National Institute of Public Health

REPORT ON THE DRUG SITUATION 2024 OF THE REPUBLIC OF SLOVENIA

EUDA
EUROPEAN UNION DRUGS AGENCY

NIJZ National Institute of Public Health

2024 NATIONAL REPORT (2023 DATA) TO THE EUDA

by the Reitox National Focal Point

SLOVENIA

REITOX

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Drug policy workbook

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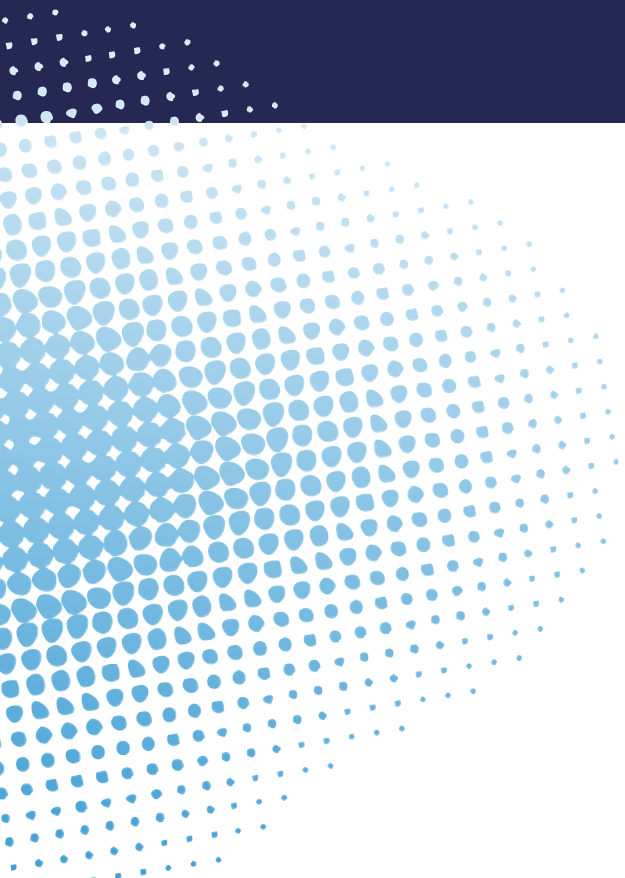

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Summary

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 19,753,219.08 was allocated to the issue of illicit drugs in Slovenia in 2023.

1. National profile

Andreja Belščak Čolaković, Ines Kvaternik, Mateja Jandl, Maša Serec, Špela Selak, Maja Roškar, Sandra Radoš Krnel, Peter Debeljak, Marjetka Hovnik Keršmanc, Helena Koprivnikar, Anej Korsika Knific, Jože Hren, Mateja Markl, 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. The Resolution on the National Programme on Illicit Drugs 2023–2030 also addresses non-substance addictions to a certain extent, in recognition of the fact that they represent a growing problem in today's digital society, and require an integrated and interdisciplinary approach if they are to be resolved.

Action Plan on Illicit Drugs 2024–2025

Based on the Resolution on the National Program in the Field of Illicit Drugs for the Period 2023–2030, Government of Slovenia adopted the Action Plan on Illicit Drugs 2024–2025. Action plan details and operationalizes specific goals, implementation methods, and responsibilities of various government agencies and NGOs involved in addressing drug-related issues in Slovenia.

Key Points of the Action Plan are the following:

1. **Overall Goal:**
    - The primary goal is to reduce the harm caused by illicit drug use to individuals, families, and society.
2. **Preventive Measures:**
    - The plan emphasizes prevention through strengthening coordination among stakeholders, developing protocols for cooperation between preventive services, and improving the quality of preventive programs.
3. **Early Prevention Programs:**
    - Programs aimed at children, parents, and families will be expanded. The plan also supports the integration of preventive measures into the educational system.
4. **Awareness and Advocacy:**
    - There will be campaigns to raise awareness about the dangers of drug use, especially focusing on vulnerable groups and promoting safe practices for prescription drugs.

5. **Health and Rehabilitation:**
    - The plan includes measures to improve access to treatment, ensure high-quality services in drug treatment centers, and enhance the reintegration of drug users into society.
6. **Harm Reduction:**
    - Specific actions include the distribution of naloxone to prevent overdoses, the establishment of safe spaces for drug use under supervision, and efforts to reduce drug-related infections.
7. **Law Enforcement:**
    - The plan also addresses the reduction of drug supply through improved detection of drug trafficking routes, combating illegal online drug sales, and stronger collaboration with international law enforcement agencies.
8. **Funding and Coordination:**
    - The plan details the funding for these activities, which will come from various government ministries and local communities. It also emphasizes the need for regular monitoring and reporting on the implementation of the plan.

This action plan is a comprehensive effort by Slovenia to address drug-related issues in a balanced and integrated manner, focusing on prevention, treatment, harm reduction, and law enforcement.

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 – in preparation
Web address	In preparation
	Slovenia is currently without an independent 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 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. In March 2024, a special ad hoc inter-ministerial working group was established with the mission of preparing the first independent programme in the field of reducing alcohol consumption, as stipulated by Article 4 of the Alcohol Consumption Restriction Act already since the year 2003. In June 2024, the draft document was published and submitted into formal public consultation process. Formal government procedure and the adoption of the programme is expected to be concluded in autumn 2024.
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 is currently ongoing and is available in Slovene language 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	Digital addictions in general (included gaming, gambling, social app and online), other non-substance or behaviour addictions are included as a special chapter within the Resolution on National Programme on mental health MIRA 2018–2028
Web address	/
Gaming	
Strategy title	Digital addictions in general (included gaming, gambling, social app and online), other non-substance or behaviour addictions are included as a special chapter within the Resolution on National Programme on mental health MIRA 2018–2028
Web address	/
Internet	
Strategy title	Digital addictions in general (included gaming, gambling, social app and online), other non-substance or behaviour addictions are included as a special chapter within the Resolution on National Programme on mental health MIRA 2018–2028
Web address	/
Other addictions	
Strategy title	Resolution on the National Programme on mental health 2018–2028
Web address	https://pisrs.si/pregledPredpisa?id=RESO120
	Slovenia has no separate strategies for specific types of non-substance addiction, such as gambling, video gaming, and the use of the internet and digital technologies generally. Activities that address the issue of non-substance addiction in a comprehensive way are set out in the Resolution on the National Mental Health Programme 2018–2028 (MIRA). This strategic document is being implemented with the help of action plans, such as the National Mental Health Programme 2018–2020 Action Plan, the National Mental Health Programme 2022–2023 Action Plan, and the MIRA Programme Action Plan 2024–2028. A certain differentiation of measures exists only in the field of digital addiction. Under the auspices of the National Mental Health Programme 2018–2028 (MIRA), activities relating to non-substance addictions focus on three key areas: research and systematic monitoring of non-substance addictions, which includes national research and validation studies; the development and implementation of health promotion and prevention activities designed to raise awareness and educate the general public and professionals (e.g. the published and widely disseminated first Slovenian national guidelines on screen use for children and adolescents); and the establishment and consolidation of a network of sources of help, including by strengthening the competences of professionals active in the mental health field (e.g. mental health centres) and setting up two sub-specialist teams dealing with non-substance addictions among children, adolescents and adults. The entire approach as set out in the Resolution focuses on the setting-up of an integrated system based on close cooperation between stakeholders, including the three key ministries (Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education), the National Institute of Public Health, mental health centres, and other offices/organisations that work in the field of non-substance addiction.

Drug strategy/action plan of the capital city

Ljubljana, the capital city of Slovenia, has a 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.

The social security development strategy of the City of Ljubljana (MOL) is the basic strategic document for 2021–2027 setting out the premises, policies and tasks of MOL in the field of social security. The Strategy emphasises the importance of long-term planning to ensure the stable provision of various forms of service and programme aimed at helping and supporting vulnerable population groups. The document is already the fourth strategy of its type, and reflects a desire on the part of MOL to bolster social security policy in Ljubljana, particularly in the light of the challenges brought about by the Covid pandemic and the growing pressures felt by the city's inhabitants.

The Strategy focuses on the following main objectives:

1. Providing comprehensive support and help to users of social security services and programmes
2. Reducing the risk of poverty and increasing the inclusion of the socially deprived and those in vulnerable situations
3. Putting in place the conditions for quality ageing
4. Improving mental health
5. Adopting a zero-tolerance approach towards violence
6. Guaranteeing equal opportunities for all
7. Reducing the harm caused by various forms of addiction
8. Strengthening quality and development in social security
9. National and international recognition of Ljubljana as a city sensitive to social issues

The Strategy for the Development of Social Security in Ljubljana 2021–2027 also emphasises the importance of dealing with problems that arise from the use of and dependence on modern electronic technologies. It is a problem that is becoming ever more common in today's world, and is frequently the consequence (or even the cause) of alienation. MOL co-finances programmes that help people who are encountering problems arising from excessive use of technology. These programmes also feature psychosocial counselling for people unable to control their use of technology and the internet.

The programmes focus on four specific areas:

- addiction to online content (video games, gambling, online pornography, crypto trading, e-sports)
- excessive use of electronic technologies, where early prevention is vital
- cyber violence, which is on the rise
- prevention and awareness-raising

Although non-governmental organisations are able to adapt their programmes promptly to the latest needs of users, the future will require:

- the strengthening of preventive operations and awareness-raising through the media, online, and at workshops for children and parents
- the establishment of cooperation with other specialists in order to deal comprehensively with users encountering a number of different, inter-related problems
- the setting-up of a digital addiction clinic offering residential treatment for a period of one to three months, thereby enabling problems to be tackled in a more comprehensive way

The increased use of electronic devices during the pandemic further highlighted the problem of technology dependence. MOL will therefore continue to co-finance social security programmes in this field, and take part in prevention and awareness-raising activities.

Elements of content of the EU Drugs Strategy 2021-25 and of the EU Drugs Action plan 2021–25 or the previous 2013–20 EU Drugs Strategy and it's two action plans, reflected in 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 2023 the Ministry of Labour, Family, Social Affairs and Equal Opportunities allocated EUR 4,513,217.89to programmes pertaining to the issues, associated with illicit drugs, of which EUR 2,754,829.03 were allocated for high-threshold, EUR 1,457,698.00 for low-threshold and EUR 300,690.86 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 881,343.79 in 2023 to the area of illicit drugs of these EUR 847,189.46 were allocated for NGO programmes which worked to resolve drug-related issues. Additionally, EUR 34,154.33 were allocated to the newly established “Stična točka” (project office).

The Ministry of Interior provided EUR 313,383.03 that were allocated to the Slovenian Police for their work on drug supply reduction measures.

The Health Insurance Institute of Slovenia allocated EUR 6,878,499.74 in 2023 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 585,409.29 for various public services, scientific work, international cooperation, and other public health related activities in the field of illicit drugs.

EUR 285,755.36 were allocated to the work of Addiction Prevention Centre coordinated by the Maribor Regional Office of the National Institute of Public Health. EUR 114,423.67 was allocated to the activities related to the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) and EUR 185,230.26 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 2023, 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 11.998,22 for the training of the prison staff in the area of illicit drugs.

National Education Institute of Slovenia allocated EUR 20,000.00 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 1,379,565.50for helping addicts through various humanitarian organisations in 2023.

Out of all 212 Slovenian municipalities, 128 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs, of these 10 out of 12 city municipalities have responded. These local communities spent a total of EUR 1,312,250.06 on solving drug-related issues in 2023.

The University Psychiatric Clinic Ljubljana allocated EUR 3,781,419.00 for the operation of The Centre for Treatment of Illicit Drugs Addiction in 2023.

The National Laboratory of Health, Environment and Food allocated EUR 57,482.56 for the project and contract for analyses of psychoactive substances.

Drawing from available data, an estimated sum of EUR 19,753,219.08 was allocated to the issue of illicit drugs in Slovenia in 2023.

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) **4,513,217.89**	2023	Social protection		Labelled	
Tackling the drug issue (MZ) **881,343.79**	2023	Health		Labelled	
Supply reduction measures (MNZ) **313,383.03**	2023	Defence		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **6,878,499.74**	2023	Health		Labelled	
Activities of the National Institute of Public Health (NIJZ) **585,409.29**	2023	Health		Unlabelled	
Operation of The Centre for Treatment of Illicit Drugs Addiction (UPK Ljubljana) **3,781,419.00**	2023	Health		Labelled	
Programs of organisations in the area of youth work (Office for Youth) **18,650.00**	2023	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **1,379,565.50**	2023				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 (128 out of 212 municipalities) **1,312,250.06**	2023	Social protection		Unlabelled	
Prison Administration of the Republic of Slovenia **11,998.22**	2023	Defence		Unlabelled	
National Education Institute **20,000.00**	2023	Education		Unlabelled	
Project and contract for analyses of psychoactive substances at the National Laboratory of Health, Environment and Food **57,482.56**	2023	Health		Unlabelled	

2. Additional information

Špela Selak

Non-substance addictions

Activities and measures in the field of non-substance addictions are coordinated and carried out at national level within the framework of the Resolution on the National Mental Health Programme 2018–2028, which also stresses the importance of working at regional level when implementing measures, for example via regional units of the National Institute of Public Health (NIJZ). These units operate in line with national policies and actions plans, and in collaboration with other key stakeholders in specific environments. Activities connected with non-substance addictions include health promotion, prevention and treatment, with programmes financed from a variety of sources (e.g. MOL, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities). The priority tasks in the prevention of non-substance addictions are monitored and steered by the interdisciplinary working group for non-substance addictions. The interdisciplinary working group comprises experts in various fields, who use their knowledge and experience to address the different levels of action required to tackle the problem of non-substance addictions in Slovenia. The group operates as the professional body responsible, under the Resolution on the National Mental Health Programme 2018–2028 (MIRA), for implementing measures and activities from the MIRA Programme, as well as the current action plans, preparing substantive, organisational and structural solutions, developing and monitoring quality indicators, sharing information on good practices, monitoring human resource and material standards, preparing specialist background materials, helping to draft legislation, and providing annual reports on its work. The operations of the interdisciplinary working group are coordinated by the NIJZ. The group, which is in charge of the strategic and operational coordination of measures at national level, meets four times a year.

Non-substance addictions are also partly addressed in the Resolution on the National Programme on Illicit Drugs 2023–2030. The key objectives highlighted there are to improve the ability of professionals to identify and deal with non-substance addictions, ensure greater inclusion of users in addiction-reduction programmes, and develop tailored, community-based programmes for individuals with more complex problems. Particular emphasis is placed on the early identification of people with non-substance addictions and their rapid inclusion in treatment programmes. This increases the possibility of successful rehabilitation. The Strategy also envisages the development, expansion and upgrading of programmes to reintegrate and resocialise people within the community, thereby ensuring a comprehensive approach to treatment and support. The establishment of medium-threshold programmes eases the transition between different forms of assistance, such as detoxification, and high- and low-threshold programmes. The prevention programmes are aimed at raising the awareness of different target groups regarding the risks of non-substance addictions, and at strengthening individuals' resilience to these risks. The comprehensive approach that the Strategy addresses combines preventive measures, early intervention and support following institutional treatment. This helps to improve public health and social welfare, and to reduce the negative effects of non-substance addiction on society.

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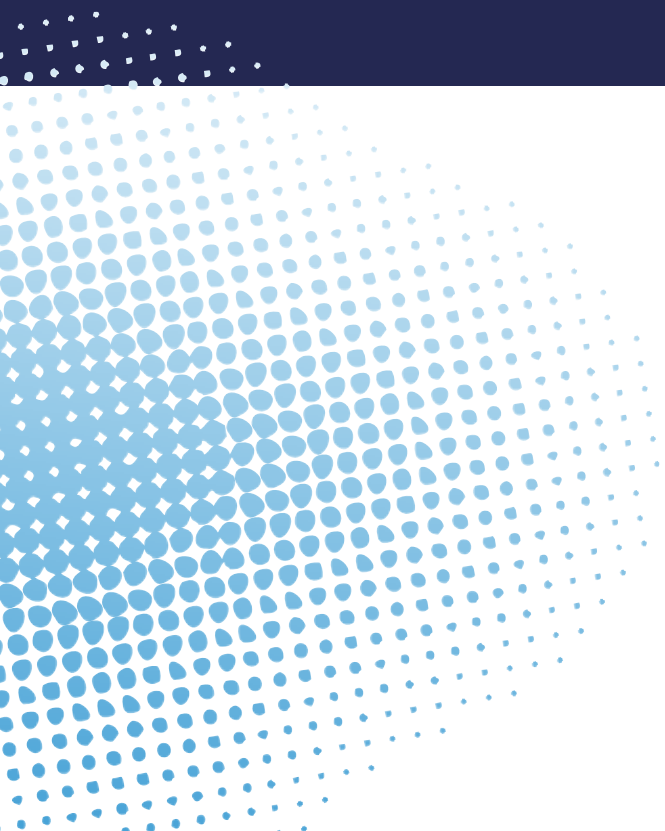
Legal framework workbook

Andreja Belščak Čolaković, Ines Kvaternik, Mateja Jandl, Helena Koprivnikar, Maja Roškar, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Peter Debeljak, Dragana Trivundža Tomanič, Simona Svetin Jakopič, Jože Hren, Maša Serec, Anej Korsika Knific, Nataša Blažko, Špela Struna, Vesna Marinko



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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.

[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

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.

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.

[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)

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

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 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

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].

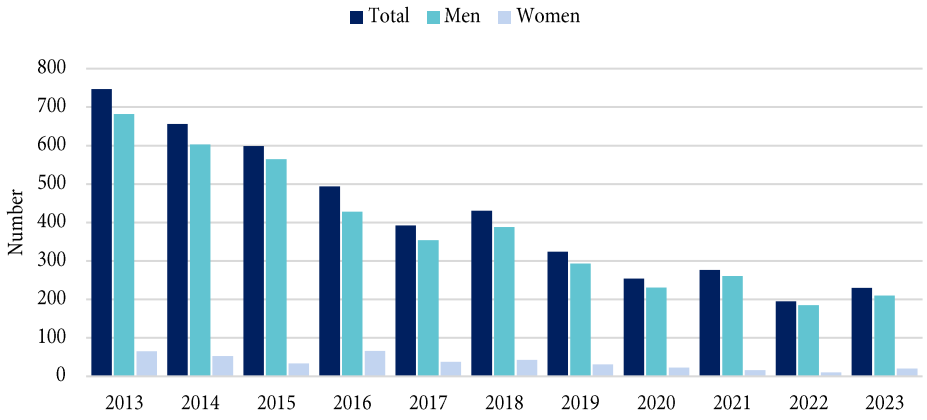
Table 1. Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Men	682	603	565	428	354	388	293	231	261	185	210
Women	65	53	34	66	38	43	31	23	16	10	20
Total	**747**	**656**	**599**	**494**	**392**	**431**	**324**	**254**	**277**	**195**	**230**

Source: Statistical Office of the Republic of Slovenia

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

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



Source: Statistical Office of the Republic of Slovenia

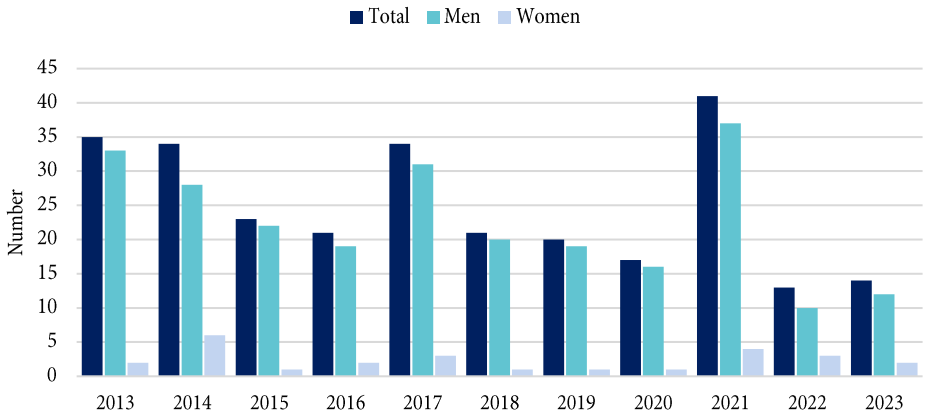
Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past ten years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Men	33	28	22	19	31	20	19	16	37	10	12
Women	2	6	1	2	3	1	1	1	4	3	2
Total	**35**	**34**	**23**	**21**	**34**	**21**	**20**	**17**	**41**	**13**	**14**

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 on 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

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

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

Helena Koprivnikar, Maja Roškar, Peter Debeljak, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Dragana Trivundža Tomanič, Anej Korsika Knific

Laws, changed in the last year

Decree on the Classification of Illicit Drugs

The amendments to the Decree on the Classification of Illicit Drugs were adopted on 9 November 2023 (Official Gazette of the Republic of Slovenia,113/23). The Decree came into force 15 days after that date.

Fourteen substances were added to classification number Group I: ADINAZOLAM, BROMAZOLAM, PROTONITAZENE, 2-METHYL-AP-237, α-PiHP, HEXAHYDROCANNABINOL-O-ACETATE (HHC-O), ADB-P-5Br-INACA, BROMANTANE, CUMYL-NBMINACA, FLUNITRAZOLAM, HEXAHYDROCANNABINOL (HHC), HEXAHYDROCANNABIPHOROL (HHCP), ADB-HEXINACA and TETRAHYDROCANNABIPHOROL (THCP).

Two new substances were added to the Group II: IBOGAINE, VOACANGINE.

Consultative Referendum on Medicinal and Personal Use of Cannabis

On 9 June 2024 a consultative referendum was held regarding the medicinal and personal use of cannabis. Freedom Movement, the biggest party of the ruling coalition was the main initiator of the referendum on cannabis. As such it was held together with European elections and two other referenda (one regarding assisted dying and one regarding the option of a preferential vote in general elections). Initially a single question was foreseen, inquiring about support for cultivation, processing, sale, and use of cannabis for medicinal purpose. Following the clarification of the parliamentary legal service that reminded initiators that the sale and use of cannabis for medicinal purposes is already allowed, the question was changed considerably. Since only cultivation of cannabis for medicinal purposes is not allowed, now two questions were formed:

- *Should Slovenia allow the cultivation and processing of cannabis for medical purposes on its territory?*
- *Should Slovenia allow the cultivation and possession of cannabis for limited personal use on its territory?*

Because of this change during the parliamentary process opposition challenged the referendum and requested Constitutional Court to stay the referendum, this however was rejected by the Court. First question was endorsed convincingly with 66.71% voting in favor of Slovenia allowing cultivation and processing of cannabis for medicinal purposes on its territory and 33.29% being against. During the referendum campaign no significant opposition was voiced regarding this proposal.

Second question, however, was significantly more polarizing. During the campaign civil society and political advocates were arguing in favor of allowing limited personal use of cannabis. On the other hand, competent national authorities working in the field of public health, addictions, toxicology, pediatrics, oncology together with non-governmental organizations unanimously voiced their opposition. With 51.57% voting in favor and 48.43% the second proposal was endorsed as well. Voter turnout was 42.42%.

Both referenda being of consultative nature they have not yet entailed any legal changes in the status of cannabis, these will have to be adopted through the legislative procedure.

Tobacco and related products

In April 2024, changes of 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, were adopted (Official Gazette of the Republic of Slovenia, No. 31/2024). The new measures in the Act include the provisions set out in Commission Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of heated tobacco products, but also important national measures (amongst others, 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 and regulation of nicotine pouches as related products). Ban on flavours in electronic cigarettes will enter into force in April 2025, abolition of smoking rooms at the end of 2025, while other measures have already entered into force.

In 2024, there were also changes in The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016, No. 92/2021, No. 192/2021, No. 140/2022 and No. 38/2024). The excises were increased for combustible tobacco products, heated tobacco products (sticks) and electronic cigarette's liquids (there are no excises on the devices for use of electronic cigarettes or heated tobacco products). Excises on heated herbal products were introduced, but only for inserts and not for devices for use.

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.

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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. In December 2023 the Ministry of finance has launched a formal initiative to increase the excise duty on existing types of alcoholic beverages by 27,5 %. Following the public announcement process, the intention to review the Excise Act was withdrawn. In June 2024 the second proposal on the introduction of the renewed government regulation on excise duty on alcohol and alcoholic beverages was officially published with the intention to increase the excise duty on beer, ethyl alcohol and mixed alcoholic beverages by 7 percent.

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 measures in the 2017 Restriction on the Use of Tobacco and Related Products Act (the last 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 four waves (2017, 2018, 2021 and 2023). The study shows numerous positive effects of the newly implemented tobacco control measures in the years 2018 and 2021. The results of the first three waves of the study 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. The results of the fourth wave will be available end of this year:

4. Additional information

Maja Roškar, Peter Debeljak, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Dragana Trivundža Tomanič, Helena Koprivnikar, Simona Svetin Jakopič

Description of other important aspect of the legal framework that has not been covered above

Additional information on Alcohol

In May, November and December 2023, the Traffic Safety Agency coordinated a national prevention campaign, 'Alkohol'. In addition to the regular marketing activities, a press conference was held with the police. More than 185 road safety councils were also involved; we gave them posters, leaflets and single-use alcohol testing kits to help them in their work and promotional activities.

On 7 November 2023 the Traffic Safety Agency organised a conference, in collaboration with the European Traffic Safety Council, titled 'Alcohol Interlocks – European Practices and Advanced Strategies for Reducing Drink-Driving'. The main aim of the conference was to examine options for introducing alcohol interlocks as a supplementary measure following an offence or as part of a rehabilitation programme for drivers who had had their licence taken away and received penalty points for driving under the influence of alcohol. The Vehicle General Safety Regulation provides that from 6 July 2022 all new vehicle types and from 7 July 2024 all new vehicles on the European market must be equipped with advanced safety systems, which include technical solutions for the incorporation of blocking devices (alcohol interlocks) that prevent drivers from driving under the influence of alcohol. The draft Resolution on the National Road Safety Programme 2023–2030 also envisages a study of the options for introducing alcohol interlocks.

The Traffic Safety Agency also organises rehabilitation programmes for drivers who have been penalised for driving under the influence of alcohol, illicit drugs, psychoactive medications or other psychoactive substances. A total of 396 educational workshops (4,320 participants) and 79 psychosocial workshops (760 participants) were organised in nine towns across Slovenia in 2023.

Road safety in 2023 – alcohol and drugs

Twenty-one people died as a result of drink-driving in 2023. This was a 24% increase on 2022, when 17 people lost their lives. Just over a quarter (25.6%) of those responsible for fatal accidents were driving under the influence of alcohol (21% in 2022, 33% in 2021 and 37% in 2020). The situation has improved in comparison with 2019, both in terms of the number of road accidents involving drink-drivers and the outcomes of those accidents. The biggest fall has been recorded in the number of fatalities, which fell by 12 (a fall of 36%).

In 2023 drivers under the influence of illicit drugs or other psychoactive substances were responsible for 92 accidents, 44 of which resulted in physical injury. These accidents resulted in three fatalities (ten fewer than in 2022), 24 serious injuries (four fewer than in 2022) and 20 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 2023 and 2024 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.

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 18 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

In order to inform consumers about the alcohol content and energy levels of different alcoholic beverages The smartphone application Veškajješ (VKJ), was developed by Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health. Besides the information on alcohol content and estimated energy value, the VKJ app warns 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 and panic attacks. In 2023 a module on hazardous and harmful alcohol use was developed. 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. In 2024 three five-hours long workshops with printed booklets on alcohol were delivered. Evaluation of the workshop is in process.

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, 29/2017 and 31/2024), under the responsibility of the Ministry of Health, and the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016, 192/2021 and 38/2024), 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 is currently ongoing (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 2017 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.

On 24th of April 2024, the updated Restriction on the Use of Tobacco and Related Products Act entered into force (Official Gazette of the Republic of Slovenia, 31/2024). Beside the provisions from the Commission Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of heated tobacco products, which introduced the ban on characteristic flavours and health warnings for heated tobacco products, the updated Act brought some important new national tobacco control measures. It introduces the ban on flavours in electronic cigarettes, with exception of certain tobacco flavours, based on Netherlands case. This measure has a one year transitional period and will come into effect on 24th of April 2025. The Act also equalises the provisions for non-nicotine and nicotine products – for both the placing on the market of liquids containing different additives is banned (additives that create the impression that a product has a health benefit or presents reduced health risks, stimulants, stimulant compounds associated with energy and vitality, those having colouring properties for emissions, facilitate inhalation etc.). While nicotine pouches were not regulated till now, the new Act also includes regulation of nicotine pouches, which are now regulated as related products (comprehensive ban on advertising, display, promotion, sponsorships, donations, including direct and indirect tobacco advertising and promotion and in information society services; age limit to buy or sell these products is set at 18 years of age; placing on the market is banned via the Internet, telecommunications or any other emerging technology, or cross-border distance selling; selling or placing on the market by individuals is forbidden; these products can only be sold in points of sales with permits for selling, issued by the Ministry of Health, etc.).

The updated Act also includes ban on smoking rooms, which were allowed in certain enclosed public/working places (this measure will come into effect at the end of 2025) and heated herbal products are now also regulated as other herbal products.

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. According to the available data, 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 heated herbal products, but not for the devices of these products.

Additional 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, drug addiction which included user experience, information on new drugs, violence, and the use of various counselling techniques.

Active international cooperation and networking also continued.

The Probation Administration (UPRO) dealt with 3,756 cases in 2023, with 198 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: 128 persons;
- community service under the Minor Offences Act: 16 persons;
- community service under the Criminal Procedure Act: 5 persons;
- house arrest: 2 persons;
- conditional sentence with protective supervision: 40 persons;
- conditional discharge with protective supervision: 4 persons;
- planning of the conditional discharge: 4 persons.

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

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Drugs

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Summary

Drug Use and the Main Illicit Drugs

Three surveys on the use of drugs in the general population have so far been conducted in Slovenia, one in 2012, the other in 2018 and the latter was the 2023 National Survey on the Use of Tobacco, Alcohol and other Drugs among the inhabitants of Slovenia aged 15 to 74 years. for the purposes of the national report, we adjusted the results to the age group 15–64 years.

The data from the last survey revealed that 22.4% 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 294,400 (22%) inhabitants, followed by ecstasy which was used at least once by 44,600 (3.3%) inhabitants, and cocaine, used at least once by 41,200 (3.1%) of inhabitants, while amphetamine was used at least once by 36,100 (2.7%) inhabitants, and LSD by 33,600 (2.5%) 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 30% (31% man and 28.8% women).

