NIJZ National Institute of Public Health

100 Years

REPORT ON THE DRUG SITUATION 2023 OF THE REPUBLIC OF SLOVENIA

European Monitoring Centre for Drugs and Drug Addiction

NIJZ National Institute of Public Health 100 Years

2023 NATIONAL REPORT (2022 DATA) TO THE EMCDDA

by the Reitox National Focal Point

SLOVENIA

REITOX

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Drug policy workbook

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Summary

Andreja Belščak Čolaković, Ines Kvaternik

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2023–2030 is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. The national programme with its implementation action plans represents a continuation of the comprehensive and balanced approach to tackling the problem of illicit drugs in the country, which includes programmes to reduce both the demand for and supply of illicit drugs. The ministries responsible for the national strategy in the field of drugs are 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 2023–2030. 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.

As part of preparatory activities for 2023–2030 National Programme on Illicit Drugs 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 18,268,766.53 was allocated to the issue of illicit drugs in Slovenia in 2022.

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
2023–2030	Resolution on the National Programme on Illicit Drugs 2023–2030 https://www.uradni-list.si/glasilo-uradni-list-rs/celotno-kazalo/202375	Illicit drugs (tobacco and alcohol)

Summary of the current national drugs strategy document

- **Time frame:** 2023–2030
- **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 wished to achieve in the period of 2023–2030. National Programme goals were defined for the complete planned period of the National Programme on illicit drugs activities. Further priority tasks will be defined in the periodical Action plans that will be adopted by the Government of the Republic of Slovenia.

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2023–2030 is that "By 2050, programmes to improve people's health and social well-being shall be established and upgraded, thereby creating at national level health-friendly living conditions and conditions for a dignified, inclusive, peaceful and secure life for all residents of the Republic of Slovenia." 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 June 2023 (available at: https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-2383/resolucija-o-nacionalnem-programu-na-podrocju-prepovedanih-drog-2023-2030-renppd23-30).

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

1. Strengthen preventive activities, early prevention 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, children from families in which parents are addicted, children and adolescents in centres for children with emotional and behavioural problems and disorders, users of illicit drugs with associated mental disorders, women users, elderly users of illicit drugs, users of illicit drugs who are parents, the Roma community, etc., and in the areas of new psychoactive substances;
4. Ensure more quality treatment and social treatment programmes for illicit drug users by introducing different approaches, including upgrading, and expanding treatment programmes, including cocaine dependence;
5. Ensure the continuous training of professionals working in the field of illicit drugs and professionals who encounter vulnerable groups in their work;
6. To upgrade the network and accessibility of psychosocial treatment programmes for drug users, therapeutic communities, and communes, as well as recovery, reintegration and social employment programmes for former addicted persons, thereby contributing to the reduction of social exclusion of illicit drug users;
7. Further develop and upgrade all forms of assistance and services in the treatment of illicit drug users in prisons and for children and adolescents stationed in centres of expertise for children with emotional and behavioural problems and disorders;
8. Build, integrate and integrate databases of state institutions and public institutions (health, social, criminological data, etc.) and upgrade a functioning information system in the field of collection, regulation, processing, and delivery of information in the field of illicit drugs and the system of early detection of new illicit drugs and information;
9. Develop activities in the field of illicit drugs at local level and coordinate them with activities at national level;
10. Ensure the involvement of the various actors, in particular civil society, in all areas of coordination and decision-making and support programmes implemented by non-governmental organisations on the basis of professional autonomy;
11. Strengthen international cooperation in the field of illicit drugs with third countries and regions (Western Balkans, Mediterranean countries, etc.), international and regional organisations through integrated, multidisciplinary, and balanced implementation of the Strategy's objectives and promoting compliance with international human rights standards and obligations;
12. Strengthen activities against organised crime, drug trafficking, money laundering and other forms of drug-related crime through an evidence-based approach; strengthen police, customs and judicial cooperation and promote their coordinated cooperation in the country and in the international environment.

- **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.

Other 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
Web address	In preparation
	Slovenia is currently without a Strategy or Action plan specifically intended for the field of alcohol. Alcohol is formally politically identified and on the policy level recognized as the most common, widespread and socially accepted (legal) drug. General alcohol policy goals are included in a special sub-chapter of the National Drug Programme 2022–2030 and also in the Resolution on the National Health Care Plan 2016-2025 "Together for a healthy society". Alcohol is one of the main areas addressed in the action plan 2022–2023 of the National Mental Health Programme 2018−2028 (MIRA). Activities are ongoing in relation to raising awareness of the consequences of alcohol use on mental health, reducing alcohol related suicides and mental disorders and addressing hazardous and harmful 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 (currently available in Slovene language only).
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 implementation plans will be prepared to achieve the objectives and Implementation plan for the period 2022–2024 was already approved and is available in Slovene at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/kajenje/izvedbeni_nacrt_tobak_final_P-dokument.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

Report on drug-related expenditure

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

In 2022 the Ministry of Labour, Family, Social Affairs and Equal Opportunities allocated EUR 4.507.717,90 to programmes pertaining to the issues, associated with illicit drugs, of which EUR 2.982.315,70 were allocated for high-threshold, EUR 1.452.198,00 for low-threshold and EUR 73.204,20 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 1,153,548.60 in 2022 to the area of illicit drugs of these EUR 669,375.96 were allocated for NGO programmes which worked to resolve drug-related issues. Additionally, EUR 484,172.64 was allocated for the project “Mobile Units”, of these EUR 444,858.37 were allocated to the Mobile Units and EUR 39,314.27 were allocated to the Project Office.

The Ministry of Interior provided EUR 768,485.27 that were allocated to the Slovenian Police for their work on drug supply reduction measures. Of these EUR 600,000.00 were allocated to the work of National Forensic Laboratory, additionally, of these EUR 300,000.00 were allocated to the purchase of materials and equipment and EUR 300,000.00 were allocated to the amortization of the instruments for the analysis of the illicit drugs. EUR 97,717.00 were allocated to the work of Uniformed Police (purchase of 4800 tests for the oral analysis of the presence of illicit drugs) and EUR 76,768.07 were allocated to the work of Criminal Police.

The Health Insurance Institute of Slovenia allocated EUR 5,913,554.00 in 2022 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).

The National Institute of Public Health allocated EUR 639,981.85 for various public services, scientific work, international cooperation, and other public health related activities in the field of illicit drugs. Of these

EUR 183.127,95 were allocated 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. EUR 223,389.56 were allocated to the work of Addiction Prevention Centre coordinated by the Maribor Regional Office of the National Institute of Public Health. EUR 125,946.77 was allocated to the activities related to the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) and EUR 100,293.54 was allocated to the work related with Ministry of Health and other related public services. Remainder of funds was allocated to other projects.

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 2022, The Office for Youth contributed a total of EUR 18,650.00 to such programmes.

The Prison Administration of the Republic of Slovenia allocated EUR 12,600.00 for the training of the prison staff in the area of illicit drugs.

National Education Institute of Slovenia allocated EUR 16,050.00 for the various research, training and educational activities related to the area of illicit drugs.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 1,368,807.87 for helping addicts through various humanitarian organisations in 2022.

Out of all 212 Slovenian municipalities, 121 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs, of these 12 out of 12 city municipalities have responded. These local communities spent a total of EUR 1,072,672.04 on solving drug-related issues in 2022.

The University Psychiatric Clinic Ljubljana allocated EUR 2,801,699.00 for the operation of The Centre for Treatment of Illicit Drugs Addiction in 2022.

Drawing from available data, an estimated sum of EUR 18,268,766.53 was allocated to the issue of illicit drugs in Slovenia in 2022.

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. Additionally, the reports do not include the funds allocated to the salaries that would have to be considered to establish a more comprehensive understanding of the full scope of public funds allocated to the area of illicit drugs.

Breakdown of the estimates of drug related public expenditure

Table 1. Break-down of drug related public expenditure

Expenditure	Year	COFOG or Reuter´s classifications	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programes in the area of illicit drug addiction (MDDSZEM) **4,507,717.90**	2022	Social protection		Labelled	
Tackling the drug issue (MZ) **1,153,548.60**	2022	Health		Labelled	
Supply reduction measures (MNZ) **768,485.27**	2022	Defence		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **5,913,554.00**	2022	Health		Labelled	
Activities of the National Institute of Public Health (NIJZ) **634,981.85**	2022	Health		Unlabelled	
Operation of The Centre for Treatment of Illicit Drugs Addiction (UPK Ljubljana) **2,801,699.00**	2022	Health		Labelled	
Programs of organisations in the area of youth work (Office for Youth) **18,650.00**	2022	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **1,368,807.87**	2022				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 (121 out of 212 municipalities) **1,072,672.04**	2022	Social protection		Unlabelled	
Prison Administration of the Republic of Slovenia **12,600.00**	2022	?		Unlabelled	
National Education Institute **16,050.00**	2022	Education?		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

3. Sources and methodology

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

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

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

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

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

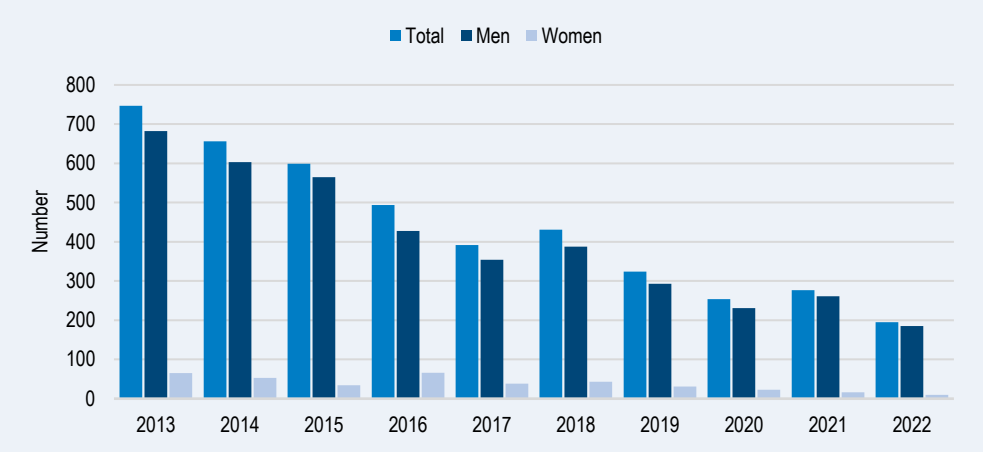
Table 1 and Figure 1 give an overview of the number of prison sentences (conditional and unconditional altogether) for adult offenders in Slovenia in the past ten years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code[6].

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	682	603	565	428	354	388	293	231	261	185
Women	65	53	34	66	38	43	31	23	16	10
Total	**747**	**656**	**599**	**494**	**392**	**431**	**324**	**254**	**277**	**195**

Source: Statistical Office of the Republic of Slovenia

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



Source: Statistical Office of the Republic of Slovenia

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

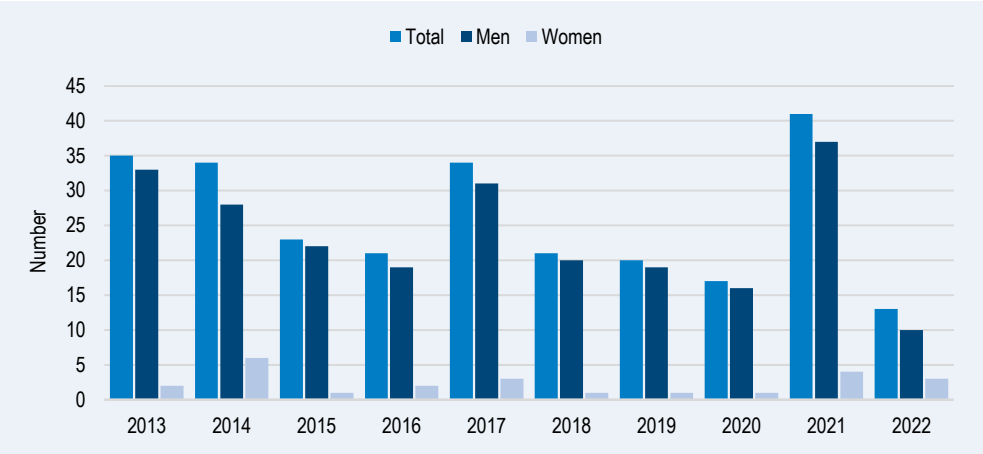
Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past ten years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	33	28	22	19	31	20	19	16	37	10
Women	2	6	1	2	3	1	1	1	4	3
Total	**35**	**34**	**23**	**21**	**34**	**21**	**20**	**17**	**41**	**13**

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/SiStat/sl/Podrocja/Index/53/kakovost-zivljenja

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

Jože Hren, Andreja Belščak Čolaković, Špela Struna, Mateja Jandl

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.

Changes in law since 2000. Short summary of the change and explanatory comments

On 17 July 2017 The Probation Act entered into force in Slovenia. 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

Špela Struna, Mateja Jandl, Helena Koprivnikar, Maja Roškar, Nataša Blažko, Peter Debeljak, Sandra Radoš Krnel, Maša Serec, Marjetka Hovnik Keršmanc, Dragana Trivundža Tomanič, Jože Hren, Vesna Marinko, Anej Korsika Knific, Mateja Markl

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 19 January 2023 (Official Gazette of the Republic of Slovenia,8/23). The Decree came into force 15 days after that date.

Sixty-eight new substances were added to classification number Group I: BRORPHINE, METONITAZENE, EUTYLONE, 1cP-LSD, 1P-LSD, 25B-NBOH, 3-MeO-PCE, 3-Me-PCP, ADB-BUTINACA, 5F-Cumyl-PeGaClone, 5-HO-DMT (BUFOTENIN), ADB-4en-PINACA, BZO-4en-POXIZID, METHALLYLESCALINE, 3-HO-PCP, 4-Cl-ALFA-PVP, METHOXPROPAMINE (MXPr), ETAZEN (ETODESNITAZENE), METHOXISOPROPAMINE (MXiPr), ALFA-D2PV, 3-Cl-PCP, 4-HO-MALT, MIPT, 5Cl-AMT, 4Cl-MAR, 4Br-MAR, ETONITAZEPYNE, BUTONITAZENE, 4-HO-DPT, DIPIPANONE, 3-CHLOROPHENMETRAZINE (3-CPM), 4-HO-EPT, DMXE (DEOXYMETHOXETAMINE), O-PCE (N-ETHYLDESCHLOROKETAMINE), AL-LAD, HXE (HYDROXETAMINE), BOH-2C-B, BOH-PHP, ALFA-PCYP, 5F-EDMB-PICA, 5-Br-DMT, 5-Cl-DMT, BENOCYCLIDINE (BTCP), 5B-AKB48, FLUNITAZENE, AP-238, 4F-3Me-ALFA-PVP, 4-AcO-DMT, MDMB-INACA, 5F-EMB-PICA , NOOPEPT, N-BUTYL PENTYLONE, MDMB-5Br-INACA, ADB-D-5Br-INACA, 3,5-ADB-4en-PFUPPYCA, 5,3-ADB-4en-PFUPPYCA, FLUORODESCHLOROKETAMINE (FDCK), ADB-FUBIATA, ADB-5Br-INACA, 4-MPD (4-METHYLPENTEDRONE), FUB-144, BMDP, BK-2C-B, 4- FLUOROETHYLPHENIDATE, ALD-52, 4-CDC, ETH-LAD, DIPENTYLONE and 2C-B-Fly. Two new substances were added to the Group III: NORFLUDIAZEPAM and PHENIBUT.

Proposal of the draft Act amending the Act on the Production and Trafficking of Narcotic Drugs

A group of members of parliament submitted a Proposal of the Act on Amendments and Supplements to the Production and Trafficking in Illicit Drugs. Proposal was discussed at the 17th ordinary session of the Health Committee of the Slovenian National Assembly (17. 2. 2022).

The basic purpose of the draft law proposal was to establish an appropriate glossary, as prescribed by international conventions, namely, to draw a clear substantive and terminological difference between "hemp" - a cultivated plant of the genus Cannabis, and "cannabis" - a drug that can be obtained from it. The above would, according to members of parliament submitting the proposal, help to establish a system of cultivation and production of cannabis for medical purposes in Slovenia.

Regarding the draft law, the Government of the Republic of Slovenia expressed the following opinion: The draft law does not comprehensively solve the issue of cannabis in Slovenia. The solutions contained in the draft law are not in accordance with the Single Convention on Narcotic Drugs of 1961 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which stipulate that the regulation must be such as to prevent the abuse of cannabis, the flow into illicit trade and negative impacts on human health. The regulation in the draft law does not meet these requirements and, if the draft law is adopted, could have a significant negative impact on public health.

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 and related products

The Restriction on the Use of Tobacco and Related Products Act (Official Gazette of the Republic of Slovenia, No.9/2017 and 29/2017), which includes large majority of tobacco control measures has not changed during the last year. The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016, No. 92/2021, No. 192/2021 and No. 140/2022) has also not changed during the last two years in the parts relevant to tobacco and related products. In the beg. of 2023 a proposal of changes of The Restriction on the Use of Tobacco and Related Products Act was prepared by the Ministry of Health. The proposal includes the provisions set out in Commission Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of heated tobacco products and it also includes important national measures: ban on all flavours in electronic cigarettes, except certain tobacco flavours; equalisation of regulation of electronic cigarette liquids with and without nicotine; abolition of designated smoking rooms as exceptions to smoking ban in enclosed public and working places within the next 5 years; regulation of nicotine pouches as related products; approval system for future new tobacco/nicotine products. The proposal is still under consideration which is expected to be finalized till the end of 2023.

Act Restricting the Use of Alcohol and Excise Duty Act

Alcohol control measures in Slovenia were set out in 2003 with The Act Restricting the Use of Alcohol (ZOPA) (Official Gazette of the Republic of Slovenia, No. 15/03) which, among others, 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 (one hour before the start and during the sport event), and during working hours in the workplace. Despite strong oppositions of professionals and general public changes to the act were adopted in 2017 (ZOPA-A), allowing the sale or offer of alcohol beverages containing less than 15 volume percent of alcohol (e.g. beer and wine, not spirits) at sport facilities and functional land one hour before the start and during a public sport event. The organiser must acquire a permit issued by the administrative unit to sell or offer 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.

Evaluation of the law in the last year, or other indications as to its effects

Tobacco and related products

National Institute of Public Health (NIJZ) is carrying out studies in order to evaluate the effects of the Restriction on the Use of Tobacco and Related Products Act, which was changed in 2017, while the new measures were implemented till May 2020. We especially focused on effects on adolescents as the main target group of the Act. The study »Evaluation of effects of the new tobacco control measures among youth« has already been carried out in three waves (2017, 2018 and 2021) and it studies the effects of the new measures implemented between 2017 and 2020 among adolescents in 2nd grades of secondary schools on their knowledge, attitudes and use of tobacco and related products. The study shows numerous positive effects of the newly implemented tobacco control measures; the results of all three waves are published in the scientific monography (Koprivnikar in Zupanič, 2023) in Slovene language, which is available at the following link:
https://nijz.si/wp-content/uploads/2023/03/Monografija_Vrednotenje-ucinkov_ZOUTPI_2023-1.pdf

4. Additional information

Further information on the work of the Probation Administration

One of the most important areas of work that the Probation Administration (UPRO) undertakes is the professional education and training of staff.

This education and training is designed to ensure that probation tasks are performed effectively and to the highest possible level of quality. Education and training participants were provided with materials on topics including basic probation skills, psychology, personality disorders, techniques for controlling challenging situations and individuals, radicalisation and extremism, violence, and the use of various counselling techniques.

Active international cooperation and networking also continued.

The Probation Administration (UPRO) dealt with 3,696 cases in 2021, with 204 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: 126 persons;
- community service under the Minor Offences Act: 28 persons;
- community service under the Criminal Procedure Act: 5 persons;
- house arrest: 2 persons
- conditional sentence with protective supervision: 33persons;
- conditional discharge with protective supervision: 8 persons;
- planning of the conditional discharge: 2 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

In 2022 the Traffic Safety Agency coordinated a national prevention campaign, titled 'Alcohol', which took place in May, November and December. It included preventive activities such as press conferences, promotional videos and media announcements, and the provision of support to activities at the local level and financial support to several NGO projects that focus on drink and drug driving. Rehabilitation programmes for drivers who had been apprehended while under the influence of alcohol, illicit drugs, psychoactive medicines or other psychoactive substances, which are carried out at nine locations around the country, were attended by 5,606 people in 2022.

In November 2022 the Traffic Safety Agency supported the 'Alkohol, varnost, zdravje' (Alcohol, safety, health) conference organised by the Association for the Development of Forensic Toxicology and Other Forensic Sciences (FORTOX). The conference was designed to provide an overview of how alcohol is addressed systemically in road safety, for example in the Road Safety Rules Act, the Drivers Act, the Minor Offences Act, and the Criminal Code and its subordinate regulations. Experiences were also shared on the positive aspects and weaknesses of the field as encountered by those tasked with implementing the legislation.

A total of 1,590 road accidents were caused by persons driving under the influence of alcohol (above the legal limit) in 2022. Seventeen road users lost their lives as a result of road accidents caused by drunk drivers. This was a fall of 54% on 2021 (20 fewer fatalities). Road users who were under the legal limit caused 278 road accidents in 2022. In these accidents, six people lost their lives, 32 were seriously injured and 122 suffered minor injuries.

Eighty-seven road accidents were caused by persons driving under the influence of illicit drugs or other psychoactive substances. As a result of these accidents, 13 people lost their lives, 28 were seriously injured and 51 suffered minor injuries.

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 six consultations in 2022 and 2023 with adolescents, experts and political decision makers in six 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. In addition, a workshop entitled "Health is the Right Decision" on the topic of effective prevention at school, in society as a whole and in the local community was organised in five Slovenian regions for representatives of local communities (experts and political decision-makers). Organised in parallel were four 'We Need to Talk About Alcohol and Cannabis' workshops for parents, which included a short theoretical section on the vulnerability of adolescents to the effects of alcohol and cannabis and a practical section with role-playing on how to talk to adolescents about alcohol and cannabis. The VOZIM Institute organised 36 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

In 2022/23 further developments were made in order to inform consumers about the alcohol content and energy levels of different alcoholic beverages. The mobile application *Veškajješ, developed by* Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health*,* now includes around 3.000 alcoholic beverages, for each the information on alcohol content and energy value is available. In addition public health messages warn consumers about the harmfulness of alcohol use. Eleven different messages are displayed randomly, rotating on the screen at each search for an alcoholic beverage. In addition, the guidelines for lower-risk alcohol consumption are also presented on the screen (including the message that "the less the better, but the safest is 0

alcohol"), and the app displays a link to a screening tool for assessing personal alcohol consumption (AUDIT-C) with further information on where to get help to reduce drinking.

In 2022 the National Institute of Public health started developing a broader programme of Psychological first aid which is adapted for the general public and aimed at increasing knowledge on signs and symptoms of depression, suicidal behaviour, panic attacks and also hazardous and harmful alcohol use. The aim of the programme is to raise awareness and knowledge on hazardous and harmful drinking and to give information on how to reduce alcohol drinking and how to help someone having problems with drinking. Informational booklet was developed in 2022, in 2023 workshop is in preparation.

Additional information on tobacco and related products

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.

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. Implementation plan for the period 2022-2024 was already approved (more details in Drug Policy Book, Section 1.1.4).

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 has 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.

History of the tobacco control in Slovenia: 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 tobacco, heated tobacco products and electronic cigarettes 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 small. Prices of tobacco products in Slovenia are constantly among the lower in the European Union. 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.

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Methodology used

The study »Evaluation of effects of the new tobacco control measures among youth« is a cross-sectional study that studies the effects of the new measures implemented between 2017 and 2020 among adolescents in 2nd grades of secondary schools on their knowledge, attitudes and use of tobacco and related products. The study has already been carried out in three waves (in 2017, 2018 and 2021). Every wave includes a convenient sample of over a 1000 students (1203 in 2017, 1296 in 2018 and 1.100 in 2021) whose average age was approximately 16. Students came from 31 schools all over Slovenia and from all different study programmes. The survey was anonymous and conducted on school computers using an online survey.

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 and 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

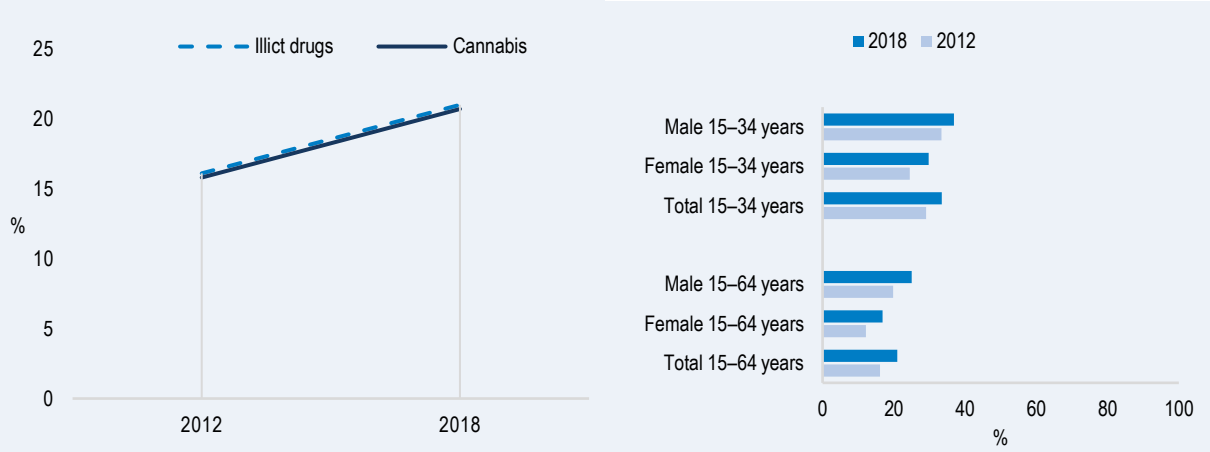
In the last 12 months, illicit drugs were used by 6.2% of inhabitants aged 15 to 64 years; 8.2% of men and 4% of women. In the 15–34 age group, 12.9% of inhabitants used illicit drugs in the last 12 months, 16% of men and 9.5% of women.

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 increased, 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).

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.

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 having 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 it in the last year, while 1.3% (1.8% of men and 0.7% of women) did it in the last month. 15.8% of young adults aged 15–34 reported having 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 it in the last year, while 2.9% (4% of men and 1.8% of women) did it 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 increased, both for men, 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 the school population, young adults, in nightlife settings, and among low-threshold programme users. In 2022, cannabis came in third for the most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction (CPZOPD). In the same year, the number of persons experiencing difficulties related to cannabis was the highest (345 persons or 32%) among those included in programmes implemented by the four non-governmental organisations which offer counselling, psychotherapy, and treatment for 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 2022, cocaine accounted for the highest number of deaths caused by a single illicit drug. 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 in 2022. 207 persons (19% 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 years, drug testing of psychoactive substances as part of the Early Warning System on New Psychoactive Substances showed a high purity of cocaine, with samples of 70-90% purity occurring regularly (SI EWS, monthly reports for 2017, 2018, 2019, 2020, 2021 and 2022).

Drug use in schools

Andreja Drev, Tina Zupanič

We acquire data on drug use in schools from two international surveys, carried out periodically every four years: the ESPAD and HBSC surveys. The data of the latest HBSC survey is presented below. The data of the ESPAD 2019 survey is presented in the 2022 National report on drugs.

According to HBSC 2022 survey, 13.7% of students aged 15 years and 33.8% of students aged 17-years have tried cannabis at least once in their lifetime; there are no statistically significant differences between boys and girls. In the period of 2014-2022 the proportion of lifetime cannabis use decreased among 15 years old students (Figure 4).

Drug use in other sub-populations

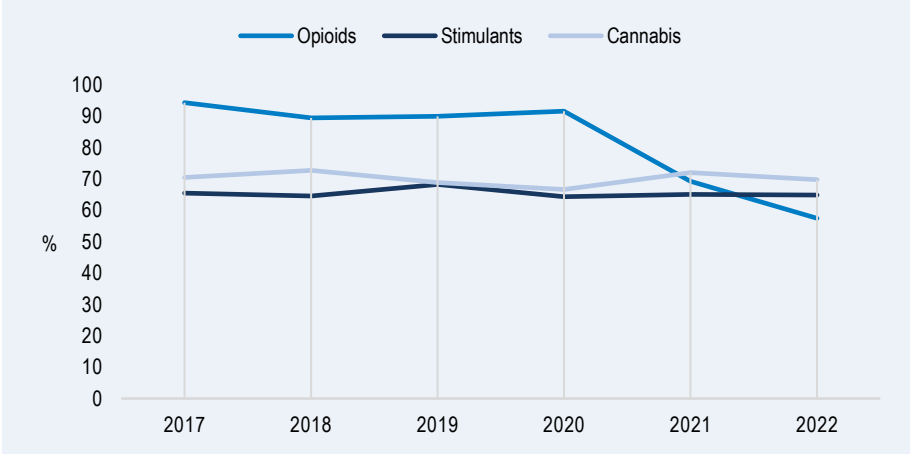
Andreja Drev, Živa Žerjal, Ines Kvaternik

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 of harm reduction services users 2022, 57.5% of the respondents said they had used opioids in the last year: most frequently heroin (52.1%), 69.8% of the respondents used cannabis and two thirds (64.9%) stimulant drugs, most frequently cocaine (58.3%). In the period 2017–2022, the usage of opioids among harm reduction programme users decreased while the use of stimulants and cannabis remains quite stable. In 2022, the use of stimulant drugs surpassed that of opioids (Figure 2).

Figure 2. Prevalence of opioids, stimulants and cannabis use among harm reduction programme users, 2017–2022



Source: National Institute of Public Health, Rgional Unite Koper, Survey on Harm Reduction Programme Users 2017–2022

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%. 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 drug group in 2022. 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%).

The 2021 European Web Survey on Drugs gives an insight into which forms of cannabis are most frequently used by drug users. The figures show that marijuana is the type of cannabis most commonly used (96.4%), followed by edibles (32.4%), cannabis oil and extracts (23.4%), and hashish (21.5%).

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 2023 the police also reported seizures of sweets, cakes, chewing gum, lollipops and candy floss containing THC. 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. According to information obtained through the national EWS, cannabis or THC is also found in e-cigarettes (monthly EWS reports 2022 and 2023).

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 2).

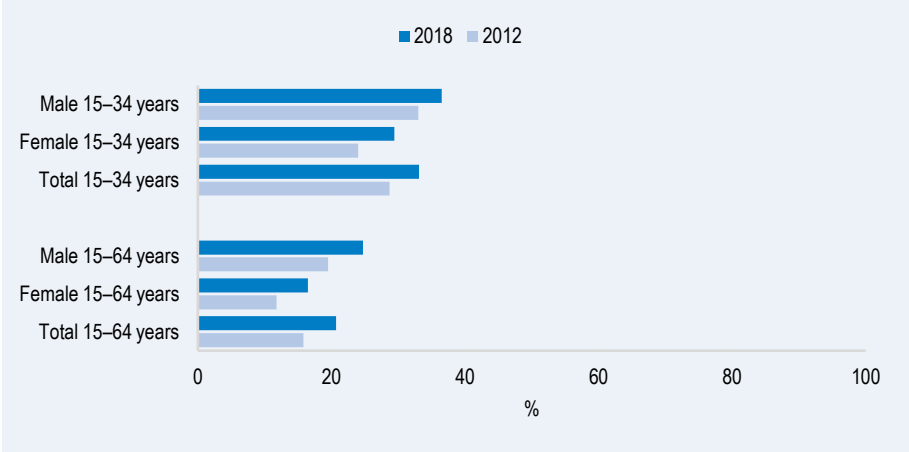
Table 1. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	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 3).

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



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

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.

SI-PANDA

Andreja Drev, Darja Lavtar, Maruša Rehberger, Ada Hočevar Grom

According to the SI-PANDA online survey conducted by the NIJZ in March 2023, 29.7% of those surveyed in the 18–74 age group reported using cannabis (marijuana or hashish) at least once in their lifetime. There was a statistically significant difference between the percentages of men and women who had used cannabis (34.4% vs 24.7%). Of those who had tried cannabis at least once in their lifetime, 60.6% had used it once or on several occasions, and 9.2% had used it regularly (four or more times a week). Almost 5% of respondents had used it twice or three times a week, a little over 10% had used it between two and four times a month, and 14.2% had used it only once a month or less frequently.

Around a third (32.8%) of lifetime cannabis users surveyed reported that they suffered from mental health problems.

Just under a quarter of respondents (24.8%) had used cannabis in the last 12 months (28.5% men, 19.4% women). We also asked those who had used cannabis in the last 12 months to answer questions from the Cannabis Abuse Screening Test (CAST),[7] as we wanted to obtain a rough estimate of the percentage of high-risk users. The results showed that around a fifth of respondents who had used cannabis in the last 12 months could be classified as high-risk users according to CAST.

The SI-PANDA survey also contained questions on the accessibility of cannabis, with 83.6% of respondents saying that they could access the drug easily or very easily in the next 24 hours.

Slovenia saw some significant changes in the field of cannabis with the legalisation of cannabis for medical use (also see Legal Framework Workbook). In addition, there is a strong initiative on the part of some non-governmental organisations and political parties to legalise recreational cannabis use. All of this is reflected in the trends of cannabis use 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 and the data of ESPAD 2019 survey is presented in 2022 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).

[7] CAST is used to estimate the frequency of certain behaviours and covers some of the problems associated with cannabis use. The questionnaire 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.

HBSC 2022

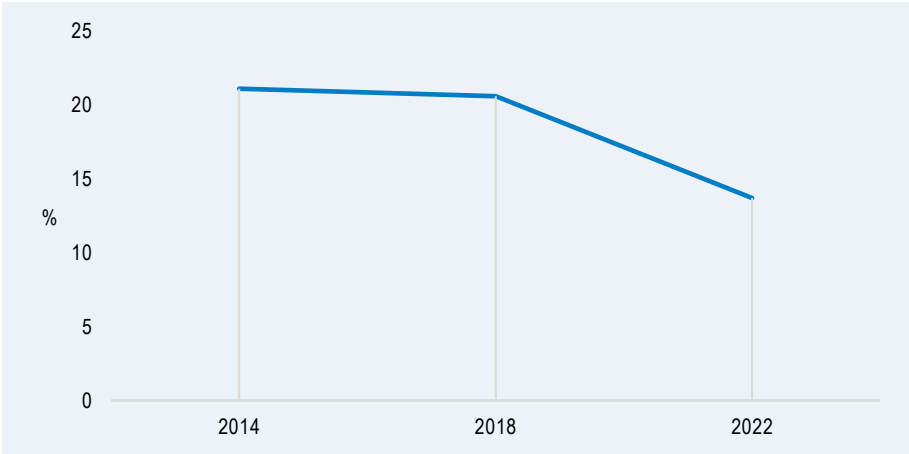
Andreja Drev, Tina Zupanič

15-year-olds

According to the HBSC study conducted by NIJZ in 2022, 13.7% of 15-year-olds had used cannabis at least once in their lifetime (Table 3), 12.8% had used it in the last 12 months and 7.8% had used it in the last 30 days. There were statistically significant differences in the use of cannabis between boys and girls only in relation to cannabis use in the last 30 days (9.3% of boys and 6.1% of girls).

