated in the translation of the book "Smoke Screen" by Dr Kevin Sabet into Slovenian language on the topic of cannabis policy in US, which is being used in advocacy purposes to prevent any policy decisions toward cannabis legalization or commercialization in Slovenia.

After agreeing with the publishing house, the Utrip Institute purchased 200 copies of the book, which were distributed in particular to the policy and decision makers in the parliament and government in purpose to advocate for better evidence-based and informed-based drug policy in Slovenia.

4. Additional information

4.1 Additional important sources of information, specific studies or data on prevention, information on work place prevention

Workplace prevention
Helena Jeriček Klanšček, Andreja Drev

In Slovenia, workplace prevention takes place within the wider framework of workplace health promotion, which employers are obliged to implement by law. Three articles of the Occupational Health and Safety Act (ZVZD-1, 12/2011) define the statutory obligations of employers in the field of promotion of health at the workplace:

- Article 6: Employers shall plan and implement the promotion of health at the workplace.
- Article 24: Employers shall adopt measures to prevent, eliminate and manage cases of violence, bullying, harassment and other forms of psychosocial risk at the workplace that could place the health of employees at risk.
- Article 32: Employers shall plan the promotion of health at the workplace, provide the necessary funding and put in place a method for monitoring its implementation.

The Ministry of Health is responsible for managing a special website on workplace health promotion that contains guidelines on health promotion, documents that assist employers to draw up a workplace health promotion plan, information on projects and training programmes, and so on. https://www.gov.si/teme/promocija-zdravja-na-delovnem-mestu/

4.2 Other important aspect of prevention

NIJZ prevention approach – Empowering school counsellors to carry out indicated drug prevention work
Lea Furlan, Vesna Šmarčan

In the 2018/19 academic year, the National Institute of Public Health began an education and training programme for school counsellors titled “Empowering school counsellors to carry out indicated drug prevention work”. The aim of this prevention approach is to enable secondary school counsellors to identify, as early as possible, those adolescents who are using drugs so that they might receive the appropriate treatment quickly. This can prevent the development of addiction and of other problems that arise as a result of drug use. A further aim is to increase the success of treatment of adolescents who take drugs, as the consequences of drug use have not yet affected all areas of the adolescent’s life. Shorter treatment can therefore also be effective.

The aims of the work with the school counsellors are:

- to enable the counsellors to acquire specific knowledge from the field of addictology that aids their work with adolescents who are using drugs and with their families;
- to employ interactive forms of work to address and resolve the dilemmas and fears school counsellors face when working in the area of addiction and drug use;

- to help counsellors develop awareness for early detection and for assisting adolescents who have begun experimenting with drugs (either by working at school or through referral to suitable external institutions); and
- to help counsellors develop strategies at their own schools.

Counsellors who are equipped with the ability to understand the issue of drugs among adolescents and a knowledge of addictology can help to change social norms around drug-taking in schools. It is crucial for counsellors to have the appropriate viewpoints on drug use among young people as this can influence their response.

The approach encompasses a visit to a selected counsellor's school in order to discuss the needs/dilemmas faced by the school in the area of drugs, and the ways in which the school conducts itself when it identifies adolescents who are using drugs. After an introductory discussion, the school counsellor joins a working group of between 10 and 12 counsellors. They meet three times during the school year. Each meeting lasts three hours and takes the form of group-based interactive work. The methods employed are: lectures and discussions, the case method, and learning through simulation (role playing).

A group of the school counsellors took part in the education and training programme in 2021. The introductory and first meetings had been held in 2020, but the epidemiological situation meant that the second and third professional meetings had to be postponed until 2021.

The participants were satisfied with the way all three meetings were organised: on a scale of 1 to 5, where 1 = very poor, 2 = poor, 3 = satisfactory, 4 = good and 5 = very good, the average satisfaction rating was 5. The average satisfaction rating was 4.9 for the working method and content, 5 for the content provided at the meeting, 5 for the usefulness of the content in their own work, and 4.9 for the atmosphere in the working group. The participants were particularly impressed with the work on specific cases and with the structure and clarity of the content provided to them. They shared experiences, obtained a lot of answers regarding drug use and the best approaches to helping adolescents, and acquired new knowledge of the importance of early action, a critical attitude towards drugs, the importance of protocols, and new guidelines in the field of drug use.

As other professionals working with young people also need additional knowledge, the approach has been transferred to other settings as well, such as youth centres and student dormitories. In 2021 the approach was taken up by staff at a student dormitory in Maribor. Ten professionals took part. The average satisfaction rating was 5 for the way the meeting was organised, 5 for working method and content, 4.9 for the content provided at the meeting, 4.9 for the usefulness of the content in their own work, and 5 for the atmosphere in the working group.

National Addiction Prevention Conference
Ada Hočevar Grom

In collaboration with the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the NIJZ organised the 15th National Addiction Prevention Month Conference. It took place on 5 November 2021 under the title "Čas za odklop" (Time to Turn Off). The conference addressed a variety of aspects of screen use among children and adolescents, including guidelines on screen use for children and adolescents, the psychological aspects of screen use, and digital addiction prevention. A project devised by the Portuguese NGO ARISCO was presented as an example of good practice.

5. Sources and methodology

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Treatment workbook

Table of Contents

Summary

The treatment of drug addiction in Slovenia is regulated 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. A new National Strategy 2022–2030 is prepared and under discussion.

The Ministry of Health is the supreme operative governing body in healthcare; as such it is also responsible for the execution and oversight of healthcare services in the treatment of illicit drug addiction. The Ministry of Health is responsible for heading the interdepartmental coordination on this topic and to set programme priorities, and supervise and coordinate the implementation and development of programmes. Under its' purview functions The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, which is the key operative decision-making authority at the national level.

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 the healthcare 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 the 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 the Centre for the treatment of illicit drug addiction in Ljubljana.

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 2021 among users entering or re-entering a treatment program, which was implemented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, the highest percentage are still those who cited opioid problems as a reason to seek help, although this percentage has been declining since 2016, but the trend has reversed in 2021. After 2016, the same falling pattern in entrants is seen in users entering the treatment program due to cannabis and cocaine problems.

A stable number of patients are in OST treatment (3078 in 2021). Also, in the maintenance programme the number of users is stable over the last 3 years (2397 in 2019, 2479 in 2020 and 2482 users in 2021).

In 2021 there are two mobile units and 19 immobile centers operating in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. In Slovenian prisons there were additional 619 clients in 2021 who were involved in substitution treatment. In 2021 the number of clients who entered programmes run by NGOs compared to previous years has declined, but this is still due to COVID-19 pandemic.

Nasal naloxone (in the form of a nasal spray) is registered and available from March 2021 in all Centers for the prevention and treatment of drug addiction and their pharmacies that supply medicines.

1. National profile

Milan Krek, Mateja Jandl, Andrej Kastelic, Nuša Šegrec, Simona Smolej Jež, Nadja Kovač, Mina Paš, Nejc Havaši, Živa Žerjal

1.1 Policies and coordination

1.1.1 Main treatment priorities in the national drug strategy

In 2021, activities in the field of illicit drugs were still based on the National Programme on Illicit Drugs 2014–2020 and the Action plan 2019–2020, due to delays in the preparation of the new national drug strategy. The 2014–2020 National programme does not explicitly list treatment as one of the priority areas, instead it's framed as part of the wider priority goal of the reduction of demand for illicit drugs (»the health and social management of illicit drug users«). Under the subsection »The management of users in healthcare«, the document specifies that those management programmes, that lead to abstinence and to the reduction of the harmful consequences of drug use, the spread of infectious diseases and criminal activity, are considered priority. It further states that the programmes need to be further diversified in terms of doctrine, human resources, spatial capacity and their geographical dispersion.

The 2019–2020 Action plan sets forth concrete activities and goals, intended for realization in the field of illicit drug addiction treatment. It lists 5 main goals and the respective activities or results which are needed to achieve a particular goal:

1. Reinforcement of the activities of the Centres for the Prevention and Treatment of Illicit Drug Addiction – technical (logistical) aspect:

This goal comprises the following activities and specific results:

- the introduction of spatial standards and appropriate spaces for the staff and patients of the Centres,
- the introduction of a unified ISO standard,
- acquiring the appropriate amount of computers,
- the ability to collect, enter and track data about services, medications (including substitution treatment), vaccinations, laboratory results digitally,
- an improvement of laboratory activity (urine and infectious disease testing),
- updating the Centres' webpages,
- the standardization of medication packaging,
- the adjustment of the Centres' working hours to increase their availability for patients,
- and activities to improve the public image of addiction treatment, including through social media.

2. Reinforcement of the activities of the Centres for the Prevention and Treatment of Illicit Drug Addiction – contentual aspect:

   - upgrading the existing addiction treatment doctrine, including new psychoactive substance (NPS) and non-chemical addiction treatment,
   - execution of the pilot project »Take-home naloxone«,
   - additional training for staff,
   - strengthening of the cooperation within the network of Centres and with other instutitons which offer treatment programs in the field of illicit drug addiction,
   - organizing a yearly conference on the topic of treatment.

3. An integrated treatment, health and psychosocial rehabilitation program, dedicated to addicted persons with a psychiatric comorbidity at the Centre for the Treatment of Illicit Drug Addiction – University Psychiatric Clinic Ljubljana

4. Improving the security of patients and personnel:

   - education on the topic,
   - monitoring of the security circumstances at the Centres,
   - updating security guidelines,
   - regular discussion of security issues at the Coordination of Centres meetings.

5. Ensuring the quality execution of the Centres' treatment programmes:

   - monitoring the operation of Centres,
   - establishment of an oversight committee,
   - plan a comprehensive professional inspection of the Centres' operation, including methodology and a questionnaire.

1.1.2 Governance and coordination of drug treatment implementation

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) is the principal law governing the treatment of illicit drug addiction in Slovenia. The Ministry of Health is the supreme operative governing body in healthcare; as such it is also responsible for the execution and oversight of healthcare services in the treatment of illicit drug addiction. The Ministry of Health is responsible for heading the interdepartmental coordination on this topic and to set programme priorities, and supervise and coordinate the implementation and development of programmes. Under its' purview functions The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, which is the key operative decision-making authority at the national level. It is an intersectoral body, with representatives from various ministries and two representatives of NGOs as official members. In an advisory role, guests from other institutions, such as the Slovenian Police, the Prison Administration, National Institute of Public Health, treatment providers and others, regularly partake in the sessions, which are usually held twice every year.

Also important in an advisory role are the Expanded professional boards, which are considered to be the supreme professional authority in their respective fields and are comprised of top-level professionals. They consider proposals from various stakeholders in the field - healthcare institutions and individual experts, professional associations and chambers, higher education institutions and others, to form professional doctrines and propositions. If a new treatment programme, doctrine or proposition is to be implemented, it has to be evaluated and approved first by the Health Council, which is the highest professional coordinating body for healthcare, functioning under the purview of the Ministry of Health.

New treatment programmes need to get the approval of the Health Council to obtain public funding through The Health Insurance Institute of Slovenia (which is the main public funder of healthcare services in Slovenia).

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 is tasked with formulating and proposing a doctrine (program implementation rules and principles), overseeing the execution of the established doctrine and coordinating the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country. The Coordination of Centres may also propose the organisation of professional training for the staff 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 is responsible for overseeing research projects taking place in the Centres for the Prevention and Treatment of Illicit Drug Addiction nationwide.

Local action groups (LAGs) are bodies which serve an advisory role to the mayor on the local level, and are seen as an important entity in the coordination of the activities, related to the management of illicit drug addiction in the National Programme on Illicit Drugs 2014–2020. They are comprised of representatives of a multitude of different local stakeholders (schools, primary healthcare centres, police, NGOs, businesses, religious groups and others). Unfortunately, the activity of LAGs in recent years has waned significantly. Local municipalities have instead opted to establish their own particular advisory and coordinative bodies, which may or may not consider the field of illicit drug addiction to be a priority.

Social Area

NGOs carry out 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). 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 rapidly 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.

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.

1.2 Organisation and provision of drug treatment

Outpatient network

1.2.1 Outpatient drug treatment system – Main providers and client utilisation

The outpatient treatment of persons addicted to illicit drugs in healthcare is most often carried out within specialized institutions - the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, of which there were 21 in 2021. They operate on the primary healthcare level and are organized as part of the local primary health centres. Outpatient services are also provided at the Centre for the Treatment of Illicit Drug Addiction, which is a tertiary institution and is a part of the University Psychiatric Clinic of Ljubljana. Two mobile units were operating in 2021 which also provided outpatient management (in Slovenj Gradec and Ptuj) and are part of the network of 21 Centres.

Outpatient addiction management services are also provided at prisons. They are provided by healthcare personnel who are not officially employed at the prisons, but instead come from the local health centres. Opioid substitution therapy is also provided in this way to the prison population.

In Slovenia, there are 13 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 (11 programmes). Some of high-threshold programmes are providing accommodation (therapeutic communities, self-support communities or communes, housing groups) and some are carrying out social reintegration (three programmes).

At Centres for Social Work (16 regional centres with 62 units), the issue of illicit drugs is largely (in about half of cases) dealt with as a part of first social aid. Evidently, the issue of illicit drugs is not very common at Centres for Social Work. In 2021, social workers were dealing with 276 cases, related to illegal drugs.

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

Some patients, especially those with psychiatric comorbidity, are also treated at general psychiatric institutions. If elements of addiction are found, they are usually referred to the aforementioned specialized addiction treatment institutions and/or to social programmes (such as therapeutic communities and other programmes) for further management.

1.2.2 Further aspects of outpatient drug treatment provision

Outpatient management can take different forms depending on the characteristics and goals of the individual patient. Patients are usually scheduled for visits regularly to assess their situation, provide counselling and adjust medication if necessary. They are also required to take regular urine tests if the goal is to eventually enrol in an inpatient program, or if their driver’s license was taken away for driving under the influence – they need a certificate of abstinence for a certain period of time before they are allowed to drive again. Patients also have the option to enrol in a day hospital program, where counselling, group sessions and other services are provided every week.

The outpatient treatment of addiction within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction is available to all persons in need without a waiting list and free of charge if they have basic and supplementary health insurance. 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.

Table 1. Network of outpatient treatment facilities (total number of units and clients)

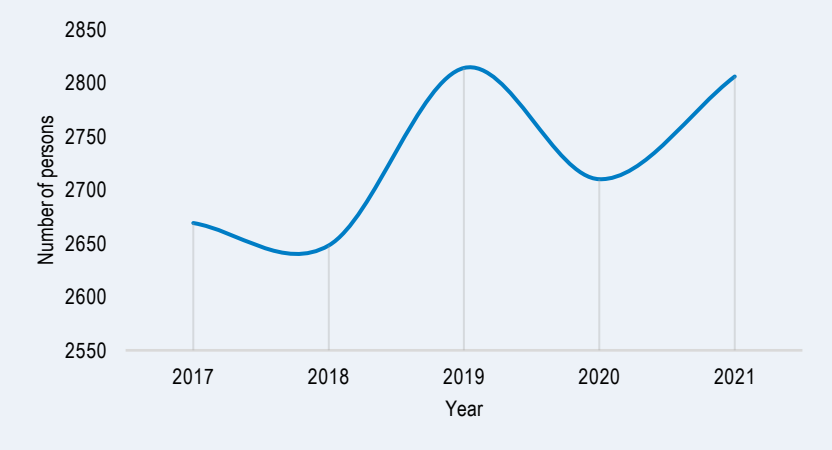
	Total number of units	National Definition (Characteristics/ Types of centre included within your country)	Total number of clients
Specialised drug treatment centres	**21**	Network of Centres for prevention and treatment of illicit drug addiction	**3886**
Low-threshold agencies	**12**	NGO organisations for harm reduction activities. Low-threshold programmes organizing day centres, carrying out field work and prevention	**7314**
General primary health care (e.g. GPs)	**0**	General practicioner and other medical doctors on primary leve	**0**
General mental health care	**0**	Psychiatric outpatient units located in local health centres in the local community	**0**
Prisons (in-reach or transferred)	**11**	Outpatient clinics for the treatment of addiction at prisons	**619**
Other outpatient units – day care centres	**13**	Units in social care, mostly NGOs, which are working only during the day	**2593**

Source: National Institute of Public Health, Standard table 24

1.2.3 Further aspects of outpatient drug treatment provision and utilisation

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 2021 annual report delivered by the Social Protection Institute of the Republic of Slovenia, 2806 persons were included in low-threshold programmes (day centres and field work, without harm reduction activities on dancing events), which is around the same as in the year of 2019 (2814 persons) (Figure 1).

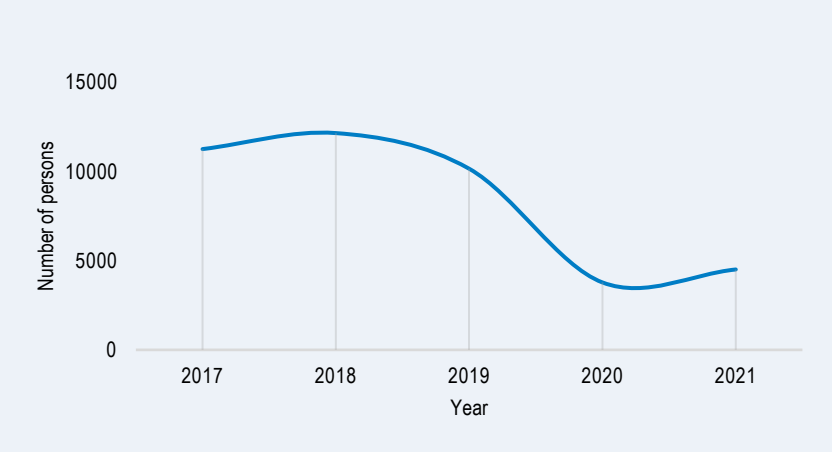
Figure 1. The number of persons included in Low threshold agencies in Slovenia in the period 2017–2021 not including DrogArt programme users (dancing events)



Source: Social Protection Institute of the Republic of Slovenia, 2021

In the context of low-threshold programs, we also mention the DrogArt program, which deals with stimulant drug users. Due to the specifics of the program, we can only obtain data on the estimation of the number of users or the number of contacts, but not the exact number of users. According to the data of the Institute of Social Welfare of the Republic of Slovenia, the estimated number of their users in 2021 is 4,500, which is slightly more than in 2020 (3,780), but significantly less than in previous years (Figure 2).

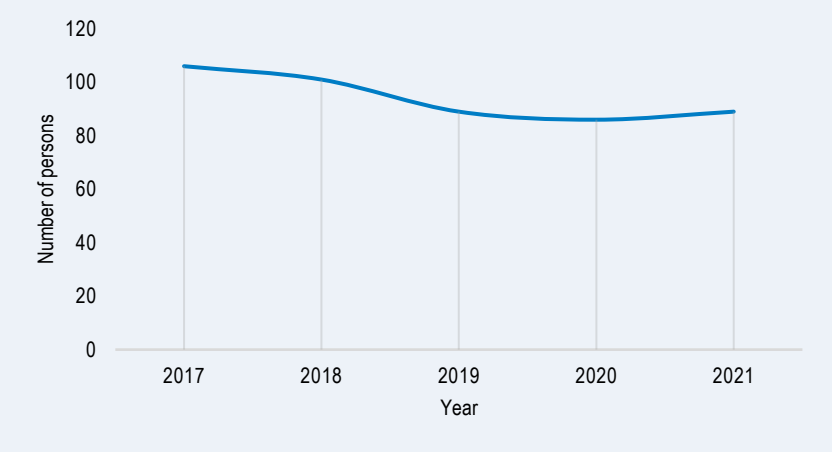
Figure 2. The number of contacts mainly on dancing events with drug users in the DrogArt NGO in the period of 2017–2021



Source: Social Protection Institute of the Republic of Slovenia, 2021

In the framework of programmes, two shelters for homeless drug users and a safe house for female drug users who are victims of violence are operating; 89 persons were included in these programmes in 2021 (Other inpatient units), which is around the same as in the previous year (Figure 3).

Figure 3. The number of persons included in shelters for homeless drug users and a safe house for female drug users in the period of 2017–2021



Source: Social Protection Institute of the Republic of Slovenia, 2021

Further, low–threshold programmes in 2021 also included approximately 95 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information, etc.

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. 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 (National Institute of Public Health) 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 2).

Table 2. 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%	/	/	/	**100**
Low-threshold agencies	/	All centeres, 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)	/	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 illicit drug addiction treatment in Slovenia is the Centre for the Treatment of Illicit Drug Addiction, which is a part of the University Psychiatric Clinic of Ljubljana. The hospital also carries out a day hospital programme.

There are also patients who are treated as inpatients at the seven general psychiatric hospitals in Slovenia, mostly those with an acutely deteriorated psychiatric comorbidity. When the psychiatric comorbidity is stabilized, they can be transferred to a specialized addiction treatment centre inpatient unit or a therapeutic community.

In Slovenia, there is also a forensic hospital at the University Medical Centre Maribor, where patients are treated within a closed hospital system. It is a restricted-access prison medical ward located inside a public hospital, with medical staff employed by the public hospital. This hospital ward houses people, sentenced to mandatory psychiatric treatment as an alternative sentence, when psychiatric illness was deemed to be an important factor for the crimes they committed. It is not explicitly dedicated to the treatment of addiction, however substance abuse and addiction are quite common in that population.

Patients can also enrol in various 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. These programs are run by NGOs or charity organizations, with oversight and financial contributions from the State. A special therapeutic community for persons with dual diagnosis (psychiatric comorbidity) exists (TS Sostro).

1.2.6 Further aspects of inpatient drug treatment provision

Admission to Slovenian psychiatric hospitals (all are public) is possible at any moment if so decided by the treating physician. The treating physician 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 at the primary level 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 show willingness to put in effort, show some progress, and establish a critical attitude to their addiction in order to be eligible for admission. Upon admission, patients are not allowed to have drugs with them or use them during hospitalisation (except for OST, which is provided in-house).

Table 3. Network of inpatient treatment facilities (total number of units)

	Total number of units	National Definition (Characteristics/Types of centre included within your country	Total number of clients
Hospital-based residential drug treatment	1	Psychiatric or other hospitals	**n. g.**
Residential drug treatment (non-hospital based)	7	Rehabilitation and reintegration centres	**135**
Therapeutic communities	4	Classic TC between 1 – 3 years programmes	**69**
Prisons	11	Special hospital for inmates	**619**
Other inpatient units	3	Shelter for homeless users, a safe house for female drug addicts	**89**

Source: National Institute of Public Health, Standard table 24

1.2.7 Ownership of inpatient drug treatment facilities

All healthcare institutions that provide medical treatment for illicit drug addiction in Slovenia are publicly funded through The Health Insurance Institute of Slovenia – there are no private healthcare institutions in this field in Slovenia. Therapeutic community 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 4).

Table 4. 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

	Public / Government	Non- government (not for profit)	Non- government (for profit - Private)	Other	Total (%)
Hospital-based residential drug treatment	100%	/	/	/	**100**
Residential drug treatment	/	100%	/	/	**100**
(non-hospital based)	/	100%	/	/	**100**
Therapeutic communities	/	100%	/	/	**100**
Prisons	100%	/	/	/	**100**
Other inpatient units 1	/	100%	/	/	**100**
Other inpatient units 2	/	/	/	/	**100**

Source: National Institute of Public Health, Standard table 24

1.2.8 Further aspects of inpatient drug treatment provision and utilisation

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 (general practitioners) 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.

1.3 Key data

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

Since 2014, data in Slovenia have been collected under the TDI 3.0 protocol and online. Data have been collected in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and at the Centre for the Treatment of Illicit Drug Addiction in Ljubljana.

Of all questionnaires collected, 210 persons entered or re-entered a drug treatment programme in 2021.

192 of them (91.4%) entered or re-entered programmes due to opiate problems. 10 (4.8%) of those indicating why they entered a programme reported having a cocaine problem, 7 (3.3%) had cannabis problems, 1 (0.5%) hypnotics and sedatives problems.

Among those entering the programmes for the first time (73 persons), most had problems with opioid use 62 (84.9%). 4 (5.5%) persons had problems with cocaine, 0 with stimulants, 0 with hypnotics and sedatives, 7 (9.6%) with cannabis.

In conclusion, among those entering the programme for the first time in 2021, the share of persons with cannabis use problems was considerably higher (10%) compared to the patient group re-entering the programme in the same year. (3%). The percentage of patients who first entered the programme due to problems with cannabis use in 2020 was even higher (24%). Among programme users who re-entered the programme, the percentage of persons with opiate use problems decreased from 90% in 2018 to 86% in 2020 and is 85% in 2021.

For other treatment providers the primary drugs are also opioids (see Harm and Harm Reduction WB for NGOs and Prison WB for prisons).

1.3.2 Distribution of primary drug in the total population in treatment

Those data arrive from the database of patients who have spent more than 1 year in the programme and are still included in the programme in 2021, according to primary drug: out of 2482 persons, 80% were men and 20 % women. Their average age was 42.06 years. The youngest was 18 and the oldest 80 years of age. The largest percentage of patients spent more than one year in the programme due to opiate addiction problems (69.2%), followed by 15% of patients who had problems with sedatives and hypnotics addiction in 2020. A relatively high percentage (9.1%) had problems with cannabis use. It is also important to note that 5.5% of patients had cocaine problems.

1.3.3 Further methodological comments on the 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 whole drug user population in Slovenia in treatment. It is planned to introduce the TDI questionnaire into prisons as well.

The total number of clients in treatment (**Total All clients entering treatment**) includes inpatient programmes as well as outpatient programmes. There is no way to exclude double counting of individual patients, because patients with drug addiction seek help in different programmes in the same year.

1.3.4 Characteristics of clients in treatment

Among patients who entered or re-entered treatment programmes in 2021: In the last 30 days, before users entered the treatment program, 51.4% were unemployed, 23.3% were employed full-time, and 16.2% were employed occasionally, 2.2 % were students. 3.8% of drug users defined their employment status as other - recipient of social monetary assistance. 83.3% of users had permanent accommodation before entering the treatment program, 12.4% had non-permanent accommodation, 2.4% were homeless.

A drug addict was defined as a person who has ever been addicted to a drug, regardless of whether that person uses drugs or is in recovery. 67.6% of users did not live with a drug addict in the last 30 days before entering the treatment program.

24.8% of drug users have injected drugs, but not in the last 12 months. 23.3% of drug users stated that they had never injected drugs. 10.5% of users injected drugs at least once a day in the last 30 days. For 26.7% of drug users, it is not known whether they have ever injected drugs.

Among drug users who have ever injected drugs, 45.1% stated that they had never shared a needle and/or syringe previously used by someone else. 42.9% of users have shared a needle and/or syringe, but not in the last 12 months.

Among drug users who received/purchased sterile needles and syringes in the last 30 days before entering the treatment program, 64% of users stated that they received/purchased sterile needles and syringes at a pharmacy. 32% of users received sterile needles and syringes in a low-threshold program and 4% indicated that they received sterile needles and syringes from a friend or acquaintance in the last 30 days before entering the treatment program.

Among drug users who have already had sexual intercourse, 69.2% said that they did not use a condom during their last sexual intercourse. 19.7% of users indicated that they used a condom during their last sexual intercourse.

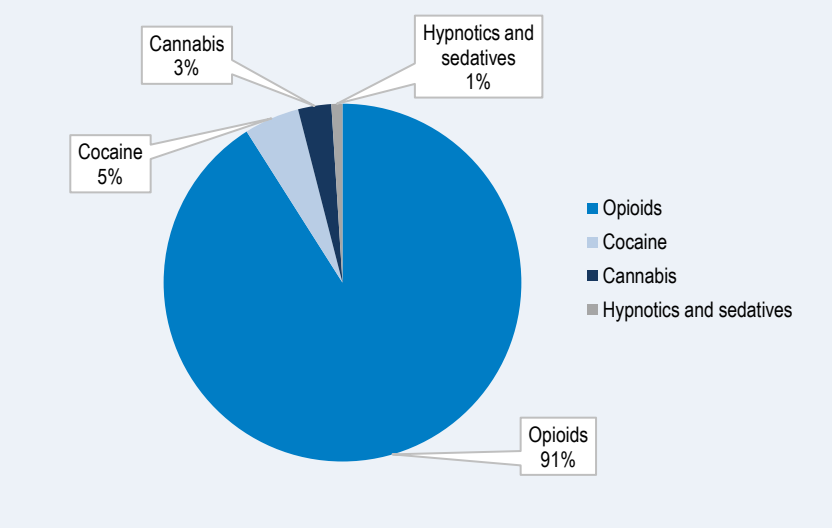
47.6% of drug users were fully vaccinated against hepatitis B (HBV), which means that they received 3 doses of the HBV vaccine in accordance with the instructions. 39% of users have never been vaccinated against HBV. 4.8% of users were incompletely vaccinated against HBV. For 7.1% of users, it is not known whether they have been vaccinated against HBV or not.

Table 5. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	3886
Total OST clients	3078
Total All clients entering treatment	14705

Source: National Institute of Public Health, ST24 and TDI

Figure 4. Proportion of treatment demands by primary drug – first entrance or re-entered 2021



Source: National Institute of Public Health, 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 6.

Access to the outpatient treatment 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 places, which imposes an additional burden on the patient as well as on traffic, as some of them drive alone under the influence of the substitution treatment or other drugs.

A range of outpatient drug treatment services are available in Slovenia. The patient may come to the centre every day and stay there for a brief period. Afterwards, they are free to leave. These programmes provide a high level of accessibility to all (as evident from Table 6). Every person with an addiction problem can enter the programme.

Outpatient drug treatment services in Slovenia

Specialised drug treatment centre:
The Centres for the prevention and treatment of illicit drug addiction function within a network and cooperate with each other at different levels. There is no waiting list for patients. The centres form the only healthcare 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 try and destigmatize the programme. 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.

General primary health care:
This includes physicians and other healthcare professionals in primary healthcare who come into contact with drug addicts. It depends on the commitment of these professionals whether these people will receive timely and appropriate 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 outpatient clinics frequently encounter people with addiction and psychiatric 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 the comorbidity.

Other outpatient units on secondary medical level:
Addicts also often attend specialised secondary-level outpatient clinics, which are staffed by surgeons, internal medicine specialists and other physicians. The physicians are familiar with the issue of addiction, so they are able to help people. It is important they send the 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, consultations are 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 services. Different programmes focus on different target populations. There are programmes for adolescents, which operate during the day, with parents coming to pick up their children and take them home afterwards. 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.