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

Illicit drug	Total (%)	Male (%)	Female (%)	Approximate number of persons
Cannabis	**22.0**	25.0	18.6	294400
Cocaine	**3.1**	4.1	1.9	41200
Ecstasy	**3.3**	4.2	2.3	44600
LSD	**2.5**	3.5	1.5	33600
Amphetamines	**2.7**	3.6	1.7	36100
Heroin	**0.6**	0.9	0.2	8200

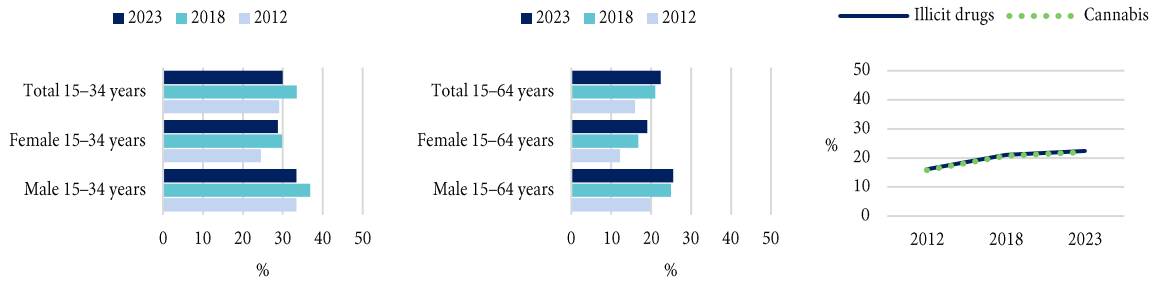
Source: National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and other Drugs 2023

In the last 12 months, illicit drugs were used by 6.0% of inhabitants aged 15 to 64 years; 7.8% of men and 4.0% of women. In the 15–34 age group, 12.1% of inhabitants used illicit drugs in the last 12 months, 14.8% of men and 9.1% of women.

In the last 30 days, illicit drugs were used by 3.1% of inhabitants aged 15 to 64 years; 4.5% of men and 1.5% of women. In the 15–34 age group, 5.6% of inhabitants used illicit drugs in the last 30 days, 8.1% of men and 2.7% 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 (Figure 1). In 2023, the trend continues in 15–64 age group, with the exception in 15–34 age group, where the use of illicit drugs decreased.

Figure 1. Comparison of the lifetime prevalence of illicit drug use in the age groups 15–34 and 15–64, in total and by gender, and a trend of the lifetime prevalence of the use of illicit drugs and cannabis between 2012, 2018 and 2023



Source: National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and other Drugs 2012; 2018 and 2023

8.8% of Slovenian inhabitants aged 15–64 reported to have engaged in polydrug use on a single occasion at least once in their life (11.3% of men and 6.2% of women). 2.1% (2.8% of men and 1.4% of women) did that in the last year, while 0.9% (1.3% of men and 0.5% of women) did that in the last month. 13.5% of young adults aged 15–34 reported to have engaged in polydrug use on a single occasion at least once in their lifetime (15.7% of men and 10.9% of women). 4.8% (6.4% of men and 3% of women) did that in the last year, while 2.1% (3.3% of men and 0.7% of women) did that in the last month.

The most commonly used illicit drug by Slovenian inhabitants is cannabis, which was used in the last year by 5.4% of inhabitants aged 15–64 (7.1% of men and 3.6% of women) and in the last month by 2.8% of inhabitants (4.2% of men and 1.4% of women). The prevalence of cannabis use is especially high among young adults aged 15–34, with 29.6% of them (30.7% of men and 28.4% of women) reporting to have used it at some point in their life, 10.9% (13.3% of men and 8.2% of women) reporting to have used it in the last year, and 5.1% (7.5% of men and 2.5% of women) reporting to have used it in the last month. A comparison between 2018 and 2023 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 and women, and in total, while the 15–34 age group saw a decrease in the use of cannabis for both genders and in total (see Figure 1).

Cannabis is widespread among the school population, young adults, in nightlife settings, and among low-threshold programme users. In 2023 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 (380 persons or 27%) among those included in programmes implemented by the four non-governmental organisations which offer counselling, psychotherapy, and treatment for illicit drug-related problems.

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 2023, cocaine accounted for high (12) 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 2023. 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, 2022 and 2023).

Drug use in schools

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.

Drug use in other sub-populations

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).

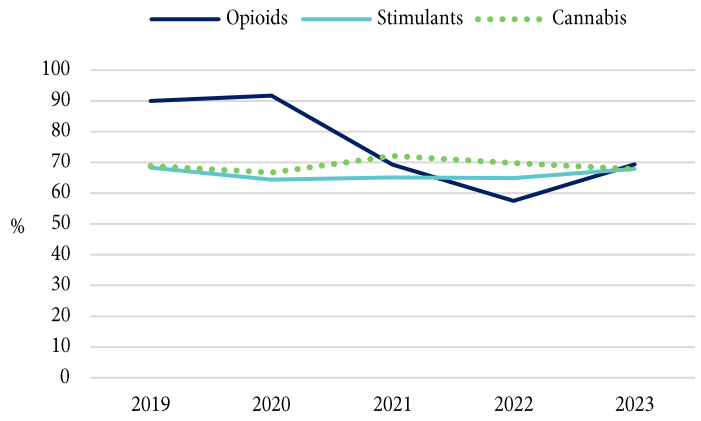
According to data from the survey conducted among participants in the PLYA programme, 59.3% of participants have already used cannabis in their lifetime, while 30.3%, 26.1% and 25.6% of users reported using ecstasy, cocaine and amphetamine, respectively.

Illicit drug use is expectedly high among harm reduction programme users. In the last Survey of harm reduction services users 2023, 69.4 % of the respondents said they had used opioids in the last year: most frequently, heroin (57.6%), 67.8% of the respondents used cannabis and two thirds (67.9 %) stimulant drugs, most frequently cocaine (62.7 %).

Opioid use is higher in 2023 than in 2022.

In 2023, the use of opioids and stimulants among respondents to harm reduction programmes increased, while the use of cannabis slightly decreased (Figure 2).

Figure 2. Prevalence of opioids, stimulants and cannabis use among harm reduction programme users, 2019–2023



Source: National Institute of Public Health, Rgional Unite Koper, Survey on Harm Reduction Programme Users 2019–2023

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 (37) by drug group in 2023. 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. From 2018 we see a decline in deaths from synthetic opioids (tramadol).

European Web Survey on Drug Use

The European Web Survey on Drugs took place in May and June 2024. It surveyed drug users aged 18 and over in 35 EU Member States and non-EU countries. The respondents answered questions within modules for the following drugs: cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin, new psychoactive substances, synthetic cathinones and ketamine. The questionnaires were translated into the languages of each participating country. Approximately 72,000 persons took part in the survey. Among the respondents surveyed, 59% were men and 40% women. Most of them were under 35 years old, half of the participants attained higher education.

In Slovenia the study was conducted by the NIPH (National Institute of Public Health). 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. More than 1,500 respondents replied to the online survey in Slovenia, among them 870 were drug users.

Data will be available in 2025.

The use of Illicit Drugs With Alcohol, Tobacco and Prescription Drugs

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 2023 also included questions on polydrug use and the co-use of prescription drugs, alcohol and illicit drugs. A total of 8.8% of the Slovenian population between the ages of 15 and 64 reported polydrug use. Among them, the highest percentage reported using alcohol and cannabis (77.1%), followed by a combination of alcohol and two stimulant drugs (8.1%). A total of 1.8% of the Slovenian population between the ages of 15 and 64 reported abusing a prescription psychoactive drug during the last 12 months, among them 9.9% reported co-use of prescription drugs and alcohol, 8.6% reported co-use of prescription drugs and illicit drugs, and 3.5% stated that they used alcohol and illicit drugs while taking prescription drugs.

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

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 prisons, the police also occasionally seize synthetic cannabinoids. The Centre for clinical toxicology and pharmacology also reports increase of cases of intoxication with cannabis. 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

The data of the latest 2023 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 22% of residents aged 15–64 reporting to have used it at least once in their lifetime, 5.4% reporting to have used it in the last year, and 2.8% 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 29.6% of them reporting to have used it at some point in their life, 10.9% reporting to have used it in the last year, and 5.1% 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, 2023) (Table 2).

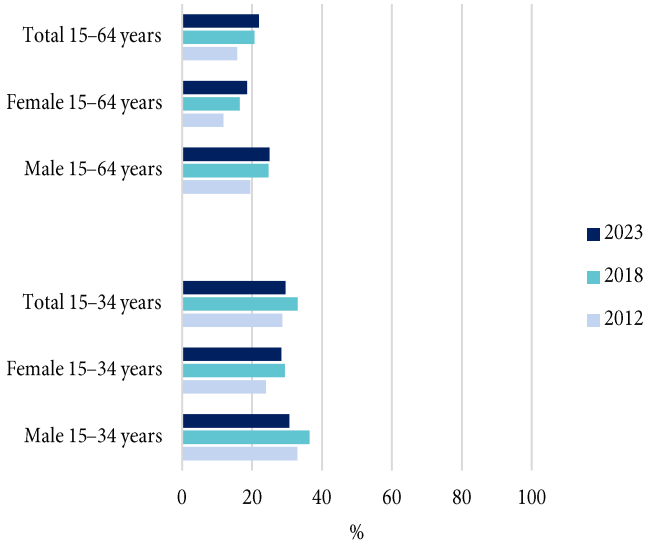
Table 2. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	Age	Total (%)	Male (%)	Female (%)
Lifetime	15–64	22.0	25.0	18.6
Last 12 months	15–64	5.4	7.1	3.6
Last 30 days	15–64	2.8	4.2	1.4
Lifetime	15–34	29.6	30.7	28.4
Last 12 months	15–34	10.9	13.3	8.2
Last 30 days	15–34	5.1	7.5	2.5

Source: National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2023

A comparison between 2018 and 2023 reveals that the percentage of inhabitants in the age group 15–64 who have used cannabis at some point in their lifetime increase, both for men and women, and in total, while the 15–34 age group saw a decrease of the use of cannabis for both genders and in total (Figure 3).

Figure 3. A comparison of the percentage of the lifetime use of cannabis between 2012, 2018 and 2023 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 2012, 2018 and 2023

SI-PANDA

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.

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.

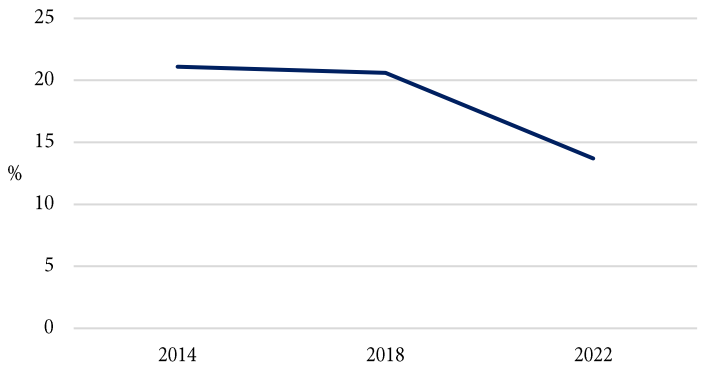
HBSC 2022

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

[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.

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

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, 2023), 67.8% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 40 to 44 (33.7%). Between 2018 and 2023, the proportion of cannabis use by harm reduction programme users remain stable (68.9% - 67.8%).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Cannabis Use

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]

[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.

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.

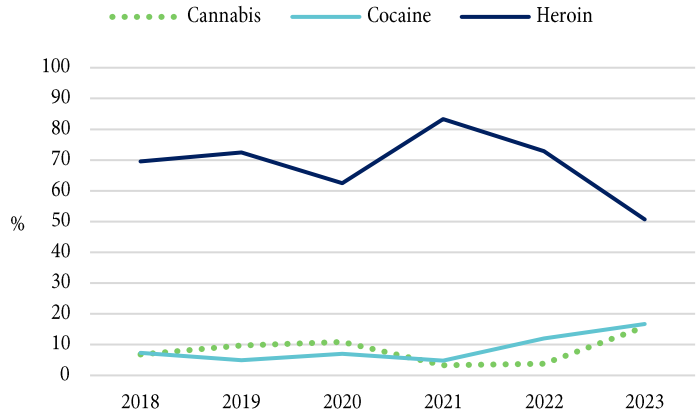
Around a fifth of respondents in the SI-PANDA survey can be classified as high-risk users according to CAST, as concerns availability of cannabis, 83.6% of respondents believe that they could access the drug easily or very easily in the next 24 hours.

According to figures from the 2023 National Study on the Use of Tobacco, Alcohol and Other Drugs, the majority of the Slovenian population (79.9%) believe that they could get access to cannabis easily or very easily in the next 24 hours, 18% stated that it would be difficult to very difficult, and only 2.1% stated that it would be impossible for them to get access to cannabis in that time.

1.2.2 Reducing the Demand for Cannabis

In 2023, 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 15,8% (33 persons). 27 persons were male and 6 females. The mean age upon entering the program was 27 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, 2022, 2023 the percentage of those who entered treatment for cocaine-related problems was higher. In 2023 the percentage of those who entered treatment for problems related to cannabis use increased. (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, 2018–2023



Source: National Institute of Public Health, TDI 2023

Table 4. The number of users included in counselling and NGO treatment programmes due to problems related to illicit drugs in, 2019–2023

NGO	DrogArt					Up Association					PP***					Projekt Človek				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Total number of included users	**94**	**103**	**109**	**112**	**115**	**82**	**67**	**116**	**129**	**331**	**285**	**271**	**263**	**231**	**278**	**674**	**663**	**571**	**590**	**685**
Number of included young users	**13**	**8**	**15**	**8**	**8**	**32**	**13**	**21**	**26**	**139**	**72**	**62**	**69**	**58**	**67**	**189**	**135**	**125**	**121**	**197**
Number of included adult users	**81**	**95**	**94**	**104**	**107**	**50**	**54**	**95**	**103**	**192**	**213**	**209**	**194**	**173**	**211**	**485**	**498**	**446**	**469**	**488**
Cannabis, cannabis combined with other PAS	12	21	25	26	26	34	34	40	43	72	125	115	130	135	145	159	151	136	141	137
Cocaine, cocaine combined with other PAS	30	28	28	30	32	14	18	27	33	38	20	25	20	18	15	48	45	92	126	206
Heroin, other opiates and combinations	8	3	7	7	9	13	11	9	15	7	4	4	5	4	3	172	157	74	71	68
Other drugs and combinations	20	21	3	29*	34*	5	-	12	8	15	65	67	65	60	65	106	104	44	54	32
Alcohol	11	13	13	12	7	9	2	4	14	27	0	0	0	0		92	89	171	152	200
Other addictions and problems	13	17	5	8	7**	7	2	24	16	22	0	0	0	0		97	87	54	46	42

Source: NGO DrogArt, NGO Up Association, NIPH Centre for Addiction Prevention - PP, NGO Projekt Človek

**Service users needed treatment due to problems with 3-mmc, GBL, MDMA, amphetamines, ketamine and benzodiazepines.*

***Service users generally seek help and treatment to maintain abstinence or integrate their psychedelic experiences.*

****PP Program Pogovorimo se – before called CPO*

We are seeing an ever-increasing demand for psychotherapy, with service users generally coming with complex histories and life situations. These have led to (risky) drug use, or drug use has affected the development of these situations. (NGO DrogArt)

In 2023 we saw a large number of cocaine users. Largely speaking, they have been able to function for an extended period of time, with most of them in work; as a result, they refuse participation in residential types of addiction treatment as they do not wish to give up their job, and also regard programmes such as the therapy groups run by NGO Društvo Projekt Človek as too long. We are noticing that the user population is getting older. As a result, we are treating older users. Users are also faced with large debts. In 2023 we noticed a rise in the number of users using the new substitution drug Buvidal. On the whole service users reported that they were satisfied with the substitution therapy, that it had a positive effect on them and that they liked it because they received one injection

a month, which meant that they did not have to make daily visits to the methadone clinic. We are seeing this form of therapy being used mainly by more 'functional' users (people in employment). We are noticing that, at those treatment centres that also deal with adolescents (Križišče project), the majority of service users have problems with marijuana, and quite a few of them also occasionally use cocaine. We are seeing an increase in the numbers of people referred to us on the basis of a court order, as well as those referred by schools and social work centres. There is a noticeable rise in behavioural problems. Excessive use of modern technologies (games, social media, etc.) is also a major problem. They are mainly adolescents in school who have learning challenges and play truant. A fairly high number of them also have an official decision entitling them to extra learning assistance. (NGO Projekt Človek)

In 2023, 331 service users were involved in the association's main programme, which includes counselling and advice programmes, support for young people and an information office. Of this number, 181 had issues with illicit drugs, alcohol and other psychoactive substances and the rest were family members. There has been a noticeable rise in the daily use of cannabis and associated non-chemical screen addiction (games) among young service users. In 2023 there was a slight rise, compared to previous years, in the number of service users who used cannabis and alcohol on a frequent basis and who had problems at school as well as anxiety. We have several long-term users of the association's services who require support in maintaining abstinence and changing their lifestyle. The number of service users with associated mental health problems, such as anxiety, depression and borderline personality disorders, is on the rise. (NGO Društvo UP)

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

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

From from March 2024 to June 2024, 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. 649 correctly filled-out questionnaires were collected in the survey.

The most recognized representative of synthetic cannabinoids in Table 5 was H4-CBD, which was recognised by 14.2% of respondents. In second place was HHC, which was identified by 13.6% and the third was THCP, identified by 12.9% of students. On average, synthetic cannabinoids were known by 6.6% of respondents and by 23.4% of users. The use of synthetic cannabinoids was reported by 48 (7.4%) of all respondents, most of them reporting the use of HCC (56.3%), HCC-acetate (25.0%) and H4-CBD (20.8%).

Table 5. The share (%) of identification and lifetime prevalence of synthetic cannabinoid use among all (649) students and users

Drug	Identification N = 649 (100%)	Identification in users N = 48 (100%)	Prevalence N = 649 (100%)	Prevalence in users N=48 (100%)
Hexahydrocannabinol (HHC)	13.6	62.5	4.2	56.3
Hexahydrocannabihexol (HHCH)	5.9	25.0	0.5	6.3
Hexahydrocannabinol acetatae (HCC-acetate)	8.9	37.5	1.8	25.0
Hexahydrocannabiphorol (HHC-P)	6.2	29.2	0.6	8.3
Tetrahydrocannabiphorol (THCP)	12.9	33.3	0.9	12.5
Tetrahydrocannabidiol (H4-CBD)	14.2	39.6	1.5	20.8
MDMB-4en-PINACA	5.1	20.8	0.3	4.2
ADB-B-5 Br-INACA	1.4	8.3	0.3	4.2
MDMB-BINACA	4.9	12.5	0.0	0.0
ADB-BUTINACA	1.8	6.3	0.3	4.2
A-PONASA	1.7	10.4	0.2	2.1
NMDMSB	1.8	4.2	0.2	2.1
JWH-018 (Spice)	12.6	31.3	0.5	6.3
Other	1.4	6.2	0.3	4.2
Average	6.6	23.4	0.8	

Source: Survey on NPS among students at Slovenian universities and higher education institutions, (University of Ljubljana, Faculty of Pharmacy, 2023/2024)

External appearance and age of first use

When asked about drug appearance or formulation, most of them were a mix of herbs for smoking (41.7%), pills or powder/crystals were reported by 27.1%, liquid/paste form was reported by 20.8% and using vape or vape-like device was mentioned by 25.0%. Respondents who have taken synthetic cannabinoids have also taken them in gummy candy form or as an edible.

Respondents also indicated their age upon first contact with such drugs, which on average amounted to 19.9 years. The lowest reported age upon first use of these drugs was 11 and the highest was 26.

Procurement (how & where)

When asked how they came into contact with these substances, 64.6% of respondents (out of all 48 who confirmed the use of at least one of the substances) answered that they got them from their friends, 22.9% bought them in a specialized shop, 8.3% got them at a party, 4.2% bought them from a friend, 4.2% bought them online and 2.1% bought them from a dealer. Some have also reported not knowing they were actually using the drugs they used (2 people or 4.2%).

Number of uses, length of use, frequency

Only one use of the drug was stated by 22.9% of respondents (out of all 48 who confirmed the use of at least one of the substances), 37.5% stated up to 3 times, 16.7% up to 5 times, 12.5% up to 10 times, 6.3% stated up to 20 times, 4.2% stated up to 40 times and none stated they used the drug more than 40 times. A large majority of the users (89.6%) have used synthetic cannabinoids 10 times or less.

In regards to duration of use, 87.5% of users stated that they have used the synthetic cannabinoids for less than a year, 70.8% of them having used them for less than a month. On the other hand, 4.2% reported using them for less than two years and 8.3% reported that they used it for more than 2 years.

More than half of users (62.5%) answered yes to the question if they had used synthetic cannabinoids in the last 12 months.

Experience assessment and side effects

Most frequent experiences with using synthetic cannabinoids were said to be positive, as more than two thirds (70.8%) of users reported only positive experiences, 25.0% reported both positive and negative and 4.2% reported only negative. Some of the experiences included: feeling of anxiety, irritation, paranoia, higher heart rate, nausea, dizziness, brain fog, throat irritation and coughing. A few students also mentioned that substances didn't have any effect.

Knowledge self-evaluation

Out of all 649 respondents 34.2% stated they were not aware of the risks of synthetic cannabinoids use (16.7% of users), 24.5% stated they know just a little (20.8% of users), 23.9% stated they have basic knowledge (37.5% of users), 12.9% stated they know quite a lot (18.8% of users) and 4.5% stated they know a lot (6.3% of users).

2. Additional information

2.1 Additional Sources of Information

The use of electronic cigarettes

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 the 2022 study shows 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, 2021 and 2023. For the 4th wave of the study, carried out in 2023, some preliminary data, presented at the National symposium on World No Tobacco Day, are available and are reported here. The average age of students was approximately 16 years in all waves of the study. In the years 2017, 2018 and 2021, the 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. But the preliminary data from the 2023 wave show sharp increase in the percentage of ever (50%) and current users (27%) of electronic cigarettes. Data from 2018 wave show that 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). 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).

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).

Further Aspects of Cannabis Use

In 2024 Government of Slovenia published a series of consultative referendums, two of these addressed the possibility of cultivation and processing of cannabis for medicinal use and the possibility of personal use of cannabis. Both questions were confirmed by a majority of voters (for details also see Legal Workbook 2024)

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 The Relative Importance of Different Stimulant Drugs

The Relative Importance of Different Stimulant Drugs

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 and 2023 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, 2023 monthly reports).

1.1.2 Stimulant Use in the General Population

The data of the 2023 National Survey on the Use of Tobacco, Alcohol and other Drugs Use show that ecstasy, cocaine, amphetamines are the most widely used stimulant drugs among Slovenia inhabitants aged 15–64 years. 3.3% of inhabitants in the age group of 15–64 reported using ecstasy at some point in their lifetime, 3.1% cocaine, 2.7% amphetamine and 0.4% methamphetamine (National Institute of Public Health, 2023).

In the 15–34 age group, 5.2% of inhabitants confirmed to have used ecstasy at some point in their life, while 1.9% used it in the last year. 4.6% of inhabitants aged 15–34 reported to have used cocaine at some point in their life, while 2% used it in the last year. 4.3% of inhabitants in the age group of 15–34 reported using amphetamine at some point in their lifetime, while 1.1% used it in the last year. The prevalence of the use of ecstasy, cocaine, and amphetamine is higher among men compared to women (Table 6).

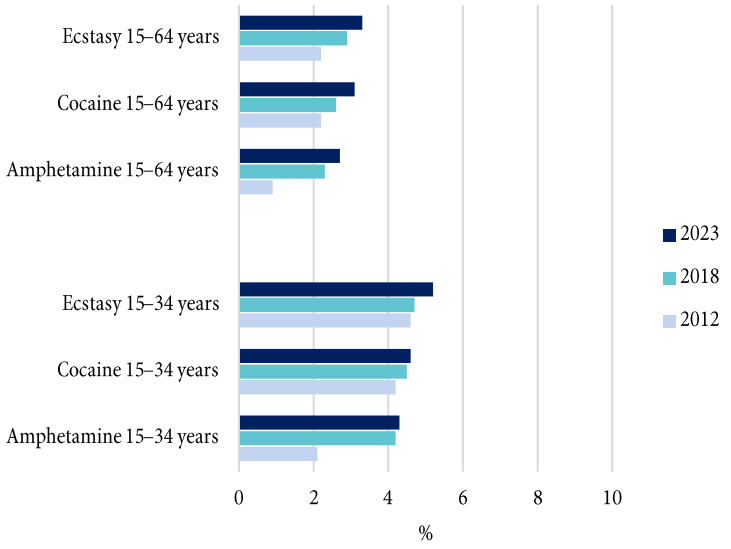
Table 6. The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

	Total (%)	Male (%)	Female (%)
Ecstasy 15–64			
Lifetime	3.3	4.2	2.3
Last year	0.8	1	0.5
Last month	0.1	0.2	0.1
Ecstasy 15–34			
Lifetime	5.2	6.4	3.9
Last year	1.9	2.3	1.4
Last month	0.4	0.5	0.3
Cocaine 15–64			
Lifetime	3.1	4.1	1.9
Last year	0.9	1.3	0.5
Last month	0.4	0.6	0.1
Cocaine 15–34			
Lifetime	4.6	5.3	3.1
Last year	2	2.7	1.1
Last month	0.7	1.2	0.2
Amphetamine 15–64			
Lifetime	2.7	3.6	1.7
Last year	0.5	0.6	0.3
Last month	0.2	0.2	0.1
Amphetamine 15–34			
Lifetime	4.3	5.3	3.1
Last year	1.1	1.5	0.7
Last month	0.3	0.4	0.2

Source: National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2023

A comparison between 2018 and 2023 reveals that both age groups: 15–64 and 15-34 has seen an increase in the lifetime use of ecstasy, cocaine and amphetamine (Figure 6).

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



Source: National Institute of Public Health, National Survey on the Use of Tobacco, Alcohol and Other Drugs 2023

1.1.3 Stimulant Use in Schools and Other Subpopulations

Stimulant Use in Schools

HBSC: Other illicit drugs

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

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 2023, two thirds (67.9%) 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 (62.7%). 17 % of drug users consumed cocaine several times per week, 6.9% used cocaine once per week, 15.7% used cocaine every day or several times per day. The highest percentage of cocaine users were aged 40 to 44 (33.3%).

24.4. % of the respondents used amphetamines and methamphetamines in the last year. 35.5% reported to use this type of drug several times per month 48.4% reported to use it just a couple of times per year while 16.2% used it once per week or more often, 6.5% of these users used it on a daily basis. The highest percentage of amphetamine and methamphetamines users were aged 40 to 44 (32.3%). 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 40 to 44 (27.3%).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Stimulants Use

Among respondents from harm reduction programme users (Survey of harm reduction services users, 2023), who reported they had used cocaine (62.7%) in the last year, 42.3% of them injected cocaine and 23.8% combined injections with other routes of administration, 29.2% sniffed it, 2.4% smoked it and 2.4% combined snorting and smoking. Among users who said they used amphetamine and methamphetamine, (24.4%), 9.5% injected the drugs, 39.5% sniffing, 12.7% smoking, 12.7% used orally and 8% of these users combined injecting with other routes of administration (orally, sniffing, smoking etc) and 7.9% combined smoking with other routes of administration, and 9.5% of those who, in addition to snorting, orally ingested amphetamines. Among ecstasy users (16.6%), the largest percentage (67.4%) consumed it orally (ate/drank it), 14% sniffing, and 9.3% of users combined oral consumption with sniffing. 2.3 % inject and 7% % of users combined injections with other routes of administration.

1.2.2 Treatment for Stimulants

Data on treatment demand reveals that in 2023, 19.6% (41 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 (31 persons). Among stimulants, cocaine is the most common drug for which users enter treatment. In 2023, cocaine was the second most frequent reason for entering treatment overall (Figure 5). The mean age at which users entered for cocaine problems was 29.2 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 Pogovarjamo se programm (PP) NIPH Centre for treatment of addiction).

1.2.3 Synthetic Cathinones

Survey on NPS among students at Slovenian universities and higher education institutions

Identification & prevalence

The most recognized representative of synthetic cathinones in Table 7 was α-PVP, which was recognised by 28.4% of respondents. In second place was 3-MMC, which was identified by 27.1% and the third was 4-MMC, identified by 16.2% of students. On average, synthetic cannabinoids were known by 8.0% of respondents and by 19.1% of users. The use of synthetic cannabinoids was reported by 17 (2.6%) of all respondents, most of them reporting the use of 3-MMC (52.9%), methylone (35.3%) and 4-MMC (23.5%).

Compared to synthetic cannabinoids, cathinones were more recognized on average, but were used by a lower percentage of respondents.

Table 7. The share (%) of identification and lifetime prevalence of synthetic cathinones use among all (649) students and users

Drug	Identification N = 649 (100%)	Identification in users N = 17 (100%)	Prevalence N = 649 (100%)	Prevalence in users N=17 (100%)
3-Chloromethcathinone (3-CMC, clophedrone)	6.2	23.5	0.2	5.9
4-methylmethcathinone (4-MMC, mephedrone)	16.2	52.9	0.6	23.5
3-Methylmethcathinone (3-MMC)	27.1	76.5	1.4	52.9
4-Chloromethcathinone (4-CMC, clephedrone)	4.6	23.5	0.2	5.9
alpha-Pyrrolidinovalerophenone (α-PVP)	28.4	35.3	0.0	0.0
N-Ethylhexedrone	16.2	17.6	0.2	5.9
N-ethylheptylone (HEP)	3.9	11.8	0.0	0.0
Ethcathinone (ethylpropion, ETH-CAT)	1.2	5.9	0.0	0.0
Methylone	15.1	47.1	0.9	35.3
Pentedrone	2.3	0.0	0.0	0.0
Eutylone (bk-EBDB)	0.6	0.0	0.0	0.0
4-Cl-3-MMC	2.2	11.8	0.2	5.9
N-cyclohexyl methylone	1.4	0.0	0.0	0.0
2'-Me-PVP	0.9	0.0	0.0	0.0
MDPHiP	1.4	0.0	0.0	0.0
Other	0.8	0.0	0.0	0.0
Average	8.0	19.1	0.2	

Source: Survey on NPS among students at Slovenian universities and higher education institutions, (University of Ljubljana, Faculty of Pharmacy, 2023/2024)

External appearance and age of first use

Regarding drug appearance or formulation, synthetic cathinones were used mostly as powder or crystal (70.6%) and pills (41.2%). One user (5.9%) has also taken them in liquid/paste form and one (5.9%) as a mix of herbs for smoking.

Respondents also indicated their age upon first contact with such drugs, which on average amounted to 19.5 years. The lowest reported age upon first use of these drugs was 16 and the highest was 23.

Procurement (how & where)

When asked how they came into contact with these substances, 94.1% of respondents (out of all 17 who confirmed the use of at least one of the substances) answered that they got them from their friends, 11.8% bought them from a dealer, 11.8% bought them from a friend and 11.8% got them at a party. None of the users indicated that they bought them on the internet or in specialized stores.

Number of uses, length of use, frequency

Only one use of the drug was stated by 64.7% of respondents (11 out of all 17 who confirmed the use of at least one of the substances), 11.8% stated up to 3 times, 5.9% up to 5 times, 5.9% up to 10 times, 5.9% stated up to 20 times, 5.9% stated up to 40 times and none of users used the drug more than 40 times. Most of the users (82.4%) have used synthetic cathinones 5 times or less.