In the period of 2014-2022, there was a statistically significant decrease in the percentage of 15-year-olds who reported lifetime cannabis use (Figure 4).

Figure 4. Lifetime prevalence of cannabis use among 15 years old students, 2014–2022



Source: HBSC 2022 survey, NIJZ 2023

17-year-olds

One third of 17-year-olds had used cannabis at least once in their lifetime (Table 3), 27.5% had used it in the last 12 months and 15.1% had used it in the last 30 days. There were statistically significant differences in the use of cannabis between boys and girls only in relation to cannabis use in the last 30 days (18.1% of boys and 12% of girls).

Table 3. Lifetime prevalence of illicit drug use among students, HBSC 2022

Age	Illicit drug	Total (%)	Boys (%)	Girls (%)
15 years	Cannabis	**13.7**	14.3	13.1
17 years	Cannabis	**33.8**	35.3	32.2
	Cocaine	**4.6**	6.3	3.0
	Ecstasy	**5.4**	7.0	3.9
	Magic mushrooms	**5.0**	7.4	2.6
	Amphetamine	**4.2**	5.7	2.8
	LSD	**4.2**	6.2	2.2
	Inhalants	**3.4**	4.5	2.3

Source: HBSC 2022 survey, NIJZ 2023

Cannabis Use in other subpopulations

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 (Pucelj et al., 2022).

Cannabis is also commonly used by people in harm reduction programmes; most of them are opioids users who also use other drugs. According to the recent survey (Survey of harm reduction services users, 2022), 69.8% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 40 to 44 (31.7%). Between 2017 and 2022, the proportion of cannabis use by harm reduction programme users remain stable (70.5% - 69.8%).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Cannabis Use

Andreja Drev, Tina Zupanič, Darja Lavtar, Maruša Rehberger

According to data from the HBSC 2022 survey, slightly less than one fifth (17.6%) of 17-year-olds who had used cannabis in the last 12 months could be classified as high-risk users according to the Cannabis Abuse Screening Test (CAST).8

Just below 3% (2.6%) of 17-year-olds and 1.4% of 15-year-olds can be classified as daily users.

Figures from the HBSC 2022 survey also show that cannabis is fairly accessible to adolescents, with 38.7% of 15-year-olds and 55.1% of 17-year-olds believing that they could access it easily or very easily in the next 24 hours.

Around a fifth of respondents in the SI-PANDA survey can be classified as high-risk users according to CAST, as concerns availability of cannabis, 83.6% of respondents believe that they could access the drug easily or very easily in the next 24 hours.

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.

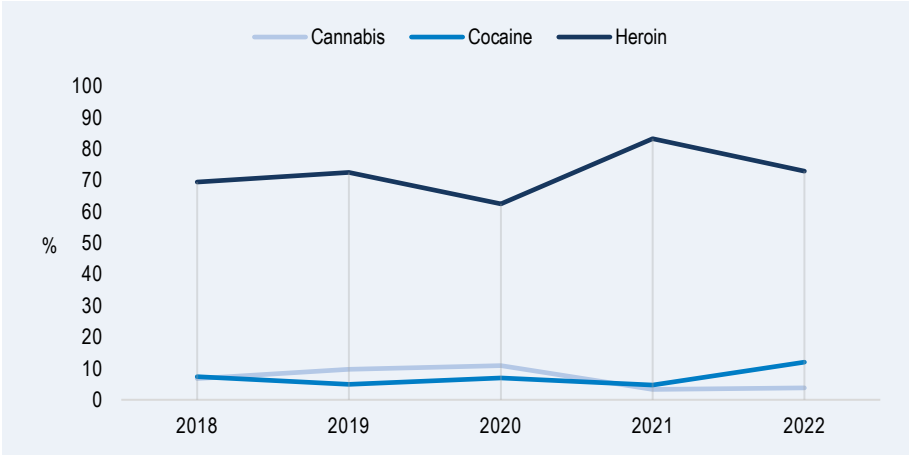
[8] CAST is used to estimate the frequency of certain behaviours and covers some of the problems associated with cannabis use. The questionnaire includes questions on: cannabis smoking before midday, cannabis smoking alone (without the company of other users), problems with memory resulting from cannabis 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.

1.2.2 Reducing the Demand for Cannabis

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

In 2022, 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 3,8% (5 persons). 3 persons were male and 2 females. The mean age upon entering the program was 26 years. In 2013, 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA. 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, 2021 and 2022 the percentage of those who entered treatment for cocaine-related problems was higher (Figure 5). The Treatment Workbook provides detailed statistical information about the users who enter treatment for problems related to cannabis use.

Figure 5. Treatment entrance due to cannabis, cocaine and heroin-related problems, 2018–2022



Source: National Institute of Public Health, TDI 2022

Four non-governmental organisations reported on the number of individuals included in counselling programmes and treated for problems related to illicit drug use for 2022. The highest number of users included in the Up Association, Projekt Človek and 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. DrogArt's general observation is that the problems that lead users to seek help in programmes vary widely. They are also noticing a fairly high incidence of mental health problems either associated with drug use or as the reason why a person starts to use drugs. The Društvo Up NGO also reports a fairly high number of users with associated mental health problems such as anxiety, depression and borderline personality disorders. In comparison with previous years, there was a slight rise in the number of people addicted to one drug in 2022. The Projekt Človek NGO noted a rise in users unmotivated to address their addiction over a longer period in 2022 (users were included in several treatments: social work centres, detox, court rulings, psychiatric help). Of these users, the highest number had problems with cocaine addiction, and many of them were in employment. A number of addicted parents also attended counselling interviews after being referred to NGO help centres by social work centres. These users had children in foster or institutional care, or had been threatened with having their children taken away. There was also a noticeable rise in the number of adolescents and their relatives. These adolescents mostly smoked THC and vapes, and purchased psychoactive substances online; they also had various emotional problems and other problems specific to adolescence. The number of instances of parents seeking help for their adolescent children also rose (Table 4).

Table 4. The number of users included in counselling and treatment programmes due to problems related to illicit drugs in 2018, 2019, 2020, 2021 and 2022

NGO	DrogArt					Up Association					CPO					Projekt Človek				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Total number of included users	**59**	**94**	**103**	**109**	**112**	**84**	**82**	**67**	**116**	**129**	**113**	**285**	**271**	**263**	**231**	**372**	**674**	**633**	**571**	**590**
Number of included young users	**-**	**13**	**8**	**15**	**8**	**36**	**32**	**13**	**21**	**26**	**-**	**72**	**62**	**69**	**58**	**70**	**189**	**135**	**125**	**121**
Number of included adult users	**-**	**81**	**95**	**94**	**104**	**48**	**50**	**54**	**95**	**103**	**-**	**213**	**209**	**194**	**173**	**302**	**485**	**498**	**446**	**469**
Cannabis, cannabis combined with other PAS	10	12	21	25	26	40	34	34	40	43	101	125	115	130	135	85	159	151	136	141
Cocaine, cocaine combined with other PAS	18	30	28	28	30	11	14	18	27	33	12	20	25	20	18	26	48	45	92	126
Heroin, other opiates and combinations	5	8	3	7	7	15	13	11	9	15	-	4	4	5	4	95	172	157	74	71
Other drugs and combinations	17	20*	21*	31**	29*	6	5	-	12	8	-	65	67	65	60	62	106	104	44	54
Alcohol	4	11	13	13	12	6	9	2	4	14	-	0	0	0	0	51	92	89	171	152
Other addictions and problems	5	13	17	5	8	6	7	2	24	16	-	0	0	0	0	53	97	87	54	46

*GHB/GBL 9 users, amphetamines 7 users, benzodiazepines 8 users, synthetic cathinone 2 users, MDMA 1 user, modafinil 1 user, tobacco 1 user.

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 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 5 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 5. 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. Additional information

2.1 Additional Sources of Information

The use of electronic cigarettes
Helena Koprivnikar

The use of electronic cigarettes is becoming more popular among Slovene youth in the recent years, probably most due to the arrival of new generation of these products, single use and in shape of USB key. The study Health Behaviour in School-aged Children (HBSC) shows that in 2014 0,9 % of 15-year-olds reported use of electronic cigarettes in the last 30 days (Koprivnikar in Zupanič, 2017), in 2018 already 10.1% (Koprivnikar et al., 2020), while from the 2022 study show 16.7% of users electronic cigarettes in the last 30 days (Jeriček Klanšček et al., 2023). In 2022, the percentage of ever users of electronic cigarettes was 29.3% among 15-year-olds (Jeriček Klanšček et al., 2023). Among 17-year olds 36.5% are ever users and 16.5% current users in 2022 (Jeriček Klanšček et al., 2023). Data on the use of electronic cigarettes among Slovene adolescents is also available from the study »Evaluation of effects of the new tobacco control measures among youth«, which was carried out on the convenience

sample of over 1000 students in 2nd grades of secondary schools in Slovenia in 2017, 2018 and 2021. The average age of students was approximately 16 years. This study shows the decreasing percentage of ever users of electronic cigarettes (2017: 37.1%; 2018: 31.1% and 2021: 26.4%) and around a tenth of current users in all three study waves (2017: 11.4%; 2018: 8.9% and 2021: 10.9%). The percentage of current users increased between 2018 and 2022. More than half (58.4%) of current users use electronic cigarettes less then weekly, 27.4% every week, but not daily, and 14.2% daily. Approximately half (52.2%) of the current users report use of electronic cigarettes/liquids with nicotine, 37.2% without nicotine, while 10.6% do not know whether their electronic cigarette contains nicotine or not. 2nd grade students also report use of cannabis in electronic cigarettes; 8.6 % are ever users and 5.6% current users of such products (Koprivnikar in Zupanič, 2023). In Slovenia there were reports in 2022 about electronic cigarettes/liquids with high levels of THC and also of those with HHC. At the beginning of 2023, a rapid review of websites selling e-cigarettes was carried out in the framework of the national EWS, with test purchases also being made. The review showed that the majority of these websites sold e-cigarettes containing HHC, and a test purchase made from one site revealed that the product contained liquid with an HHC level of 65% (Annual meeting of the national EWS network, 2023). Studies show that percentages of electronic cigarette users are higher among adolescents then adults in Slovenia. The PANDA panel study was carried out on a group of panel members (approximately 2000) at the end of 2022. This study shows that among 18-74 years old population in Slovenia there are 15.4% ever users and 7.3% current users of electronic cigarettes (1.5% daily and 5.8% occasional users) (Koprivnikar et al., 2023).

European Web Survey on Drug Use

Darja Lavtar, Maruša Rehberger, Andreja Drev

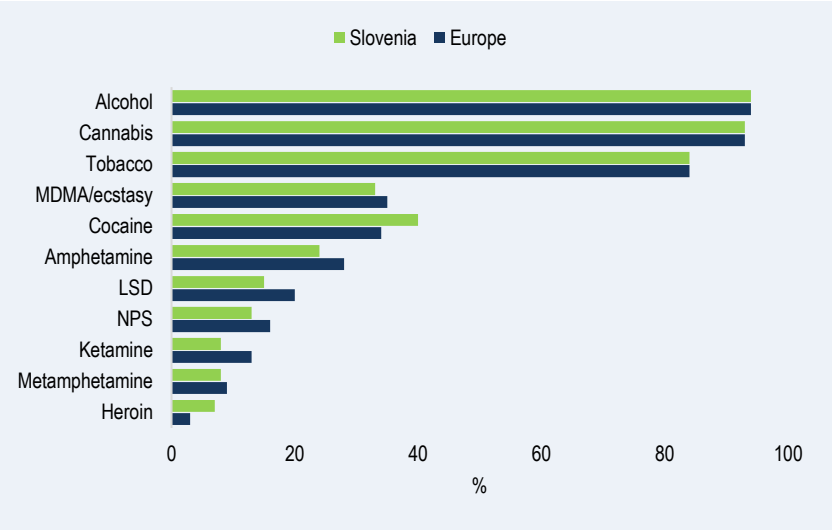
The NIJZ took part in the European Web Survey on Drugs, which took place in March and April 2021 and surveyed drug users aged 18 and over from 21 EU Member States and 9 non-EU countries. At that time, the inhabitants of many European countries were affected by the restriction on activities or movement as a result of the Covid-19 pandemic. A total of 1,529 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, 16% reported using NPS, 10% 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 6).

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 6. Prevalence of drug use over the previous 12 months



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

Cannabis

The majority (94.5%) of those who reported using cannabis in the last 12 months used illicit substances, a fifth (21.5%) used products with low THC content or CBD products, and less than 1% (0.3%) used cannabis prescribed by their doctor. Marijuana was the form of cannabis most often used (96.4%), followed by edibles (32.4%), cannabis oil and extracts (23.4%), and hashish (21.5%).

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 but with time, its presence decreased again. In the last years, high-purity cocaine and very potent ecstasy tablets have been detected on the drug market. In 2022 the purity and potency of ecstasy tablets fell, while the purity of MDMA crystal rose. 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, 2021, 2022 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 6).

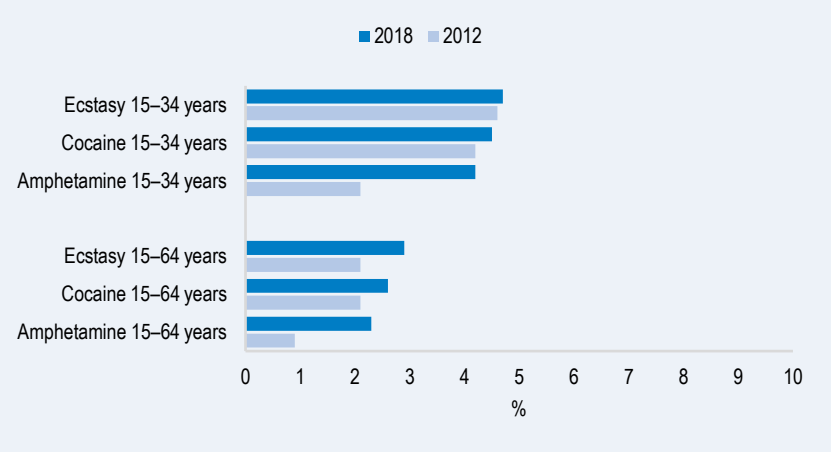
Table 6. The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

	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 7).

Figure 7. 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 Subpopulations

Stimulant Use in Schools

HBSC: Other illicit drugs

Andreja Drev, Tina Zupanič

Among 17-year-olds, 12.9% had used other illicit drug than cannabis at least once in their lifetime, with a statistically significantly higher proportion of boys than girls (14.7% vs 11.1%). Just under 6% (5.7%) of 17-year-olds had used prescription drugs for recreational purposes at some point in their lives (the highest single percentage), followed by ecstasy (5.4%), mushrooms (5%), cocaine (4.6%), amphetamines (4.2%), LSD (4.2%), solvents (3.4%), new psychoactive substances (2%) and heroin (1.7%) (Table 3). The use of all these illicit drugs was statistically significantly higher among boys than girls, with the exception of the use of prescription medicines for recreational purposes, where there were no differences.

Data of ESPAD 2019 and About the Lifestyle and Risky Behaviour of Children and Youth surveys is presented in the 2022 and 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 2022, two thirds (64.9%) of the respondents reported they used stimulant drugs (cocaine, amphetamines and methamphetamines and ecstasy).

The highest percentage of respondents reported they had used cocaine in the last year (58.3%). 15.2% of drug users consumed cocaine several times per week, 5.1% used cocaine once per week, 8.6% used cocaine every day or several times per day. The highest percentage of cocaine users were aged 40 to 44 (37%).

22.6 % of the respondents used amphetamines and methamphetamines in the last year. 20.4% reported to use this type of drug several times per month 44.4% reported to use it just a couple of times per year while 35.2% used it once per week or more often, 11.1% of these users used it on a daily basis. The highest percentage of amphetamine and methamphetamines users were aged 40 to 44 (31%). 15.8% of the respondents used ecstasy in the last year. Most of them (78%) used ecstasy just a couple of times per year. The highest percentage of ecstasy users were aged 30 to 34 (22%) and 40 to 44 (22%).

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 users (Survey of harm reduction services users, 2022), who reported they had used cocaine (58.3%) in the last year, 38.8% of them injected cocaine and 25.8% combined injections with other routes of administration, 31.3% sniffed it, 4.1% smoked it. Among users who said they used amphetamine and methamphetamine, (22.6%), 18.3% injected the drugs, 35% sniffing, 25% smoking, 5% used orally and 3.4% of these users combined injecting with other routes of administration (orally, sniffing, smoking etc) and 11.7% combined smoking with other routes of administration. Among ecstasy users (15.8%), the largest percentage (67.5%) consumed it orally (ate/drank it), 2.5% sniffing, and 17.5% of users combined oral consumption with sniffing. 5% inject and 7.5% % 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 2022, 12,8% (17 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 (10 persons). Among stimulants, cocaine is the most common drug for which users enter treatment. In 2022, cocaine was the second most frequent reason for entering treatment overall (Figure 5). The mean age at which users entered for cocaine problems was 33.3 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 2022, these four institutions provided counselling and psychotherapy services to 207 (19%) persons who joined their programme for cocaine-related problems.

1.2.3 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 7). 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 7. 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.

1.2.4 Injecting and other Routes of Administration

Ines Kvaternik, Živa Žerjal

Among harm reduction programme users who used cocaine in 2022, 64.6 % reported they injected it, while 21.7% of amphetamine and methamphetamine users and 5% of ecstasy users reported they injected the drug and 12.5% combine injections with other routes of administration.

Cocaine is the prevalent stimulant drug, injected by harm reduction programme users. In 2022 compared to 2012 the injecting of cocaine decreased.

2. Additional information

2.1 Additional Sources of Information

Wastewater-based epidemiology: Estimating the use of illicit drugs in seven Slovenian municipalities

Taja Verovšek[1,2], Urška Blaznik[3], Ada Hočevar Grom[3], David Heath[1], Maria Laimou-Geraniou[1,2], and Ester Heath[1,2]

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Assessing the use of illicit drugs in Slovenia using Wastewater-based epidemiology

Wastewater analysis was used to estimate the use of stimulants, namely amphetamine, methamphetamine, ecstasy or 3,4-methylenedioxymethamphetamine (MDMA) and cocaine, ketamine and cannabis (Δ^9-tetrahydrocannabinol – THC), in seven Slovenian municipalities: Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto, Velenje and Kranj. Obtained estimates on drug use for Slovenian municipalities were compared with those from other cities participating in the international monitoring campaign organised by the Sewage Analysis CORe group Europe (SCORE) in 2022[1,2]. Additionally, timely trends in drug use in Slovenian municipalities were explored.

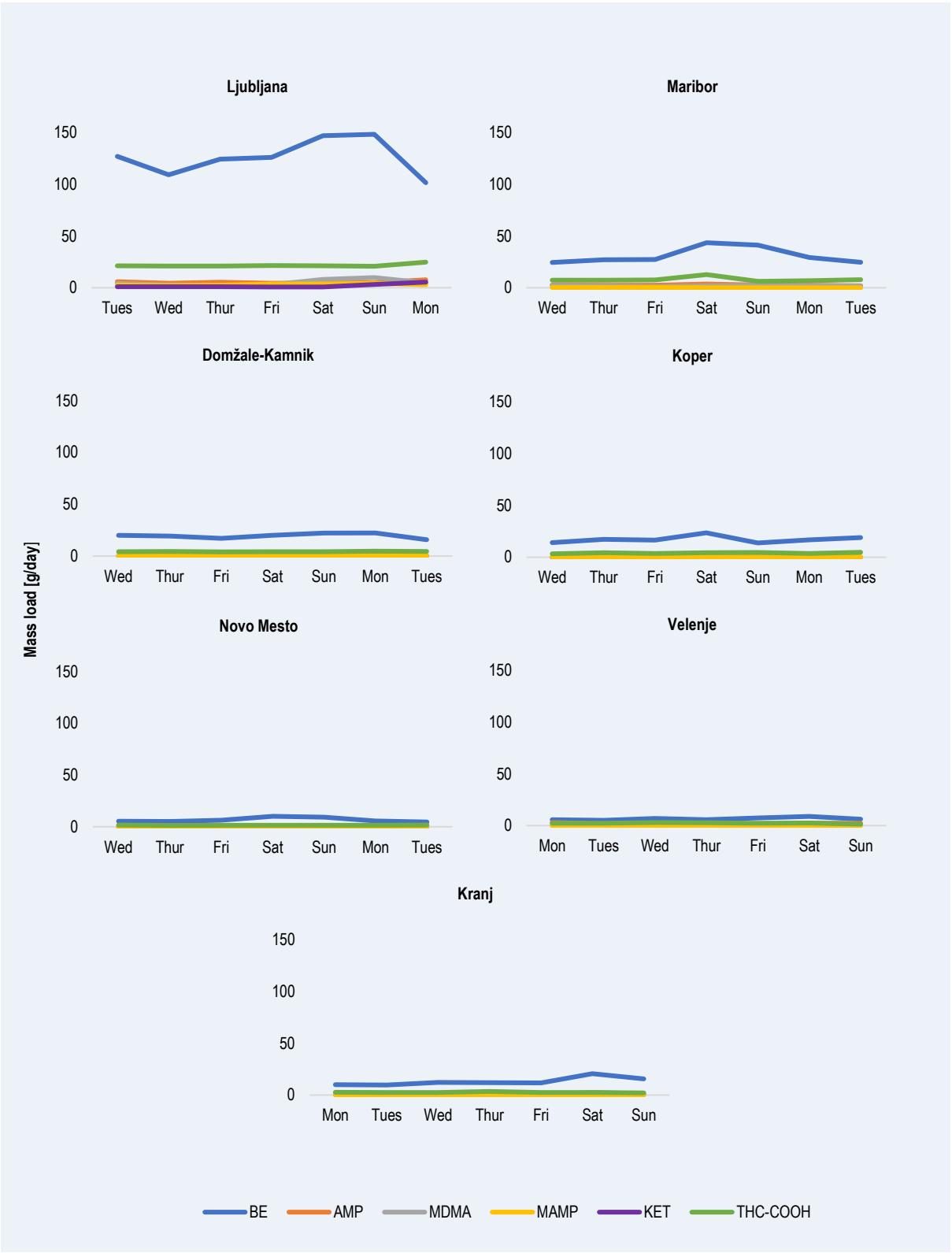
Results:

A) Weekly trends

Mass loads (g/day) of biomarkers for cocaine (benzoylecgonine), amphetamine (amphetamine), methamphetamine (methamphetamine), ecstasy (MDMA), ketamine (ketamine) 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. For stimulants, a typical weekly pattern is usually seen, i.e., higher biomarker mass loads during weekends, which is associated with increased consumption of stimulants (SCORE monitoring campaigns 2017-2019)[1,2]. Although a distinctive weekly pattern was not observed during SCORE monitoring performed during COVID-19 lockdowns in 2020[3] and 2021[4], a distinctive weekly trend in stimulant use reappears in 2022 (Figure 1). Similarly, the consumption of ketamine, detected only in Ljubljana, was higher at the weekend. As a drug known to be used regularly throughout the week, cannabis (THC) is not expected to exhibit any distinct weekly pattern[5]. Indeed, its consistent use throughout the week, as revealed by its biomarker THC-COOH, was observed during SCORE monitoring.

Figure 1. Daily variations in biomarkers mass loads (g/day) in 2022

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

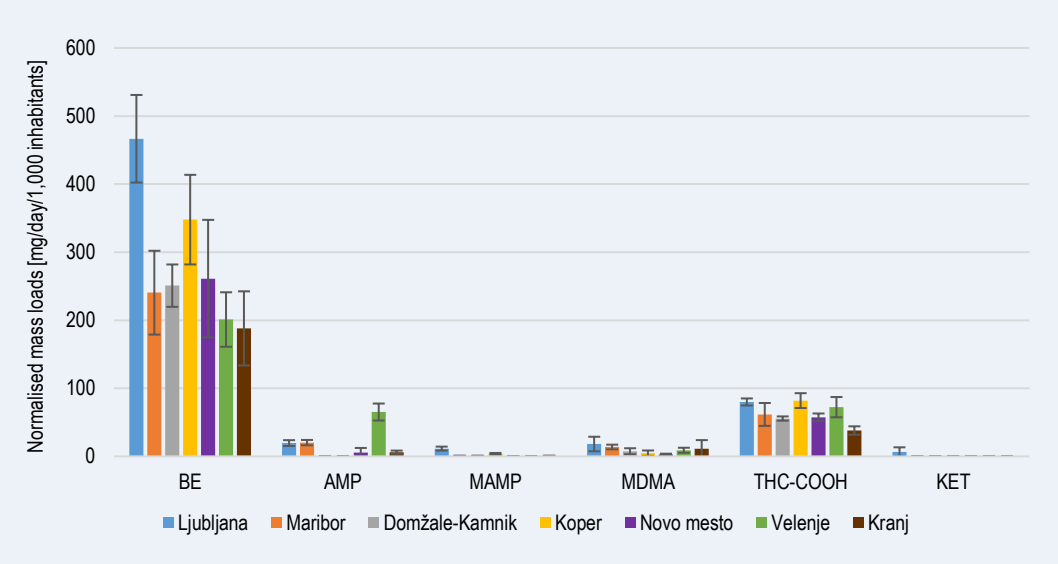


B) Comparison between municipalities/cities within SCORE monitoring 2022

To compare the data between different-sized municipalities, biomarker mass loads were normalised to the population served by each treatment plant (Figure 2). The highest average mass loads for the majority of targeted biomarkers were determined in Ljubljana (benzoylecgonine: 467 mg/day/1000 inhabitants, MDMA: 18.1 mg/day/1000 inhabitants, methamphetamine: 11.4 mg/day/1000 inhabitants, ketamine: 6.69 mg/day/1000 inhabitants). Regarding THC-COOH, the highest average mass load was observed in Koper (82.0 mg/day/1000 inhabitants), followed closely by Ljubljana (80.0 mg/day/1000 inhabitants), while amphetamine (65.2 mg/day/1000 inhabitants) remained the highest in Velenje, as in previous years (Figure 2).

Figure 2. Average mass loads (and standard deviations) of targeted drug biomarkers in seven Slovenian municipalities in 2022

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



In 2022, none of the Slovenian municipalities was among the top 20 municipalities with the highest mass loads of biomarkers of stimulants and cannabis (THC), despite some Slovenian municipalities being included in previous years (Table 1). However, among the 15 municipalities that reported the use of ketamine, Ljubljana ranked fifth.

Table 1. Reported mass loads in Slovenian municipalities within the range of top 20 highest mass loads in SCORE 2017–2022

Mass loads (range of top 20 highest mass loads in SCORE) [mg/day/1000 inhabitants]						
Biomarker	2017	2018	2019	2020	2021	2022
BE	Ljubljana: 450 (374–965)	/ (362–969)	Koper: 593 (460–1,280)	Ljubljana: 336 (333–1,170)	Koper: 407 (407–1,580)	/ 513–2,380
AMP	/ (69.2–270)	/ (84.3–407)	Velenje: 84.0 (84.0–447)	/ (173–1,010)	Velenje: 84.7 (76.8–805)	/ (108–873)
MAMP	/ (22.3–241)	/ (19.1–211)	/ (23.7–727)	/ (18.3–703)	/ (43.7–684)	/ (36.7–922)
MDMA	Ljubljana: 35.6 (27.8–230)	Ljubljana: 35.0 (27.7–183)	/ (31.8–287)	Ljubljana: 103* (31.8–138)	/ (25.1–125)	/ (23.3–182)
THC-COOH	n.a. (n.a.)	/ (44.7–264)	Ljubljana: 104 Koper: 101 Velenje: 90 (84.2–261)	n.a. (95.4–248)	Ljubljana: 143 Koper: 117 Maribor: 101 (82.1–158)	/ (87.7–181)

/ –Slovenian municipalities outside of top 20 range; n.a. – "not applicable" the data were not submitted to SCORE; *higher mass loads in comparison to other years were observed due to high MDMA mass load observed on one of the sampling days, later linked to the disposal of the unused drug and not its enhanced use[7]

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

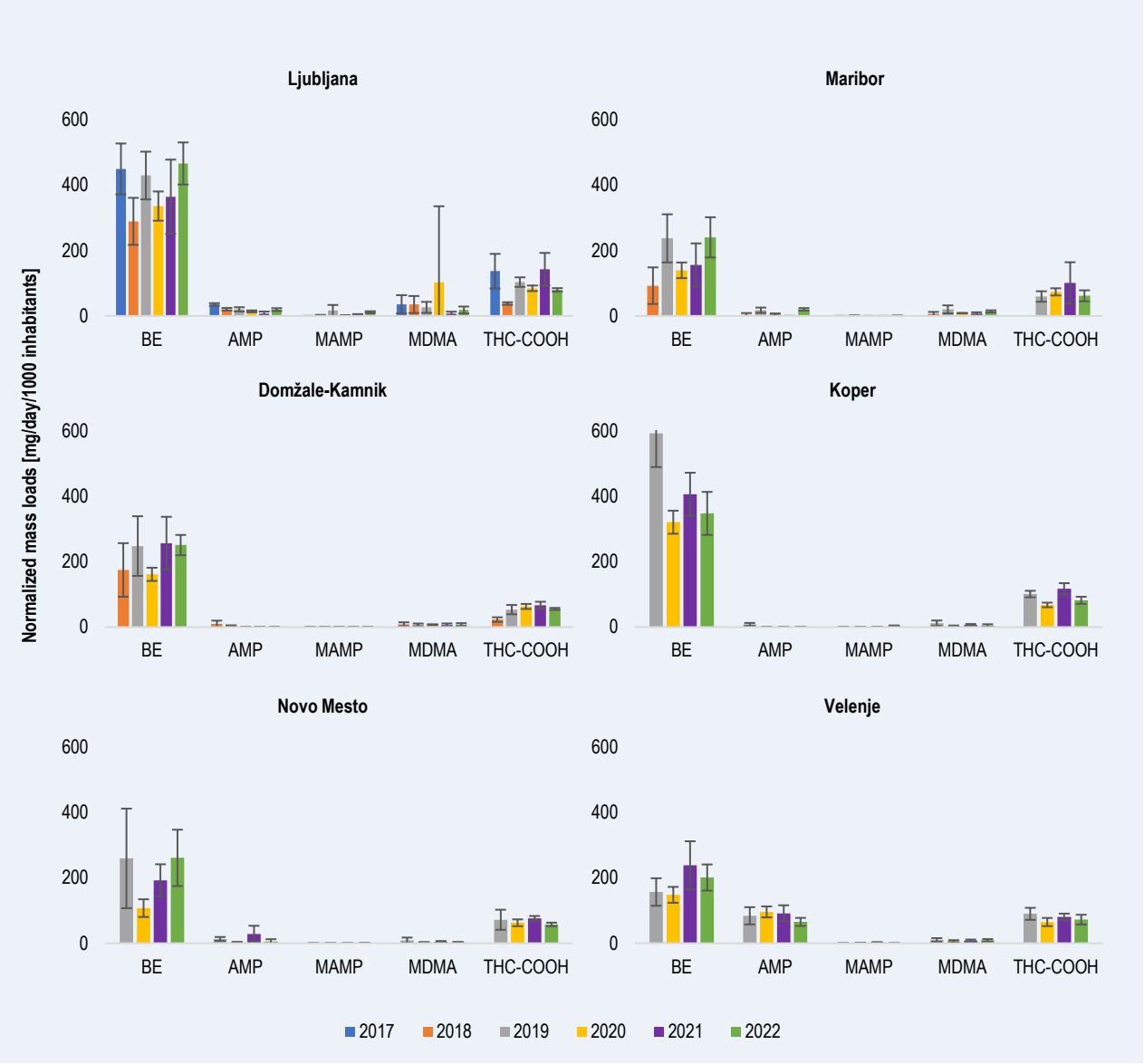
C) Temporal trends in drug use

According to SCORE[1], at least five consecutive annual measurements are needed to predict temporal trends in drug use. In 2022, Ljubljana (6th year), Maribor and Domžale-Kamnik (5th year) were included for (more than) five years in the monitoring. During the study period (Figure 3), the use of the most targeted drugs was relatively constant, except for cocaine, which shows an apparent increase in Maribor and Domžale-Kamnik. Contrary, the use of amphetamine in Domžale-Kamnik shows declining trend. No trend in ketamine use could be reported, as it was included in SCORE for the first time in 2022.

Although Koper, Novo mesto and Velenje participated in 2022 in SCORE only for the fourth year, some specific trends can also be observed. Similarly, as in Ljubljana, Maribor and Domžale-Kamnik, the use of most of the studied drugs remained consistent, except for cocaine, the use of which has been increasing in Novo mesto since 2020. Since Kranj participated in SCORE for the first time in 2022, no trends in illicit drug use could be identified.

Figure 3. Histograms showing average mass loads of selected illicit stimulant biomarkers for Slovenian municipalities participating in SCORE monitoring for two or more consecutive years

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



D) Drug consumption estimates

Drug consumption estimates (mg of drug/day/1000 inhabitants or doses/day/1000 inhabitants) were derived by back-calculating from normalised mass loads of biomarkers (mg of biomarker/day/1000 inhabitants), considering drug metabolism and average doses. Among the drugs studied, cannabis (Table 2) was the most consumed (average consumption: 83.3–180 doses/day/1000 inhabitants), while cocaine was the most used stimulant (average consumption: 15.0–37.2 doses/day/1000 inhabitants). These consumption trends remained consistent with those observed in previous years (2019–2021)[3,4,6]. Furthermore, ketamine use was detected only in Ljubljana, where the average consumption was 0.635 mg of ketamine/day/1000 inhabitants.