Table 6. 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%	>25%-75%	>25%-75%	>75%
Screening and treatment of mental illnesses	>75%	Not available	>25%-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%	>25%-75%	>25%-75%	>75%

Source: National Institute of Public Health, Standard table 24

1.4.2 Further aspect of available outpatient treatment services

The founders and administrators of the organisations offering outpatient services 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 where 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 built for the purpose of such programmes, so they need to be adapted, which requires additional funding.

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 possess a large amount of knowledge on addiction treatment and use various approaches. 24-hour patient monitoring also enables more challenging treatment programmes.

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. Healthcare 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 multiple therapeutic communities employing experts, and therapeutic communities using self-help approaches. 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.

Prisons:
Pursuant to the valid legislation, prisoners have the same rights to access healthcare services as the general population, irrespective of the gravity of their crime. Each prison has to provide a psychiatric service, general healthcare services and a programme for treating illicit drug addiction. Prison programmes are part of the regional public healthcare network (see textbook Prisons). Physicians and other staff are not employed at the prison, but come from outside, usually from the community healthcare 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. 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 and trust. After leaving prison, users again enter the programme of the local centre for addiction treatment or local NGO 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 provide their programmes in 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. At the Psychiatric Clinic Maribor the treatment programme involves the management of incarcerated persons with mental disorders.

Hospital programmes:
The main inpatient illicit drug addiction treatment unit is at the Centre for the Treatment of Illicit Drug Addiction, operating as part of the University Psychiatric Clinic Ljubljana. The inpatient 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 patient, it is desired that the people close to them participate in the process. The inpatient

programme starts with several months of outpatient 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 programme. The programme is carried out at the detoxification unit for 6 weeks and at the intensive extended treatment unit for 8 weeks. The duration of treatment can sometimes be altered based on the characteristics of the individual patient. Patients are prohibited to use any medication or substance except for those prescribed by the physicians at the unit. Patients with opiate addiction are switched to OST if they hadn't been already and are then gradually weaned off. The goal of the detoxification unit is a patient who is abstinent from all addictive substances, behaviourally stable and motivated for further treatment. The intensive extended treatment programme also requires complete abstinence and even more emphasis is put on activities to acquire skills for independent life, maintaining abstinence and social reintegration.

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 healthcare 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 7. 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

1.4.4 Further aspect of available inpatient treatment services

New programme for medical and psychosocial rehabilitation Razori at the Centre for treatment of drug addiction at the University psychiatric clinic Ljubljana, Slovenia

In December 2020, on the suburb of Ljubljana, at Razori, we started implementing a program for patients with addiction and co-morbid mental health disorders as part of the Centre for treatment of drug addiction at the University psychiatric clinic Ljubljana. Patients enter inpatient treatment either through outpatient treatment or other subunits of the Centre for treatment of drug addiction (Intensive department, Detoxification department), daily hospital (Daily hospital for patients with comorbidities), but they might be referred from other psychiatric hospitals or somatic hospitals, too.

In addition to the holistic treatment of addiction, the goals of treatment are also focused on treatment and maintaining remission of co-existing mental disorders and rehabilitation, using an integrative approach. It is tailored to the individual, focused on her/his future goals. The program lasts up to six months, including wide spectrum of addiction treatment activities, working with families and important others and taking into account possible individual differences.

The physical location of this programme is at the Razori dislocated unit in the countryside, about 10km outside Ljubljana city centre. The location is intended to facilitate the therapeutic process with activities in nature and lessen the feeling of being hospitalized. After completing this program, the patient goes home and may then enter a day care unit, where treatment is carried out 3 times a week for up to 6 months. 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 at any time. Patients who have left the programme cannot be readmitted in the programme for the next 3 months.

During Covid pandemics we tried to maintain the continuity of work, so even during the "closure" period, the wrk was adapted to current conditions without stopping the programme.

1.4.5 Target intervention for specific drug using groups

Individual programmes address individual population groups using a targeted approach. Such programmes are implemented as part of existing drug addiction treatment programmes. This is an appropriate solution for small countries like Slovenia, since it is difficult to develop a dedicated treatment programme for each group separately.

Senior drug users (>40years old): There are no targeted interventions in the treatment of senior drug users.

NPS users: The DrogArt association is a private, non-profit, voluntary organisation with the aim of reducing the harmful effects of drugs and alcohol on young people. As part of the early warning system for new psychoactive substances, DrogArt provides drug-testing services in order to reduce the risk of complications that can arise with unknown substances. When receiving a sample for testing, they also offer the user a short advisory talk on the risks and problems associated with drug use.

Recent undocumented migrants (asylum seekers and refugees): There are no targeted interventions aimed specifically at undocumented immigrants. Asylum seekers and refugees can apply for international protection. If it is granted, they can access some of the health services in Slovenia, including management of addiction (substitution treatment).

Women (gender-specific): In Slovenia, programmes intended for women are implemented only in a single therapeutic community; otherwise, women enrol in the same programme as men. Generally, the same entry conditions and addiction treatment procedures apply to them. In some programmes, specific approaches are taken to manage women, especially pregnant women and mothers. Gynaecologists from community health centres and regional hospitals also cooperate. Pregnant women with addiction issues are monitored from the start of pregnancy, as are all other pregnant women in Slovenia. 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, also runs a safe house programme for female drug users.

Under-aged children and adolescents: A lot of attention is given to minors addicted to drugs, with special treatment - however, special programmes for them are not yet available.

Other target groups: Persons with a psychiatric comorbidity: In Slovenia, 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 disorders at local psychiatric out-patient clinics. They also attend community programmes for mental health. They are hospitalized at general psychiatric hospitals if their comorbidity deteriorates. There is also a special therapeutic community that offers help to persons addicted to illicit drugs with a psychiatric comorbidity (Therapeutic community (TS) Sostro).

1.4.6 E-health interventions for people seeking drug treatment and support online

Some organizations (like NGO DrogArt) offer online counselling services. The national eHealth infrastructure offers various different eHealth solutions to all patients (making online appointments, acquiring digital prescriptions on their health insurance card, etc.). Offering online activities, tailored to the population with drug addiction issues, however, is not deemed very effective, as these people are often socioeconomically disadvantaged and a significant proportion are not able to access the internet. In-person contact is also deemed superior when managing patients with drug addiction and is preferred whenever possible.

1.4.8 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).

Opioid substitution treatment (OST)

1.4.9 Main providers/organisations providing Opioid substitution treatment

Substitution treatment in Slovenia is generally provided by programmes within the network of Centres for the prevention and treatment of illicit drug addiction and at prison clinics, where physicians from the Centres can also initiate therapy. OST can also be prescribed in psychiatric and general hospitals if the person on substitution therapy is hospitalized, but in such cases, the Centre which the patient usually attends must be consulted to manage the patient appropriately.

Substitution therapy can only be carried out in specialised centres for addiction treatment (with the aforementioned exceptions). The main goal of this measure is to prevent trafficking of opiates outside of medical institutions. The personnel in these centres are specially trained to control the 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 provided by specialised doctors in prisons. Substitution therapy can only be prescribed by specialised doctors. 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.

In 2021, two mobile units (in Ptuj and Slovenj Gradec) were operating out of local primary health centres, which were also delivering OST to existing patients who had difficulties or were unable to acquire the medications themselves, which was especially valuable when considering the limitations that the COVID-19 pandemic imposed on patients and the healthcare system.

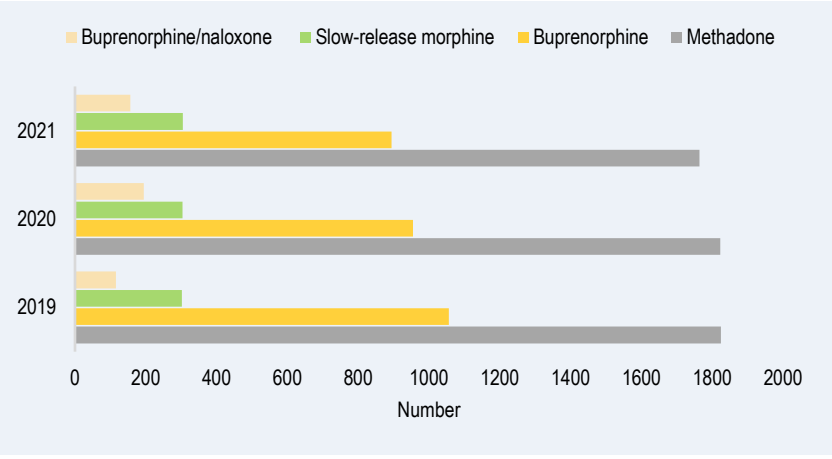
1.4.10 Number of clients in OST

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 2021, 3886 patients were included in the substitution programme within the network of Centres. Among 3078 clients in OST in the specialized treatment centres, 1764 patients received methadone, 894 buprenorphine, 156 a buprenorphine/naloxone combination, and 305 slow-release oral morphine.

619 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used.

Figure 5. Number in OST patients according to the substitution medication used, 2019–2021



Source: network of Centres

1.4.11 Characteristics of clients in OST

In 2021, 72.0% were men and 28% were women. 61.6% of men and 38.4% of women entered the treatment program for the first time. 79.4% of men and 20.6% of women re-entered the treatment.

The men who were treated were on average 40 years old, while the average age of the women was 37 years. The total average age of illicit drug users was 39 years.

83.3% of drug users stated that heroin was the main drug that caused them the most problems in the last 30 days before entering the treatment program. Followed by cocaine (4.3%), buprenorphine (3.3%).

The most common way the user used the main drug in the last 30 days before entering the treatment program was smoking/inhaling (26.2%), injecting (25.7%), sniffing (13.8%), eating/drinking (6.7%). As many as 25.7% of drug users do not know the way they used the main drug in the last 30 days before entering the treatment program.

44.8% of illicit drug users indicated that they used the drug every day in the last 30 days before entering the treatment program. In the case of 32.4% of drug users, it is not known how often they used the main drug in the last 30 days before entering the treatment program.

61.4% of drug users stated that they did not use any additional drugs. 11.4% of users used cocaine as their first additional drug, 9.5% of users used cannabis as their first additional drug, 7.1% of users used benzodiazepines as their first additional drug. Among other hypnotics and sedatives, zolpidem was listed.

1.4.12 Further aspect on organisation, access, and availability of OST

All medications used globally for substitution treatment are available in Slovenia (methadone, buprenorphine, slow-release morphine). The programme is fully financed by The Health Insurance Institute of Slovenia.

The rules and instructions applicable to the programme must be strictly followed by all employees working in the programme. Upon the patient’s entry to the programme, a thorough examination is required. The decision to enrol the patient in substitution treatment is made at the Centre's team meeting, involving a physician, psychiatrist, social worker and nurse. Before the patient is enrolled, they must first sign an agreement, which states the patient’s and physician’s rights and obligations. The patient receives the therapy at the Centre from the nurse on a daily basis. Substitution medications are not available on prescription from a pharmacy. The head of the Centre and the nurse are responsible for acquiring substitution medications, which are then dispensed to patients by the nurse. The storage and distribution of these substances is strictly supervised. Several records are kept to ensure that no errors occur. Frequent patient 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 low number of drug users are HIV-positive, and that crime among drug users has reduced.

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, 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.

In the field of social welfare programs, Slovenia has public, developmental, experimental and supplementary programs, most of which are implemented by non-governmental organizations. There are generally no uniform quality standards for social welfare programs, only public programs are subject to them. These are programs that are professionally verified or obtain professional verification from the Social Chamber of Slovenia. The professional verification procedure is carried out on the basis of the Rules on the procedure for professional verification of social welfare programs (Official Gazette of the Republic of Slovenia, no. 79/13, 19/18 and 65/20). In order to obtain verification, programs must meet general professional criteria regarding personnel, work methods, program goals, documentation management, appeals channels, and other professional and technical conditions for program implementation. They obtain verification for a period of seven years, after which they must renew it. By joining the network of public social welfare programs, the programs are included in the unified system of external evaluation of programs implemented by the Institute for Social Welfare.

Other social welfare programs are implemented under the conditions published in the public tenders for co-financing by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and there are no prescribed technical, personnel or substantive standards for their implementation.

2. Trends

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2.1 Long term trend in numbers of clients entering treatment and in OST

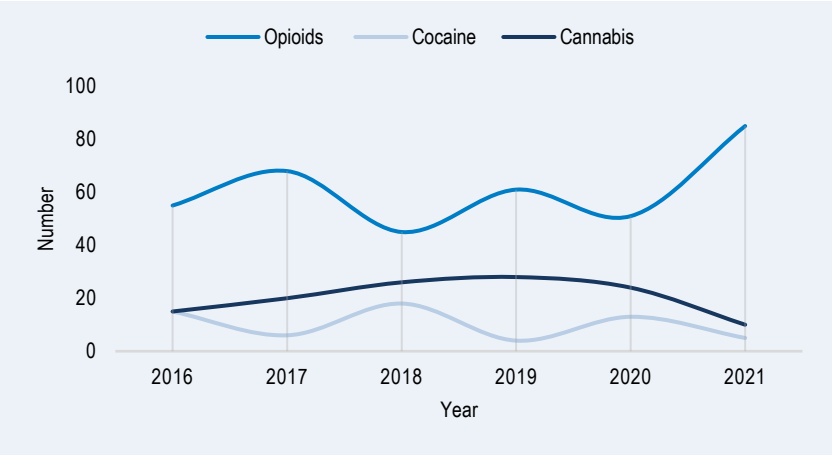
The trend in the number of patients included in the OST programme has been monitored for some time. The programme is running within the network of Centres for the prevention and treatment of illicit drug addiction and in Slovenian prisons (available to all prisoners). A decline in the number of patients included in the substitution treatment programme has been observed. The precise reasons are not known. Access is free and there is no waiting list.

Data from the TDI questionnaire is underestimated due to poor reporting discipline. 60% of all Centres for the prevention and treatment of illicit drug addiction provide us with data, and the trend of this data shows a decline in first and re-admissions. Data on substitution treatment is also obtained from another source, from the Coordination of Centres, where a stable situation can be seen in the number of persons involved in substitution treatment.

From 2010, it has been observed that an increasing share of persons who have been abusing prescription medicines (opioid medications-OST, benzodiazepines) and need help. This trend was apparent both for first entries and re-entries to the system. The trend was growing until 2016, since then there is a decline in those entrants. It coincides with the introduction of stricter guidelines for prescribing benzodiazepines.

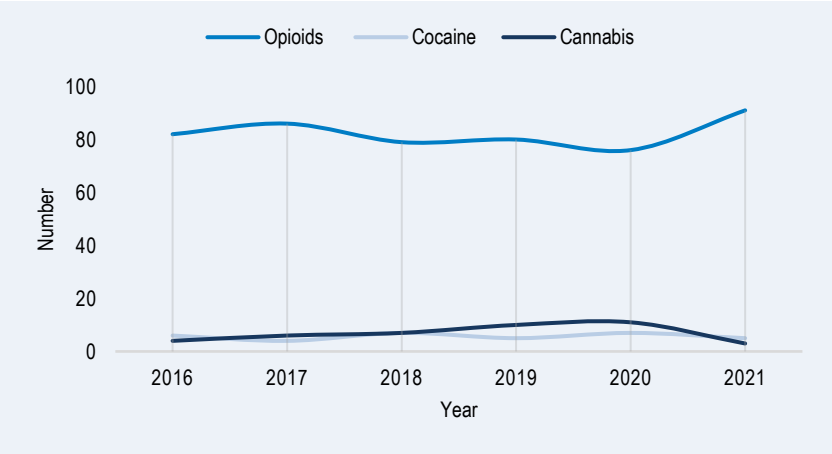
The same timeline is seen with the primary drug cocaine and cannabis (Figure 6,7).

Figure 6. Number in patients entering the treatment programmes for the first time according to the primary drug used, 2016–2021



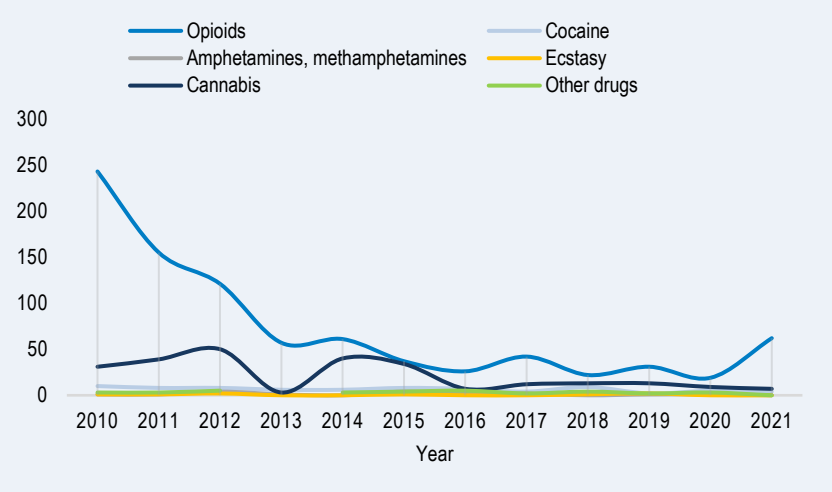
Source: National Institute of Public Health, TDI

Figure 7. Number in patients re-entering (previously treated) treatment programmes according to the primary drug used, 2016–2021



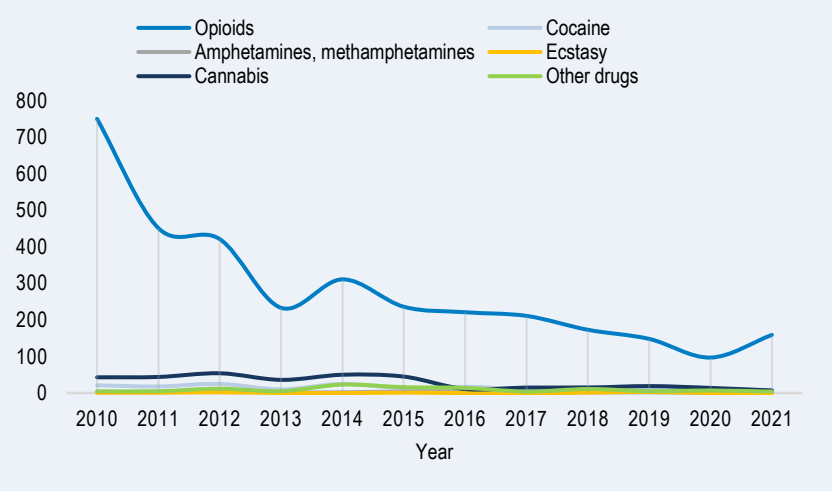
Source: National Institute of Public Health, TDI

Figure 8. Trends in numbers of first-time clients entering treatment by primary drug, 2010–2021, Slovenia



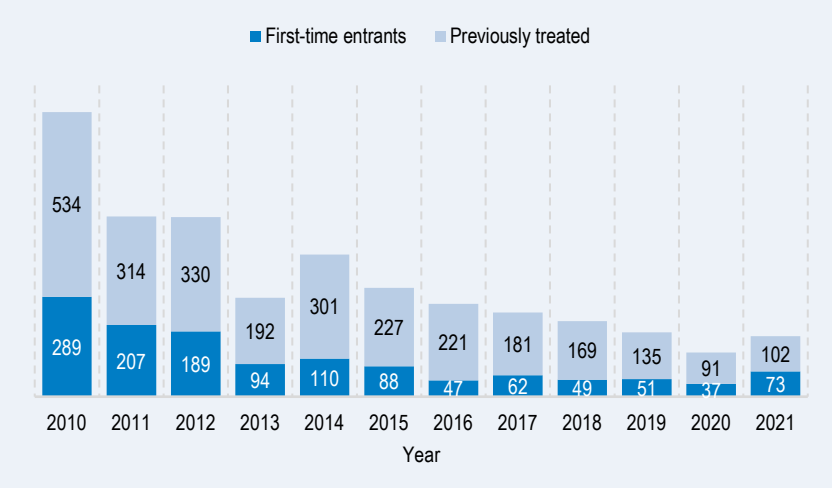
Source: National Institute of Public Health, TDI

Figure 9. Trends in numbers of all clients entering treatment, by primary drug, 2010–2021, Slovenia



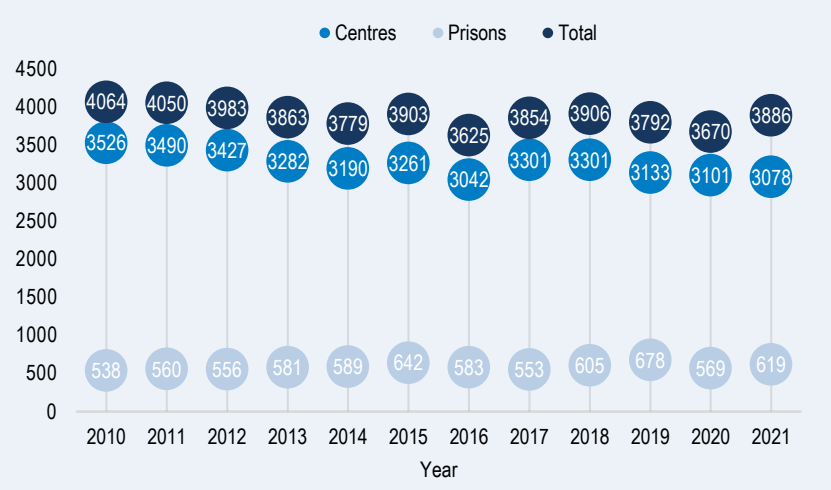
Source: National Institute of Public Health, TDI

Figure 10. Trends in numbers of entrants in opioid substitution treatment, 2010–2021, Slovenia



Source: National Institute of Public Health, TDI

Figure 11. Trends in numbers of clients in opioid substitution treatment, 2010–2021, Slovenia



Source: National Institute of Public Health, TDI

3. New developments

Miha Lavre

3.1 New developments

Depot buprenorphine – experiences

A new medication, already well known and widely used, has been registered since October 2021 for the treatment of opioid addiction at centres for the treatment of and prevention of addiction to illicit drugs in Slovenia. The depot form of buprenorphine is injected subcutaneously at pre-determined parts of the body at weekly or monthly intervals. Studies from abroad have yielded good results in terms of efficacy and safety.

Slovenj Gradec treatment and addiction prevention centre began promoting the treatment as soon as it was registered for use in Slovenia. Indeed, the first clients (those who had not been particularly satisfied with previous drug-based therapy and who were motivated to try something new) began using it that same month.

The results after 11 monthly applications of the medication are outlined below.

Slovenj Gradec treatment and addiction prevention centre is one of the smallest centres within the network of addiction treatment centres in Slovenia. The centre had 45 users with a history of opioid addiction who were receiving substitution therapy in August 2022: 14 were regularly receiving depot buprenorphine, 11 were receiving sublingual buprenorphine tablets and 20 were receiving a peroral methadone solution.

During the period of study, 24 users tried the depot: 10 had previously received methadone and 14 had previously received sublingual buprenorphine tablets. Titration of the active ingredient was often necessary at the outset, but always took place without problems.

The depot form of buprenorphine has proved to be a welcome new development in the treatment of opioid addiction, with 14 of the 24 users who tried the treatment at the Slovenj Gradec centre opting to continue with it. Introduction to the therapy, titration and the move back to peroral administration proceeded without difficulty in all cases. There were objective and subjective improvements in users' situations. The possibility of weekly and monthly administration proved particularly attractive to those users who found it difficult to come to the centre on a more frequent basis and to those whose life situations were less optimal.

The fact that there is no possibility at all of illegally distributing this substitution therapy is an important advantage over other treatment options.

4. Additional information

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4.1 Drugs for treating opioid addiction

Under the provisions of the Drug Use Prevention and the Treatment of Drug Users Act (Uradni list RS, 98/99), drugs to treat opioid addiction are dispensed by prescription within the network of centres for the treatment of and prevention of addiction to illicit drugs. These centres report on the addiction medications used (number of boxes dispensed) to the Health Insurance Institute of Slovenia (ZZZS), which forwards the figures to the National Institute of Public Health (NIJZ).

In 2021, 12,633 boxes of **morphine (N02AA01)** were prescribed, at a total cost of EUR 643,091.45, in the form of *Substitol 120 mg* and *Substitol 200 mg* solid, prolonged release capsules.

A total of 26,261 boxes of **buprenorphine (N07BC01)** were prescribed (total cost of EUR 845,288.43) in the form of *Buprenorphine Alkaloid 2mg* and *Buprenorphine Alkaloid 8mg sublingual tablets.*

A total of 327 syringes pre-filled with **buprenorphine (N07BC01)**, containing prolonged-release solutions for injection, were prescribed at a total cost of EUR 36,041.10 and in various concentrations for prolonged-release injection (Buvidal).

A total of 4,432 bottles of **methadone (1,000 ml, N07BC02)** were prescribed (total cost of EUR 276,797.46) in the form of *methadone chloride, Alkaloid peroral solution 10 mg/1 ml and Krka methadone 10 mg/ml peroral solution (bottle containing 1,000 ml of solution).*

Thirty-four bottles of **methadone (100 ml)** in the form of *methadone chloride, Alkaloid peroral solution 10 mg/1 ml* were prescribed at a total cost of EUR 397.05.

A total of 2,285 boxes of a **buprenorphine and naloxone combination (N07BC51)**, were prescribed in the form of *Zubsolv sublingual tablets in various concentrations*, at a total cost of EUR 21,703.57.

Sixteen boxes of **naloxone (V03AB15)** in the form of Nyxoid 1.8 mg nasal spray were prescribed at a total cost of EUR 458.91.

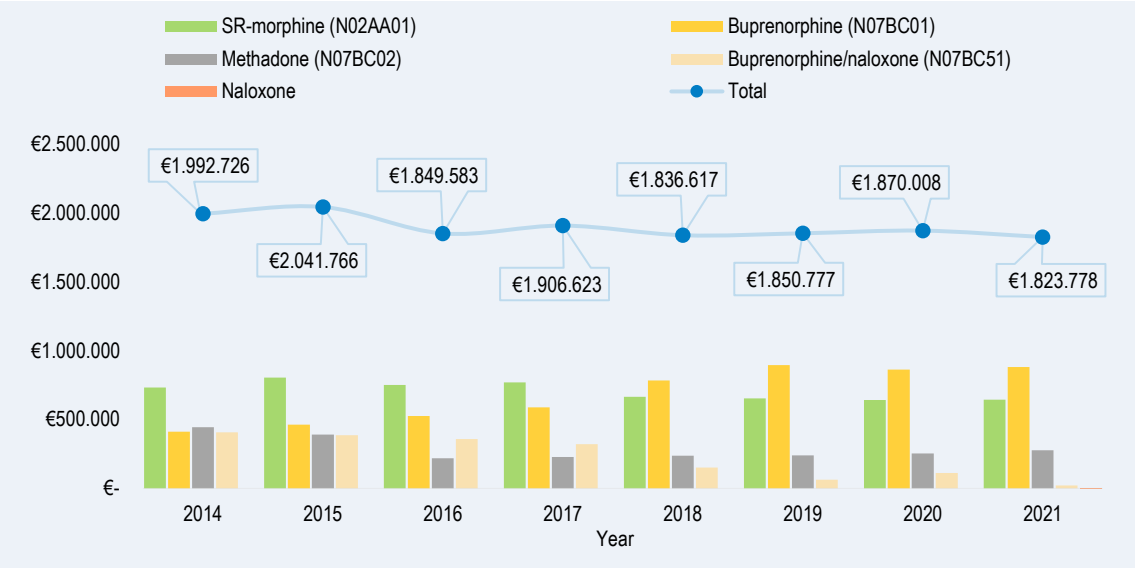
Nyxoid (Naloxone) is designed for immediate use as an emergency treatment for an opioid overdose or suspected opioid overdose in form of respiratory depression and/or depression of the central nervous system within or outside a clinical setting.

At the centres for the treatment of and prevention of addiction to illicit drugs in Slovenia, there was a noticeable upward trend in the use of buprenorphine between 2013 and 2018 and a downward trend in the use of methadone after 2015.

A total of EUR 1,823,778 was spent on drugs in addiction treatment programmes in 2021, down slightly from the 2020 figure of EUR 1,850,776.50. The money spent on these drugs has been falling constantly since 2015. The total amount does not include the juice, the bottle, the signature (labelling) or the preservative used for methadone preparation.

The figure below shows the amounts spent on each addiction-treatment drug between 2014 and 2021 and the trend in overall use of these drugs in euros (Figure 12).

Figure 12. Trends in the amount spent on drugs used in addiction-treatment programmes, by drug



Prescription of cannabinoid-based medications

No finished drugs containing THC as an active ingredient have yet been registered in Slovenia. Doctors may prescribe a magistral drug containing the active ingredients of tetrahydrocannabinol (THC) or cannabidiol (CBD), or a combination of the two, on a white prescription form (not paid by the Health Insurance Institute of Slovenia - ZZZS) or order form.

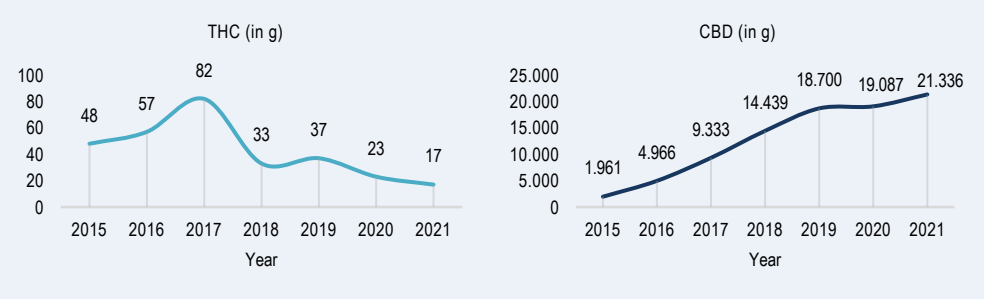
The prescription is issued in duplicate and must be entered in the narcotics register. The pharmacy also keeps a record of use. A magistral drug may be prepared by a clinical or public pharmacy. Information on prices is kept by the Health Insurance Institute of Slovenia - ZZZS.

Pharmacies have reported on dispensed prescriptions for magistral drugs containing THC and CBD directly to the National Institute of Public Health and in part also to the Chamber of Pharmacy of Slovenia. As not all pharmacies make up these preparations, not all of them have reported the number of prescriptions. Our figures therefore only cover specific active ingredients whose use has been reported to the National Institute of Public Health - NIJZ.

In 2021, 21.4 kg of CBD and 17 g of THC were prescribed and used in Slovenia. The price of 1 g of CBD is EUR 87 and the price of 1 g of THC is EUR 386.