In regards to duration of use, 94.1% of users stated that they have used the synthetic cathinones for less than a year, with 82.4% of all 17 users having used them for less than a month. On the other hand, 5.9% reported using them for less than two years and none reported using them for more than 2 years.

Less than half of users (41.2%) answered yes to the question if they had used synthetic cathinones in the last 12 months.

Experience assessment and side effects

Most frequent experiences with using synthetic cathinones were said to be positive, as 76.5% of users reported only positive experiences, 11.8% reported both positive and negative and 11.8% reported only negative experiences. Some of the experiences included: paranoia, nausea, shivering, fever, depression/sadness, empty head, crash (or comedown) after drug withdrawal.

Knowledge self-evaluation

Out of all 649 respondents 53.0% stated they were not aware of the risks of synthetic cannabinoids use (11.8% in users), 22.3% stated they know just a little (compared to 11.8% in users), 15.9% stated they have basic knowledge (41.2% of users), 6.2% stated they know quite a lot (23.5% of users) and 2.6% stated they know a lot (11.8% of users).

Injecting and other Routes of Administration

Among harm reduction programme users who used cocaine in 2023, 67.3 % reported they injected it, while 17.5% of amphetamine and methamphetamine users and 9.3% 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 2023 compared to 2022 the injecting of cocaine increased.

2. Additional information

2.1 Additional Sources of Information - Wastewater-based epidemiology

Estimating the use of illicit drugs in seven Slovenian municipalities

Wastewater analysis was used to estimate the use of stimulants, namely amphetamine, methamphetamine, ecstasy or 3,4-methylenedioxymethamphetamine (MDMA) and cocaine, ketamine and cannabis (Δ9-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 20231,2. Additionally, timely trends in drug use in Slovenian municipalities were explored.

Results

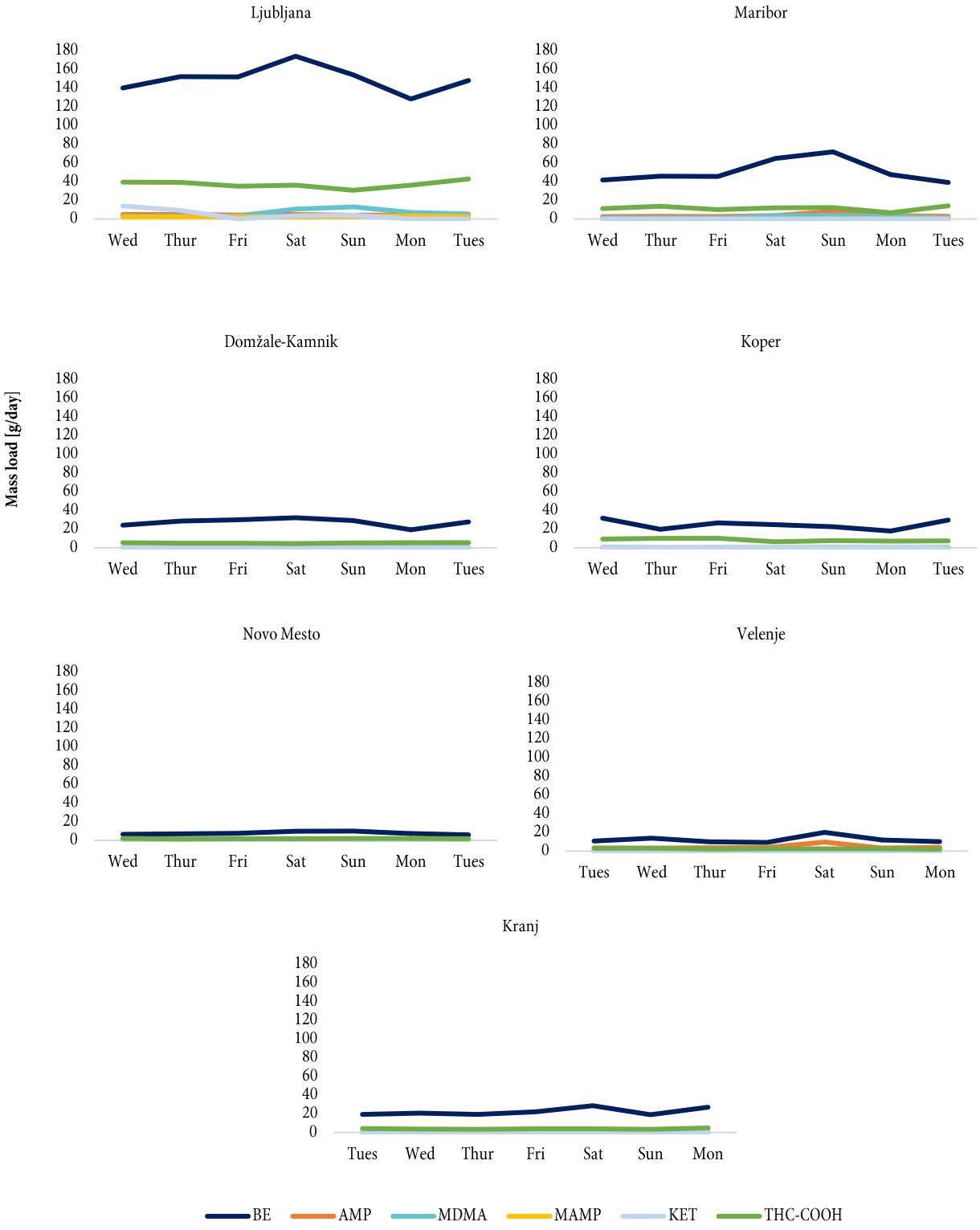
A) Weekly trends

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 municipalities. The results reveal a typical weekly pattern, 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 the 2020[3] and 2021[4] COVID-19 lockdowns, a modest weekly trend in stimulant use was observed in 2022[5]

and 2023 (Figure 7). Similarly, the consumption of ketamine, detected only in Ljubljana and Kranj, was higher at the weekend. In contrast, cannabis (THC), a drug known to be used regularly throughout the week, was not expected to exhibit any distinct weekly pattern[6]. Indeed, its consistent use throughout the week, as revealed by its biomarker THC-COOH, was also observed during SCORE 2023 monitoring.

Figure 7. Daily variations in biomarkers mass loads (g/day) in 2023

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

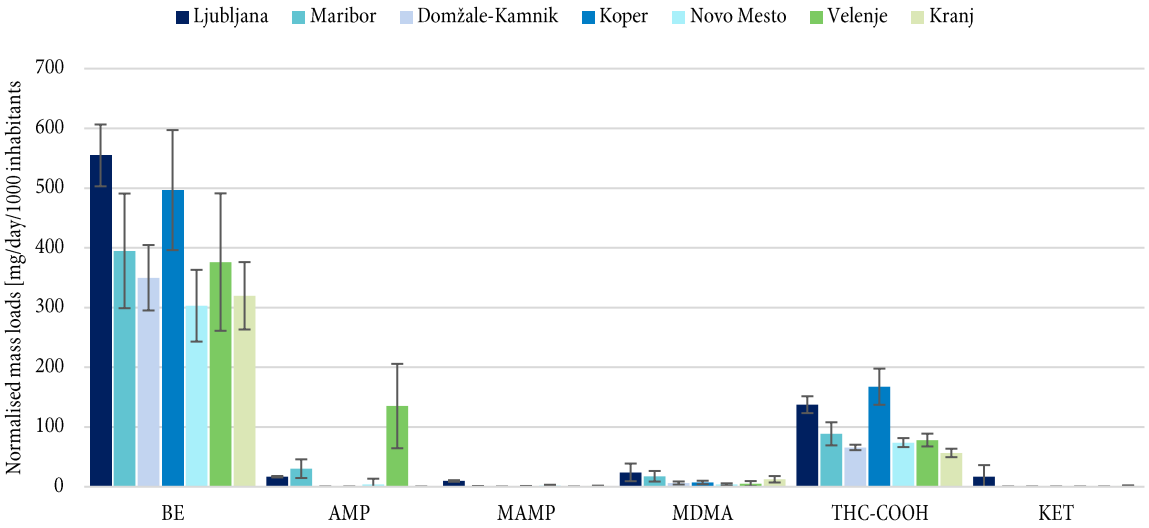


B) Comparison between municipalities/cities within SCORE monitoring 2022

To compare the data between different-sized municipalities, biomarker mass loads were normalised to the population served by each treatment plant (Figure 8). The highest average mass loads for the majority of targeted biomarkers were determined in Ljubljana (benzoylecgonine: 555 mg/day/1000 inhabitants, MDMA: 24.1 mg/day/1000 inhabitants, ketamine: 16.6 mg/day/1000 inhabitants, and methamphetamine: 9.7 mg/day/1000 inhabitants). Regarding THC-COOH, the highest average mass load was observed in Koper (167 mg/day/1000 inhabitants), followed by Ljubljana (137 mg/day/1000 inhabitants), while amphetamine (135 mg/day/1000 inhabitants) remained the highest in Velenje, as in previous years (Figure 8).

Figure 8. 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-methylenedioxymethamphetamine, THC-COOH – 11-nor-9-carboxy-Δ9-tetrahydrocannabinol



In 2023, two Slovenian municipalities, Koper and Ljubljana, were among the top 20 cities with the highest mass loads of biomarkers of cannabis (THC)[7], where Koper ranked 8th and Ljubljana 12th. Similarly, in 2022, none of the Slovenian municipalities were among the top 20 municipalities with the highest mass loads of biomarkers of stimulants (Table 8). Additionally, among the limited number of laboratories that submitted results for ketamine (65 municipalities), Ljubljana ranked 15th.

Table 8. Reported mass loads in Slovenian municipalities within the range of top 20 highest mass loads in SCORE 2017–2023

Mass loads (range of top 20 highest mass loads in SCORE) [mg/day/1000 inhabitants]							
Biomarker	2017	2018	2019	2020	2021	2022	2023
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	/ (619–1,720)
AMP	/ (69.2–270)	/ (84.3–407)	Velenje: 84.0 (84.0–447)	/ (173–1,010)	Velenje: 84.7 (76.8–805)	/ (108–873)	/ (100–557)
MAMP	/ (22.3–241)	/ (19.1–211)	/ (23.7–727)	/ (18.3–703)	/ (43.7–684)	/ (36.7–922)	/ (61.9–1,040)
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)	/ (30.0–318)
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)	Koper: 167 Ljubljana: 137 (104–248)

/ –Slovenian municipalities outside of the top 20 range; n.a. – "not applicable" the data were not submitted to SCORE;

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

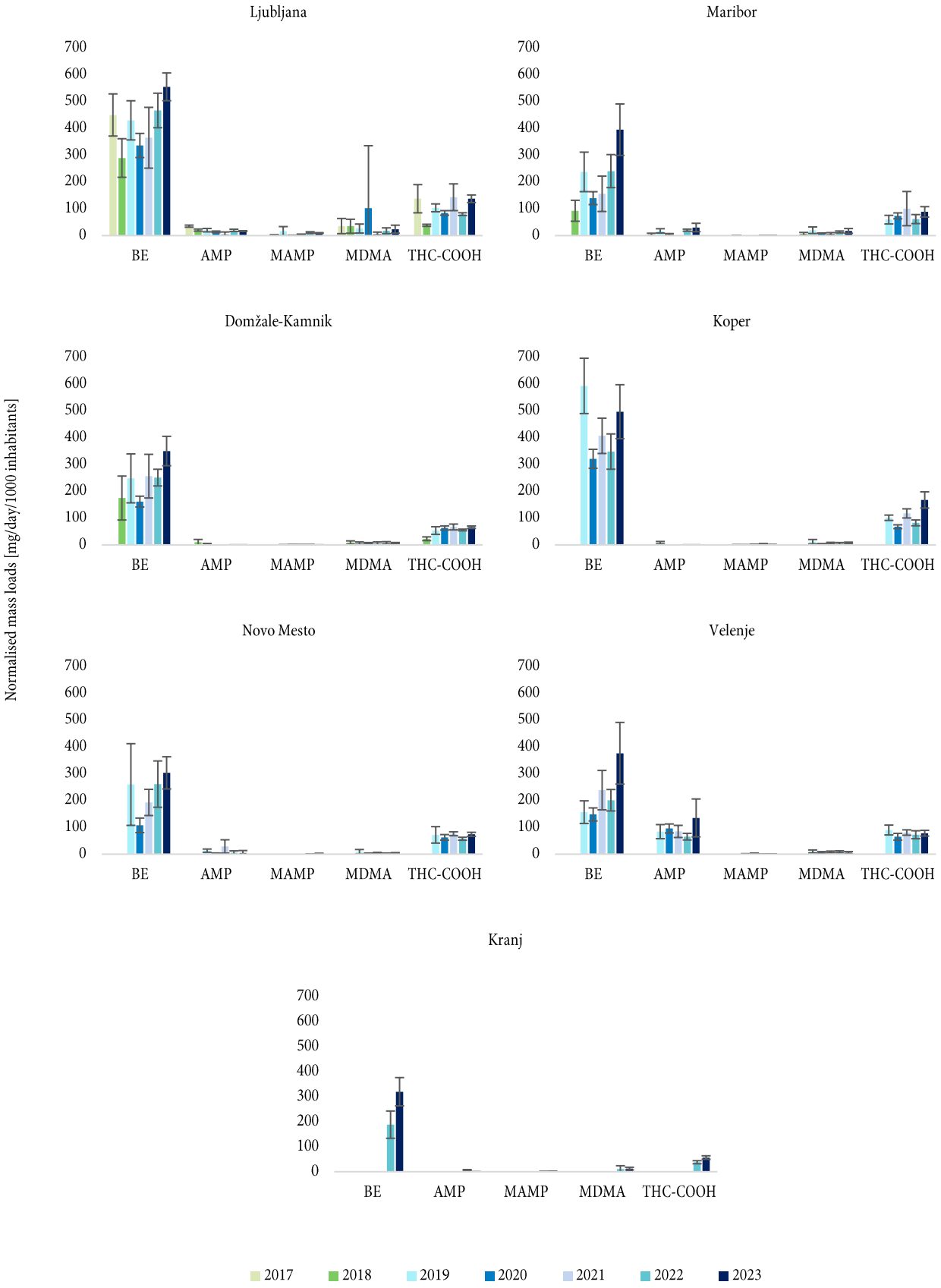
*higher mass loads in comparison to other years were observed due to high MDMA mass load observed on one of the sampling days, later linked to the disposal of the unused drug and not its enhanced use[8]

C) Temporal trends in drug use

According to SCORE[1], at least five years of consecutive sampling under similar conditions are needed to predict temporal trends in drug use. In 2023, only Ljubljana (7th year), Maribor and Domžale-Kamnik (6th year) had been sampled for at least five consecutive years. Throughout the study period (Figure 9), the use of most targeted drugs remained relatively stable, with the exception of cocaine use, which showed a noticeable increase in Maribor, Domžale-Kamnik and Velenje. For Novo Mesto and Koper and to a lower extent for Ljubljana, an increase was noticeable after 2020. Amphetamine use in Domžale-Kamnik displayed a declining trend. No trend was determined for ketamine use, as 2023 is only the second year it was included in the SCORE monitoring. Since Kranj has been participating in the SCORE monitoring only for two years, no trends in illicit drug use could be reported.

Figure 9. 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-methylenedioxymethamphetamine, THC-COOH - 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol



D) Drug consumption estimates

Drug consumption estimates, expressed as mg of drug/day/1000 inhabitants or doses/day/1000 inhabitants, were obtained by back-calculating from the normalised mass loads of biomarkers (mg of biomarker/day/1000 inhabitants), taking into account drug metabolism and average doses. Among the drugs studied (Table 9), cannabis was the most consumed (average consumption: 124–367 doses/day/1000 inhabitants), while cocaine was the most used stimulant (average consumption: 24.2–44.3 doses/day/1000 inhabitants). Reported consumption trends remained relatively consistent with previous years (2019-2022)[3,4,5,9]. Furthermore, ketamine use was detected only in Ljubljana and Kranj, with average consumption rates of 0.127 doses/day/1000 inhabitants (Kranj) and 1.59 doses/day/1000 inhabitants (Ljubljana).

Table 9. Average illicit stimulant use

Illicit stimulant drug	Ljubljana	Maribor	Domžale-Kamnik	Koper	Novo Mesto	Velenje	Kranj
	Drug use [mg of drug/day/1000 inhabitants]						
Cocaine	1,990	1,420	1,260	1,780	1,090	1,350	1,150
Amphetamine	46.4	83.8	n.a.	n.a.	11.2	374	n.a.
Methamphetamine	42.6	1.75	n.a.	3.44	7.6	n.a.	5.53
Ecstasy (MDMA)	106	77.3	27.3	31.1	17.0	22.5	55.0
Cannabis (THC)	25,000	16,120	11,978	30,500	13,450	14,226	10,300
Ketamine	83.2	n.a.	n.a.	n.a.	n.a.	n.a.	6.66
	Drug use [doses/day/1000 inhabitants]						
Cocaine	44.3	31.5	27.9	39.6	24.2	30.0	25.5
Amphetamine	0.987	1.76	n.a.	n.a.	0.235	7.89	n.a.
Methamphetamine	2.13	0.088	n.a.	0.172	0.378	n.a.	0.277
Ecstasy (MDMA)	1.11	0.813	0.289	0.327	0.179	0.237	0.579
Cannabis (THC)	301	194	144	367	162	171	124
Ketamine	1.59	n.a.	n.a.	n.a.	n.a.	n.a.	0.127

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

Conclusions

Seven Slovenian municipalities (Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo Mesto, Velenje and Kranj) participated in the 2023 SCORE monitoring. Among them, Ljubljana exhibited the highest use of most targeted drugs, such as cocaine, ecstasy, methamphetamine and ketamine, while Koper had the highest use of cannabis (THC), and Velenje showed the highest amphetamine use. Notably, two Slovenian municipalities, Koper and Ljubljana, ranked among the top 20 cities with the highest mass loads of biomarkers of cannabis (THC). Long-term monitoring over five consecutive years indicated that the consumption of most targeted drugs in Slovenian municipalities has remained relatively stable, with the exception of cocaine, which showed an increasing trend in Maribor, Domžale-Kamnik, Velenje, and Novo Mesto. On the contrary, the use of amphetamine, decreased 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

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 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.

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, 0.6% reported using heroin in their lifetime and 0.1% in the last year (NIPH 2023). 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 the number of high-risk opioid users

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 2023, we used the data provided by 20 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, 2.390 different drug users were in database TDI and the data on the number of incarcerated people receiving substitution therapy have been added (310 persons) and the interpolated number of persons for the centres that have not reported number of treated persons in that year (188 persons).

Data for HR database was collected from all 12 harm reduction programs, where the survey with the questionnaire was applied among them (Survey of harm reduction services users, 2023). The response rate was 19%, where 271 drug users filled the questionnaire among 1.361 different drug users included in harm reduction programs in year 2023.

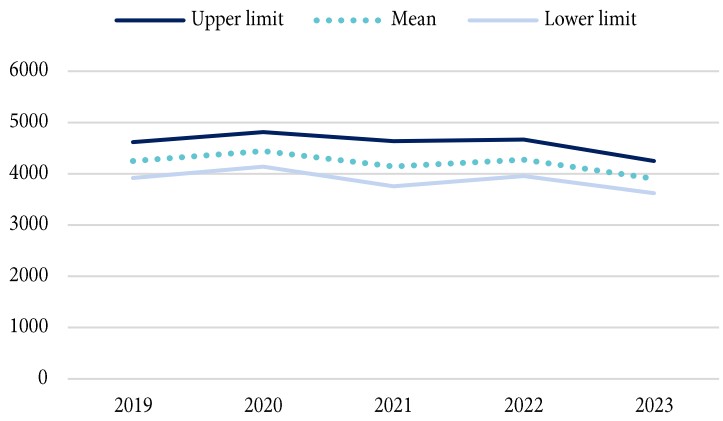
Table 10 shows the estimated number of high-risk opioid users in Slovenia estimated with treatment multiplier method. We estimated that there were about 3.920 high-risk opioid users in Slovenia in 2023 (with the 95% confidence interval from 3.520 to 4.443), which in relative share means 2.9 users per 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 10. An estimated number of high-risk opioid users (HROU) in year 2023, using the treatment multiplier method

	Lower limit	Average estimate	Upper limit
HROU number estimate	3.520	3.920	4.443
15–64/1,000 resid.	2.6	2.9	3.3

Source: NIPH, 2023

Figure 10. Estimate of the number of high-risk opioid users, 2019–2023



Source: NIPH, 2023

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

We noticed a significant increase in opioid use in 2023 compared to the year before. Heroin use has risen by 5% and the abuse of substitution drugs has fallen. Heroin was used in the last year by 57.6% of respondents. A total of 62 % of heroin users injected the drug, while 18.1% of those persons also smoked or inhaled it, 12.1% snorted it and 7.4 % smoked and snorted. 27.7% respondents used heroin several times a year, 12.8.3% used heroin several times a month, while 31.2% of users used heroin at least once a week, and 28.3% used it every day or several times a day. The majority of heroin users are 40 to 44 years old (31.8 %).

78.6% have received substitution medication in the last year, 36.4% of all respondents reported using substitution and other medications contrary to the method prescribed by a doctor. Of these, 61.2% of respondents abused substitution medications and 91.7% sleeping pills. Most of them used the substitution medications orally (33.3%), while 40.49% injected them or used injection with other methods of use. 39.2% respondents used substitution medications every day or several times a day. The highest percentage of substitution medication users were aged 40 to 44 (32.8%).

The majority sniffed sleeping pills (54%), 11.5% took them orally, 17.2% combined these two methods, and 17.1% injected sleeping tablets and hypnotics or used them in other ways. 51.8% abused sleeping tablets and hypnotics once or several times a day. The majority of users were 40 to 44 years old (32.1%).

1.2.2 Treatment for Heroin and Other Opioids

In 2023, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In that same year, 58.4% 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 (50.7%) than those seeking help due to buprenorphine (2.9%), methadone (2.4%), and other opioids (2.4%). Users who entered treatment programmes for opioid problems were mostly men (57.7%).

The mean age of entering a programme for opioid treatment was 34.7 years (detailed statistical data available in the Treatment Workbook 2024).

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 (PP program). In 2023, these four institutions provided counselling and psychotherapy services to 87 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 Synthetic Opioids

Between 2021 and 2023, the National Laboratory for Health, Environment and Food has identified four samples of nitazenes collected under the anonymous testing service. In 2021, it identified ethazine and metonitazene in the nitazene samples, and in 2023, it identified ethomethazine and metonitazene.

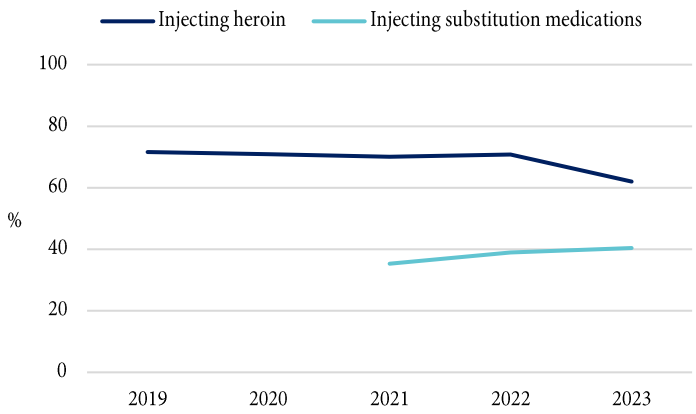
The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines are intended for people from different organizations (police, first responders, customs etc.) beeing at risk to be exposed to fentany and also for people from non-governmental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

In 2017, Slovenia first saw a significant increase in the number of deaths (7) due to synthetic opioids while in 2018, the number of deaths attributable to this reason rose to 15. This number includes two persons who died due to fentanyls, while the remaining 13 died due to tramadol. One third of the deceased were women (5) while their average age was 61. It is worrying that out of 12 deaths, which were caused by intentional self-poisoning (suicide), 8 were attributable to tramadol abuse. Heroin-related deaths, however, are not the dominant cause of death among older users, as prescription opioids such as tramadol dominate, especially among women age 50 and older. In 2019, the number of women who died was a synthetic opioid, or the opioid analgesic tramadol was present in almost three quarters of overdoses (70%), in 2020 it was present in a third, in 2021 in 60% and in 2022 in a quarter of women who died. In 2023, there was no case of overdose with the intention of suicide in this endangered population.

1.2.4 Injecting and other Routes of Administration

According to the survey of harm reduction services users 2023 data, injecting is still the prevalent route of administration among harm reduction services users. More than a half (53.8%) of the respondents reported they injected any type of drug (see book Harms and harm reduction 2024). Those who used heroin in the last year mostly injected it (62%). In the period from 2018 to 2022 the injecting of heroin remained on a relatively stable level. In 2023, however, we see a significant decline in heroin injection.

Figure 11. Injecting heroin and substitution medications among harm reduction service users, 2019–2023



Source: National Institute of Public Health, Regional Unite Koper, Survey on harm reduction services users, 2019–2023

2. Additional information

2.1 Survey on NPS among students at Slovenian universities and higher education

Synthetic opioids

Identification & prevalence

The most recognized representative of synthetic opioids in Table 11 was Protonitazene and Metonitazene + Xylazine mixture – also known as benzo-dope or tranq-dope – which was recognised by 6.9% of respondents. In second place was carfentanil, which was identified by 6.5% and the third was Protonitazene, identified by 6.0% of students. On average, synthetic opioids were known by 3.1% of respondents and by 38.9% of users. The use of synthetic opioids was reported by 3 (0.5%) of all respondents, reporting the use of protonitazepyne, etazene and xylazine mixtures with opioids.

Compared to synthetic cannabinoids and cathinones, opioids were less recognized in the general population, but more recognised among users. However, they were used by a lower percentage of respondents.

Table 11. The share (%) of identification and lifetime prevalence of synthetic opioids use among all (649) students and users

Drug	Identification N = 649 (100%)	Identification in users N = 3 (100%)	Prevalence N = 649 (100%)	Prevalence in users N= 3 (100%)
Carfentanil	6.5	33.3	0.0	0.0
Isotonitazene	3.1	0.0	0.0	0.0
Protonitazene	6.0	66.7	0.0	0.0
Protonitazepyne	2.8	33.3	0.2	33.3
Metonitazene	2.8	66.7	0.0	0.0
Etomethazene	2.6	33.3	0.0	0.0
Butonitazene	1.4	33.3	0.0	0.0
Etonitazepyne	1.5	33.3	0.0	0.0
Etazene	2.6	33.3	0.2	33.3
Etonitazepipne	1.2	33.3	0.0	0.0
Protonitazene and Metonitazene + Xylazine	6.9	66.7	0.2	33.3
Other	0.2	33.3	0.0	0.0
Average	3.1	38.9	0.05	

Source: Survey on NPS among students at Slovenian universities and higher education institutions, (University of Ljubljana, Faculty of Pharmacy, 2023/2024)

External appearance and age of first use

When asked about drug appearance or formulation, synthetic opioids were used as powder or crystal (66.7%) and pills (33.3%).

Respondents also indicated their age upon first contact with these substances, which on average amounted to 18.7 years. The lowest reported age upon first use of these drugs was 18 and the highest was 20.

Procurement (how & where)

When asked how they came into contact with these substances, all 3 users (100%) answered that they were offered the drug by their friend.

Number of uses, length of use, frequency

All 3 (100%) respondents that have tried synthetic opioids have used them only once. As a result, all of them also stated that they have used the synthetic opioids for less than a month.

None of the users answered yes to the question if they had used synthetic opioids in the last 12 months.

Experience assessment and side effects

When asked about their experience with synthetic opioids, 1 user (33.3%) had positive experiences, and 2 (66.7%) had both positive and negative experiences with one of them explaining they hallucinated.

Knowledge self-evaluation

Out of all 649 respondents 49.3% stated they were not aware of the risks of synthetic opioids use (0.0% in users), 21.9% stated they know just a little (compared to 33.3% in users), 17.6% stated they have basic knowledge (66.7% of users), 8.0% stated they know quite a lot (0.0% of users) and 3.2% stated they know a lot (0.0% of users).

Surveyees were also asked to evaluate the use of new synthetic opioids compared to the use of heroin. 19.3% stated that they think the use of synthetic opioids is less risky, 56.1% stated equally risky and 24.7% stated more risky than the use of heroin. Evaluating the potency of new synthetic opioids, 23.7% considered them to be less potent, 39.9% equally potent and 36.4% more potent than heroin.

2.2 Further Aspects of Heroin and Opioid Use

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

In recent years (especially during Covid epidemic, in 2020), the number of young people using illegal drugs has increased. The percentage of young people who primarily use heroin is quite low. Instead, young people use mostly cocaine, cannabis and NPSs. However, they use heroin and benzodiazepines to "come down from their high" after using stimulants. Young people most commonly consume drugs by sniffing or smoking them. Some young people who use heroin have already injected it, but they are keeping this from their peers and field workers. They often inject heroin together with older heroin users.

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

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

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS)

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

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.

The data of the 2023 National Survey on the Use of Tobacco, Alcohol and other Drugs (National Institute of Public Health, 2023) suggest that 2.5% of inhabitants of Slovenia aged 15–64 have used LSD at least once in their lifetime, and 0.7% of them used NPS. Compared to the survey results from 2018, the lifetime use of LSD has increased.

According to data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana, In 2023 the number of poisonings with gamma-hydroxybutyrate (GHB) and gamma-butyrolactone decreased once again (8 poisonings) in comparison to previous 2022 (15 poisonings). In 2023, we treated 8 GHB poisonings and 7 GBL poisonings which reached the same record numbers from 2013. In 2023, 9 cases of poisoning with new psychoactive substances were reported, for example with 3-MMC and synthetic cannabinoids.

In 2023 we noticed an increase in the number of instances of intoxication involving new psychoactive substances relative to 2022, when we treated only 11 patients. However, in a third of cases we were unable to establish what type of NPS they had taken because no toxicological analyses were carried out. It is recorded a rise in the number of cases of intoxication involving the cathinones 3-mmc, 3-cmc and PHiP. There were three cases of intoxication involving synthetic cannabinoids (JWH-018 and HHC) and one involving synthetic benzodiazepine (flubromazolam).

1.2 Prevalence, Trends and Harms related to Other Drug Use

Survey on NPS among students at Slovenian universities and higher education institutions

General information

Age, gender representation and university

The target population consisted of young adults aged between 18 and 30 years, with one participant slightly younger at 17 years old, and two others older at 32 and 36 years, respectively. The average age of the participants was 22.3 years. All participants were actively studying at various faculties within Slovenian higher education institutions. Among the 649 correctly completed questionnaires, 187 (28.8%) were filled out by men and 462 (71.2%) by women.

The students represented several universities: 53.6% were from the University of Ljubljana, 34.8% from the University of Maribor, 7.1% from the University of Primorska, 1.1% from the University of Nova Gorica, and the remaining 3.4% were from other institutions.