Table 4. Average illicit stimulant use

	Ljubljana	Maribor	Domžale-Kamnik	Koper	Novo mesto	Velenje	Kranj
	Drug use [mg of drug/day/1000 inhabitants]						
Cocaine	1,680	863	900	1,250	937	722	675
Amphetamine	54.1	56.0	n.a.	n.a.	14.8	181	17.0
Methamphetamine	50.2	3.04	3.02	16.6	1.31	n.a.	3.05
Ecstasy (MDMA)	79.9	60.7	33.3	20.7	12.9	39.6	48.6
Cannabis (THC)	14,600	11,200	10,100	14,900	10,500	13,200	6,917
Ketamine	33.3	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Drug use [doses/day/1000 inhabitants]						
Cocaine	37.2	19.1	20.0	27.7	20.8	16.0	15.0
Amphetamine	1.14	1.18	n.a.	n.a.	0.312	3.80	0.359
Methamphetamine	2.51	0.152	0.151	0.828	0.065	n.a.	0.152
Ecstasy (MDMA)	0.841	0.639	0.351	0.218	0.136	0.417	0.511
Cannabis (THC)	175	135	122	180	126	159	83.3
Ketamine	0.635	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

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

Conclusions

Seven Slovenian municipalities (Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto, Velenje and Kranj) participated in the 2022 SCORE monitoring. Among them, Ljubljana exhibited the highest use of the most of targeted drugs, namely cocaine, ecstasy, methamphetamine and ketamine. Koper had the highest use of cannabis (THC), while Velenje showed the highest amphetamine use—notably, none of the Slovenian municipalities ranked among the top 20 in the 2022 SCORE monitoring. Long-term monitoring, spanning over five consecutive years, reveals relatively stable consumption of most targeted drugs in Slovenian municipalities, except for cocaine, which demonstrated an increasing trend in usage in Maribor, Domžale-Kamnik and Novo mesto. In contrast, amphetamine use declined in Domžale-Kamnik during the same period.

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 five 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 2022 survey, 1.7% of 17-year-old students reported they had used heroin at least once in their lifetime (Jeriček Klanšček et al. 2023).

1.1.3 Estimates of Opioid Use in Subpopulations

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 of harm reduction services users (the HR database).

To estimate the number of high-risk opioid users in year 2022, we used the data provided by 19 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, 2.803 different drug users were in database TDI and the data on the number of incarcerated people receiving substitution therapy have been added (600 persons) and the interpolated number of persons for the centres that have not reported number of treated persons in that year (176 persons). Data for HR database was collected from all 11 harm reduction programs, where the survey with the questionnaire was applied among them (Survey of harm reduction services users, 2022). The response rate was 19%, where 266 drug users filled the questionnaire among 1.395 different drug users included in harm reduction programs in year 2022.

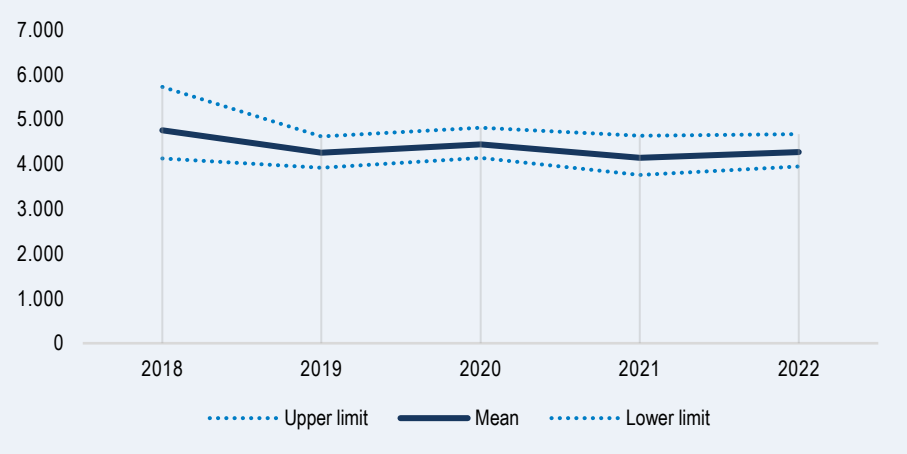
Table 8 shows the estimated number of high-risk opioid users in Slovenia estimated with treatment multiplier method. We estimated that there were about 4.270 high-risk opioid users in Slovenia in 2022 (with the 95% confidence interval from 3.950 to 4.670), which in relative share means 3.0 users per 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 8. An estimated number of high-risk opioid users (HROU) in year 2022, using the treatment multiplier method

	Lower limit	Average estimate	Upper limit
HROU number estimate	3.950	4.270	4.670
15–64/1,000 resid.	3.0	3.2	3.4

Source: NIPH, 2023

Figure 8. Estimate of the number of high-risk opioid users, 2018–2022



Source: NIPH, Datasets from OST and HR programs (NIPH), estimated number of HROU from 2018–2022, 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 none 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.

Last estimate for the Ljubljana region is for the year 2022. There were about 455 different drug users identified within the needle and syringe exchange services in three non-governmental organisations that offer such service. We used single list method, where the frequency of daily visits per user was calculated and from there a poison distribution is applied for the estimation of the hidden population and the total number of intravenous drug users. The calculations show that there are about 800 intravenous drug users in the Ljubljana region (with the 95% confidence interval from 600 to 1.250 drug users). That estimate is addressed to the drug users that inject drugs and represents the group of drug users that are at most at-risk. In future we plan to estimate the number of intravenous drug users also on national level, where using the data-collection method and methodology we developed estimate for this region.

Context information
Since 2013, the prevalence of high-risk opioid use in Slovenia has been relatively stable. This is probably due to stable use of heroin according to Survey among harm reduction services users. Clients in treatment programme and in harm reduction services represent an aging cohort (older population). This is also in line with the fact that the average age of victims of drug-induced deaths has been rising for years. Ageing of this population causes a number of additional problems, both health-related and social, and hence many new needs.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Heroin/Opioid Use

Ines Kvaternik, Živa Žerjal

We noticed a decline in opioid use in 2022 compared to the year before. Heroin use and the abuse of substitution medications have decreased among users of harm-reduction programmes since 2020.

Heroin was used in the last year by 52.3% of respondents. A total of 70.8. % of heroin users injected the drug, while 12.4% of those persons also smoked or inhaled it, 13.1% snorted it and 3.6 % smoked and snorted. 20.2% respondents used heroin several times a year, 23.3% used heroin several times a month, while 35.6% of users used heroin at least once a week, and 21% used it every day or several times a day. The majority of heroin users are 40 to 44 years old (34. %).

39.6% of all respondents reported using substitution and other medications contrary to the method prescribed by a doctor. Of these, 66.4% of respondents abused substitution medications and 87.6% sleeping pills. Most of them used the substitution medications orally (33.3%), while 39% injected them or used injection with other methods of use. More than half abused substitution medications every day or several times a day (58.5%). The highest percentage of substitution medication users were aged 40 to 44 (35.7%).

The majority sniffed sleeping pills (44%), 17.6% took them orally, 11% combined these two methods, and 27.5% injected sleeping tablets and hypnotics or used them in other ways. 41.2% abused sleeping tablets and hypnotics once or several times a day and 34% at least once a week. The majority of users were 40 to 44 years old (39.1%).

1.2.2 Treatment for Heroin and Other Opioids

Andreja Drev, Nataša Delfar

In 2022, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In that same year, 78.9% 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 (92.3%) than those seeking help due to buprenorphine (1.9%), methadone bought on the black market (3.8%), and other opioids (1.9%). Users who entered treatment programmes for opioid problems were mostly men (77.1%). The mean age of entering a programme for opioid treatment was 38.5 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 2022 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).

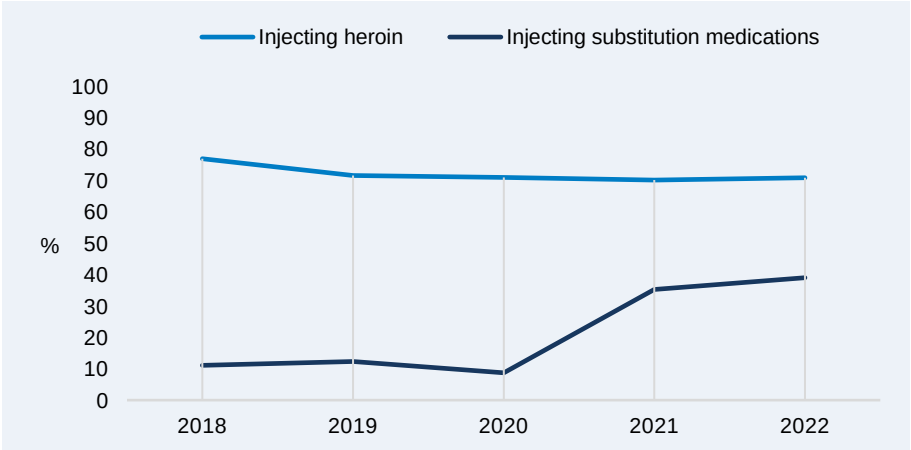
In Slovenia, users of opioid drugs can enter a drug addiction treatment programme at the network of CPTDA or seek help through NGO programmes provided by the DrogArt Association, Society Up, Projekt Človek and the NIPH Centre for the treatment of addiction. In 2022, these four institutions provided counselling and psychotherapy services to 97 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 Injecting and other Routes of Administration

Ines Kvaternik, Živa Žerjal

According to the survey of harm reduction services users 2022 data, injecting is still the prevalent route of administration among harm reduction services users. More than a half (53.2%) of the respondents reported they injected any type of drug (see book Harms and harm reduction 2023). Those who used heroin in the last year mostly injected it (70.8%). In the period from 2018 to 2022 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 9) (see book Harms and harm reduction 2023).

Figure 9. Injecting heroin and substitution medications among harm reduction programme users, 2018–2022



Source: National Institute of Public Health, Regional Unite Koper, Survey on harm reduction services users, 2018–2022

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS)

1. New Psychoactive Substances (NPS)

1.1 Prevalence and Trends in NPS Use

According to the HBSC 2022 survey, 2% of 17-year-old school pupils had used NPS at some point in their lives (Jeriček Klanšček et al., 2023).

Data on the use of NPS from the ESPAD 2019 survey is presented in the 2022 Report on the Drug Situation in Slovenia.

1.2 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 9. 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 specialized 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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OST treatment in Prison, Prison Administration, 2022

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

Survey of harm reduction services users, 2022

SURS, number of inhabitants: https://pxweb.stat.si/SiStatData/pxweb/sl/Data/-/05C2006S.px (Available: 1.9.2023)

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, heroin, 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.

SI-PANDA

Darja Lavtar, Maruša Rehberger

Starting on 4 December 2020, twenty-six rounds of the online survey were conducted. The first 12 rounds were conducted every two weeks, and the second set, including the 19th round, was conducted once a month. The rounds comprising the third set, to be conducted after a nine-month pause, will also take place once a month.

Selected members of the panel were invited to take part in the online panel survey. A representative sample of around 1,000 adults aged between 18 and 74 took part in each round of the online survey.

At the beginning of the survey, we took as our basis the World Health Organization (WHO) pandemic fatigue questionnaire, which we translated and adjusted to conditions in Slovenia in accordance with WHO instructions. We also included several questions that had been used in previous surveys conducted by the National Institute of Public Health, as well as questions formulated by members of the research group and associates in line with actual requirements. The data is weighted for sex, age group and statistical region.

The paper contained data from the 26th round of the online survey, which took place between 21 and 24 March 2023 on a sample of 1,022 adults aged between 18 and 74.

HBSC 2022

Tina Zupanič

The Health Behaviour in School-Aged Children survey (HBSC) follows an internationally standardized methodology and has been carried out in Slovenia every four years since 2002. The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours. In 2018, for the first time in Slovenia, and again in 2022, also data on 17-year-old secondary school students were collected. Data on 11-, 13- and 15-year-old students allow cross-national comparisons; trends may be examined at both the national and cross-national level.

Model

Data are collected on nationally representative sample of 11-, 13-, 15- and 17-year old students. The basis for the sample were the data from the Ministry of education about the enrolment and number of classes for the school year 2021/2022. The sample was drawn from the list of all relevant classes. The primary sampling unit was school class and classes were randomly selected. Stratified two-stage sampling was used. At the first stage, primary and secondary schools were selected, and at the second stage, among secondary schools, classes within different school programmes were selected (grammar school, 4-year technical school, middle vocational school and lower vocational school). The survey was performed in schools with a self-administered web questionnaire from 24th January to 18th February 2022.

In the gross sample:

- 3252 15- year old students from 146 different school classes and
- 3298 17-year old students from 156 different school classes were selected.

The final response rate (based on selected classes) was 86,7 %. Net sample size was 8631 students (2082 11-year olds, 2089 13-year olds, 2151 15-year olds and 2309 17-year olds).

Questionnaire

A Research Protocol is produced every HBSC survey cycle. Each protocol includes scientific rationales for the survey items, the standard international questionnaire and technical appendices on data collection and management. The international standard questionnaire enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. The questionnaire consists of mandatory questions, questions from optional packages and national questions. In 2018 and 2022, Slovenia added also national questions on different drugs, which were set only to 17-year old students.

Procedure

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

Data processing

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

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 (χ^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.

European Web survey on Drugs

Darja Lavtar, Maruša Rehberger

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 among the convenience sample of drug users. 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 1,529 respondents were included in the analyses in Slovenia.

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.si) 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 of harm reduction services users

The survey was carried out between 1.12.2022 and 31.12.2022 within harm reduction programmes in Slovenia. The survey 'Questionnaire on drug consumption' among harm reduction programme users was completed by 12 societies (see book Harms and harm reduction 2023). Cooperation in the survey was voluntary and anonymous. The database was saved and analysed by experts in NIPH RU Koper, where programs Microsoft Excel and SPSS IBM were applied. The majority of questions were closed questions but some questions were also open (e.g. “Please, list your health problems”).

In total 266 drug users answered the questionnaire, 78% male and 22% female respondents, where the mean age was 42 years. The youngest respondent was 17 and the oldest 70 years old.

The majority of the respondents had completed vocational or secondary schools (62.5%), 29.9% had only primary school level education and 4.6% had higher education, university degree or higher qualifications. 3.1% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (85.6%); 8.6% of them were regularly employed, 4.3% retired in 1.6% were still in school (pupil, student).

The largest percentage of the respondents (35.2%) lived alone, 24.9% still lived with their parents or relatives, 12.3% lived together with their partner, 4.2% with friends, 4.6 % in shelters and 18.8% outside (in the park, street, abandoned buildings). A total of 84.6% of respondents had been involved in treatment programmes in the last year, while 79.7% of users had been involved in a substitution programme, 7.1% had attended a drug dependency treatment centre, 12.8% had been treated at a psychiatric hospital,9.4% had received substitution therapy at a correctional facility, 3% had received treatment at a rehabilitation centre in Slovenia, and four respondent (1.5%) had received treatment at a rehabilitation centre abroad.

The police dealt with 31.3% of the respondents in 2022.

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 266 out of 1.395 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, 2 centres did not report the data (due to the corona situation), so we interpolated this data according to the reported data from previous years. We also added the data from prisons (in total of 600 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 was to calculate the prevalence of intravenous drug use in the Ljubljana area. 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. The frequency of visits per day was used in drug paraphernalia exchange programmes run by three non-governmental organisations.

Wastewater-based epidemiology and SCORE monitoring

Wastewater-based epidemiology employs chemical analysis to determine excreted drug residues (parent compounds or metabolites; biomarkers) in untreated municipal wastewater. Within the framework of the SCORE monitoring[2], which is supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[3], the usage of stimulants (cocaine, amphetamine, methamphetamine, MDMA or ecstasy), ketamine, and cannabis (THC) was estimated and compared among European cities and world capitals. The first monitoring was organised in 2011[2,3], but Slovenia's participation began in 2017 with data provided for Ljubljana[4]. Subsequently, in 2018, Maribor and Domžale-Kamnik joined, followed by Novo mesto, Koper, and Velenje in 2019, and Kranj in 2022. Over time, the number of participants has significantly increased from 19 cities/municipalities, 21 wastewater treatment plants and 12 laboratories in 2011 to 118 cities/municipalities, 132 wastewater treatment plants and 41 laboratories in 2021[2].

Target analytes: After consumption, illicit drugs are excreted in the form of parent compounds or metabolites. For example, amphetamine-type drugs are predominantly excreted unchanged (≤ 65%), while cocaine is excreted mainly as its metabolite, benzoylecgonine (35-45%) [5,6]. The selection of drug residues (parent compounds or metabolites) for further analysis in wastewater is based on their excretion profile (percentage of excretion and exclusiveness) and stability and detectability in wastewater[6]. In this study, biomarkers of cocaine (benzoylecgonine), amphetamine (amphetamine), methamphetamine (methamphetamine), ecstasy (3,4-methylenedioxymethamphetamine, MDMA), ketamine (ketamine) and cannabis or THC (11-Nor-9-carboxy-Δ9-tetrahydrocannabinol, THC-COOH) were monitored.

Sample collection and analysis: Seven daily composite samples of untreated wastewater were collected over seven consecutive days in March/April 2022 at the inflow of seven Slovenian wastewater treatment plants servicing the municipalities of Ljubljana (270,305 inhabitants), Maribor (129,000 inhabitants), Domžale-Kamnik (77,981 inhabitants), Koper (49,843 inhabitants), Novo mesto (25,414 inhabitants), Velenje (32,583 inhabitants) and Kranj (70,000 inhabitants). Samples were analysed at the "Jožef Stefan" Institute, Laboratory for Organic Analysis, Department of Environmental Science[7].

Drug consumption Estimation: Drug consumption was evaluated according to Zuccato *et al.*[1]. Biomarker mass loads were determined by multiplying the concentrations of drug biomarkers by the wastewater flow. In order to account for population variations, mass loads were normalised by dividing the mass load 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 takes into account the percentage of parent drug-to-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 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]
Ketamine	Ketamine	20	1.00	5[9]	52.5[8]
Cannabis (THC)	THC-COOH	0.2	1.09	182[6]	83[8]

[6]Gracia-Lor et al., 2016; [8]DrogArt, [9]Du et al.
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

- In the area of prevention, the new Resolution on the National Programme on Illicit Drugs 2023–2030 focuses on establishing national coordination between all stakeholders, strengthening high-quality and evidence-based prevention activities, and consolidating early prevention and early intervention activities. 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 are actively involved in various preventive activities. 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

- The new Resolution on the National Programme on Illicit Drugs 2023–2030 was adopted on 30 June 2023, and places considerable emphasis on proven effective prevention.
- Experts from Slovenia were invited to participate in the Working Group on the preparation of the Guiding Document "The Role of Law Enforcement Officers in Drug Use Prevention within School Settings", published by UNODC in May 2023.

1. National profile

1.1 Policy and organization

1.1.1 Main prevention-related objectives of national drug strategy

The National Assembly adopted the Resolution on the National Programme on Illicit Drugs 2023–2030 on 30 June 2023. The Resolution places particular focus on prevention in the field of drugs. It gives as its overarching objective the establishment of national coordination between all stakeholders working in the field of prevention within the Slovenian government commission, and the establishment of conditions for the continuous scientific development of the field of prevention and the implementation of proven effective programmes within the schools and education system.

Five areas are highlighted in the Resolution's section dealing with prevention: (1) In the area of the development and consolidation of early prevention programmes, the Resolution envisages the establishment, inter alia, of a national register of evidence-based and cost-effective programmes to strengthen social and emotional skills, increase capacities for the delivery of early prevention programmes, and bolster early prevention programmes for children and parents (families) in which drug use has been identified. (2) In the area of prevention in schooling and education, measures are planned that will strengthen prevention programmes for the parents of school-age children, and that also include content on strengthening the mental health of children and adolescents, and develop a network of information and counselling programmes for parents, teachers and counsellors who encounter issues around drug use among children and adolescents. (3) In the area of prevention at the workplace, in addition to the strengthening of programmes to prevent the use of psychoactive substances at work, the Resolution also provides for the creation of early intervention programmes, the training of prevention programme providers, and the establishment of legal bases for referring drug users for treatment and rehabilitation. (4) In the field of prevention in nightlife settings, the Resolution provides for the development of high-quality prevention programmes based on scientific findings, as well as high-quality programmes for staff who work at night-time venues. (5) In the field of prevention in leisure environments, the Resolution envisages the establishment of safe and healthy environments for leisure activities in socially deprived communities and the provision of free prevention programmes.

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

In Slovenia, prevention is regulated by laws, regulations and guidelines within different ministry departments; in the case of prevention of psychoactive substance use, these departments are coordinated by the Ministry of Health. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, acting as an interdepartmental work group made up of representatives from nine ministries and two NGO unions working in the area of drugs, is responsible for coordinating the government policy, measures and programmes.

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.

1.1.3 The funding system underlying prevention interventions

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

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

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). We have seen a decline in tobacco smoking among adolescents since 2002 (Koprivnikar et al., 2021a), but between 2018 and 2022 the percentage of cigarette smokers among youth did not change, in 2022 almost every seventh 15-year-old currently smoked cigarettes in the last 30 days (Jeriček Klanšček et al., 2023). Electronic cigarettes, heated tobacco products and nicotine pouches are very popular among youth; percentages of users are mostly higher among youth then adults. The use of these products is increasing, especially among youth. Tobacco for oral use, commonly sold as chewing tobacco in Slovenia, is also very popular among youth, the percentage of users is higher than among adults and among youth its use is increasing (Koprivnikar and Zupanič, 2023). 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 this vision (Ministry of Health, 2022). In 2023, the proposal of changes of the Use of Tobacco Products and Related Products Act was prepared, which includes the provisions set out in Commission Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of heated tobacco products, but it also includes important national measures. The proposed national measures are: ban on all flavours in electronic cigarettes, except certain tobacco flavours; equalisation of regulation of electronic cigarette liquids with and without nicotine; abolition of designated smoking rooms as exceptions to smoking ban in enclosed public and working places within the next 5 years; regulation of nicotine pouches as related products; approval system for future new tobacco/nicotine products. Still numerous frequent issues remain requiring swift action, especially the need to increase taxation and prices of tobacco and related products and decrease the number of points of sales of these products. In Slovenia, cigarette prices remain among the lowest in the European Union and there are significant differences between the prices of different groups of tobacco products. The number of points of sale for tobacco and related products is very high, around 6000, and minors perceive tobacco and related products still as easily accessible (Koprivnikar et al., 2021b).

Alcohol

Maja Roškar, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Peter Debeljak

In Slovenia, laws aiming to reduce hazardous and harmful alcohol use have not been changed in the past year. The Act Restricting the Use of Alcohol (2003) 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. In 2017 the act amendments allowed 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. The Act Amending the Health and Hygiene Safety of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs Act (2002) bans advertising of spirits, 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 traffic laws' (Resolution on the National Road Traffic Safety Programme, Road Traffic Safety Act, Drivers Act) main strategies to prevent drink driving are random breath testing and sobriety checkpoints. The Occupational Health and Safety Act (2011) prohibits being under the influence of alcohol, drugs or other psychoactive substances at work. The Protection of Public Order Act (2006) 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 (1998) regulates the taxation of alcoholic beverages; all alcoholic beverages are subject to excise duties except for wine. In 2016 the act introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty. The act also stipulates the introduction of a new excise duty subjects, small beer producers and small spirits producers, who will pay a 50% lower excise duty for fixed quantities of beer and spirits (see also Legal Framework Workbook, section 3.4).

In 2022/23 further developments were made in order to inform consumers about the alcohol content and energy levels of different alcoholic beverages. The mobile application Veškajješ, developed by Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health, now includes around 3.000 alcoholic beverages, for each the information on alcohol content and energy value is available. In addition, public health messages warn consumers about the harmfulness of alcohol use. Eleven different messages are displayed randomly, rotating on the screen at each search for an alcoholic beverage. In addition, the guidelines for lower-risk alcohol consumption are also presented on the screen (including the message that "the less the better, but the safest is 0 alcohol"), and the app displays a link to a screening tool for assessing personal alcohol consumption (AUDIT-C) with further information on where to get help to reduce drinking.

Nightlife settings

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

1.2.2 Universal prevention interventions

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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. 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.

The introduction and expansion of provision of programmes has been financially supported since 2017 by the Ministry of Health and, to a lesser extent, by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. In 2019 the programme obtained permanent funding, and is classed as one of the services provided by mental health centres for children and adolescents within the primary healthcare system. The continued delivery of these programmes is one of the strategic objectives of the Resolution on the National Mental Health Programme 2018–2028.

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. The Health Education Programme will be updated in the next years.

In December 2022 an expert meeting was organised for providers of the Health Education Programme at secondary schools that also included content on preventing the use of psychoactive substances.

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 440 primary, secondary schools, school dormitories and institutions for children with special needs. In 2023, the seventh extension of the network was completed. 42 new schools and dormitories joined the network. 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 2022/23 it's All of us for a better tomorrow (eg. mental health - stress management, communication, mindfulness, mediation, mental health programmes, post-covid health challenges for pupils/students, teachers and parents, healthy eating, physical activities at school, during lessons and at home, leisure time, safety...). In 2023, we launched a study of prevention activities of psychoactive substances use in the school setting. The aim of the survey is to find out how schools plan, implement, and evaluate these activities and other aspects of prevention activities in school setting.

The youth mental health programme *'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. Since 2017 it has been included in the European Commission's Best Practice Portal as an example of good practice in the field of mental health[9].

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 realistic self-image. It is aimed at adolescents between the ages of 13 and 17. The aim of the comprehensive 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 school year 2022/23 the programme was held in 1,855 workshops, conducted by 209 education professionals at 132 primary and secondary schools. Evaluation of the preventive model: in the 2018, in cooperation with the Centre for Psychodiagnostic Instruments as an independent provider, we undertook an in-depth and extensive evaluation of the effectiveness of running preventive workshops with adolescents based on the *10 steps to a better self-image* concept. Research results show that the **workshops have positive effects both on the class and on the individual from the point of view of strengthening mental health and developing social and emotional skills.** With the completion of the evaluation, the working model of the *'This is Me'* preventive workshops became a **verified and evidence-based** programme.

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 70 experts/volunteers (psychologists, medical doctors from various specialisations, social workers and other experts). At the annual level, the website records on average 150,000 unique visitors. In 2022 they responded to more than 2,500 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 20 percent of all questions were categorized as *'the most severe questions'*, related to crisis situations (associated

[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)

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*. Y*oung people also have access to over 350 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

In 2022 we trained/lectured on the 'This is Me' programme at 31 events either organized by us or to which we were invited. We informed more than 2200 professionals from the fields of education, healthcare and social care about the contents of the programme.

In 2023, also a self-help manual aimed at adolescents over 15 years of age ('What can I do to make it easier?') *was published in* second printing, consisted of 32,000 copies. The handbook is dynamically linked to content on mental health on the #Tosemjaz website and with the database of audio material. This year - proclaimed the Slovenian Year of Mental Health by the Slovenian government - every Year 9 student in Slovenia (almost 22,000 students) will receive their own printed copy of the handbook. *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 2022/2023 school year, 9 schools implemented the programme, which included over 300 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 widely in the school year 2022/2023, except in Laško (one school), Tolmin (one school) and Izola (two schools). In late 2023, the Utrip Institute is planning to organise so-called training-of-trainers (ToT) to extend the number of certified trainers for the "Effekt" programme in purpose to increase the number of schools implementing the programme.

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 (epidemic) and lack of interest for more complex and long-term prevention programmes by high schools, "he "Boys and Girls "lus" programme was not implement after March 2020, except by two high schools in Goriška region (Tolmin and Nova Gorica) in the 2022/2023 school year.

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 started in school year 2022/2023. Almost 30 schools and more than 1.600 children aged 11-12 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 were conducted in autumn 2022 and 75 teachers and school counsellors were trained to implement the programme in their schools. The pilot implementation will be evaluated and similar number of school and children are involved as control group as well.

The Utrip Institute organised follow-up meetings with all implementation schools in April 2023 to exchange the information about the pilot implementation of the programme with teachers and school counsellors. There are already more than 30 new schools interested in implementing the programme, so the Utrip Institute is planning to organise new trainings for teachers by the end of 2023. It has been decided in collaboration between the Utrip Institute and the Ministry of Education, that the programme will be offered in the national catalogue of continues education and training for teachers and school counsellors in the school year 2024/2025.

Martin Krpan

In 2018, the Youth Association No Excuse Slovenia 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 the beginning of 2023, No Excuse also started implementing individual lessons from the Martin Krpan programme, because many schools could not follow the programme through all three years. This enabled a more individualized approach and cooperation with more schools than before. The positive effects are still better in schools following the whole programme as opposed to schools deciding for individual lessons.

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 in each year) while the effects of the programme are evaluated at the beginning and at the end of the whole programme and strive to measure the effect on the students beliefs and values about addiction and in general healthy and responsible lifestyle.

The evaluation showed that 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. Overall the preferred topics regarding different kinds of addiction and they reported that they know more about different substances and negative effects or consequences of their consumption. They also preferred workshops which gave them valuable information for managing stress of their everyday life (for example workshops Stress, Mindfulness etc.). Students reported that they understand and know themselves better after the workshops.

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 behavior 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.

The results of the evaluation are described in more detail in the National Drug Report 2021.

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 drug users 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 evidence-based practice (i.e. the family prevention programme entitled "Strengthening Families Program") into its environment. In early 2022, a campaign called Ambassadors of Health was initiated at the local level, which includes a set of different community-based prevention activities.

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 six consultations in 2022 and 2023 with adolescents, experts and political decision makers in six 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. In addition, a workshop entitled "Health is the Right Decision" on the topic of effective prevention at school, in society as a whole and in the local community was organised in five Slovenian regions for representatives of local communities (experts and political decision-makers). Organised in parallel were four 'We Need to Talk About Alcohol and Cannabis' workshops for parents, which included a short theoretical section on the vulnerability of adolescents to the effects of alcohol and cannabis and a practical section with role-playing on how to talk to adolescents about alcohol and cannabis. The VOZIM Institute organised 36 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

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

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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, 22 programmes for children and youngsters functioned in 2022, 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. 8,255 people were included in counselling and daily centres and in 2022, of which 4,061 were minors (2,100 boys and 1,961 girls). 32,000 phone conversations and electronic services (via e-mail and e-chatroom) were carried out within the scope of the telephone counselling programme.

Programmes for Roma ethnic group

With the purpose of improving the social inclusion of the Roma, the following programmes were carried out in 2022: Kher šu Beši Day Centre programme implemented by Dolenjska in Bela Krajina 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, the Daily help and support for children and youth programme implemented by Kralji ulice Association in the Maribor City Municipality and the Green and Healthy Social Inclusion of Roma programme provided by Rakičan Manor Research and Education Centre in Murska Sobota Municipality. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 800 users in 2022, of which 578 users were minors.

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 16 minors served there in 2022.

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 546 children enrolled in the 2022/2023 school year, 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 2022 co-financed 12 providers of family centre content. 5616 children, 1465 youngsters, 4687 individuals, 662 families, 35 extended families and 867 individuals that were stated under “other” were included in the family centres' informal gathering. 2403 children, 1441 youngsters and 1580 families were included in workshops on positive parenting. 11565 children, 1639 youngsters and 577 families were included in holiday activities for children and workshops for children and youngsters. 3892 children, 1589 youngsters and 414 families were included in counselling regarding various problems (how to manage emotions, positive self-image …). It should be noted that these figures include the same users engaged in different activities.

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. 211 adults and 37 children were included in this programme in 2022.

Strengthening Families Program

The Utrip Institute has been running the Strengthening Families Program (originally, "Program krepitve 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 2022-2023 period, the implementation of the programme was fully implemented in Pomurska region (all their units of centres for social work) and in the Municipality of Radlje ob Dravi. 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 and the training of trainers and first (pilot) implementers is planned for the early 2024.

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

'Health Ambassadors' campaign in the field of alcohol and drugs
Irma Glaner

Every year the Ministry of Health carries out a large number of promotional activities in support of public health policies and strategies. For this year's 'Health Ambassadors' campaign, we invited social media influencers to take part, with Challe Salle (Saša Petrović), a successful musician who spreads positive energy through his music and active lifestyle, being asked to address young people on the topic of healthy lifestyles, particularly in relation to alcohol and smoking.

Through messages on his own social media pages and those of the Ministry of Health (Facebook, Instagram, YouTube and TikTok), as well as a range of podcasts, he has set an example to young people with his positive attitude towards healthy living. He has steered their energies towards education, music, sport, healthy lifestyles and a positive outlook on life, and encouraged them to develop their talents. He himself neither drinks nor smokes, telling youngsters that 'Dim je mim' (Smoking is so over) and 'Pitje škodi, petje ne' (Drinking is harmful, singing isn't).

He has raised awareness of the harm that smoking and alcohol causes on the ministry's social media pages and during his school visits (he has visited six primary schools throughout Slovenia, given a free concert, and visited youngsters at Planica). During his school visits, he was accompanied by activists from NGOs whose anti-smoking, anti-drinking and also anti-drug activities are co-financed by the Ministry of Health. Over the summer he addressed young people via a series of short films that talked about spending active leisure time without alcohol and tobacco. He is also part of the 'Slovenija piha 0,0' anti-drink driving campaign, which takes place every November during Addiction Prevention Month.

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.

Every year, the Ministry of Health, in cooperation with the police and NGOs, organises the November campaingn "Slovenija piha 0,0 – against alcohol among drivers on Slovenian roads", during which the police controls whether drivers are fit to drive with roadside breath tests, organise a traditional concert by the Police Orchestra, etc.

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. Additionally, social media activities have been conducted in autumn and winter 2022/2023 as well.

1.2.7 Additional information

National Addiction Prevention Month Conference
Ada Hočevar Grom

In collaboration with the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the National Institute of Public Health has, for several years now, organised a national conference during National Addiction Prevention Month aimed at transferring the latest knowledge in the field of prevention science to a range of different stakeholders, and acquainting them with examples of good practice.

Last November saw the 16th National Addiction Prevention Month Conference, where experts discussed the social impacts to which young people are exposed, the pressures that can arise from them and the various methods available for addressing these pressures. The uncontrolled danger of alcohol marketing in the digital environment was presented as one of the key areas of debate, along with the epidemic of mental health problems occasioned by the Covid-19 pandemic. Examples of good practice included the 'Heroes Drive in Pyjamas' project, the sources of help in the area of addiction provided within the National Mental Health Programme (MIRA), and experiences in the field of addiction prevention in school-based prevention practice.

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

In the 2018/2019 academic year, the National Institute of Public Health's Maribor office began educating and training professionals (originally secondary school counsellors) who work with young people. The project is called 'Empowering school counsellors to carry out indicated drug prevention work'.