The National Institute of Public Health - NIJZ has been monitoring the prescription of these preparations since 2015. There is an upward trend in the prescription of CBD and a downward trend in the prescription of THC (Figure 13).

Figure 13. Total use of THC and CBD in grams 2015–2021



4.2 Further Aspects of Drug Treatment

Treatment within the Scope of NGOs:

In 2021, there were 12537 users of social-oriented programmes. Their attendance from 2017 on is shown in the table 1. It is evident that the majority of programme users made only one visit annually or used programme services only once a year. Only 303 (2.4%) patients attended the programme every day (Table 8). The increase in frequency of programme attendance "once a year" is primarily due to people who come in contact with experts and counsellors during field work in dance events, normally only once a year. We can see the trend that programmes were attended by less people every year from 2017 to 2020. A smaller number of people attended the programmes in 2020 and 2021 is probably also due to the COVID-19 pandemic. (Table 8)

Table 8. Division of programme users according to their attendance of social care programmes

Frequency of programme attendance	2017	2017	2018	2018	2019	2019	2020	2020	2021	2021
Every day	333	1.0	233	0.8	193	1	166	1.3	303	2.4
Several times a week	2164	6.6	1936	6.5	1010	5.2	1000	8.1	973	7.8
Several times a month	2149	6.6	2336	7.9	1401	7.3	1411	11.4	1353	10.8
Once a month	1232	3.8	1606	5.4	911	4.7	857	6.9	954	7.6
Few times a year	2396	7,3	2555	8.6	1990	10.3	2246	18.1	2045	16.3
Once a year	22875	69.8	22395	75.6	12799	66.3	5789	46.8	5804	46.3
Not known	1637	5.0	843	2.8	1009	5.2	912	7.4	1105	8.8
Together	**32786**	**100**	**29604**	**100**	**19313**	**100**	**12381**	**100**	**12537**	**100**

Source: Social Protection Institute of the Republic of Slovenia, 2021

Regional coverage of social rehabilitation programs for people addicted to illicit drugs is good, as both low-threshold and high-threshold programs are available in all statistical regions. The accessibility of reintegration centres or programs is somewhat worse, as they are implemented by only three organizations, all in the central or western part of Slovenia.

Treatment of cannabis addiction in Slovenia

Patients seeking help for problems related to cannabis use can enter treatment at different levels. Individual counselling and treatment is regionally possible in the Centres for prevention and treatment of drug addiction (21 in the country), where counselling services are available (from medical doctors, psychologists and psychiatrists).

In more complex situations, patients can be referred to the national Centre for treatment of illicit drug addiction at the University psychiatric clinic Ljubljana, where an individual plan of treatment is made for each individual (outpatient treatment, daily hospital, hospital treatment, treatment of comorbidities…).

Outside of the national mental healthcare system, there are several possibilities for counselling and support in different governmental and NGO services.

4.3 Psychiatric comorbidity

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 healthcare 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. Number of hospitalizations with the addiction F diagnosis as the primary diagnosis (according to ICD 10); and as the secondary diagnosis in 2021 in Slovenia

	Drugs	Primary diagnosis	Additional diagnosis	Total	Share among all (%)
1	Multiple drugs	443	596	**1039**	**42.2**
2	Sedatives and hypnotics	84	430	**514**	**20.9**
3	Cannabis	48	367	**415**	**16.8**
4	Opioids	97	171	**268**	**10.9**
5	Cocaine	48	107	**155**	**6.3**
6	Other stimulants	17	40	**57**	**2.3**
7	Hallucinogens	4	6	**10**	**0.4**
8	**Together**	**1380**	**3613**	**2458**	**100**

Source: National Institute of Public Health, 2022

Psychiatric comorbidity – prevalence

To assess the prevalence of psychiatric comorbidity, in the seven (7) psychiatric hospitals located in Slovenia, we extracted the number of hospitalizations due to addiction (F diagnoses F11-F19) in the hospitalization database (620 hospitalisations in 2020). For these episodes, we looked at whether a diagnosis of psychiatric comorbidity was present. There were 180 such hospitalizations in Slovenia in 2020.

Diagnoses of psychiatric comorbidity were as follows:

- Depression
- Psychosis
- Manic, Bipolar disorders
- Anxiety Disorders
- PTSD
- ADHD
- Personality Disorders
- OCD
- Organic Mental Disorders

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5.2 Methodology

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. Still, we faced an issue with provider compliance, as only about 60% of service providers reported the data.

The hospitalisation data is taken from the official databases collected on a national level. 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.

While considering the client count, it has to be noted that patients could be included and, as such, statistically recorded, in all stated treatment programmes. Currently, there is no way to avoid double counting except in the network of Centres, as there is yet no integrated information system which would register individual patients across all programmes.

Best practice workbook

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Definitions

Best practice: the best application of the available evidence to current activities.

Evidence base: a concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996). When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.

Guidelines: 'statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options' (Institute of Medicine, 2011).

Protocols: documents that specify the procedures to follow for the performance of certain tasks.

Standards and quality standards: principles and sets of rules based on evidence (Brunsson and Jacobsson, 2000), used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural aspects.

Accreditation: the process by which an institution delivering a service is independently assessed for quality against pre-defined criteria and standards, which are set by the accrediting body.

Benchmarking: the process of comparing service processes and performance to best practices from other services. Dimensions typically measured are quality, time and cost.

Certification: is a process to recognize that a specific service provider is in line with predefined quality standards.

Summary

The Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the national social assistance programme 2022–2030 are the key documents regulating the areas of illicit 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 organisation 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.

- The 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 started to actively prepare and establish a system to ensure the high quality of prevention programmes in the field of drugs. These efforts culminated in the release 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 drug demand reduction.
- 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 programmes.
- 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 also includes two courses in the area of 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

Nadja Kovač, Andreja Drev, Mateja Jandl, Jože Hren, Lucija Golčer, Matej Košir, Sanela Talić, Dare Kocmur, Katja Kranjc, dr. Andrej Kastelic, dr. Nuša Šegrec, Mia Zupančič

1.1 Policies and coordination

Prevention

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 illicit 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, section 1.1.2)

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 situational 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 also be continued 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 of 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

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 authorises 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 the 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 organising 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

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 Payments Act (Official Gazette of the Republic of Slovenia, No. 61/2010 and subsequent issues) and the Exercise of Rights from Public Funds Act (Official Gazette of the Republic of Slovenia, No. 62/2010 and subsequent issues). The aforementioned laws guarantee rights (cash benefits, subsidies and exemptions) that are not based on the insurance principle, but depend on the material situation of individuals and families, or arise from the needs of persons who are unable to provide for themselves (or their families).

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 March 2022 the National Assembly passed "Resolution on the national social assistance programme 2022-2030" ("ReNPSV22–30") (Official Gazette of the Republic of Slovenia, No. 49/22), Slovenia's fundamental programming document in the area of social security for the period until 2030. The ReNPSV22–30 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 16 Centres for Social Work with 62 units 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.

Each time, the national social welfare program also lays the foundation for the development of a network of programs in the field of social rehabilitation of addicts. Based on past national programs, social welfare programs were divided into target groups, or according to the overarching (primary) issue that led the user to join the program: e.g. mental health problems, experience of violence, addiction to illegal drugs, etc., and among users (and also potential users who are not yet included in the programs) it is increasingly common to perceive the intertwining and complexity of problems and hardships that go beyond primary or just one social hardship or a problem, which also requires a comprehensive approach and consideration from the providers of social welfare programs, as well as addressing their needs from various aspects. With this in mind, ReNPSV22-30 lays the groundwork for restructuring the network of social welfare programs. The network of social welfare programs now consists of five different types of programs according to the intensity, continuity and forms of assistance and support they provide to users.

The first type of programs provides users with accommodation. It is intended for users who are coping with the experience of violence, repeated social exclusion, complex, long-term and many social hardships and problems and need accommodation. In addition to comprehensive, continuous and intensive assistance, this type of program also offers accommodation, as it tries to follow the principle of "apartment first" (accommodation or a relatively safe apartment is generally a necessary condition for an individual to arrange other areas of life and progress in them). The first type of social welfare programs also includes communes and therapeutic communities for drug users, therapeutic communities for drug users with associated problems, safe houses for addicted women and shelters for drug users.

The second type of programs includes programs of psychosocial support and counseling, which are intended for users with medium intensity of needs. Various drug harm reduction programs, day programs and field work with drug users are also included here.

The following are programs that are intended for quality and active spending of certain parts of the day (e.g. mornings) or free time. As a rule, the programs are available to users for a certain number of hours every working day, and in a stimulating and safe environment, users have the opportunity to develop their talents, maintain acquired knowledge and skills and acquire new ones, expand the social network and engage socially in various areas. Drug users are also among the target groups of these programs.

The fourth group includes programs based on the principles of self-help. These are programs that provide continuous support and assistance to users with low intensity of needs through e.g. periodic monitoring and self-help clubs and groups. The programs are aimed especially at former addicts (mainly people who have finished addiction treatment, people with mental health problems) and the elderly, as well as other vulnerable groups.

The fifth type of programs combines programs that deal primarily with preventive action, actions and activities aimed at prevention and prevention of harmful behavior. These are programs of selective and indicated prevention aimed at risky and vulnerable target groups. They are primarily aimed at raising awareness, motivating individuals and families, and preventing the emergence of various social hardships and problems (ReNPSV22–30. Official Gazette of the Republic of Slovenia, No. 49/2022).

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 also 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 assistance programmes (Official Gazette of the Republic of Slovenia, No. 70/16 and subsequent issues) 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 type of social assistance programme, 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. The state thus sets clearer and more transparent frameworks for quality implementation of programmes, expert work and development in the direction of ensuring appropriate response to the needs of users in the field.

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 with these standards.
- Promotion of environmental, universal and selective prevention, and healthy lifestyle promotion programmes in the context of the 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 uses, and expert supervision over the work of the centres.

1.2 Organisation and functioning of best practice promotion

1.2.1 The national organisations/institutions promoting quality assurance of drug demand reduction interventions and their function

Treatment provision

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 pre-approved programme and programme implementation instructions.

Expanded professional boards specialising 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 illicit drugs and its implications.

The Medical Chamber of Slovenia: Oversees the quality of programme implementation and the quality of work of the physicians engaged in the programmes.

Prevention

The NIPH significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and 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 2014, the NIPH started cooperation with the Ministry of Health of the Republic of Slovenia to prepare and establish a system to ensure the high quality of prevention programmes in the field of illicit drugs.

A team of experts working in this field 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 quality standards of prevention programmes to 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

The implementation of social care programmes, in light of the fulfilment of the ReNPSV22–30, 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 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 specialised 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 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. General criteria pertain to all programme groups, while special (specific) criteria are defined for individual programme groups. The Social Chamber of Slovenia (https://www.szslo.si/verifikacija) monitors the fulfilment of criteria by checking them in order to obtain or keep the status of a public social care programme. These programmes are also included in the aforementioned unified evaluation process for social care programmes. The unified evaluation process is led by the Social Protection Institute of the Republic of Slovenia.

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

Treatment provision

In 2013, the Recommendations on how 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 the framework of high quality drug use prevention implementation. 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 and stakeholders of prevention programmes. 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, section 1.3).

In 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, section 1.3).

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_vodnik_SL.pdf. (see also Prevention Workbook, section 1.3).

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, section 1.2.4).

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 and subsequent issues) entered into force.

1.2.3 Accreditation systems for intervention providers in drug demand reduction

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 process of professional verification of social care programmes. The process is executed in accordance with the new Rules on professional verification of social welfare programs (where all the criteria are listed) (Official Gazette of RS, No. 65/20; previous rules (96/07, 79/13) no longer apply). The programme must be continuously carried out for at least three consecutive years to be able to apply for professional verification. If the programme is verified as a public social care programme it becomes a part of the public network and 7-year funding is provided. The programmes that fail verification are denied membership in the 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, instead.

1.2.4 Specific education systems for professionals working in the field of demand reduction

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 the consequences of psychoactive substance use as the foremost social pathological phenomenon, methods of first social aid, the prevention of addiction, social regulation, social care and development of Social work 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. New developments

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2.1 New or topical developments

See sections 1.1.1 (text on quality assurance objectives in Action Plan) and 3.2.

In June 2020 the Social Protection Institute of the Republic of Slovenia conducted an online survey about the COVID-19 epidemic in Slovenia, asking for responses from all providers of social care services for the COVID-19 control plan in case of a second wave, including social care programmes. What follows is a summary of the results obtained from the surveys of programmes in the field of drugs and addictions:

1. Organisational work:

All the social care programmes must adapt their work to the current epidemiological situation (following the governmental instructions to prevent spreading contagion). According to the directions of the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MDDSZ), daily centres were closed,

counselling was provided remotely (by phone and online (email, social networks)), while housing groups and shelters remained open, following the strict instructions to limit contagion.

The scope of organisational work increased significantly during the lockdown, as it was necessary to constantly monitor developments related to the epidemic, while the number of organisational meetings also increased. There was a lot of work from home (due to lack of space, offices), group work took place remotely via Skype, Zoom, Viber, etc. Some programmes started to cooperate with more people in the local communities and engaged in better coordination of activities.

The programmes worked to limit contacts between staff and users. Personal contact was only available in emergencies by prior telephone arrangement and for people who showed no signs of infection. Most of the programmes extended their accessibility outside working hours, using remote methods. In some programmes staff distributed safe injection material to users in front of the daily centres (which were closed to users). One programme took place on the street, in front of the daily centre. They also carried out field work by taking a van to other towns and cities - taking into account preventive measures and acting in such a way that users did not enter the vehicle, so all services were provided outside.

The programmes continued to provide users with various services, such as assistance in motivation for positive changes in life, information and counselling in the field of social protection and practical assistance in solving everyday problems. Some programmes prepared video content and news for their users.

2. Working with users:

Most users confronted hardships associated with the adaptation to a new lifestyle. Due to the lockdown, the social network of some users collapsed. Moreover, in some cases these programmes (along with the media) were a person's only contact with the outside world, so a lot more counselling was needed. As a consequence, some users became even more active and responsive when being provided services remotely (via telephone conversations, email, video communication, messages, etc.). On the other hand, in some programmes the number of new users increased due to cancellation of work contracts or other reasons for not being able to go to work.

The staff helped users to strengthen their healthy habits and communication skills. The users were very often in a state of distress: at first, they needed a lot of information, then constant encouragement to accept the necessary measures. Programmes with specific groups of users reported they had trouble communicating with some of the users because they did not know how to operate electronic devices or did not have access to one.

For these reasons, the staff also worked remotely outside the usual working hours of the programmes.

3. Most common issues (absence of protective equipment, spatial problems, human resource issues):

At the beginning of the epidemic, most programmes lacked protective equipment such as masks, hand sanitizers and gloves, as they could not be purchased anywhere. Some also lacked appropriate instructions on how to use protective equipment. There was also a lack of concrete instructions on how to act in cases of infection, where the user should isolate, and how to protect staff and other users. When protective equipment started to be supplied by the Administration for Civil Protection in specific local areas, this problem was solved. On the other hand, some programmes had to spend a lot of their own funds on protective equipment as they were provided very little. A lot of time had to be devoted to trying to find and acquire appropriate equipment, and with the inflated prices in that period, some programmes suffered financial difficulties due to the additional expense. Some programmes reported a shortage of space and staff, and also major problems with poor communications and computer equipment. Some of them were forced to operate in different locations than usual. To be specific, one

programme lost access to its usual location (a daily centre), which left it unable to provide some services and needing to adjust others. Another programme reported difficulties in adapting accommodation facilities in order to provide space to isolate potentially ill users.

The workload of most staff was much higher than usual during this period. The programmes had to deal with problems related to unclear communication by the financiers and authorities about the correct way to conduct procedures and organise work with users. Problems also arose among employees due to the difficulty of balancing their private and professional lives during the epidemic.

The programmes also noticed many difficulties in the families they serve due to the spatial constraints in their homes, i.e. the fact that most parents needed to work from home while their children were also studying at home, often with only one computer in the household. In addition, in this period there was increasing distress within families due to disagreements, unresolved conflicts, and other problems arising among family members.

4. Examples of good practice during the COVID-19 epidemic:

One programme (Združenje DrogArt) moved its informative activities online and worked to improve their teams in the field. Using an online questionnaire, they conducted a quick survey of changes in the drug market in Slovenia, changes in the patterns of psychoactive substance use and level of user distress during the epidemic.

The programme also launched a mini-campaign to collect donations under the slogan "Staying home is not the same for everyone". For many young people who received our services, the home was not a safe and friendly space even before the epidemic, with the lockdown only accentuating the problems they faced. The funds raised enable young people to buy food, solve housing problems and meet other basic living needs, even in the post-epidemic period.

Another programme ("UP" Društvo za pomoč zasvojencem in njihovim svojcem Slovenije) was very responsive to all calls, even outside of working hours and on holidays, Saturdays and Sundays, and offered online groups via Skype, Viber, Zoom and WhatsApp. By responding quickly to the distress of users and their families, the programme was able to help develop solutions, reduce the formation of problems and prevent any rapid and negative consequences of the distress users suffered.

Another programme (ARS VITAE, društvo za razvoj in izvajanje programov pomoči) inquired with the Pensioners' Association about vulnerable elderly individuals for whom they were concerned. The programme reached out and informed those individuals about the different ways to get help in the local community and provided them with the necessary assistance.

Another programme (Društvo Projekt Človek) was successful in improving the involvement of staff in housing programmes, and helped improve communication between management and contractors. In the housing groups the users were taught how to sew protective masks.

The Centre for Prevention and Treatment of Addiction to Illicit Drugs recommended to all Slovenian addiction treatment centres that users should receive an amount of therapy that would serve them for a longer period of time. A programme (Društvo za pomoč zasvojenim in njihovim bližnjim PO MOČ Sežana) provided assistance in the delivery of medication to patients, most of who were also users of its services. Field workers supplied 20 individuals with substitution therapy.

Another programme (Zavod Nora, Center sodobnih zasvojenosti) published online articles and produced short instructional videos with practical guidance to help users cope with the distress caused by the epidemic. They also surveyed users to better understand their experience with counselling work.

A new homeless shelter was opened in Ljubljana for the duration of the epidemic (by Kralji ulice, in cooperation with Mestna občina Ljubljana and Društvo za zmanjševanje škode zaradi drog Stigma). It proved to be extremely important, as it offered shelter to 20 homeless people 24 hours a day; unfortunately, it was only temporary.

5. Education and training programmes in the field of social care in relation to drugs and addictions need the following:

The surveyed programmes highlighted the following needs:

Employees:

- educational and technical instructions for work, self-protection,
- psychological assistance to employees working in emergency situations (regular meetings, exchanges of experience, supervision, training),
- information about working from home (to be legally regulated), related allowances (crisis or other allowances),

Users:

- how to communicate unpleasant information remotely, how to recognise certain problems, how to communicate as effectively as possible,
- how to treat users who are unable to accept restrictions and/or face problems trying to seek help,

Contagion:

- how to assist users in case of infection with SARS-CoV-2,

Other:

- a better overview of emergency accommodation for drug users in Slovenia,
- a greater focus on domestic violence (more information about legislation, how to recognise problems remotely).

Educational (intervention) measures for patients at regional centres for the prevention and treatment of addiction to illicit drugs

Even before the epidemic was officially declared, and after monitoring the deterioration of the epidemiological situation in neighbouring Italy in particular, we launched educational (intervention) measures for patients at regional Centres for the Prevention and Treatment of Addiction to Illicit Drugs (CPZOPDs). This continued, of course, after the epidemic began, when we introduced further measures to reduce the frequency of non-essential in-person contact. In addition to protective measures (such as the use of protective face masks and hand sanitiser), other measures included less frequent provision of substitution drugs in line with the individual's risk assessment (e.g. at 14-day intervals). Travel between municipalities was also restricted, which meant that we needed to involve non-governmental organisations, mobile units and civil protection units in the drug distribution process. We also increased the number of advice and therapy sessions conducted by telephone and electronic media.

At the Centre for the Treatment of Addiction to Illicit Drugs at Ljubljana University Psychiatric Clinic, we introduced compulsory temperature checks at the entrance to the building and an entrance questionnaire, which we continuously adjusted to account for the changes to the epidemiological situation as it developed. After a triage discussion, we rescheduled patients at greater epidemiological risk and, if required, redirected them elsewhere (if infection was suspected, and after a telephone conversation with a doctor, they were booked for a test at one of the entry points set up for this purpose in the area).

We tried to maintain the continuity of check-ups at the clinic, which were generally conducted by telephone during this period. We tried to maintain sufficient access by making telephone contact available. The online prescription issuing system, which was introduced to our healthcare system in recent years, has proved to be especially useful during this period. We temporarily switched some patients with accompanying mental disorders, who received injections of antipsychotic drugs, to orally administered drugs, although this was not done with the patients who would likely deteriorate if the route of administration were to change.

We adapted work in therapy groups within clinical departments by reducing the number of therapists present at any one time. This was to avoid people bringing in the virus from the outside. At the departments, staff were divided into two groups. They worked in weekly shifts, as this was the only way to maintain continuity of work during the epidemic.

Admissions to departments were carefully planned by forming patient groups, who were tested for Covid-19 on the Monday of the week of their planned admission. The patients' personal belongings were isolated for 72 hours, and they were asked to self-isolate until the results of the test were ready. All patients who tested negative were admitted no more than two days later into the 'grey zone', which was a department staffed permanently by people who exclusively worked there and avoided contact with other departments. We re-tested all patients for Covid-19 within one week.

We adapted the work of day clinics. In the first weeks of the epidemic, we maintained regular contact with patients by telephone twice a week and then gradually reintroduced the classic programme with certain adjustments (masks, social distancing, ventilation and disinfection of rooms).

We kept staff constantly updated and drew their attention to the importance of adhering to the measures for reducing the possibility of the infection spreading.

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In the 2018/2019 school year, the National Institute of Public Health, Maribor regional unit, started implementing a prevention program for the empowerment of counsellors to work with adolescents who use drugs. The program is intended for secondary school counsellors so that they can identify young people in need of help as soon as possible and provide them with a pathway to receive appropriate treatment. The program is described in more detail in the Prevention Workbook in section 1.3.

The No Excuse ('Brez izgovora') youth network has been running tobacco and alcohol abuse prevention programmes in schools for the last 15 years and a cannabis abuse programme for secondary schools for the last five. It also organises several programmes that address non-substance addiction, such as internet addiction and problematic gambling. In the past year they have raised awareness among more than 3,000 primary and secondary school pupils, and more than 175,000 over the span of 14 years. In 2020 they reached slightly fewer young people than in previous years as a result of the challenges brought about by the Covid-19 pandemic. Nevertheless, they were able to shift the programme online and continue to work through a period when schoolchildren were learning remotely.

In 2018 the network began carrying out the "Martin Krpan" programme in a number of primary schools. Aimed at preventing alcohol and tobacco addiction, the programme incorporates multiple interventions that focus on the acquisition of social and other life skills. It employs interactive workshops that equip young people with the skills that will enable them to face various challenges in life, resist alcohol and tobacco use, and make sound decisions. The programme is designed for pupils in the last three years of primary school (second half of Year 7, and Years 8 and 9), and consists of between 15 and 25 hours of workshops incorporated into regular school lessons, as agreed upon with the class teacher. In addition to students, the programme also endeavours to involve class teachers, other teachers, school

counsellors and parents, and also features an evaluation of processes and effects. Processes are evaluated at the end of each series of workshops (after the last, fifth workshop), with the effects of the programme being last evaluated in 2020.

We carried out a process evaluation as the programme was being implemented. As most of the workshops that addressed the topics of tobacco, alcohol and cannabis use are held with Year 9 pupils, we present the results of the process evaluation for this cohort (i.e. not for Years 7 and 8).

3. Additional information

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3.1 Additional important sources of information, specific studies or data on best practice promotion

The evaluation of verified public social care programmes in the field of drugs was implemented in 2016. It has yielded 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, that programme providers are professional 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, functioning on a high professional level and with great responsibility to users and funders, which is reflected in the mostly high average evaluations based on the evaluated criteria.

The evaluators have separately emphasised that high-threshold programmes are also available to people of a lower economic and social status, and are open to all age groups, demonstrate flexibility and are responsive to new needs that emerge in the field (non-chemical addiction, self-harm behaviour, etc.). Professional staff pursue additional professional training to specialise in various fields and keep up with new therapeutic knowledge as it emerges, because the basic education received at the university isn't sufficient. Professional staff work in compliance with the Code and Principles of Social Care. Users also have the opportunity to complain, commend, and have their needs met within the professional work doctrine (Žiberna et al. 2016a and Žiberna et al. 2016b).

The evaluation process for verified public social care programmes in the field of alcohol was implemented in 2019. Evaluated programmes are financed for several years within the Network of programmes and are intended to help people in social distress due to alcoholism, provide assistance in reducing the harm caused by alcohol in adolescents and provide counselling through field work. In 2019 the Social protection Institute of the Republic of Slovenia evaluated programmes that deal with the use of alcohol. All evaluated programmes have a long tradition in that field (14 to 19 years) and are available to users most of the time. Along with issues related directly to alcohol consumption, users also face other, more complex psychosocial issues and mental health problems. Ideally, the programmes should pursue a greater level of collaboration with local psychiatry institutions. It is important that they also cooperate with parents of users, friends, co-workers and other professionals. The evaluated programs are recognized among professionals in the field as well as laypeople. Due to the extent of alcohol abuse in Slovenia, programmes would like to see more collaboration with other alcohol rehabilitation service providers in general. Additionally, programmes should expand the scope of their activity across Slovenia to include even more people. (summarised after Žiberna 2020)

Criteria for evaluating public health interventions with the aim of identifying and selecting examples of good practice in the field of (public) health

Governmental and non-governmental organisations active in making interventions in the field of public health operate with the purpose of reducing the prevalence and mitigating the consequences of behaviour, as well as the appearance of social structures that put health at risk. These are often ineffective and less successful than they otherwise could be, particularly when they are not underpinned by theory, fail to account for the latest findings and research results, and are not tailored to the selected target groups.

The method of evaluating interventions employed in Slovenia until now was insufficient. Evaluation must be performed according to clear criteria. The process can be performed internally, but should ideally be performed by external independent experts and assessors capable of ensuring a more effective evaluation of interventions as a whole, including the results and effects, and of making suggestions for improvements and upgrades.

This is why an expert group has been formed at the National Institute of Public Health and the Faculty of Social Sciences with knowledge and experience in planning, implementation and evaluation, and in formulating criteria for evaluating interventions. The group's main tasks are to establish criteria for evaluating interventions in the field of public health in order to identify examples of good practice, formulate a definition of 'good practice', compile a questionnaire to recognize good practice and draw up methodological instructions for assessing practices, along with an assessment sheet.

The document 'Criteria for Evaluating Public Health Interventions with the Aim of Identifying and Selecting Examples of Good Practice in the Field of (Public) Health', can serve as guidelines for the creation, planning, design and implementation of interventions. By employing these criteria, the quality of work of all organisations involved will be increased in order to protect and promote health, prevent disease, increase life expectancy and improve quality of life.

The establishment of clear criteria for evaluation also provides an incentive to those responsible for designing interventions to develop goals that are achievable and measurable in the time available. Only in this way can high-quality, effective interventions be provided that have sustainable potential and can respond to the actual needs of the environment.
(https://www.nijz.si/sl/publikacije/merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja)

The handbook ***Implementing a gender approach in drug policies - Handbook for practitioners and decision makers*** is the result of a 2020–2021 online consultation involving Slovenia among 13 countries. It provides a gender and prevention examples of policies. It aims to provide evidence-based and operational recommendations to develop and implement policies and interventions that better integrate specific gender needs and support more gender equity for people concerned with the provision of drug-related prevention and care (risk and harm reduction, treatment, reintegration), including in the criminal justice system.

3.2 Any other important aspect of best practice promotion

Prevention

The Utrip Institute has, since the beginning of 2017, cooperated in a European project UPC-Adapt (http://upc-adapt.eu) whose aim is to establish 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 situational analysis of the needs of European prevention workers for such education and training. The UPC was developed in the

USA with the support of the US 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 the 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 a short curriculum (2 days basics + 3 days advanced). Additionally, a trainer's guide was developed, tested and finalised by project partners which will allow the quality dissemination of material and training 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), where 26 participants from 16 different institutions were involved. The basic (2-day) training included sessions such as: epidemiology, substance use and why prevention is 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 included 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. The event ended with a reflection on the whole training (see also Prevention Workbook, section 3.1).

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 cooperate in the pilot implementation of informal education and future development of post-graduate studies of preventive science in Slovenia. The preparation of an application for submission of the postgraduate study is still in progress in 2019. The Faculty also submitted the application for selected subjects for interested students on prevention of risk behaviours, which will be implemented in collaboration with the Utrip Institute (if the subject is approved by the University of Ljubljana).

Harm reduction

NightArt certificate

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 groundwork for the development and implementation of the NightArt quality standard certificate. During two one-month pilot periods, 550 condoms, 330 earplugs, and 1,000 units of NightArt informative materials were distributed to nightclub visitors by DrogArt. Up until now, however, 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, fosters prevention by expressing disapproval of drunk driving and encouraging intoxicated individuals to use public transport. The night club that obtains this certificate commits to 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.) with the purpose of reducing risks that exist in nightlife settings.

Guidelines and standards for safe drug consumption rooms

For some time now in Slovenia, efforts have been under way to establish a drug consumption room. In 2013, the National Institute of Public Health prepared documentation for the establishment of consumption 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 4.2). The pilot operation concerning the establishment of a safe consumption 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 following those objectives the goal is to maintain safety and hygiene, and ensure a stress-free environment for drug use. Safety is ensured by a safe environment where users can consume drugs and staff who offer expert supervision and help in the event that something goes wrong (first aid and direct connection with rescue services). Users are offered information about reducing risk in drug use. The staff at the safe room need to maintain 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 likely it is that users are aware of the risks associated with their actions.