Among the students who indicated that they were studying at institutions other than the main universities, the majority (86.4%) reported being enrolled in the Faculty of Design, one at Biotechnical Educational Centre Ljubljana, one at Sigmund Freud University Vienna (Ljubljana branch) and one at College of Cosmetology and Wellness.

Knowledge about NPS

When asked if they were familiar with the term "new psychoactive substances," approximately two-thirds of respondents (66.9%) indicated that they were not, while 33.1% (N=215) stated that they were. Among those 215 students, the majority reported learning about the term from the internet (45.1%), followed by friends (20.9%), during their education (18.1%), and through organizations that advocate about the dangers of drug use (14.9%). One person reported learning the term through documentaries and one through music.

Students were asked to share their opinions on the legality, safety, health effects, and regulation of NPS. When asked whether they believed NPS are legal, 25.0% thought they were legal, 47.5% believed they were illegal, and 27.5% admitted they were unsure. Regarding the safety of NPS, 8.2% considered them safe for use, 62.4% viewed them as unsafe, and 29.4% were uncertain. Concerning their effects on health, 6.8% believed NPS have no harmful side effects, 60.6% thought they do have harmful side effects, and 32.6% were unsure. Finally, when asked about the control and regulation of NPS, 8.5% of respondents believed that NPS are well-regulated, 65.0% believed they are not, and 26.5% were unsure.

When comparing the use of NPS to alcohol, marijuana and other illegal drugs (such as cocaine, amphetamines etc.) 65.6% respondents have labeled NPS usage as much more or more risky than alcohol usage, 16.5% as equally risky, 7.4% as less risky or much less risky and 10.5% said they are not sure. Compared to marijuana, 59.9% respondents have labeled NPS usage as much more or more risky than marijuana usage, 21.1% as equally risky, 7.6% as less risky or much less risky and 11.4% said they are not sure. Compared to illegal drugs 27.9% respondents have labeled NPS usage as much more or more risky than illegal drugs usage, 33.0% as equally risky, 25.7% as less risky or much less risky and 13.4% said they are not sure.

General about NPS usage, availability, issues

Regarding NPS usage, 6.3% of students (41 out of 649) reported having used NPS at some point in their lives, while 28 (4.3%) were unsure. Among the 41 students who had used NPS, the majority (73.2%) were offered these substances by a friend or acquaintance. Additionally, 29.3% purchased them from specialized stores, 9.8% bought them from a dealer, 12.2% ordered them online, 4.9% obtained them from a friend or acquaintance and 4.9% received them from a stranger in a club or at a party. Notably, one participant mentioned that they were unknowingly using NPS, as it was sold to them as marijuana.

Answering the question about how long do or did they use NPS, 75.6% said less than 1 month, 2.4% said less than 3 months, 2.4% said less than 6 months and 7.3% said less than a year while 9.8% said less than 2 years and 2.4% said more than 2 years.

When asked if they have used any NPS in the last 12 months, 75.6% (31 students out of 41) confirmed that they have and 24.4% said they have not. The average number of uses was 5.3 – out of these 31 participants, most of them (77.4%) have used NPS 5 times or less in the last 12 months (32.3% of users indicated that they used them only once in this period). However, the remaining 22.6% reported taking NPS 10 times or more in the last 12 months with the highest number being 30.

Participants who have tried NPS were asked how they use or have used NPS and most often they have used one drug at a time (as noted by 80.5% of people) but have also taken NPS simultaneously with other NPS (4.9%), with classic illegal drugs (22.0%) or with alcohol (19.5%). None of survey participants has used NPS with prescription medication such as analgesics, sedatives or antidepressants.

Out of 17 respondents that have used NPS simultaneously with other substances, 70.6% have done it very rarely, 17.6% have done it occasionally, 5.9% have done it often and 5.9% have always done it.

None of our respondents have noted that they have seeked help because of NPS usage. One person out of 41 has confessed to having health or social issues from NPS usage, describing them as loss of identity, memory and loss of recognition of one's surroundings.

According to what they believe the main reason for NPS usage is, participants chose: experimenting (75.0%), getting high (71.3%), escaping from reality (68.3%), due to the environment, e.g., at a party (65.0%). Following most common answers were also: to reduce stress (59.2%), improve one's well-being (55.5%), to better study efficiency (33.6%), to ease healthcare issues (29.6%) and to make social interactions easier (22.0%). Some of the other answers also included peer pressure, coping with more serious mental distress (like abuse, rape etc.) or using NPS as an alternative to illegal drugs because they are "legal" or harder to detect by urine tests.

Regarding their personal circle of friends' or colleagues' use, 37.4% stated that no one uses NPS, 36.5% stated only a few use them, 3.1% stated that about half of their circle uses it, 1.2% stated that most of their circle uses it, 0.2% stated that almost all use them and 21.6% don't really know.

About the accessibility to NPS in 24 hours, 13.3% stated that it would be impossible, 18.6% stated it would be very hard, 14.3% chose somewhat hard, 20.8% chose somewhat easy, 6.3% stated it would be very easy and 26.7% did not know. In the last 12 months NPS was not offered to 88.1% of participants, on the other hand it was offered up to 5 times to 9.9% of participants, 5–9 times to 0.9% of participants, 10–19 times to 0.8% of participants, 20–39 times to 0.2% of participants and more than 40 times to 0.2% of participants. Out of 77 (11.9%) respondents that were offered NPS in the last 12 months, 61.0% have this happened at the party, 42.9% at someone's home, 16.9% in a public space, 7.8% at university, 1.3% in their workplace and one participant also reported NPS being offered on social media platforms.

If they were to have problems with drugs, 9.2% stated they would not seek help, 69.5% would turn to a friend, 45.8% to organization dealing with drug advocacy, 41.8% to parents/take-carers, 29.0% to forums focused on help with drug problems, and 21.6% to their family physician. Some respondents also mentioned turning to therapists or psychologists, church and/or priests for help.

SECTION E. SOURCES AND METHODOLOGY

1. Sources and methodology

1.1 Sources

OST treatment in Prison, Prison Administration, 2023

Survey of harm reduction services users, 2023

Record of Treatment of Drug Users – TDI database, NIPH, 2023

SURS, number of inhabitants: https://pxweb.stat.si/SiStatData/pxweb/sl/Data/-/05C2006S.px (Available: 1.8.2024)

General Mortality Register, NIPH, 2023

EWSD, 2024

1.2 Methodology

National Survey on the Use of Tobacco, Alcohol and other Drugs among the residents of Slovenia, National Institute of Public Health, 2023

The purpose of the survey was to assess the prevalence of the use of tobacco, alcohol, and illicit drugs among the residents of Slovenia, and the prevalence of the misuse of medications, use of cannabis for medical purposes, and the prevalence of non-chemical addictions. The 2023 survey was the third survey conducted in this field in Slovenia, following the second one 2018 and the first one was conducted in 2012.

16,000 Slovenian residents aged 15–74 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 repetitions).

Data collection method:

- An online survey prepared and implemented 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 duration of the data collection period.
- 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.

8,937 surveys were conducted with selected participants, 62% of which were collected online, while 31% included personal interviews. The response rate was 61%.

For the international reporting we use the population aged 15–64. The composition of the sample used for analyses included 1,918 (52.2%) men and 3,594 (47,8%) women. A third of respondents (32.6%) were 15 to 34 years old, and 67.4% were 35 to 64 years old. 69.9% of respondents have completed secondary school (middle or lower vocational school or middle technical school or grammar school), 16.1% completed primary school or less, the

remaining 30.1% completed tertiary education. More than half of respondents were employed, self-employed or farmers (71.2%), 13.6% students or inactive, 9.3% were pensioners and 5.9% were unemployed.

The data in the report are weighted.

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 and the reasons for using illicit drugs. To examine the prevalence of the use of drugs in the general population, we used three standard time frames, namely the lifetime 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 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 second time, the survey included questions on the so-called non-chemical addictions, such as internet use in free time, video games, and gambling.

SI-PANDA

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

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 ($\chi 2$) test, while we compared the proportions between individual pairs of categories by means of a z-test (for which we used the Bonferroni correction). A p-value of $p \leq 0.05$ was used every time for the level of statistical significance.

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

From from March 2024 to June 2024, 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. This survey focuses on the prevalence and use of new psychoactive substances (NPS) among young adults in Slovenia, mainly students from various Slovenian universities and higher education institutions. The survey was designed as an online questionnaire (on online platform www.1ka.arnes.si) and was distributed through university mailing lists and platforms, social media platforms, student organizations and non-profit volunteer organization DrogArt to ensure broad participation across different faculties and study fields.

The target population consisted of young adults aged between 18 and 30 years, with one participant slightly younger at 17 years old, and two others older at 32 and 36 years, respectively. The average age of the participants was 22.3 years. All participants were actively studying at various faculties within Slovenian higher education institutions. Among the 649 correctly completed questionnaires, 187 (28.8%) were filled out by men and 462 (71.2%) by women.

The students represented several universities: 53.6% were from the University of Ljubljana, 34.8% from the University of Maribor, 7.1% from the University of Primorska, 1.1% from the University of Nova Gorica, and the remaining 3.4% were from other institutions. Among the students who indicated that they were studying at institutions other than the main universities, the majority (86.4%) reported being enrolled in the Faculty of Design, one at Biotechnical Educational Centre Ljubljana, one at Sigmund Freud University Vienna (Ljubljana branch) and one at College of Cosmetology and Wellness.

The survey was anonymous and participation was voluntary, with only general data asked from respondents' (e.g., sex, age, university, faculty, hometown).

Out of 771 correctly filled-out questionnaires, we initially eliminated 9 due to invalid responses in the general information section (for example, respondents indicating an age of 0 or 99). Upon further review, 4 additional questionnaires were discarded because the reported age at which NPS was first tried was either 0 or higher than the respondent's actual age. Due to contradictions in their responses, 18 more questionnaires were excluded – primarily because some students indicated that they had consumed a listed NPS or illegal drug but later stated that they had never used it. Additionally, 15 surveys were eliminated due to invalid answers, such as respondents claiming to have tried cannabinoids but then listing substances that were not part of the cannabinoid group. Finally, we removed another 76 questionnaires because participants provided contradictory answers regarding their patterns of NPS or illicit drug use. In total, 121 surveys (15.7%) were eliminated and were not included in the data analysis, leaving us with 649 valid questionnaires.

Survey of harm reduction services users

The survey was carried out between 1.12.2023 and 31.12.2023 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 2024). 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 271 drug users answered the questionnaire, 85.4% male and 14.6% female respondents, where the mean age was 41.73 years. The youngest respondent was 17 and the oldest 66 years old.

The majority of the respondents had completed vocational or secondary schools (59.6%), 28.4% had only primary school level education and 3.8% had higher education, university degree or higher qualifications. 3.1% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (84.8%); 11% of them were regularly employed, 3.4% retired in 0.8% were still in school (pupil, student).

The largest percentage of the respondents (41.3%) lived alone, 24.2% still lived with their parents or relatives, 8.8% lived together with their partner, 2.7% with friends, 2.3 % in shelters and 20.4% outside (in the park, street, abandoned buildings). A total of 84.9% of respondents had been involved in treatment programmes in the last year, while 80.4% of users had been involved in a substitution programme, 8.5% had attended a drug dependency treatment centre, 10.3% had been treated at a psychiatric hospital,6.3% had received substitution therapy at a correctional facility, 3.3% 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 29.9% of the respondents in 2023.

High risk opioids use

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.

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 271 out of 1.402 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 2023 was 2.390. Among 21 centres, 1 centres did not report the data so we interpolated this data according to the reported data from previous years. We also added the data from prisons. 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[1]. Within the framework of the SCORE monitoring[2], which is supported by the European Union Drugs Agency (EUDA)[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 120 cities/municipalities, 143 wastewater treatment plants and 41 laboratories in 2023[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 11). Average doses (Slovenia) were obtained from the DrogArt webpage[8] and used to calculate drug use in doses/day/1000 inhabitants.

Table 11. 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

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Summary

Summary on 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 on 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 on 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

- In February 2024, a two-year Action Plan on Illicit Drugs was adopted, which includes a chapter on prevention and sets priorities for 2024 and 2025.
- This year, a new two-year implementation of Lions Quest programme has started in around 150 primary schools, this time under the auspices of the Ministry of Education and the Institute of Education.
- Two prevention surveys were carried out: the study on prevention activities in school setting that aim to prevent the use of psychoactive substances in children and adolescents and the survey on attitudes, knowledge and current practices in the field of illicit drugs and addiction among professionals in primary schools, secondary schools and dormitories.

1. National profile

1.1 Policy and organization

1.1.1 Prevention-related objectives of national drug strategy and action plan

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.

Action Plan on Illicit Drugs 2024-2025 - Chapter on Prevention

Anej Korsika Knific

Government of the Republic of Slovenia adopted the Action plan in the field of illicit drugs for a two-year period, specifically for the years 2024 and 2025. The Action plan details and operationalizes the specific goals outlined in the Resolution on the National Program in the Field of Illicit Drugs for the Period 2023–2030, the methods of their implementation, and the tasks of the individual entities responsible for their execution.

Chapter on Prevention outlines the following key goals:

1. **National Coordination**: Establish a coordinated approach among stakeholders to improve cross-sectoral cooperation and strengthen institutional conditions for prevention efforts.
2. **Development of Cooperation Protocols**: Create permanent links between mental health centers, schools, health promotion centers, NGOs, and other services to enhance the effectiveness of prevention.
3. **National Quality System**: Develop a standardized methodology for monitoring, evaluating, and certifying prevention programs, ensuring consistent quality across regions and target groups.
4. **Sharing Expertise**: Promote research and the exchange of best practices through an annual national conference on addiction prevention.
5. **Early Prevention Programs**: Focus on early intervention for children, parents, and families, strengthening education and networking among organizations involved in prevention.
6. **Training and Education**: Enhance the skills and knowledge of professionals in schools and local communities, integrating prevention content into all levels of the education system.
7. **Quality Leisure Time**: Strengthen free prevention programs aimed at young people and vulnerable groups, particularly in disadvantaged environments.
8. **Substance Abuse in Sports**: Develop a pilot project to analyze substance abuse in sports and create preventive measures to address it.

Non-chemical addictions

Špela Selak

The area of non-chemical addictions is covered by the Resolution on the National Mental Health Programme 2018-2028 - MIRA Programme. The actions included in the MIRA Programme relate to the development of reports and measures for the education and protection of the mental health of children and adolescents in the digital media age, with the aim of preventing non-chemical addictions, and the development of prevention programmes in the field of prevention of non-chemical addictions.

The key long-term objectives, as well as the action plan components for the last implementation period of the MIRA Programme, are:

- Systematic and regular monitoring and research on non-chemical addictions in Slovenia
- Development and implementation of missing and upgrading of existing health promotion activities and activities at all levels of prevention aimed at the management of non-chemical addictions in Slovenia
- Establishment and strengthening of a (network of) support resources to respond to the needs of the population in the field of non-chemical addictions in Slovenia.

1.1.2 The organisation

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

As outlined in Chapter 10 of the Resolution on the National Program in the Field of Illicit Drugs 2023–2030, an Interministerial Working Group was established in 2023, operating within the mandate of the Government Commission for Drugs of the Republic of Slovenia. The Interministerial Working Group has the following tasks:

- Monitoring the implementation of tasks from the national program,
- Ensuring the presentation and implementation of the program,
- Preparing the content of action plans until 2030,
- Preparing reports on the implementation of action plans,
- Preparing and, if necessary, addressing interim problem reports that require additional resources for the implementation of planned measures,
- Ensuring coordination of the implementation of action plans that require cooperation between government bodies, other organizations, civil society, and experts,
- Assisting the work of local groups and participating in the coordination of programs to address issues that exceed the local level.

The Interministerial Working Group will also implement the set tasks in the field of prevention.

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

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

Non-chemical addictions

Priorities in the field of prevention of non-chemical addictions are adopted and guided by the Interdisciplinary Working Group on Non-Chemical Addictions (IDS). The Group meets four times a year and is coordinated by the National Institute of Public Health - MIRA Programme.

It acts primarily as an expert body covering the following in accordance with the Resolution on the National Mental Health Programme 2018-2028:

-implementation of the measures and activities set out in the National Mental Health Action Plan and the current Action Plans,

- preparation of substantive, organisational and structural solutions, actions, plans,
- development and monitoring of quality indicators and indicators for the achievement of non-chemical addictions targets,
- exchange of good practice information,
- monitoring staffing and material norms and standards and proposing changes,
- preparation of expert opinions, analyses and situation assessments for administrative authorities, the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Health Insurance Institute of Slovenia and other clients,

- participation in the drafting of legislation,
- preparation of proposals and guidelines in the field of non-chemical addictions for the new Action Plan,
- annual reporting on the work of the IDS on non-chemical addictions.

1.1.3 Funding system underlying prevention interventions

The Ministry of Health provides funds via public tenders (2- or 3-year period for co-financing programmes implemented by NGOs and other non-profit legal entities), via public procurement and the public services of the NIPH. The Ministry of Health, Family, Social Affairs and Equal Opportunities publishes public tenders to co-finance social assistance programmes to a max. 80%, i.e. for verified social assistance programmes for a 7-year period and other programmes for 1-year period. A small portion of funds is also available through the annual call for proposals by the Ministry of Education for the selection and co-financing of professional training programs (KATIS catalog). The remaining share of funds is acquired by NGOs and other non-profit legal entities from other sources such as municipalities, European funds, Youth office, FIHO, private funds, etc.

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

Tobacco and related products

Helena Koprivnikar

On 24th of April 2024, the updated Restriction on the Use of Tobacco and Related Products Act entered into force. Beside the provisions from the Commission Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of heated tobacco products, which introduced the ban on characteristic flavours and health warnings for heated tobacco products, the updated Act brought some important new national tobacco control measures. It introduces the ban on flavours in electronic cigarettes, with exception of certain tobacco flavours, based on Netherlands case. This measure has a one year transitional period and will come into effect on 24th of April 2025. The Act also equalises the provisions for non-nicotine and nicotine products – for both the placing on the market of liquids containing different additives is banned (additives that create the impression that a product has a health benefit or presents reduced health risks, stimulants, stimulant compounds associated with energy and vitality, those having colouring properties for emissions, facilitate inhalation etc.). While nicotine pouches were not regulated till now, the new Act also includes regulation of nicotine pouches, which are now regulated as related products (comprehensive ban on advertising, display, promotion, sponsorships, donations, including direct and indirect tobacco advertising and promotion and in information society services; age limit to buy or sell these products is set at 18 years of age; placing on the market is banned via the Internet, telecommunications or any other emerging technology, or cross-border distance selling; selling or placing on the market by individuals is forbidden; these products can only be sold in points of sales with permits for selling, issued by the Ministry of Health, etc.). The updated Act also includes ban on smoking rooms, which were allowed in certain enclosed public/working places (this measure will come into effect at the end of 2025) and heated herbal products are now also regulated as other herbal products.

(The description of the 2023 preliminary data 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 (on average 16 years old), is available in the workbook Drugs).

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). Still numerous frequent tobacco control 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., 2021).

Alcohol

Maja Roškar, Marjetka Hovnik Keršmanc, Sandra Radoš Krnel, 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. In December 2023 the Ministry of finance has launched a formal initiative to increase the excise duty on existing types of alcoholic beverages by 27,5 %. Following the public announcement process, the intention to review the Excise Act was withdrawn. In June 2024 the second proposal on the introduction of the renewed government regulation on excise duty on alcohol and alcoholic beverages was officially published with the intention to increase the excise duty on beer, ethyl alcohol and mixed alcoholic beverages by 7 percent.

In order to inform consumers about the alcohol content and energy levels of different alcoholic beverages The smartphone application Veškajješ (VKJ), was developed by Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health. Besides the information on alcohol content and estimated energy value, the VKJ app warns 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.

Mystery shopping

Mia Zupančič

Slovenia has a high rate of alcohol and tobacco use among youth due to the easy availability of these products. Studies show that more than 93% of schools in Slovenia are in close proximity to shops that sell tobacco and alcohol products. For this reason, limiting access for minors is one of the most important public health measures. Research by the Youth Association No Excuse Slovenia has shown that in recent years, more than half of underage individuals have successfully purchased alcohol or tobacco products, making mystery shopping essential for monitoring and reducing violations. In 2023 and 2024 Youth Association No Excuse Slovenia and the Market Inspectorate of the Republic of Slovenia carried out inspections to verify whether retailers comply with the law that prohibits the sale of these products to minors. Under the supervision of market inspectors and adult youth workers, underage volunteers attempted to make purchases of traditional tobacco and alcohol products as well as electronic cigarettes and heated tobacco products in various stores across Slovenia.

2023: In March 2023, 46 inspections were conducted on the sale of alcoholic beverages, with 25 cases (54%) resulting in violations where alcohol was sold to a minor. In April 2023, we conducted 50 inspections on the sale of tobacco products, with retailers selling tobacco or electronic cigarettes to minors in 24 cases (48%). Although the inspection interventions were effective, the results showed that the law is still frequently violated.

2024: By April 2024, we had conducted 50 inspections on the sale of tobacco and related products, with 22 violations (44%). This represents a slight improvement compared to 2023, but the results are still concerning, as tobacco products were sold to almost every second minor. In the area of electronic cigarettes, the violation rate dropped to 35.7%, which is a noticeable decrease. In March 2024, 40 inspections were also carried out on the sale of alcoholic beverages, with 62.5% of cases resulting in alcohol being sold to minors, representing an increase in violations compared to previous years.

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

Andreja Drev, Matej Košir, Ksenija Lekič, Lucija Furman, Vesna Pucelj, Nives Letnar Žbogar, Mia Zupančič, Maja Roškar, Damjan Vincek

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. The program is currently implemented in nine units across Slovenia.

Education for Health Programme

Universal prevention in schools remains the most widely utilized approach in the country. The National Institute of Public Health (NIPH) administers the Education for Health program (originally Vzgoja za zdravje), which targets children and adolescents as part of primary health care. This program serves all key age groups, including preschoolers, elementary school students, high school students, teachers, parents, and dropout students. It is primarily conducted by registered nurses, with support from other professionals such as dietitians, kinesiologists and others. Health education is structured into two pillars, ensuring a comprehensive approach to promoting health across the country.

The first pillar is implemented in medical centers, following routine health examinations conducted by pediatricians for students in the 2nd, 4th, 6th, and 8th grades, as well as in the 1st and 3rd years of high school. This approach not only targets primary and secondary school students but also invites participation from faculty students, fostering a collaborative health educational environment. After the health examinations, registered nurses facilitate the health education program, ensuring a comprehensive approach to health promotion.

Meanwhile, the second pillar is implemented in educational institutions, including kindergartens and schools, as well as in local communities. In collaboration with schools, activities are conducted over two school hours for each class, covering various topics related to health education, such as chemical and non-chemical addictions, mental health, first aid, positive self-image, interpersonal relationships, healthy sexuality and others.

This program is funded by the Health Insurance Institute of Slovenia. Health education lessons encompass various aspects of maintaining good health. Notably, topics related to drugs, addiction, and risk behaviors are introduced in the fifth grade and revisited in later grades. The Health Education Program is set for updates in the coming years to ensure its continued relevance and effectiveness in addressing the health needs of students.

In 2023, we established objectives for the renewal of health education within the ZDAJ program. We began planning specialized training aimed at enhancing the knowledge of all implementers on a variety of important topics, including psychoactive substances. We recognize that clear guidelines and effective communication of these subjects to children and adolescents are essential for ensuring high-quality health education.

Network of Health Promoting Schools in Slovenia

The most methodical prevention programmes being offered across the country belong to what is known as the Network of Health Promoting Schools (HPS Network). In 2023, we celebrated the 30th anniversary of Network. The event was celebrated with a professional training for all the involved schools. The network currently includes 440 primary, secondary schools, school dormitories and institutions for children with special needs. Their programmes revolve around strengthening healthy life skills with little coverage of the elements of preventing problem behaviours, including drug use, among others. A new main theme is chosen every year on which the activities in that school year are based, in 2023/24 it's "*A kind word fosters good relationships*". Quality/good interpersonal relationships are important protective factor for youth substance use. In cooperation with the Institute of Education, we organized training on a safe and encouraging learning environment, on fostering positive school environment. In HPS Network we also focus on raising awareness on harms of use of electronic cigarettes, heated tobacco products, nicotine pouches and smokeless tobacco products among different target groups by providing lectures for school professionals and parents.

Health in Kindergarten

Since 2006, the preventive program Health in Kindergarten has been promoting health in a broader sense and is focused on implementing activities that maintain and enhance health within and outside the kindergarten environment. It is intended for kindergarten staff, especially educators, to help them understand, live, and create a positive environment, and to pass on a healthy lifestyle to children. The program offers ideas on how to create a pleasant and inspiring environment for learning and working, where everyone feels good, learns necessary skills, and strengthens their potential.

The program consists of several elements. An important part is the training sessions. In the 2022/23 school year, we prepared the following training contents: Menopause, Adverse Childhood Experiences, Children in the Grip of Domestic Violence, Electronic Cigarettes, Heated Tobacco Products, Nicotine Pouches, Smokeless Tobacco Products – What We Know About Them Today, Interpersonal Relationships and Communication, Dietary Supplements, and How to Protect and Promote Mental Health in the Workplace.

The program is also guided by a central theme, which this time was "Words Have Power". The presented content and central theme strengthen children and staff in self-image, well-being, understanding themselves and others, and teaching skills for healthy choices.

In the 2022/23 school year, 184 kindergartens reported on the implementation of activities. 1,674 groups of children of all ages were included, involving more than 31,000 children. A total of 2,889 educators and assistant educators participated (almost a quarter of all professional staff). The training sessions were attended by 2,804 people, of which 2,152 attended both sessions. Most of the activities they carried out were year-round or recurring, rarely one-time. External providers often participated. Most of the activities were intended for children, but a quarter were also for parents.

The youth mental health programme '*This is Me*'

The *'This is me' ('To sem jaz')* prevention programme, launched by the Slovenian National Institute of Public Health in 2001, aims to strengthen young people's mental health and resilience. It is based on an evidence-based preventive approach in the school environment and is supported by an online counselling service for adolescents at www.tosemjaz.net. The programme has been recognised by various international organisations (WHO, OECD, etc.) as an example of good practice in the field of organised mental health care 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.

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 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. With the programme evaluation in 2018, in collaboration with the Centre for Psychodiagnostic Instruments as an independent provider, the working model of *'This is Me'* has become a verified and evidence-based programme (research results show that the implementation of the concept of 10 preventive workshops has positive effects on both, the class and the individual, in terms of strengthening mental health and developing social and emotional skills). In 2023, we lectured on the 'This is Me' programme at 44 events either organized by us or by an outside organization. We informed more than 1,900 professionals from the fields of education, healthcare and social care about the contents of the programme.

In school year 2023/24, as many as 1,427 workshops were implemented in the framework of the programme. 196 education professionals conducted these workshops at 137 primary and secondary schools. The programme offers regular training courses for educational professionals and teaching teams interested in preventive work with young people. Among other things, educational professionals can receive additional training in the implementation of preventive workshops in an 8-hour training course, which is available in the National Catalogue of Continuing Education and Training Programmes for Professionals (Katis catalogue). In the school year 2024/25, four 8-hour training courses are available at two locations (Celje, Ljubljana). The training is particularly relevant for classroom teachers working with students aged 13–17. Teachers are trained to independently implement the integrated programme of 10 prevention workshops in school practice, with further support from the programme coordinators. In 2025, for the first time, prevention workshop providers will also be able to join organized intervision groups on the new online portal for education professionals.

Prevention work in schools is supported by online youth counselling service *www.tosemjaz.net*, which provides young people with anonymous, publicly available, free-of-charge and easily accessible professional advice. The answers to questions about the challenges and hardships of growing up are provided by a multidisciplinary online counselling network, which brings together more than 100 experts/volunteers (psychologists, medical doctors from various specialisations, social workers and other experts). At the annual level, the online platform records on average 150,000 unique visitors. In 2023, they responded to more than 3,500 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 80 percent of the questions are asked by girls, and nearly 50 percent of users are between 14 and 17 years old. About 20 percent of all questions were categorized as *'the most severe questions'*, related to crisis situations (associated with anxiety and depression, suicidality, eating disorders, self-harm and various forms of violence). Users can also get anonymous advice from experts in direct online chat consultations with experts according to a weekly schedule. *'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.

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 2023/2024 school year, only 2 schools still implemented the programme, which included over 170 students. Schools are asking for more up-to-date materials, as they consider the programme to be slightly outdated. The Utrip Institute is unable to provide up-to-date materials because, despite many attempts, it has not been able to get in touch with the developers and the contact point of the programme. Based on the information publicly available on the programme's website, there have been no recent updates, which means that more up-to-date materials are not currently available. For these reasons, and because of the unresponsiveness of the programme developers, the Utrip Institute has turned its full attention to the transfer and dissemination of the Lions Quest programme.

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. In the school year 2023/2024, 4 schools implemented the programme for parents during the regular parents' meetings.

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). There is still a significant lack of interest for more complex and long-term prevention programmes by high schools, The "Boys and Girls Plus" programme was implemented only by one high school in Goriška region (Tolmin) in the 2023/2024 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 and continued in school year 2023/2024. Almost 30 schools and more than 1.600 children aged 11-13 collaborated in the pilot implementation, which was 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 was evaluated, and similar number of school and children were involved as control group as well. The preliminary data analysis showed a very positive results, especially from the perspective of teachers involved in the pilot implementation as implementers.

The Utrip Institute organised follow-up meetings in collaboration with UNODC with all implementation schools in both school years (2022/2023 and 2023/2024) to exchange the information about the pilot implementation of the programme with teachers and school counsellors. There were already many more new schools interested in implementing the programme during the first pilot implementation, so the Ministry of Education therefore decided to design and implement its own pilot implementation of the programme with new schools, to take over the selection of schools and teachers as implementers and, in cooperation with UNODC, to carry out an evaluation of the programme. They organised a training of new trainers in October 2024. The pilot implementation phase started at the beginning of the 2024/2025 school year, in cooperation between the Ministry of Education, the Institute of Education of the Republic of Slovenia and UNODC.

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 (grades 7, 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 individualised approach, which was continued in 2024, 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. The programme has also been renewed at the beginning of 2024 and now includes a wider range of workshops, which can be more easily grouped together if schools do not opt for the whole programme but want to address a specific situation with individual workshops. The workshops addressing addiction, as already mentioned, are spread from grades 7 to 9, in response to the issue of the increased trend of drinking alcohol. Thus, in grade 7 the issue of the internet is addressed, in grade 8 tobacco and electronic cigarettes and in grade 9 alcohol, cannabis and fugues. In addition to addressing tobacco, alcohol and digital addiction, we are now also addressing electronic cigarettes and fugues, not just as individual workshops but in the integrated programme Martin Krpan.