The aim of this work with professionals is to educate and train them in order to provide them with the necessary resources and increase their feelings of self-efficacy in their work with adolescents who take drugs and with the parents of those adolescents. Empowering professionals with an understanding of drug-related issues among adolescents and a knowledge of addictology helps to change social norms regarding drug use.

The goals of the education programme are, in more detail:

- 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 enable counsellors to develop awareness for early detection and assist adolescents who have begun experimenting with drugs;
- to provide assistance in formulating a strategy at the level of the institutions in which they work.

The meetings take place in the form of group-based interactive work. The group comprises between 10 and 12 experts who meet three times. Each meeting lasts three hours. The working method is interactive, and involves lectures, discussions, the case-study method and learning through simulation.

In 2022 we invited all Maribor social work centres (the Lenart, Pesnica, Ruše, Slovenska Bistrica, Maribor centre and Maribor Tezno units) to cooperate, as they frequently encounter addiction-related problems, among both adolescents and adults.

Forty-three professionals registered for the education and training programme. Owing to the high level of interest and the desire for interactive work, we divided the participants into four groups. The final coordination and determination of the timetable of all meetings took place at the end of the year. The opening meetings of all four groups took place in January and February 2023 and the second meetings in May/June. The third (final) meetings will take place in October 2023.

In 2022 a structured short-form education course was provided to first-year, second-cycle students on the 'Education' study programme at the University of Maribor's Faculty of Education. The title of the course was 'Early identification of adolescents who use drugs and the provision of appropriate help'. The workshops were attended by 20 students.

Alcohol

Maja Roškar, Sandra Radoš, Marjetka Hovnik Keršmac, Peter Debeljak

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. Key conclusion of the research is that young people including under-aged adolescents continue to be targeted by alcohol industry and are being able to interact with alcohol advertising content, indicating a clear failure of existing industry self-regulatory policies along with their age-affirmation mechanisms. Our research also illustrates a lack of developed statutory restrictions of digital alcohol advertising.

In 2023, the National Institute of Public Health launched an online platform for sharing good practice examples, which uses the Criteria for the Evaluation of Public Health Interventions to identify and select good practice examples. As a first group of interventions, we carried out an integrated evaluation of five interventions in the field of alcohol harm prevention and reduction, which showed that three out of the five interventions were identified as 'good practice'. The evaluation of interventions and the availability and promotion of evidence-based interventions is an important step towards reducing the implementation of less effective or successful or even harmful practices, which in turn supports the improvement of existing interventions.

In September 2022 awareness-raising activities about the risks of drinking alcohol during childbearing and during pregnancy were strengthened on the International Day of Foetal Alcohol Syndrome. Since 2022, was also the Year of the Youth, our target group were young people, as majority of them will probably become parents one day. In cooperation with the Secondary Teacher Training School, Gymnasium and Art Gymnasium Ljubljana, we collected students' thoughts on alcohol and pregnancy and published them in a press release. At the same time, various awareness-raising activities about the incompatibility of pregnancy and drinking alcohol took place in the regions.

In 2022 the National Institute of Public Health started developing a broader programme of Psychological first aid which is adapted for the general public and aimed at increasing knowledge on signs and symptoms of depression, suicidal behaviour, panic attacks and also hazardous and harmful alcohol use. The aim of the programme is to raise awareness and knowledge on hazardous and harmful drinking and to give information on how to reduce alcohol drinking and how to help someone having problems with drinking. Informational booklet was developed in 2022, in 2023 workshop is in preparation.

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.

1.3 Quality assurance of prevention interventions

1.3.1 The quality of prevention interventions control

In the programmes that it finances, the Ministry of Health checks only whether the activities set out in the application have been carried out. It does not check the effectiveness of the programmes. In the course of the most recent call for applications by the Ministry of Health, two NGOs expressed a wish for their programmes to be evaluated by an external evaluator.

In 2022 the NIJZ group tasked with comprehensively evaluating public health interventions carried out a pilot evaluation of five interventions in the field of preventing/reducing harms from alcohol consumption. It recognised three of them as examples of good practice.

The Social Protection Institute (IRSSV) evaluates programmes funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. The evaluation, conducted by the IRSSV is described in detail in the Best Practice Workbook.

2. Trends

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

Alcohol
Maja Roškar, Tanja Kamin

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.net), 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 71 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 and related products

Helena Koprivnikar

Tobacco use prevention programmes have gained momentum over the last decade, particularly in schools, programmes also include electronic cigarettes, heated tobacco products, nicotine pouches and smokeless tobacco products. NGOs are implementing programmes at schools aimed at decreasing the use of tobacco and related products among youth. 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 (especially Mystery Shopping), 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 are cooperating with the Slovene Market Inspectorate. NGOs are also providing different smoking cessation support programmes and actively promote the European Citizens' Initiative "Call to achieve a tobacco-free environment and the first European Tobacco-Free Generation by 2030".

National Institute of Public Health (NIJZ) focuses on raising awareness on harms of use of electronic cigarettes, heated tobacco products, nicotine pouches and smokeless tobacco products among different target groups (general public, media, school workers and parents, youth, health professionals …) by providing lectures, information on NIJZ webpage, ads on social networks and by organizing different meetings and national WNTD symposium. NIJZ is also closely monitoring prevalence of use of tobacco and related products and publishing 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, evaluation of tobacco control policies and coordination of national smoking cessation programmes are also key current tasks of NIJZ.

Universal and selective prevention

Andreja Drev

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 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 early intervention, 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
Maša Serec

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 developments in prevention

At the invitation of the UNODC, the Utrip Institute participated in the Working Group on the preparation of the Guiding Document "The Role of Law Enforcement Officers in Drug Use Prevention within School Settings", published by UNODC in May 2023. The main purpose of the document is to improve the effectiveness of the existing regular work of the police officers who are involved in preventive activities in the field of substance use in schools. The purpose of the document is also to encourage police officers to (again) judge their way of working and harmonize it with what the preventive science proposes for the school environment. Translation of the guiding document into Slovene and the establishment of regular training of police officers at the local and regional level are planned for 2023.

4. Additional information

4.1 Other important aspects of prevention

International European Commission project 'Make the Difference': Family and addiction: 'Jaz in ti – MI' (Me and You – US) Prevention Programme for Children
Karmen Osterc Kokotovič, Vesna Šmarčan

In 2021 the National Institute of Public Health's Maribor office began carrying out an international project, 'Make the Difference' (MTD), which is taking place in 12 EU countries. The aim of MTD is to prevent, detect, identify and respond to the endangerment to the welfare of children living in families with parents with addiction issues, and to develop and teach children skills and strategies to improve their psychological resilience.

The aim of MTD and the 'Jaz in ti – MI' (Me and You – US) prevention project is to provide a supportive environment and assistance to the target group of children aged between 6 and 15 (primary school children), who are recognised as a vulnerable group because they are growing up in families in which the parents are addicted to illicit drugs, alcohol or tablets.

The key task of the project in 2022 was to establish, formulate and write an agreement on cooperation between the National Institute of Public Health and Maribor Social Work Centre in order to establish good, cooperative relations between the two institutions and define the main objectives of the project.

The cooperation agreement is a model of how professionals at cooperating institutions should maintain relations so that the objectives of the cooperation can be met (permanent representation members/experts from both institutions on the project, convening of regular meetings, record-keeping, respect for the professional identity and professional autonomy of all experts involved, and an emphasis on the importance of working in line with professional codes of ethics).

The project objectives were also set out in the agreement:

- to establish continuous cooperation between the National Institute of Public Health and the Social Work Centre;
- to establish a network and structures of cooperation between different institutions that are able, in the course of their work, to identify children who are living with parents suffering from addiction early;
- to raise the awareness of and educate the profession and the wider public on this vulnerable group;
- to establish and implement a mentor-based approach in the 'Jaz in ti – MI' (Me and You – US) programme for the target group of children with the aim of improving their psychological resilience and other protective factors in healthy development.

To raise the awareness of and educate the profession and the wider public on the topic of this vulnerable group, cooperation with professionals at Maribor Social Work Centre was established in 2022 in the areas that the latter need to address in their addiction-related work. These areas will also be dealt with in 2023 in the form of short education and training courses.

The 'Make the Difference' project enables a thorough understanding and knowledge of the work of both participating institutions (content and method of work, obstacles, possibilities of cooperation), a more accepting, understanding and de-stigmatising approach to drug users, and greater awareness of children who grow up in families with addiction problems.

In order to increase the visibility of, identify and recognise as vulnerable those children that grow up in families in which addiction is present, a uniform approach must be taken at national level, and a joint, uniform response formulated by the profession to the issue of addiction within the family. This is only possible if professionals are sensitive to this problem, and have an adequate understanding of addiction (and therefore an appropriate attitude towards addiction) and the skills to assist in a professional manner. The early identification of adverse experiences among children, intervention, and adequate support to families and children can make an important contribution to strengthening psychological resilience, thereby reducing health and other problems among children.

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MOSA – Mobilizing community for responsibility towards alcohol (https://www.infomosa.net/) in Slovene, some parts of MOSA are available in English https://www.infomosa.net/en/)

Treatment workbook

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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 was finalized and approved in the parliament in June 2023.

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. The Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction is the main professional governing body of the specialized outpatient centres.

Slovenia carries out a comprehensive approach regarding the treatment of drug addiction. Networks of interrelated treatment and social programmes for persons addicted to drugs are established, consisting of inpatient and outpatient units. Most programmes within the healthcare system are covered by basic and supplementary health insurance. In the social care system, the majority of funds for programmes are provided by the state and municipalities; other funds providers are FIHO (Foundation for the financing of humanitarian and disability organizations) and private sector sources – including programme users who contribute a small part of the funds.

In 2022 there were 21 specialized outpatient centres (and 2 mobile units based in those centres) operating in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which are the sole outpatient providers of OST (also providing it at prisons). The Centre for the Treatment of Illicit Drug Addiction of the University Psychiatric Clinic Ljubljana functions is the main (and only) specialized medical inpatient treatment centre. 3820 persons were treated in the outpatient centres, and another 600 in prisons. There were also many different outpatient and inpatient programmes (day centres, therapeutic communities, rehabilitation centres, harm-reduction programmes, etc.), run mostly by NGOs, operating in 2022.

The vast majority of persons in medical treatment or seeking medical treatment (more than 70%) reported opioids to be their main substance of abuse. A minority of patients also sought help primarily due to problems with cocaine, benzodiazepines and cannabis, but these play a greater role as secondary-choice drugs in polydrug users. Despite the majority of patients in treatment still being treated due to opioid problems, that percentage has steadily declined over the years, and other drugs are gaining prominence. A slight downward trend can also be observed over the years for patients in OST.

The main developments in addiction treatment in 2022 were the establishment and wider use of depot forms of OST (buprenorphine) and some new techniques of switching patients from full agonists to buprenorphine (microtitration), which are better tolerated by the patients. Definitive plans were also made to open an adolescent inpatient unit at the Centre for the Treatment of Illicit Drug Addiction in 2023.

1. National profile

1.1 Policies and coordination

Main treatment priorities in the national drug strategy

In 2022, 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.

In the last months of 2022 and first half of 2023, a new National program on illicit drugs 2023–2030 was finalized and then submitted for public discussion. In June 2023, it was voted through unanimously in the Slovenian parliament. Work on the first action plan is due to begin in the second half of 2023.

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.

Further aspects of drug treatment governance
Role of non-governmental organizations (NGOs)

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.

1.2 Organisation and provision of drug treatment

Outpatient network

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 2022. 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, mainly to prepare users for potential inpatient admission. Two mobile units were operating in 2022 which also provided outpatient management (in Slovenj Gradec and Ptuj) and were 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.

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.

Further aspects of outpatient drug treatment provision

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.

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 2022, social workers were dealing with 296 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.

The mobile units programme

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 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 programme began on 1 October 2018 and was planned to be completed at the end of 2022, but due to the situation caused by the COVID-19 epidemic, it was extended until the end of April 2023. The programme enabled contact with a larger number of drug users, especially those who are not involved in any form of treatment or assistance (the hidden population of drug users). One of the key goals of the entire project was the inclusion of the target population (former and current drug users) in social activation programs, training and education programs, and employment.

More than 500 people were included in functional literacy programs to help them approach the labour market, and more than 100 people found employment. With various services, at least 5,000 users were reached, 4,000 analyses of samples of psychoactive substances were performed, mobile units worked in 145 places across the country and in total in more than 180 locations. Upon completion of the programme, the mobile units were fully integrated into the public healthcare system, which will provide the funds going forward.

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

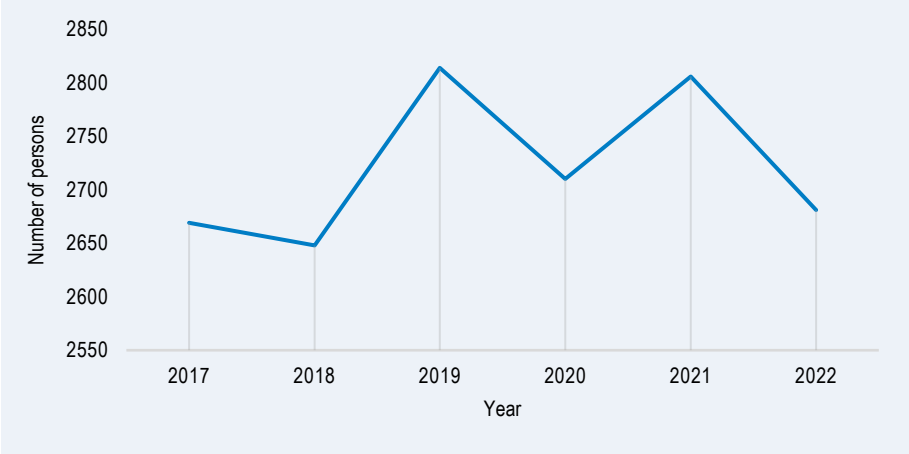
	Total number of units	National Definition	Total number of clients
Specialised drug treatment centres	**21**	Network of Centres for prevention and treatment of illicit drug addiction	**3820**
Low-threshold agencies	**12**	NGO organisations for harm reduction activities. Low-threshold programmes organizing day centres, carrying out field work and prevention	**13268**
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)	**14**	Outpatient clinics for the treatment of addiction at prisons	**600**
Other outpatient units – day care centres	**11**	Units in social care, mostly NGOs, which are working only during the day	**2735**

Source: National Institute of Public Health, Standard table 24

Further aspects of outpatient drug treatment provision and utilisation

Particularly important are outreach programmes that approach drug users in their environment, where they provide important additional knowledge and different forms of assistance that reduce risks related to drug use. According to the 2022 annual report by the Social Protection Institute of the Republic of Slovenia, 2681 persons were included in low-threshold programmes (day centres and field work, without harm reduction activities on dancing events), which is a little less than in previous years (Figure 1).

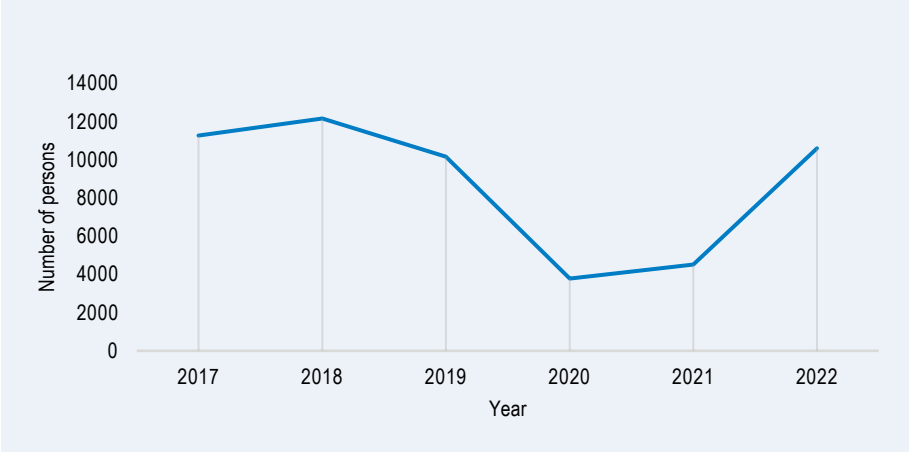
Figure 1. The number of persons included in harm reduction programmes in Slovenia in the period 2017–2022 not including DrogArt programme users (dancing events)



Source: Social Protection Institute of the Republic of Slovenia, 2022

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 (number of contacts with users), but not the exact number of users. According to the data of the Social Protection Institute of the Republic of Slovenia, the estimated number of users in 2022 is 10587, which is much more than in 2020 (3780) and in 2021 (4500), but around the same as in years before COVID-19 (Figure 2).

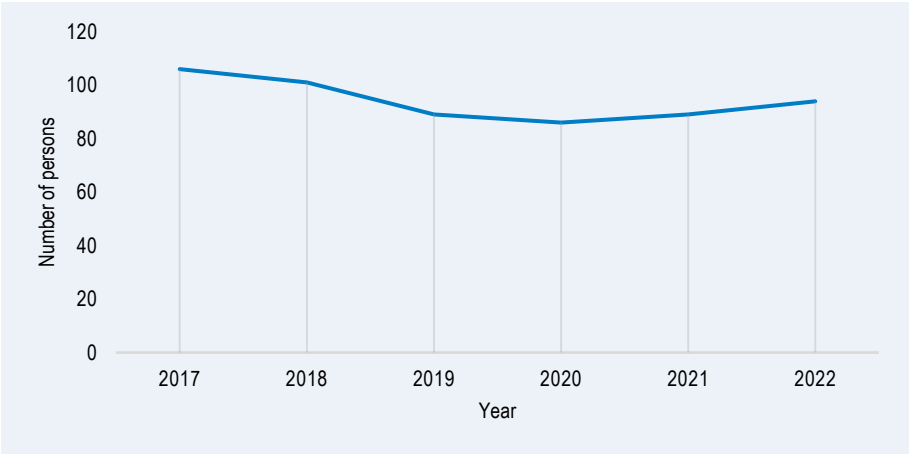
Figure 2. The number of contacts mainly on dancing events with drug users in the DrogArt NGO in the period of 2017–2022



Source: Social Protection Institute of the Republic of Slovenia, 2022

Two shelters for homeless drug users and a safe house for female drug users who are victims of violence were also operating in 2022; 94 persons were included in these programmes in 2022 (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 2017–2022



Source: Social Protection Institute of the Republic of Slovenia, 2022

Further, low–threshold programmes in 2022 also included approximately 50 other persons, namely important other people (parents, spouses, children, friends), ex-drug users, people asking for information, etc.

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 (percentage)

	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%	/	/	**100**
Other outpatient units (2)	/	/	/	/	**100**

Source: National Institute of Public Health, Standard table 24

Inpatient network

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 provides outpatient examinations (mostly in preparation for potential admission to the inpatient program), provides personnel to work in local prisons and 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).

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	Total number of clients
Hospital-based residential drug treatment	1	Psychiatric or other hospitals	**210**
Residential drug treatment (non-hospital based)	6	Rehabilitation and reintegration centres	**116**
Therapeutic communities	4	Classic TC between 1 – 3 years programmes	**70**
Prisons		Special hospital for inmates	
Other inpatient units	3	Shelter for homeless users, a safe house for female drug addicts	**94**

Source: National Institute of Public Health, Standard table 24

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 (percentage)

	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

Further aspects of inpatient drug treatment provision and utilisation

Alternative sentencing programmes for drug-addicted persons

Persons penalised for possession or resale of lesser quantities of drugs can choose alternative sentencing in the form of addiction treatment at the aforementioned medical institutions. Should they complete the mandated treatment program successfully, their prison sentence is revoked. A judgement is made about the appropriateness of alternative sentencing for each individual, based on the evidence and in consultation with court-appointed experts. The courts continuously monitor individuals in alternative sentencing and can reinstate the prison sentence if the treatment program is abandoned by the defendant.

1.3 Key data

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

In 2022, we have received reports about 133 persons first entering or re-entering treatment through the TDI indicator. Although the information about treatment entrants is not comprehensive (see the Methodology section), we believe it to be representative of the patient population. Heroin was still the most common primary drug abused by first entrants or re-entrants (with 97 patients – 72.9%), with cocaine (15 patients – 11.3%) and cannabis (5 patients – 3.8%) far behind (see Figure 4).

This data is acquired via the TDI Prevalence indicator, which are persons in long-term treatment and are a good representation of the entire population in treatment. We received reports of 2473 patients in long-term treatment through TDI Prevalence. In 2022, most patients reported abusing heroin as their primary drug of choice (997 patients – 40.3%), more than those reporting only prescribed OST use (776 or 31.4%), followed by benzodiazepines (193 or 7.8%), cocaine (149 or 6.0%) and cannabis (139 or 5.6%) (see Figure 5).

Further methodological comments on the Key Treatment-related data

The data on Total clients in treatment and Total OST clients are sourced from internal data collection by the Centre for the Treatment of Illicit Drug Addiction in Ljubljana, which is the most comprehensive evaluation of the number of patients in treatment in specialized medical institutions. The information about Total All clients entering treatment is a sum of all the data found in various reports by different

institutions that offer treatment to people with addiction issues (namely specialized medical institutions, prisons, low and high-threshold programs run by NGOs, etc.). Treatment is defined quite broadly in this instance and includes harm reduction activities such as counselling and needle exchange. There is also sure to be a degree of double- or multiple-counting, since people can seek help in multiple institutions and there is currently no mechanism to account for this. The final number is therefore likely to be an overestimate.

Characteristics of clients in treatment

The data from TDI Prevalence are presented here, since it is the most representative and detailed information on the population in treatment.

Of the 2473 persons in treatment in 2022, 79.5% were male and 20.5% female. The average age of men was 43.5 years and of women 41.3 years. 10.4% were younger than 35 years, 72.8% were aged between 35 and 49, and the rest were 50 or older (16.8%).

Of the patients that shared data on education (n=1668), 4% did not finish elementary school, 34.3% finished elementary school, 57.1% finished secondary (general or vocational) school, while 4.6% had a higher education. Of those who reported their employment status (n=1709), only 33.4% were fully employed, 11.4% were occasionally employed and the rest were either unemployed (49.8%), retired (4.3%) or students/pupils (1%).

40.3% of 2420 reported using heroin as their primary drug, with 31.4% using only OST. A significant proportion also reported using benzodiazepines (7.8%), cocaine (6%) and cannabis (5.6%) as their primary drug (see Figure II). 45.5% of 2319 respondents also reported using a second drug. In those 1054 users, cocaine (36.3%) was the most prevalent, with cannabis (24.7%) and benzodiazepines (18.4%) following.

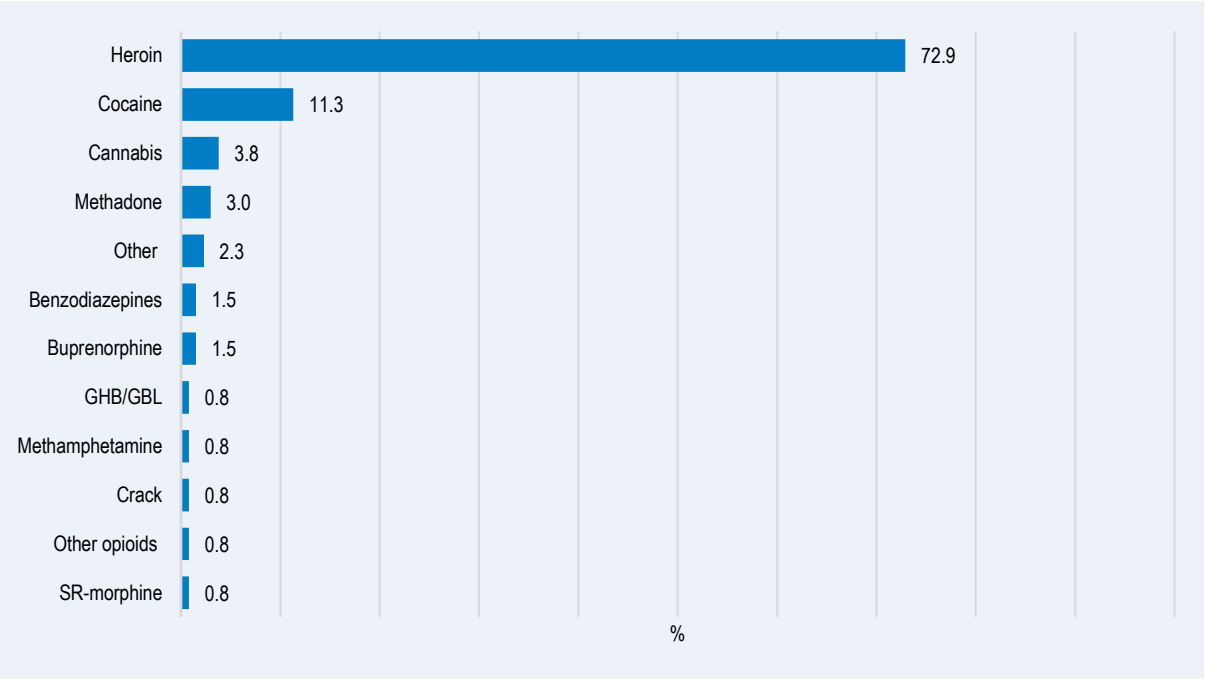
50% of 1754 respondents reported that they were in treatment for 5 years or less, while the rest reported being in treatment for more than 5 years. 17.3% of 2200 users reported injecting or sniffing drugs in the past month, while only 2.6% of 1445 reported having used unsterile needles or sharing other paraphernalia, however due to the taboo nature of the topic of risky behaviour and social desirability bias in answering, these percentages are likely to be higher. 0.9% report being HIV positive, while 10.3% have never been tested (of 2223 total). 14.7% report being positive on any kind of HCV test, while 10.3% have never been tested (of 2232 total). For HBV, 0.3% report being positive on any kind of test, while 8.6% report never having been tested (of 1685 total).

Table 5. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	3820
Total OST clients	3056
Total All clients entering treatment	20703

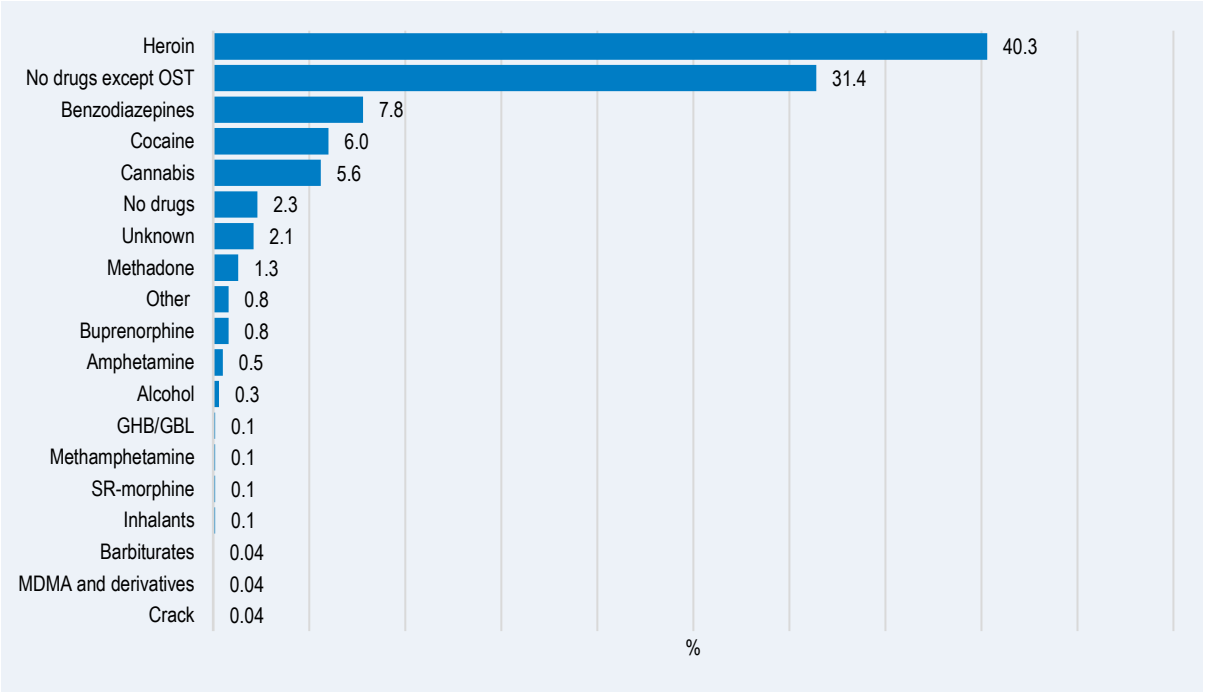
Source: National Institute of Public Health, ST24 and TDI

Figure 4. Proportion of treatment demands by primary drug – first entrance or re-entered 2022



Source: National Institute of Public Health, TDI

Figure 5. Proportion of treatment demands by primary drug – TDI Prevalence 2022



Source: National Institute of Public Health, TDI Prevalence

1.4 Treatment modalities

Outpatient and Inpatient services

Outpatient drug treatment services in Slovenia
A range of outpatient drug treatment services are available in Slovenia.

Specialised drug treatment institutions
The Centres for the prevention and treatment of illicit drug addiction are the mainstay of outpatient addiction treatment and form a network and cooperate with each other at different levels. 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 VI). Every person with an addiction problem can enter the programme. 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.

There is no waiting list for patients. The centres form the only healthcare network within which it is permitted to prescribe substitution therapy to people addicted to opioids. In addition to substitution programmes, these centres also provide psychotherapy, various workshops, blood collection for infectious disease testing and counselling, inclusion of people in hepatitis C treatment, diagnosis of tuberculosis, programmes for preventing drug overdose and general counselling. The centres also cooperate with other programmes in the region and with social work centres. The Centre for the treatment of illicit drug addiction in Ljubljana also provides some outpatient management to patients, although this is usually just in preparation for admittance to the inpatient unit.

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 various workshops, counselling on safer drug injection practices and providing sterile injection equipment.

General primary health care
Selected physicians (general practitioners) at the primary healthcare level also play an important part of addiction treatment as they are the most familiar with the patient and are usually the most common point of contact with the healthcare system. When and how the patient is treated or directed for further treatment is dependent on the knowledge and sensitivity of physicians for addiction issues. General practitioners cannot prescribe substitution therapy while working in a general healthcare office, though, as that is only permitted within specialized institutions for physicians with specialized addictology knowledge. The main role of the general practitioner is therefore to recognize addiction and addiction related issues, direct the patient for further treatment, help alleviate other health problems, and follow up on the progress of treatment. It is important that the general physician cooperate with physicians within specialized treatment institutions, however correspondence between different institutions and integration of treatment remains a challenge.

General mental health

Psychiatric outpatient clinics frequently encounter people with addiction and psychiatric comorbidities. Patients are usually referred to a specialized institution or another programme for further treatment. They treat psychiatric comorbidities which are very common and provide supportive medications. They may also refer them for inpatient treatment for addiction or other psychiatric disorders.

Other outpatient units in social care

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 and various other services. Some programmes prepare individuals for 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.
(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

Availability of core interventions in inpatient drug treatment services

Inpatient programmes are being carried out in the governmental and non-governmental sector in Slovenia. 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.

Specialized medical inpatient 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 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 by offering support and encouraging the patient to comply with the programme requirements. 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. The goal of the detoxification unit is a patient who is abstinent from all addictive substances (with the exception of nicotine, which usually is not a realistic goal in this context), behaviourally stable and motivated for further treatment. 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 inpatient programme consists of individual interviews, group therapy and various other activities (drawing, sports, performing various duties, etc.). 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. The programme is entirely voluntary and the patient can choose to leave at any point, although while participating in the program, they cannot freely leave the unit without supervision.

General psychiatric and other inpatient units

Patients with addiction who are either experiencing severe withdrawal, or an acute worsening of their psychiatric comorbidity, are first hospitalized at a general psychiatric unit for stabilization. When the patient's physical and mental condition improves, the patient may be transferred to a specialized inpatient addiction unit for further treatment, if they demonstrate sufficient motivation. While addiction related issues are generally treated in psychiatric institutions, patients with addiction can also be hospitalised at other inpatient units (for some other disease or because addiction was not yet established as the reason for the worsening of a patient's condition). In such cases, personnel from specialized addiction treatment institutions can be consulted to help manage patients and a referral for addiction treatment can be made subsequently.

Therapeutic communities

In Slovenia, there are multiple therapeutic communities for treating addiction which entail long-term accommodation. Entry to the community entails a preparation process, the duration of which depends on the degree to which the patient is ready for admittance. This involves coordination between the patient and various medical and social institutions. 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 reintegration programme with the goal of maintaining contact with the patient and helping them re-establish themselves as members of society.

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 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 (typically the Centre for the prevention and treatment of drug addiction) or the Centre for the treatment of drug addiction in Ljubljana. 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. The personnel working in prison are often the same people the patients were treated by before going to prison, and also after they have completed their sentence, which allows for better treatment continuity and trust. The treatment is entirely voluntary. There is no forced addiction treatment in Slovenia. Some NGOs also provide their services in prisons.

Forensic unit at the University Psychiatric Clinic Maribor

If a person who commits a crime is sentenced to prison and the crime is believed to be a consequence of a psychiatric disorder, the individual can be incarcerated at this unit as an alternative sentencing option. Although not specifically an addiction treatment unit, the prevalence of addiction related issues in this population is quite high. A number of patients who have issues with addiction are therefore treated at this inpatient unit.

Table 7. Availability of core interventions in inpatient drug treatment facilities.
(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%	>25%-75%
Individual case management	>75%	>75%	>75%	>75%
Opioid substitution treatment	>75%	>25%-75%	Not available	>75%
Other core outpatient treatment interventions	>75%	>75%	>75%	>75%

Source: National Institute of Public Health, TDI

Further aspect of available inpatient treatment services

Programme for medical and psychosocial rehabilitation Razori at the Centre for the Treatment of Illicit 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.

Target intervention for specific drug-using groups

Targeted interventions are mostly implemented as part of existing general 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.

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: There was no specific inpatient program for children and adolescents in 2022, but an adolescent inpatient addiction treatment unit is due to be opened in 2023 as part of the Centre for the treatment of illicit drug addiction of the University Psychiatric Clinic of Ljubljana.

Other target groups:

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

Some organizations (like NGO DrogArt) offer online counselling services (online interventions performed in 288 users, online personal counseling with 22 users in 2022). 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.