Standards and norms of establishing safe rooms are the rules and criteria associated with the work and role of expert staff who work in safe consumption rooms. The organisational operating rules for safe rooms intended for injecting drug users were drafted based on similar programmes in other countries, especially Canada and the Netherlands. The safe room operating rules are: (1) users have to sign a statement that they are over 18 years of age; (2) users have to sign an agreement, stating that they will conduct themselves in compliance with the basic operating objectives of the safe room, and that they will help maintain a safe, hygienic, and stress-free environment; (3) it is recommended that the residence area (on a district level) of users is also recorded; (4) any transaction of drugs among users in the room is forbidden; (5) the consumption of food, drinks and tobacco in the room is forbidden; (6) if the staff deem the user to be excessively intoxicated (with alcohol or other psychoactive substances), the use of safe rooms is temporarily denied to them; (7) every user has to wash their hands thoroughly before and after using the room; (8) after injecting, users have to clean the surface they used to prepare the drugs; (9) all injecting materials are free of charge; (10) the maximum time allowed to prepare the substance is 60 minutes (in case of problems with collapsed veins, the preparation time may be prolonged); (11) it is forbidden to stay in the immediate vicinity of the safe room for longer periods of time; (12) it is forbidden to assist other users in the room with injecting; (13) members of the staff have to be present in the safe room at the time of the injecting; (14) medical personnel may offer advice to overcome problems with injecting, but are forbidden to actually inject drugs; (15) safety has to be ensured in case of an overdose (bed, oxygen, antidote); and (16) direct availability of rescue services has to be ensured, without the need to call the dispatcher.

Criteria for the use of safe rooms demand that the users: (1) are at least 18 years old; (2) are persons who inject drugs; (3) are not accompanied by children; (4) are not under the effect of alcohol and other psychoactive drugs; and (5) are not violent.

The role of expert staff is to manage the safe room in a professional manner and to follow the objectives of harm reduction programmes. The staff need to be qualified to work in the field of medical care and social work and they have to interact with users without moral judgements and being patronising. They must maintain awareness that drug use is a personal choice and that individuals have the right to do with their bodies as they wish. It is recommended that the staff include laypersons with direct experience

of illicit drug use. During the opening hours of the safe room, at least one member of the staff has to always be present. The staff have to be trained in specific overdose training and general first-aid training at least once a year. Staff members should supervise users to prevent inappropriate behaviour and conflict escalations, and ensure a peaceful environment for everyone. Expert medical staff should provide injection supervision, the transfer of knowledge, and ensure prevention measures are in place. Expert staff should not assist with the actual injection.

The guidelines are available on Stigma Association website: https://drustvo-stigma.si/standardi-in-normativi/

Resolution on Early Prevention

The 65th Session of the UN Commission on Narcotic Drugs, which took place in Vienna, will take its place in the history of the development and implementation of illicit drugs policy as being the first time that Slovenia proposed a resolution for discussion. The resolution ('Promoting comprehensive and scientific-based early prevention'), which calls for renewed efforts to prevent the use of illicit drugs among children and young people, was adopted on the last day of the meeting.

After intensive negotiations undertaken in the complex political circumstances caused by the war in Ukraine, the Ministry of Health and the Ministry of Foreign Affairs managed, on the last day of the meeting, to obtain the full support of all member states of the UN Commission on Narcotic Drugs, which approved the resolution unanimously.

The resolution calls on the international community to make renewed efforts to prevent the use of illicit drugs, especially among children and young people, and entails the development of measures and activities that prevent people from using drugs or engaging in other harmful lifestyles in the first place.

The resolution encourages member states to employ an intersectoral and multidisciplinary approach to ensure sufficient support and funds for early prevention of drug use during childhood and adolescence.

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Harms and harm reduction workbook

Table of Contents

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 (still 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 2021, 65 deaths related to the direct effects of illicit drugs were reported in Slovenia, 5 deaths less than in 2020. Of those who died in 2021, 55 were men and 10 women. The average age of the men was 41.2 years, and of the women 57.8 years. Most of the deceased were in the age groups between 40 and 44 years. Most deaths were identified as addiction because several drugs were identified during toxicology and the main drug could not be determined (35). In the observed year, 151 people were treated for illicit drug-related acute emergencies, which is 19 cases more than in the 2020. Emergency examinations of persons with illicit drug-related poisoning represented 0.59 % of the cases examined at Emergency outpatient clinics for internal medicine in Ljubljana. Since 2012, there was gradually increasing trend of heroin poisonings until 2015. In the last five years there is from 28 to 42 heroin poisonings per year, 39 in 2021. The number of cocaine poisonings are increasing since 2008. In 2019 and 2020 the number of cocaine poisonings have slightly declined. In 2021, the number of cocaine poisonings increased again to 55 cases and poisonings with cocaine are more frequent than poisonings with heroin The number of cannabis poisonings is increasing since 2014. In 2021, 55 cases of cannabis poisonings were reported.

According to the available information, the situation in infectious diseases among drug users remained relatively stable in 2021. During the period from 2017 to 2021, hepatitis B virus (HBV) (anti-HBc) infection prevalence estimates for persons who inject drugs (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 with available information on infection status ranged from the lowest 0% in 2018 and 2020 (none among 13 PWIDs in 2018 and none among five PWIDs in 2020) to the highest 17% in 2019 (two among 12 PWIDs). Respective hepatitis C virus (HCV) current or former infection (anti-HCV) prevalence estimates ranged from the lowest 15% in 2019 (six among 39 PWIDs) to the highest 43% in 2017 (26 among 61 PWIDs). Due to low absolute numbers of PWIDs with only historical infection status data available at treatment entry to national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, these results should be interpreted with caution. To address these limitations, we have started to develop an alternative surveillance approach based on annually repeated drug related infectious diseases (DRID) surveys with the aim to obtain more accurate information about the cascade of care for HIV, HBV and HCV for PWIDs. According to the available surveillance data, HIV infection has not started spreading extensively among PWIDs in Slovenia. In 2021, four cases of new diagnosis of HIV infection with a history of injecting drug use were reported. Due to underdiagnoses of infections, underreporting of identified cases and very scarce information on transmission routes, data on HBV and HCV infection reported incidence rates underestimate the true occurrence 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 2021 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 of day centres operate at several sites in some regions. These programmes included 1,944 drug users (116 drug users less than in 2020). 124 users were registered for the first time. The harm reduction programmes in 2021 recorded 25,895 contacts which is less than in 2020 mostly due to the COVID-19 pandemic.

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). Since the beginning of the project all the planned project activities are well established and implemented at a high quality level. Additionally, a strong cooperation between the Ministry of Health with the Ministry of Labour, Family and Social Affairs, the Ministry of the Interior and the Police and the National Institute of Public Health has been established. The exceptional importance and usefulness of out-reach programs for drug users was particularly evident in 2020 and 2021, marked by the COVID-19 epidemic, when attempts to prevent the spread of the virus temporarily suspended the activities of most social and health services.

1. National profile and trends

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1.1 Drug-related deaths

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.

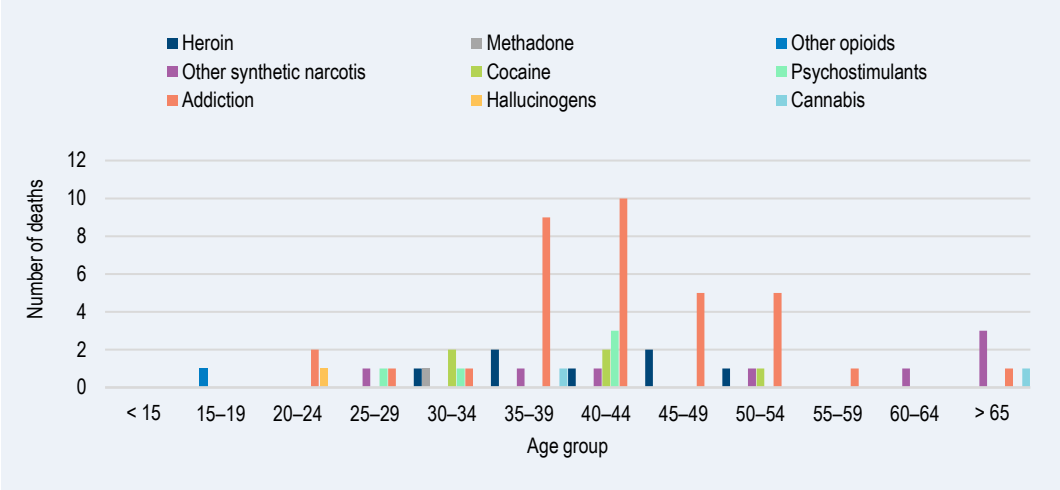
In 2021, 65 deaths due to the direct effects of illicit drugs were reported in Slovenia, including intentional poisonings (suicide), unintentional poisonings (overdose) or overdoses of undetermined intent. These included 55 men and 10 women; the average age of the men was 41.2 years, and the average age of the women was 57.8 years, while most of the deceased were in the age groups between 40 and 44 years. The structure of overdose deaths by age, sex and type of drug is in Table 1. 24 deaths were because of overdoses with opiates/opioids, 10 because of stimulants (5 MDMA, 5 cocaine) and one death was due to a hallucinogen. Two deaths were related to the use of cannabis. Most of the deaths are identified as addictions, where the annual numbers are stable at around 33 - 35 cases. (Table 1, Figure 1).

Table 1. Overdose deaths by drug group, age group and gender, 2021

Ilicit drug	Age groups												Gender		
	< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	> 65	Male	Female	Total
Heroin	0	0	0	0	1	2	1	2	1	0	0	0	6	1	7
Methadone	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1
Other opioids	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1
Other synthetic narcotis	0	0	0	1	0	1	1	0	1	0	1	3	2	6	8
Cocaine	0	0	0	0	2	0	2	0	1	0	0	0	5	0	5
Psychostimulants	0	0	0	1	1	0	3	0	0	0	0	0	5	0	5
Addiction	0	0	2	1	1	9	10	5	5	1	0	1	33	2	35
Hallucinogens	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1
Cannabis	0	0	0	0	0	1	0	0	0	0	0	1	1	1	2
Total	**0**	**1**	**3**	**3**	**6**	**13**	**17**	**7**	**8**	**1**	**1**	**5**	**55**	**10**	**65**

Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

Figure 1. Overdose deaths by drug group, age group and gender, 2021

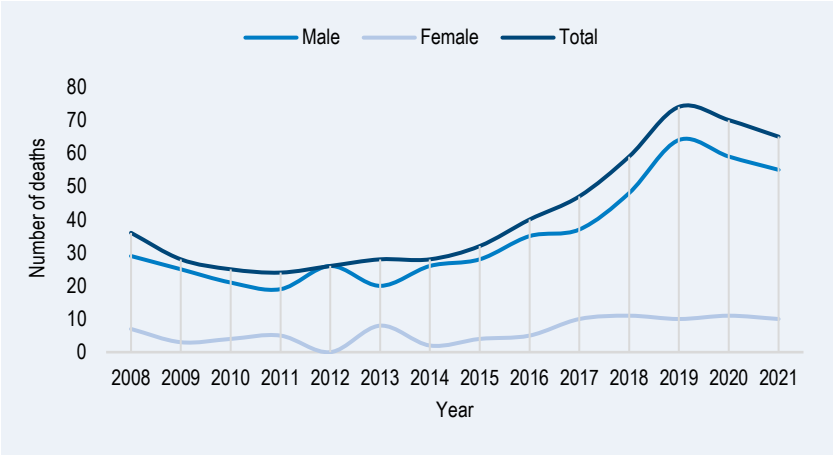


Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

1.1.2 Trends: Short term (5 years) and long term trends in the number of drug-induced deaths among adults

Since 2012, we have recorded an increasing trend in the number of deaths due to illegal drugs in Slovenia, but in 2020 and 2021 the trend reversed (Figure 2) mainly because of the decrease of number of deaths among men, as the number of deaths among women is almost constant since 2017 (2017 - 10 , 2018 - 11, 2019 - 10, 2020 - 11, 2021 - 10).

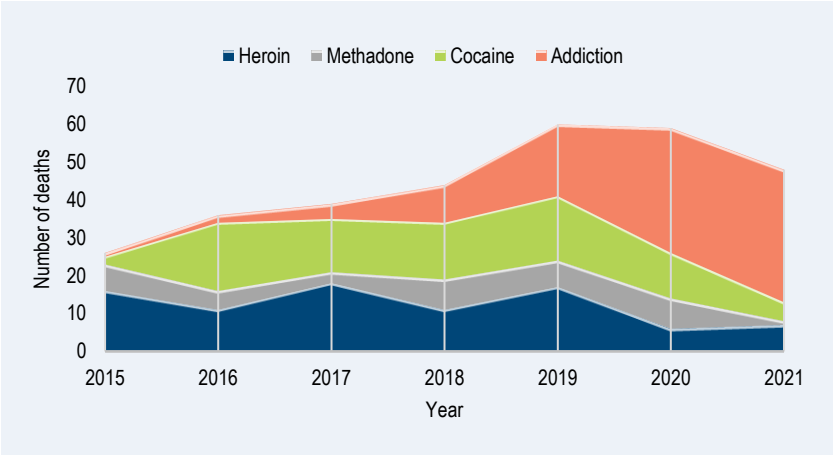
Figure 2. Number of illicit drug-use related deaths, total and by gender, 2008–2021



Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

A downward trend in deaths from heroin, methadone and cocaine can be seen, and also the number of deaths from synthetic opioids is declining since 2018 (Figure 3).

Figure 3. Number of illicit drug-use related deaths by type of drug, 2015–2021

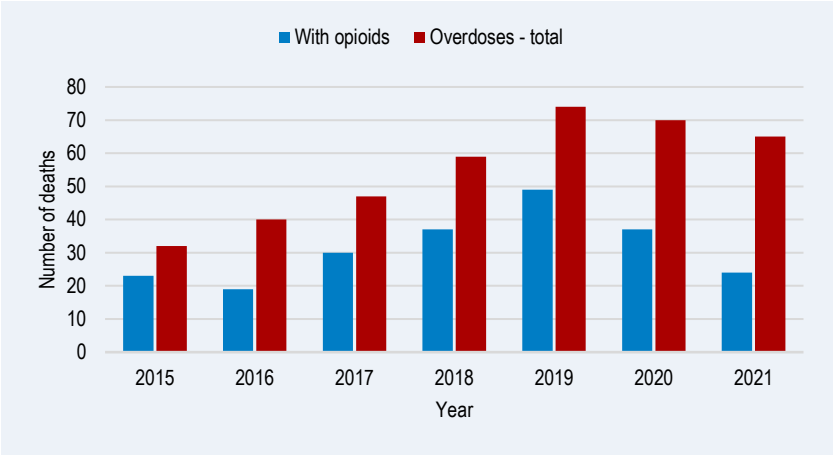


Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

Toxicology of overdose deaths

In 2021, a toxicological examination was done in 52 deaths. There were 37 fatal overdoses where an opioid was present, which is 57% of all toxicologically identified deaths (Figure 4). The most frequent opioids were heroin and methadone (identified in half of the cases) and tramadol (identified in a third of the deaths). For 15 deaths, toxicological analysis showed the presence of other substances, without opioids. Additional information on substances involved in drug-related deaths (where multiple substances were identified): the most frequently mentioned substance was cocaine (22 times), benzodiazepines (19 times), and heroin 17 times and methadone 16 times. The most common combinations of substances are opioids and benzodiazepines, and opioids and cocaine.

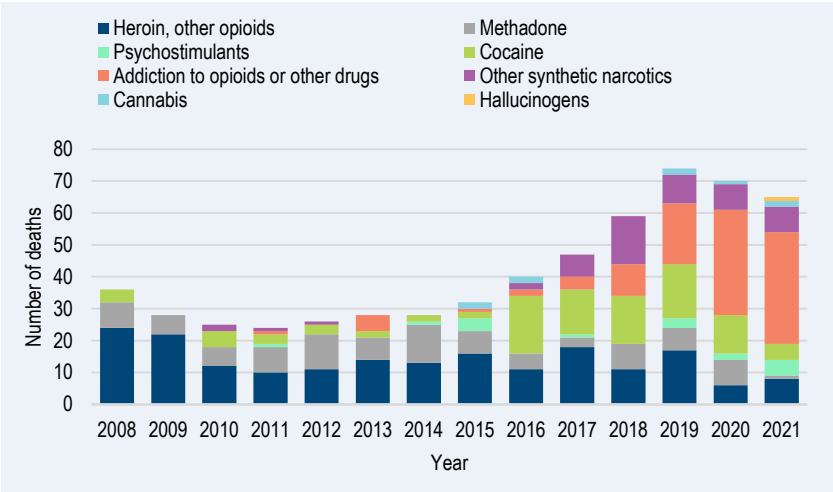
Figure 4. Number of total fatal poisonings and number of fatal poisonings with the presence of opioids, 2015–2021



Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

In 2021, cocaine was the cause of fatal overdoses in only 5 cases. This is a big change as we have seen increase in cocaine overdose deaths since 2016 (with the highest number in 2016 (2016 - 18 deaths, 2017 - 14, 2018 - 15, 2019 - 17, 2020 - 12, 2021 - 5).Toxicological analysis in 2021 showed that cocaine was identified in 22 cases of overdoses (Figure 5).

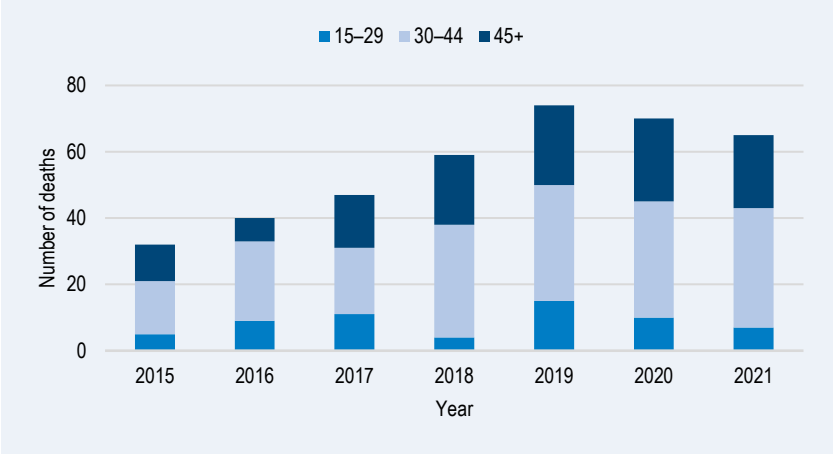
Figure 5. Number of fatal drug poisonings (intentional, accidental exposure, undetermined intent) by type of drug, 2008–2021



Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

Since the year 2015 the number of overdose deaths in the age group over 45 years increased by 50%. We can see a clear aging trend among high-risk drug users (Figure 6), mainly due to the increased number of deaths among women who abuse drugs and prescribed opioids for pain relief. In the last three years, synthetic opioids, or opioid analgesics were present in half of the women who died because of overdoses.

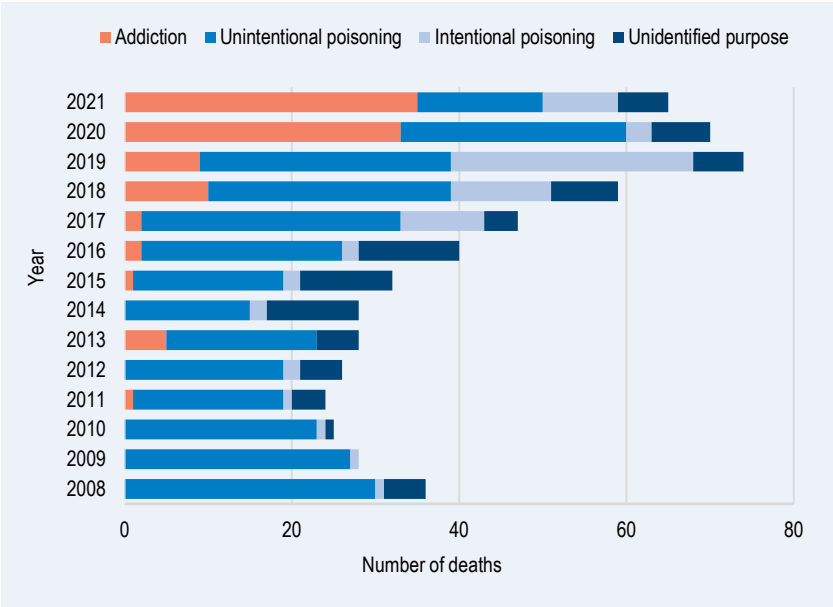
Figure 6. Age distribution of direct deaths (drug poisoning – intentional exposure, unintentional, unspecified purpose), 2015–2021



Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

Because of the large number of deaths coded as addictions, we do not have a clear picture about the mortality causation. One of the reasons for this is the increased number of deaths resulting from poisoning with several drugs, or drugs in combination with alcohol and/or sedatives. Due to methodological changes in recent years, changes in coding practice and improvements in forensic death investigations, as well as changes in data quality control and work procedures, we can conclude that changes in the number of deaths can also be the result of these factors. During the period of epidemiological measures during the SARS-CoV-2 pandemic, there were certain changes in the availability of drugs; there were some adjustments within addiction treatment programs, and harm reduction programs, which in Slovenia was manifested as a decrease in the number of deaths due to overdoses with illicit drugs.

Figure 7. Number of fatal drug poisonings by intent (addiction, intentional exposure, unintentional, unspecified intent), 2008–2021



Source: National Institute of Public Health, Medical report on a deceased person – NIJZ 46

Deaths with the presence of drugs

In 2021, National Institute of Public Health started to regularly monitor deaths, where forensic toxicological analyzes show the presence of illicit drugs or various psychoactive medicinal drugs (deaths with the presence of drugs) and cannot be included in the annual report according to the EMCDDA methodology. This is an important complementary information to drug-related deaths statistics, monitored according to the EMCDDA methodology. Autopsy results of forensic medicine data sheets with positive toxicological results represent another important source of information on existing drug-related deaths, where most deaths are due to accidents (especially traffic), suicides and deaths where other psychoactive medicinal drugs are present (sedatives, antipsychotics, antidepressants, antiepileptics …).

In 2021, there were 67 deaths where an autopsy and toxicological examination revealed that a person had illicit drugs or various psychoactive medicinal drugs present in blood or urine (Table 2). Alcohol was present in 29 deaths. Nine (9) persons had diagnosis of drug addiction in the past.

We've only been tracking for 2 years in the row, so we're not discussing trends yet, data for 2020 presented 42 deaths, identified with the presence of illegal drugs or various psychoactive drugs, which according to the EMCDDA methodology cannot be included in the National Annual Report. Of these, most deaths were due to accidents and suicides, as in this year's report.

Table 2. Deaths with the presence of drugs detected by forensic medicine departments in Slovenia in 2021, by selected groups of drugs and causes of death

Cause of death	Illness (N=16)	Accident (N=9)	Suicide (N=30)	Manslaughter/ Murder (N=0)	Other (also accidental and unintentional poisoning) (N=12)	Total (N=67)
Drugs						
Benzodiazepines	8		13	0	8	29
Amphetamins						0
THC	5	4	3			12
Other psychoactive medications	4	3	15		11	33
Opioids, including opioid analgesic medications	2	1	10		4	17
Cocaine	1	1	3			5
MDMA and other synthetic drugs	0	0	0	0	0	0

1.2 Drug related acute emergencies

1.2.1 Toxicology of drug-related acute emergencies

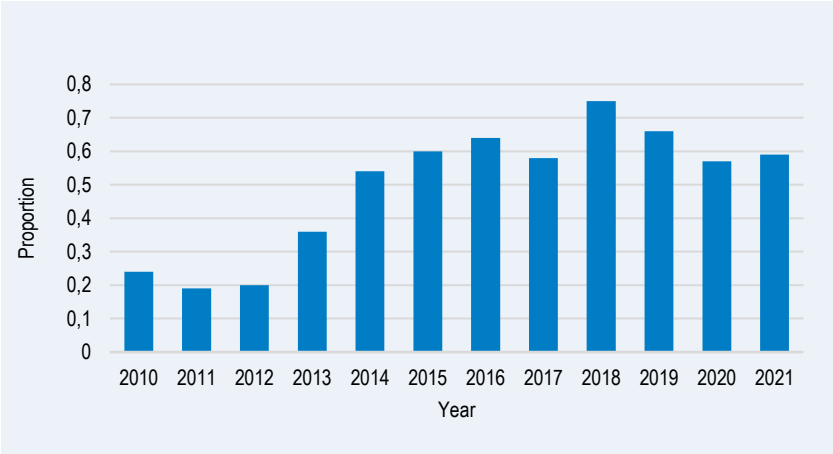
In 2021, the emergency medical clinic of UMC Ljubljana examined 25,398 patients in total, which is 6% more than in 2019 and 14% more than in 2020. They treated 151 patients for illicit drug poisoning, which is 19 patients more than in 2020. In 2018, the highest number of such patients was 178, and in 2020 the lowest (158) in last seven years, which was probably related to the COVID epidemic (Figure 8).

Figure 8. Number of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, 2010–2021

Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of patients poisoned with illicit drugs in 2021 was represented 0.59 % of all treated patients in emergency medical clinics (Figure 8). The incidence of illicit drug poisoning in the Ljubljana region in 2021 was around 25/100,000 residents.

Figure 9. Proportion of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, compared to all patients treated, 2010–2021



Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Table 3 shows types drugs used by intoxicated adult patients who were treated at the UMC Ljubljana internal clinic. The number of used drugs in Table 3 is larger than the number of intoxicated patients shown in Figure 8 since drug users often take several different drugs at the same time.

Table 3. Illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2021

Illicit drug	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)	2019 (n=230)	2020 (n=186)	2021 (n=208)
Heroin	35	9	8	14	34	44	42	26	38	32	42	39
Cocaine	12	10	12	14	34	45	54	49	65	60	45	55
Cannabis	6	16	23	27	53	64	59	59	57	65	48	55
LSD	0	0	1	1	1	1	3	2	2	4	3	3
GHB, GBL, BD	2	2	5	31	19	17	31	18	34	31	20	20
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27	22	34	28	13	14
New psychoactive substances (NPS)	3	1	0	2	10	5	10	11	4	5	2	17
Ketamine	0	0	0	0	0	0	0	0	0	0	2	0
Psilocybe	0	0	0	0	0	0	0	0	0	0	2	2
Unknown drug	0	0	0	0	0	0	0	4	23	5	9	3
Total	**61**	**55**	**61**	**104**	**164**	**193**	**226**	**191**	**257**	**230**	**186**	**208**

Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of NPS is relatively low in the last few years until 2020. But in 2021, it grew by almost nine times compared to 2020. (Table 3).

New psychoactive substances identified in 2021 included in Table 6: cathinones: 3-methylmethcathinone (3-mmc), 4-methyl-alpha-pyrrolidinopentaphenone (a-PHiP), 4-chloro-alpha-pyrrolidinovalerophenone (4Cl-PVP); synthetic cannabinoids: MDMB-4EN-PINACA, an unknown cannabinoid; synthetic opioid: brorphine; synthetic tryptamine: 4-hydroxy-N-methyl-N-isopropyltryptamine (4-HO-MiPT); synthetic ketamine: N-ethyldeschloroketamine (2-Oxo-PCE); synthetic benzodiazepine: triazolobenzodiazepine (TBZD) and clonazolam; other NPS: 3-fluorophenmethazine (3-FPM).

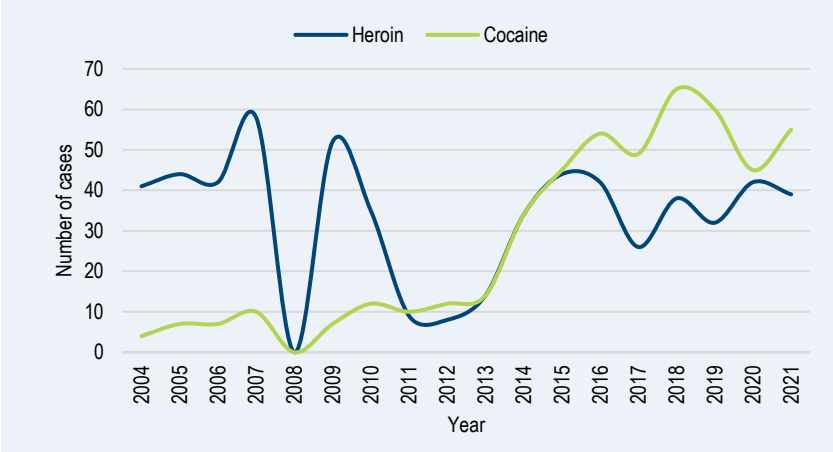
Table 4. New psychoactive substances that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2021

NPS	Number of drugs											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7	4	3	3	1	3
Synthetic cannabinoids	0	0	0	0	3	0	0	0	1	0	0	4
Synthetic opioids	0	0	0	0	0	0	0	0	0	0	0	1
Synthetic benzodiazepines	0	0	0	0	0	0	0	0	0	0	0	2
Synthetic tryptamines	0	0	0	0	0	0	0	0	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	2	1	2
Unknown NPS	0	0	0	0	0	0	0	0	0	0	0	4
Total	**3**	**1**	**0**	**2**	**10**	**5**	**10**	**7**	**4**	**5**	**2**	**17**

Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The frequency of illicit drug poisonings in UMC has been monitored since 2004. Figure 10 shows the number of people intoxicated with heroin and cocaine since beginning of monitoring.

Figure 10. Number of cases with acute heroin and cocaine-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2021



Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

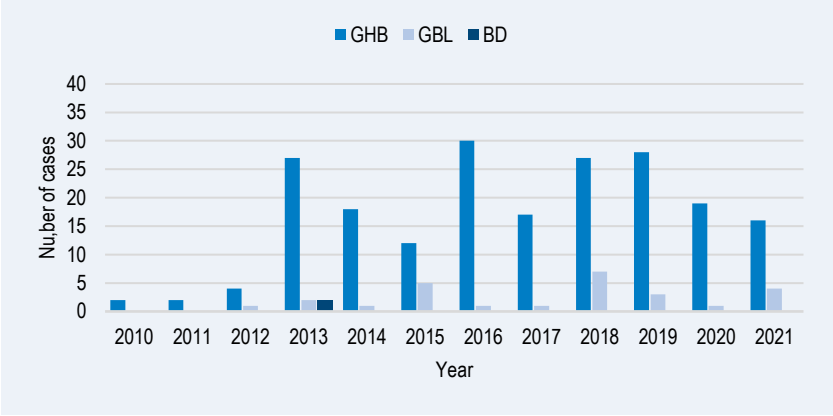
Figure 10 shows that heroin poisonings gradually increasing again since 2012. In 2021, we notified a little less heroin poisonings than year before. Since 2017, there is an increasing trend of heroin poisonings, including 2021, does not change significantly. The number of cocaine poisonings are increasing since 2008. 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 cocaine poisonings by 70%. Cocaine intoxication was then, for the first time, the most commonly used illicit drug in patients treated in emergency unit of UMC Ljubljana. In 2019, the number of cocaine poisonings decreased slightly, but the proportion of cocaine poisonings in relation to the heroin poisonings increased, as in 2019, they treated twice as many cocaine poisonings as with heroin. In 2020 the number of cocaine poisonings have further declined, which could be also due to the COVID-19 pandemic. In 2021 the number of poisonings increased and poisonings with cocaine are again more frequent than poisonings with heroin. In last decade, the number of cannabis (THC) poisonings is increasing. Since 2014, cannabinoids are the most common illicit drug found in adults poisoned by drugs in Ljubljana, with exception in 2018 when they were outnumbered by cocaine poisoning. In 2021 the number of cannabis poisonings is equal cocaine poisonings. 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, and in 2019 increased again to 65 cases. In 2020 the number of cannabis poisonings decreased a lot to 48 cases, probably due to COVID-19 pandemic, in 2021 the number of cannabis poisonings increased again. Nevertheless, cannabis is still the most commonly used drug in emergency patients, although in recent years there has been a declining trend in the number of cannabis users in need of emergency medical care. We also noticing some poisonings with hashish oil, which comes from cannabis, but in most cases, these are older people suffering from other diseases. In 2021, 8 patients were treated for hashish oil and resin poisoning (Figure 11).