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 workshop, while the effects of the programme are evaluated when a school decides to run a 3-year Martin Krpan programme (i.e. certain workshops are run continuously over three years in the same grade, i.e. from grades 7 to 9). These evaluations allow us 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 already knew a lot about the topic of video game and internet addiction, compared to chemical addictions, which is probably due to the topics being more relevant for them. Overall the evaluation showed that the majority of students know the most important facts about different substances and negative effects or consequences of their consumption. Only a few students reported that most of the information was new to them. They also preferred workshops which gave them valuable information on managing conflicts, effective communication, time management and the importance of peer affiliation. Students reported that they understand and know themselves and other classmates better after the workshops.

The desire to hold workshops is mostly expressed by teachers and counselors, who perceive, especially tobacco and other nicotine products, as the most widely used harmful and addictive substances among their students. Especially the implementation of workshops about electronic cigarettes and fugues has increased in the last few years. And even though we get the information from student evaluations, that they know the majority of information about these topics, teachers are reporting high demonstrated interest during these workshops and shown surprise from students about some of the facts that are not widely known or are more hidden.

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 7 than in Year 9. The results also showed that students generally have more negative attitudes towards drinking alcohol, but unfortunately, older students still rate alcohol as more positive compared to younger students. The results are not encouraging, as most of the older pupils have already tried alcohol, and the positive views on alcohol consumption unfortunately predict that drinking habits could take root. In the case of attitudes towards smoking, a similar trend to that for alcohol emerged, with older students rating smoking more positively than younger students. However, the ratings were still fairly low, which is encouraging.

Community prevention

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. The campaign was still ongoing activity of the Municipality of Radlje ob Dravi during the year 2023 and 2024 with some new actions and stakeholders joining the initiative.

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 2023 and 2024 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. Organised in parallel were six '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 18 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

1.2.3 Selective prevention interventions

Andreja Drev, Andreja Belščak Čolaković, Matej Košir, Sanela Talić, Gašper Krstulovič, Nastja Holc, Nataša Sorko, Natalija Žalec

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 deprived of a normal family life and with social, behavioural or learning problems

Within the scope of working with children deprived of a normal family life and 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 2023, 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. 8,033 people were included in counselling and daily centres in 2023, of which 3,946 were minors (2,024 boys and 1,922 girls). 24,904 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 2023: Kher šu Beši Day Centre programme and Helping Roma with social inclusion in Metlika municipality programme, both implemented by Dolenjska and 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 and Together we can 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, the Social inclusion programmes for Roma: SEM-IN ("I am included") programme implemented by the Lendava People's University, Institute for Adult and Youth Education 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 1,695 users in 2023, of which 1,018 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 18 minors served there in 2023. Preventive work on substance misuse is also part of the educational programme for all adolescents, both those who have problems and those who do not. Work in this area is primarily focused on education and motivation, with a view to establishing and maintaining abstinence, active leisure and healthy lifestyles.

Youth non-offenders

Youth non-offenders who face different problems growing up can be ordered by the court 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 568 children enrolled in the 2023/2024 school year, 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 2023 co-financed 12 providers of family centre content. 6,560 children, 1,065 youngsters, 4,231 individuals, 2,268 families, 34 extended families, 20 married couples and 2,254 individuals that were stated under “other” were included in the family centres' informal gathering. 1,682 children, 786 youngsters and 1,452 families were included in workshops on positive parenting. 9,813 children, 1,860 youngsters and 874 families were included in holiday activities for children and workshops for children and youngsters. 3,183 children, 1,240 youngsters and 663 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. 218 adults and 62 children were included in this programme in 2023.

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 2023-2024 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. The programme is currently being updated on the basis of more recent materials and several years of experience in programme implementation, with the active participation of programme implementers from each of the above-mentioned implementing regions. The programme is expected to start implementation in 2025 on the basis of the updated materials.

Additionally, the pilot implementation of the Strong Families programme (developed by UNOCD) was initiated in 2022. In the first phase, all materials were translated into Slovenian language and the training of trainers and first (pilot) implementers is planned for the early 2025 with some delay from initial plan.

1.2.4 Indicated prevention

Maša Serec, Andreja Drev, Špela Selak

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, currently 20 such centres are operating. 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.

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.

Within the framework of the Posvet Psychological Counselling Centre, adolescents aged 14 to 18 experiencing acute emotional distress can access free psychological counselling. Counselling services are available in 8 Slovenian cities (Ljubljana, Kranj, Celje, Velenje, Portorož, Slovenj Gradec, Idrija, Zagorje ob Savi). Adolescents do not need a health card or a referral by doctor for counselling.

Adolescents can visit the counselling centre if they are distressed due to: difficult life changes; problems in interpersonal relationships; the loss of a close person; lack of motivation for school and activities in general; feelings of loneliness and apathy; thoughts that life no longer has meaning; feelings of being misunderstood. Psychological counselling aims to relieve the adolescent and provide support in resolving acute distress. The counsellor guides the adolescent in finding appropriate ways to solve the problem causing the distress.

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.

Non-chemical addictions

Indicated prevention, which focuses on individuals and groups who are already showing early signs of addiction, is mainly carried out in the framework of non-chemical addiction treatment programmes, which are implemented within the health care system at the Rakitna Youth Climate Health Resort, the Idrija Psychiatric Hospital, the Nova Gorica Centre for Drug Treatment, centres of mental health for children, and adults, and health promotion centres.

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 many 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 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 the ski jumping world championship). 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. During the summer he addressed young people via the social network (Facebook, Tik Tok and Instagram) with 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 secondhand 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), 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” ("Slovenia blows 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, organizes the November campaign “Slovenija piha 0,0 – against alcohol among drivers on Slovenian roads”, during which the police control the drunkenness of drivers within the framework of the legislation. Anyone who is completely sober gets a ticket to a concert by the Police Orchestra and musicians.

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.

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1.2.6 Advocacy campaigns

What can I do to make it easier?

Ksenija Lekič

In 2023, Slovenian Year of Mental Health, in the prevention programme *This is Me*, the multimedia handbook for young people - entitled *What can I do to make it easier? Skills for everyday life and sources of support in distress* - was published in its third edition. It was used for a mental health national campaign in Slovenian primary schools among ninth graders (aged 14 to 15). Based on the cognitive-behavioural paradigm, the manual helps adolescents to understand the circular relationship between thoughts, emotions and behaviour. It provides young people the tools to help them in situations where they feel anxiety, tension, fear or worry. The handbook is a hybrid of a traditional book and the *#Tosemjaz* online platform: QR codes lead the reader to useful online contents, worksheets and guided self-help exercises in the form of audio recordings. The handbook is a self-help guide for adolescents aged 15 and over. It is also a mental health protection tool that can be used by education and health professionals when working with a class, group or an individual. In autumn 2023, every ninth grader in Slovenia received their own printed copy of the handbook.

The campaign was carried out by the National Institute of Public Health, in cooperation with the Ministry of Health and the Ministry of Education, on the occasion of World Mental Health Day. 457 primary schools were provided with 23,000 free printed copies, which were then handed over to the students by head teachers and school counsellors, with number of accompanying activities related to mental health promotion. In January 2024, an evaluation of the campaign was carried out. 39% of all primary schools actively responded to the evaluation: over 90% of educational professionals who participated in the evaluation consider the handbook as an important tool for supporting young people in tackling the challenges of growing up. The national campaign proved successful and the manual is a very useful material to promote mental health in the school context. *The digital edition of the handbook (in Slovene only) is freely and publicly accessible at the following link:* https://live.editiondigital.com/e/221cpgqsc/prirocnik-kaj-lahko-naredim-da-mi-bo-lazje#!page1.

1.2.7 Additional information

National Addiction Prevention Month Conference

Ada Hočevar Grom

In collaboration with the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of education, 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, the 17th National Conference for the Month of Addiction Prevention took place, where experts discussed protective factors that can help strengthen adolescents' resilience against behaviours leading to addiction at the individual, family, and societal levels. In the first keynote lecture titled "How to Break the Addiction to Yourself?", the speaker focused on the phenomenon of selfies, their emergence, development, impact on individuals and society, and offered possible solutions. The second keynote lecture presented the foundations of adolescent well-being in education and upbringing. In the afternoon session of the conference, representatives from the Ministry of Health presented the concept of responsible prevention. As examples of good practices, the Youth Center Nova Gorica and the Youth Center Ajdovščina presented their work with young people. The added value of the conference was the participation of a local decision-makers and the inclusion of young people, as 60 students participated in the discussion at the conference.

Alcohol locks conference - European practices and advanced strategies to reduce drink-driving

Dragana Trivundža Tomanič

On 7 November 2023, the Slovenian Traffic Safety Agency, in cooperation with the European Traffic Safety Council, organised the conference "Alcohol locks - European practices and advanced strategies to reduce drink-driving". The main objective of the conference was to explore the possibility of introducing alcohol locks as a complementary offence measure or rehabilitation programme for persons who have been subject to a driving licence suspension and penalty points for drink-driving. The European General Vehicle Safety Regulation requires all new vehicle types from 6 July 2022 and all new vehicles on the European market from 7 July 2024 to be equipped with advanced safety systems, including a technical pre-fitment of an alcohol interlock device (alcohol lock) to prevent drink-driving. The proposal of a Resolution of the National Road Safety Programme 2023–2030 also foresees the consideration of the possibility of introducing alcohol locks.

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 course and results of the conducted evaluation are also described in the publication available at the following link: https://nijz.si/publikacije/rezultati-pilotnega-vrednotenja-intervencij-po-merilih-nijz/

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.

The Ministry of Education includes among the criteria for selecting and co-financing professional training programs in its call for proposals, among other things, past evaluations by participants.

2. Trends

2.1 Main changes in prevention interventions

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.

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.

In 2023 and 2024 different stakeholders in the area of tobacco and nicotine products prevention and cessation joined forces to support the Proposal of the changes of The Restriction on the Use of Tobacco and Related Products Act throughout the preparation and adoption period. As in previous cases of legislative change, support was strong, united and successful.

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.

The last two years have also seen an increase in the provision of quality education on PAS prevention to a wide range of audiences.

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 New or innovative developments observed

Guidelines on the Role of Law Enforcement Officers in Drug Use Prevention within School Settings and Training courses for assistant commanders of police stations

Matej Košir, Sanela Talić

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 was conducted in summer 2023 in collaboration between the Utrip Institute and the General Police Directorate. In cooperation with the Ministry of the Interior, General Police Directorate, in autumn 2023, 3 separated training courses were organised for all assistant commanders of police stations in Slovenia (all together over 80 participants) on the topic of guidelines for police work in the field of school prevention, which was conducted by the Utrip Institute.

Training on Effective Prevention in the Field of Psychoactive Substances for Children and Adolescents, and Addressing Substance Use Issues among Youth

Andreja Drev, Helena Jeriček Klanšček, Maja Roškar, Lucija Furman,Vesna Pucelj

In 2023, the National Institute of Public Health (NIJZ) established a professional group dedicated to health promotion and addiction prevention. The purpose of this group is to develop strategies and approaches for health promotion and preventing risky behaviors through the creation of a knowledge base, transferring knowledge at a professional level, enhancing understanding of key preventive environments, establishing cooperation with these environments, and empowering target groups. In its first year of operation, the group developed three educational modules on effective prevention in the field of psychoactive substances (PAS) for three different target groups.

The first module was designed to meet the specific needs of criminal investigators working in the field of illegal drugs. These investigators are often invited to primary and secondary schools to conduct various preventive activities. The training took place in September 2023, and participants were given evaluation questionnaires before and after the training to measure its impact on their knowledge of prevention. The results indicated that most participants improved their knowledge of effective prevention strategies and approaches.

At the request of the Youth Office, the professional group for health promotion and addiction prevention also prepared a special educational module for professionals and volunteers in youth centres. These centres encounter a diverse population of adolescents and young adults, many of whom use psychoactive substances. Consequently, the educational module included content on effective prevention approaches as well as appropriate ways to address young people who use psychoactive substances. Three training sessions were conducted for youth centres: two in March and one in April 2024.

The third educational module was developed in accordance with the objective of the National Program Resolution for the Field of Illegal Drugs 2022–2030, which stipulates that regional units of the NIJZ will take over the coordination of PAS prevention in local communities. The first educational module for future prevention coordinators in local communities, which covers basic knowledge of evidence-based PAS prevention, was conducted in May 2024. The development of a second, advanced module is planned for 2024, with implementation scheduled for 2025.

4. Additional information

4.1 Specific studies and data on prevention

Network of Health promoting schools in Slovenia
Lucija Furman

At the end of the 2022/2023 school year, we conducted a study on prevention activities in school setting that aim to prevent the use of psychoactive substances in children and adolescents. The study was part of an annual evaluation report submitted by schools participating in the Network of Health promoting schools. The aim of the survey was to find out how schools plan, implement and evaluate these activities and other aspects of prevention measures in the school environment.

The prevention measures implemented by 56 schools were mostly one-off, short-term activities or a series of (interrelated) activities (e.g. different activities for different classes and/or parents and/or teachers), which were usually not evaluated.

The activities were carried out due to awareness of the importance of addressing these issues, perceived (increased) use of psychoactive substances and/or increase in violations of school policies related to substance use. The majority of activities were one-day workshops and lectures. The activities were mainly aimed at pupils and were carried out by teachers or school counsellors, but also by police officers and NGOs. The schools faced various obstacles in carrying out their activities. The most frequently mentioned barriers were lack of motivation on the part of pupils, lack of time and lack of motivation on the part of parents. Schools mostly use a knowledge-based approach in their prevention work. Less use is made of a multi-component approach, the strengthening of individual skills, methods in line with the principles of Health Promoting School and the consideration of factors at school level.

Survey on attitudes, knowledge and current practices in the field of illicit drugs and addiction among professionals in primary schools, secondary schools and dormitories
Vesna Šmarčan, Lea Furlan

The survey was conducted in October 2023 and preliminary results showed that a good third of professionals (37.7%) do not know what to do if they detect illicit drug use in a young person and the majority (73.3%) lack a protocol for working with young people who use illicit drugs.

Further, more than half (58.4%) of professionals have not detected adolescents using illegal drugs in the last 12 months, citing the main reason as the fact that adolescents do not show signs of or have problems with illegal drug use at school. Only 15.1% consider that there is no problem of illicit drugs in their institution.

Professionals who have observed adolescents using illicit drugs in the last 12 months report that the most frequent sources of information about adolescents' use are changes in the adolescent's appearance, association with inappropriate company, unexcused absences (66.9%), and being reported by the adolescent's classmates or other pupils/students at the school. Worryingly, a third (33.1%) of practitioners do not discuss their observations with the perceived adolescent and 36.5% do not inform the parents/guardians of the adolescent. The most common reasons given for not broaching the subject are a lack of hard evidence (72.1%) and a lack of knowledge of how to conduct the conversation (44.1%). Half of the professionals (50.4%) do not refer these adolescents and their parents to external institutions dealing with this issue, the most common reasons being lack of knowledge of the institutions in the local area (34.2%) and the judgement that family is capable of dealing with the problem itself (31.6%).

Furthermore, the preliminary results show that professionals have misconceptions about the actual treatment of adolescents perceived to be using PAS. Just under half (44.2%) believe that parents can only be informed of suspected drug use when they have solid evidence of it; one in five professionals (21.8%) agree that they only refer families to support programmes when there is already evidence of addiction in the adolescent. At the same time, 38.3% of professionals agree that all forms of help are futile until the adolescent decides to quit drugs. This may partly be a reflection of their own experience with illicit drugs, as a third of them report having had this experience in the past. Further analysis shows that the latter have more tolerant attitudes towards cannabis and cannabis use in adolescents than professionals with no experience of illicit drugs.

Empowering professionals to implement drug prevention interventions

Lea Furlan, Vesna Šmarčan

The National Institute of Public Health, Maribor OE started with an approach of education of professionals working with young people in 2018, namely with counsellors of secondary schools in the Podravje region, and in the following years the content and the approach were slightly adapted for other professionals who work with drug-using adolescents and who have expressed interest in this type of education.

The meetings of the practitioners take the form of group, interactive work. The group consists of 10-12 professionals who meet three times. Each meeting lasts three hours and is interactive, with the following working methods: lectures, discussion, case method, learning by simulation.

In 2023, the Education for Empowerment of Professionals was carried out for the professionals of the Social Work Centres Maribor. All 6 units of the Centre for Social Work Maribor were invited to participate in the training. 43 professionals registered for the education and were divided into 4 groups due to the nature of their work. The first meetings of all four groups were held in January/February 2023. The second meeting for all groups was held in April 2023 and the third and last meeting in November 2023.

The training of professionals was divided into 3 meetings, which focused on different topics.

The first session, entitled: "Facing your own attitudes towards psychoactive substances, adolescence, the role of parents and the consequent response to suspected drug use", aimed to deepen and understand the following topics: knowledge and understanding of drug addiction, vulnerability of adolescents and the importance of the role of professionals, the functioning of the dopamine mesolimbic system in drug use, brain development in adolescence and the consequences of smoking cannabis, the importance of frustration and the development of morality in adolescents, parental responsibility in the field of drugs and neglect as a consequence of not taking responsibility.

The second session, entitled: "Working with drug users - focusing on developing ambivalence, motivation for change and understanding the process of change", focused on the following themes: to identify different groups of drug users and different approaches to working with them through one's own experience, and to address challenges and dilemmas in working with drug users.

The third session, entitled: "Protocol for working with the perception and treatment of PAS use in the user, with emphasis on developing ambivalence, motivation for change and understanding the change process", aimed at reviewing the work done so far and developing a protocol for working in cases where the user is a person with a drug problem, as well as an introduction to motivational interviewing and addressing ambivalence as a tool for changing inappropriate patterns of behaviour.

The first meeting was attended by 39 professionals, the second by 33 professionals and the third by 27 professionals. An evaluation of the content and the participants' satisfaction with the knowledge and skills acquired in the field of drugs was carried out after each meeting. All practitioners completed a short evaluation questionnaire at the end of each session. The average satisfaction rating for all three sessions (on a scale of 1-5, with 5 being very good) was 4.8.

Furthermore, in 2023, the above-mentioned structured education was transferred to a shorter form of intervention for the interested professional public, namely within the Health Promoting Schools Network, coordinated by the National Institute of Public Health. In May 2023, a lecture on "Preventive Action in the Field of Drugs, Alcohol, Tobacco" was delivered as part of the Adolescent Mental Health training. The lecture was attended by 260 professionals from schools and student hostels.

Review of good practices in PAS prevention

Andreja Drev, Lucija Furman, Maja Roškar, Vesna Pucelj, Helena Jeriček Klanšček

At the end of 2023, the Health Promotion and Addiction Prevention Group carried out a review of good practices to identify the best possible prevention practices in the field of PAS prevention, implemented abroad and in Slovenia, aimed at children or adolescents, and suitable for inclusion in the school environment. The data for Slovenia showed that many prevention activities are still being implemented in the form of one-off events, harm reduction activities and programmes that are not (adequately) evaluated. In the area of prevention of PAS use, only four proven effective programmes are implemented in the school setting, all of which have been transferred from abroad (Drev et al., 2024).

Alcohol

Maja Roškar, Marjetka Hovnik Keršmanc, Sandra Radoš Krnel, Tadeja Hočevar, Karmen Henigsman, Peter Debeljak, Dragana Trivundža Tomanič

In 2023, was published a paper entitled ”*How effective are health messages/warnings in improving knowledge and awareness of alcohol-related harm? The Slovenian case on using a mobile app*”, in which was tested the first results on the impact of health warnings delivered through the mobile app VKJ on knowledge of the risks associated with alcohol use (Radoš Krnel et al., 2023). Significant differences in knowledge and awareness of the risks and harms associated with drinking alcohol were found for eight of the twelve tested health warnings. The improvement was seen to a greater extent in the group of high-risk drinkers. The results also showed that the vast majority of participants (78%) who were exposed to the health messages supported mandatory labelling of alcoholic beverages with information on ingredient listing and energy value, and 72% would like to have health warnings on alcohol products.

As a result of a systematic literature review 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, researchers from the National Institute of Public Health, together with colleagues from other institutions, produced a scientific paper in 2023 entitled "Effectiveness of regulatory policies on online/digital/internet - mediated alcohol marketing" (Radoš Krnel et al., 2023). 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. As a result of exploration of adequacy and reliability of our Criteria we have published scientific article in 2024 (Vinko et al., 2024). The research demonstrated that the Slovenian criteria are a useful tool for identifying good practices in public health. However, the results also indicated the need for further development of the criteria, especially those assessing the effectiveness and efficiency of the intervention.

A child's exposure to alcohol before birth accounts for a significant part of the harm that alcohol causes to others. Throughout 2023, we promoted alcohol-free pregnancy among the general and professional public at various events, and intensified our activities in September, on the International Day of Foetal Alcohol Syndrome. On the 10th anniversary of the first Foetal Alcohol Syndrome Day in Slovenia, the National Institute of Public Health organised an expert event where national and international speakers spoke about the frequency of alcohol consumption in childbearing, the problem of FASD, and effective approaches to address the issue.

In 2023 and 2024 professionals at the National Institute of Public Health continued developing a 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. In term s of 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 is available to participant, and was distributed to regional institutes and health care centres, 4 five-hour educational trainings were performed.

In 2023, within the national SOPA approach (TRATAC – Together for Responsible Attitude Towards Alcohol Consumption) National Institute of Public Health continued to build capacity in primary health care sector for conducting alcohol screening and brief intervention (ASBI). One 5-day training for registered nurses and psychologists in health promotion centres was facilitated. Additional 8 multiregional and 1 national consultation meetings were held to support practitioners in their ASBI work. For raising awareness in general public, we marked an 'Alcohol free day' in 9 regions and a national press conference was held to mark 40 days without alcohol, the latter in collaboration with charitable organization Caritas. In the fall, a one-month national media campaign with SOPA ambassadors was done promoting healthy and alcohol free life style. The SOPA web-site www.sopa.si continues to support people with anonymous ASBI chat-bot and provides selected topical contents in the area.

The Slovenian Traffic Safety Agency runs rehabilitation programmes for drivers who have been convicted of driving under the influence of alcohol, illegal drugs, psychoactive drugs or other psychoactive substances. In 2023, 396 educational workshops were held in nine locations across Slovenia, attended by 4,320 participants, 79 psychosocial workshops were held in nine locations across Slovenia, attended by 760 participants.

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 2023 the Ministry of Health provided co-financing of nearly 1.000,000 EUR to 16 alcohol-related programmes.

4.2 Other important aspects of prevention

Network of Health promoting schools in Slovenia
Vesna Pucelj, Lucija Furman

In accordance with the Health Promoting guidelines on a comprehensive approach to health promotion, and based on the findings of the review of preventive activities in schools, as well as the needs identified by the schools, we have developed a training program titled *A Whole-school Approach to Prevention of Psychoactive Substance Use in the School Environment,* aimed at teachers who wish to enhance their efforts in preventive activities within the school setting. The goal is to prepare an action plan for preventive activities for each school. The training is part of the ongoing professional development and training programs for school professionals. The training will take place in 2025.

EU Commission international project "Make the difference": family and addiction: the "ME and YOU - WE" prevention programme for children
Karmen Osterc Kokotovič, Vesna Šmarčan

In 2021, the National Institute of Public Health - Maribor Regional Unit started the implementation of the international project "Make the Difference" (hereafter MTD), whose main objective was focused on prevention, detection, identification and appropriate response to adverse experiences of children growing up in families with parents facing addiction. The project also promoted the development and teaching of skills and strategies to strengthen the psychological resilience of these children. In Slovenia, the project was implemented by the National Institute of Public Health as coordinator and the Centre for Social Work Maribor as expert co-implementer.

In 2023, the main focus of the project was on the mentoring approach of working with children "ME and YOU - WE". The aim of this approach was to create a supportive environment and provide help to children aged 6 to 15 years who have been identified as a vulnerable group due to growing up in families where parents are addicted to illegal drugs, alcohol or pills. To successfully implement the mentoring approach, we focused on the recruitment and selection of volunteers, the preparation of the necessary documentation for volunteering and the training of volunteers to work with the target group of children.

One of the key tasks of the project in 2023 was to empower professionals in the early identification of children suitable for inclusion in the "Me and You - WE" mentoring programme. The training covered specific knowledge in the field of addictionology and child protection and provided support in developing appropriate attitudes towards addiction. The focus was on building a sense of self-efficacy among professionals, addressing dilemmas and fears related to working in the field of addiction, and sensitising them to early identification and help for adolescents who are already experimenting with drugs. The training was attended by professionals from social work centres, who were divided into four groups of 10 to 12 people each. Each group had three sessions of three hours each, which were held in an interactive format using different methods such as a combination of lectures and guided discussions, case analysis and simulation learning (including role-play).

At the end of the project, we organised an expert meeting in October 2023 entitled "Cooperation between institutions to help children from families with addiction".

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5.2 List of studies or surveys

Network of Health promoting schools in Slovenia

Lucija Furman

The survey on prevention activities carried out in school setting contained open-ended questions related to the school promotion initiative and included the following elements: basic information about the school, description of the activity, and closed-ended questions related to barriers they encountered in implementing the tasks and how they were able to implement the whole-school approach to health promotion. In addition, the survey contained a checklist for self-assessment of the quality of health projects, adapted from the HEPS Inventory Tool[9]. Of the 356 schools and dormitories that submitted evaluation reports, 56 schools planned and implemented prevention activities related to the prevention of psychoactive substance use. We performed qualitative, i.e. thematic analysis, and quantitative analysis, i.e. descriptive statistics.

Survey of attitudes, knowledge and current practices in the field of illicit drugs and addiction among professionals in primary schools, secondary schools and dormitories

Vesna Šmarčan, Lea Furlan

The survey was launched in October 2023 and is expected to be completed, including analysis, by the end of 2024.

Type of research: The knowledge, attitudes and current practices of professionals were assessed through an online questionnaire as part of a cross-sectional screening survey supported by the NIPH Commission on Deontological and Ethical Issues.

Respondents: The survey was carried out on a sample of practitioners in primary schools (last three years), secondary schools and dormitories from randomly selected institutions. The questionnaire was completed by teachers/professors and school counsellors in primary and secondary schools, and by educators and counsellors in dormitories. Participation in the survey was anonymous. Out of 191 randomly selected schools (primary and secondary) and all 35 boarding schools in all 12 statistical regions of Slovenia, 68 schools (35%) and 25 boarding schools (71%) chose to participate. The questionnaire, which was available from the beginning of April until mid-May 2024, was sent to 232 dormitories practitioners, 563 primary school practitioners and 1698 secondary school practitioners. In total, 2493 practitioners received the questionnaire and N = 1058 (42%) of the practitioners of the selected institutions completed it.

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Questionnaire: The questionnaire was designed by a team of researchers at the National Institute of Public Health and contains 41 questions. It is divided into 5 sections: 1. General information about the person filling in the questionnaire; 2. Treatment of adolescents using illicit drugs; B. Cooperation with professionals outside the institution); 3. Professionals' views on illicit drug use; 4. Professionals' knowledge in the field of illicit drugs and addiction; 5. Professionals' own experience with illicit drugs.

Treatment workbook

Nejc Havaši, National Institute of Public Health, EUDA's Slovenian Focal Point
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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). and the newly introduced The National Programme on Illicit Drugs 2023–2030.

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 2023 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. 3544 persons were treated in the outpatient centres, and another 649 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 2023.

The vast majority of persons in medical treatment are primarily due to opioid abuse problems (more than 75%). 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 new developments in 2023 entail the adoption of the National Programme on Illicit Drugs 2023–2030, Action Plan 2024–2025, opening of the Adolescent Unit at the Centre for the Treatment of Illicit Drugs Addictions Ljubljana and start of a systematic treatment approach of non-substance addiction.

1. National profile

1.1 Policies and coordination

1.1.1 Main treatment priorities in the national drug strategy

The National Programme on Illicit Drugs 2023–2030 was confirmed by the Slovenian parliament in June 2023. Among the main goals set by the national strategy, the following are directly related to treatment (1):

- Develop specific programs for particularly vulnerable groups: younger minors, children from families where parents are addicted, children and adolescents in professional centers for children with emotional and behavioral difficulties and disorders, users of illicit drugs with co-occurring mental disorders, female users, older users of illicit drugs, users of illicit drugs who are parents, the Roma community, etc., and for the area of new psychoactive substances;
- Ensure more quality treatment and social care programs for users of illicit drugs by introducing various approaches, including upgrading and expanding treatment programs, including for cocaine addiction;
- Provide continuous education for professionals working in the field of illicit drugs and for professionals who encounter vulnerable groups in their work;
- Upgrade the network and accessibility of psychosocial treatment programs for users of illicit drugs, therapeutic communities and communes, and programs for recovery, reintegration, and social employment of former addicted persons, thereby contributing to the reduction of social exclusion of users of illicit drugs;
- Continue to develop and upgrade all forms of assistance and services in the treatment of users of illicit drugs in prisons and for children and adolescents placed in professional centers for children with emotional and behavioral difficulties and disorders.

The national program further defines the activities it recognizes as crucial in the field of addiction treatment. These are:

- strengthening scientifically supported addiction treatment programs
- strengthening practitioners in treatment programs and improving infrastructure for treatment and recovery,
- removing barriers to treatment accessibility,
- a comprehensive approach to reducing the risk of infection with blood-borne viruses.

An action plan for years 2024 and 2025, based on the National programme, was also confirmed. In the area of addiction treatment, the following goals, activities and results are mentioned (2):

Goal	Activity	Result
Accessibility of treatment programs and rapid integration into them	Development of new methods and their pilot implementation in the field: Centres for the prevention and treatment of addiction to illicit drugs (CPZOPD)s, Public Sector, and Non-Governmental Organizations (NGOs). Strengthening the network of CPZOPDs.	Testing new work methods; employing new professional profiles in CPZOPD. Improved accessibility for users in terms of geographic coverage with substitution treatment services and other forms of support.
Ensuring the quality of treatment programs in Centres for the prevention and treatment of addiction to illicit drugs (CPZOPD)	Monitoring the implementation of the work of centers (professional and technical aspects). Regular coordination meetings. Introduction and implementation of supervisions. Regular systemic education for employees.	Analysis of patient needs and satisfaction. Plan for supervisions and record of conducted supervisions. Plan for education and record of conducted training sessions. Annual conference on addictions conducted.
Managing blood-borne diseases (hepatitis C and B, HIV) among users	Regular testing, introduction of treatment, and monitoring of it.	Number of diagnosed cases, number of treated cases, and number of recurrent infections.
Appropriate treatment of children and adolescents in an environment separate from adult users	Establishment of a new department for adolescent treatment, operating as a specialized unit within the Center for the Treatment of Drug Addiction (CPZOPD). Collaboration with centers for child and adolescent mental health. Collaboration with specialized centers for children and adolescents with emotional and behavioral disorders. Establishment of a network of intensive groups for children and adolescents with emotional and behavioral disorders in professional centers. Upgrading forms of assistance and services for treating illicit drug users among children and adolescents placed in specialized centers for emotional and behavioral disorders;	Established operational department. Prepared collaboration protocol. Established intensive groups in professional centers for children with emotional and behavioral disorders with appropriate healthcare staff. Training of professionals in centers for children and adolescents with emotional and behavioral disorders conducted by centers for the treatment of drug addiction (CPZOPD).
Increasing patient and staff safety	Regular monitoring of safety conditions in CPZOPDs.	Update of guidelines. Regular addressing of issues at CPZOPD coordination meetings.