Social reintegration services (employment/housing/education) for people in drug treatment and other relevant populations

In Slovenia, the reintegration process starts during treatment. At that time, the patients are motivated to obtain additional education and acquire skills that would be useful upon completion of the treatment program. At the end of addiction treatment, patients may enrol in a reintegration programme in order to regain skills needed in everyday life. During this time, they may obtain additional education and seek employment and housing. The programme is free of charge. Experts from the treatment programme and those from the reintegration services cooperate to help the patient. Social work centres supervise the process and aid the patient in acquiring social transfers, while the employment service help the patient obtain employment. Patients are also assisted in finding accommodation. The duration of the entire programme is usually a year, but the period can be extended if the patient does not resolve their issues. The first part of 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 receives a formal certificate on the successfully completed programme. The local communities usually hold a positive attitude towards such programmes.

Opioid substitution treatment (OST)

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 under the supervision of a doctor or a nurse.

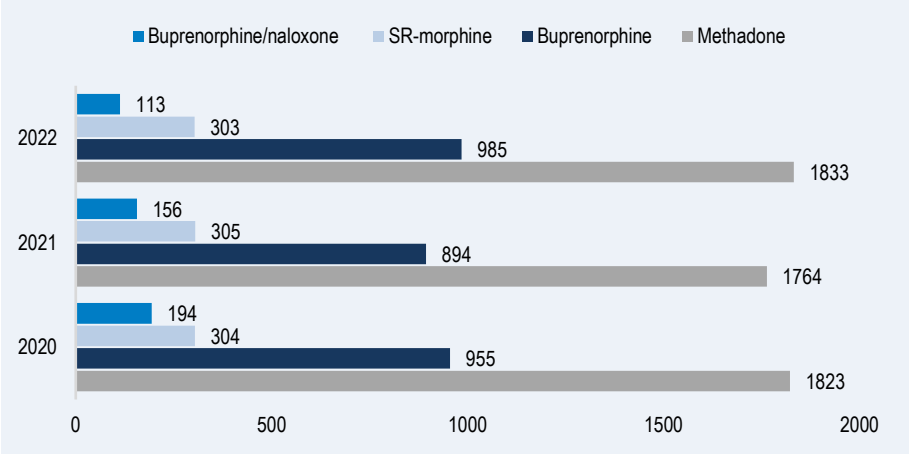
Number of clients in OST

In 2022, 3056 patients were receiving OST within the network of Centres. Among 3056 clients in OST in the specialized treatment centres, 1833 patients received methadone, 985 buprenorphine, 113 a buprenorphine/naloxone combination, and 303 slow-release oral morphine.

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

Based on a survey of users of low-threshold programmes (mostly people who actively inject drugs), 79.7% of them reported on being enrolled in an OST programme.

Figure 6. Number in OST patients according to the substitution medication used, 2020–2022



Source: network of Centres

Characteristics of clients in OST

The information on clients in OST was drawn from the TDI Prevalence indicator (subpopulation of users who reported currently being treated with OST, n = 1580).

In 2022, 80.1% were men and 19.9% were women. The average age of men was 43.5 years old, while women were a bit younger, with 41.6 years. 9.1% of users were younger than 35 years, 74% of users were aged 35-49 years and 16.8% were 50 years or older.

33.7% reported being fully employed, while 11.4% were occasionally employed. 49.4% were unemployed, 4.3% were retired and 0.6% were students or pupils.

3.6% did not finish elementary school, 32.5% finished elementary school and 54.7% finished secondary school (general or vocational). 4.6% finished higher education.

The primary drug users reported using was heroin, with 44.2%, with prescribed substitution therapy in second with 37.5%. A significant number of users also reported using cocaine (6.5%), cannabis (4.7%) or benzodiazepines (4.4%) as their primary drug. The rest (2.7%) reported using other substances.

74.6% of users reported being in treatment for more than 5 years, while 25.1% reported being in treatment for 5 years or less.

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 psychiatric 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

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 November 2022, the Minister of Health appointed the Commission to supervise the work of centers for the prevention and treatment of drug addiction. The Commission carried out supervision from January 2023 to June 2023, and will prepare a report and make recommendations at the end of 2023.

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 Social Protection Institute of the Republic of Slovenia.

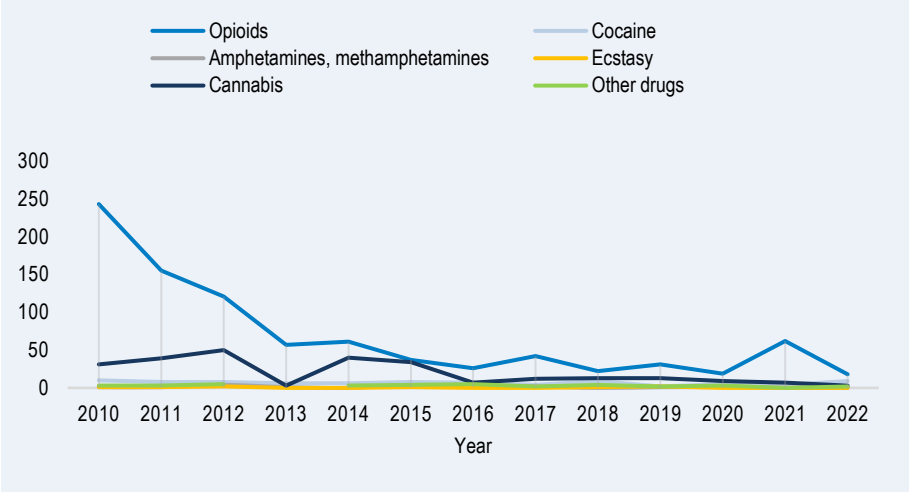
Other social welfare programs are implemented under the conditions published in the public tenders for co-financing by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and there are no prescribed technical, personnel or substantive standards for their implementation.

2. Trends

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

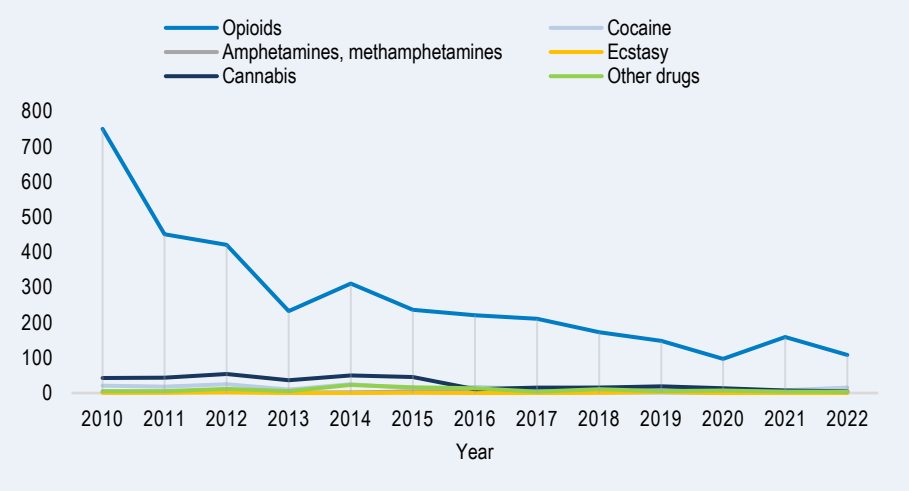
A long term decline in the number of patients entering treatment has been observed, with the number stabilizing at a low level in the last couple of years. The precise reasons are not known. Access is free and there is no waiting list. We hypothesize that a poor reporting discipline of relevant institutions over the years is an important contributing factor and that the numbers are being underreported. Data on substitution treatment is also obtained from another source (the Coordination of Centres), where a comparison shows consistently higher numbers and a stable situation in the number of persons involved in substitution treatment.

Figure 7. Trends in numbers of first-time clients entering treatment by primary drug, 2010–2022, Slovenia



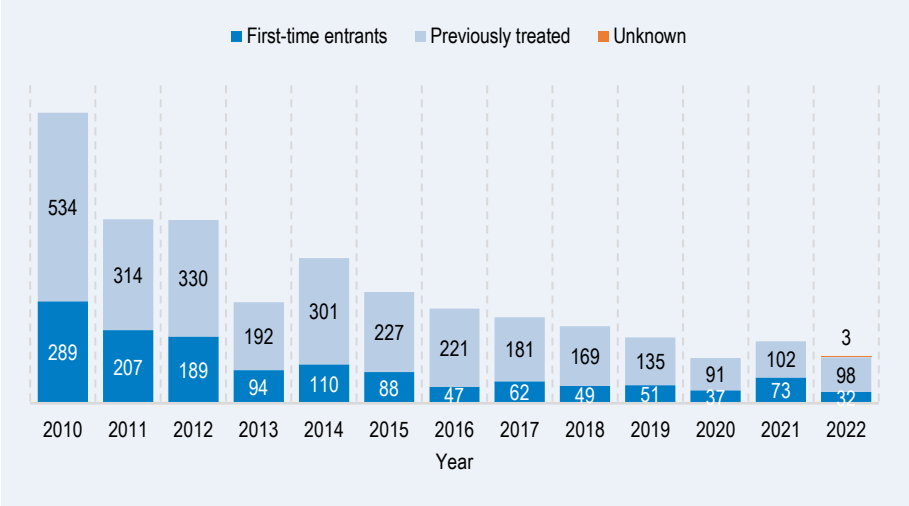
Source: National Institute of Public Health, TDI

Figure 8. Trends in numbers of all clients entering treatment, by primary drug, 2010–2022, Slovenia



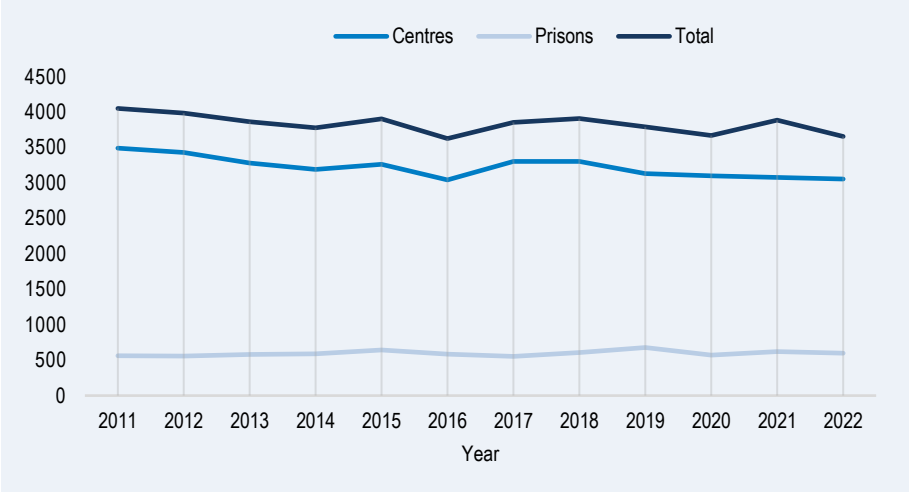
Source: National Institute of Public Health, TDI

Figure 9. Trends in numbers of entrants in opioid substitution treatment, 2010–2021, Slovenia



Source: National Institute of Public Health, TDI

Figure 10. Trends in numbers of clients in opioid substitution treatment, 2011–2022, Slovenia



Source: National Institute of Public Health, ST 24

3. New developments

3.1 New developments

Here is a quick recap of the main developments in the area of addiction treatment in 2022:

- Development of the National program on illicit drugs 2023-2030, voted through in the first half of 2023
- Plans made for the opening of the adolescent inpatient unit of the Centre for the Treatment of Illicit Drug Addiction in Ljubljana in 2023
- Establishment and wider usage of injectable slow-release buprenorphine in the OST doctrine (see below)
- Establishment and wider usage of buprenorphine microtitration in the OST doctrine (see below)

Buprenorphine depot form

In October 2021, a new form of buprenorphine, available for prescription, was registered in the field of OST in Slovenia. This new form is a weekly or monthly depot subcutaneous injection. This provides a significant additional treatment option alongside the established sublingual buprenorphine tablets, methadone solution, and slow-release morphine.

Users who had previously received sublingual buprenorphine, as well as those treated with full agonists, whether methadone or slow-release (SR) morphine, expressed a desire to transition to this type of treatment due to the favourable clinical response to depot therapy.

Buprenorphine microtitration

In the past, the transition from full agonists to buprenorphine was considered a lengthy process, requiring a high level of motivation and discipline from users. For many, this was a significant obstacle, and they were reluctant to make this transition.

In Slovenia, the standard practice has been the gradual transition of users from full to partial opioid agonists. However, more recent foreign literature describes alternative methods for transitioning from full agonists to partial agonists.

In the standard transition method, it is necessary to reduce the methadone dose to at least 40 mg daily, and then wait at least 24 hours or until withdrawal symptoms appear before starting buprenorphine.

Buprenorphine is then titrated over approximately three days to a dose that results in well-being or the absence of withdrawal symptoms.

Alternative methods involve a therapeutic approach where, over the course of a week, buprenorphine is introduced to the user alongside the full agonist, either methadone or SR morphine. This gradual introduction of buprenorphine displaces methadone from the opioid receptors, resulting in a smoother transition and according to the literature and clinical experience, withdrawal symptoms are negligible.

In this way, we have introduced a new method into clinical practice, which is showing benefits in the treatment of addiction across Slovenia.

4. Additional information

4.1 Information on prescribed 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 prevention and treatment of illicit drug addiction. These centres report the number of boxes dispensed annually to the Health Insurance Institute of Slovenia, which informs the National Institute of Public Health on the statistics.

In 2022, 12.183 boxes of **morphine (N02AA01)** were prescribed, at a total cost of EUR 618.687,5, in the form of *Substitol 120 mg and Substitol 200 mg* solid, prolonged release capsules.

A total of 25.166 boxes of **buprenorphine (N07BC01)** were prescribed (total cost of EUR 795.053,15) in the form of *Buprenorphine Alkaloid 2mg* and *Buprenorphine Alkaloid 8mg sublingual tablets*.

A total of 1816 syringes with **buprenorphine (N07BC01)**, containing prolonged-release solutions for injection, were prescribed at a total cost of EUR 313.219,27 and in various concentrations for prolonged-release injection (*Buvidal 8-128mg*).

A total of 5.113 bottles of **methadone (1,000 ml, N07BC02)** were prescribed (total cost of EUR 319.278,2) 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)*.

27 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 322,5.

For **buprenorphine and naloxone combination (N07BC51)**, in the form of *Zubsolv sublingual tablets in various concentrations*, we were unable to obtain the data on the number of prescribed boxes, however the total cost is known to be EUR 303.219.

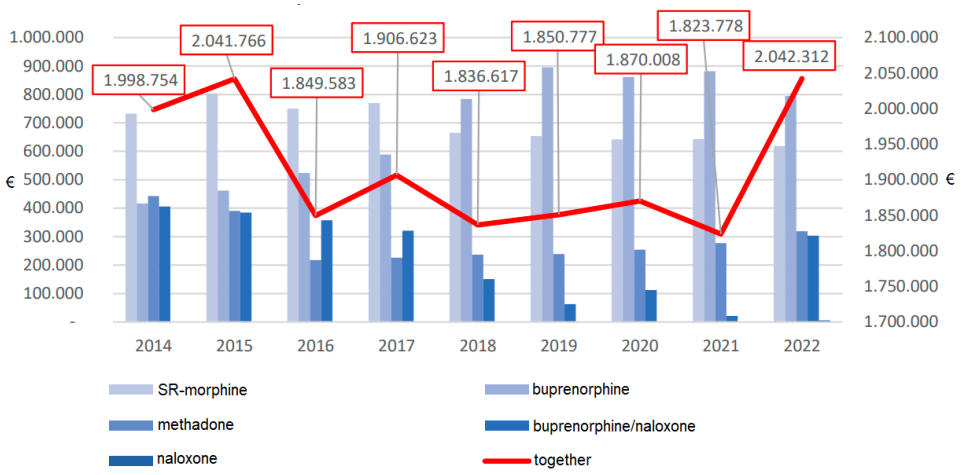
206 boxes of **naloxone (V03AB15)** in the form of *Nyxoid 1.8 mg nasal spray* were prescribed at a total cost of EUR 5751,7.

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.

A total of EUR 2.042.312 was spent on drugs in addiction treatment programmes in 2022, an uptick from the 2021 amount of EUR 1.823.778 after a multiple year downward trend. The total amount does not include the juice, the bottle, the signature or the preservative used for methadone preparation.

The figure below shows the amount spent on each addiction-treatment drug between 2014 and 2022 and the trend in overall cost of these drugs in euros (Figure 11).

Figure 11. Funds spent on addiction treatment medication, from 2014–2022



Prescription of cannabinoid-based medications

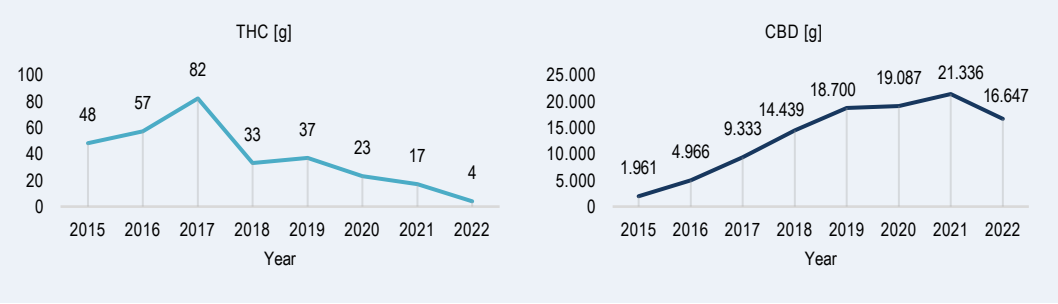
No finished drugs containing THC as an active ingredient have yet been registered in Slovenia. Doctors may prescribe a magistral drug containing the active ingredients of tetrahydrocannabinol (THC) or cannabidiol (CBD), or a combination of the two, on a white prescription form or order form.

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 ZZZS (National health insurance institute).

Pharmacies are reporting 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 these preparations, not all of them have reported the number of prescriptions. Our figures only report on specific active ingredients whose use has been reported to the National Institute of Public Health. In 2022, 16 pharmacies have reported preparing medicines containing THC or CBD for 1.225 orders. In 2022, 16,6 kg of CBD and 3,5 g of THC was prescribed in Slovenia. The price of 1 g of CBD is EUR 85 and the price of 1 g of THC is EUR 386.

The National Institute of Public Health has been monitoring the prescription of these preparations since 2015. There is a reduction in the prescription of CBD after a multi-year increase and a downward trend in the prescription of THC (Figure 12).

Figure 12. Total prescription of THC and CBD in grams 2015–2022



4.2 Further Aspects of Drug Treatment

Treatment within the Scope of NGOs:

In 2022, there were 18320 users of social-oriented programmes. Their attendance from 2017 on is shown in 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 244 (1.3%) patients attended the programme every day. 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 on dance events, normally only once a year. A trend can be observed of less people attending programs every year from 2017 to 2020. A smaller number of people also attended the programmes in 2020 and 2021 probably due to the COVID-19 pandemic.

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 (%)	2022	2022 (%)
Every day	333	1.0	233	0.8	193	1	166	1.3	303	2.4	244	1.3
Several times a week	2164	6.6	1936	6.5	1010	5.2	1000	8.1	973	7.8	833	4.5
Several times a month	2149	6.6	2336	7.9	1401	7.3	1411	11.4	1353	10.8	1563	8.5
Once a month	1232	3.8	1606	5.4	911	4.7	857	6.9	954	7.6	1033	5.6
Few times a year	2396	7,3	2555	8.6	1990	10.3	2246	18.1	2045	16.3	2012	11.0
Once a year	22875	69.8	22395	75.6	12799	66.3	5789	46.8	5804	46.3	11123	60.7
Not known	1637	5.0	843	2.8	1009	5.2	912	7.4	1105	8.8	1512	8.3
Together	**32786**	**100**	**29604**	**100**	**19313**	**100**	**12381**	**100**	**12537**	**100**	**18320**	**100**

Source: Social Protection Institute of the Republic of Slovenia, 2023 (2)

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.

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 2022 in Slovenia

	Drugs	Primary diagnosis	Additional diagnosis	Total	Share among all (%)
1	Multiple drugs	484	718	**1202**	**46.2**
2	Sedatives and hypnotics	98	417	**515**	**19.8**
3	Cannabis	28	389	**417**	**16.1**
4	Opioids	70	171	**268**	**10.9**
5	Cocaine	50	117	**167**	**6.4**
6	Other stimulants	14	36	**50**	**1.9**
7	Hallucinogens	4	4	**8**	**0.3**
8	**Together**	**748**	**1849**	**2597**	**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 episodes / hospitalizations due to addiction (F diagnoses F11-F19) in the hospitalization database (782 episodes / hospitalisations in 2022). For these episodes, we looked at whether a diagnosis of psychiatric comorbidity was present. There were 204 such hospitalizations in Slovenia in 2022. We present the noted comorbidities in Table 10.

Table 9. First additional diagnosis of patients hospitalized with an addiction primary diagnosis in Slovenian psychiatric hospitals in 2022

	Frequency	%
F60 Specific personality disorders	83	40.7
F43 Reaction to severe stress, and adjustment disorders	18	8.8
F61 Mixed and other personality disorders	17	8.3
F41 Other anxiety disorders	13	6.4
F20 Schizophrenia	12	5.9
F32 Depressive episode	11	5.4
F29 Unspecified nonorganic psychosis	9	4.4
F33 Recurrent depressive disorder	8	3.9
F90 Hyperkinetic disorders	7	3.4
F06 Other mental disorders due to brain damage and dysfunction and to physical disease	5	2.5
F23 Acute and transient psychotic disorders	5	2.5
F25 Schizoaffective disorders	5	2.5
F31 Bipolar affective disorder	3	1.5
F03 Unspecified dementia	2	1.0
F07 Personality and behavioural disorders due to brain disease, damage and dysfunction	2	1.0
F00 Dementia in Alzheimer disease	1	0.5
F21 Schizotypal disorder	1	0.5
F40 Phobic anxiety disorders	1	0.5
F42 Obsessive-compulsive disorder	1	0.5

Methodological note: The number of hospitalisations in Table 8 (748) does not match the number 782 in Table 9. The methodology was different – in Table 9 we have episodes and in in Table 8 the number refers to hospitalisations in 2022.

5. Sources and methodology

5.1 Sources

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5.2 Methodology

The data from the report was collected in different ways. The TDI questionnaire collects data mainly from Centres for the Prevention and Treatment of Illicit Drug Addiction. Lately, we have been trying to implement the TDI indicator in Slovenian prisons, but reporting from these institutions is scarce (only 2 of 6 prisons reporting in 2022). We expect more information to be available from the prison setting in the following years. The TDI questionnaire is digital and includes various control systems that prevent entry errors. There are notable issues with provider compliance, as only 17/21 of Centres reported data for the main TDI indicator and 18/21 for TDI Prevalence. Additionally, parallel data collection on the number of persons treated shows that institutions only report on a fraction of patients via the TDI questionnaire, so this data does not fully capture the entire population of patients treated for addiction, although we believe it to be somewhat representative.

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 or multiple 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 2014–2020and 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. In June 2023 a new Resolution on the National Programme on Illicit Drugs 2023–2030 was adopted.

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, University of Ljubljana,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 Faculty of Education, University of Ljubljana, implements a program of social pedagogy and educates and trains social pedagogues to work with vulnerable populations. The Utrip Institute cooperates in organising short 5-day courses based on the European Prevention Curriculum (EUPC) and US-developed Universal Preventive Curriculum, intended for decision makers, policy makers and opinion leaders. It also collaborates with the Faculty of Health Sciences, University of Ljubljana, the Faculty of Education, University of Primorska and the Sigmund Freud University in Ljubljana in a pilot edition of informal training courses in the field of evidence-based prevention and in developing selected subjects, study content and post-graduate courses preventive sciences in Slovenia.

1. National profile

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1.1 Policies and coordination

Prevention

The Resolution on the National Programme in the Field of Illicit Drugs (2014–2020;2023–2030) 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 behaviour. 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.

In 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.

In June 2023 the National Assembly of the Republic of Slovenia adopted the new Resolution on the National Programme on Illicit Drugs 2023–2030 (available at: http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915 https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-2383/resolucija-o-nacionalnem-programu-na-podrocju-prepovedanih-drog-2023-2030-renppd23-30).The overarching goal of the above-mentioned resolution is that, “By 2050, programmes to improve people’s health and social well-being shall be established and upgraded, thereby creating at national level health-friendly living conditions and conditions for a dignified, inclusive, peaceful and secure life for all residents of the Republic of Slovenia” (see also Drug Policy Workbook, section 1.1.)

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).

In 2022, the Recommendations on how to prevent opioid drug overdose were accepted (Kastelic A. Predoziranje z opioidnimi drogami in Nalokson za domačo uporabo. Priporočila. Availabe at: https://nijz.si/wp-content/uploads/2022/12/Predoziranje-z-opioidnimi-drogami-in-nalokson-za-domaco-uporabo-3.pdf).

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).

In 2020, the Utrip Institute published the Slovenian version of a second updated edition of the UNODC/WHO International Standards on Drug Use Prevention. The publication is intended for prevention professionals, including policy and decision makers and representatives of NGOs, in purpose to increase the quality of prevention programmes and advocate for adequate funding of evidence-based prevention in Slovenia. Website: https://www.preventivna-platforma.si/wp-content/uploads/2020/12/UNODC_WHO_standardi_2018_SLO.pdf

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, University of Ljubljana, 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.

The Faculty of Education, University of Ljubljana also 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 pedagogy, especially in the field of harm reduction and vulnerable populations. At his faculty they perform the undergraduate program of social pedagogy and the master's program of penology and social pedagogy.

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 4.2.

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:

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.

In 2020, ‘Listen First’ and ‘The Science of Care’ materials developed by UNOCD have been translated into Slovenian and the national roll-out has been a great success during the COVID-19 pandemic. Under the leadership of the Utrip Institute and supported by the Ministry of Health, the materials have reached a vast part of its 2 million population. Following a strategic media campaign that included social media, TV, and news articles, the videos have already been broadcast some 300 times on national and local television in its first two months. Some 18,000 posters with science sheets were also distributed to social and health services, kindergartens, schools, and NGOs across the country, where families come daily and read the messages in the waiting room.

Following the successes, the materials 'The Science of Skills: Super Skills' have also been translated into Slovenian and UTRIP and launched and disseminated in 2022 (https://www.preventivna-platforma.si/znanost-o-skrbi-preventivna-kampanja-v-sodelovanju-z-unodc/ https://www.unodc.org/unodc/en/listen-first/success-stories/2021/february/national-release-of-listen-first-in-slovenia.html https://www.unodc.org/unodc/en/listen-first/success-stories/2022/april/listen-first-reached-one-quarter-of-slovenias-population.html).

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.

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 T1.3.

The No Excuse ('Brez izgovora') youth network has been running tobacco and alcohol abuse prevention programmes in schools for the last 16 years and a cannabis abuse programme for secondary schools for the last six. It also organises several programmes that address non-substance addiction, such as internet addiction and problematic gambling. In the last year, they have expanded the range of preventive programs to include other topics, such as mental health, various types of peer violence and healthy lifestyle (the importance of healthy eating habits, energy drinks etc.). Since various addictions are appearing in younger individuals each year, they started with the implementation of prevention programs against cannabis abuse in primary school and expanded the tobacco prevention programs to the issue of electronic cigarettes.

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 the last year, they extended their reach and implemented more than 2000 hours of preventive workshops in different schools in Slovenia.

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 the beginning of 2023. Process evaluation of the programme was carried out 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, they 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 Other important aspect of best practice promotion

Prevention

In 2022 the Utrip Institute signed a cooperation agreement with the Faculty of Health Sciences of the University of Ljubljana, the Faculty of Education of the University of Primorska, and Sigmund Freud University from Ljubljana which will cooperate in the pilot implementation of informal education and training courses and future development of selected subjects, study content and post-graduate studies of preventive science in Slovenia. The preparation of an application for submission of the postgraduate study is still in progress in 2023. The Faculty of Health Sciences of the University of Ljubljana 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). The Sigmund Freud University in Ljubljana has started with selected subject on prevention and health promotion in collaboration with the Utrip Institute in the study year 2022/2023 and will continue with it in the study year 2023/2024.

Harm reduction

Mobile Units

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” (see also Harm and Harm Reduction Workbook, section 2.2).

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

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Summary

National profile and trends harms

Illicit drug-related health harms are constantly and systematically monitored in Slovenia, including data on mortality related to illicit drugs, on acute poisonings (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 2022, 66 deaths related to the direct effects of illicit drugs were reported in Slovenia, 1 death more than in 2021. Of those who died in 2022, 54 were men and 12 women. The average age of the men was 42 years, and of the women 51 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, 187 people were treated for illicit drug-related acute emergencies, which is 36 cases more than in the 2021. Emergency examinations of persons with illicit drug-related poisoning represented 0.75 % of the cases examined at Emergency outpatient clinics for internal medicine in Ljubljana. 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, 56 in 2022. The number of cocaine poisonings are increasing since 2008. In 2019 and 2020 the number of cocaine poisonings have slightly declined. In 2022, the number of cocaine poisonings increased to 73 cases and poisonings with cocaine are more frequent than poisonings with heroin. The number of cannabis poisonings is increasing since 2014. In 2022, 63 cases of cannabis poisonings were reported.

According to the available information, the situation in infectious diseases among drug users remained relatively stable in 2022. During the period from 2017 to 2022, 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 2022 to the highest 18%. 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 40% in 2021 and 2022. 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 2022 there were 12 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 12 day centres in eight programs. Some of day centres operate at several sites in some regions. These programmes included 1,395 drug users (549 drug users less than in 2021). 112 users were registered for the first time. The harm reduction programmes in 2022 recorded 16,906 contacts which is less than in 2021 mostly due to the COVID-19 pandemic.

Drug related infectious diseases

According to the available information, the situation in infectious diseases among drug users remained relatively stable in 2022. During the period from 2018 to 2022, 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 18% in 2022 (two among 11 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 40% in 2021 (12 among 30 PWIDs) and 2022 (eight among 20 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 2022, no 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.

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

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. Slovenia has continuously introduced improvements in the methodology of codifying deaths; it also has an extremely well developed system of forensic examination and toxicological analysis, with the majority of the former also including the latter. It is possible to conclude that the higher number of deaths can also be attributed to the methodological changes that have taken place in the last few years, as well as to changes in codification practice, improvements in forensic investigations of deaths, and changes to the way data quality is checked and work procedures are carried out.

The number of drug-related deaths in Slovenia is high and was increasing steadily until 2020. In 2022, 66 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 54 men and 12 women; the average age of the men was 42 years, and the average age of the women was 51 years, while most of the deceased were in the age groups between 40 and 44 years. The average age of those who died in 2022 was 44 years. Eighty-two per cent of all drug-related deaths were among men. The structure of overdose deaths by age, sex and type of drug is in Table 1. Most of the deaths in 2022 were codified as resulting from addiction (35 deaths, 12 of which involved opioids). The reasons for this include the increase in the number of deaths resulting from poisoning involving several drugs, or drugs in combination with alcohol and/or sedatives, and the ageing of the drug-dependent population. In terms of numbers, deaths resulting from addiction were followed by cases where death was codified as suicide and cases of accidental overdose and cases where the deceased's intention could not be determined. There was a significant difference between men and women when it came to cause of death (intention), with suicide attributed to almost half of women (42%) and to 19% of men (Tables 1 and 2).

Table 1. Overdose deaths by drug group, age group and gender, 2022

	Age groups												Gender		
Illicit drug	< 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	0	0	3	1	1	0	0	1	6	0	**6**
Other opioids	0	0	1	0	0	0	0	1	0	0	0	0	1	1	**2**
Methadon	0	0	0	0	1	0	0	3	1	0	0	0	3	2	**5**
Other synthetic narcotis	0	0	0	0	0	0	1	0	0	1	1	1	1	3	**4**
Cocaine	0	0	0	2	2	0	2	2	0	0	0	0	8	0	**8**
Psychostimulants	0	0	0	0	0	1	1	0	1	0	0	0	3	0	**3**
Addiction	0	0	1	2	4	5	10	7	3	1	0	2	29	6	**35**
Hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Cannabis	0	0	0	0	0	1	2	0	0	0	0	0	3	0	**3**
Total	**0**	**0**	**2**	**4**	**7**	**7**	**19**	**14**	**6**	**2**	**1**	**4**	**54**	**12**	**66**

Source: National Institute of Public Health, 2023

Table 2. Number of deaths from overdose, by external cause and type of drug used, 2022

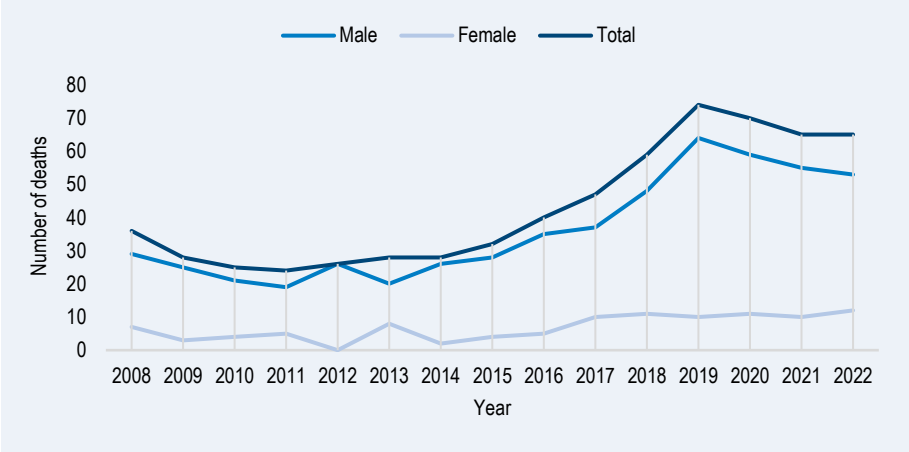
	External cause of death			Addiction	Total
Illicit drug	Accidental exposure	Deliberate self-poisoning	Intention undetermined		
Heroin	2	1	3	0	**6**
Other opioids	0	2	0	0	**2**
Methadon	2	3	0	0	**5**
Other synthetic narcotis	1	3	0	0	**4**
Cocaine	3	4	1	0	**8**
Psychostimulants	1	2	0	0	**3**
Addiction	0	0	0	35	**35**
Hallucinogens	0	0	0	0	**0**
Cannabis	3	0	0	0	**3**
Total	**12**	**15**	**4**	**35**	**66**

Source: National Institute of Public Health, 2023

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 1) 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, 2022 -12). The number of drug-related deaths has fallen in the last three years (2020–2022). Sixty-six deaths were classified as drug-related in 2022 (65 in 2021, 70 in 2020). The epidemiological measures taken in response to the SARS-CoV-2 pandemic led to certain changes in the availability of drugs, and to adjustments being made to drug treatment and harm reduction programmes. In Slovenia, this resulted in a reduction in the number of deaths from overdoses of illicit drugs (Figure 1).