Figure 11. Number of acute cannabis-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2010–2021

Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

In 2020 and 2021, the number of Gamma-Hydroxybutyrate (GHB) and Gama Butyrolactone (GBL) poisonings was by a third less compare to previous years. In 2019 number of this poisonings was similar than in 2018, 2013 and 2016 when we recorded the highest number of these poisonings. In 2021, we found 4 cases of intoxication with GBL, although there are probably more, since at least part of the poisoned consumed GBL and not GHB, as stated in the emergency room. (Figure 12).

Figure 12. Number of cases treated for acute intoxication with GHB, GBL and BD at the UMC Ljubljana, Division for Internal Medicine, 2010–2021

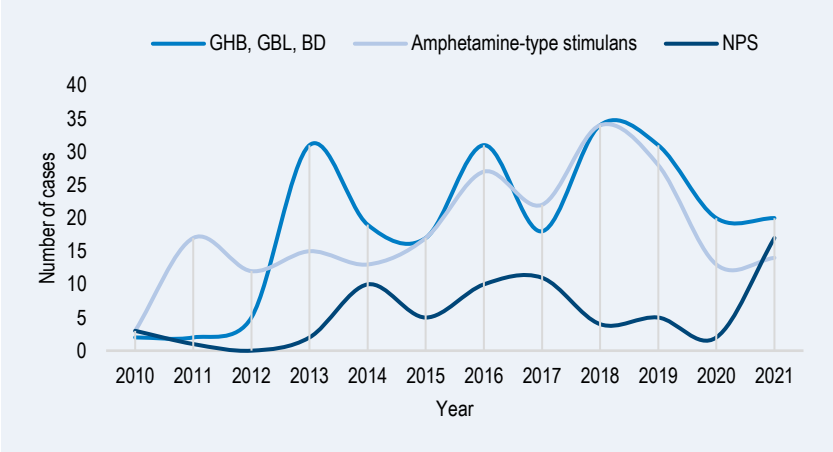


Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of poisonings with so called “classical” amphetamine-like stimulants, including amphetamines, metamphetamines and MDMA and similar phenethylamines, halved in 2020 and 2021, compared to 2019 and 2018 when we recorded the highest number of cases so far (Table 3). This, too, is probably due to restrictions due to the Covid -19 pandemic.

In 2021 we observed increase in poisonings with new psychoactive substances. In 2021, we treated 17 patients poisoned with new psychoactive substances in the emergency internist clinics at the UMC Ljubljana, while last year we treated only 2 patients poisoned with new psychoactive substances (Table 1). The new psychoactive substances that were treated and identified in emergency clinics in 2021 were 3-methylmethcathinone (3-mmc), 4-methyl-alpha-pyrrolidinopentaphenone (a-PHiP), 4-chloro-alpha-pyrrolidinovalerophenone (4Cl-PVP), MDMB-4EN-PINACA, brorphine, 3-fluorophenmethazine (3-FPM), 4-hydroxy-N-methyl-N-isopropyltryptamine (4-HO-MiPT), N-ethyldeschloroketamine (2-Oxo-PCE), triazolobenzodiazepine (TBZD) and clonazolam. (Table 4, Figure 13).

Figure 13. Number of patients treated for acute intoxication with GHB, GBL, BD, Amphetamine-type stimulants and NPS at the UMC Ljubljana, Division for Internal Medicine, 2010–2021



Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

1.3 Drug related infectious diseases

1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV

Drug-related infections among persons who inject drugs (PWIDs) that are transmitted through exposure to infected blood, mostly 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. HBV infection can be prevented by vaccination. Since there is no vaccine against infections with HIV and HCV, the prevention is based on prevention of risky behaviour, promoting behavioural changes, harm reduction programs, early diagnosis and treatment of those infected.

HIV, HBV and HCV infections surveillance is coordinated by NIJZ. It is based on regular collecting, analysing and interpretation of data about diagnosed cases. All three infections 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 infection cases. Therefore, we can not reliably 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 during different calendar years 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 records.

During the past five years (2017–2021) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 559 PWIDs who entered for the first time or re-entered treatment - 157 in 2017 (24 for the first time), 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time), 76 in the year 2020 (seven for the first time) and 91 in the year 2021 (16 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 40% in the year 2017 to the lowest of 22% in 2020. In 2021, only 13 among 21 Centres for the Prevention and Treatment of Illict Drug Addiction reported data to NIJZ.

Since 1995, the prevalence of HIV is monitored also in other convenience samples of PWIDs. During the period from 2017 to 2021, the convenience samples of PWIDs were among clients of five nongovernmental harm reduction programmes - in Ljubljana (2017–2019 and 2021), Koper (2017–2021), Maribor (2017–2021), Celje (2018–2021) and Nova Gorica (2018–2019 and 2021). Saliva specimens for unlinked anonymous HIV testing were voluntarily provided by clients of the aforementioned needle-exchange programmes visiting for the first time during the period of sampling, which was one month each year during most recent years.

HIV Infection

For the period from 2017 to 2021, the NIJZ received the data for a total of 174 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention 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 2017 for 62, in 2018 for 29, in 2019 for 39, in 2020 for 15 and in the year 2021 for 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, there was none of PWIDs with diagnosed HIV infection before treatment demand. Thus respective HIV prevalence estimates was 0% during this period. 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 during different calendar years, which has been conducted for HIV surveillance purposes in five harm reduction programmes run by NGOs in Ljubljana, Koper, Maribor, Celje and Nova Gorica. Among 614 tested PWIDs during the period from 2017 to 2021 none were HIV positive (Table 5).

Table 5. Proportion of HIV infected PWIDs among clients of five harm reduction programmes, 2017–2021

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
2017	3	97	14	0	0	0.0	0.0
2018	5	129	20	0	0	0.0	0.0
2019	5	97	26	0	0	0.0	0.0
2020	3	71	19	0	0	0.0	0.0
2021	5	116	25	0	0	0.0	0.0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2017–2021

During the period from 2017 to 2021, the reported HIV infection incidence rate in the Slovenian population ranged from the highest 2.0/100,000 population in 2017 to the lowest 1.3/100,000 population in 2020. During the last five years (2017–2021), seven cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIJZ, one in 2020, two in 2019 and four in the year 2021. At least three of these individuals had a history of injecting drug use abroad. Since 1986, when the national HIV surveillance, based on mandatory notification of all diagnosed HIV infection cases was initiated, a cumulative total of 29 new HIV diagnoses were 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 2017 to 2021, the NIJZ received the data for a total of 75 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention 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 2017 for 22, in 2018 for 12, in 2019 for 12, in 2020 for five and in the year 2021 for 23 PWIDs).

To ascertain the number of PWIDs with diagnosed HBV infection we took into account results of tests for antibodies to HBV (anti-HBc). The number of PWIDs with diagnosed acute or chronic HBV infection before treatment demand ranged between none among PWIDs who entered the program in the years 2018 and 2020 and two among PWIDs who entered the program in 2019 and 2021. Respective HBV prevalence estimates ranged between 0% in the years 2018 and 2020 and 17% in the year 2019. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these 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 2017 to 2021, the reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 2.5/100,000 population in 2017 to the highest 6.1/100,000 population in 2021. 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.

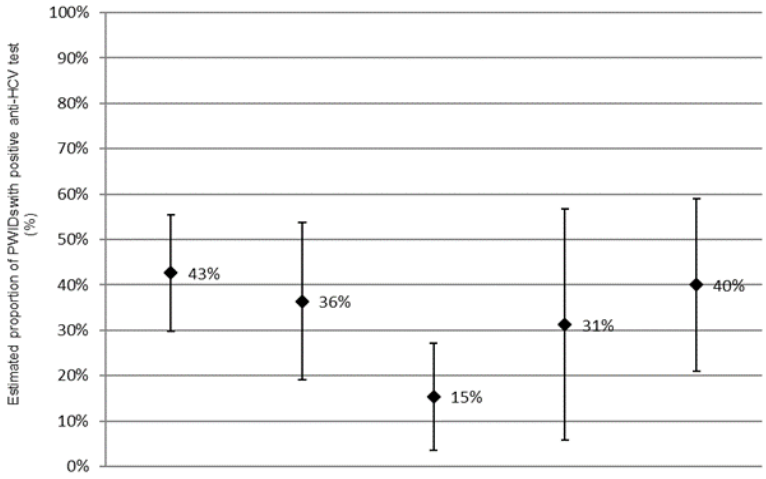
HCV infection

For the period from 2017 to 2021, the NIJZ received the data for a total of 179 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention 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 2017 for 61, in 2018 for 33, in 2019 for 39, in 2020 for 16 and in the year 2021 for 30 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 five among PWIDs who entered or re-entered the program in year 2020 to the highest of 26 among PWIDs who entered or re-entered the program in 2017. Respective HCV prevalence estimates ranged from the lowest 15% in 2019 to the highest 43% in 2017. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these 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 14 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 Prevention 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 14. Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted anti-HCV test among PWIDs, entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use, 2017–2021

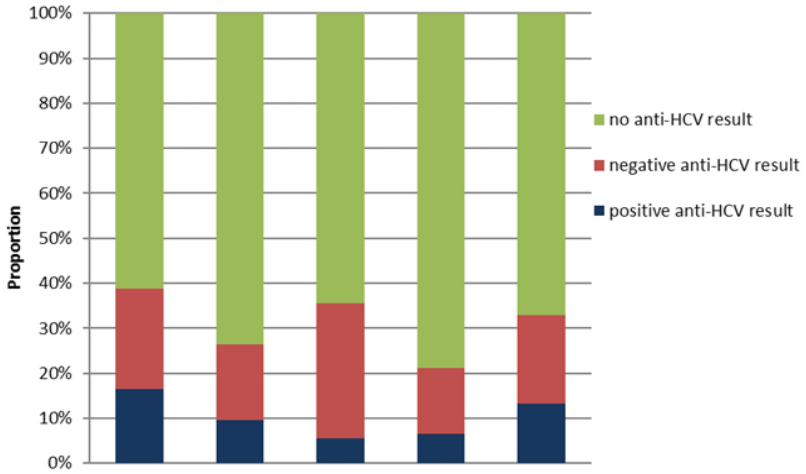


Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs with positive anti-HCV test result	26	12	6	5	12
Number of PWIDs with known anti-HCV test result	61	33	39	16	30
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91
Average age of PWIDs entering for the first time or re-entering treatment (in years)	36	37	37	38	40

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention 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.

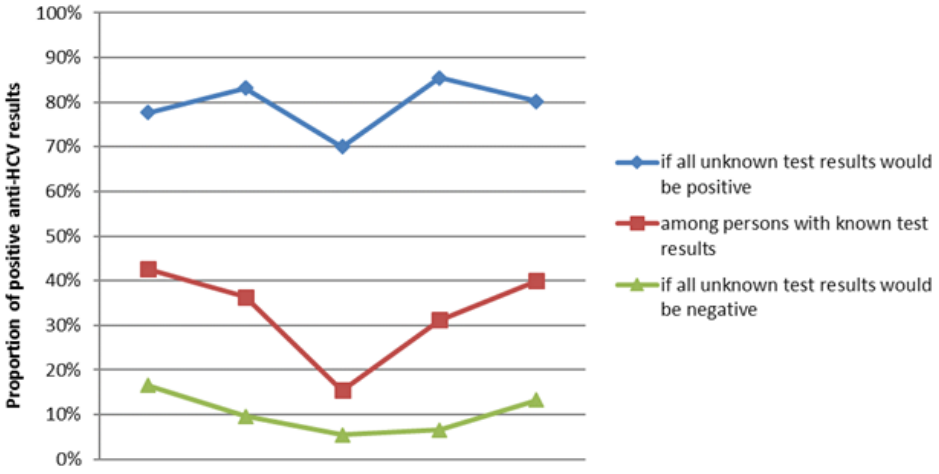
From the results shown, we can not reliably conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period, especially as the data about tested PWIDs and the results of tests are not available for all PWIDs entering for the first time or re-entering treatment and the proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 39% in 2017 to 21% in 2020 and increased again to 33% in the year 2021 (Figure 15).

Figure 15. 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 Prevention and Treatment of Illicit Drug Use, 2017–2021



Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91

Figure 16. 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 Prevention and Treatment of Illicit Drug Use, 2017–2021



Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91

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 16 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment. 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 the assumption that all PWIDs with unknown results on anti-HCV testing would have positive results and under the 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 or overestimation of proportion of infected persons with HCV among PWIDs. For example, among 30 persons with known anti-HCV test results entering for the first time or re-entering treatment within national network of Centres for Prevention and Treatment of Illicit Drug Use in 2021, 23% of results were from 2021, 63% results from 2020 and the remaining 14% of results were for tests carried out before 2019.

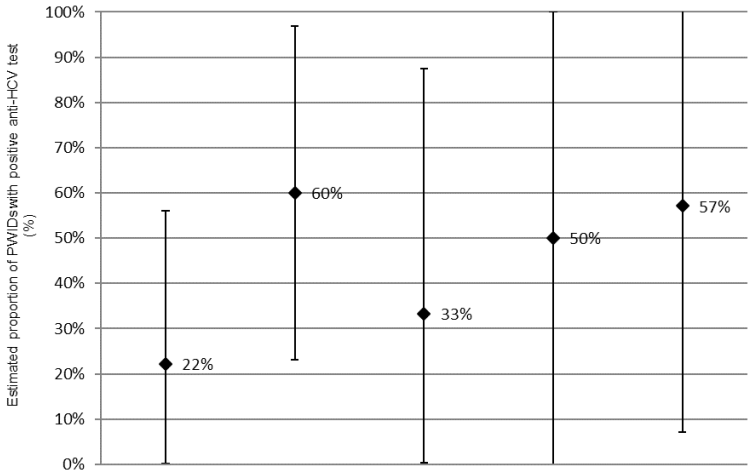
Although the absolute numbers are very small, we also present the available results for the prevalence of active infections (HCV RNA positivity) among PWIDs entering for the first time or re-entering treatment. Due to very small numbers of PWID with reported active HCV infection status, reliable inference about the proportion of PWID with active infection with HCV and trends in time is impossible.

For the period from 2017 to 2021, the NIJZ received the data for a total of 34 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV RNA were available in the medical documentation (in 2017 for nine, in 2018 for 10, in 2019 for six, in 2020 for two and in the year 2021 for seven PWIDs).

To ascertain the number of PWIDs with diagnosed active HCV infection we took into account the results of screening and/or confirmation tests for HCV RNA. The number of PWIDs with diagnosed HCV infection before treatment demand ranged from the lowest of one among PWIDs who entered or re-entered the program in year 2020 to the highest of six among PWIDs who entered or re-entered the program in 2018. Respective HCV prevalence estimates ranged from the lowest 22% in 2017 to the highest 60% in 2018. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these 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 17 shows the estimated percentage of persons with positive HCV RNA test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV RNA were known.

Figure 17. Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted HCV RNA test among PWIDs, entering the for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use, 2017–2021

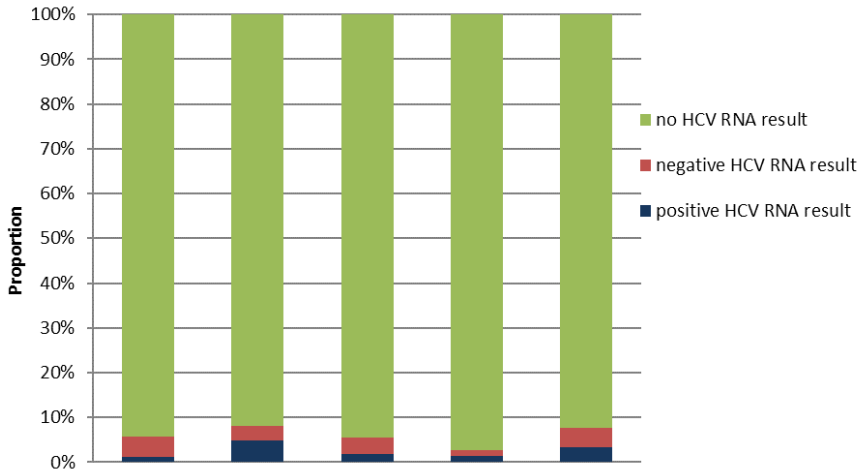


Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs with positive HCV RNA test result	2	6	2	1	3
Number of PWIDs with known HCV RNA test result	9	10	6	2	7
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91
Average age of PWIDs entering for the first time or re-entering treatment (in years)	36	37	37	38	40

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use is relatively low and for many there is no data on testing for HCV RNA 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.

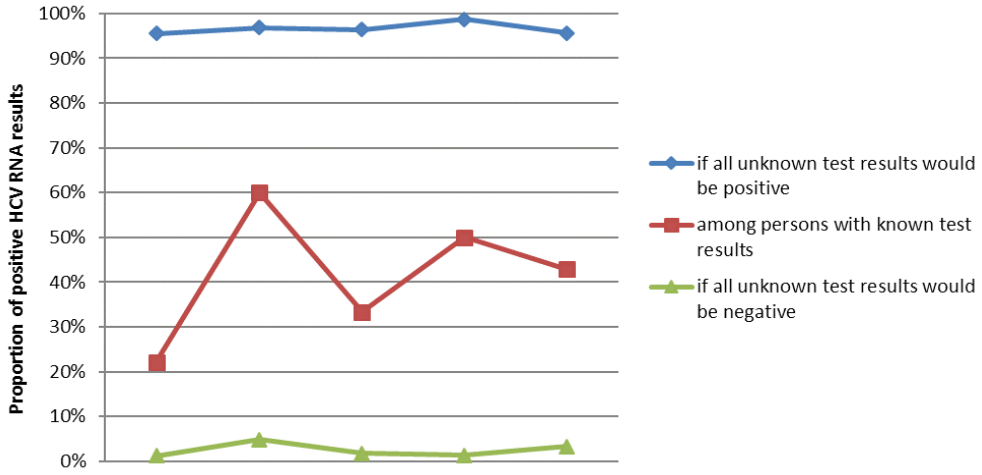
In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 8% in 2018 and 2021 to 3% in 2020 (Figure 18).

Figure 18. Proportion of persons according to the result of previous HCV RNA test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2017–2021



Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91

Figure 19. 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 HCV RNA testing, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2017–2021



Year of entering for the first time or re-entering treatment	2017	2018	2019	2020	2021
Number of PWIDs entering for the first time or re-entering treatment	157	125	110	76	91

Since a proportion of PWIDs with unknown test results of HCV RNA testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 19 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 HCV RNA testing would have positive results and under assumption that all PWIDs with unknown test results on HCV RNA 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 persons with active HCV infection among PWIDs. For example, among seven persons with known HCV RNA test results entering for the first time or re-entering treatment within national network of Centres for Prevention and Treatment of Illicit Drug Use in 2021, one of results was from 2021, five were from 2020 and one was from 2019.

During the period from 2017 to 2021, to the NIJZ reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from the highest 6.0/100,000 population in 2019 to the lowest 4.2/100,000 population in 2020. Respective incidence rate in 2021 was 4.5/100,000 population 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%) were men. Injecting drug use was recognized as the most frequent possible HCV transmission mode (59%) while possible HCV transmission mode was unknown for 31% 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.

1.3.3 Preliminary results of the DRID survey of clients of the Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana, 2021

In 2021, 712 persons were treated at the Center for the Prevention and Treatment of Illicit Drug Addiction of the Medical Center Ljubljana.

The DRID group at the Center for Infectious Diseases of the National Institute of Public Health received 629 completed forms, corresponding to 88% of all individuals treated in 2021. Among them there were 286 (45%) persons who had ever injected drugs (PWIDs), 335 (53%) other drugs users and eight (1%) persons for whom we did not receive information on whether they had ever injected drugs.

Results regarding testing and treatment for infections with hepatitis C virus (HCV), hepatitis B virus (HBV) and human immunodeficiency virus - HIV) are presented only for 286 PWIDs that were treated in 2021 and for whom we had received the data. The results regarding hepatitis B vaccination are also presented.

Hepatitis C

284 PWIDs were tested for antibodies against HCV (anti-HCV) at least once in their lifetime, 99% of all treated in 2021. Among them, 257 (91%) already had HCV infection during their lifetime (they were anti-HCV positive), which corresponded to 90% of all. Most of them (67%) were tested for the last time before 2021. In 2021, 93 were tested for the last or for the first time for anti-HCV (33% of those tested for anti-HCV at least once in their lifetime and 33% of all treated in 2021). In 2021, 82 were tested for the last or for the first time for HCV RNA (32% of those tested for HCV RNA at least once in their lifetime and 29% of all treated in 2021).

Active HCV infection (positive result of last HCV ribonucleic acid (RNA) test) was recorded for 145 individuals, 51% of all ever tested for markers of HCV infection (either anti-HCV either HCV RNA) and 57% of all ever tested for HCV RNA. The difference between these estimates and the above estimate of 91% (based on ever anti-HCV positive results) is due to the fact that some of the most recent HCV RNA tests were done after a previous naturally resolved HCV infection or after chronic hepatitis C had been cured.

At least 44 individuals had an active HCV infection in 2021, 15% of all PWIDs in contact with the Centre for Prevention and Treatment of Illicit Drug Addiction in Ljubljana. The true proportion with active hepatitis C (the vast majority with chronic hepatitis C) in 2021 was higher, because some individuals with recognized active HCV infection before 2021 who were not retested for HCV RNA in 2021 did not clear the infection or were not successfully treated. Also some individuals who were last tested for HCV RNA before 2021 and were then negative, may have been infected later (for the first time or again).

Only two people started treatment for chronic hepatitis C in 2021 and only two people finished treatment in 2021. But before 2021, 76 individuals had been treated for chronic hepatitis C.

In 2021, acute hepatitis C was diagnosed in one individual and HCV reinfection was diagnosed in one.

Hepatitis B

283 (99%) of all PWIDs were tested for HBsAg, a marker of active HBV infection, at least once in their lifetime. Among them, five (2%) had HBV infection, which corresponded to 2% of all. Most (67%) were last tested for markers of HBV infection before 2021.

In 2021, 92 individuals were tested for HBsAg, 32% of all. Active HBV infection was identified in three. In 2021, one person was diagnosed with acute hepatitis B and one person was diagnosed with chronic hepatitis B.

Among the 286 individuals, 96% were fully vaccinated against hepatitis B and 2% were partially vaccinated.

HIV infection

284 PWIDs were tested for antibodies against HIV (anti-HIV) at least once in their lifetime, 99% of all. Of these, 88 (31%) were tested for the last or first time in 2021. Among those tested, HIV infection was diagnosed in two persons (0.7%), both before 2021.

In 2021, only one of these two persons was treated for HIV infection.

1.4 Harm reduction interventions

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). In March 2022, the National Assembly passed "Resolution on the national social assistance programme 2022–2030" ("ReNPSV22–30") (Official Gazette of the Republic of Slovenia, No. 49/22), Slovenia's fundamental programming document in the area of social security for the period until 2030. The ReNPSV22–30 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 (See Best Practise workbook).

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 counselling 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

Syringe distribution

NIJZ OE Koper supplies sterile materials to 11 harm reduction programs in the entire territory of Slovenia, which all, except one, provide the service of sterile injection kit exchange services. In regions without day centres, sterile injection kit exchange is carried out with 5 mobile units (vans) or classical field work (2 locations). In 2021, the field work of these programmes was carried out in 60 towns on 112 locations: Društvo PO MOČ Sežana (day center in Sežana and needles providing in the lobbies of 3 pharmacies in Sežana, Komen and Divača, Društvo Pot Ilirska Bistrica (day centerin Ilirska Bistrica), Društvo Stigma Ljubljana (2 day centers; Petkovškovo nabrežje and Župančičeva jama, fieldwork with van in Osrednjeslovenska, Notranjsko-kraška, Zasavska and Gorenjska region and inSoutheast Slovenia, and safe house for female drug users), Društvo Svit Koper (day center in Koper and field work with van in 3 municipalities in Primorska region), Društvo Zdrava pot (day center in Maribor and field work with van in Podravska, Pomurska and Koroška region), Socio Celje (only field work in Savinjska and Spodnjeposavska region), Društvo Kralji ulice (Day center Ljubljana), ŠENT –unit Day center for drug users Nova Gorica (day center in Nova Gorica and filed work with van in Goriškaregioni), ŠENT –

unit Day center for harm reduction Velenje (day center in Velenje), ŠENT – shelter forhomeless drug users (shelter on Poljanska street in Ljubljana) and ŠENT – Day center for harmreduction in Ljubljana (day center in Ljubljana on Metelkova street).

The total number of drug users within these programmes in 2021 was 1,944 and 458,179 needles andinjections were distributed. Users return waste needles to the programme collection points (see Drugs Workbook).

Equipment and drug use paraphernalia provided in harm reduction programmes

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				

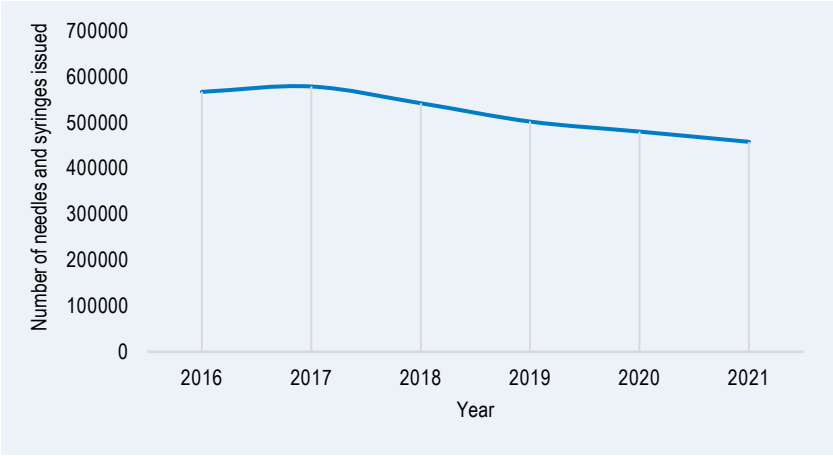
Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes

1.4.4 Harm reduction services: availability, access and trends

The programme of sterile equipment exchange within harm reduction programmes recorded 25,895 contacts with 1944 different drug users in 2021. 124 were recognized as new users.

Figure 20 indicates that the use of needles and syringes among the harm reduction programmes has been decreasing since 2017.

Figure 20. Number of needles and syringes issued among the harm reduction programmes users, 2016–2021



Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes, 2016–2021

After 2017, the programs recorded a decline in the distribution of syringes and needles, and after 2018, a decline in contacts at the service of replacing sterile injecting equipment. In 2020, however, the number of contacts decreased further as a result of general measures to curb the epidemic, such as: closure of day centers (limitation of the number of persons according to the enclosed area), termination of public transport and limited movement to the municipality of residence (see Table 6). After the lifting of containment measures of COVID-19 pandemic in 2021, the number of contacts increased as expected, as day care centers operated again without major restrictions.

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). At the same time, we also notice that the share of users who use the same needle several times is quite high at 40.1% in 2020, Also in 2021, repeated use of the same needle remains high (39%). In 2020, harm reduction programs in Slovenia issued 233 needles and syringes per injecting drug user as part of the exchange service for sterile injecting equipment, thereby meeting one of the World Health Organization's goals for 2020.

Table 6. Data on the exchange of sterile injection equipment in harm reduction programs, 2016–2021

	2016	2017	2018	2019	2020	2021
Number of needles and syringes issued	567,233	578,926	542,440	502,369	480,547	458,197
Number of contacts	25,384	23,382	26,155	23,366	17,462	25,895
Users	1,859	2,250	2,144	2,254	2,060	1,944
New users	151	137	164	281	264	124

Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes, 2016–2021

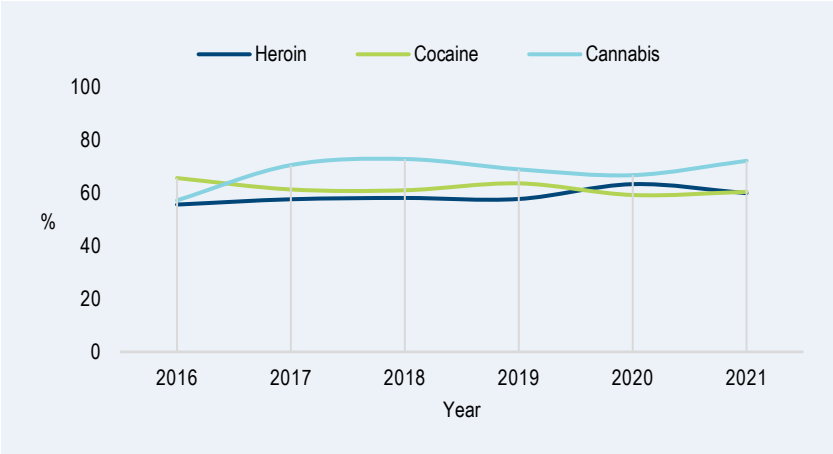
Users of harm reduction programs are mostly polydrug users. In 2021, cannabis (72.1%), cocaine (60.4%) and heroin (59.9%) were most frequent drugs used. There were an increase in the use of NPS (17.5%), which we attribute to the lifting of COVID-19 measures (see the book Drugs).