1.1.2 Governance and coordination of drug treatment implementation

The Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99) is the principal law governing the treatment of illicit drug addiction in Slovenia. The Ministry of Health is the supreme operative governing body in healthcare; as such it is also responsible for the execution and oversight of healthcare services in the treatment of illicit drug addiction. The Ministry of Health is responsible for heading the interdepartmental coordination on this topic and to set programme priorities, and supervise and coordinate the implementation and development of programmes. Under its' purview functions

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, which is the key operative decision-making authority at the national level. It is an intersectoral body, with representatives from various ministries and two representatives of NGOs as official members. In an advisory role, guests from other institutions, such as the Slovenian Police, the Prison Administration, National Institute of Public Health, treatment providers and others, regularly partake in the sessions, which are usually held twice every year.

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

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is carried out by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed, and whose tasks are defined, by the Ministry of Health. The Coordination of Centres is tasked with formulating and proposing a doctrine (program implementation rules and principles), overseeing the execution of the established doctrine and coordinating the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country. The Coordination of Centres may also propose the organisation of professional training for the staff and may propose to relevant professional associations criteria for professional work within illicit drug addiction treatment programmes. It is also involved in the production of journals and other educational materials, and is responsible for overseeing research projects taking place in the Centres for the Prevention and Treatment of Illicit Drug Addiction nationwide.

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

Social Area

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

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

Treatment within the Scope of NGOs

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

1.2 Organisation and provision of drug treatment

Outpatient network

1.2.1 Outpatient drug treatment system – Main providers and client utilisation

The outpatient treatment of persons addicted to illicit drugs in healthcare is most often carried out within specialized institutions - the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, of which there were 21 in 2023. 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 2023 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.

1.2.2 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 40 % 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 2023, social workers were dealing with 335 cases, related to illegal drugs (an increase in cases was noticed, as there were 296 cases in 2022).

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 (Characteristics/Types of centre included within your country)	Total number of clients
Specialised drug treatment centres	**21**	Network of Centres for prevention and treatment of illicit drug addiction	**3544**
Low-threshold agencies	**11**	NGO organisations for harm reduction activities. Low-threshold programmes organizing day centres, carrying out field work and prevention.	**2840**
General primary health care (e.g. GPs)	**0**	General practitioners and other medical doctors on primary level	**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	**649**
Other outpatient units	**9**	Units in social care, mostly NGOs, which are working only during the day.	**2900**

Source: National Institute of Public Health, Standard table 24

1.2.3 Further aspects of outpatient drug treatment provision and utilisation

Particularly important are outreach programmes that approach drug users in their environment, where they provide important additional knowledge and different forms of assistance that reduce risks related to drug use. According to the 2023 annual report by the Social Protection Institute of the Republic of Slovenia (3), 2840 persons were included in low-threshold programmes (day centres and field work, without harm reduction activities on dancing events), which is an increase compared to 2681 in 2022.

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

1.2.4 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).

1.2.5 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	**367**
Residential drug treatment (non-hospital based)	6	Rehabilitation and reintegration centres	**132**
Therapeutic communities	4	Classic TC between 1 – 3 years programmes	**64**
Prisons		Special hospital for inmates	
Other inpatient units	1	A safe house for female drug addicts	**23**

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

1.2.6 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

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

In 2023, we have received reports about 209 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 106 patients – 50.7%), followed by cocaine (34 patients – 16.3%) and cannabis (34 patients – 16.3%) (see Figure 1).

1.3.2 Distribution of primary drug in the total population in treatment

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 2242 patients in long-term treatment through TDI Prevalence. In 2023, most patients reported abusing heroin as their primary drug of choice (968 patients – 43.2%), more than those reporting only prescribed OST use (746 or 33.3%), followed by benzodiazepines (155 or 6.9%), cocaine (144 or 6.4%) and cannabis (113 or 5.0%) (see Figure 2).

1.3.3 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.

1.3.4 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 2242 persons in treatment in 2023, 79.9% were male and 20.1% female. The average age of men was 44.1 years and of women 41.7 years. 9.2% were younger than 35 years, 71.6% were aged between 35 and 49, and the rest were 50 or older (19.2%).

Of the patients that shared data on education (n=2075), 3.7% did not finish elementary school, 31.6% finished elementary school, 60.5% finished secondary (general or vocational) school, while 4.2% had a higher education. Of those who reported their employment status (n=2190), only 31.5% were fully employed, 12.2% were occasionally employed and the rest were either unemployed (51.2%), retired (4.3%) or students/pupils (0.8%).

43.2% reported using heroin as their primary drug, with 33.3% using only OST. A significant proportion also reported using benzodiazepines (6.9%), cocaine (6.4%) and cannabis (5.0%) as their primary drug (see Figure II). 40% of respondents also reported using a second illicit drug. In those users, cocaine (36.2%) was the most prevalent, with cannabis (24.0%) and benzodiazepines (17.5%) following.

28% of respondents reported that they were in treatment for 5 years or less, while 72% reported being in treatment for more than 5 years. 14.4% of 1878 users who responded to this question reported injecting or sniffing drugs in the past month, while 4% of 1820 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. 0.5% report being HIV positive, while 10.3% have never been tested (of 2109 respondents). 17.3% report being positive on any kind of HCV test, while 10.3% have never been tested (of 2115 total). For HBV, 0.5% report being positive on any kind of test, while 10.3% report never having been tested (of 2108 total).

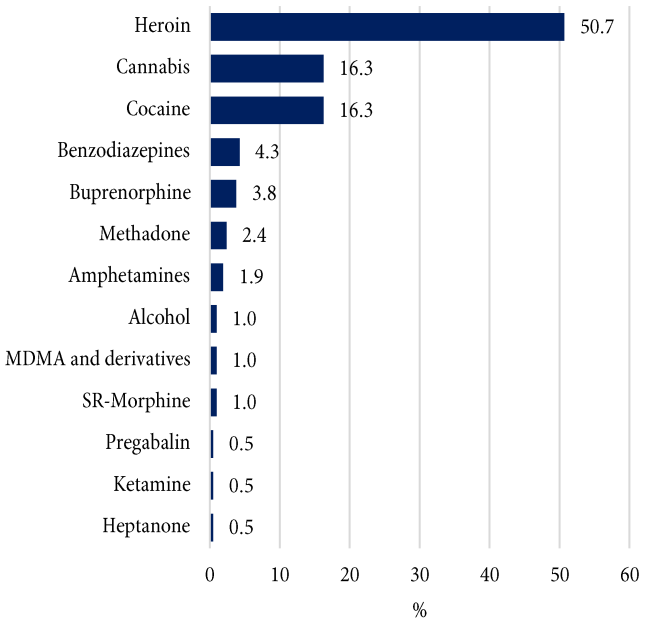
1.3.5 Further top level treatment-related statistics

Table 5. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	3544
Total clients in OST	**2937**
Total All clients entering treatment	**10519**

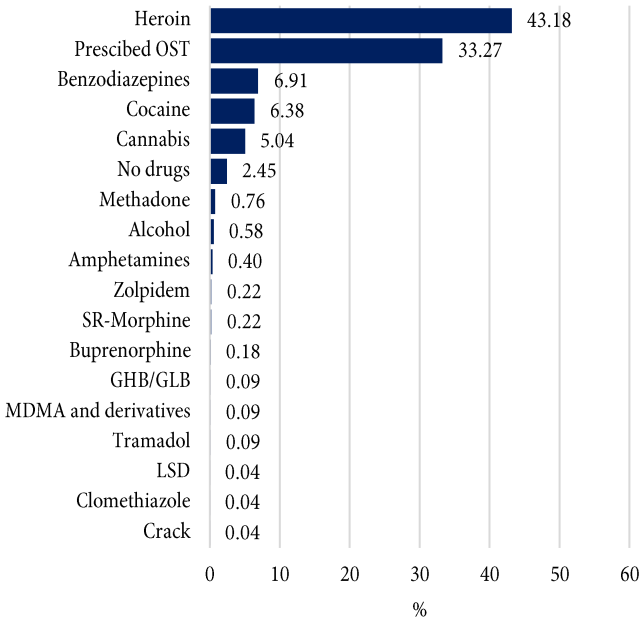
Source: National Institute of Public Health, ST24 and TDI

Figure 1. Proportion of treatment demands by primary drug (in %) – first entrance or re-entrance, 2023 (n=209)



Source: National Institute of Public Health, TDI

Figure 2. Proportion of treatment demands by primary drug (in %) – continuous treatment (TDI Prev), 2023



Source: National Institute of Public Health, TDI Prevalence

1.4 Treatment modalities

Outpatient and Inpatient services

1.4.1 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 individual planning, counselling, family therapy, group support, meetings and psychotherapy, provide information about rights and help for their enforcement, incentives for active leisure time, support and help in solving current problems 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

1.4.2 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

1.4.3 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.

Program for Inpatient Treatment of Adolescents with Mental and Behavioral Disorders due to Substance Use (Adolescent Department)

Since December 2023, the Adolescent Department at the Center for the Treatment of Drug Addiction at the University Psychiatric Clinic in Ljubljana has been operating. This department is dedicated to children, adolescents, and young adults up to the age of 22. It is a program for the integrated and multidisciplinary treatment of adolescents with mental and behavioral disorders resulting from the use of psychoactive substances, who require comprehensive hospital care due to complex clinical presentations and frequent comorbidities with other mental disorders.

This program is intended for adolescents who, despite being included in intensive outpatient treatment, are unable to establish abstinence in their home or institutional environment, and whose patterns of substance use are recognized as risky and detrimental to their further psychosocial development. The department can accommodate a maximum of 6 adolescents at a time, with an anticipated 40-60 hospitalizations per year.

Candidates for admission to the program have been previously treated on an outpatient basis, but direct transfers from other child psychiatry or psychiatric departments are also possible. Adolescents must be motivated for treatment, as it is voluntary. The minimum duration of treatment is 4 weeks, with an average of 6 weeks, although longer hospitalizations may be necessary depending on the severity of the issues. Upon admission, the adolescent enters into a therapeutic agreement, which specifies the duration of treatment and the individuals involved in the therapeutic process.

Treatment is team-based, multidisciplinary, individualized, and primarily focused on group therapy. Numerous activities take place in the department, including therapeutic groups, sessions with a psychologist, occupational therapy (art therapy, bibliotherapy, film therapy, cooking), social skills training, kinesitherapy, music therapy, individual consultations, and family therapy. Participation in a hospital school is also possible. In the afternoons, adolescents engage in certain activities on their own.

If treatment is interrupted prematurely, it is either at the adolescent's request or due to a violation of the therapeutic agreement. Adolescents who are acutely suicidal, exhibit acute aggression toward themselves or others, are acutely psychotic, or present other urgent psychiatric conditions cannot be treated in this department. Following discharge, treatment continues in an outpatient form, and in the case of reaching adulthood, further inpatient treatment is possible in the department for extended treatment and rehabilitation at the Center for the Treatment of Drug Addiction of the University Psychiatric Clinic Ljubljana.

1.4.4 Targeted interventions 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: An adolescent inpatient addiction treatment unit was opened in 2023 as part of the Centre for the treatment of illicit drug addiction of the University Psychiatric Clinic of Ljubljana.

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

Some organizations (like NGO DrogArt) offer online counselling services (online interventions performed in 479 users, online personal counseling with 5 users in 2023). The national eHealth infrastructure offers various different eHealth solutions to all patients (making online appointments, acquiring digital prescriptions on their health insurance card, etc.). Offering online activities, tailored to the population with drug addiction issues, however, is not deemed very effective, as these people are often socioeconomically disadvantaged and a significant proportion are not able to access the internet. In-person contact is also deemed superior when managing patients with drug addiction and is preferred whenever possible.

1.4.6 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)

1.4.7 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.

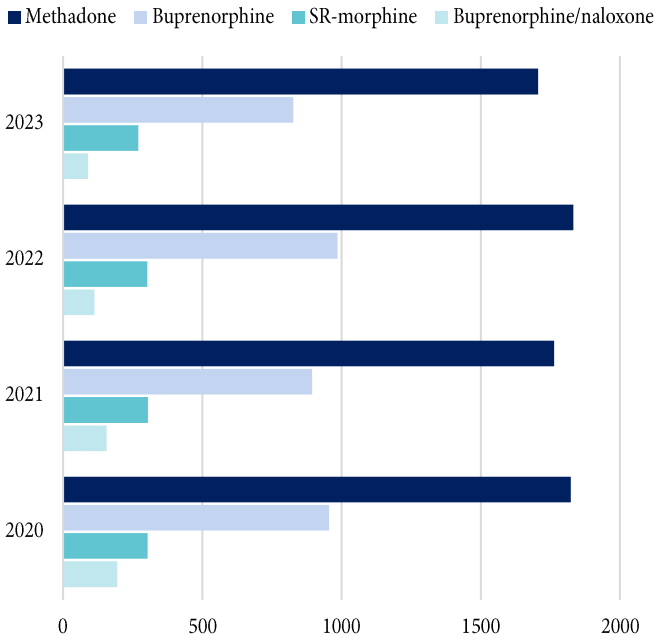
1.4.8 Number of clients in OST

In 2023, 2937 patients were receiving OST within the network of Centres. Of these, 1706 patients received methadone, 827 buprenorphine, 90 a buprenorphine/naloxone combination, and 270 slow-release oral morphine. At least 161 patients received buprenorphine in subcutaneous depot form.

649 persons were enrolled 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 from 2022 (mostly people who actively inject drugs), 79.7% of them reported on being enrolled in an OST programme.

Figure 3. Number in OST patients according to the substitution medication used, 2020–2023



Source: network of Centres

1.4.9 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 = 1977).

In 2023, 80.3% were men and 19.7% were women. The average age of men was 44.5 years old, while women were a bit younger, with 42.4 years, both of which are higher than in 2022. 7.2% of users were younger than 35 years, 72.7% of users were aged 35-49 years and 20.1% were 50 years or older. Comparing the data to the previous year, it is clear the population is aging.

31.8% reported being fully employed, while 12.0% were occasionally employed. 50.0% were unemployed, 4.2% were retired and 0.5% were students or pupils.

3.1% did not finish elementary school, 29.1% finished elementary school and 57.2% finished secondary school (general or vocational). 3.9% finished higher education.

The primary drug users reported using was heroin, with 42.7%, with prescribed substitution therapy in second with 35.8%. A significant number of users also reported using cocaine (6.3%), cannabis (5.2%) or benzodiazepines (6.8%) as their primary drug. The rest reported either being abstinent (0.3%) or using other substances.

76.5% of users reported being in treatment for more than 5 years, while 23.3% reported being in treatment for 5 years or less (0.2% unknown).

1.4.10 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

1.5.1 Quality assurance in drug treatment

All programmes operate on the basis of adopted expert policies, which are being continuously updated in accordance with new findings in this field. The Centres for the prevention and treatment of illicit drug addiction also follow special instructions, adopted by the Health Council at the Ministry of Health, which is the supreme authority that confirms the professional arrangements of a particular programme. New expert guidelines are adopted at regular expert meetings of the Coordination of Centres, which are held monthly. The guidelines are then introduced into everyday practice. The work of the Centres for the prevention and treatment of illicit drug addiction is supervised by the Coordination of Centres, which also specifies expert policies. External supervision takes place occasionally and yields proposals for updates and improvements to the programme. The programmes comply with the ISO 9000 standard. The Health Insurance Institute of the Republic of Slovenia supervises the implementation of the programme and the use of funds.

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

Report of the Commission for the Supervision of the work of Centers for the Prevention and Treatment of Drug Addiction

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 was comprised of various experts working in the field of addiction and psychiatry, and representatives of the Ministry of Health. The specific tasks of the commission included:

- Verifying the methods of implementing the addiction treatment doctrine,
- Advising on the implementation of the addiction treatment doctrine,
- Checking the use of medication therapy in the treatment of drug addiction in the Republic of Slovenia,
- Reviewing the documentation of the centers,
- Monitoring the scope of work performed,
- Verifying compliance with staffing standards,
- Assessing the fulfillment of conditions regarding the facilities and equipment of the centers.

All inspections took place from January 2023 to early June 2023; in a network of 21 centers. Here we briefly report on the findings of the Commission:

1. **Equipment, location and state of the institution**
   The most obvious difference in the findings of this and the previous inspection is the arrangement of the spatial conditions of the centers. Almost all centers have satisfactorily arranged working conditions in terms of space, equipment, and access to the centers. Three centers are preparing to move to new premises (Brežice, Celje, Ljubljana), while the spatial conditions in the Sežana center are not satisfactory.

2. **Safety and security**
   Most centers (15 out of 20) have established video surveillance and access control. In case of severe and uncontrollable violence, seven (7) centers have an emergency exit. The presence of a security guard is ensured in 14 centers, although all centers expressed the need for this. Verbal violence is frequently observed in most centers, while physical violence is less common, with eight (8) centers reporting incidents. Some centers are exposed to disruptive behavior by drug addicts in their immediate surroundings; eight (8) centers reported this issue.

3. **Staffing**
   Staffing levels in almost all centers are inadequate. Nevertheless, good teamwork, cohesion, and dedication to work are observed. Some centers do not have a regularly employed doctor (e.g., full-time), and in such cases, registered nurses (RN) are occasionally left to manage on their own, causing stress among employees. Several centers are facing retirements of psychiatrists who have been working in the centers for many years. Additionally, several centers have highlighted the need for employment or services of social workers.

4. **Services provided and workload review**
   Services and workload in the Centers depend on the size of the center and the currently available staffing levels. Most centers offer substitution therapy (depot buprenorphine available in 13 centers), outpatient detoxification, psychosocial support, medical care (rarely with wound care), and other interventions focused on specific patient groups (pregnant women, (former) prisoners, etc.). Larger centers also provide hospitalization preparation, assistance with rehabilitation and societal integration, home care service integration, counseling for health and social services, collaboration with NGOs and government agencies, education, research activities, article publications, support for addicted mothers and pregnant women, assistance for families of addicts with young children, individual psychotherapy, preventive work - including overdose prevention, and social worker counseling in two centers. In most centers, they do not admit younger patients (except in three), and they do not address other non-chemical dependencies.

   The existing computer programs used by the centers do not allow them to input all the services they provide, resulting in reports that do not accurately reflect the actual workload of each center, which is significantly greater.

5. **Implementation of opioid substitution treatment, substitution treatment doctrine**
   All addiction treatment centers in Slovenia effectively implement the doctrine of addiction treatment. Providing a comprehensive approach that includes medical, pharmacological, and psychosocial support has become standard. Special attention is given to an individualized approach to patients, including planning individual therapeutic programs.

   The centers treat patients who can receive all types of substitution therapies available in Slovenia, including *Nyxoid* and *Buvidal* depot therapy. *Nyxoid* (nasal naloxone for home use) is administered by 12 centers, while Buvidal depot therapy is provided by 13 centers.

6. **Hepatitis testing**

   In more than half of the centers, testing for hepatitis C, B, and HIV occurs without major issues. Five (5) centers report various reasons hindering satisfactory implementation, primarily due to staffing shortages, as well as the distance to the laboratory or logistical challenges in scheduling patient tests. On average, successful centers have tested between 70% to 90% of patients.

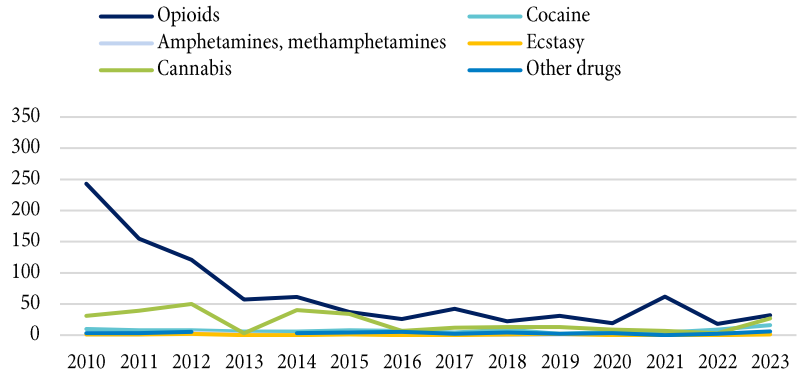
2. Trends

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, but ticking upwards in the last year. 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 have been an important contributing factor and that the numbers were 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.

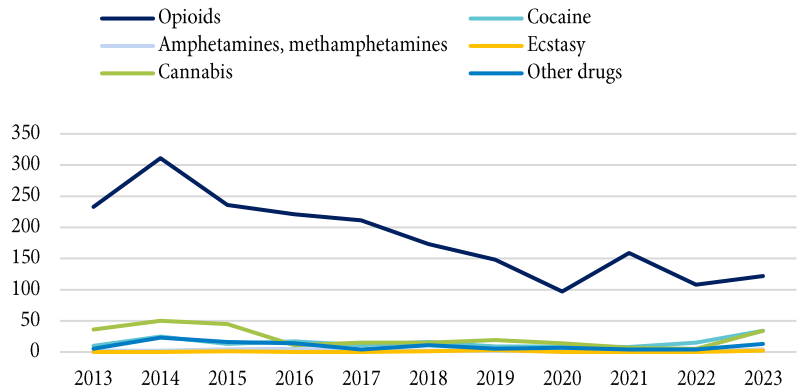
2.2 Additional trends in drug treatment

Figure 4. Trends in numbers of first-time clients entering treatment by primary drug, 2010–2023, Slovenia



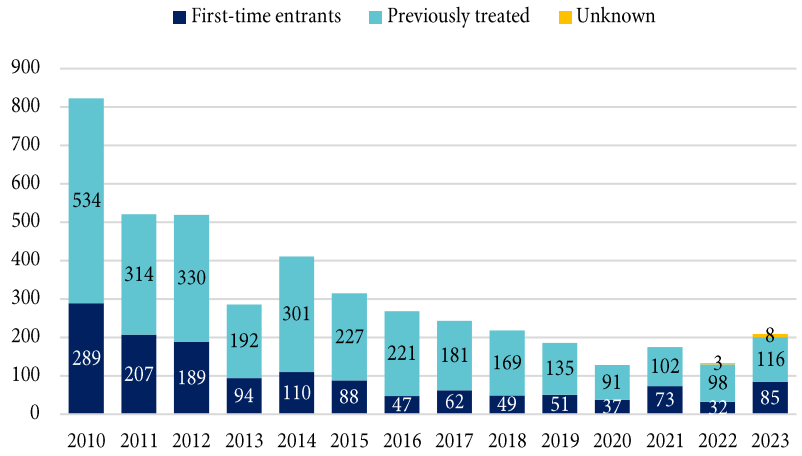
Source: National Institute of Public Health, TDI

Figure 5. Trends in numbers of all clients entering treatment, by primary drug, 2013–2023, Slovenia



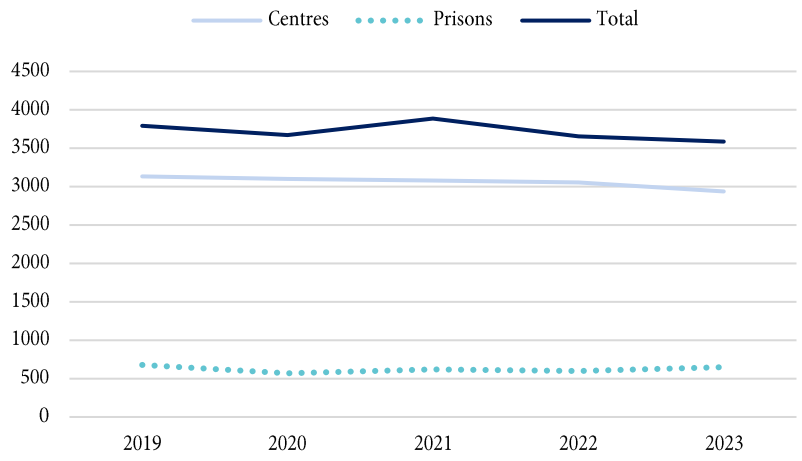
Source: National Institute of Public Health, TDI

Figure 5a. Trends in numbers of entrants in addiction treatment, 2010–2023



Source: National Institute of Public Health, TDI

Figure 6. Trends in numbers of clients in opioid substitution treatment, 2019–2023, Slovenia



Source: National Institute of Public Health, ST 24

3. New developments

3.1 New developments

The key developments in the treatment of addiction in Slovenia in 2023 were:

- Adoption of the new National Programme on Illicit Drugs 2023–2030 and Action plan 2024-2025
- opening of the Adolescent Unit of the Center for the Treatment of Illicit Drug Addiction of the University Psychiatric Clinic Ljubljana
- start of a systematic approach to treating non-substance addiction

4. Additional information

4.1 Additional Sources of Information

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 2023, 10,360 boxes of morphine (N02AA01) worth 578,961.9 EUR were prescribed in the following forms (4):

- *Substitol* 120 mg (box of 30 capsules (3 x 10 capsules in a blister pack)) – 1,560 boxes
- *Substitol* 200 mg extended-release hard capsules (box of 30 capsules (3 x 10 capsules in a blister pack)) – 8,800 boxes

22,770 boxes of buprenorphine (N07BC01) worth 726,622.4 EUR were prescribed in the following forms:

- *Buprenorfin Alkaloid* 2 mg x 28 tablets (sublingual tablets, box of 28 tablets (4 x 7 tablets in a blister pack)) – 11,728 boxes
- *Buprenorfin Alkaloid* 8 mg x 28 tablets (sublingual tablets, box of 28 tablets (4 x 7 tablets in a blister pack)) – 11,042 boxes

Additionally, 2,797 syringes (extended-release injection solutions) were prescribed in 2023, compared to 1,816 syringes in 2022 and 327 syringes in 2021, worth 551,415.2 EUR (303,219.3 EUR in 2022 and 36,041.1 EUR in 2021) in the following forms:

- *Buvidal* 128 mg extended-release injection solution, syringe 1x – 338 pieces (202 in 2022)
- *Buvidal* 96 mg extended-release injection solution, syringe 1x – 583 pieces (278 in 2022)
- *Buvidal* 64 mg extended-release injection solution, syringe 1x – 545 pieces (227 in 2022)
- *Buvidal* 32 mg extended-release injection solution, syringe 1x – 301 pieces (213 in 2022)
- *Buvidal* 24 mg extended-release injection solution, syringe 1x – 379 pieces (382 in 2022)
- *Buvidal* 16 mg extended-release injection solution, syringe 1x – 233 pieces (317 in 2022)
- *Buvidal* 8 mg extended-release injection solution, syringe 1x – 418 pieces (196 in 2022)

4,640 bottles of methadone (1000 ml) (N07BC02) worth 317,257.5 EUR were prescribed in the following form:

- *Metadon hidroklorid Alkaloid* oral solution 10 mg/1 ml (box with a 1000 ml bottle of oral solution with a plastic cap, plastic measuring pipette, and plastic bottle adapter)

22 bottles of methadone (100 ml) worth 283.8 EUR were prescribed in the following form:

- *Metadon hidroklorid Alkaloid* oral solution 10 mg/1 ml (box with a 100 ml bottle of oral solution with a plastic measuring pipette and plastic cap)

176 boxes of naloxone (V03AB15) worth 5,358.7 EUR were prescribed in the following form:

- *Nyxoid* 1.8 mg nasal spray, single-dose container, 2x

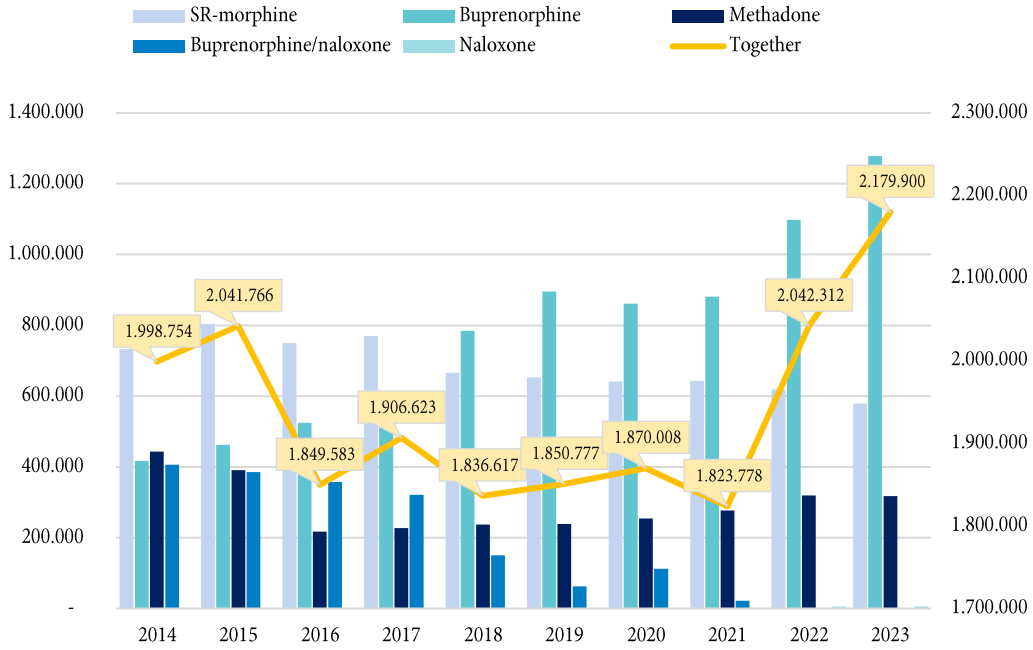
In 2023, the cost of drugs in the addiction treatment program amounted to 2,179,900 EUR (2,042,312 EUR in 2022, 1,823,778 EUR in 2021, and 1,870,008 EUR in 2020). After a decline in costs for these drugs, an increase in costs was observed in 2022 and 2023. The costs of juice, bottles, signatures, and preservatives in the preparation of methadone are not included in the amount.

In 2023, the cost of methadone was 317,541 EUR (319,601 EUR in 2022, 277,195 EUR in 2021), buprenorphine 1,278,037 EUR (1,098,272 EUR in 2022, 881,329.5 EUR in 2021), and sr-morphine 578,962 EUR (618,687 EUR in 2022, 643,091.5 EUR in 2021). The combination of buprenorphine and naloxone was no longer used in 2023 and 2022 (cost in 2021 was 21,703.6 EUR, and 112,635 EUR in 2020).

The cost of naloxone (V03AB15), which started being used in 2021, amounted to 5,359 EUR (5,752 EUR in 2022 and 458.9 EUR in 2021). The drug *Nyxoid* (naloxone) is intended for immediate use as emergency treatment in case of opioid overdose or suspected overdose, manifesting as respiratory depression and/or central nervous system depression in a hospital or out-of-hospital setting.

The figure below shows the values of individual drugs for addiction treatment from 2014 to 2023 and the trend of total costs of these drugs in EUR (Figure 7).