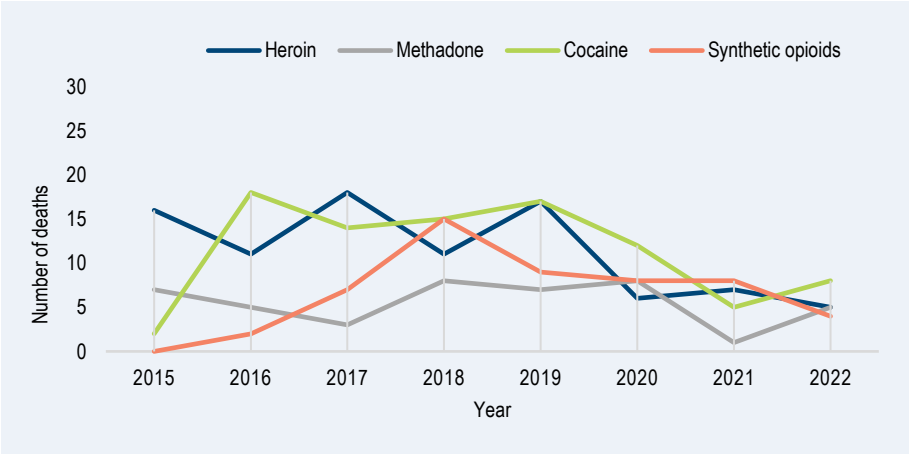
Figure 1. Number of illicit drug-use related deaths, total and by gender, 2008–2022



Source: National Institute of Public Health, 2023

A downward trend in deaths from heroin use since 2019, and also the number of deaths from synthetic opioids is declining since 2018 (Figure 2).

Figure 2. Number of illicit drug-use related deaths by type of drug, 2015–2022



Source: National Institute of Public Health, 2023

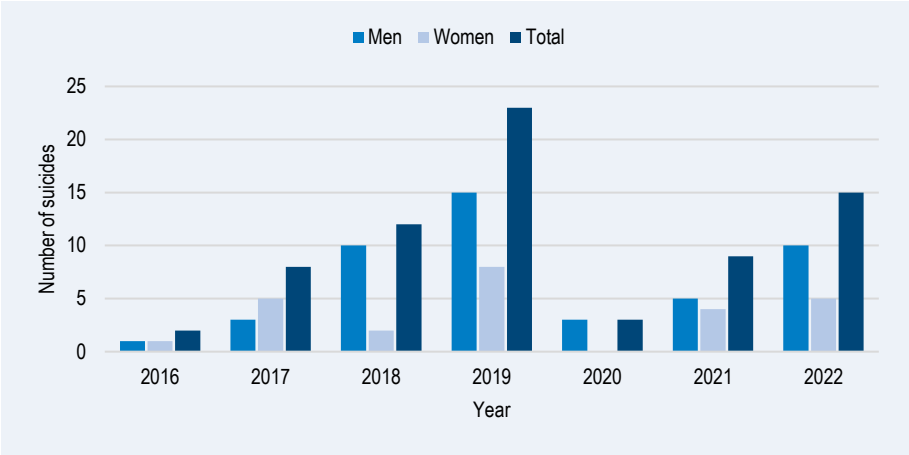
In all categories except for suicide, the fall in the number of deaths between 2020 and 2022 is more pronounced among men than women. The number of drug-related suicides fell from 23 in 2019 to three in 2020, then began to rise again in 2021 and in 2022 (in the latter year, mainly among men, Figure 3, Table 3). The further fall in the number of drug-related deaths in 2022 was therefore mainly on account of fewer accidental poisonings and fewer deaths in which the deceased's intention could not be determined.

Table 3. Deaths from overdose in Slovenia with respect to ICD-10 diagnosis, 2020–2022

	2019			2020			2021			2022		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
F-codes	18	1	19	29	4	33	33	2	35	29	6	35
Addiction												
Total X41–X42	25	1	26	20	7	27	12	3	15	11	1	12
Accidental poisonings												
Total X61–X62	15	8	23	3	0	3	5	4	9	10	5	15
Suicides												
Total Y11–Y12	5	1	6	7	0	7	5	1	6	4	0	4
Poisoning with undetermined intention												
Total	**64**	**10**	**74**	**59**	**11**	**70**	**55**	**10**	**65**	**54**	**12**	**66**

Source: National Institute of Public Health, 2023

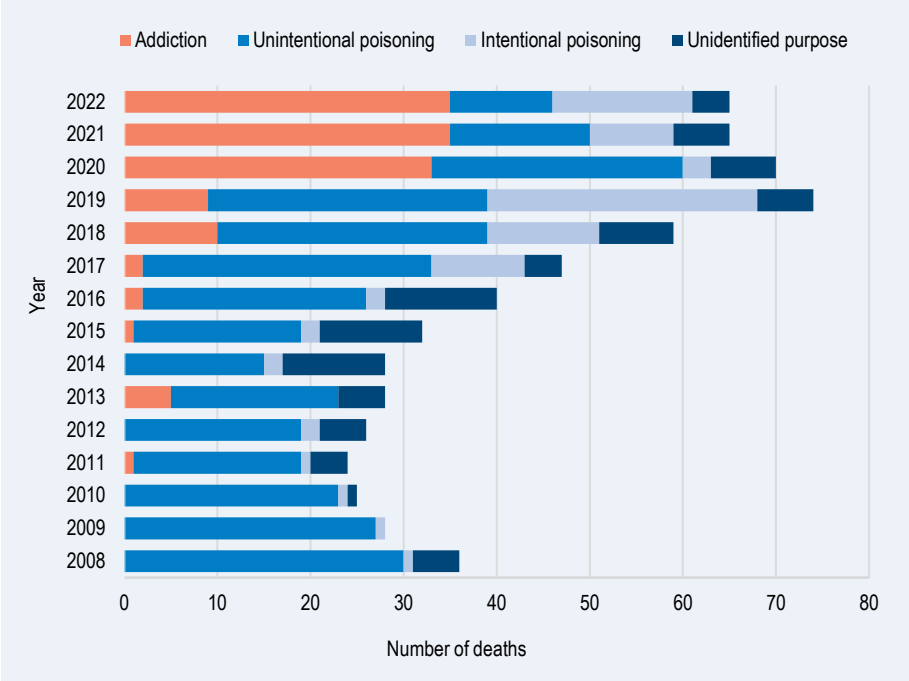
Figure 3. Trend in the number of deliberate fatal drug poisonings, 2016–2022



Source: National Institute of Public Health, 2023

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. The high number of deaths coded as addictions complicates the clear picture of mortality by intent (Figure 4).

Figure 4. Trend in the number of fatal drug poisonings with respect to intention (addiction, deliberate exposure, accidental, intention undetermined), 2008–2022



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

Toxicology of overdose deaths

In 2022, a toxicological examination was done in 55 cases of deaths (83%). There were 43 fatal overdoses where an opioid was present, which is 78% of all toxicologically identified deaths. The most frequent opioids were heroin, methadone and tramadol (identified in 10 of the cases). For 12 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 (26 times) and benzodiazepines (22 times). The most common combinations of substances in drug-related deaths were methadone and benzodiazepines, heroin and cocaine and methadone and cocaine (Table 4).

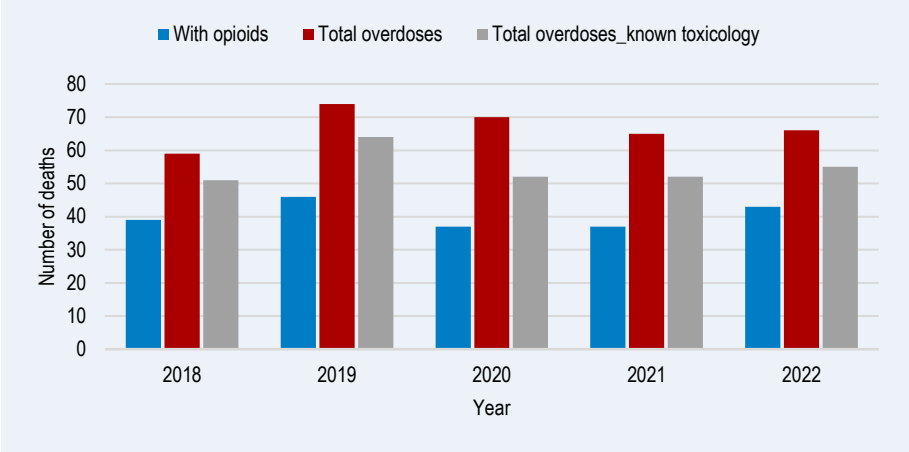
Table 4. Total number of cases where a substance was mentioned alone or in combination, 2018–2022

	2018	2019	2020	2021	2022
Any opioid	41	46	37	37	43
Heroin	16	25	19	17	23
Methadone	13	14	14	16	19
Tramadol			9	12	10
Cocaine	22	28	24	22	26
Amphetamines	3	13	6	6	7
Benzodiazepines	26	29	26	19	22
THC	4	19	8	12	14

Source: National Institute of Public Health, 2023

A large majority of deaths involve opioids, although it is assumed that many of these cases are linked to the use of more than one drug (Figure 5). Up until 2021, the greatest fall was seen in the number of deaths involving heroin, with a slight fall also occurring in the number involving benzodiazepines.

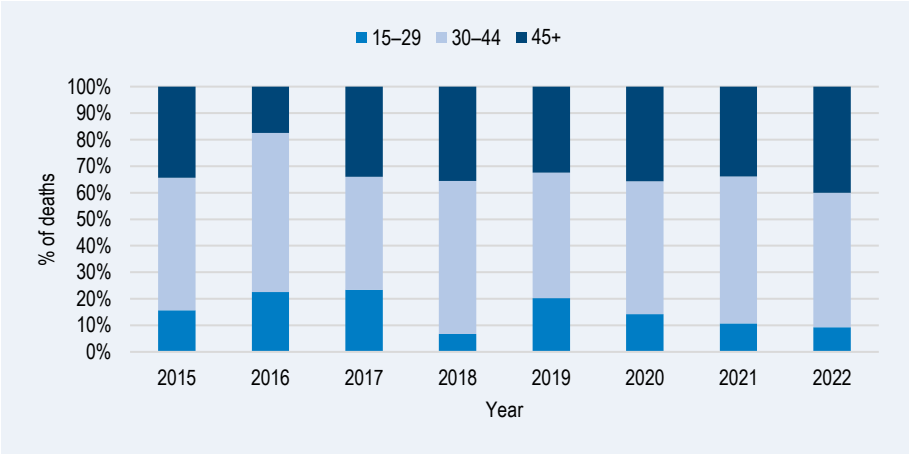
Figure 5. Trend in the number of fatal poisonings in Slovenia, total and with the presence of opioids, 2018–2022



Source: National Institute of Public Health, 2023

Between 2015 and 2021 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). Currently the majority of deaths from overdose involve opioids. However, it is not heroin that is the predominant cause of death among older users, but opioids such as tramadol on prescription, particularly among women aged 50 and over. In 2019 synthetic opioids or the opioid-based analgesic tramadol were present in almost three quarters of fatal overdoses (70%) of women (one third in 2020, 60% in 2021 and one quarter in 2022 (Figure 6). In order to reduce their risk, this at-risk population probably needs tailored interventions that differ from the traditional interventions employed for heroin users.

Figure 6. Age distribution of direct deaths in Slovenia, 2015–2022



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

1.1.3 Additional information on drug-related deaths

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 2022, there were 77 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: 5). Alcohol was present in 25 deaths. Four (4) persons had diagnosis of drug addiction in the past.

We've been tracking data for 3 years in the row, so when discussing trends, data for 2020 presented 42 deaths, data for 2021 67 deaths and data for 2022 77 deaths. Of these, most deaths were due to suicides, followed by accidents.

Table 5. Number of deaths with illicit drugs or various psychoactive medicinal drugs in blood or urine, 2022

Cause of death	Illness	Accident (incl. Aspiration of foreign body, hypothermia)	Suicide	Manslaughter/ Murder	Other (also accidental and unintentional poisoning)	Unknown	Total number of cases
	27	7	34	1	3	5	77
Drugs							
Benzodiazepines and hypnotics	16	2	16		2	2	
Amphetamins							
THC			3	1			
Other psychoactive medications (mostly antipsychotics and antidepressants)	19	3	23		3	5	
Opioids, including opioid analgesic medications	10	2	6	1	2	1	
Cocaine	1	2	6	1	1		
MDMA and other synthetic drugs							
Alcohol	7		13	1	2	2	
Dg of drug addiction in the past			4				
Dg of alcohol addiction in the past	4		3			1	
Exclusively other F10-19 except addiction (mostly harmful substance use)	2		2			1	

Source: National Institute of Public Health, 2023

Note: More drugs can be detected in one and the same fatal case.

1.2 Drug related acute emergencies

1.2.1 Toxicology of drug-related acute emergencies

The following statistics show adult patients who were examined and treated for drug poisoning at the University Medical Centre (UKC) Ljubljana, which serves as a secondary hospital for the Ljubljana region with approximately 600,000 residents.

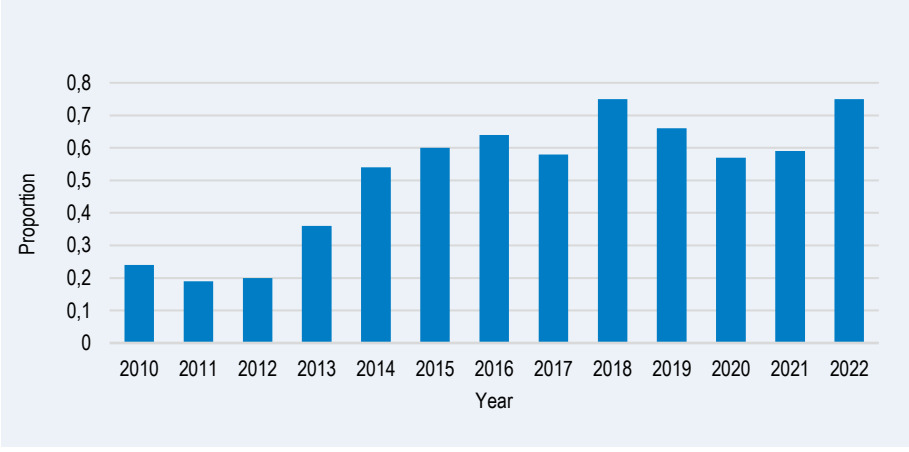
In 2022, the emergency medical clinic of UMC Ljubljana examined 24,787 patients in total, which is 14% more than in 2020 and 24 % more than in 2021. They treated 187 patients for illicit drug poisoning, which is 36 patients more than in 2021. The number of poisonings from illicit drugs gradually increased from 2010 to 2018 (178 patients), followed by a temporary decline in the number of poisonings from illicit drugs in 2020, we treated only 132 patients for illicit drug poisonings, likely associated with the COVID-19 epidemic (Figure 7).

Figure 7. Number of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, 2010–2022

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

The number of patients poisoned with illicit drugs in 2022 was represented 0.75 % of all treated patients in emergency medical clinics which is the highest since 2010. (Figure 8). The incidence of illicit drug poisoning in the Ljubljana region in 2022 was around 31/100,000 residents.

Figure 9. Proportion of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, compared to all patients treated, 2010–2022



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

Table 6 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 6. Illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2022

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)	2022 (n=261)
Heroin	35	9	8	14	34	44	42	26	38	32	42	39	56
Cocaine	12	10	12	14	34	45	54	49	65	60	45	55	73
Cannabis	6	16	23	27	53	64	59	59	57	65	48	55	63
LSD	0	0	1	1	1	1	3	2	2	4	3	3	2
GHB, GBL, BD	2	2	5	31	19	17	31	18	34	31	20	20	16
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27	22	34	28	13	14	31
New psychoactive substances (NPS)	3	1	0	2	10	5	10	11	4	5	2	17	11
Ketamine	0	0	0	0	0	0	0	0	0	0	2	0	3
Phencyclidine	0	0	0	0	0	0	0	0	0	0	2	0	0
Psilocybe	0	0	0	0	0	0	0	0	0	0	2	2	3
Unknown drug	0	0	0	0	0	0	0	4	23	5	9	3	3
Total	**61**	**55**	**61**	**104**	**164**	**193**	**226**	**191**	**257**	**230**	**186**	**208**	**261**

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 5).

New psychoactive substances identified in 2022 were only synthetic cathinones: 3-methylmethcathinone (3-mmc), MDPHP and pentedrone (Table 7).

Biological samples (urine and blood) from other patients suspected of NPS poisoning but not confirmed are being preserved and will be analyzed when suitable resources become available. Toxicological analyses of biological samples (urine, blood) from individuals poisoned by NPS could be conducted as part of the "New Psychoactive Substance Detection System (SONDA)" project, as we had in 2016. We have submitted a proposal for this to the Ministry of Health.

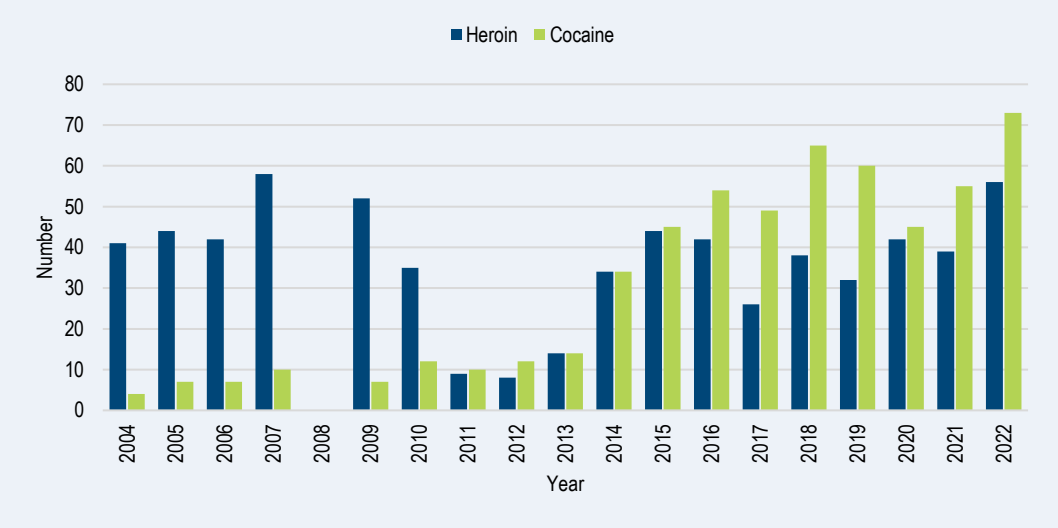
Table 4. New psychoactive substances that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2022

NPS	Number of drugs												
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7	4	3	3	1	3	3
Synthetic cannabinoids	0	0	0	0	3	0	0	0	1	0	0	4	2
Synthetic opioids	0	0	0	0	0	0	0	0	0	0	0	1	0
Synthetic benzodiazepines	0	0	0	0	0	0	0	0	0	0	0	2	0
Synthetic tryptamines	0	0	0	0	0	0	0	0	0	0	0	1	0
Other NPS (2Cl, 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	0
Unknown NPS	0	0	0	0	0	0	0	0	0	0	0	4	6
Total	**3**	**1**	**0**	**2**	**10**	**5**	**10**	**7**	**4**	**5**	**2**	**17**	**11**

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 9. Number of cases with acute heroin and cocaine-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2022



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

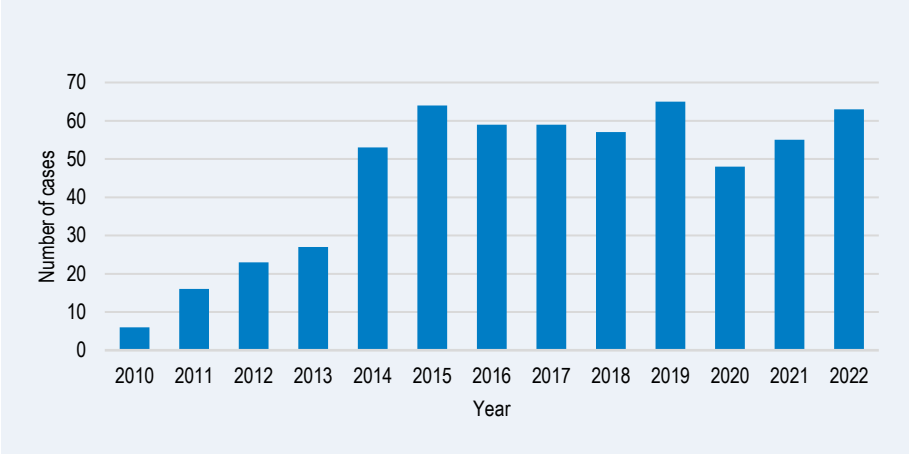
Figure 9 shows the number of poisonings with heroin and cocaine from 2004 to 2022. In 2022, we notified 17 heroin poisonings more than a year before. In 2022, the number of poisonings from heroin and illegal opioids increased once again, reaching the levels seen in 2007 when we treated the highest number of heroin poisonings.

The number of cocaine poisonings was low and relatively stable from 2004 to 2013. However, in 2014, the number of cocaine poisonings more than doubled, compared to 2013. In 2018, cocaine poisoning also became the most commonly abused illicit drug among patients treated in the emergency internal medicine clinics at the University Medical Centre in 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 and 2022 the number of poisonings increased and poisonings with cocaine are again more frequent than poisonings with heroin. In 2022 we observed the highest number of cocaine poisonings so far with 73 cases.

In last decade, the number of cannabis (THC) poisonings is increasing. From 2014 to 2017, 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 2022 the number of cocaine poisoning was again more prevalent than cannabis poisonings. 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 10).

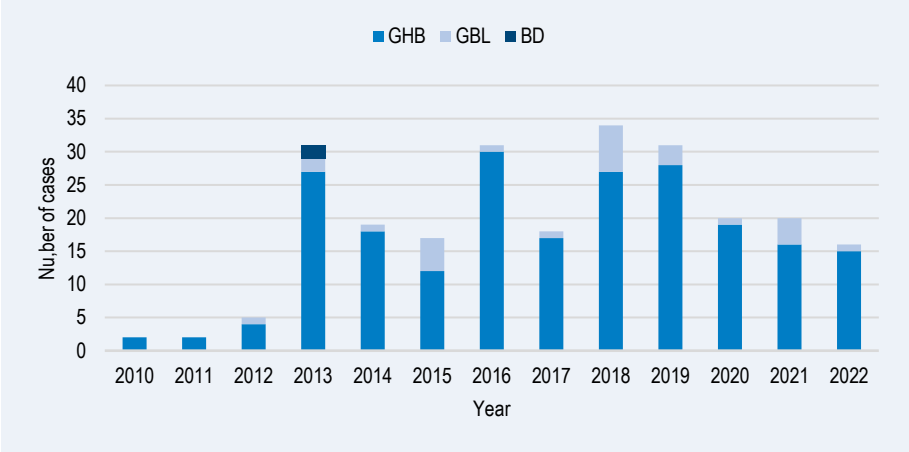
Figure 10. Number of acute cannabis-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2010–2022



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

In the last three years, from 2020 to 2022, the number of Gamma-Hydroxybutyrate (GHB) and Gama Butyrolactone (GBL) poisonings was by a third less compare to 2019. In 2019 number of this poisonings was similar than in 2018, 2013 and 2016 when we recorded the highest number of GHB poisonings. In the majority of cases, GHB abuse was for recreational use, and incidents of GHB-facilitated sexual assault were rare, with only isolated cases. In 2021, we found 4 cases of intoxication with GBL, and in 2022 only 1, although there are probably more, since at least part of the poisoned consumed GBL and not GHB, as stated in the emergency room (Figure 11).

Figure 11. Number of cases treated for acute intoxication with GHB, GBL and BD at the UMC Ljubljana, Division for Internal Medicine, 2010–2022

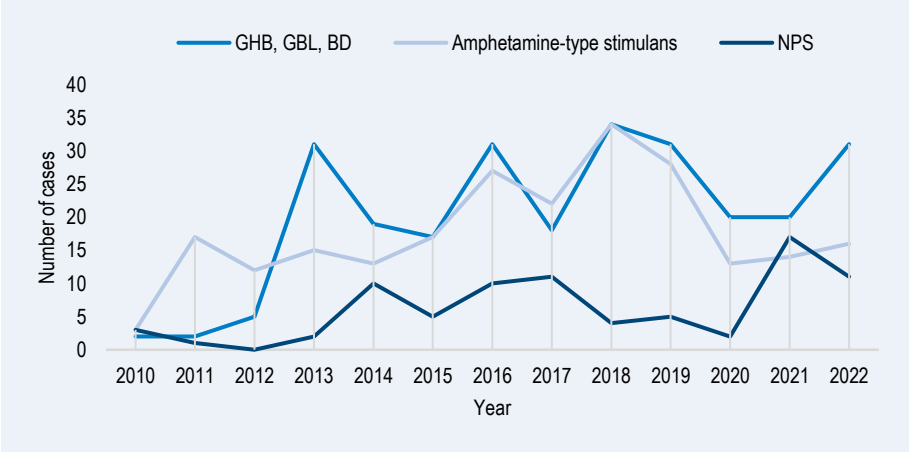


Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

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 5).

In 2022, the number of these poisonings once again increase to the pre-COVID-19 epidemic levels. The decrease in the number of amphetamine-type stimulant poisonings in 2020 and 2021 is attributed to the restrictions imposed due to the COVID-19 pandemic. In 2022, we observed a decline in the number of poisonings involving new psychoactive substances, as only 11 cases were identified, but we recognized poisonings with cathinones 3-mmc, pentedrone, and MDPHP. We did not identify other NPS (Table 5, Figure 12). The low number of poisonings with NPS is likely also a result of insufficient laboratory capabilities for their identification and a lack of resources for organizing the collection of biological samples and their analysis.

Figure 12. Number of patients treated for acute intoxication with GHB, GBL, BD, Amphetamine-type stimulants and NPS at the UMC Ljubljana, Division for Internal Medicine, 2010–2022



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

1.2.2 Additional information on drug-related acute emergencies

Consultations with physicians regarding drug poisonings as part of the 24-hour toxicological information service at the Center for Clinical Toxicology and Pharmacology at the University Clinical Center Ljubljana (2022).

In the 24-hour information and consultation service in the field of clinical toxicology and pharmacology, the assistance or consultations are provided to physicians and other experts who are handling acutely poisoned patients in Slovenia. As part of the 24-hour toxicological information service at the Center for Clinical Toxicology and Pharmacology at the University Clinical Center Ljubljana, we treated 220 cases of poisoning in the year 2022, involving the use of 301 illicit drugs (Table 8).

Table 8. The number of patients and illicit drugs involved in the poisonings of individuals treated within the 24-hour toxicological information service at the Center for Clinical Toxicology and Pharmacology at the University Clinical Center Ljubljana

Illicit drug	**Number of drugs**					
Year	2017	2018	2019	2020	2021	2022
The number of patients	**152**	**128**	**195**	**122**	**158**	**220**
The number of illicit drugs involved	182	171	258	166	216	301
Heroin	19	17	31	33	31	43
Cocaine	28	30	48	28	36	68
Canabis	46	45	73	43	60	75
LSD	4	4	4	4	6	1
GHB, GBL, BD	14	20	33	15	24	19
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	37	25	3	23	35	51
New psychoactive substances (NPS)	32	30	24	11	10	**36**
Psylocibe	2	0	1	4	2	**4**
Other drugs (ketamine)						**3**
Unknown drug			7	5	12	**1**

When interpreting the data on consultations with physicians, it's important to consider that doctors only call toxicologist when they need assistance or advice. If doctors are familiar with the treatment of drug poisonings and have experience in managing poisoned patients, they do not require the toxicologist's assistance and do not make the call. Therefore, the data in Table 7 do not reflect the actual number and ratio of drugs used. For example, doctors call less frequently for heroin overdoses, as they are well-versed in managing such poisonings.

Within the 24-hour toxicological information service at the at the Center for Clinical Toxicology and Pharmacology at the University Clinical Center Ljubljana, we treated the highest number of poisonings involving illicit drugs in the past five years in 2022. The most significant increase was observed in poisonings involving cocaine and other stimulants. There was also an increase in heroin poisonings and possibly other synthetic opioids, but we couldn't identify them through toxicological analysis. We propose conducting a multi-year project for toxicological analysis of biological samples from individuals poisoned with NPS, with a focus on synthetic cannabinoids and fentanyl analogs

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 (2018–2022) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 468 PWIDs who entered for the first time or re-entered treatment - 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time), 76 in 2020 (seven for the first time), 91 in 2021 (16 for the first time) and 66 in year 2022 (six 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 36% in the year 2019 to the lowest of 22% in 2020. In 2022, 19 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 2018 to 2022, the convenience samples of PWIDs were among clients of five nongovernmental harm reduction programmes - in Ljubljana (2018–2019 and 2021–2022), Koper (2018–2022), Maribor (2018–2022), Celje (2018–2022) and Nova Gorica (2018–2019 and 2021–2022). 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 2018 to 2022, the NIJZ received the data for a total of 132 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 2018 for 29, in 2019 for 39, in 2020 for 15, in 2021 for 29, and in the year 2022 for 20 PWIDs).

To ascertain the number of PWIDs with diagnosed HIV infection we took into account results of screening and/or confirmation tests for HIV antibodies (anti-HIV) available in the medical documentation – screening tests of third and fourth generation and confirmation tests Western blot and Immunoblot. During this period, the number of PWIDs with diagnosed HIV infection before treatment demand ranged from 0 among PWIDs who entered or re-entered the program in years 2018, 2019, 2020 and 2021 to 1 among PWIDs who entered or re-entered the program in 2022. Respective HIV prevalence estimates ranged from the lowest 0% in 2018, 2019, 2020 and 2021 to the highest 5% in 2022.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 662 tested PWIDs during the period from 2018 to 2022 none were HIV positive (Table 9).

Table 9. Proportion of HIV infected PWIDs among clients of five harm reduction programmes, 2018–2022

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
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
2022	5	135	24	0	0	0.0	0.0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2018–2022

During the period from 2018 to 2022, the reported HIV infection incidence rate in the Slovenian population ranged from the highest 2.0/100,000 population in 2022 to the lowest 1.4/100,000 population in 2020. During the last five years (2018–2022), seven cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIJZ, two in 2019, one in 2020 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 31 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 2018 to 2022, the NIJZ received the data for a total of 64 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 2018 for 13, in 2019 for 12, in 2020 for five, in 2021 for 23, and in the year 2022 for 11 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, 2021 and 2022. Respective HBV prevalence estimates ranged between 0% in the years 2018 and 2020 and 18% in the year 2022. 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 2018 to 2022, the reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 2.7/100,000 population in 2018 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.

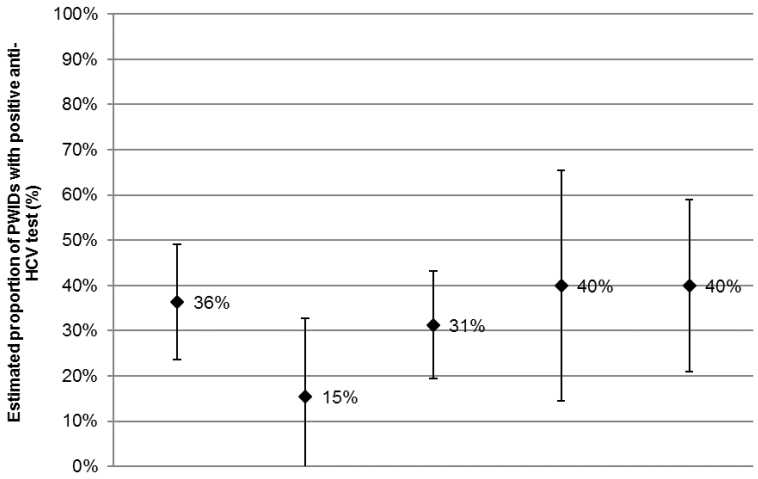
HCV infection

For the period from 2018 to 2022, the NIJZ received the data for a total of 138 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 2018 for 33, in 2019 for 39, in 2020 for 16, in 2021 for 30, and in the year 2022 for 20 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 12 among PWIDs who entered or re-entered the program in the years 2018 and 2021. Respective HCV prevalence estimates ranged from the lowest 15% in 2019 to the highest 40% in the years 2021 and 2022. 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 13 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 13. 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, 2018–2022

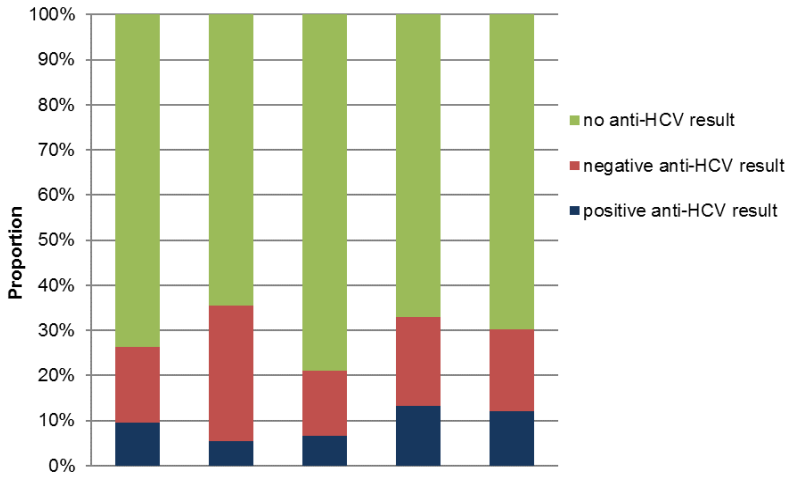


Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs with positive anti-HCV test result	12	6	5	12	8
Number of PWIDs with known anti-HCV test result	33	39	16	30	20
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66
Average age of PWIDs entering for the first time or re-entering treatment (in years)	37	37	38	40	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.