Table 7. Proportion of illicit drugs and medicines used among the harm reduction programmes users, 2016–2021

	2016	2017	2018	2019	2020	2021
Heroin	55.6	57.6	58.1	57.7	63.3	59.9
Cocaine	65.6	61.3	61	63.6	59.2	60.4
Cannabis	57.2	70.5	72.8	68.9	66.7	72.1
Ecstasy	26.7	17.5	18.7	24.5	15.9	16.8
Amphetamines/methamphetamines	26.5	18.9	17.1	22.9	22.1	23.5
Hallucinogens	16.3	11.8	13	14	12.4	13.1
NPS	14.8	5.3	5.8	13.4	12.8	17.5

Source: National Institute of Public Health, Koper Regional Unit, Database on the use of among materials for safer injection in harm reduction programme users, 2016–2021

Figure 21. Proportion of of heroin, cocaine, cannabis among the harm reduction programmes, 2016–2021



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programs, 2020

More than half of the respondents stated that they had injected drugs in the last year (59.5%), mostly heroin and cocaine. Among the respondents who stated that they use heroin, 42% only inject, and 27% combine injection without her uses. Among those who stated that they use cocaine, 39,4% only inject, and 29.1% combine injection with other uses. Among users who stated that they abuse substitution drugs, 35.3% injected them.

In 2021, we noticed an increase in the proportion of users with health problems (62.8%). Most of them have mental diseases (depression, anxiety and suicidal thoughts), headache, hepatitis C, skeletal pain, insomnia andothers. In 2020, 22 respondents experienced an overdose, and 82 reported “out” or risky applications.

Users can return infectious waste to harm reduction programs. 67.8% of them stated that they return used needles to the program.

Context information

Services of exchange of sterile equipment for drug use in general perceive a decline in the distribution of sterile syringes and needles, especially insulin syringes with an integrated needle. The lower use of needles is mainly result of the changed way of using drugs and result of the cessation of drug use by people who join substitution treatment with opioid antagonists. The changed way of using drugs can also be result of the increasing use of medicines, which in some places even exceed the use of classic

drugs (heroin, cocaine) and e.g. increased use of amphetamines in some areas of the country. The perception of a changed way of drug use has become visible to professional workers especially in recent years, since sniffing slips have become available among the materials for drug use.

The lower use of needles can also be result of decrease in the number of program users due to the increase in the number of deaths due to drug poisoning. The programs also report that in certain areas of the country there is a very pronounced phenomenon of homeless people who are addicted to drugs. There is also a very clear need to establish a safe room and arrange accommodation where users could use drugs.

Programs also report an increase in the amount of waste needles returned to the programs, which can also be attributed to the availability of 'pocket' containers for waste needles in the last two years, sizes 0.2L and 0.4L, which users receive at home and can put in jacket pocket or in a bag.

1.5 Quality assurance of harm reduction services

1.5.1 Quality assurance for harm reduction services

The Social Protection Institute of the Republic of Slovenia monitors social programmes in the field of preventing addiction, including harm reduction programmes in the field of drugs (see Harms and harm reduction).

2. New developments

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2.1 New developments in drug-related infectious diseases

Hepatitis C virus infection in PWID in Slovenia

In Slovenia, people who inject drugs (PWID) are a key target population for HCV screening and treatment. More than 60% are managed at various high-threshold programmes in the national network of 21 Centres for Prevention and Treatment of Illicit Drug Use (CPTIDU). In 2006, HCV RNA prevalence among 1,450 PWID managed at CPTIDU was 15.6%; by then, only 1% of the infected cohort had completed HCV treatment and 3% were currently receiving it, so they represented a very small proportion among HCV treated patients in Slovenia (1). In 2007, a multidisciplinary national network and clinical practice guidelines for treatment and care of PWID with hepatitis C were established integrating the network of CPTIDU with all five centres for treatment of viral hepatitis in the country. Two years after its implementation (2008-2010) among all the treated patients in Slovenia the proportion of PWID has increased to 78%. It is notable that by the end of 2010 approximately 13% of HCV-infected PWID at CPTIDU had already received treatment. This proportion has even increased after the introduction of direct acting antivirals in 2014 that have been available and accessible also to PWID.

In addition to high-threshold programs, there are also a few non-governmental organizations (NGOs) that run low-threshold programs which focus on harm reduction through fieldwork with the distribution of syringes, needles, and clean drug paraphernalia. Due to the lack of HCV seroprevalence data in low-threshold programs, the first prospective nationwide HCV seroprevalence assessment was conducted in 2017 by the Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana, where the majority of hepatitis C patients are managed, followed by the second prospective assessment in 2018 (Figure 1). Both studies included six regional NGOs with low-threshold programs (Ljubljana -

Stigma, Ljubljana - Kralji ulice, Maribor - Zdrava pot, Koper - Svit, Nova Gorica - Šent, Ljubljana - Projekt Človek). In 2017, 49 out of 129 PWID (38%) managed at those NGOs tested positive for anti-HCV antibodies; in 2018, of overall 78 tested PWID, 42 were anti-HCV positive (53.8%) (Figure 2) (2, 3). It is worth mentioning that in both consecutive years of assessment the anonymous anti-HCV testing was offered to all the clients and many of them did not decide to get tested, so the studied sample was not representative regarding HCV seroprevalence.

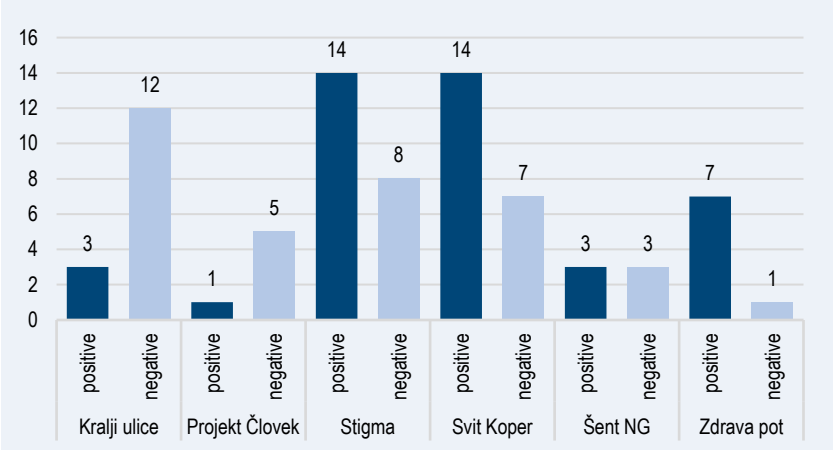
A good practice example in low threshold setting

In response to high HCV seroprevalence, assessed in low-threshold programs, in 2017 the Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana (Clinic) started a collaboration with a low-threshold program run by the NGO Svit Koper to improve HCV screening, linkage to care and HCV treatment among this vulnerable population. Namely, in Slovenia, the management of hepatitis C is performed by infectologists at five centres for viral hepatitis in accordance with the national clinical practice guidelines and has been completely covered by the national health insurance system with no limitations, including for PWID.

The model of care is based on regular transportation of PWID, organized by the NGO from the low-threshold program setting in Koper to the Clinic in Ljubljana, where a continuum of HCV care and counselling on safe injection practices are performed by one physician, dedicated to this cohort. In case of a positive anti-HCV screening test, a confirmatory HCV RNA test is performed. In all HCV RNA positives, a transient elastography of the liver and abdominal ultrasound are performed. In those on opioid agonist treatment (OAT), the addiction specialist that prescribes OAT is contacted and informed on the patient's HCV care. Beside transportation, the NGO employees help with arranging the ultrasound checking and getting the addiction specialist's opinion, as well as support the patient during the treatment of hepatitis C. In case needed, they can directly contact the dedicated physician at the Clinic.

During the period 2017–2022, a total of 50 PWID attending the low-threshold program Svit were transported to the Clinic prior to and during their HCV management procedure. The vast majority of them was referred due to known anti-HCV positive result that had already been previously acquired in their home town, whereas a few of them had never been tested before since they refused to get tested at the home setting. Among the total of 50 PWID, 48/50 (96%) presented anti-HCV positive, and 40/48 (83.3%) were HCV RNA positive. The remaining 8/48 (16.7%) had spontaneously eliminated HCV infection, whereas one of them (12.5%) re-infected after spontaneous recovery from HCV infection. The vast majority of HCV infected PWID started HCV treatment with direct acting antivirals at the Clinic and 91% of them completed it successfully.

Figure 22. Number of anti-HCV positive people who inject drugs, managed at six non-governmental organizations providing low-threshold programs, in 2018. HCV – hepatitis C virus



In a small country of two million population, despite centralization of HCV management at five infectious diseases centres across the country, close cooperation, task sharing and integration of public health services and NGOs can provide a model of good practice on the way to eliminate HCV in PWID at large.

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2.2 New developments in harm reduction interventions

Mobile unit programmes in Slovenia

The Ministry of Health has been carrying out the Programme for harm reduction using vehicles specialized for field work since June 2007. During this time, NGO 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. In 2017, 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 was 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 is improving the effectiveness of services and ensuring a more comprehensive treatment for users. 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 will end on 31 October 2022.

Since the beginning of the project, the planned project activities are well established and implemented at a high-quality level. Additionally, a strong cooperation between the Ministry of Health with the Ministry of Labour, Family and Social Affairs, the Ministry of the Interior and the Police and the National Institute of Public Health has been established. Each of these entities contributes significantly to the efficient implementation of the program.

In the 6 low-threshold programs, due to health personnel inclusion in already existing social care teams, the service users have been now receiving comprehensive psychosocial and medical assistance. This is extremely valuable, as before, due to the stigmatization, health care of drug-users was deficient or even lacking. In the mobile laboratory, testing of (new) psychoactive substances to prevent health and

other risks related to drug-use in night life, has been successfully implemented. The service is operating on daily basis with the possibility of bringing the drug for testing to several info-points across Slovenia. Additionally, the field team has been present at major dance events where the drug-testing service is done immediately. The interest in this service is ever-growing. In both of the 2 mobile drug addiction (substitution) treatment programs the number of users has been growing from month to month. The key result of both treatment/substitution programs are stable users with more opportunities to enter the labour market and a higher quality of life. The health and social rehabilitation program for users who have successfully completed drug treatment programs is reaping great success in promoting the resocialization, reintegration and schooling and employment of former users and preventing the risk of slipping back into addiction.

The exceptional importance and usefulness of out-reach programs for drug users was again evident also in 2021, marked by the ongoing COVID-19 epidemic, when attempts to prevent the spread of the virus temporarily suspended the activities of most social and health services. During this time, only mobile units were operating, and in addition to performing their regular tasks, they also took over some activities of other services. In harm reduction programs, in cooperation with health clinics, they distributed substitution therapy to users in treatment, took over the distribution of clothing and food from humanitarian associations, and provided all other necessary support. The medical staff employed in the out-reach programs engaged in the activities of temporary shelters for the homeless. Uninterrupted activities of these out-reach programs in this extremely critical situation undoubtedly prevented many adverse health and social consequences (such as prevention of deaths, health deterioration, relapses and social exclusion in users, and prevention of spreading of viral diseases (COVID-19, HIV, hepatitis), criminality and other negative effects for the society).

In 2021 more than 2200 drug users have participated in one of the mobile units' programs, as well as additional 280 family members or friends that partook in the mobile units' programs. Furthermore, over 220 drug users included in the mobile units' programs also participated in programs of functional literacy to help facilitate their inclusion on the labour market.

As part of the training of the healthcare and social services providers employed in the Mobile Units, Project Office at the Ministry of Health coordinated regular/monthly seminars addressing various health, social and other topics that further facilitated their work with drug users In addition regular/monthly supervision for all above mentioned services providers was offered. Due to Covid related restrictions in social gathering, both activities were provided either online or – when possible – in person.

Campaign to raise awareness of and prevent sexualised violence in nightlife environments

The #neobrnisestran campaign aims to throw light on the problem of sexualised violence in nightlife environments. The campaign is based on materials from the European Sexism Free Night project (https://sexismfreenight.eu) and its BCR (Bystander Chain Reaction) campaign (https://sexismfreenight.eu/campaign/). Both aim to increase awareness of the different forms of sexualised violence in nightlife environments, and to empower bystanders to respond actively to instances of such violence.

As part of the campaign, we have translated and printed posters, and adapted content for publication on social media. The posters are distributed in pubs and clubs, and social media content is posted on the Instagram and Facebook profiles of DrogArt programmes and of other youth organisations and organisations that deal with issues of violence.

We will also hold education and training sessions for staff at clubs that wish to improve visitor safety.

Taking users to the department of infectious diseases and febrile illnesses

The Svit Association's programme is oriented towards reducing the harm to which drug users are prone. Two of the most important objectives of the association are therefore to prevent diseases from spreading through medical equipment, and to provide information on the risk of spreading communicable diseases through the use of needles and syringes. Hepatitis C is one of the most common diseases suffered by drug users and something we see a great deal of among our own users as well.

The Svit Association therefore offers users all support and assistance in recovering from Hepatitis C. We began taking and accompanying users to the Department of Infectious Diseases and Febrile Illnesses in 2013, which is done on the basis of an individual agreement between the staff of the association and the user concerned.

An anonymous Hepatitis C testing campaign was carried out at the association's premises in December 2017. The campaign was facilitated by Medicopharmacia Medicinsko farmacevtsko podjetje d.o.o., Biofarmacevtska družba AbbVie d.o.o. and MSD d.o.o., in collaboration with the Slovenija Hep Association and the Stigma Association. Support was also provided by the infectious diseases clinic. The campaign met with a good response at the association. Thirteen users took part in testing, with results showing that eight of them were positive for the disease.

After the campaign, the association established links with Dr Jasna Černoša, who is employed at the infectious diseases clinic and took part in the campaign. The programme of providing lifts to the clinic subsequently began to be carried out in a more organised and regular way. We have also been provided with additional help in this by a graduate nurse, who works in our association as part of the 'Development and upgrading of a network of mobile units for implementing preventive action and programmes to reduce harm in the area of illicit drugs' project and is in constant contact with Dr Černoša.

In addition to taking and accompanying users to the infectious diseases clinic, we also provide them with all the necessary support and assistance in the treatment process. We help them arrange referrals and the necessary treatment documents, and coordinate the transport with their appointments at the clinic.

The company van, which can carry up to five users, is used to take them to the clinic. Lifts are arranged on a monthly basis, when all or at least most of the places have been filled. Last year (2021), we organised 12 lifts for 18 different users. Fifty of our users have so far been treated at the infectious diseases clinic. There have been three relapses since 2018, but most have successfully passed through the treatment process. We also take users to their monthly check-ups.

Users are very happy with the fact that the association provides lifts to and all the organisational aspects and information regarding medical examinations and treatment, as they are usually not good at communicating with official institutions and also find it difficult to secure the funds to get themselves to the clinic. We also remind them on several occasions of the times of departure for the clinic, as they often forget them. They are very grateful for this as it ensures that they turn up for their regular check-ups. They need motivation and encouragement to get in the van and go for their appointment.

We can say that our programme of taking users to the infectious diseases clinic has helped to reduce HCV incidence. Of course, we also continuously provide users with information on the possibility of reinfection and encourage them to use sterile injection materials.

On World Hepatitis Day, we organise education and training for users and staff. Every day we give out leaflets and information on Hepatitis treatment. We provide information in person at the day centre, in the field and also by telephone. We have noticed that information on and motivation to undergo treatment have helped to reduce HCV incidence.

Sexually transmitted infections in night life settings and chemsex

Activities in the area of chemsex have been organised and carried out since 2019 within the 'SPO v nočnem življenju' (Sexually Transmitted Diseases in Nightlife Settings') programme, the aim of which is to **prevent the transmission of sexually transmitted diseases** and encourage responsible sexual behaviour among everyone, chiefly **young people** and **men who have sex with men (MSM)**. We provide relaxed communication about **consistent condom use** in **nightlife settings** in particular, where young people often forget about protection because of alcohol or drug use, and provide access to information and free condoms. The innovative nature of the programme and its communication activities have also been recognised by the profession, with the www.spolnoprenosljiveokuzbe.si website and the series of awareness-raising citylights both winning awards.

For MSM who practise sex under the influence of psychoactive substances, DrogArt provides information 'in the field', at places where MSM gather, and at clubs and gay saunas. As part of the 'SPO v nočnem življenju' programme last year, we held almost 50 information sessions and established contact with more than 500 users. We mainly raise users' awareness of the importance of the correct and consistent use of protection, on the risks of drug use and chemsex, on testing for psychoactive substances, on consent, and on the measures to take in the event of problems arising.

Raising awareness among MSM who practise chemsex takes place with the help of free informational material (flyers, leaflets, posters, condoms, lubricants, snorting kits), online and through awareness-raising information campaigns.

From speaking to users, we have noticed that the psychoactive substances most commonly used in chemsex are GHB/GBL, ecstasy (MDMA), 'ice cream' (3-MMC), cocaine, ketamine and poppers.

The greatest risk faced by users are overdosing (particularly with GHB/GBL), sex without protection (and consequently the contracting of a sexually transmitted disease), and the inability to enjoy and practise sex without psychoactive substances.

3. Additional information

Tatja Kostnapfel, Ada Hočevar Grom

3.1 Further Aspects of Drug-Related Harms and Harm Reduction

Addressing safe prescribing and expanding unused and expired drug return programs

Along with the increased range of treatment methods and procedures, the consumption of prescription drugs and their expenses are also increasing. In the period of the last twenty years (2001–2021), the consumption and expenditure of prescription drugs has doubled (2001: 532 million DDD; €278 million, 2021: 1000 million DDD; €605 million).

Due to the increase in the consumption of medicines and the growing expenditure on them, the issues of safety, quality and cost-effectiveness are coming to the fore. In 1993, the World Health Organization published a publication on drug consumption research and prescribing quality indicators. The indicators are intended to study treatment approaches, the effectiveness of individual doctors and providers, to compare data between them, to identify safety aspects and to evaluate measures. In 2011, the Institute for Health Insurance of Slovenia (ZZZS) introduced indicators in the area of prescribing medicines. On the ZZZS web portal, doctors of general/family medicine and paediatrics can access their indicators, which have been collected for the last 5-year period, and data on prescribed medicines; these are available to all doctors who have prescribed at least one prescription in the last three years.

With a set of indicators, doctors of general/family medicine and paediatrics monitor the prescription of drugs according to the quantity and value of prescribed drugs and the prescription of antibiotics. General/family medicine doctors can additionally monitor the prescription of anxiolytics, sleeping pills, proton pump inhibitors, non-steroidal anti-inflammatory and anti-rheumatic drugs, painkillers (opioid analgesics, paracetamol, metamizole) and polypharmacotherapy.

Tramadol is classified in a different group than other opioids, it does not require a duplicate prescription, so it has a higher consumption. Since it has the potential to develop tolerance and addiction, more attention is needed when prescribing and monitoring therapy and monitoring consumption at the national level and raising awareness among doctors about safe prescribing, as well as monitoring and checking consumption for individual insured persons in the e-Prescription system and the online system before prescribing the medicine.

With the aim of greater transparency, safety and quality of drug prescriptions, the e-Prescription information solution was established as part of the national eHealth project. This enables the creation of an electronic prescription, with which the doctor prescribes the medicine, which the patient collects at any pharmacy.

After entering the e-Prescriptiont system, the doctor can review all the patient's prescribed and dispensed medications, and can quickly select a repeat prescription from the list of the patient's ongoing therapy, check unwanted interactions (interactions) between medications, and warnings about the repetition of active ingredients, the adequacy of medications with regard to possible contraindications or circumstances , due to which taking the medicine would not be recommended.

According to the currently valid Rulebook on the Classification, Prescription and Dispensing of Medicinal Products for Human Use and the eRecept information solution, all medicines, including master medicines, can be prescribed electronically, except for medicines containing narcotic and psychotropic substances from groups II, IIIa and IIIc of the Act on production and trafficking of illegal drugs, which must be prescribed and dispensed with a special medical prescription.

Return of unused and expired medicines to end users

Conditions for the collection and disposal of unused drugs and drug residues (hereinafter: waste drugs) The Regulation regulates the handling of waste drugs.

Waste medicines are unusable medicines (unused medicines, packaged for final use, which have been placed on the market, but must be thrown away due to the expiration date or other reasons) and drug residues (medicines left by the end user after the use of medicines and disposed of, intended to be disposed of or required to be disposed of by the end user or their holder), including their contact packaging and packaging that wraps the contact packaging of unused medicinal products or medicinal residues.

In accordance with the Regulation, the end user may not hand over waste medicines to the public service provider as mixed municipal waste. The end user can hand over waste medicines that are classified as separately collected fractions of municipal waste to the public service provider in collection centers for separately collected fractions of municipal waste or in mobile collection points for hazardous separately collected fractions of municipal waste. The end user can hand over waste medicines to the holder of a permit for the retail trade of medicines in special containers for waste medicines and to the collector of waste medicines during waste medicine drop-off campaigns.

Acceptance of waste medicines in pharmacies

The holder of a permit for the retail sale of medicinal products must provide a place for a container within the business premises, which is used to collect waste medicinal products free of charge. The pharmacy must place a notice in a visible place about the possibilities and conditions of free disposal of waste medicines. He must hand over the taken medicines to the collector of waste medicines or to a medicine wholesaler, if the medicine wholesaler supplies him with these medicines for the performance of his activity and the delivery of such waste has been agreed with him. Waste medicines are equipped with a record sheet that must be attached to each shipment.

End-users deliver medicines in the original contact packaging without packaging to the collectors. Medical devices, chemicals (active substances and substances) and sharp objects (needles, lancets, knives and scalpels, open and empty glass ampoules, etc.) do not belong in the containers for waste medicines.

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4. Sources and methodology

4.1 Sources

Sources and methodology in Drug Related 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). 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

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.

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

Methodology is described under 4.2

References:

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Sources and methodology in harm reduction

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 2016–2021 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 between 1/12/2021 and 31/12/2021. Cooperation in the survey was voluntary and anonymous.In, the survey included 300 harm reduction programme users. The respondents were 83.2% male and 16.8% female. The average age of the respondents was 41.2years. The youngest respondent was 22 and the oldest 64 years of age. The majority of the respondents had completed vocational or secondary education (66.8%), 26% had only primary school level education and 5.5 % had higher education or university degrees. 1.7% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (88.5%); 7.3% of them were employed, 3.8% retired in 0.3 % were still in school (pupil, student).

The largest percentage of the respondents (33.9%) lived alone, a slightly smaller percentage (28%) still lived with their parents or relatives, 9.7% lived together with their partner, 4.2% with friends, 4.5 % in shelters and 19.7% outside (in the park, street, abandoned buildings).A total of 87.2% of respondents had been involved in various programmes of help and assistance in the last year, while 82.3% of users had been involved in a substitution programme, 6.4% had attended a drug dependency treatment centre, 9.7% had been treated at a psychiatric hospital, 11.4% had received substitution therapy at a correctional facility, 3.3% had received treatment at a rehabilitation centre in Slovenia, and two respondent (0.7%) had received treatment at a rehabilitation centre abroad.

The police dealt with 33.6% of the respondents in 2021.

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4.2 Methodology in Drug Related Infectious Diseases

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 2017 to 2021 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 559 PWIDs who entered for the first time or re-entered treatment, 157 in 2017 (24 for the first time), 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time), 76 in 2020 (seven for the first time) and 91 in 2021 (16 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 40% in year 2017 to the lowest of 22% in year 2020.

To address these limitations of the current surveillance system with which we have monitored the prevalence of HIV, HBV and HCV infections among PWIDs in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, we have started to develop an alternative approach in 2022. The objective was to collect more accurate information about the coverage of testing for these three infections, the numbers of diagnosed infections and the numbers of treated among the clients of the Centres for the Prevention and Treatment of Illicit Drug Addiction in 2021. In addition, we also wanted to assess the vaccination coverage against hepatitis B. The data collection for this Drug Related Infectious Diseases (DRID) survey among the clients of all Centres for the Prevention and Treatment of Illicit Drug Addiction in 2021 is ongoing. It is based on retrospective medical documentation review. The data collected is sent to the NIJZ for data entry, analysis and preparation of report which is ongoing. Thus, in this report we present only preliminary results for one of the Centres for the Prevention and Treatment of Illicit Drug Addiction, the one in Ljubljana. They have the highest number of clients and had already submitted the data for a great majority of their clients in care during 2021. Based on the outcomes of this first survey, we will revise our surveillance system. Annually repeated DRID surveys are planned to provide much more accurate information about the cascade of care for infections with HIV, HBV and HCV than the current surveillance system.

In addition, unlinked anonymous HIV testing of PWIDs at first treatment demand has been conducted for HIV surveillance purposes in five non-governmental harm reduction programmes. These programmes are needle exchange programmes: 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 (in Nova Gorica since 2018). Detailed descriptions of the unlinked anonymous testing methods have already been published (Klavs and Poljak, 2003). Saliva specimens for unlinked anonymous HIV testing were voluntarily provided by clients of the aforementioned needle-exchange programmes visiting for the first time during the period of sampling, which was few months each year. In the past five 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.) 2021, Fafangel et al. (Ed.) 2022).

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

- **The illicit drugs market in Slovenia**

Slovenia continues to be self-sufficient in the production of cannabis. While the police uncovered fewer premises specially adapted for cannabis cultivation in 2021, they believe that methods and equipment are improving and therefore that the annual quantities grown are increasing.

The traditional two-way Balkan route is the main smuggling route for illicit drugs, with smuggling volumes likely to be higher than generally thought. It is mainly cannabis that it smuggled along the Balkan route from Albania, Kosovo and Serbia. Smaller quantities of heroin are still being smuggled into Slovenia and then on into Western Europe in private vehicles, mainly from Turkey, while larger quantities have been found in legal container shipments arriving at the Port of Koper by ship from Iran via the United Arab Emirates.

MDMA and amphetamines are smuggled into Slovenia mainly from the Netherlands. Smaller quantities of cocaine also arrive from the Netherlands and from Spain, which remains the main supplier of smaller quantities of cocaine for Slovenia and the other countries of the Western Balkans. Larger quantities of cocaine have been smuggled in legal container shipments arriving at the Port of Koper from Ecuador and Brazil; these have not been intended for the Slovenian market but mainly for the Italian one. Koper has therefore become one of the entry points for cocaine smuggled from South America to Europe by international criminal organisations.

- **Criminal offences and other infringements of the law in relation to illicit drugs**

In 2021 Slovenian police uncovered 1,417 criminal offences relating to the manufacture and sale of illicit drugs, illicit substances and procedures in sport, and precursors for the manufacture of illicit drugs. In addition to criminal offences, the police also uncovered a further 3,946 infringements of the Production of and Trade in Illicit Drugs Act.

- **Main activities of the police in relation to illicit drugs**

In 2021 the police continued their efforts to reduce the availability of illicit drugs in accordance with the objectives and activities contained in the two-year action plan (2019–2020) set out in the Resolution on the National Programme on Illicit Drugs 2014–2020. They carry out specially targeted activities to reduce the availability of illicit drugs at national, regional and local levels. Dealing with heroin, cocaine, cannabis and synthetic drugs remains among the Slovenian police's main priorities. They spend a great deal of time gathering information on all active premises specially adapted for cannabis cultivation and all active synthetic drug laboratories. Illicit drugs are seized in response to this information, thereby preventing them from reaching the market and users. This is one of the goals set out in the police's annual plan of work and related activities.

There is a need to limit the smuggling of illicit drugs along the traditional Balkan route. To help them do this, the Slovenian police are keen to further improve cooperation with the security bodies of the Western Balkan countries. The number of seizures at the border must be increased, as must the number of seizures at sea ports, at airports and within Slovenia.

In addition to seizures of illicit drugs, it is important to carry out financial investigations, uncover instances of money laundering, and seize gains and assets acquired from the illicit drugs trade. Changes in the prices and purity of some illicit drugs form the basis for the police's estimates of availability and their assessment of the illicit drugs market in specific parts of Slovenia.

1. National profile

1.1 Drug market

Given the number and scope of premises specially adapted for cannabis cultivation (56 were uncovered in 2021), the police take the view that Slovenia continues to be self-sufficient in the production of cannabis. While fewer premises specially adapted for cannabis cultivation were uncovered in 2021 than the year before (56 vs. 70), the police believe that methods and equipment are improving and therefore that the annual quantities grown are increasing.

The police uncovered no synthetic drug laboratories in 2021.

Smuggling routes

The traditional two-way Balkan route remains the main smuggling route for illicit drugs, and the police believe that smuggling volumes are higher than generally thought. It is mainly cannabis that it smuggled along the Balkan route from Albania, Kosovo and Serbia. Smaller quantities of heroin are still being smuggled into Slovenia and then on into Western Europe in private vehicles, mainly from Turkey. Larger quantities have been found in legal goods shipments in containers arriving at the Port of Koper by ship from Iran via the United Arab Emirates.

The police believe that MDMA and amphetamine are smuggled into Slovenia mainly from the Netherlands. Smaller quantities of cocaine arrive from the Netherlands and from Spain, which remains the main supplier of smaller quantities of cocaine for Slovenia and the other countries of the Western Balkans. Larger quantities of cocaine were smuggled into Slovenia in 2021 in legal container shipments arriving at the Port of Koper from Ecuador and Brazil; these were not intended for the Slovenian market but mainly for the Italian one. Koper has therefore become one of the entry points for cocaine smuggled from South America to Europe by international criminal organisations.

Organised criminal enterprises and members of Slovenian criminal groups frequently smuggle larger quantities of various illicit drugs in freight vehicles. Smaller quantities are most often hidden in specially adapted spaces in private vehicles, in luggage on buses and in smaller goods vehicles.

Smuggling within Slovenia

Smaller quantities of illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave Slovenia. Cannabis, which is manufactured in specially adapted premises in Slovenia, generally remains within the country, with members of organised criminal organisations selling them on to dealers.

Most illicit drugs are easier to obtain, whether in larger or smaller quantities, in the larger urban areas of Slovenia. Members of criminal organisations then resell smaller quantities of illicit drugs to other members outside these urban areas. Drugs are most commonly transported within the country in private cars, smaller goods vehicles or vans, or carried by bus passengers on their person or in their luggage, or by taxi passengers.

Cannabis, which is manufactured in specially adapted premises, is available in larger quantities regardless of location or size of town. Manufacture takes place throughout Slovenia, with members of criminal organisations only requiring the right conditions, such as a larger warehouse or an empty apartment, in order to start growing cannabis. Owners who rent out larger warehouses or apartments are unaware that criminal activities are carried on at their properties, although the tenants are generally aware that criminal activity is going on.

Larger quantities of illicit drugs (amphetamine, cocaine, MDMA, heroin) are easier to obtain in larger urban areas.

Unlike previous years, police found no instances of the diversion of acetic anhydride in 2021. The police seized a larger quantity of acetone (2,470 litres), which is a precursor used as a solvent for the manufacture of a variety of illicit drugs, which leads us to believe that members of an international criminal organisation have moved onto diverting this precursor, which is more easily accessible, instead. Although it was not possible to establish the origin of the acetone, in all likelihood the resulting illicit drugs were not to have been manufactured in Slovenia, i.e. Slovenia was used merely as a holding location prior to the acetone being forwarded to another country for illicit drug manufacture.