Figure 7. Funds spent on addiction treatment medication, from 2014–2023



Prescription of Medicines with Cannabinoids

In many European countries, access to cannabinoids and cannabis for medical purposes is approved or appropriately regulated. In Slovenia, a change in the Regulation on the Classification of Prohibited Drugs in March 2017 moved cannabis from the first to the second group of prohibited drugs, officially allowing the use of cannabis for medical purposes in the form of magistral medicines.

Currently, both the American and European markets have several approved medicines containing natural or synthetic cannabinoids, primarily tetrahydrocannabinol (THC) and cannabidiol (CBD), in various concentrations and ratios. In Slovenia, only *Epidyolex*, which contains naturally derived CBD and is approved for treating certain rare forms of epilepsy, has had marketing authorization since September 2019. Other medicines are available to Slovenian patients through temporary import permits but only if the desired effects cannot be achieved with other medicines available in Slovenia. This initiative must be taken by the treating physician and approved by a professional board.

To summarize, access to cannabinoid medicines in Slovenia is enabled through:

- Medicines with marketing authorization in the Republic of Slovenia (Epidyolex),
- Temporary import or introduction of medicines that have marketing authorization in other EU member states or countries with comparable quality, safety, and efficacy standards, as established in the EU and thus in the Republic of Slovenia (*Sativex, Cesamet, Marinol, and Syndros*),
- Magistral medicines.

In Slovenia, as magistral medicines from cannabis, on a special duplicate prescription, the following can be prescribed:

- Isolated or synthetically derived cannabinoids, such as cannabinoid drops containing THC or CBD or a combination of both,
- Standardized cannabis flower extract and cannabinoids in the form of dried cannabis flowers and fruiting tops for medical purposes.

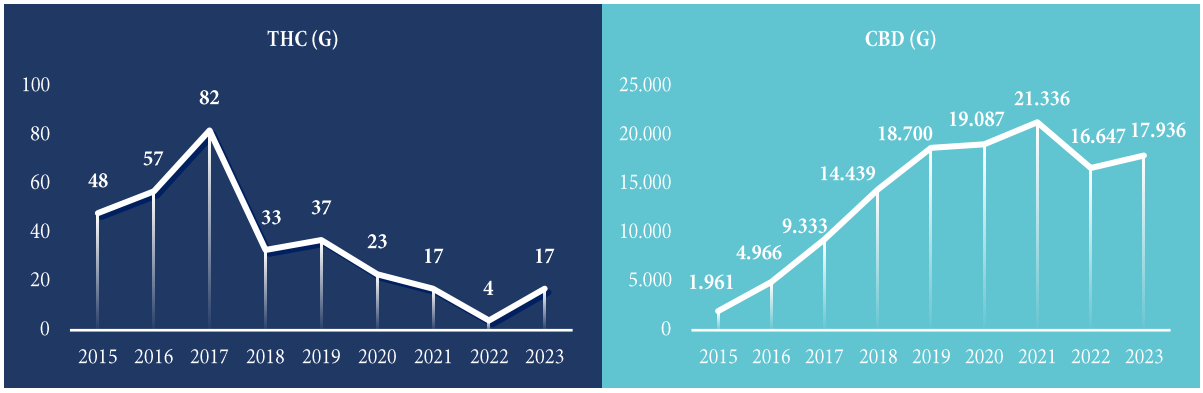
The prescription of standardized cannabis flower extract and cannabinoids in the form of dried cannabis flowers and fruiting tops is not yet routine. For the import of standardized cannabis flower extract and cannabis flowers and fruiting tops, a medical need must be expressed. Doctors prescribe magistral medicines on a white or green prescription, issued in duplicate, recorded in the narcotics book, and pharmacies keep records of use. Magistral medicines can be prepared by hospital or public pharmacies.

Pharmacies reported prescribed recipes for these preparations directly to the National Institute of Public Health (NIJZ), partially also to the Pharmaceutical Chamber of Slovenia. Since not all pharmacies reported the number of prescriptions, only the consumption of individual active substances, recorded by the NIJZ, is provided. We received 19 reports from individual pharmacies about making magistral preparations with THC and CBD.

According to data provided by individual pharmacies to the NIJZ, in 2023, 1,656 prescriptions were issued, and 2,244 magistral preparations were dispensed. For these, 17,936.3 g of CBD and 17.3 g of THC were used.

The average price of 1 g of CBD was 86 EUR, and the price of 1 g of THC was 386 EUR. Data on magistral preparations with national codes (cannabidiol, N03AX24) are also sent to the Health Insurance Institute of Slovenia (ZZZS) since March 30, 2023.

Figure 12. Total prescription of THC and CBD in grams 2015–2023



4.2 Further Aspects of Drug Treatment

Treatment of non-substance addictions

In 2023 and 2024, the planned and implemented activities addressing the issue of non-substance addictions are based on the Resolution of the National Mental Health Program 2018–2028, the Action Plan of the National Mental Health Program 2022–2023 and the Action Plan of the National Mental Health Program Mira for the period from 2024 to 2028.

In 2023, specialized programs for non-substance addictions were introduced, offering outpatient and inpatient treatment for both children, adolescents, and adults needing hospitalization or deeper care. For children and adolescents (up to 18 years old), the program runs at MKZ Rakitna (https://mkz-rakitna.si/programi/digitalni-detox-dx/), while adults receive treatment at the Idrija Psychiatric Hospital (https://pb-idrija.si/sl/oddelek-za-nekemicne-zasvojenosti-l2) and the Nova Gorica Addiction Center (https://www.zd-go.si/ambulante/zdravljenje-odvisnosti/). Up to 30 adults and 60 children/adolescents can be treated annually, with an additional up to 80 adults in outpatient care. A multidisciplinary team of psychiatrists, psychologists, nurses, social workers, and therapists provides care, with a focus on group and individual therapy. Family involvement and a ban on digital devices are key components of treatment.

Adult inpatient treatment lasts 4 to 6 weeks, followed by 6 weeks of outpatient care. The program focuses on addictions like (online) gambling, pornography (primarily in men), and online shopping (primarily in women) and requires a psychiatrist's referral. The inpatient program serves 6 to 12 adults at a time.

The Digital Detox program is for 13–19-year-olds showing signs of digital technology addiction. It involves 3 weeks of inpatient care at MKZ Rakitna, followed by therapeutic, physical, creative, and animal-assisted activities. Referrals come from pediatricians or mental health centers, in collaboration with Logout (an organization working on the prevention of excessive internet use), which offers parental support and follow-up.

In 2021, guidelines for screen time for children and adolescents were developed in collaboration with pediatricians and other experts.

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 4 prisons reported a small number of patients. 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 issues with provider compliance, as only 19/21 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. 75% of patients were reported through TDI Prev compared to internal data collection and only 37% through the main TDI Indicator.

There were some corrections in counting the number of patients and units in the ST24 standard table, namely:

- we counted 2 "Other outpatient units" less than the previous year due to them already being included in the "Low-threshold agencies" category,
- we did not count the activities of the harm reduction organization DrogArt in the low-threshold category, since we judge that it does not fall under the definition of treatment,
- we omitted counting the 2 homeless shelters in the category of “Other inpatient units”, since they do not fit the definition of treatment.

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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Summary

The Resolution on the National Programme on Illicit Drugs 2022–2030 is the key document regulating the areas of illicit drugs and social care, which provide for quality drug use prevention programmes, drug addiction treatment programmes and social care programmes. The provision of quality programmes is also stipulated in individual laws in the areas of drugs, social care and organisation of the healthcare system, which prescribe courses of action for the management and supervision of treatment programmes and for the treatment of people enrolled in social care programmes.

The National Institute of Public Health (NIPH) significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH started to actively prepare and establish a system to ensure the high quality of prevention programmes in the field of drugs. These efforts culminated in the release of Quality standards for Drug Prevention Programmes.

NGOs and local action groups have an important role in promoting measures to ensure quality in the field of drug demand reduction.

Addiction assessment and treatment programmes must meet regulatory requirements to be recognized as quality programmes and to be eligible to receive public funding. Major requirements include the programmes' professional relevance, which is evaluated on an ongoing basis. In the area of addiction treatment, methods for ensuring the professional relevance of the programmes are proposed and evaluated by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the Medical Chamber of Slovenia, expanded professional boards and the Health Council.

The implementation of social care programmes is monitored by the Social Protection Institute of the Republic of Slovenia. All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes.

Slovenia does not have any special accreditation system in the field of prevention programmes, but it does have a professional verification system in the field of social care programmes intended for illicit drug users and persons who have found themselves in social distress due to alcohol abuse or other types of addiction. The professional verification system is used to confirm the ability to carry out a selected social care programme over a long period of time or to enable it to enter the public network of social care programmes.

NIPH created a “Platform for the exchange of good practices” to serve as a central online meeting point for the evaluation and consequently the exchange of public health interventions in Slovenia. The expert group of NIPH evaluators evaluates interventions, makes suggestions for improvements and upgrades. Identify high-quality and effective interventions is a key step to contribute to the health of the population in a country.

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 has established a cooperation with Sigmund Freud University, Ljubljana Branch, in the development and implementation of prevention education as part of the elective study programme. The lectures for students will be held for the third time in a row in the academic year 2024/2025. The Utrip Institute has also developed a one- to two-day evidence-based prevention training for local stakeholders as part of the "Prevention Platform" programme, co-funded by the Ministry of Health. The training was piloted as part of the 11th Slovenian Prevention Days, which took place in Ljubljana in December 2023."

1. National profile

1.1 Policies and coordination

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.)

Prevention

The Resolution on the National Programme in the Field of Illicit Drugs (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 showed some problems. The goal of new Resolution is to:

- establishment of a national quality system for the implementation and financing of prevention programs, which will ensure sustainability, quality and cost-effectiveness;
- establish a national registry of evidence-based and cost-effective programs for strengthening social and emotional competencies;
- improve the quality of preventive programs also on the basis of relevant international quality standards.

At the end of 2030, the interdepartmental working group will prepare a report, including an evaluation of the national program.

Priority measures:

- Evaluation of measures and services in all substantive areas of the national program.
- Adherence to international standards and research methods in the planning of programs and services.
- Promotion of programs based on internationally established standards.
- Studies on the evaluation of programs, measures and services.

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 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 or social systems or provided by NGOs all need to be aligned and need to allow users to switch between programmes.

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 counselling, 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 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.

1.2 Organisation and functioning of best practice promotion

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

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 in the areas of control a) treatment provision, b) prevention, c) harm reduction and d) social reintegration

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. Available 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:
https://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.pdf3.

The role of the police in school-based prevention and prevention in the wider community

In October 2023 the Utrip Institute for Research and Development published an unofficial Slovenian translation of the guidelines on the role of police officers in preventing drug abuse in school environments. The original document was published in English by the United Nations Office on Drugs and Crime (UNODC) in May 2023, and two experts from Utrip, Matej Košir and Sanela Talić, were part of the working group that drafted it.

The document sets out to encourage law enforcement to align their preventive activities with scientific guidelines and to take a strategic approach. The Slovenian translation improves access to the relevant materials and makes it easier for key stakeholders, particularly at local levels, to take part in designing prevention strategies involving local police officers. The guidelines are aimed chiefly at improving safety at schools and in their wider environment, and at preventing the use of psychoactive substances among children and young people.

In collaboration with the General Police Directorate at the Ministry of the Interior, Utrip carried out a number of activities in October 2023 to promote the international guidelines and recommendations on the involvement of the police in school-based drug abuse prevention. As part of this collaboration, we held three separate training sessions in Gotenica at which the guidelines and recommendations were presented to more than 80 officers from police stations throughout Slovenia. The police's own translation office was in charge of translating the guidelines into Slovenian.

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

2.1 New or topical developments

See sections 1.1

Clinical pathway for outpatient treatment of young people with mental and behavioral disorder due to the use of psychoactive substances at University Psychiatric Clinic Ljubljana, Center for the treatment of drug addicts, was established.

The clinical pathway is initiated during the outpatient treatment of the patient at University Psychiatric Clinic Ljubljana, if the patient has previously been diagnosed with psychoactive substances consumption, if the doctor suspects such a disorder during the examination or later during the course of treatment at University Psychiatric Clinic Ljubljana, if it is established that disorder present.
https://www.psih-klinika.si/koristne-informacije/klinicne-poti/

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

1. **Organisational work:**

All the social care programmes must adapt their work to the current epidemiological situation (following the governmental instructions to prevent spreading contagion). According to the directions of the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MDDSZ), daily centres were closed, counselling was provided remotely (by phone and online (email, social networks)), while housing groups and shelters remained open, following the strict instructions to limit contagion.

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

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

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

2. Working with users:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 1.3.

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).

At the beginning of 2024, the Social Protection Institute produced an **analysis of the need for social security and family-support programmes** (Smolej Jež, S., Cava Popovič, M., Černič, M., Istenič, A. and Marušič, Ž., 2024). In the course of their work, the researchers also obtained information about the need for social rehabilitation programmes for those addicted to drugs.

The basic purpose of the analysis was to collect information on the needs of vulnerable population groups that can or could be addressed by social security and family-support programmes. The researchers were interested in whether programmes of this type that address the needs of vulnerable groups existed in a specific environment and, if they did not, which programmes were missing (gap identification). In addition to basic questions related to the need for social security and family-support programmes, the researchers also focused on examining the wider context of programme delivery and operation, the potentials of programmes, and the weak points in relation to staff who work directly with users and on the methods of work and the professional approaches they use in their work.

The analysis also included stakeholders at the mezzo level, i.e. providers of social security and family-support programmes (family centre programmes), professional staff at social services centres and representatives of municipalities, who are best equipped at this level to know the needs of (potential) users and the challenges they face. The analysis looks at the needs and challenges of vulnerable groups and families, and identifies the gaps in the programme network for these population groups acknowledged by key stakeholders at the mezzo level. It therefore provides important and credible information to decision-makers that will enable them to further develop the field.

The researchers find that the key challenges, social pressures and problems faced by vulnerable population groups and their need for social security and family-support programmes are roughly the same across the country, with some regional (local) specifics. The first general finding relates to access to and the availability of programmes, the activities carried out within them, and the different forms of assistance and support that are in place. In terms of access, actors at local or regional level highlight as problematic the centralisation of programmes and their concentration within larger regional centres, which means that programmes are less available in smaller, more remote and rural areas. There are other issues with access in addition to access to programmes. These include architectural access (lack of access for people with mobility difficulties to the rooms in which some programmes are held); access to information (potential users are often not well-informed and do not know about or are unaware of the existence of programmes that they could join – in these cases, more effort should be focused on providing and disseminating information on programmes in a straightforward, user-friendly way and in varied ways using different channels and for everyone, including people with various impairments); access in terms of time (suitable working hours); and financial access (e.g. help to cover costs such as travel, free entry for users or entry with a contribution that the user can afford, where stakeholders highlight the importance of free or affordable access to therapeutic and psychotherapeutic services and programmes.

The next finding relates to the ever-greater complexity, duration, interactions and interconnections of the pressures, difficulties and challenges faced by programme users. Many users do not have one specific problem or pressure that could be resolved by a specialised, targeted programme; rather, they have a series of complex, interrelated challenges in various different areas of their lives (e.g. co-presence of alcoholism, mental health problems, long-term illness or chronic health problems, unemployment, financial problems, poor housing conditions). This calls for a more comprehensive and multidisciplinary approach and one that addresses their needs from a range of different aspects. One related issue is the lack of staff of certain profiles capable of addressing users' needs. The researchers find that programmes lack professional staff on the one hand, and that they require more workers and volunteers from outside the profession capable of enhancing the work process and ensuring that programmes are delivered without disruption. One of the more pressing challenges that existing social security programmes are unable to address is the lack of affordable, safe and permanent housing or accommodation. Vulnerable groups who use residential programmes face housing challenges when they complete a programme. The lack of housing and other accommodation in general, or after the completion of a residential programme, is also linked to the lack of reintegration programmes capable of addressing the challenges faced by users after they leave a programme. For them this is particularly acute and has a considerable impact on their prospects over the long term.

Quite a number of gaps have emerged in **social rehabilitation programmes for addicts**. Representatives of social security programmes, family centres, social services centres and municipalities have highlighted the lack, in particular, of the following types of programme and forms of assistance:

- programmes for addicts with dual or multiple diagnoses (most commonly drug addiction, alcohol addiction and mental health problems);
- psychoactive substance detox programmes as a precursor for entry into high-threshold programmes;
- residential programmes for active drug users, particularly female users who have (or can have) experiences of violence, homeless drug users, users who are no longer able to meet the requirements and preconditions for a residential programme, integrated accommodation support for young homeless drug users (emergency and long-term accommodation with intensive psychosocial assistance), and therapeutic communities for female drug users and for older drug users who have chronic health problems and require care and provision, including after discharge from hospital;

- programmes for active drug users and field-based drug substitution programmes;
- drug consumption rooms;
- comprehensive programmes of psychosocial and psychotherapeutic assistance for drug users (particularly young people) with complex problems;
- programmes for very young drug users;
- day centres for addicts at which alcohol use is permitted;
- penal or post-penal provision for addicts after they complete a custodial sentence;
- reintegration programmes for people who have completed drug rehabilitation;
- programmes for users who use drugs in nightlife settings;
- shelters and day centres that would be open all day and provide users with respite from the outdoor scene, a rest and the possibility of looking after their personal hygiene on a regular basis;
- youth centres that would also find space for young drug users;
- groups for women with alcohol problems, groups for (adult) children of alcoholics and alcohol non-abstinence groups;
- programmes for relapsing users;
- programmes that offer more prolonged and residential forms of treatment for alcohol addiction (particularly for female users);
- integrated specialist work by different departments and institutions on identifying problems related to excessive alcohol use;
- programmes for young people to help them overcome non-substance addictions, and programmes to prevent digital dependency;
- programmes to destigmatise drug users among professionals in health and social care.

Regarding the issue of staff stability and a lack of staff in social rehabilitation programmes for addicts, the researchers point out that additional professionals of various profiles are required by these programmes, particularly those specialising in counselling and psychotherapy, clinical psychology, special education and healthcare. Quite a number of users are involved in programmes who would prefer one-to-one field-based therapy to group therapy. However, places on these programmes are constantly full up. Lawyers are also needed as drug users frequently have to appear in court. This requires people capable of interpreting legal documents and decisions correctly, and providing legal advice and assistance in writing appeals or requests. In general the number of users who have complex problems and challenges and require treatment from a range of professionals is increasing. Workers from outside the profession are also needed to ensure the continuous operation of programmes and cover staff absences. A mobile unit made up of social workers and nursing staff is also required (Smolej Jež, S., Cava Popovič, M., Černič, M., Istenič, A. and Marušič, Ž., 2024).

3. Additional information

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.

Prevention

"The Utrip Institute has established a cooperation with Sigmund Freud University, Ljubljana Branch, in the development and implementation of prevention education as part of the elective study programme. The lectures for students will be held for the third time in a row in the academic year 2024/2025. The Utrip Institute has also developed a one- to two-day evidence-based prevention training for local stakeholders as part of the "Prevention Platform" programme, co-funded by the Ministry of Health. The training was piloted as part of the 11th Slovenian Prevention Days, which took place in Ljubljana in December 2023."

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 nights 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.

Development of the Protocol for the Operation of the Goriška Drug Consumption Room Program

In the preparatory phase of the Goriška Drug Consumption Room project, one of the main activities focused on designing and drafting the protocol for the use and operation of the program. The development of the protocol progressed through a sequence of steps: defining the purpose, gathering information, structuring documents, drafting content, consulting experts, distributing the protocol, evaluation, and updates.

The protocol aims to establish structured guidelines and procedures that help employees, users, and interested parties understand how to act in specific situations. We seek to ensure uniform practices and procedures, which helps reduce errors and increases efficiency in work processes. Through the protocol, we strive to maintain quality standards in the program and provide legal protection. It can serve as a training tool for new employees and assist in monitoring and evaluating results. The protocol promotes clear communication among team members, as everyone can follow the same guidelines.

When gathering information, we relied on the extensive experience of employees in harm reduction programs, insights gained from work and visits to various European drug consumption room programs, and analysis of existing and relevant domestic and foreign literature. We conducted two surveys in the local environment (field analysis among drug users and expectations of users and professionals from the Goriška Drug Consumption Room program). We held numerous meetings with stakeholders in the local community (Nova Gorica Health Center, Police, Municipality of Nova Gorica), where we received guidance, recommendations, and their perspectives on the program's operation.

Based on the information gathered, we prepared a set of various documents containing the program's organizational rules. Among these, we highlight the Agreement on Participation (including house rules), Program Service Record, Drug Use Report, response protocol for health complications in the program, and an Intake Questionnaire for program users. Additionally, the protocol includes numerous other records for tracking indicators and evaluating the program, roles of professional staff in the program, and more.

In preparing the protocol, apart from the users, Šent employees, and experts from consortium partners, we received significant support and contributions from international institutions like the Correlation – Harm Reduction Network and the European Network of Drug Consumption Rooms (ENDCR), with whom we met both in-person and virtually. We also received guidance and support from the National Institute of Public Health.

We conclude with the important observation that protocol preparation in the case of the Goriška Drug Consumption Room remains a highly dynamic process even after distributing the initial versions of documentation, as the protocol is continuously updated and supplemented with new insights and provisions based on practice and new experiences in the program. This approach applies to other drug consumption room programs we visited abroad as well.

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.

The Commission for Supervising the Work of the Addiction Centres

On behalf of the Ministry of Health the Commission was appointed to supervise the work of Centres for prevention and treatment of addiction (**Addiction Centres**). The mandate of the Commission was to perform the supervision and evaluation of the treatment programmes in 2023 and deliver the report at the end of the same year.

The duties of the supervisory committee were:

- verification of the way of implementing the doctrine of addiction treatment;
- counselling regarding the implementation of the doctrine of addiction treatment;
- verification of the implementation of the methadone maintenance program in the Republic of Slovenia;
- review of documentation of centres;
- control over the scope of work performed;
- verification of compliance with personnel norms;
- verification of the equipment of the centres;
- preparing a report of the evaluation;
- preparation of recommendations for the further work of the centres.

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Harms and harm reduction workbook

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Summary

National profile and trends fatal and non-fatal overdoses

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 2023–2030 and its Action plan 2024–2025. 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 2023, 86 drug induced deaths (drug overdoses) were reported in Slovenia, 20 deaths more than in 2022. Of those who died in 2023, 66 were men and 20 women. The average age of the men was 44,2 years, and of the women 42,7 years. Most of the deceased were in the age groups between 35 and 49 years. Most deaths were identified as addictions because several drugs were identified during toxicology and the main drug could not be determined (45 deaths). In the observed year, 225 people were treated for illicit drug-related acute emergencies, which is 38 cases more than in the 2022. Emergency examinations of persons with illicit drug-related poisoning represented 0.96 % of the cases examined at Emergency outpatient clinics for internal medicine in Ljubljana and is the highest share in last 4 years. Since 2012, there was gradually increasing trend of heroin poisonings until 2015. In the last five years there is from 38 to 56 heroin poisonings per year, 53 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 in 2023 to 86 cases. We see a 10-year trend that 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 and in 2023 86 cases – and so the number of cannabis poisonings is equal to the number of cocaine poisonings.

Harm reduction programmes

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 2023 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 1361 drug users (34 drug users less than in 2022). 106 users were registered for the first time. The harm reduction programmes in 2023 recorded 16218 contacts which is the lowest number of contacts since 2019. The reasons are not quite clear, partly are 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 2023. During the period from 2018 to 2023, 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 2020 and 2023 (none among five PWIDs in 2020 and none among seven PWIDs in 2023) 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), and with 21% in the year 2023 (five among 24 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 2023, one new diagnosis of HIV infection with a history of injecting drug use was 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

In 2023 there was a preparatory phase of the »Goriška« Drug Consumption Room project, and the main activities were focused on designing and drafting the protocol for the use and operation of the program. The development of the protocol progressed through a sequence of steps: defining the purpose, gathering information, structuring documents, drafting content, consulting experts, distributing the protocol, evaluation, and updates. The Drug Consumption Room will open in 2024 in Nova Gorica in the western part of Slovenia.

1. National profile and trends

1.1 Drug-related deaths

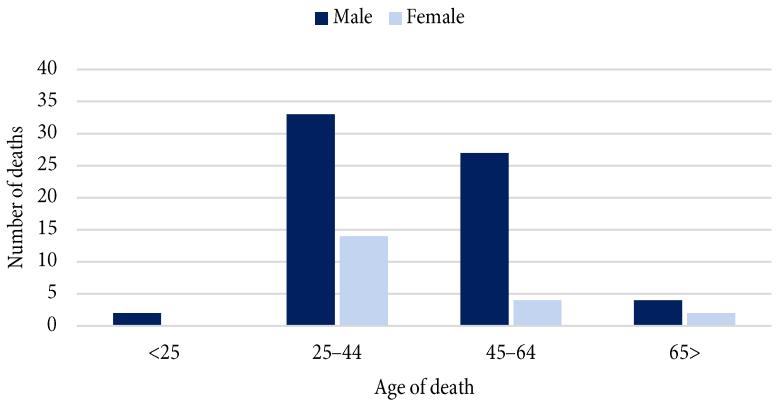
1.1.1 Overdose deaths

The number of drug-related deaths in Slovenia is high, and increased steadily until 2020. 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 carried out.

Most of the deaths in 2023 were codified as resulting from dependence (45 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, this was followed by deaths resulting from accidental overdose, then by cases where death was ruled as suicide and cases where the deceased's intention could not be determined. There were no significant differences between the genders regarding cause of death (intention) in 2023. One fifth of drug-related fatalities among women were suicide (compared to 42% in 2022). This figure was 17% among men, down from 19% in 2022.

The average age at death in 2022 was 43.8 years. There were none of the significant differences between men and women in 2023 that had been observed up to that point. The average age of the men who died was 44.2 years; this compared to an average age of 42.7 for women. Seventy-seven per cent of all drug-related deaths were among men. The highest single number of deaths occurred in the 35–49 age group (Figure 1, Tables 1 and 2).

Figure 1. Age at death, direct deaths in Slovenia from poisoning or overdose, 2023



National Institute of Public Health, Slovenia, 2024

Table 1. Deaths from overdose in Slovenia by drug group, age group and gender, 2023

	Age groups												Gender		
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			1		3	3	4					1	9	3	**12**
Other opioids															
Methadone				1				3	1	1			5	1	**6**
Other synthetic narcotics				1	2					1	1	2	4	3	**7**
Cocaine		1		1	1	1	3	2	1	1	1		10	2	**12**
Psychostimulants				1		1							2	0	**2**
Multiple drug dependence				3	6	7	4	5	5	1	1		24	8	**32**
Opioid dependence						2	2	3	2	1		2	9	3	**12**
Cocaine dependence							1						1	0	**1**
Hallucinogens															**0**
Cannabis								1				1	2	0	**2**
Total	**0**	**1**	**1**	**7**	**12**	**14**	**14**	**14**	**9**	**5**	**3**	**6**	**66**	**20**	**86**

Source: National Institute of Public Health, 2024

Table 2. Number of deaths from overdose, by external cause and type of drug used, 2023

	External cause of death			Dependence	Total
Drug	Accidental exposure	Intentional poisoning	Intention undetermined		
Heroin	1	4	7		**12**
Other opioids					**0**
Methadone	3	2	1		**6**
Other synthetic narcotics	5	1	1		**7**
Cocaine	6	6			**12**
Psychostimulants	1		1		**2**
Multiple drug dependence	1	2		29	**32**
Opioid dependence				12	**12**
Cocaine dependence				1	**1**
Hallucinogens					**0**
Cannabis	2				**2**
Total	**19**	**15**	**10**	**42**	**86**

Source: National Institute of Public Health, 2024

1.1.2 Toxicology of overdose deaths

Toxicological investigations were performed in 67 cases of death (78%) in 2023. Fifty-four (54) of these cases involved fatal opioid overdoses, which was 80% of all deaths determined by toxicological examination (Table 3). The opioids of choice were heroin, methadone and tramadol (mentioned in 11 of the cases). In 14 cases (20%), the toxicological analysis showed the presence of other substances and no opioids. Supplementary information on the substances involved in drug-related deaths (where more than one substance can be identified in the case of a fatality): the other most common substances were cocaine (29 times) and benzodiazepines (37 times). Alcohol was mentioned 25 times.

The most common combinations of substances in drug-related deaths were methadone and benzodiazepines, heroin and benzodiazepines, heroin and cocaine and methadone and cocaine.

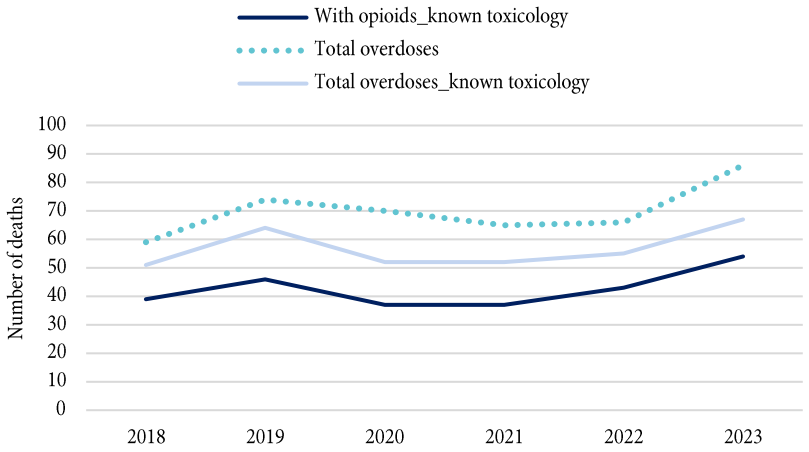
Table 3. Total number of cases where a substance was mentioned alone or in combination, 2018–2023

	2018	2019	2020	2021	2022	2023
Any opioid	41	46	37	37	43	54
Heroin	16	25	19	17	23	27
Methadone	13	14	14	16	19	18
Tramadol			9	12	10	11
Cocaine	22	28	24	22	26	29
Amphetamines	3	13	6	6	7	3
Benzodiazepines	26	29	26	19	22	37
THC	4	19	8	12	14	12
Fentanyl						2

Source: National Institute of Public Health, 2024

A large majority of deaths involve opioids, although toxicological analyses show that many of these cases are linked to the use of more than one drug (Figure 2). 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 and methadone. Since 2022 there has been a rise in the number of deaths involving heroin, cocaine and benzodiazepines.