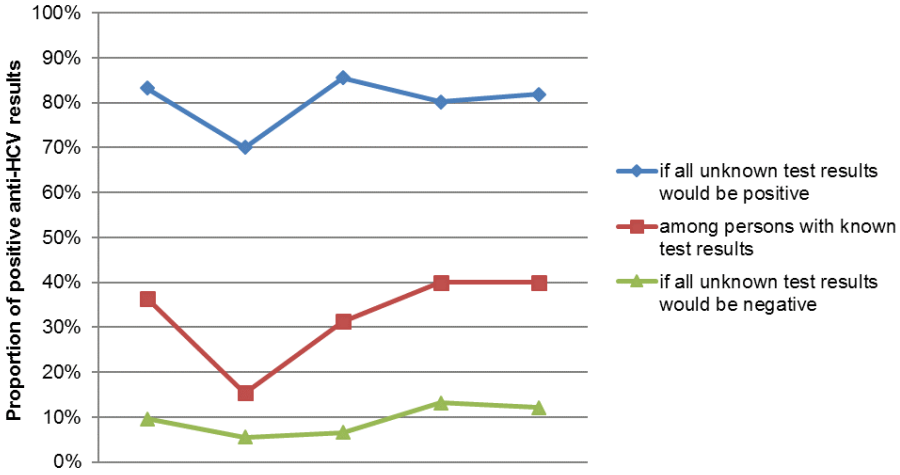
From the results shown, we can not reliably conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period, especially as the data about tested PWIDs and the results of tests are not available for all PWIDs entering 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 increased from 26% in 2018 to 35% in 2019, then decreased to 21% in 2020, increased again to 33% in 2021 and decreased again to 30 % in 2022 (Figure 14).

Figure 14. 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, 2018–2022



Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66

Figure 15. 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, 2018–2022



Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66

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 15 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 20 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 2022, 55% of results were from 2022, 5% results from 2021 and the remaining 40% of results were for tests carried out before 2020.

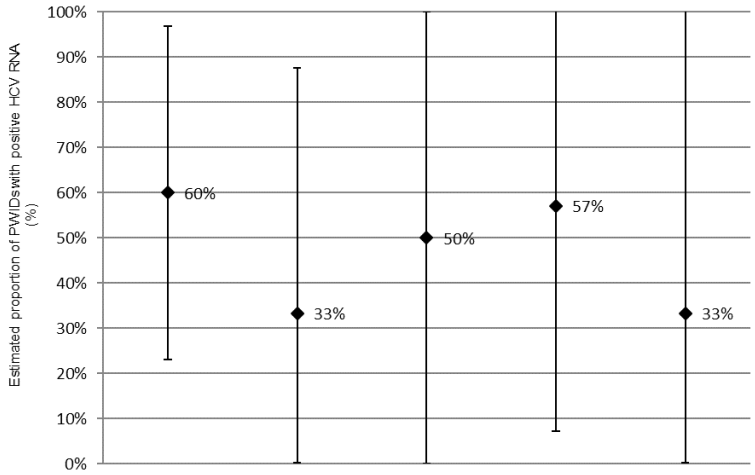
Although the absolute numbers are very small, we also present the available results for the prevalence of active infections (HCV RNA positivity) among PWIDs entering for the first time or re-entering treatment. Due to very small numbers of PWID with reported active HCV infection status, reliable inference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

For the period from 2018 to 2022, the NIJZ received the data for a total of 28 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 2018 for 10, in 2019 for six, in 2020 for two, in 2021 for seven, and in the year 2022 for three 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 years 2020 and 2022 to the highest of six among PWIDs who entered or re-entered the program in 2018. Respective HCV prevalence estimates ranged from the lowest 33% in years 2019 and 2022 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 16 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 16. 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, 2018–2022

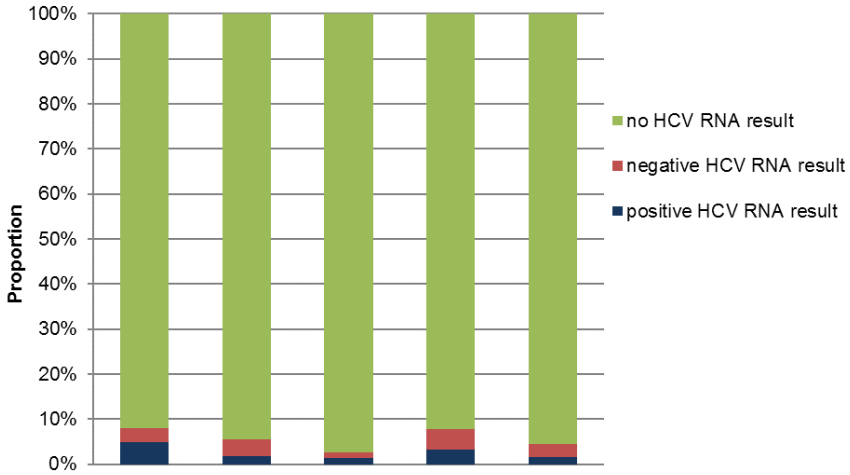


Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs with positive HCV RNA test result	6	2	1	3	1
Number of PWIDs with known HCV RNA test result	10	6	2	7	3
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66
Average age of PWIDs entering for the first time or re-entering treatment (in years)	37	37	38	40	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 cannot conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period.

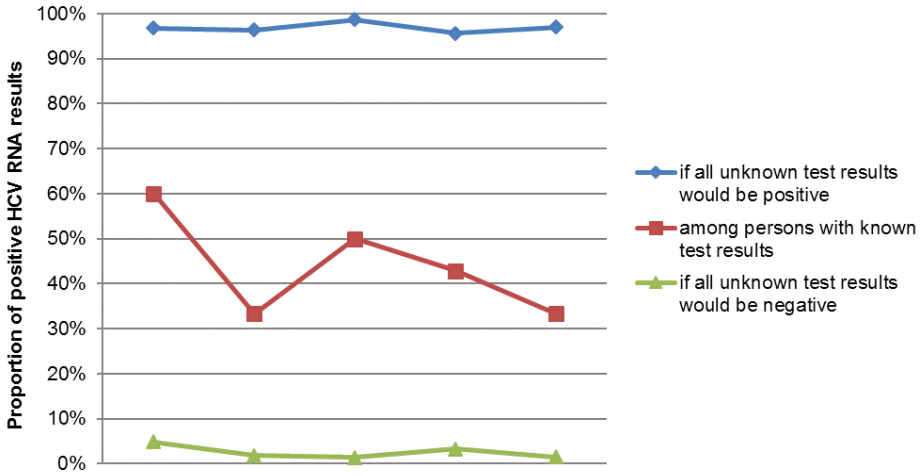
In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 8% in 2018 to 5% in 2019 and to 3% in 2020, increased again to 8% in 2021 and decreased to 5% in year 2022 (Figure 17).

Figure 17. 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, 2018–2022



Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66

Figure 18. 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, 2018–2022



Year of entering for the first time or re-entering treatment	2018	2019	2020	2021	2022
Number of PWIDs entering for the first time or re-entering treatment	125	110	76	91	66

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 18 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 three 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 2022, one of results was from 2022, one from 2021 and one was from 2018.

During the period from 2018 to 2022, 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 2022 was 5.4/100,000 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 Prevalence data of drug-related infectious diseases outside the routine monitoring

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 628 completed forms, corresponding to 88% of all individuals treated in 2021. Among them there were 285 (45%) 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 HCV, HBV and HIV are presented only for 285 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

283 PWIDs were tested for anti-HCV at least once in their lifetime, 99% of all PWIDs treated in 2021. Among them, 254 (90%) already had HCV infection during their lifetime (they were anti-HCV positive), which corresponded to 90% of all PWIDs treated in 2021.

Two PWIDs were never tested for anti-HCV. Among PWIDs who were ever tested, for one PWID the result of the last test was unknown. Among PWIDs with negative last anti-HCV test, for 14 (50%) PWIDs test was carried out before 2021. Among PWIDs with positive last anti-HCV test, 172 (68%) were not tested for HCV RNA (either they were never tested or they were tested before 2021).

Active HCV infection (positive result of last HCV RNA test (43 PWIDs) and/or acute HCV diagnosis (one PWID) or chronic HCV diagnosis (43 PWIDs) and/or HCV reinfection (one PWID) in 2021) was recorded for at least 44 PWIDs, 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 PWIDs started treatment for chronic hepatitis C in 2021 and only two 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

282 (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 (32%) PWIDs were tested for HbsAg. Active HBV infection was identified in three (3%). In 2021, one person was diagnosed with acute hepatitis B and one person was diagnosed with chronic hepatitis B.

Among the 285 PWIDs, 95% were fully vaccinated against hepatitis B and 2% were partially vaccinated. For one PWID vaccination status was unknown.

HIV infection

283 PWIDs were tested for 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 one person (0.4%), before 2021.

In 2021, this one infected person was not 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 2023–2030 (Official Gazette of the Republic of Slovenia [Ur. l RS] No. 75, 2023) 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 2023–2024). 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 2023).

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. 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

NIPH RU Koper supplies sterile materials to 12 harm reduction services in the entire territory of Slovenia, which all, except one (Association DrogArt), 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 2022, the field work of these programmes was carried out in 67 towns on 117 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 center in Ilirska Bistrica), Društvo Stigma Ljubljana (2 day centers; Petkovškovo nabrežje and Župančičeva jama,

fieldwork with van in Central Slovenia , Littoral–Inner Carniola, Central Sava and Upper Carniola statistical region sand in Southeast 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 Drava, Mura and Carinthia regions), Socio Celje (only fieldwork 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 Gorizia region), ŠENT – unit Day center for harm reduction Velenje (day center in Velenje), ŠENT – shelter for homeless drug users (shelter on Poljanska street in Ljubljana) and ŠENT – Day center for harm reduction in Ljubljana (day center in Ljubljana).

The total number of drug users within needle and syringe exchange services in 2022 was 1,395 and 514,000 needles and injections were distributed. Users return waste needles to the programme collection points (see Drugs Workbook 2022).

Table 10. Equipment and drug use paraphernalia

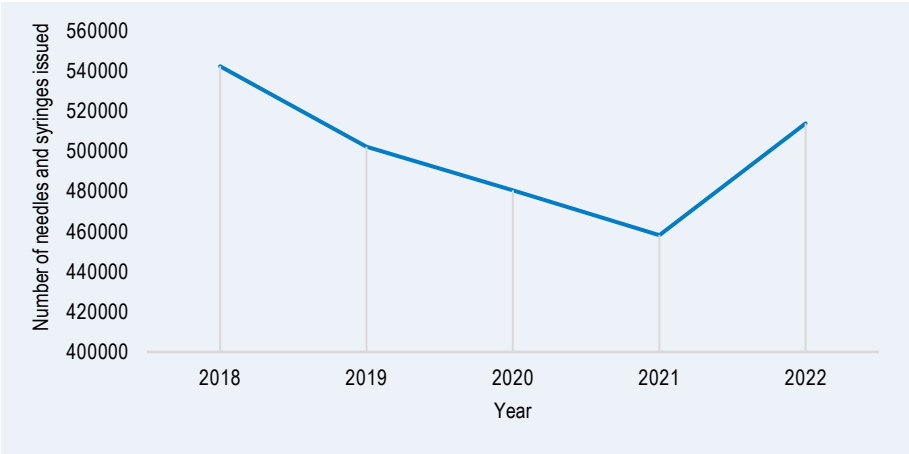
Type of equipment	Routinely available	Often available, but not routinely	Rarely available, available in limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	x				
Dry wipes	x				
Water for dissolving drugs				x	
Sterile mixing containers				x	
Filters			yes, complete with a teaspoon		
Citric/ascorbic acid	x				
Bleach				x	
Condoms	x				
Lubricants				x	
Low dead-space syringes	x				
HIV home testing kits				x	
Non-injecting paraphernalia: foil, pipes, straws	x				
List of specialist referral services: e.g. drug treatment; HIV, HCV, STI testing and treatment	x				

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

In 2022 the needle and syringe exchange programmes recorded 16,906 contacts with 1.395 different drug users, among which 112 were recognized as new users.

Figure 19. Number of needles and syringes issued 2018–2022



Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2018–2022

In 2022, an increased distribution of syringes and needles was once again observed on the sterile utensil exchange service. The distribution reached levels seen before 2020, before the pandemic of COVID-19. It is assumed that in 2020 and 2021, material distribution was lower due to pandemic containment measures (Figure 19). Furthermore, data for 2022 indicate a decrease in both the number of users and the number of contacts, which is also a result of altered data reporting and increased secondary exchange of materials for safe drug use.

In 2022 368 needles and syringes per injecting drug user were issues in NSP in Slovenia.

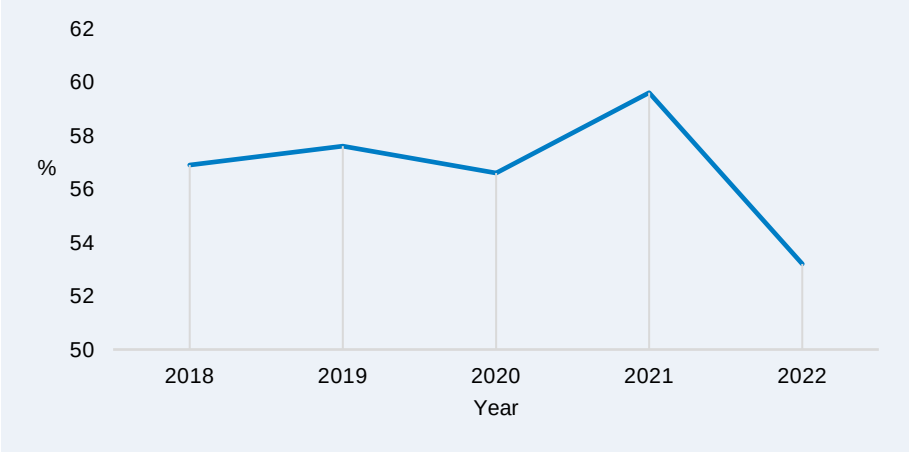
Table 11. The needle and syringe exchange program data, 2018–2022

	2018	2019	2020	2021	2022
Number of needles and syringes issued	542,440	502,369	480,547	458,197	514.000
Number of contacts	26,155	23,366	17,462	25,895	16.906
Number of users	2,144	2,254	2,060	1,944	1.395
Number of new users	164	281	264	124	112

Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2018–2022

Despite the increased number of distributed syringes and needles in 2022, the percentage of respondents who stated that they had injected any drugs in 2022, decreased. This is most likely due to a shift towards other methods of drug consumption, such as sniffing and smoking on foil.

Figure 20. Proportion of injecting any drug among the harm reduction service users 2018–2022



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users 2018–2022

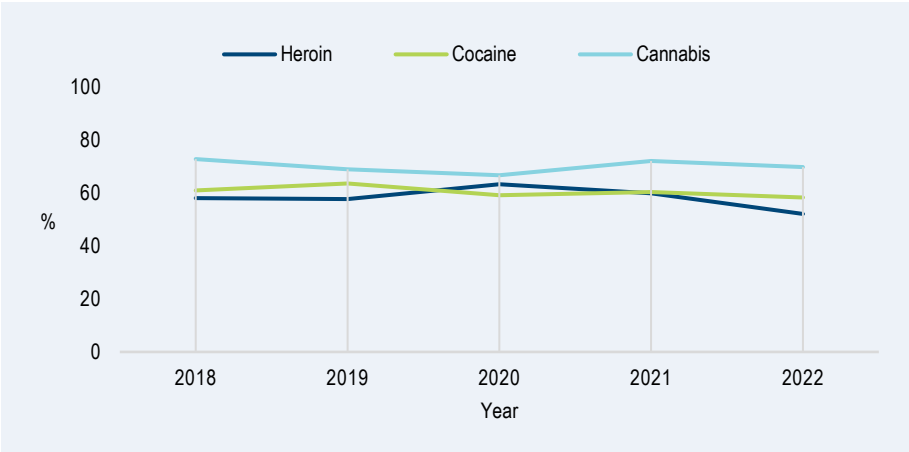
Users of harm reduction programs are mostly polydrug users. In 2022 the use of all drugs decreased. Cannabis (69.8%), cocaine (58.1%) and heroin (52.1%) were most frequent drugs used. The most significant decrease in 2022 is observed in the use of NPS (Table 12 and Figure 21).

Table 12. Proportion of illicit drugs and medicines used among the harm reduction programmes users, 2018–2022

Drug	2018	2019	2020	2021	2022
Heroin	58.1	57.7	63.3	59.9	52.1
Cocaine	61	63.6	59.2	60.4	58.1
Cannabis	72.8	68.9	66.7	72.1	69.8
Ecstasy	18.7	24.5	15.9	16.8	15.8
Amphetamines/methamphetamines	17.1	22.9	22.1	23.5	22.6
Hallucinogens	13	14	12.4	13.1	10.5
NPS	5.8	13.4	12.8	17.5	10.5

Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users 2018–2022

Figure 21. Proportion of of heroin, cocaine, cannabis among the harm reduction service users, 2018–2022



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users, 2022

In 2022 more than half of the respondents stated that they had injected drugs in the last year (53.2%), mostly heroin and cocaine. However, this percentage is considerably lower compared to 2021. Heroin injection remains stable, while cocaine has decreased. Among people who use heroin, 70.6% inject the drug. Among those who use cocaine, injection has decreased by nearly 7% compared to the previous year.

Among users who stated that they abuse substitution drugs, injection increased by almost 4% and reached 39% in 2022 (See Workbook Drugs 2023).

Health problems are becoming increasingly common among harm reduction program users.

In 2022, 65.4% of the respondents reported experiencing additional health issues alongside drug-related problems, primarily related to mental health (depression, anxiety, and bipolar disorder), skeletal pain, headaches, and other conditions.

In 2022, 15.6% respondents experienced an overdose, and almost 49% reported “out” or risky applications.

We also assessed the implementation of the "Naloxone at Home" program among harm reduction program users. Among all the respondents, 44% were aware of the program, 6.7% had received naloxone, and 3.7% had already used naloxone.

Context information

In 2022, the distribution of syringes and needles in programs providing sterile utensil exchange services increased once again, indicating that these programs are operating at full capacity and that secondary exchange of injection equipment has risen, with users often taking larger quantities of materials during a single visit. This is likely a contributing factor to the decrease in the number of users and contacts. Despite observing a decline in overall drug use, injection and the concurrent use of multiple drugs remain predominant risky behaviors in this population. There has also been an increased demand for sniffing kits and smoking foils.

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 years, sizes 0.2L and 0.4L, which users receive at home and can put in jacket pocket or in a bag (72.5% of them stated that they return used needles to the program).

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 2021).

2. New developments

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 1) (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.

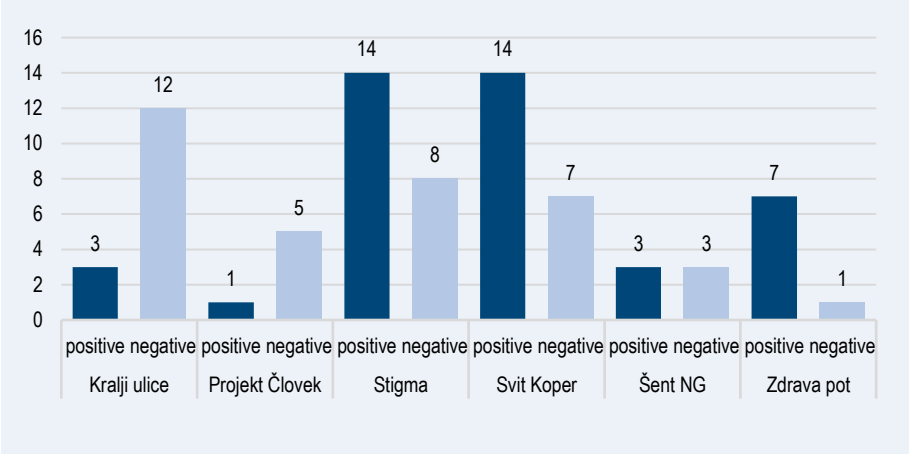
A good practice example in low threshold setting

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

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.

Since the beginning of the project, the planned project activities were 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 204 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).

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.

The programme began on 1 October 2018 and was planned to be completed at the end of 2022, but due to the situation caused by the covid-19 epidemic, it was extended until April 2023 inclusive. During this time, all the set goals and performance indicators of the project were achieved. The established program of mobile units enables contact with a larger number of drug users, especially those who are not involved in any form of treatment or assistance, thereby reaching this hidden population of drug users. One of the key goals of the entire project was the inclusion of the target population, former and current drug users, in social activation programs, training and education programs, and employment.

The network of mobile units in Slovenia has proven to be a necessary and successful program that should be further developed. More than 500 people were included in functional literacy programs to approach the labour market, and more than 100 people found employment. With various services, at least 5,000 users were reached, 4,000 analyses of samples of psychoactive substances were performed, mobile units worked in 145 places across the country and in total in more than 180 locations.

Among major achievements of the project is also the employment of graduate nurses working in the mobile units that was successfully integrated into the public health system and is now financed from public funds.

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.

Programme "Varni prostor za njuhanje" (Safe space for sniffing)"- Društvo Stigma

The Ministry of Health has granted Društvo Stigma the Safe Space for Sniffing program for the period from 2023 until the end of 2025. Due to the complex situation in Ljubljana regarding the establishment of the Safe Space for Drug Use program, Društvo Stigma has decided to implement the program in stages. They will begin by introducing the Safe Space for Sniffing and collaborate with all local and national stakeholders during this time to plan the opening of a safe space for drug use, where both injection and smoking will be allowed. Their argument is that drug users are already sniffing drugs in front of the society's day center and in other public areas nearby, so this approach would achieve two main objectives:

1. Currently, drug users sniff drugs in public places under unhygienic conditions, such as benches and toilet seats, where there are many bacteria and dirt. By using special trays or shelves for sniffing (which can be easily cleaned and disinfected) within the day center, they provide sterile conditions for the use of illicit drugs in a controlled environment and reduce drug use in public areas.
2. Simultaneously, by providing a sterile and supervised environment, they promote less risky drug use - instead of injecting, they can advise smoking on foil or sniffing. This approach allows for a quicker response to potential health complications and overdoses.

In addition to providing a safe space, educational workshops on providing first aid and the use of naloxone are held once a month at the day center on Petkovškovo nabrežje, conducted by the Slovenian Medical Students' Association (Društvo študentov medicine Slovenije). Currently, drug users who are part of the Center for the Prevention and Treatment of Drug Addiction (Center za preprečevanje in zdravljenje odvisnih od prepovedanih drog - CPZOPD) have the opportunity to receive naloxone nasal spray free of charge, along with appropriate information and training on its administration. However, the project has not gained the desired level of traction due to limited awareness and motivation among drug users. These workshops would serve as an enhancement of the "Naloxone at Home" project, which is already successfully implemented in many EU countries. They would also initiate an awareness campaign about the dangers of drug overdoses and appropriate responses to this issue. In their view,

greater accessibility is needed, especially for drug users who are not part of CPZOPD, particularly because the majority of drug users in Slovenia die at home. In some foreign countries, naloxone is available at specific critical locations through a system similar to the one used for defibrillators, making it accessible in harm reduction programs, shelters, or public places frequented by drug users, where drugs are also used. Monthly workshops on providing first aid and using naloxone inform and train both employees and users. First aid knowledge is crucial for their work, so it is essential to acquire and regularly refresh this knowledge. The goal of these workshops is to equip individuals with the necessary first aid knowledge and skills to recognize life-threatening conditions and perform essential lifesaving measures.

Aging of drug users and healthcare challenges - Društvo Stigma

Mobile healthcare clinics: Users often do not seek medical care in healthcare institutions due to reasons such as shame, fear of serious health issues, the stigma associated with drug use, etc., which is often expressed through misunderstanding, lack of patience, and a generally disrespectful attitude towards them. In addition to this issue, Slovenia is also facing the aging of drug users, who are increasingly experiencing health problems. All of this underscores the necessity of establishing mobile units with doctors and other healthcare stuff, as this would reach the largest number of users with health issues. Best practices from abroad demonstrate that mobile healthcare clinics innovatively improve healthcare accessibility and reduce health disparities for vulnerable groups marginalized by geographical, social, and structural barriers. They provide essential services for preventive purposes, basic care, and the treatment of specific diseases and infections. As such, they provide healthcare for vulnerable groups in the community, who often experience incorrect or limited healthcare in traditional settings due to mental health issues, homelessness, poverty, migrant status, drug use, or other stigmatized behaviors such as prostitution. In addition to mobile clinics, stationary clinics for homeless drug users could also be established based on the ProBono clinic model.

3. Additional information

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 HR Database. . Harm reduction programmes workers fill out questionnaires 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 2018–2022 were acquired with a "Questionnaire for drug users in harm reduction services". The questionnaire was filled out by users who visit programmes in stationary locations and users reached by expert programme workers in the field between 1/12/2022 and 31/12/2022. Cooperation in the survey was voluntary and anonymous. In 2022, the survey included 266 harm reduction programme users. The respondents were 78% male and 22% female. The average age of the respondents was 42.45 years. The youngest

respondent was 17 and the oldest 70 years of age. The majority of the respondents had completed vocational or secondary education (62.5%), 29.9% had only primary school level education and 4.6% had higher education or university degrees. 3.1% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (85.6%); 8.6% of them were employed, 4.3% retired in 1.6% were still in school (pupil, student).

The largest percentage of the respondents (35.2%) lived alone, 24.9 % still lived with their parents or relatives, 12.3% lived together with their partner, 4.2% with friends, 4.6 % in shelters and 18.8% outside (in the park, street, abandoned buildings). A total of 84.6% of respondents had been involved in various treatment programmes in the last year, while 79.7% of users had been involved in a substitution programme, 7.1% had attended a drug dependency treatment centre, 12.8% had been treated at a psychiatric hospital, 9.4% had received substitution therapy at a correctional facility, 3% had received treatment at a rehabilitation centre in Slovenia, and four respondent (1.5%) had received treatment at a rehabilitation centre abroad.

The police dealt with 31.3% of the respondents in 2022.

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Resolution on the National Programme in te field of drugs 2023-2030 (Official Gazette of the Republic of Slovenia [Ur. l. RS] No. 75, 2023)

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 2018 to 2022 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 468 PWIDs who entered for the first time or re-entered treatment, 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time), 76 in 2020 (seven for the first time), 91 in 2021 (16 for the first time) and 66 in 2022 (six 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 36% in year 2019 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 et al. 2022, 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**

The police believe that despite the considerable drop in the number of instances of detection of premises adapted for cannabis cultivation, cannabis production is still sufficiently large as to ensure that the country is self-sufficient in this drug. The methods and equipment used are improving, which is making it harder and harder to locate these premises.

A smaller, non-operational laboratory for 'cooking' methamphetamine for local consumption was detected. The precursor pseudoephedrine or pseudoephedrine sulphate was obtained from Claritine Combo tablets, which are available without prescription. The red phosphorus (Red P) method was used to manufacture the methamphetamine.

The traditional Balkan route is still an important smuggling route for illicit drugs, with smuggling quantities likely to be higher than the quantities seized. It is mainly cannabis that is smuggled from Albania, Kosovo and Serbia, while heroin is brought to Slovenia in private cars mainly from Turkey, from where it is moved onwards to Western European countries. Spain, which is able to supply cannabis of higher quality at a favourable price, remains Slovenia's biggest producer of the drug.

MDMA and amphetamines are smuggled into Slovenia mainly from the Netherlands. Smaller quantities of cocaine arrive from the Netherlands, Belgium and Spain. These countries also supply other Western Balkan countries, with the cocaine being smuggled across Slovenian territory. Larger quantities of cocaine were smuggled into the Port of Koper in two containers containing legal banana shipments from Ecuador. Had the criminal gangs been able to retrieve the cocaine from the shipment, it would probably not have ended up on the Slovenian market. We believe that the Port of Koper has become one of the entry points for cocaine smuggled from South America to Europe by international criminal gangs. The Port of Koper was also used for the import of 1,500 kg of BMK glycidic acid, which is a precursor for the manufacture of amphetamine/methamphetamine. The substance was intended for the Netherlands, where it would most likely have been used for the manufacture of illicit drugs.

The pathway for the entry of illicit drugs and prohibited substances in sport into Slovenia via postal consignments from third countries as well as EU Member States is becoming an increasingly well-established one.

Organised criminal gangs frequently smuggle larger quantities of illicit drugs in freight vehicles, while smaller quantities are most often hidden in specially adapted spaces in private vehicles, in luggage on buses and in smaller goods vehicles.

- **Criminal offences and other infringements of the law in relation to illicit drugs**

In 2022 Slovenian police uncovered 1,382 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 3,959 infringements of the Production of and Trade in Illicit Drugs Act.

- **Main activities of the police in relation to illicit drugs**

In 2022 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) adopted pursuant to the Resolution on the National Programme on Illicit Drugs 2014–2020, and in line with the tasks defined in the police's annual work plan.

The Slovenian police carry out specially targeted activities to reduce the availability of illicit drugs at national, regional and local levels. The police's priorities are heroin, cocaine, cannabis and synthetic drugs. They spend a great deal of time gathering information on premises specially adapted for cannabis cultivation and on synthetic drug laboratories. The police's stated aim is to stop illicit drugs from reaching the market and users.

The police are also focused on improving cooperation with security and judicial bodies in the Western Balkans, particularly given the importance of the traditional Balkan route. Owing to the sharply reduced number of seizures at the border and the increase in the number of seizures at the port, the airport and within Slovenia, cooperation between the police and the Financial Administration is being strengthened.

The police are aware of the importance of carrying out financial investigations, uncovering criminal offences related to money laundering, and seizing financial gains and assets acquired from the illicit drugs trade. They have not noticed any major price rises. They monitor the purity of the main illicit drugs and, on this basis, estimate the accessibility and presence of illicit drugs on the market in specific areas of Slovenia.

1. National profile

1.1 Drug market

1.1.1 Domestic production of drugs

In 2022 the police uncovered considerably fewer premises adapted for cannabis cultivation than the year before (34, down from 56 in 2021). Despite the small number of premises uncovered, the assessment remains that cannabis cultivation is still sufficiently large as to ensure that the country is self-sufficient in this drug. The methods and equipment used are improving, which is making it harder and harder to locate these premises.

Cannabis production in specially adapted premises takes place throughout Slovenia, i.e. it does not depend on the location or size of the town or city. Members of criminal gangs only require the right conditions, such as a larger warehouse or an empty apartment building or apartment, in order to start growing cannabis. Owners who rent out larger warehouses or apartments tend to be unaware that criminal activities are carried on at their properties, while tenants, whether Slovenian or foreign citizens, are generally aware that criminal activity is going on.

Twelve outdoor plantations were discovered, although we believe that there are probably many more – mainly smaller plantations in the vicinity of residential buildings and in fields hidden among other cultivated plants.

A smaller, non-operational laboratory for 'cooking' methamphetamine for local consumption was detected. The precursor pseudoephedrine or pseudoephedrine sulphate was obtained from Claritine Combo tablets, which are available without prescription. The red phosphorus (Red P) method was used to manufacture the methamphetamine. In addition to the Claritine Combo used to manufacture methamphetamine, other precursors were also seized: acetone, red phosphorus, toluene, ephedrine, sodium carbonate, elementary iodine and oxalic acid.

1.1.2 Available information on the routes of trafficking for drugs

Smuggling routes

Slovenia's geographical location means that it is an important staging post on the traditional Balkan drug-smuggling route. In the police's estimation, smuggling quantities are higher than the quantities seized. Cannabis in particular is smuggled along the Balkan route from Albania, Kosovo and Serbia,

through Bosnia and Herzegovina and Croatia to Slovenia, and then on to Western European countries. Most of the cannabis that arrives in Slovenia comes from Spain, where quality is better and the price lower, via France and Italy. Smugglers mostly use smaller freight vehicles, buses, vans and cars to transport the drugs. They are stored in Slovenia before being smuggled in smaller quantities by car to neighbouring countries such as Austria, Germany, Hungary and Croatia.

The route for heroin remains the same as in previous years, smuggled to Slovenia in smaller quantities by car, mainly from Turkey, and then on to other Western European countries.

The police believe that MDMA (mainly in the form of ecstasy tablets) and amphetamines generally arrive in Slovenia from the Netherlands via Germany and Austria. Smaller quantities of cocaine (we estimate quantities of up to 10 kg) are mainly smuggled from the Netherlands, Belgium and Spain. These three countries remain the EU countries of origin of cocaine for Slovenia, from where it is smuggled into other Western Balkan countries. Larger quantities of cocaine were smuggled into Slovenia in 2022 in two containers containing legal banana shipments from Ecuador that arrived at the Port of Koper. Had the criminal gangs been able to retrieve the cocaine from the shipment before the bananas were sent to the warehouse to ripen, it would probably not have ended up on the Slovenian market. Koper therefore remains one of the entry points for cocaine smuggled from South America to Europe by international criminal enterprises.

The Port of Koper was also used for the import of almost 1,520 kg of BMK glycidic acid, which is a precursor for the manufacture of amphetamine and methamphetamine. In the course of an inspection of bags in the container, officials from the Slovenian Financial Administration noticed discrepancies in weight (the bags containing BMK glycidic acid were 50% lighter). The consignment from China was declared as magnesium sulphate and import had been arranged by a company in Hungary. It was then to have been forwarded to a company in the Netherlands.

The pathway for the entry of illicit drugs and prohibited substances in sport into Slovenia via postal consignments from third countries as well as EU Member States is important and is becoming an increasingly well-established one.

1.1.3 Available contextual information on trafficking

Smuggling within Slovenia

Most illicit drugs are still easier to obtain, whether in larger or smaller quantities, in the larger urban areas of Slovenia. Members of criminal gangs resell smaller quantities of illicit drugs to other members outside these urban areas. The commonly sold drugs are cannabis, cocaine, amphetamine, MDMA and benzodiazepines. The cannabis that is cultivated in adapted premises is usually sold in Slovenia. In order to increase their earnings, dealers also sell to foreign citizens, mainly Italians and Austrians, who come to Slovenia for smaller quantities (including on a daily basis).

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.

1.1.4 Available information on the wholesale drug and precursor market

The international organised crime groups operating in Slovenia are fully engaged in following current trends in the supply and demand of illicit drugs. The Slovenian citizens who are part of these groups are mainly involved in organisation and logistical support, and also carry out criminal activities themselves. These are primarily medium-sized criminal enterprises, mainly linked by ethnicity and family ties with the Western Balkans as well as with EU Member States.

Larger quantities of illicit drugs (amphetamine, cocaine, MDMA, heroin) are easier to obtain in larger urban areas.