International organised crime groups operate in Slovenia, with Slovenian citizens generally engaged in organisation, logistical support and the actual performance of the criminal activity of supplying the European market with illicit drugs. These are, we believe, medium-sized criminal enterprises whose members are linked to criminal organisations in other countries, both in the Western Balkans and in the EU. The international organised crime groups operating in Slovenia are fully engaged in following current trends in the supply and demand of illicit drugs.

Table 1 below shows the wholesale prices for the most common illicit drugs in Slovenia. The wholesale prices for the majority of illicit drugs have not changed significantly in the last few years, although the price per kg of cocaine has fallen to the level seen before 2020 or the pre-Covid-19 period. Despite the fall in prices, the purity of cocaine available remains high, or is even increasing

Table 1. Wholesale prices for illicit drugs in Slovenia in EUR, 2021

Type of illicit drug		1 kg	1,000 pills
Heroin	Min.	16,000	
	Max.	25,000	
	Typ.	25,000	
Cocaine	Min.	32,000	
	Max.	43,000	
	Typ.	38,000	
MDMA	Min.		1,500
	Max.		2,000
	Typ.		2,000
Amphetamine	Min.	1,500	
	Max.	3,500	
	Typ.	2,500	
Cannabis grown in specially adapted premises	Min.	3,000	
	Max.	4,500	
	Typ.	4,000	

Source: Ministry of the Interior, General Police Directorate

Information on the retail drug market

The illicit drugs market in Slovenia in extremely varied and diverse. According to the police, cannabis and cocaine are the two most common drugs on the market, although synthetic drugs are also in high demand and readily available. Retail prices have not changed significantly in recent years.

The retail market has a clear hierarchical structure. Larger quantities of certain illicit drugs are split into smaller packages and resold to intermediaries. The intermediaries then further dilute these smaller quantities and make them available to street dealers and to users. Illicit drugs prepared in this way are therefore available in smaller quantities throughout the country. As far as cocaine is concerned, the police estimate that purer cocaine is being sold on the market for a lower or the same price.

Table 2. Retail prices for illicit drugs in Slovenia, 2021

Type of illicit drug		1 g	1 pill
Heroin	Min.	20	
	Max.	40	
	Typ.	30	
Cocaine	Min.	40	
	Max.	100	
	Typ.	60	
MDMA	Min.		5
	Max.		10
	Typ.		5
Amphetamine	Min.	10	
	Max.	30	
	Typ.	25	
Cannabis grown in specially adapted premises	Min.	5	
	Max.	10	
	Typ.	8	

Source: Ministry of the Interior, General Police Directorate

Data from anonymous drug testing service by NGO Association DrogArt

Marko Verdenik, Roman Kranvogl

The DrogArt organisation received 845 samples for anonymous drug testing at eight other reception points around Slovenia between January and December 2021. The drugs were then analysed at the National Laboratory of Health, Environment and Food (NLZOH). The most common samples received were of substances purchased as cocaine (n=225), followed by MDMA in the form of crystal and tablets (n=121), amphetamine (n=92), heroin (n=88), LSD (n=66), cannabis (n=57), various benzodiazepines (n=35), ketamine (n=28) and 2C-B (n=21).

Of the 225 samples presented as cocaine hydrochloride, 101 (44.9%) contained cocaine and the usual compounds derived from cocaine only, 119 (52.9%) contained cocaine and at least one other substance, most commonly levamisole (93 samples), and 5 (2.2%) contained one or more other substances in place of cocaine. The average cocaine concentration across 314 samples was 74.7% (lowest 2.3%, highest 96.3%).

Of the 120 samples presented as MDMA, 52 were ecstasy tablets and 69 were in the forms of MDMA crystal. A total of 93 samples (77.5%) contained MDMA only, 9 (9.2%) contained MDMA and at least one other substance, and 16 (13.3%) contained one or more other substances in place of MDMA. The average level of MDMA in the ecstasy tablets was 144.7 mg (lowest 10 mg, highest 219 mg). The average concentration of MDMA in the form of crystal was 87.5% (lowest 18.2%, highest 95.8%).

Six (6.5%) of the samples presented as amphetamine sulphate contained amphetamine only, 83 (90.2%) contained amphetamine and at least one other substance, most commonly caffeine, and 3 (3.3%) contained no amphetamine. The average concentration of amphetamine in the 89 samples was 19.7% (lowest 1.4%, highest 98.6%).

Of the 88 samples presented as heroin in base form, 86 (97.7%) contained one or more other substances in addition to heroin, most commonly caffeine and paracetamol, along with the usual compounds derived from heroin. Two samples (2.3%) contained another substance in place of heroin. The average concentration of heroin as calculated in 101 samples was 17.6% (lowest 2.4%, highest 55.5%).

A total of 66 samples were presented as lysergic acid (LSD): 63 in blotter form, 2 in liquid form and one in tablet form. Fifty-five samples (83.3%) contained LSD only and the usual accompanying inactive substances. One sample (1.5%) contained LSD and at least one other active substance, and 10 samples (15.1%) contained no LSD but one or more other psychoactive substances, most commonly 1P-LSD (5 samples) and 1cP-LSD (2 samples). The average level of LSD as calculated in 94 of the blotter samples was 52.5 µg (lowest 6.8 µg, highest 122.2 µg).

Of the 28 samples presented as ketamine, 26 (92.9%) contained ketamine only, one (3.6%) contained at least one other substance in addition to ketamine, and one (3.6%) contained 2-FDCK in place of ketamine. The average concentration of ketamine as calculated in 27 samples was 88.7% (lowest 60.9%, highest 97.8%).

The substance most commonly presented as benzodiazepine was alprazolam (18 samples), followed by flubromazolam (4), midazolam (4), clonazolam (2), flualprazolam (2), etizolam (2), bromazolam (1) and diazepam (1). Thirteen samples (38.2%) contained the same benzodiazepine as stated by the user upon presentation of the sample, 19 samples (55.8%) contained another benzodiazepine, most commonly clonazolam, and 2 samples (5.8%) contained another psychoactive substance (metonitazene and sertraline).

We identified the following new psychoactive substances in the course of anonymous testing. They had been either purchased and presented as new psychoactive substances or identified in the course of testing as having been sold in place of the classic drug the buyer thought they were purchasing or as having been mixed with the classic drug: 1cP-LSD (3), 1P-LSD (7), X-FEA (1), 2-FDCK (1), 2-FMA (1), 3-FPM (1), 3-MMC (16), 4-CMC (4), 4F-MPH (2), 4-MMC (2), 5-MAPB (2), 6-APB (1), ADB-BUTINACA (9), alpha-PiHP (1), alpha-PHP (2), alpha-PVP (1), bromazolam (2), clonazolam (12), etazene (1), etizolam (2), etonitazepyne (1), eutylone (1), flualprazolam (4), flubromazepam (2), flubromazolam (4), meclonazepam (1), MDBM-4en-PINACA (3), metonitazene (1), and N-Ethylhexedrone.

Prices of illicit drugs

When receiving psychoactive drugs for testing purposes, DrogArt collects data on the retail street or online (dark web) price, i.e. the price per gram, blotter or tablet. The table 3 below shows the prices for the most common illicit drugs in Slovenia.

Table 3. Retail prices for illicit drugs, 2021

Type of PAS		Price in EUR
Cocaine (g)	Min.	40
	Max.	200
	Typ.	60–80
Amphetamine (g)	Min.	1
	Max.	30
	Typ.	5–10
MDMA crystal (g)	Min.	5
	Max.	45
	Typ.	20–30
MDMA ecstasy (tab)	Min.	1
	Max.	10
	Typ.	5
LSD (blotter)	Min.	1
	Max.	20
	Typ.	5–10
Heroin (g)	Min.	10
	Max.	40
	Typ.	20–30
Ketamine (g)	Min.	10
	Max.	50
	Typ.	20–40
Benzodiazepins (Xanax)	Min.	0.5
	Max.	5
	Typ.	0.5–2

Source: Association DrogArt

1.2 Drug related crime

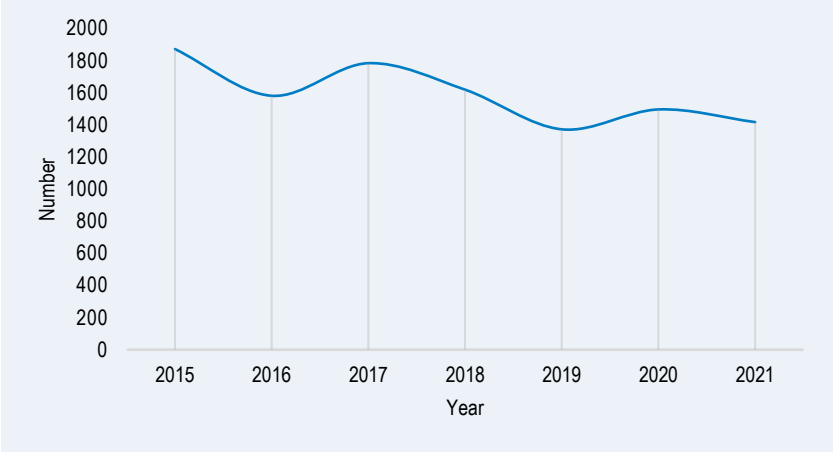
Criminal offences and other infringements of the law in relation to illicit drugs

A total of 1,293 criminal offences relating to the manufacture and sale of illicit drugs, illicit substances and procedures in sport, and precursors for the manufacture of illicit drugs were uncovered in 2021 (a fall of 6% on the 2020 figure of 1,369), along with 124 criminal offences of facilitating the use of illicit drugs, illicit substances in sport or procedures in sport (one more than in 2020).

Table 4. Number of criminal offences in relation to illicit drugs, 2015–2021

	2015	2016	2017	2018	2019	2020	2021
Article 186 of the Criminal Code	1,737	1,437	1,650	1,517	1,252	1,369	1,293
Article 187 of the Criminal Code	135	144	134	102	120	127	124
Total	**1,872**	**1,581**	**1,784**	**1,619**	**1,372**	**1,496**	**1,417**

Figure 1. Fall in the number of criminal offences in relation to illicit drugs, 2015–2021



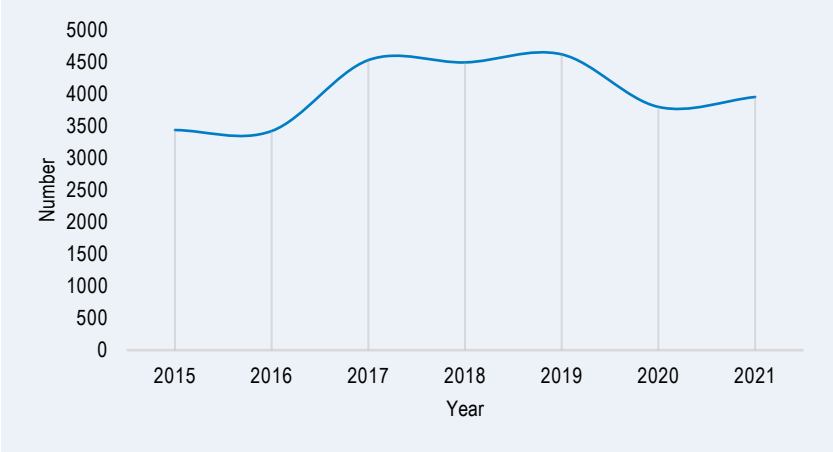
Between 2015 and 2021, the Slovenian police dealt with 24.3% fewer criminal offences relating to the manufacture and sale of illicit drugs, illicit substances and procedures in sport, and precursors for the manufacture of illicit drugs, and the facilitation of the taking or use of illicit drugs or illicit substances or procedures in sport.

In 2021 the police also recorded 3,946 infringements of the Production of and Trade in Illicit Drugs Act, including the possession of illicit drugs, which is around 4% more than in 2020 (3,791) and a fall of 16.8% on the number of infringements recorded in 2019. The renewed rise in the number of infringements could, according to the police, be the result of a lessening of the impact of Covid-19. There were more organised public entertainment events in 2021 than in 2020, which increased the need for targeted activities on the part of the police.

Table 5. Number of infringements of the Production of and Trade in Illicit Drugs Act, 2015–2021

	2015	2016	2017	2018	2019	2020	2021
Number of infringements	3,431	3,416	4,521	4,485	4,610	3,791	3,946

Figure 2. Trend in the number of infringements in the area of illicit drugs, 2015–2021



In 2021 the police ordered 1,377 tests, or around 18% fewer than the year before, of drivers suspected of being under the influence of illicit drugs, psychoactive medications or other psychoactive substances. The presence of illicit substances in those drivers tested remains proportionate to the number of tests ordered. As in previous years, cocaine, cannabinoids and benzodiazepines were the drugs most commonly detected.

There were 215 positive blood/saliva tests (262 in 2020), as shown in Table 6. The number of refusals to take a blood/saliva test in 2021 was broadly comparable with the figure for 2020: 61% or 1,022 of tests ordered in 2021 vs. 55% or 757 of tests ordered in 2020.

There were 165 positive urine tests (218 in 2020). The number of refusals to take a urine test was lower than the figure for 2020: 672 refusals in 2020 vs. 451 in 2021.

Table 6. Number of tests ordered to establish the presence of illicit drugs and other psychoactive substances, number of positive blood/saliva and urine tests, and number of refusals to take a blood/saliva and urine test, 2015–2021

	2015	2016	2017	2018	2019	2020	2021
Tests ordered	723	912	1,405	1,237	1,623	1,673	1,377
Positive blood/saliva tests	143	236	238	259	286	262	215
Positive urine tests	116	151	199	212	223	218	165
Blood/saliva tests refused	209	315	671	658	935	1,022	757
Urine tests refused	122	164	417	368	503	672	451

Source: Ministry of the Interior, General Police Directorate

1.3 Drug supply reduction activities

Police activities

In 2021 Slovenian police continued their efforts to reduce the availability of illicit drugs in accordance with the objectives and activities contained in the two-year action plan (2019–2020) set out in the Resolution on the National Programme on Illicit Drugs 2014–2020.

They carry out specially targeted activities to reduce the availability of illicit drugs at national, regional and local levels. Dealing with heroin, cocaine, cannabis and synthetic drugs remains among the Slovenian police's main priorities. They spend a great deal of time gathering information on all active premises specially adapted for cannabis cultivation and all active synthetic drug laboratories. Illicit drugs are seized in response to this information, thereby preventing them from reaching the market and users. This is one of the goals set out in the police's annual plan of work and the activities associated with it.

There is a need to limit the smuggling of illicit drugs along the traditional Balkan route. To help them do this, the Slovenian police are keen to further improve cooperation with the security bodies of the Western Balkan countries. Given that the police recorded fewer seizures of illicit drugs along the traditional Balkan route in 2021 as well, activities have been focused more tightly on uncovering the smuggling of illicit drugs, cannabis as well as heroin, at border crossings.

In addition to increasing the number of seizures at the border, police are keen to increase the number of seizures at sea ports, at airports and within Slovenia. The police are also strengthening cooperation with police forces abroad and with international organisations (Europol, Interpol, EMCDDA, DEA, UNODC, etc.), which is helping to further reduce the availability of illicit drugs on the Slovenian market and beyond. The Slovenian police's aim is to uncover those behind the smuggling of illicit drugs, i.e. not only the couriers, and to identify the members of international organised crime groups.

Another of the police's aims is to carry out financial investigations to uncover instances of money laundering in relation to illicit drug smuggling, and to seize gains and assets acquired from the illicit drugs trade.

The police monitor changes in the prices and purity of some illicit drugs, and use this information to estimate availability and assess the illicit drugs market in specific parts of Slovenia.

The police's preventive work in relation to criminal offences and infringements in the area of illicit drugs is based on cooperation with the competent state institutions, non-governmental organisations, municipal wardens and others working to reduce the availability of illicit drugs. The police frequently take part in talks, provide advice to various national institutions, present the police's activities at different events and prepare information material (answers to journalists' questions, articles in magazines and newspapers, etc.), thereby raising target groups' awareness of the harmful consequences of illicit drug use.

2. Trends

In the last five years the police have uncovered fewer premises specially adapted for cannabis cultivation than in the year prior to 2017 (Table 7). The number of cannabis plants seized, which rose strongly in 2017, has been falling since 2018, although it did rise by 30% in 2021 in comparison with the year before (Table 8). This shows that the size and profitability of adapted premises continue to rise, if we consider the number of cannabis plants seized. The data is presented in the following two tables.

Table 7. Number of premises specially adapted for cannabis cultivation, 2015–2021

	2015	2016	2017	2018	2019	2020	2021
Number of premises specially adapted for cannabis cultivation	80	81	78	75	62	70	56

Source: Ministry of the Interior, General Police Directorate

Table 8. Number of cannabis plants seized and the quantity of dried cannabis seized in premises specially adapted for cannabis cultivation, 2015–2021

	2015	2016	2017	2018	2019	2020	2021
Cannabis plants	4,659	6,002	10,259	8,393	5,393	5,121	7,220
Dried cannabis (kg)	86.6	25.6	88.7	58.2	58.4	42.8	28.1

Source: Ministry of the Interior, General Police Directorate

Table 9. Number of seizures by type of illicit drug, 2015–2021

Type of illicit drug	2015	2016	2017	2018	2019	2020	2021
Heroin	273	289	286	225	201	239	348
Cocaine	178	195	277	279	285	282	325
Ecstasy	64	46	69	102	88	45	28
Amphetamine	189	139	211	221	196	147	155
Cannabis – plants	167	195	218	189	232	188	148
Marijuana	3,103	2,977	3,768	3,685	3,874	3,394	2,867
Cannabis resin (hashish)	109	119	126	139	113	65	55
Benzodiazepines	110	120	180	127	141	137	142
Methadone	19	31	16	25	22	12	15
Methamphetamine	31	22	49	57	66	31	25

Source: Ministry of the Interior, General Police Directorate

Table 10. Total quantity of illicit drugs seized, by type, 2015–2021

Type of illicit drug	Unit	2015	2016	2017	2018	2019	2020	2021
Heroin	kg	6.47	47.62	10.71	344.89	758.52	4.89	226.15
Cocaine	kg	2.77	104.61	12.25	14.22	4.06	8.57	827.91
MDMA	pill	2,908	499	1,636	511	9.763	13,029	245,350
	kg	1.98	0.36	1.21	0.28	0.2	0.49	123.46
Amphetamine	pill	95	232	312	58	79	20	3,850.5
	kg	2.11	3.11	6.08	5.7	18.31	107.81	96.92
Cannabis – plants	pcs	14,006	14,717	13,594	29,683	8,810	23,344	22,852
Marijuana	kg	487.54	515.96	837.91	398.06	703.61	1,412,918.6	1,205,076.7
Cannabis resin (hashish)	kg	2.54	0.94	19.78	0.78	8.78	0.7	0.45
	ml		2,888.00	137.7	315.4	1,021.9	3,294.8	271.4
Benzodiazepines	pill	10,503	5,608	14,177	17,734	4,819,5	8,720.5	7,672.5
Methadone	ml	2.80	3,137.8	1,501.5	2,282.9	1,884	2,122.4	1,459.1
Methamphetamine	kg	0.41	0.07	0.03	0.16	9.41	0.08	6.64
	pill	324	138	137	82	203,5	977	27
Synthetic cathinones	g						0.01	7.3
Cannabis extract	ml					9.391	5,926.5	20,659.5
LSD	pcs					63	64	7,817
Synthetic cannabinoids	g					18.2	7.3	45.7

Source: Ministry of the Interior, General Police Directorate

The Slovenian market is dominated by cannabis manufactured in specially adapted premises in Slovenia and made available mainly to the markets of neighbouring Austria, Italy and Croatia. We continue to estimate that the prices in these countries are higher and bring greater profits than they do in Slovenia, and that, given the quantities seized, the availability of cannabis is very high in Slovenia. In addition to cannabis produced in specially adapted premises in Slovenia, the Slovenian market also has a large proportion of cannabis that is produced in Spain and brought to Slovenia mainly in freight vehicles.

Fifteen per cent less cannabis was seized in 2021 than in 2020 (1,205 kg vs. 1,413 kg, which was a record haul). However, this is still a high figure compared to previous years. Consequently, there were 15% fewer seizures of cannabis and 21% fewer seizures of cannabis plants than in 2020. The highest proportion of cannabis seized in 2020 and 2021 came from larger open-air plantations, in contrast to 2017 (for example), where the highest proportion was seized from couriers smuggling cannabis in vehicles from Albania, Montenegro, Bosnia and Herzegovina, and Serbia. In these cases, the cannabis was not destined for the Slovenian market but for markets in other European countries. The average content of total THC in cannabis was the lowest of the last few years in 2021: 3.7% (lowest concentration 0.00%, highest concentration 16.9% in 30 samples).

There was a 45% increase in the number of seizures of heroin in 2021. These were mainly smaller quantities resulting from infringements of the law uncovered by the police (239 seizures in 2020, 348 seizures in 2021). The figures have been stable and comparable over the last five years. The increased number of seizures could indicate greater supply and a greater number of heroin users on the Slovenian market. It is interesting to note that the police have seized heroin from under-18s only in a tiny number of cases, which shows that teenagers continue to favour the most widely available illicit drug, i.e. cannabis. The average concentration of heroin was higher in 2021 than in 2020 (17.1% vs. 14%). The highest concentrations were recorded in 2018 and 201*, when the average concentration was between 25.2% and 27.3%.

There was again a major seizure of heroin at the Port of Koper in 2021, of 216 kg (there were also major seizures in 2018 and 2019, 303 kg and 730 kg, respectively), although in all likelihood it was destined for sale on the Dutch market. This was once again a case of smuggling in legal container freight from Iran to Slovenia via Dubai.

Cocaine has seen the most marked increase in quantities seized: a record 829.9 kg in 2021. Most of the cocaine was smuggled in four different legal container freight shipments arriving at the Port of Koper from Ecuador and Brazil. According to the information available, this cocaine was not intended for the Slovenian market but mainly for the Italian one, although we believe it likely that smaller quantities were then reimported into Slovenia. Koper has therefore become one of the entry points for cocaine smuggled from South America to Europe by international criminal organisations.

Purity has risen in tandem with the quantity of cocaine seized. In 2021 the National Forensics Laboratory recorded the highest purity level to date, 75.6%, which was almost 12% higher than the figure recorded in 2020.

The quantities of methamphetamine seized have been very low in the last few years, which suggests that this drug does not present a major problem: while 6.64 kg was seized in 2021 compared to 0.08 kg in 2020, this figure was lower than in 2019 (9.41 kg seized). The number of seizures was down by almost 20% relative to 2020. The average methamphetamine concentration was 80%. With most methamphetamine being seized from teenagers and young men, the increased use of methamphetamine among these populations is worrying.

A record quantity of MDMA pills (245,350) and MDMA in crystal form (123.46 kg) was seized in 2021 in comparison with previous years – 13,029 pills containing MDMA were seized in 2020, for example, along with 0.49 kg of MDMA in crystal form. The number of seizures has fallen by almost half: from 45 in 2020 to only 28 in 2021. The police believe that various illicit drugs in pill form are available on the Slovenian market in considerable amounts. They have varying levels of MDMA, and contain other ingredients and impurities that their users are not expecting to find when they purchase the pill. In 2021 the National Forensics Laboratory logged 23 different pill logos. The average level of MDMA (mg/pill) is comparable with the last five years (138 mg/pill), with the lowest measured level 12 mg and the highest measured level 220 mg.

We should point out that the seizure of such a large quantity of MDMA in both forms was the result of a police investigation that concluded in 2021. A criminal organisation operational in Slovenia and online was uncovered, and was active in the sale of a variety of mainly synthetic illicit drugs.

As part of an investigation into the online sale of illicit drugs, a large quantity of new psychoactive substances that were already on the list of illicit drugs in Slovenia was also seized. In addition to pills containing MDMA, seizures were made of a further 101,296 pills containing 2C-B, 5,848 pills containing 4-FMA, 11,937 pills containing 4-FA, 9,715 grams of 4-MMC and 2,483 grams of 3-MMC.

The increased number of LSD blotters seized (7,817 in 2021 compared to only 64 in 2020) was the result of this same police investigation. The number of specific instances of seizure fell by around half, from 12 in 2020 to 7 in 2021.

The increased quantity of amphetamine seized in 2021, similarly to 2020, was also the consequence of a targeted police investigation, i.e. just over 75 kg of amphetamine was seized from a suspect who was selling smaller quantities online to recipients of postal consignments from all over Europe and more widely.

There has been considerable fluctuation in the number of synthetic illicit drugs seized over the last five years. This is largely due to the nature of operational activities in this area, which have, for example, become more targeted in the last three years and been adjusted to changes on the market of illicit synthetic drugs above all, as well as to the fact that these drugs are supplied, purchased and sold online.

In 2021 the police made its first seizure of the precursor acetone (2,470 litres), which can be used to produce a variety of illicit drugs, including amphetamine, methamphetamine, MDMA, heroin and cocaine. The seizure was also the result of a targeted police investigation, and meant that a certain quantity of illicit drugs that would otherwise have subsequently entered the market was not manufactured.

Analyses of the purity of the most common illicit drugs are given below.

Figures 3–9. Average concentrations of specific illicit drugs, 2015–2021

Figure 3. Average heroin concentration

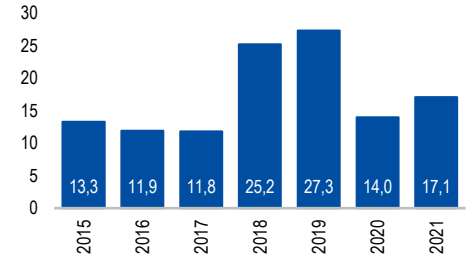


Figure 4. Average cocaine concentration

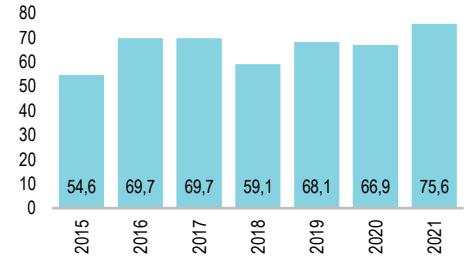


Figure 5. Average concentration of total THC in cannabis samples

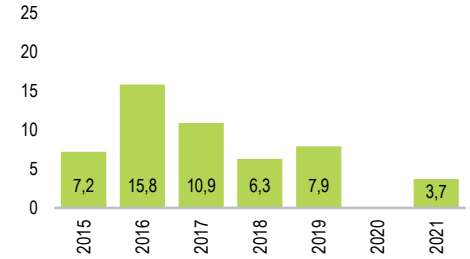


Figure 6. Average concentration of total THC in hashish

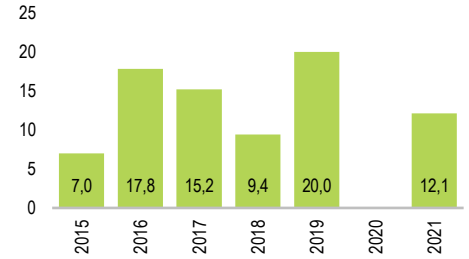


Figure 7. Average amphetamine concentration

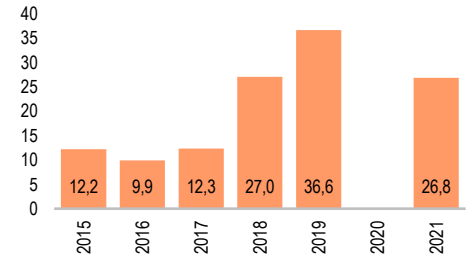


Figure 8. Average MDMA concentrations in crystal samples

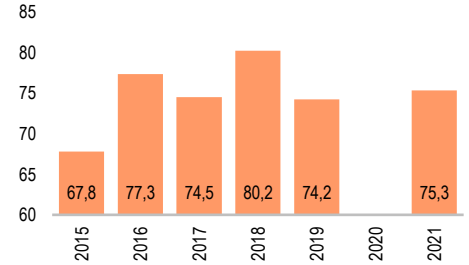
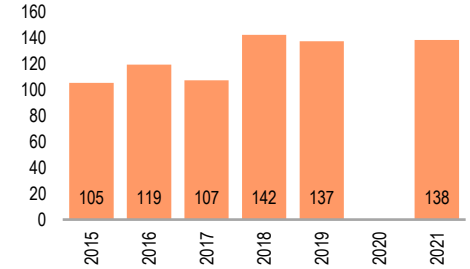


Figure 9. Average MDMA levels mg/pill



Source: National Forensic Laboratory

The police's targeted activities to reduce the online availability of illicit drugs, particularly synthetic drugs, have increased the number of seizures of synthetic drugs and new psychoactive substances already controlled in Slovenia. Cooperation with the Ministry of Health has contributed to speedy and timely changes to the list of illicit drugs. The addition of new psychoactive substances to the list makes the work of security and judicial authorities easier.

3. New developments

Slovenia is a transit country for larger quantities of illicit drugs, while the Port of Koper has become the entry point mainly for heroin and cocaine, as well as various precursors for the manufacture of illicit drugs. The establishment and strengthening of links and cooperation and the organisation of joint training and data exchange with customs authorities, who are responsible for analysing and identifying suspicious container shipments, are among the police's objectives going forward.

Prison workbook

Table of Contents

Summary

Eva Salecl Božič, Mateja Jandl

National profile

In 2021, Slovenian prisons held 1.991 convicted prisoners (note that this figure only applies to convicted prisoners and persons serving substitute imprisonment, not the entire prison population), predominantly (93.5%) men, with the highest proportion of prisoners aged between 28 and 39 years.

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as outside the prison. Upon admission to a correctional facility, every person undergoes a medical examination at the prison clinic. If a drug addiction is diagnosed, the physician determines whether medication is needed to ease withdrawal symptoms and/or prescribes substitution therapy. A little over one-quarter of the country's entire prison population had a drug problem in 2021.

According to available data on testing results acquired at clinics and organised with the assistance of a competent regional Health care centre, 248 prisoners decided to test for HIV and hepatitis in 2021. Of all the people tested, three were HIV positive, hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in twelve and hepatitis C in thirty prisoners.

Thorough control at prison entry, regular checks of premises and people, and searching for drugs with trained dogs, further force prisoners to find other ways to smuggle drugs into prisons. It's also important to ensure that prisoners do not attempt to use the prison staff for this purpose. If there are signs or suspicions of such events, we examine them in collaboration with the police. There were 280 finds/events (tablets, alcohol, drug paraphernalia, etc.) in 2021.