In the case of the non-operational methamphetamine laboratory discovered, it was not possible to establish where the precursors had been supplied from. The Claritine Combo tablets containing the active ingredient pseudoephedrine had mostly been purchased at pharmacies in Slovenia, mainly in the western part of the country near the Italian border. As no other precursors apart from the BMK glycidic acid were seized, we are unable to make an assessment of the market for precursors in Slovenia.

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/the pre-Covid-19 period. Despite the fall in prices, the purity of cocaine available remains high.

Table 1. Wholesale prices for illicit drugs in Slovenia in EUR, 2022

Type of illicit drug		1 kg	1,000 pills
Heroin	Min.	15,000	
	Max.	25,000	
	Typ.	25,000	
Cocaine	Min.	32,000	
	Max.	40,000	
	Typ.	36,000	
MDMA (pills)	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

1.1.5 Available information on the retail drug market

The illicit drugs market in Slovenia is extremely varied and diverse. According to the police, cannabis and cocaine are the most easily accessible drugs on the market, although the supply of and demand for synthetic drugs is also considerable. We are noticing an increasing presence of methamphetamine, particularly in the west of the country near the Italian border. 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 quantities, adulterated and then prepared for sale 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, and is generally only adulterated before supply to the end-user.

Table 2. Retail prices for illicit drugs in Slovenia in EUR, 2022

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

1.2 Drug related crime

1.2.1 Drug law offences data

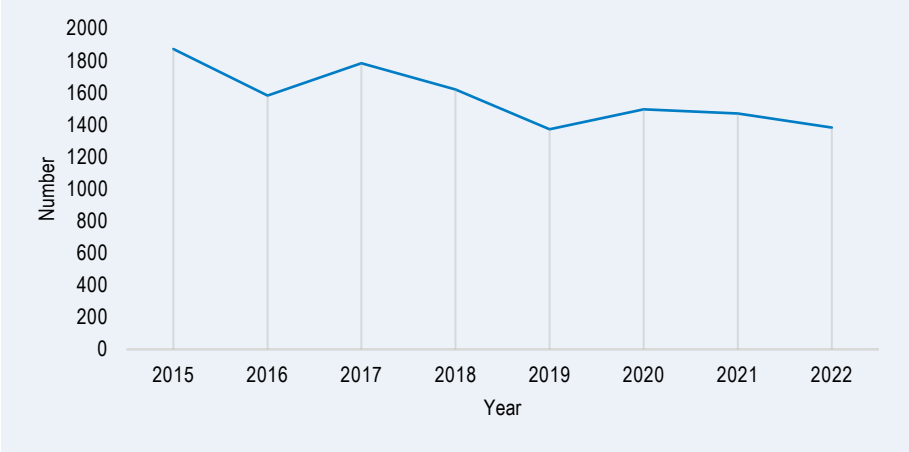
Criminal offences and other infringements of the law in relation to illicit drugs

A total of 1,250 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 (similar to the number recorded in 2021, 1,293), along with 132 criminal offences of facilitating the use of illicit drugs, illicit substances in sport or procedures in sport (eight fewer in 2021). The method of collecting the data does not distinguish between the smuggling, cultivation or production of illicit drugs, nor between criminal offences involving larger or smaller quantities.

Table 3. Number of criminal offences in relation to illicit drugs, 2015–2022

	2015	2016	2017	2018	2019	2020	2021	2022
Article 186 of the Criminal Code	1,737	1,437	1,650	1,517	1,252	1,369	1,293	1,250
Article 187 of the Criminal Code	135	144	134	102	120	127	124	132
Total	**1,872**	**1,581**	**1,784**	**1,619**	**1,372**	**1,496**	**1,417**	**1,382**

Figure 1. Fall in the number of criminal offences in relation to illicit drugs, 2015–2022



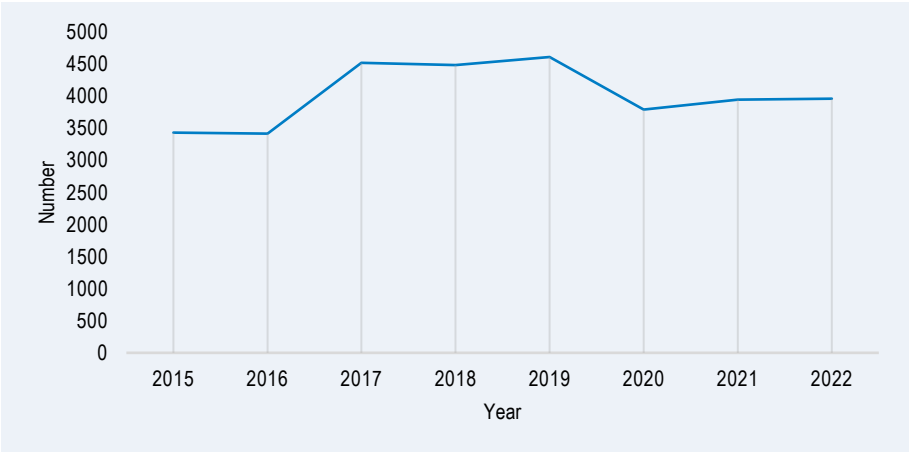
There was a pronounced fall in the number of criminal offences between 2015 and 2019. That number has remained fairly stable and comparable over the last three years.

In 2022 the police logged 3,959 infringements of the Production of and Trade in Illicit Drugs Act. These were mainly for possession and represented a rise of 13 on the year before. According to the police, the fact that the number of infringements was roughly the same could be the result of the increase in the number of organised events compared to 2019–2020. The police are therefore targeting their activities accordingly.

Table 4. Number of infringements of the Production of and Trade in Illicit Drugs Act, 2015–2022

	2015	2016	2017	2018	2019	2020	2021	2022
Number of infringements	3,431	3,416	4,521	4,485	4,610	3,791	3,946	3,959

Figure 2. Trend in the number of infringements in the area of illicit drugs, 2015–2022



1.2.2 Available data on drug related crime outside of drug law offences

In 2022 the police ordered the same number of tests (1,376) of drivers suspected of being under the influence of illicit drugs, psychoactive medications or other psychoactive substances as the year before. 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, although there was a marked rise in the number of instances involving amphetamines.

There were 239 positive cases following a blood/saliva test, which was a 10% rise on 2021, when 215 cases were recorded. The number of instances of refusal to take a blood/saliva test was slightly lower than in 2021 (757 refusals in 2021 vs. 721 in 2022, a fall of nearly 5%).

There were 182 positive urine tests, a rise of almost 10% on the 2021 figure. The number of urine tests refused was still lower than the year before (451 refusals in 2021 vs. 432 in 2021).

Table 5: 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, 2015–2022.

Table 5. 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, 2015–2022

	2015	2016	2017	2018	2019	2020	2021	2022
Tests ordered	723	912	1,405	1,237	1,623	1,673	1,377	1,376
Positive blood/saliva tests	143	236	238	259	286	262	215	239
Positive urine tests	116	151	199	212	223	218	165	182
Blood/saliva tests refused	209	315	671	658	935	1,022	757	721
Urine tests refused	122	164	417	368	503	672	451	432

Source: Ministry of the Interior, General Police Directorate

1.3 Drug supply reduction activities

1.3.1 Drug supply reduction activities

Police activities

In 2022 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) adopted pursuant to the Resolution on the National Programme on Illicit Drugs 2014–2020. The police were involved in the preparation of the Resolution on the National Programme on Illicit Drugs 2023–2030. Police operate in accordance with their annual work plan, which sets out the tasks aimed at reducing supply.

The Slovenian police carry out specially targeted activities to reduce the availability of illicit drugs at national, regional and local levels. The priorities are heroin, cocaine, cannabis and synthetic drugs. The police spend a great deal of time gathering information on premises specially adapted for cannabis cultivation and on synthetic drug laboratories. Their aim is to stop illicit drugs from reaching the market and users.

They are aware that there is a great deal more smuggling of illicit drugs along the traditional Balkan route than they are able to detect. This is the result of the fact that there are fewer and fewer targeted customs and police checks being performed at the border. In 2022 the police and customs services readied themselves for Croatia's entry into the Schengen Area and the abolition of border crossings and controls. As there were very few seizures at border crossings, efforts were focused on strengthening cooperation with the Slovenian Financial Administration.

Nevertheless, the Slovenian police are still keen to improve cooperation with the security and judicial authorities of Western Balkan countries, which remain a priority when it comes to reducing the supply of illicit drugs as well as weapons.

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. They therefore want to strengthen cooperation with other foreign police forces and international organisations, including Europol, Interpol, the EMCDDA, the DEA and the UNODC. 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.

They are aware of the importance of carrying out financial investigations and uncovering criminal offences of money laundering in relation to the smuggling of illicit drugs, and seizing financial gains and assets acquired from the illicit drugs trade.

The police constantly monitor changes in the prices and purity of the main 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, such as the Ministry of Health and the National Institute of Public Health, non-governmental organisations and others working to reduce the availability of illicit drugs. The police frequently take part in talks, present their activities at different events, and prepare information material (answers to journalists' questions, articles in magazines and newspapers, etc.).

2. Trends

Short-term trends (5 years) and/or long-term trends (greater than 5 years) in the following aspects of the drug market:

- seizures
- price
- purity

Almost 43% less dried cannabis was seized in 2022 than in 2021 (688.41 kg vs. 1,205.08 kg). The 2022 figure was just over 51% lower than the record amount seized in 2020 (1,413 kg). The number of marijuana plants has been falling since 2018, although it rose by 30% between 2020 and 2021 (Table 8). There was a 34% fall in the number of fresh plants seized in 2022, which is proportionate to the smaller number of specially adapted premises uncovered. In recent years the number of premises specially adapted for the cultivation of cannabis uncovered has fallen sharply from the 2018 figure (Table 7), and in 2022 was about half the number recorded in 2020 (34 vs. 70). The number of seizures in 2022 was comparable with the 2021 figure and not proportionate to the fall in quantities seized. 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 2022: 2.3% (lowest concentration 0.0%, highest concentration 18.8% across 26 samples).

There was a 15% fall in the number of seizures of heroin in 2022. These were mainly smaller quantities resulting from infringements of the law uncovered by the police, with the fall resulting from the lower number of infringements uncovered (348 seizures in 2021, 296 seizures in 2022). The figures have been stable and comparable over the last five years. The fall in the number might also indicate a fall in supply and fewer heroin users on the Slovenian market. The number of seizures of heroin from users aged under 18 remains very low. The average concentration of heroin was higher in 2022 than 2021 (18.1% vs. 17.1%), which shows that the quality of the drug on the Slovenian market is rising (lowest concentration 7.8% and highest concentration 53.3% across 115 samples). The peak values, which were recorded in 2018 and 2019 (average concentration of between 25.2 and 27.3%), continue to remain out of reach at the current moment.

Cocaine is responsible for the most pronounced increase in quantities seized. A record 829.9 kg were seized in 2021, although 2022 saw a fall of 18% to 678.4 kg. Most of the cocaine seized had been smuggled into the Port of Koper in two legal consignments of bananas in containers from Ecuador and Brazil. The purity of the cocaine seized corresponds to the high volumes of the drugs seized, 68.4%, which is 10% lower than in 2021, when analyses by the National Forensics Laboratory recorded the highest purity levels to date: 75.6% (lowest concentration 12.4% and highest concentration 87.5% across 1,606 samples).

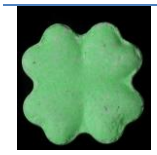
The quantities of methamphetamine seized have been very low in the last few years, which suggests that this drug does not present a major problem. While more methamphetamine was seized in 2021 compared to 2022 (6.64 kg vs. 0.54 kg), the 2022 figure was still 85% higher than in 2020 (0.08 kg seized). The number of seizures rose by almost 48% relative to 2021. We are continuing to notice increased levels of use of methamphetamine among teenagers and young men, as most instances of seizure of this drug involve these two groups. The average concentration of methamphetamine was 80% in 2021 and 79.4% in 2022 (two samples).

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. They were seized by police as part of an investigation into a criminal enterprise involved in selling the drug via the internet. In 2020, 13,029 pills containing MDMA were seized, along with 0.49 kg of MDMA in crystal form. Only 0.07 kg of MDMA in crystal form and 102.5 MDMA pills were seized in 2022. The number of seizures has risen by almost 40%: from 28 in 2021 to 46 in 2022.

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. The average level of MDMA in mg per pill is the lowest it has been for four years (119.5 mg/pill, across 17 samples, the lowest level was 112.2 mg and the highest only 126.8 mg, which was a very considerable fall in comparison with previous years).

The National Forensics Laboratory noted 23 different pill logos in 2021, with this number falling to nine in 2022 (see Table 9).

Table 6. Pill logos in 2022 and the active components of these pills

	MDMA
	MDMA
	Amphetamine and caffeine
	2C-B
	2C-B
	MDMA
	2C-B-Fly
	MDMA
	Flunitrazolam

Source: National Forensics Laboratory

Very few LSD blotters were seized (166 in 2022) in comparison with the record number seized in 2021 (7,817). Only 64 blotters were seized in 2020. The extremely high number recorded in 2021 was the result of a police investigation in which large quantities of illicit synthetic drugs were seized. The number of specific instances of seizure fell further to five (compared to 12 in 2020 and seven in 2021).

The small quantity of illicit synthetic drugs seized is the result of the fact that the police did not carry out any investigations into people suspected of selling them in 2022. Only 0.72 kg of amphetamines were seized. The purity of amphetamine fell sharply in 2022 to a mere 15%, which is a reduction of 44% on the 2021 figure of 26.8% (lowest concentration 2.7%, highest concentration 32% across 64 samples).

There has been considerable fluctuation in the number of illicit synthetic drugs seized over the last five years. The numbers tend to depend on operational activities in this area, which for three years prior to 2022 had been more targeted towards and adjusted to changes on digitally supported illegal markets. The illicit synthetic drugs market also depends on supply and sale through the internet.

Table 7. Number of premises specially adapted for cannabis cultivation, 2015–2022

	2015	2016	2017	2018	2019	2020	2021	2022
Number of premises specially adapted for cannabis cultivation	80	81	78	75	62	70	56	34

Source: Ministry of the Interior, General Police Directorate

Table 8. Number of seizures by type of illicit drug, 2015–2022

Type of illicit drug	2015	2016	2017	2018	2019	2020	2021	2022
Heroin	273	289	286	225	201	239	348	296
Cocaine	178	195	277	279	285	282	325	310
Ecstasy	64	46	69	102	88	45	28	46
Amphetamine	189	139	211	221	196	147	155	140
Cannabis plants	167	195	218	189	232	188	148	114
Marijuana	3,103	2,977	3,768	3,685	3,874	3,394	2,867	2,848
Cannabis resin (hashish)	109	119	126	139	113	65	55	78
Benzodiazepines	110	120	180	127	141	137	142	161
Methadone	19	31	16	25	22	12	15	15
Methamphetamine	31	22	49	57	66	31	25	48

Source: Ministry of the Interior, General Police Directorate

Table 10. Total quantity of illicit drugs seized, by type, 2015–2022

Type of illicit drug	Unit	2015	2016	2017	2018	2019	2020	2021	2022
Heroin	kg	6.47	47.62	10.71	344.89	758.52	4.89	226.15	5.8
Cocaine	kg	2.77	104.61	12.25	14.22	4.06	8.57	827.91	678.35
MDMA	pill	2,908	499	1,636	511	9.763	13,029	245,350	102.5
	kg	1.98	0.36	1.21	0.28	0.2	0.49	123.46	0.07
Amphetamine	pill	95	232	312	58	79	20	3,850.5	109
	kg	2.11	3.11	6.08	5.7	18.31	107.81	96.92	0.72
Cannabis – plants	pcs	14,006	14,717	13,594	29,683	8,810	23,344	22,852	15,119
Marijuana	kg	487.54	515.96	837.91	398.06	703.61	1,412,918.6	1,205,076.7	688.41
Cannabis resin (hashish)	kg	2.54	0.94	19.78	0.78	8.78	0.7	0.45	1.74
	ml		2,888.00	137.7	315.4	1,021.9	3,294.8	271.4	88,110.6
Benzodiazepines	pill	10,503	5,608	14,177	17,734	4,819,5	8,720.5	7,672.5	7451.5
Methadone	ml	2.80	3,137.8	1,501.5	2,282.9	1,884	2,122.4	1,459.1	502.9
Methamphetamine	kg	0.41	0.07	0.03	0.16	9.41	0.08	6.64	0.54
	pill	324	138	137	82	203,5	977	27	38
Synthetic cathinones	g						0.01	7.3	116.1
Cannabis extract	ml					9.391	5,926.5	20,659.5	3,046.6
LSD	pcs					63	64	7,817	166
Synthetic cannabinoids	g					18.2	7.3	45.7	101

Source: Ministry of the Interior, General Police Directorate

Analyses of the purity of the most common illicit drugs are given below.

Figures 3–9. Average concentrations of specific illicit drugs, 2015–2022

Figure 3. Average heroin concentration

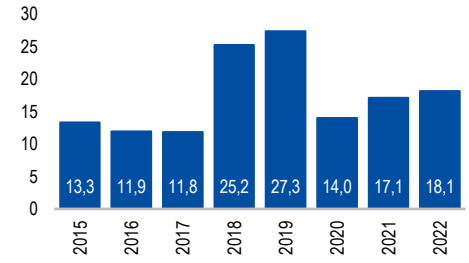


Figure 4. Average cocaine concentration

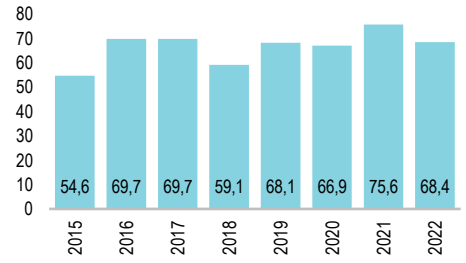


Figure 5. Average concentration of total THC in cannabis samples

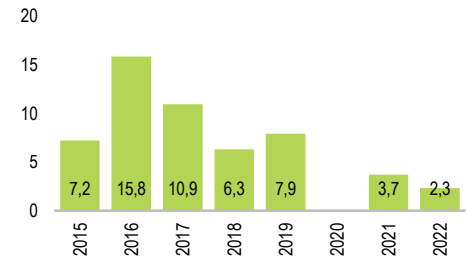


Figure 6. Average concentration of total THC in hashish

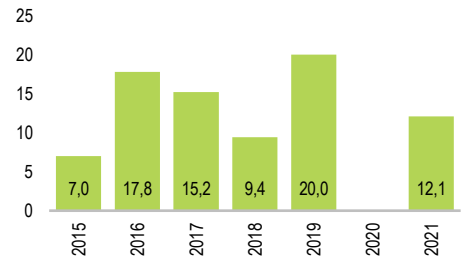


Figure 7. Average amphetamine concentration

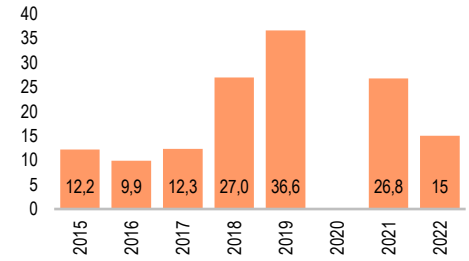


Figure 8. Average MDMA concentrations in crystal samples

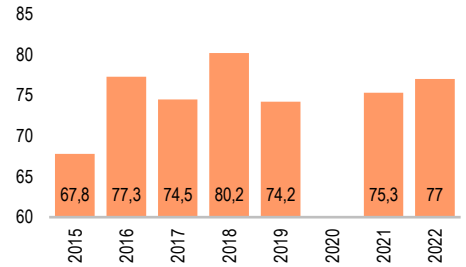
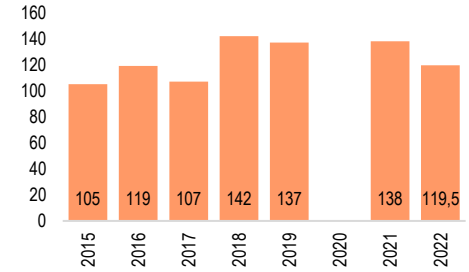


Figure 9. Average MDMA levels mg/pill



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 new psychoactive substances discovered. Cooperation with the Ministry of Health has contributed to speedy and timely changes and additions to the list of illicit drugs, which makes the work of security and judicial authorities easier. The National Forensics Laboratory is updating its database, mainly through online purchases of psychoactive drugs. This speeds up the process of identifying specific new substances seized by the police.

3. New developments

Slovenia is a mainly 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, and the strengthening of cooperation with other private companies at the port, are among the police's objectives going forward.

4. Sources

Ministry of the Interior, General Police Directorate

General Police Directorate, National Forensics Laboratory

Prison workbook

Eva Salecl Božič, Mateja Jandl

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Summary

National profile

In 2022, Slovenian prisons held 2.015 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (93.1%) 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 2022.

All prisoners included in the treatment can get OST. In 2022, 67% 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%.

Tests for HIV and hepatitis are free, anonymous and voluntary. We have no data for 2022. 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.

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 searches are not permitted. There were 267 finds/events (tablets, alcohol, drug paraphernalia, etc.) in 2022.

Resolution on the National Programme on Illicit Drugs 2023–2030 (https://www.uradni-list.si/glasilo-uradni-list-rs/celotno-kazalo/202375) states: Further develop and upgrade all forms of assistance and services in the treatment of illicit drug users in prisons and for children and adolescents stationed in centres of expertise for children with emotional and behavioural problems and disorders. 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 (spice) 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

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 with semi-open unit: 468, Slovenska vas 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 imprisonment10: 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 individuals 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 2022, Slovenian prisons held 2.015 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (93.1%) 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**
19 to 23 years	91	8	99	**4.9**
24 to 27 years	166	14	180	**8.9**
28 to 39 years	710	52	762	**37.8**
40+ to 49 years	544	38	582	**28.9**
50 to 59 years	230	17	247	**12.3**
60 to 69 years	100	6	106	**5.3**
69+ years	35	4	39	**1.9**
Total	**1876**	**139**	**2015**	**100**

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Studies that estimate drug-related problems among the prison population

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 2022 (Table 2).

[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)

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 2. Inmates with a drug problem among the entire prison population, 2018–2022

Year	2018	2019	2020	2021	2022
Prison population	3501	3902	3401	3109	3353
Inmates with a drug problem	977	964	866	873	900
Proportion in %	27.9	24.7	25.5	28.1	26.8

Source: Prison Administration of the Republic of Slovenia, Annual Report 2022

The number of prisoners increased significantly in 2019 compared to previous years, which is largely due to the increase in the number of detainees and prisoners, 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.

Tests for HIV and hepatitis are free, anonymous and voluntary. The Prison Administration does not collect data on the number of people tested, as it is medical data that is the property of medical centers. This is new situation and National Focal Point will start with the collection of those data in 2024.

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.

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.

1.2.2 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 searches 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 267 finds/events (tablets, alcohol, drug paraphernalia, etc.) in 2022. There were 205.50 g of cannabis, 125.39 g of hashish, 60.14 g of cocaine, 13.66 g of heroin, 4.94 l of alcohol, 2.601 pieces of tablets and 331.46 g of other synthetic drugs seized in 66 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 The 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

Table Drug related interventions in prison

Type of intervention	Available Yes/No/ NA/NK	Number of prisons in the country where interventions are actually implemented	Coverage of individuals *(% out of all people in the prisons where interventions are implemented)*	Comments
a) Health check up				
1. Medical check-up done within 48 hours from prison entry	YES	In all prisons	100%	
2. Assessment of drug use and drug related problems	YES	In all prisons	100%	
b) Detoxification				
1. Pharmacological	YES		not known	Implemented at the Forensic Psychiatry Unit of the University Medical Centre Maribor.
2. Drug free	NO			
c) Counselling on drug related problems				
1. Individual counselling	YES	In all prisons	100%	
2. Group counselling	YES		not known	Implemented on a continuous basis in the central facility Dob Prison and in Maribor Prison. In other locations, counselling is provided occasionally, depending on the availability of staff and the workload of expert workers.
3. Peer to peer support	NO			
d) Residential drug treatment				
1. Drug free units without treatment component	NO			
2. Drug free units with treatment component	YES/NO			Prisoners are assigned to units and wings with convicts without problematic personality traits and no identified issues with the use of PAS. All prisoners housed in these units have the option of continuing their treatment at the clinic.
3. Therapeutic community	NO			
e) Opioid Agonist Therapy (excluding OAT interventions aiming at detoxification)				
1. OAT continuation from the community	YES	In all prisons	not known	
2. OAT continuation to the community	YES	In all prisons	not known	
3. OAT initiation in prison	YES	In all prisons	not known	
f) Infectious diseases interventions				
1. HIV testing	YES	In all prisons	not known	
2. HBV testing	YES	In all prisons	not known	
3. HCV testing	YES	In all prisons	not known	
4. TB testing	NO			
5. Hepatitis B vaccination	YES	In all prisons	not known	Vaccination is voluntary.
6. BCG vaccination for tuberculosis	NO			
7. HIV antiretroviral therapy	YES	In all prisons	not known	
8. Hepatitis C treatment	YES	In all prisons	not known	
9. Hepatitis B treatment	YES	In all prisons	not known	

10. TB treatment	YES	In all prisons	not known	
11. HIV prophylaxis	NO			
12. HIV/HCV/HBV counselling	YES	In all prisons	not known	
g) Harm reduction interventions				
1. Needles and syringe exchange	NO			
2. Disinfecting tablets/bleach	NO			
3. Other sterile material distribution	NO			
4. Condom distribution	YES	In all prisons	not known	
5. Lubricant distribution	NO			
6. Training on safer injecting	NO			
7. Safe tattoo (training and education)	NO			
8. Other (Specify)				
h) Drug related interventions in preparation for release				
1. Interventions of social reintegration, including housing and employment	YES	In all prisons	not known	
2. Educational/vocational training		In all prisons	not known	Prisoners with sufficient motivation have the option, should they meet the conditions, of being employed in the prison, undergoing education and training, or enrolling in occupational therapy. At the near end of their sentence, they may also join active jobseeking programmes at the Employment Office, or enter employment with an employer in accordance with an employment plan.
3. Overdose prevention	YES	In all prisons	All prisoners who use drugs.	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.
4. Overdose counselling	YES	In all prisons	not known	Overdoses during the serving of a sentence are treated by a doctor and/or psychiatrist. In such cases, counselling is part of the treatment.
5. Naloxone distribution and training	NO			Nasal naloxone is available from March 2021 in Slovenia. The implementation of the intervention is still in process.
6. Referrals to external drug services	YES	In all prisons	not known	
7. Linkage to OAT in the community	YES	In all prisons	not known	
8. Linkage to HIV care on release	YES	In all prisons	not known	
9. Linkage to HCV care on release	YES	In all prisons	not known	
10. Linkage to care for other infectious diseases (e.g. TB, HBV) (If needed)	YES	In all prisons	not known	
11. Referrals to external health services for other health related issues (not drug specific)	YES	In all prisons	not known	
12. Referrals to external social services	YES	In all prisons	not known	
13. Other (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 are Maribor Prison and the central prison for men, where 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. The introduction of the use of buprenorphine solution for extended-release injection as a treatment option in prisons constitutes an important step forward in support for ensuring standards for the drug-based treatment of opioid addiction. This accords with the principle of treatment focused on the individual, and provides treatment comparable to that provided in the community. The drug is indicated for the treatment of opioid addiction as part of medical, social and psychological treatment, with doses administered on a weekly or monthly basis. It helps to improve the health and quality of life of prisoners who are undergoing treatment.

Among 900 prisoners with illicit drug use problems, 600 of them, which means 67% of all prisoners with drug use problems, received substitution therapy (see also Treatment Workbook, section 1.4.8). 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 enrol in low threshold, higher threshold and high threshold programmes (Table 3) 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. The Prison Administration organised a meeting with doctors and specialist psychiatrists in 2022 and with general practitioners in 2023 (i.e. physicians who provide health services in prisons) to which it invited Dr Matičič from the Infectious Diseases Clinic of the Ljubljana University Medical Centre. She presented examples of the successful treatment of hepatitis C with early diagnosis in Slovenia, and the possibility of cooperation between the Infectious Diseases Clinic and health centres that provide health services in prisons and correctional centres aimed at containing infection among prisoners.

Due to problems with preserving abstinence in the prison environment, prisoners are encouraged to enrol 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 3. The number of prisoners with illicit drug use problems, who are included in treatment programmes, 2022

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
543	153	54

Source: Prison Administration of the Republic of Slovenia, 2022 Annual Report

1.3.4 The estimates of opioid substitution treatment clients in prison

All prisoners included in the treatment can get OST. In 2022, 67% 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

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.

Based on seizures made in 2021 and 2022, we can conclude that the synthetic drug spice has begun to appear with greater frequency in prisons. Seizures in 2023 netted blotters soaked with synthetic drugs at a number of prisons.

The Prison Administration prepared a brochure in 2018 about the harmful consequences of synthetic cannabinoids that is being made available in visitor reception areas too. This was followed, in 2022, by an information brochure for prisoners who do not speak Slovene. It was translated into English, German and Italian, and addressed topics relating to the risks attendant upon drug use in the prison system.

The Slovene Prison Administration organised a new workshop cycle together with a non-governmental organisation DrogArt in 2016, 2018, 2022 and 2023 for prisoners in some institutions to raise awareness and inform them about the possible complications and harmful consequences of new psychoactive substance usage.

3. New developments

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

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.

In June 2022, in collaboration with the Public Health Directorate of the Ministry of Health and the Prisons Administration, the Pompidou Group at the Council of Europe organised a study visit to Slovenia by the south-eastern Europe working group for the development of comprehensive drug treatment systems in prisons, comprising decision-makers directly involved in the formulation, implementation and evaluation of policies connected with treatment and rehabilitation in prisons, and experts who work with prisoners in institutions in the south-east Europe region. Part of the visit was also designed to acquaint the delegation with the treatment concept in Slovenian prisons, and involved a visit to Maribor prison and the Maribor University Medical Centre's Forensic Psychiatry Unit.

5. Sources and methodology

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Research workbook

Contributors

Ada Hočevar Grom, Ema Kobal

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Summary

Ada Hočevar Grom

National profile

In Slovenia the new strategy, National Programme on Drugs for 2022–2030 was adopted in June 2023. Strengthening and expanding the capacity to collect, evaluate and analyze information remains one of the priorities of this national program. To achieve the goal of developing different approaches, research groups and different research topics, more resources should be provided. Funds intended for research are tendered in accordance with legal regulations by various ministries or the Slovene Research Agency. In order to make research planning more efficient and transparent, certain priority research areas should be defined, but the possibility of financing research from non-priority areas should also be allowed. Priority measures are: strengthen and expand research capacities and exchange of results and their use, investigate the needs for new assistance programs for different target groups of drug users, provide financial resources for permanent studies, make an annual review of all research works in this field, support the central role of the Illicit Drugs Information Unit within NIJZ in the field of research and innovation and encourage proactive responses.

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 (2022) = 1,542), 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 third national population survey on tobacco, alcohol and drug is running in 2023 and the results will be published in 2024.

1. Drug-related research[11]

1.1 Main drug-related research institutions/associations/bodies

"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).

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

[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)

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.

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/, 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/en/home-page/
- 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 Main institutions/associations/bodies/programmes

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/, https://dk.um.si/info/index.php/eng
- 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/, 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 Main national scientific journals where drug-related research is published

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

1.4 Drug-related research relevant websites/resources

Jandl M, Drev A, Hočevar Grom A, Belščak Čolaković A, Kvaternik I (ur.). Stanje na področju prepovedanih drog v Sloveniji 2022. Ljubljana: NIJZ, 2023. Available from: https://nijz.si/wp-content/uploads/2023/02/Nacionalno-porocilo_2022-1.pdf

Jandl M, Hočevar Grom A, Drev A, Belščak Čolaković A, Kvaternik I. Report of the drug situation 2022 of the republic of Slovenia. Ljubljana: NIJZ, 2022. Available from: https://nijz.si/wp-content/uploads/2022/12/NP_ang_2022_pop_obl.pdf

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2. New developments

2.1 Main drug-related, recent/on-going studies/research projects

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).

Kuhar, M., Jeriček Klanšček, H., Zager Kocjan, G., Hočevar Grom, A., Drglin, Z. in Mešl, N. (2020). Obremenjujoče izkušnje v otroštvu in posledice v odraslosti. Ljubljana: Univerza v Ljubljani in Nacionalni inštitut za javno zdravje. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/oio_v_otrostvu_in_posledice_v_odraslosti_-_kratka_strokovna_publikacija_2020_hq.pdf

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Verovšek T, Šuštarič A, Laimou-Geraniou M, Krizman Matasić I, Prosen H, Eleršek T, et al. Removal of residues of psychoactive substances during wastewater treatment, their occurrence in receiving river waters and environmental risk assessment. Science of the total environment [Internet]. 2023;(866, [ ] 161257):1–9. Available from: doi:10.1016/j.scitotenv.2022.161257

Osterc-Kokotovič K, Pšunder M, Kirbiš A. Cannabis use and parenting practices among young people: the impact of parenting styles, parental cannabis-specific rules, and parental cannabis use. Int j environ res public health [Internet]. 2022;19(13):1–14. Available from: https://www.mdpi.com/1660-4601/19/13/8080

Pavlin U. Toleranca na distres kot napovednik abstinence = Distress tolerance as a predictor of abstinence: magistrsko delo [Internet] [Magistrsko delo]. [Ljubljana]: Univerza v Ljubljani; 2022. Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=143971

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

Australian Criminal Intelligence Commission. National Wastewater Drug Monitoring Program—Report 16, 2022. Available from: https://www.acic.gov.au/sites/default/files/2022-06/National%20Wastewater%20Drug%20Monitoring%20Program%20Report%2016.PDF

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

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Heath E, Verovšek T. Poročilo analiz vzorcev odpadnih vod na vsebnost prepovedanih in dovoljenih drog na področju centralne čistilne naprave Kranj (2022). Ljubljana: Institut Jožef Stefan; 2023.

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Pelc A. Analiza pojavnosti fenetilaminov v skupini novih psihoaktivnih snovi med letoma 2001 in 2022 v Evropi = Analysis of phenethylamines incidence in a group of new psychoactive substances between 2001 and 2022 in Europe. Ljubljana: [A. Pelc]; 2023.

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Derganc I. Problematika zlorabe drog pri zaprtih osebah v Zavodu za prestajanje kazni zapora in mladoletniškega zapora Celje. 24 dnevi varstvoslovja, Podčetrtek, 13 in 14 junij 2023: zbornik povzetkov [Internet]. 2023;26. Available from: https://press.um.si/index.php/ump/catalog/book/762

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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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