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 based on the Treatment Plan for Inmates with Drug Problems in Prisons and the 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.

Since 1 January 2009, medical services in correctional facilities in Slovenia have been 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 for 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.

Every person is provided the treatment they need (e.g. treatment of drug and alcohol dependency…). The personal treatment plan is supplemented, evaluated and updated if necessary by considering the latest circumstances of the convict's imprisonment. If a prisoner has problems with opioid addiction, the medical practitioner assesses whether substitution therapy should be prescribed. The patient takes substitution therapy under supervision. Health programmes implemented in prisons (HIV, HCV, HBV testing, tuberculosis, vaccinations and mental health) and the drug addiction intervention programmes: health education, substitution treatment, harm reduction (condoms), contribute to the reduction of morbidity and mortality in the prison inmate population.

New developments

In recent years, there have been an increase in seizures of cannabis and, to a lesser extent, synthetic drugs compared to previous years, while the amount of heroin seizures decreased sharply. Based on this, we anticipate that in addition to tablets, cannabis and synthetic drugs will remain the most commonly abused psychoactive substances.

1. National profile

Eva Salecl Božič

1.1 Organization

The Prison Administration, which falls under the purview of the Ministry of Justice of the Republic of Slovenia, is the authority in charge of enforcing criminal sanctions by organising 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 houses 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: 446, Slovenska vas semi-open unit: 70, and Puščava open unit: 21.

Ig Prison houses female convicts regardless of prison term length, women in custody, women serving substitute imprisonment and female juvenile delinquents sentenced to juvenile detention. Prisoner accommodation capacity: 99.

Celje Prison and Juvenile Prison for convicts, remand prisoners, persons serving substitute imprisonment and minors sentenced to juvenile detention. Prisoner accommodation capacity: 97.

Regional prisons (for prison terms of up to 18 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: 106, Nova Gorica unit: 32.

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 sentences of 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 convicted prisoners serving sentences of more than six months and up to six months respectively, remand prisoners and persons serving substitute imprisonment. Prisoner accommodation capacity: Maribor Prison: 140, Murska Sobota unit: 32, 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.

Three varieties of prison regimes exist – open, semi-open, and closed – with varying degrees of restrictions being the main difference among them.

Prisoners are categorised as follows:

- Convict: a person found criminally liable by a final (res judicata) court judgement.
- Remand prisoner: a person temporarily remanded in custody due to ongoing criminal proceedings.
- Persons serving substitute imprisonment9: 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 judgement.
- Juveniles placed in a correctional facility: young individual 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 2021, Slovenian prisons held 1.991 convicted prisoners (note that this figure only applies to convicted prisoners and persons serving substitute imprisonment, not the entire prison population), predominantly (93.5%) men, with the highest proportion of prisoners aged between 28 and 39 years (Table 1).

Table 1. Convicted prisoners and persons serving substitute imprisonment by gender and age, 2021

	M	F	All	Proportion (%)
up to 18 years	0	0	0	**0.0**
19 to 23 years	74	8	82	**4.2**
24 to 27 years	171	9	180	**9**
28 to 39 years	708	40	748	**37.6**
40+ to 49 years	524	47	571	**28.7**
50 to 59 years	252	15	267	**13.4**
60 to 69 years	107	5	112	**5.6**
69+ years	27	4	31	**1.5**
Total	**1863**	**128**	**1991**	**100**

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Recent studies

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.

[9] Act Amending the Minor Offences Act (ZP-1J), Official Gazette of the Republic of Slovenia no. 32/16, applicable from 6 November 2016.

The target population of the survey included all convicted prisoners serving a prison term on the day of the survey: on 14 April 2015, 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, which amounted to a 5% response rate.

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[10]

Prior to imprisonment, 12.1% of convicted prisoners aged 19 and over reported regularly using an illicit drug. 7.3% of 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 respondents.

- Intravenous drug use

8.5% of 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.

Table 2. Proportion (%) of drug use among convicted prisoners prior and during imprisonment

Prevalence of drug use prior to imprisonment	Cannabis	Cocaine	Heroin	Amphetamines	Ecstasy	Any illicit drug
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
Prevalence of drug use during imprisonment						
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

[10] By definition, regular use of cannabis means using it on 20 days or more in the last 30 days, while for other illicit drugs, regular use means 14 days or more in the last 30 days.

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 in 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 using cocaine, 0.7% heroin, 0.3% amphetamine, and 0.2% ecstasy.

- Intravenous drug use

1.9% of 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 injecting ecstasy.

According to the survey results, cannabis is the most commonly used illicit drug among convicted prisoners aged 19 and over in Slovenia based on 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).

Based on the 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, since 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 programmes on the other.

According to the available data, intravenous drug use during imprisonment is lower than prior to incarceration, but is nonetheless present, with drugs being injected by almost 2% of convicted prisoners. We assume that, since needle 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 intoxications recorded 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 following months, 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 tests available in prisons.

1.2.2 Drug related problems among the prison population, Risk behaviour and health consequences

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as outside the prison. Upon admission to a correctional facility, every person undergoes a medical examination at the prison clinic. If a drug addiction is diagnosed, the physician determines whether medication is needed to ease withdrawal symptoms and/or prescribes substitution therapy. A little over one-quarter of the country's entire prison population had a drug problem in 2021 (Table 3).

A smaller survey, conducted in 2013, on a sample of 58 prisoners using illicit drugs (Madjar, 2014) showed that just over 30% of them had overdosed in the past and that 63% of them had a record of prior imprisonment. A little over one-fifth of them showed signs of mild depression, and more than 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, 2017–2021

Year	2017	2018	2019	2020	2021
Prison population	3380	3501	3902	3401	3109
Inmates with a drug problem	929	977	964	866	873
Proportion in %	27.5	27.9	24.7	25.5	28.1

Source: Prison Administration of the Republic of Slovenia, Annual Report 2021

The number of prisoners increased significantly in 2019 compared to previous years, which is largely due to the increase in the number of detainees, especially those detained on suspicion of committing the crime of illegal crossing of the state border. There were many foreign nationals among them, but there was no significant number of those with problems due to drug use. We therefore did not detect an increase in people with drug addictions or problems, related to harmful drug use, despite an increase in the number of inmates.

According to available data on testing results acquired at clinics and organised with the assistance of a competent regional Health care centre, 248 prisoners decided to test for HIV and hepatitis in 2021. Of all the people tested, three were HIV positive, hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in twelve and hepatitis C in thirty prisoners (Table 4).

Of those tested for HIV and hepatitis, 152 were tested at Maribor prison, where the medical team encourages systematic voluntary testing for inmates. We promote this good practice at various educational events.

Tests are free, anonymous and voluntary. Patients can seek advice from infectious disease specialists, HIV clinics and clinics for other sexually transmitted diseases. Health care staff hold individual consultations with every prisoner before and after testing. They also provide access to condoms, latex gloves and disinfectants.

Table 4. The results of voluntary confidential testing for hepatitis and HIV, 2017–2021

Year	2017	2018	2019	2020	2021
Persons tested for HIV and hepatitis	269	292	359	244	248
HIV	2	0	2	0	3
Hepatitis A	0	0	1	0	0
Hepatitis B	23	31	26	17	12
Hepatitis C	27	40	37	27	30

Source: Prison Administration of the Republic of Slovenia, Annual Report 2021

Each prison has implemented an Infection Prevention and Control Programme, which, under the Communicable Diseases Act (Official Gazette of the Republic of Slovenia, No. 69/95) sets forth the minimum subject matter, organisational 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 involves counselling, education and awareness-raising activities offered to prisoners and staff on the topics of risky behaviour and communicable diseases, the possible ways of getting infected, protective measures against infection, infection signs and treatment, the course of the diseases, and treatment options.

1.2.3 Information on drug supply in prison

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 smuggle them to prison in packages, mostly with factory-packed food. It can be assumed that prisoners most frequently hide drugs in their bodies, and those can be difficult to discover, since body cavity search is not permitted are not permitted.

Thorough control at prison entry, regular checks of premises and people, and searching for drugs with trained dogs, further force prisoners to find other ways to smuggle drugs into prisons. It's also important to ensure that prisoners do not attempt to use the prison staff for this purpose. If there are signs or suspicions of such events, we examine them in collaboration with the police.

There were 280 finds/events (tablets, alcohol, drug paraphernalia, etc.) in 2021. There were 270.52 g of cannabis, 28.94 g of heroin, 39.72 g of cocaine, 5.35L of alcohol, 2.943 pieces of tablets, 60.46 g of "afgana" and 125.15 g of other synthetic drugs seized in 41 seizures of synthetic drugs, and minor quantities of substitution therapy drugs. The listed quantities are gross quantities. The discovered drugs are, together with packaging, handed over to the police.

1.3 Drug-related health responses in prisons

1.3.1 Drug-related prison health

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 based on the Treatment Plan for Inmates with Drug Problems in Prisons and the 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 (for more see workbooks Policy, section 1.1.2, Treatment, sections 1.1.1 and 1.1.2 and Best Practice, sections 1.1.1 and 1.2.1).

1.3.2 Structure of drug-related prison health responses

Since 1 January 2009, medical services in correctional facilities in Slovenia have been 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 for 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 Drug related interventions in prison

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			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		

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
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		Nasal naloxone is available from March 2021 in Slovenia. The implementation of the intervention is still in process.
Infectious diseases interventions				
	HIV testing	YES	In all prisons	HIV testing, HBV testing and HCV testing are conducted in external health institutions.
	HBV testing	YES	In all prisons	
	HCV testing	YES	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 on 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 established formal contracts. The workers in each profession approach the treatment of prisoners with drug problems with their specific professional knowledge.

At every prison there is a prison expert worker who is responsible for implementing the programme for the treatment of prisoners with drug and alcohol abuse problems and coordinates the cooperation of individual prison expert workers, health care staff at the prison and external institutions, while also providing counselling to this group of convicts.

The exception to this is the central prison for men, where two prison expert workers deal only with the treatment of prisoners with drug and alcohol abuse problems.

When evaluating prisoners for potential problems with drug use, the medical examination is considered, as well as information from the judgement (whether the criminal offence was committed under the influence of psychoactive substances), expert opinions, the social work centre report, findings of the expert worker on the basis of an interview, the statements of the prisoner, whether the prisoners started their sentence under the influence of drugs, and any forbidden drug use during imprisonment.

Upon entering prison, expert workers prepare a plan for imprisonment for each convict based on the needs and risk assessment, and where other needs and goals of sentencing are defined besides those related to drug use problems. Every person is provided the treatment they need (e.g. treatment of drug and alcohol dependency…). The personal treatment plan is supplemented, evaluated and updated if necessary by considering the latest circumstances of the convict's imprisonment.

If a prisoner has problems with opioid addiction, the medical practitioner assesses whether substitution therapy should be prescribed. The patient takes substitution therapy under supervision. Methadone is administered in a solution, mixed with fruit juice. According to the 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, in exceptional cases buprenorphine only and almost never slow-release morphine. Medical practitioners can deviate from the guidelines if they believe that the beneficial effects would outweigh the risks and if they can appropriately argue their conviction. A team consultation is advised to consider the arguments, the patient's benefit and the effect on public health.

Among 873 prisoners with illicit drug use problems, 619 of them, which means 71% of all prisoners with drug use problems, received substitution therapy (see also Treatment Workbook, section T1.4.8). Personal substitution therapy is available in all prisons. Prisoners who are addicted to opioids and who were, prior to imprisonment, included in a substitution therapy programme, can continue receiving medications during imprisonment. Prisoners who were not included in substitution therapy before incarceration can also have it prescribed, while they are in prison. The needs of the prisoner are considered here. After imprisonment, the treatment can also be continued. Prior to their release from prison, it is advisable to refer the drug user (upon acquiring their consent) to treatment programmes in the community, and it is obligatory that the person is included in a substitution therapy program at the appropriate centre specialising in the prevention and treatment of drug addiction (CPTDA). Prior to release, the medical practitioner must send the CPTDA or other institution, where the released person will continue treatment, information in written form about their use of therapy during imprisonment, when and what amount the prisoner last received 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, so much lower quantities of drugs than they have been used to, or a combination of different substances, can already be life-threatening.

Besides the health aspect, the treatment of addiction also includes individual and group consultations, psychosocial assistance programmes that are provided by prison expert workers at the penal institutions. Prisoners with drug problems can enroll in low threshold, higher threshold and high threshold programmes (Table 5) during their imprisonment.

A low-threshold programme is intended for drug use harm reduction. The aim of the programme is to provide information on adverse consequences of drug use, raising awareness about risky behaviours, and communicable diseases, to promote testing for various viruses (HIV, hepatitis) and to provide help with social reintegration. Activities within this programme are therefore focused on counselling, providing important information and organizing the substitution therapy programme.

In April 2018, the Rules on the Vaccination and Chemoprophylaxis Programme for 2018 were adopted. The rules and the Instructions for the Vaccination and Chemoprophylaxis Programme for 2018, enabled people in prisons and correctional facilities to have access to free-of-charge vaccinations against hepatitis B. The Prison Administration of the Republic of Slovenia informed the prisons and correctional facility on this novelty. In 2018 and 2019, the Prison Administration also submitted an initiative to health centres providing health services in prisons and to the Ministry of Health, to proactively approach these issues in order to prevent the spread of infectious diseases in prisons by encouraging prisoners to get vaccinated for hepatitis B.

Due to problems with preserving abstinence in the prison environment, prisoners are encouraged to enroll in a higher-threshold programme to stabilise their drug use by using substitution therapy. They are also encouraged to join the high-threshold programme and treatment of drug addiction to try and completely stop using drugs, since abstinence is obligatory in the high-threshold programme. The goals are to expand knowledge and develop skills to establish a critical relationship to the abuse of psychoactive substances, to recognise maladaptive behavioural patterns and learn to solve problems in a socially acceptable manner, to strengthen work habits and teach responsibility, and to strengthen their social network. Convicts who wish to maintain stability on substitution therapy or completely give up drugs, are assigned to units that house convicts without drug use issues or problematic personality traits.

Table 5. The number of prisoners with illicit drug use problems, who are included in treatment programmes, 2021

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
552	165	87

Source: Prison Administration of the Republic of Slovenia, 2021 Annual Report

1.3.4 Estimates of opioid substitution treatment clients in prison

All prisoners included in the treatment can get OST. In 2021, 71% of prisoners identified as having a drug use problem, were receiving substitution therapy. Annual reports from the Prison administration show that the percentage of persons recognised as having a drug use problem, who are included in substitution therapy, ranges from 60 to 71%.

OST receivers are not being stigmatised because they are receiving the therapy, but are motivated to spend their time actively instead, and participate in various educational, working and other activities, organised in institutions. They are being encouraged to maintain stable drug use patterns in substitution therapy and acquire skills to eventually quit drug use completely. If the prisoners on substitution therapy display stable behavioural patterns and fulfil other obligations of the institution, they can also take part in activities outside the institution spend time at home during the weekends and have an annual vacation that can be spent outside of the prison.

1.4 Quality assurance of drug-related health prison responses

The principal law governing the treatment of persons suffering from illicit drug addiction, which also addresses the aspect 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). Pursuant to this Act, the Ministry responsible for health monitors the situation in illicit drug use prevention, works on reducing the demand for and harm caused by illicit drugs, and organizes the treatment and remediation of social problems associated with illicit drug use. The Act authorises the Ministry of Health to head the interdepartmental coordination to set programme priorities and to supervise and coordinate the implementation and development of programmes (see also legal Framework Workbook, section 1.1.1).

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is performed 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), oversees the implementation of this doctrine and coordinates the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country (for more see Best Practice Workbook, section 1.2.1).

2. Trends

Eva Salecl Božič

Since 2012, we have been detecting new psychoactive substances (especially synthetic cannabinoids) that appear among the juveniles in the re-education facility and in the younger prison population. In the following years, the use of new psychoactive substances also spread to the older prison population.

During 2012 and 2014 we recorded a higher number of intoxications with new psychoactive substances but the number of cases decreased to just a few annually in the following years. We believe that the decline in intoxications with new psychoactive substances is a consequence of users gaining more knowledge about how to use these substances more safely.

In 2016, we organised workshops for prisoners in all institutions to raise awareness and inform them about the risks and harmful consequences of new psychoactive substances use. At the same time, we organized several training sessions on this topic for employees who work directly with prisoners. We also organised workshops for prisoners in 2018.

In 2020, we detected an increase in seizures of cannabis and, to a lesser extent, synthetic drugs compared to previous years, while the amount of heroin seizures decreased sharply. Based on this, we anticipate that in addition to tablets, cannabis and synthetic drugs will remain the most commonly abused psychoactive substances.

3. New developments

Eva Salecl Božič, Ines Kvaternik

In 2021, the Information Unit for Illicit Drugs (Focal Point) started with activities in the field of monitoring the use of illegal drugs and NPS in prisons and dealing with addiction to illegal drugs in prisons. In January 2021, we piloted the European Facilities Survey in Prison (EFSQ-P) questionnaire in collaboration with the Administration for the Enforcement of Criminal Sanctions in the Maribor Penitentiary.

In May 2021, we started introducing the electronic version of the TDI prison questionnaire and implemented it in three prisons by June 2022.

In February 2022, we organized a meeting of the interdepartmental group for prisons, at which we discussed the issue of the use of illicit drugs and NPS in Slovenian prisons, and gave the Ministry of Health an initiative to establish an interdepartmental and intersectorial working group to monitor mental health and drug use in prisons and to include this content as a priority measure in the Resolution on the National Programme in the field of drugs (2022–2030).

4. Additional information

Eva Salecl Božič

The Slovenian Prison Administration, in cooperation with the non-governmental organisation “DrogArt”, organised a new workshop cycle in 2018 for prisoners in all penal institutions to raise awareness and inform them about the possible complications and harmful consequences of new psychoactive substance use. The Prison Administration also prepared a brochure in 2018 about the harmful consequences of synthetic cannabinoids that were 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 therapeutic communities. Only the biggest prison in Slovenia was identified as fit to provide such support, since 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 programs is finding a sustainable funding source.

Measures during the coronavirus epidemic

During the coronavirus epidemic (declared on 12 March 2020), the Prisons Administration of the Republic of Slovenia monitored the epidemiological situation on a daily basis, and promptly complied with the infection prevention recommendations of the National Institute of Public Health. Discussions on this matter were taking place on a daily basis between the Administration and individual prisons. Every prison had a protocol in place on how to act in response to a suspected case of infection, with the cooperation of a medical centre.

Prison employees were apprised of the instructions of the National Institute of Public Health, and received information on the developments at the national level on a daily basis. Instructions on the general preventive measures (maintaining proper hygiene, disinfection, ventilation of premises, social distancing, cough hygiene, etc.) were posted to prison noticeboards accessible to inmates. Inmates were also apprised of the preventive measures by staff.

Soap, paper towels and single-use protective gloves were made available to inmates. Door handles, switches, work surfaces, tables and bathrooms were disinfected on a regular basis. All work and other areas were ventilated several times a day. Prison staff wore face masks and gloves whenever dealing with inmates. At some locations, protective face masks were made by inmates for their own use.

On 29 March 2020 the Act on Temporary Measures in Relation to Judicial, Administrative and Other Public Matters to Cope with the Spread of SARS-CoV-2 (Covid-19) came into force nationally. It also included measures to reduce the number of prison inmates (suspension of imprisonment, conditional and early release, etc.).

New inmates were tested on a regular basis and the prisoners provided with urgent healthcare services as needed. Since all visits and contacts with outside visitors were temporarily halted, we provided inmates with a telephone card and allowed those without funds to make telephone calls as well. Additional TV sets were provided. Visits from lawyers and consular representatives took place behind glass screens. All working establishments were closed and outside work by inmates was halted. Only urgent work necessary to keep the prison running smoothly (laundry, kitchen, etc.) was performed.

During this period, no group work was performed, so greater focus was placed on one-on-one interaction and on discussions with inmates to help relieve the pressure they were facing. Expecting a reduction in the supply of drugs (which are brought to prison by visitors and inmates themselves), prisons contacted health clinics and warned them of the possible adverse security and health consequences of a sudden fall in the availability of drugs in prison. Luckily, prison staff reported no perceptible increase in problems due to the limited access to drugs, nor any major violations or violence connected to drug consumption. On the contrary, some prisons found that inmates were less irritable and more motivated to talk.

5. Sources and methodology

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Research workbook

Table of Contents

Summary

Ada Hočevar Grom

National profile

Slovene National Programme on Drugs for 2014–2020 includes a specific chapter on research, evaluation and education, in which the priority areas of research are listed. The new strategy, National Programme on Drugs for 2022–2030 will probably be adopted at the end of year 2022. Drug-related research is 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 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. The Ministry of Health finances data collection and most of surveys by annual NIJZ work programme. National and international projects are the second major source of NIJZ 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, international projects and individual municipalities (to a minor extent).

There are several scientific and professional journals in Slovenia which publish also drug-related papers and are important dissemination channels. These journals include the Slovenian Journal of Public Health, the Slovenian Medical Journal, the journal of Slovene Medical Chamber ISIS, Slovenian Nursing Review and some others. Due to its influence (it is included in SSCI, IF (2021) = 1,603), the Slovenian Journal of Public Health, is probably the most important of the aforementioned journals.

New topics emerging in drug-related research

The national project about assessing illicit drugs in wastewater started in Slovenia in 2018 and is still ongoing. Results have been published in several articles and presented at several conferences. The second wave of General Population Survey on tobacco, alcohol and drug use was completed in 2018 and the results has been published in 2021. The third survey is planned for the year 2023. In May 2020, NGO DrogArt conducted a survey Changing patterns of drug use and drug market during the COVID-19 epidemic in Slovenia. Survey was funded by the Ministry of Health and final report have been published in 2020.

1. Drug-related research[11]

Ada Hočevar Grom, Ema Ahačič

1.1 Main drug-related research institutions/associations/bodies in Slovenia

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health (NIJZ) which is the central national public health institution in Slovenia. With its Expert group on illicit drugs is actively involved in the area of illegal and legal drugs and addiction. It collaborates with a number of researches 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 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 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 conduct 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 (ATADD). The NIJZ, Koper Regional Unit, performs an annual survey on the profile of users of 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. Whit its regional network it provides 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 conduct 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 working population. University Medical Centre in Ljubljana, i.e. Centre for Clinical Toxicology and Pharmacology treat all types of acute and chronic poisonings, and offer 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. Drug treatment centre at the University Psychiatric Clinic Ljubljana is providing counselling, education, outpatient and hospital treatment and coordination of regional centres for the prevention and treatment of drug addicts. As university clinic they are also strongly involved in national and international research activities. Different faculties at the University of Ljubljana, University of Maribor and University of Primorska carry out research work with master theses, doctoral dissertation and national and international projects.

[11] "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 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 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 in 2018 for the first time in Slovenia and gave 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.

The main drug related research institutions are:

National Institute of Public Health

- National Institute of Public Health of Slovenia: https://www.nijz.si/, https://www.nijz.si/en

Medical Centers

- University Medical Center Ljubljana: https://www.kclj.si/index.php?dir=/about_us
- University Medical Center Maribor: https://www.ukc-mb.si/, https://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/, https://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/, https://www.mf.uni-lj.si/en_GB
- University of Ljubljana, Faculty of Arts: http://www.ff.uni-lj.si/, https://www.ff.uni-lj.si/en

- University of Maribor, Faculty of Medicine: https://mf.um.si/si/, https://mf.um.si/en/
- University of Maribor, Faculty of Criminal Justice and Security: https://www.fvv.um.si/, https://www.fvv.um.si/en/
- University of Primorska, Faculty of Education: https://www.upr.si, https://www.upr.si/en
- University of Primorska, Faculty of Health Sciences: https://fvz.upr.si/, https://fvz.upr.si/en/
- University of Primorska, Andrej Marušič Institute: https://www.iam.upr.si/sl/, https://www.iam.upr.si/en

Research Institute

- Jožef Stefan Institute: https://www.ijs.si/ijsw, https://www.ijs.si/ijsw/V001/JSI
- National Institute of Biology: http://www.nib.si/, http://www.nib.si/eng/

Research Agency

- Slovenian Research Agency: http://www.arrs.si/sl/, http://www.arrs.si/en/index.asp
- Slovenian Academy of Sciences and Arts: http://www.sazu.si/, https://www.sazu.si/en/about-sasa

NGOs

- DrogArt: http://www.drogart.org/
- No Excuse: https://www.noexcuse.si/
- Institute for Research and Development »UTRIP«: http://www.institut-utrip.si, https://www.institut-utrip.si/en/

1.2 The main institutions funding drug-related research

The main institutions funding drug-related research are:

- Ministry of Health, Republic of Slovenia: https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/, https://www.gov.si/en/state-authorities/ministries/ministry-of-health/
- Ministry of Labour, Family, Social Affairs and Equal Opportunities: https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/, https://www.gov.si/en/state-authorities/ministries/ministry-of-labour-family-social-affairs-and-equal-opportunities/
- Slovenian Research Agency: http://www.arrs.si/sl/, http://www.arrs.si/en/index.asp
- University of Ljubljana: https://repozitorij.uni-lj.si/info/index.php/slo/, https://repozitorij.uni-lj.si/info/index.php/eng/
- University of Maribor: https://dk.um.si/info/index.php/slo/
- University of Primorska: https://repozitorij.upr.si/info/index.php/slo/, https://repozitorij.upr.si/info/index.php/eng/

- Angela Boškin Faculy of Health Care: https://www.fzab.si/en/
- Municipalities, among which Ljubljana municipality is the most important: https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/socialnovarstveni-programi-podpore-in-pomoci/zasvojenosti/

1.3 The list of the main national scientific journals

Name	Topics	Language	Abstracts
Slovenian Journal of Public Health website: https://sciendo.com/journal/SJPH	public health, primary care, prevention, promotion	English	Slovene, English
Theory and practice website: http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa	political science, sociology, journalism and media studies, cultural studies	English	English
Social work website: https://www.revija-socialnodelo.si/en/	social work	Slovene	Slovene, English
Journal of Criminal Investigation and Criminology website: https://www.policija.si/eng/newsroom/publications/journal-of-criminal-investigation-and-criminology	criminology, criminal investigation, criminal law	Slovene	Slovene, English
Social Pedagogy Journal website: http://www.revija.zzsp.org/defaulteng.html	social pedagogy, psychology, sociology	Slovene	Slovene, English
Journal for Critique of Science website: https://www.ckz.si/en/about-the-journal	critical scientific analysis of different scientific fields	Slovene	Slovene
Slovenian Medical Journal website: http://vestnik.szd.si/index.php/ZdravVest	case studies, clinical medicine, primary care, public health	Slovene	Slovene, English
Slovenian Nursing Review website: https://obzornik.zbornica-zveza.si/index.php/ObzorZdravNeg	health care, midwifery and interdisciplinary areas of health and social sciences	Slovene, English	Slovene, English
Public health website: http://www.nijz.si/sl/revijajavnozdravje	public health, prevention, promotion	Slovene	Slovene, English

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- Drev A, Hočevar Grom A, Belščak Čolaković A. Stanje na področju prepovedanih drog v Sloveniji 2020. Ljubljana: NIJZ, 2021. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/npslo_2020_koncna.pdf
- Kostnapfel T, Albreht T. Poraba ambulantno predpisanih zdravil v Sloveniji v letu 2020. Ljubljana: NIJZ, 2021. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/ambulantno_predpisana_zdravila_2020.pdf
- Koprivnikar, H., Vrdelja., M. Izpostavljenost tobačnemu dimu v Sloveniji – stanje in ukrepi za zmanjševanje. NIJZ, 2021. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/izpostavljenost_tobacnemu_dimu_0.pdf

- Hočevar Grom, A., Drev, A., Lavtar, D., Rostohar, K., Jandl. Vpliv prvega vala pandemije COVID-19 na uporabnike drog in ponudnike storitev obravnave v Sloveniji. NIJZ, 2021. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/publikacija_covid_droge_novo.pdf

- Jandl M, Hočevar Grom A, Drev A, Belščak Čolaković A. Report on the drug situation 2021 of the republic of Slovenia. Ljubljana: NIJZ, 2021. Available from: https://nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np_ang_26_1_22_pop.pdf

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- Koprivnikar, H. and Zupanič, T. Tobaku pripisljiva umrljivost v Sloveniji 1997-2019: [znanstvena monografija]. Elektronska izd. ed. 2021 Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/tobaku_pripisljiva_umrljivost_v_sloveniji_1997_2019.pdf

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2. New developments

Ada Hočevar Grom, Ema Ahačič

2.1 New topics in drug related research

1. Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research):

- Prevalence and long-term effects of adverse childhood experiences on adult functioning in Slovenian population study (ACE Study) is in the final stage and some findings have already been published. Study aims is 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 was conducted using a sample of Slovenian adult population (18–75 years).

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- Bangiev T. Nevrotoksičnost sinteznega kanabinoida kumil-PINACE. [magistrsko delo]. Ljubljana: Univerza v Ljubljani. 2021. Available from: https://repozitorij.uni-lj.si/Dokument.php?id=139657&lang=slv

2. Population based and clinical epidemiology (including site surveys, ethnographic studies and acute toxicity studies):

In 2017, the Jožef Stefan Institute joined the European project COST SCORE Action, and in 2018 it started implementing the ARRS project "L1-9191 - Illicit drugs, alcohol and tobacco: wastewater based epidemiology, treatment efficiency and vulnerability assessment of water catchments". The project is still ongoing. Some results have been published already.

- EMCDDA. Perspectives on drugs: Wastewater analysis and drugs: a European multi-city study. 2021. Available from: https://www.emcdda.europa.eu/system/files/publications/2757/Wastewater-analysis-POD_update-2021.pdf
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- Jožef Stefan Institute, Department Of Environmental Sciences. Score 2021 latest results on drug use in 6 Slovenian cities based on wastewater epidemiology / 17.03.2022. Available at: http://www.environment.si/en/news/score-2021-latest-results-on-drug-use-in-6-slovenian-cities-based-on-wastewater-epidemiology/ Accessed 14. 7. 2022

3. Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research):

In May 2020, DrogArt conducted a survey Changing patterns of drug use and drug market during the COVID-19 epidemic in Slovenia. Survey was funded by the Ministry of Health

- Sande, M. et al., How has the COVID-19 epidemic changed drug use and the drug market in Slovenia? *Društvena istraživanja*, 30, pp.313–332. 2021. Available from: http://pefprints.pef.uni-lj.si/6862

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4. Supply, supply reduction and crime:

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3. Sources and methodology

All the references and bibliography including brief descriptions of studies and their methodology have been provided in above sections already.

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