Figure 2. Trend in the number of fatal poisonings in Slovenia, total and involving opioids, 2018–2023

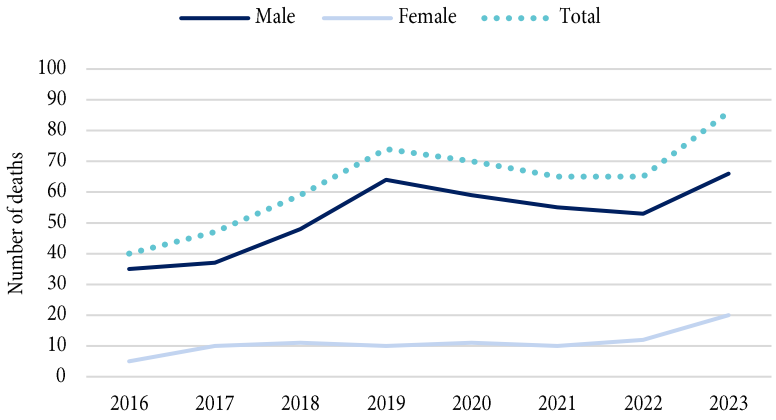


Source: National Institute of Public Health, 2024

1.1.3 Trends

The number of drug-related deaths fell between 2020 and 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 illicit drug overdoses. This trend has continued into the post-pandemic period predominantly among men, with the number of fatalities among women remaining stable up to 2022. We noticed a rise in the number of deaths among women for the first time in 2023 (Figure 3).

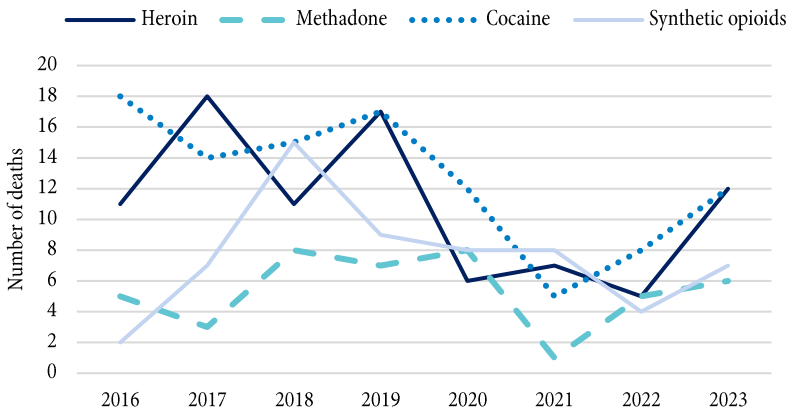
Figure 3. Trend in the number of deaths resulting from illicit drug use, total and by gender, 2016–2023



Source: National Institute of Public Health, 2024

There has been a noticeable rise in the number of deaths involving cocaine and methadone since 2021 and, since 2022, a rise in the number of cases involving heroin and synthetic opioids (Figure 4).

Figure 4. Trend in the number of deaths resulting from illicit drug use, by type of drug, 2016–2023



Source: National Institute of Public Health, 2024

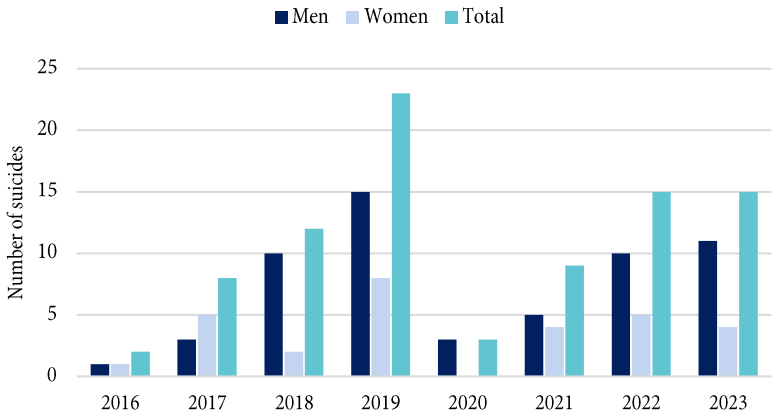
In all categories except for suicide, the fall in the number of deaths between 2020 and 2022 was more pronounced among men than women. The number of drug-related suicides fell from 23 to three between 2019 and 2020. The number began to rise again from 2021, mainly among men, and has been the same in the last two years (Figure 5, Table 4). The further rise in the number of drug-related deaths in 2023 was therefore mainly on account of more instances of accidental poisoning, more deaths in which the deceased's intention could not be determined and more diagnoses of dependence.

Table 4. Deaths from overdose in Slovenia with respect to ICD-10 diagnosis, 2019–2023

	2019			2020			2021			2022			2023		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
F-codes Addiction	18	1	19	29	4	33	33	2	35	29	6	35	31	11	42
Total X41–X42 Accidental poisonings	25	1	26	20	7	27	12	3	15	11	1	12	16	3	19
Total X61–X62 Suicides	15	8	23	3	0	3	5	4	9	10	5	15	11	4	15
Total Y11–Y12 Poisoning with undetermined intention	5	1	6	7	0	7	5	1	6	4	0	4	8	2	10
Total	**64**	**10**	**74**	**59**	**11**	**70**	**55**	**10**	**65**	**54**	**12**	**66**	**66**	**20**	**86**

Source: National Institute of Public Health, 2024

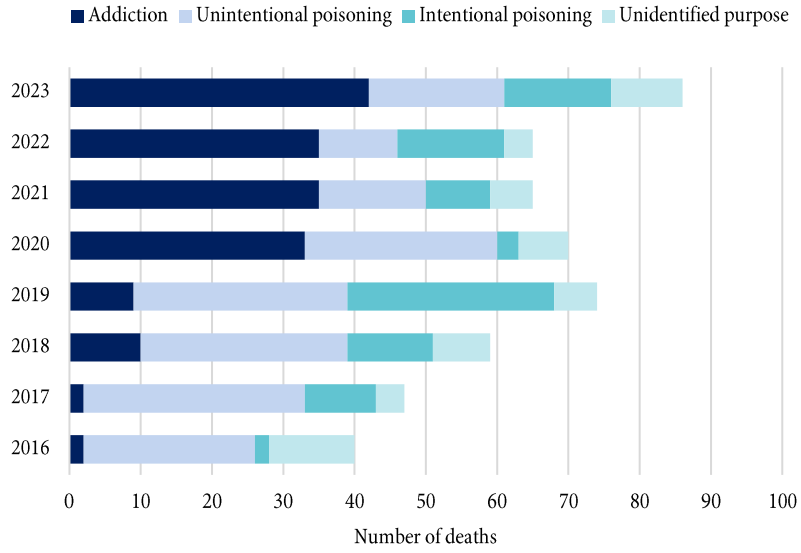
Figure 5. Trend in the number of deliberate fatal drug poisonings, 2016–2023



Source: National Institute of Public Health, 2024

The large number of deaths codified as resulting from addiction prevents a clear picture of mortality with respect to intention from being obtained (Figure 6).

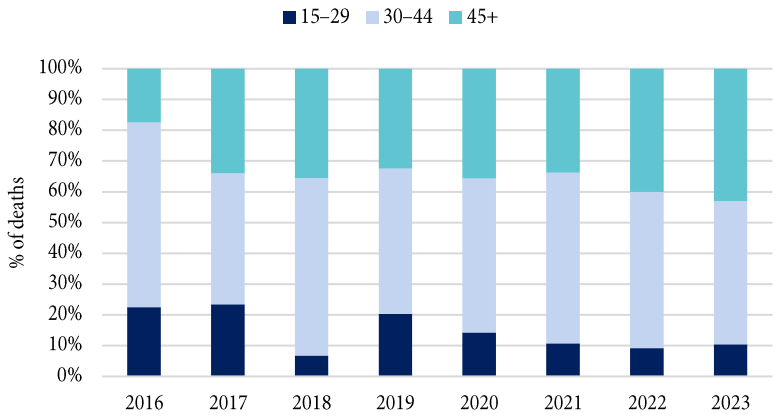
Figure 6. Trend in the number of instances of fatal drug poisoning with respect to intention (dependence, deliberate exposure, accidental, intention undetermined), 2016–2023



Source: National Institute of Public Health, 2024

The number of deaths from overdose in the over-45 age group increased by 50% between 2015 and 2021. This shows that the risky drug use population is ageing (Figure 7). 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). There were no instances of overdose with suicidal intention among this at-risk population in 2023.

Figure 7. Age distribution of direct deaths in Slovenia, 2016–2023



Source: National Institute of Public Health, 2024

1.1.4 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 2023, there were 53 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 21 deaths. Eight (8) persons had diagnosis of drug addiction in the past and twelve (12) persons had diagnosis of alcohol addiction in the past. Most deaths were due to suicides or unintentional poisonings and illness, as in last reports.

Table 5. Deaths with the presence of drugs detected by forensic medicine departments in Slovenia in 2023, by selected groups of drugs and causes of death

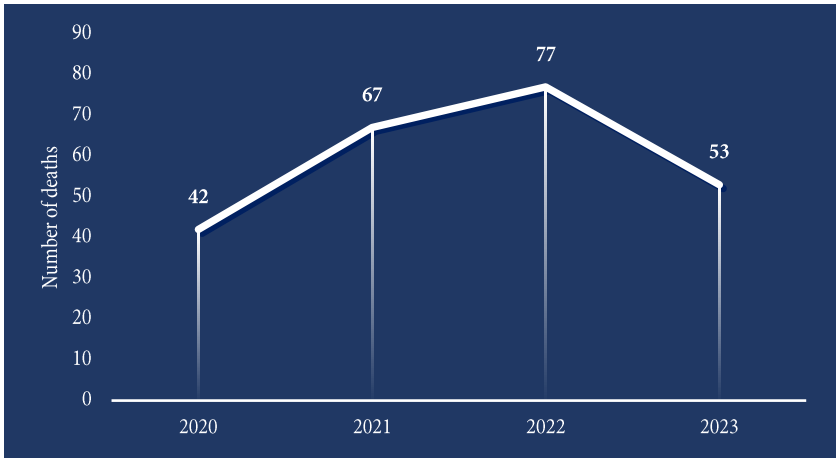
Cause of death	Illness (N=11)	Accident (N=3)	Suicide (N=28)	Manslaughter/ Murder (N=0)	Other (also accidental and unintentional poisoning) (N=11)	Total (N=53)
Drugs						
Sedatives-hypnotic medicines	5	1	6		4	16
THC	1		2			3
Psychotropic medicines	3	1	10		4	18
Opioids, including opioid analgesic medicines	2	1	4		2	9
Cocaine			4		1	5
MDMA and other synthetic drugs			2			2
Total	**11**	**3**	**28**	**0**	**11**	**53**

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

Source: National Institute of Public Health, Slovenia, 2024

We've been tracking for 4 years in the row; trends for deaths, identified with the presence of illegal drugs or various psychoactive drugs, which according to the EMCDDA methodology cannot be included in the National Annual Report, are shown in Figure 8. Of these, most deaths were due to accidents and suicides, as in last year's report.

Figure 8. Trend of deaths with the presence of drugs detected by forensic medicine departments in Slovenia 2020–2023



Source: National Institute of Public Health, Slovenia, 2024

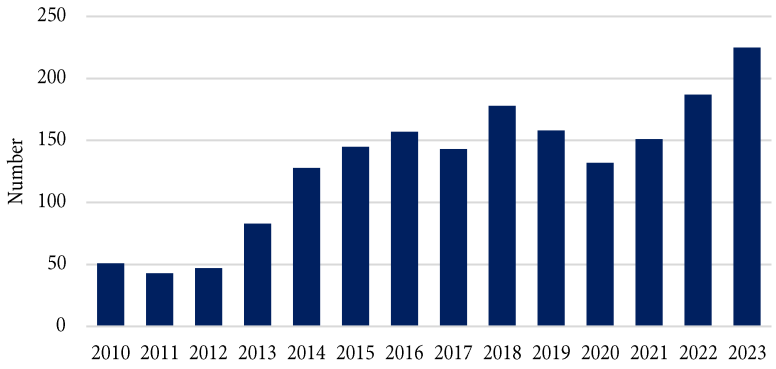
1.2 Drug related acute emergencies

1.2.1 Drug-related acute emergencies

This paper presents statistics concerning adult patients examined and treated for illicit drug intoxication at Ljubljana University Medical Centre (UKCL), which is a secondary hospital serving 600,000 inhabitants in the Ljubljana area.

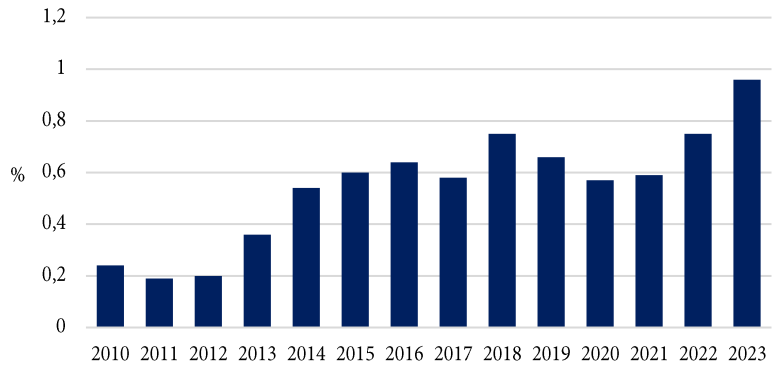
A total of 23,447 patient examinations were conducted at UKCL emergency internal medicine departments in 2023. Data from the hospital information system on all patients examined in 2023 showed that 225 were treated for illicit drug intoxication at UKCL emergency internal medicine departments. The number of instances of illicit drug intoxication rose gradually between 2010 and 2018, when 178 patients were treated. This was followed by a brief fall in the number of cases in 2020 (158), which was most probably the result of the Covid-19 epidemic (Figure 9). The number of instances of illicit drug intoxication began to rise again after 2020, and reached the highest level since 2010 in 2023. People suffering from illicit drug intoxication therefore accounted for 0.96% of all patients seen at emergency internal medicine departments in 2023 (Figure 10). The incidence of illicit drug intoxication in the Ljubljana region was around 38 per 100,000 inhabitants in 2023.

Figure 9. Number of patients treated for illicit drug intoxication at the UKCL Division of Internal Medicine



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

Figure 10. Patients treated for illicit drug intoxication at emergency internal medicine departments at the UKCL Division of Internal Medicine as a proportion of all patients treated



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

1.2.2 Toxicology of drug-related acute emergencies

Table 6 shows the illicit drugs responsible for intoxication among adult patients treated at the UKCL Division of Internal Medicine. In Table 6 the number of drugs used is, as expected, higher than the number of patients suffering from drug intoxication in Figure 9. This is because users often take more than one type of drug.

Table 6. Number of illicit drugs responsible for intoxication among patients treated at UKCL emergency internal medicine departments 2010–2023

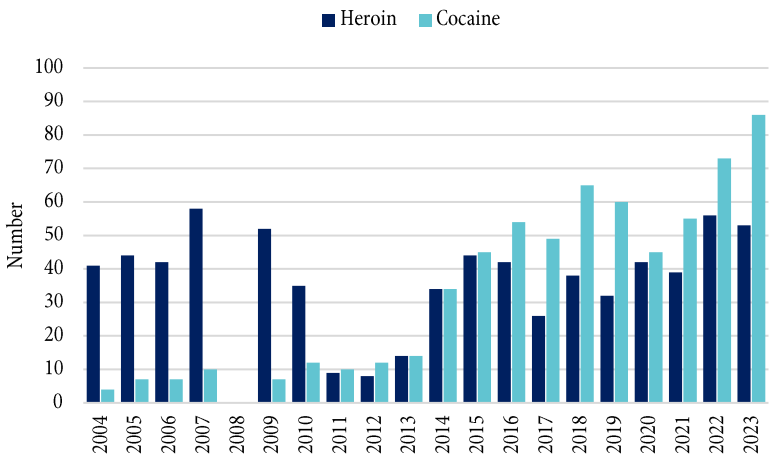
Illicit drugs	Number of drugs													
	2010 n=61	2011 n=55	2012 n=60	2013 n=105	2014 n=163	2015 n=193	2016 n=226	2017 n=191	2018 n=257	2019 n=230	2020 n= 186	2021 n=208	2022 n=261	2023 n=326
Heroin	35	9	8	14	34	44	42	26	38	32	42	39	56	53
Cocaine	12	10	12	14	34	45	54	49	65	60	45	55	73	86
Cannabis	6	16	23	27	53	64	59	59	57	65	48	55	63	85
LSD	0	0	1	1	1	1	3	2	2	4	3	3	2	2
GHB, GBL, BD	2	2	5	31	19	17	31	18	34	31	20	20	16	15
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar substances)	3	17	12	15	13	17	27	22	34	28	13	14	31	39
New psychoactive substances	3	1	0	2	10	5	10	11	4	5	2	17	11	22
synthetic cathinones (mephedrone, **3-mmc**, methylone, pentedrone, MDPHP**, 3-CMC, PHiP**)	2	1	0	2	3	3	7	4	3	3	1	3	3	9
synthetic cannabinoids														
synthetic opioids	0	0	0	0	3	0	0	0	1	0		4	2	3
synthetic benzodiazepines														
synthetic tryptamine												1		
other NPS (2CI, 2-CP, NBOMe,												2		1
DTM, 2-oxo-PCE, 2-MeO-PCE														
unknown tryptamine, 2F-DCK, 3-FPM)												1		
unknown NPS	1	0	0	0	4	2	3	3	0	2	1	2		1
								4				4	6	8
Ketamine											2	0	3	5
Phencyclidine (PCP)												2	0	0
Psilocybe											2	0	3	0
Unknown/undetermined drugs								4	23	5	9	3	3	19

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

1.2.3 Trends

UKCL has been monitoring the frequency of illicit drug intoxication for several years. Figure 11 shows the number of people suffering from illicit drug intoxication involving heroin and cocaine in the last 20 years.

Figure 11. Number of cases of drug intoxication involving heroin and cocaine treated at UKCL emergency internal medicine departments 2004–2023



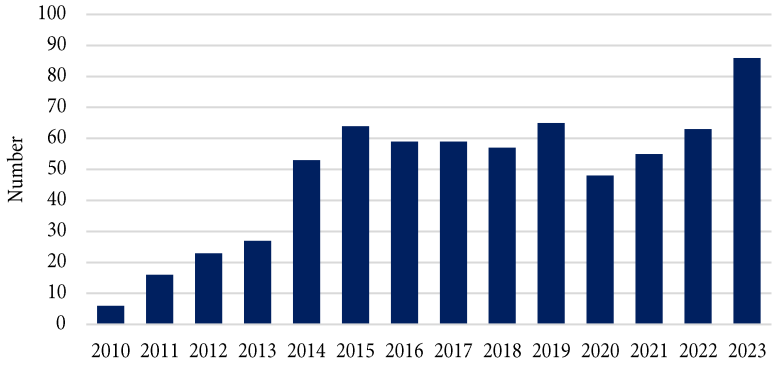
Source: Ljubljana University Medical Centre, Division of Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Figure 11 shows the number of cases of heroin intoxication between 2004 and 2023. In 2022 and 2023 the number of instances of heroin or synthetic opioid intoxication rose again, reaching the level last seen in 2007 (when the highest number of instances of heroin intoxication was recorded).

Between 2004 and 2013 the number of instances of cocaine intoxication was low and did not change significantly. However, cases more than doubled in Ljubljana in 2014 and reached 54 in 2016, when it overtook heroin intoxication for the first time. Cocaine became the most commonly abused illicit drug among patients treated at UKCL emergency internal medicine departments for the first time in 2018. Although the number of instances of cocaine intoxication fell slightly in 2019, the proportion was up relative to the proportion of instances of heroin intoxication – indeed, there were twice as many cases of cocaine intoxication than heroin intoxication in 2019. The number of instances of cocaine intoxication fell further in 2020, which could have been the result of the Covid-19 epidemic. The number of instances of intoxication rose again in 2021, 2022 and 2023, with cocaine intoxication again becoming more common than heroin intoxication. In 2023 we treated the highest number of patients suffering from cocaine intoxication since 2004, which is when we began compiling reports.

The number of instances of cannabis intoxication (from the THC contained within the plants) has also risen in the last ten years. Cannabinoids were the most common illicit drugs detected in adult illicit drug intoxication cases in Ljubljana between 2014 and 2017. In 2018 and 2022 they were overtaken by cocaine intoxication in numerical terms. In 2023 the number of instances of cannabis intoxication was the same as that of cocaine intoxication (Figure 12). Most of the patients treated had consumed other drugs and alcohol in addition to THC. Only 27 had suffered intoxication from cannabis preparations alone.

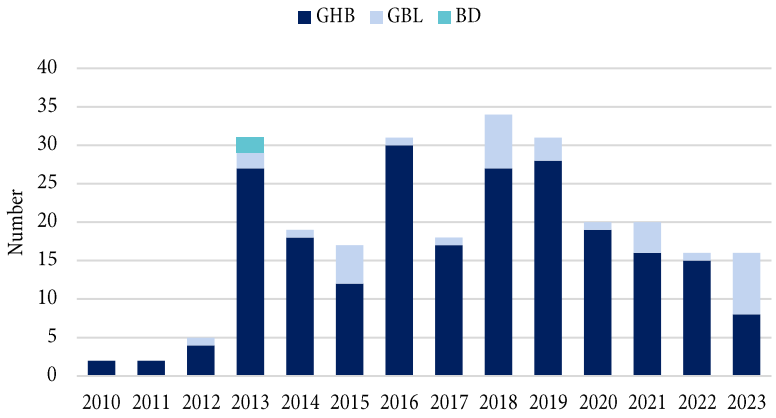
Figure 12. Number of instances of cannabis intoxication treated at UKCL 2010–2023



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

Between 2020 and 2023, instances of intoxication involving gamma hydroxybutyrate (GHB) and gamma butyrolactone (GBL) were almost a third down on the figures recorded up to 2019 (Figure 13). The large majority of cases involved the abuse of GHB to get high. Cases of GHB being used for rape were rare (isolated cases). We encountered four cases of GBL intoxication in 2021 and only one in 2022. However, the number is probably higher because at least some of those patients had taken GBL rather than the GHB they believed they had taken. The number of instances of GBL intoxication rose in 2023 and was comparable with the number of instances of GHB intoxication.

Figure 13. Number of cases of GHB, GBL and BD intoxication at UKCL emergency internal medicine departments 2010–2023



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

The number of instances of intoxication involving 'classic' amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar phenethylamines) fell by half in 2020 and 2021 relative to 2019, when intoxication cases were down only slightly relative to 2018 (which saw the highest number of cases recorded for ten years, Table 6). In 2022 the number of cases of intoxication involving these drugs rose again to the level seen prior to the Covid epidemic. The brief fall in the number of cases of intoxication involving amphetamine-type stimulants in 2020 and 2021 can be attributed to the restrictions put in place to tackle the Covid epidemic. The rise in the number of cases of intoxication involving amphetamine-type stimulants continued in 2023, reaching the highest level seen since 2010 (Table 6).

In 2023 we noticed an increase in the number of instances of intoxication involving new psychoactive substances relative to 2022, when we treated only 11 patients. However, in a third of cases we were unable to establish what type of NPS they had taken because no toxicological analyses were carried out. We recorded a rise in the number of cases of intoxication involving the cathinones 3-mmc, 3-cmc and PHiP. We also dealt with three cases of intoxication involving synthetic cannabinoids (JWH-018 and HHC) and one involving synthetic benzodiazepine (flubromazolam) (Table 6). We stored biological samples (urine and blood) taken from patients suspected of suffering from NPS intoxication but for whom we were unable to provide confirmation. We will analyse these samples when suitable options for doing so are in place. Toxicological analyses of biological samples (urine, blood) from patients suffering from intoxication with NPS could be undertaken through a revival of the 2016 SONDA project, which employed a system for detecting intoxication with new psychoactive substances. We have sent a proposal for this to the Ministry of Health.

Conclusion

We can conclude that emergency medical examinations of those suffering from illicit drug intoxication accounted for nearly one per cent of all examinations performed at emergency internal medicine departments in Ljubljana in 2023. This is the largest percentage recorded up to now. After a brief fall in the number of illicit drug intoxications caused by the restrictions put in place during the Covid-19 epidemic, the number of intoxications rose again in 2023. This was mainly due to a rise in the number of intoxications involving stimulants, particularly cocaine, amphetamine-type stimulants and cannabis in 2023. Cocaine and cannabis were the most commonly abused drugs among those admitted to emergency care as a result of intoxication in 2023. We will have to improve the toxicological analysis of biological samples taken from those suffering from illicit drug intoxication, particularly given the presence of new synthetic stimulants and fentanyl analogues. Toxicological analyses of biological samples (urine, blood) taken from those who suffered intoxication with NPS could be undertaken through a revival of the SONDA project, which employed a system for detecting intoxication with new psychoactive substances.

1.2.4 Additional information on drug-related acute emergencies

Medical consultations on drug intoxications at the 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at Ljubljana University Medical Centre (2023)

The 24-hour clinical toxicology and pharmacology information and consulting service offers assistance and consulting services to doctors and other professionals across Slovenia who treat patients suffering from acute intoxication.

The 24-hour toxicological information service at the Centre for Clinical Toxicology and Pharmacology at Ljubljana University Medical Centre (CKTF UKCL) handled 214 patients (301 illicit drugs) in 2023 (Table 7).

Table 7. Number of patients and illicit drugs handled by the 24-hour toxicological information service at CKTF UKCL

Drug	Number of patients						
Year	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Number of patients suffering from drug intoxication	**158**	**128**	**195**	**122**	**158**	**220**	**214**
Number of illicit drugs used	182	171	258	166	216	301	301
Heroin	19	17	31	33	31	43	29
Cocaine	28	30	48	28	36	68	64
Cannabis	46	45	73	43	60	75	68
Lsd	4	4	4	4	6	1	3
Ghb, gbl, bd	14	20	33	15	24	19	35
Amphetamine-type stimulants (amphetamine, methamphetamine, mdma and similar substances)	37	25	38	23	35	51	52
New psychoactive substances (3-meo-pce, 3-mmc, 5f-akb48, methylone, pentedrone, mdphp, a-phip, hhc, **unknown nps**)	32	30	24	11	10	36	26
Psilocybe	2	0	1	4	2	4	1
Ketamine						3	8
Other drugs (methoxpropamine, 3-methyl-pcp)							2
Doping (anabolic steroids, dmaa)							2
Unknown drugs			7	5	12	1	11

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

When interpreting data on medical consultations, we should note that doctors only call an on-duty toxicologist if they need help or advice. If they are familiar with the treatment of drug intoxication and have experience in treating patients suffering from it, they do not require the assistance of a toxicologist. The data in Table 2 therefore does not reflect the actual number of and ratios between the drugs used. For example, doctors make contact less frequently for heroin overdoses, as they are familiar with such cases.

A similar number of cases of illicit drug intoxication were handled at the 24-hour toxicological information service at CKTF UKCL in 2023 and 2022, when the number of cases treated was at its highest level for five years. In 2023 the biggest rise was seen in intoxications involving GHB and ketamine. Many of the cases of intoxication involving new psychoactive substances could not be confirmed because toxicological analyses were not carried out. We suggest that we restart the multi-annual project of toxicological analyses of biological samples taken from those suffering from NPS intoxication, with a focus on synthetic cannabinoids and fentanyl analogues.

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 cannot 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 (2019–2023) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 417 PWIDs who entered for the first time or re-entered treatment - 110 in 2019 (seven for the first time), 76 in 2020 (seven for the first time), 90 in 2021 (16 for the first time), 63 in 2022 (five for the first time) and 78 in year 2023 (10 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, and in the year 2023 31% In 2023, 18 among 21 Centres for the Prevention and Treatment of Illicit 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 2019 to 2023, the convenience samples of PWIDs were among clients of five nongovernmental harm reduction programmes - in Ljubljana (2019 and 2021–2022), Koper (2019–2023), Maribor (2019–2023), Celje (2019–2023) and Nova Gorica (2019 and 2021–2023). 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 2019 to 2023, the NIJZ received the data for a total of 127 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 2019 for 39, in 2020 for 15, in 2021 for 29, in 2022 for 20, and in the year 2023 for 24 PWIDs).

To ascertain the number of PWIDs with diagnosed HIV infection we considered 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 2019, 2020, 2021 and 2023 to 1 among PWIDs who entered or re-entered the program in 2022. Respective HIV prevalence estimates ranged from the lowest 0% in 2019, 2020, 2021 and 2023 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 635 tested PWIDs during the period from 2019 to 2023 none were HIV positive (Table 8).

Table 8. Proportion of HIV infected PWIDs among clients of five harm reduction programmes, 2019–2023

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
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
2023	4	96	26	0	0	0.0	0.0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2019–2023

During the period from 2019 to 2023, 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 (2019–2023), nine 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, four in 2021, one in 2022 and one in year 2023. At least four 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 35 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 2019 to 2023, the NIJZ received the data for a total of 58 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 2019 for 12, in 2020 for five, in 2021 for 23, in 2022 for 11, and in the year 2023 for seven PWIDs).

To ascertain the number of PWIDs with diagnosed HBV infection we considered 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 2020 and 2023 and two among PWIDs who entered the program in 2019, 2021 and 2022. Respective HBV prevalence estimates ranged between 0% in the years 2020 and 2023 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 2019 to 2023, the reported HBV infection incidence rate in the Slovenian population ranged from the lowest 4.3/100,000 population in 2020 to the highest 6.0/100,000 population in 2021. During the 2019–2023 the incidence of acute hepatitis B ranged from 0.1/100,000 in 2020 to 0.8/100,000 in 2023. During the same period, the incidence of chronic hepatitis B ranged from 1.2/100,000 in 2020 to 2.6/100,000 in 2019. The incidence rate of hepatitis B with unknown status (including any newly diagnosed case acute or chronic infection) during the 2019–2023 ranged from 2.2/100,000 in years 2019 and 2023 to 4.0/100,000 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.

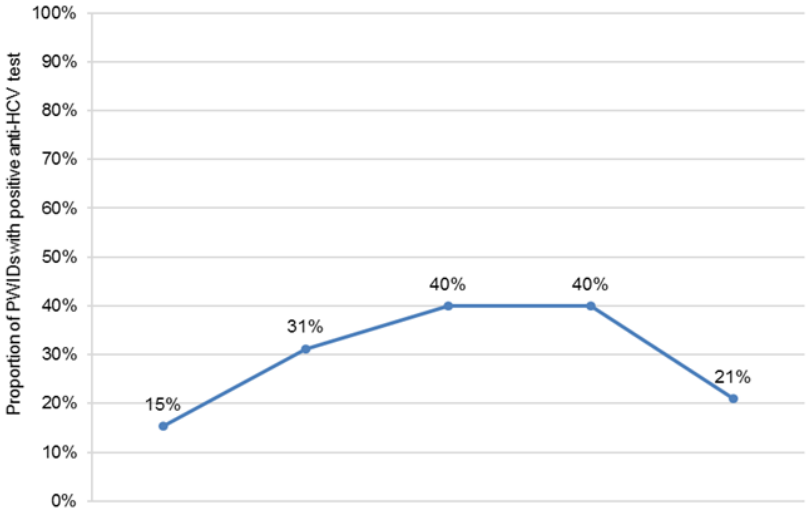
HCV infection

For the period from 2019 to 2023, the NIJZ received the data for a total of 129 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 2019 for 39, in 2020 for 16, in 2021 for 30, in 2022 for 20, and in the year 2023 for 24 PWIDs).

To ascertain the number of PWIDs with diagnosed HCV infection we considered 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 years 2020 and 2023 to the highest of 12 among PWIDs who entered or re-entered the program in the year 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 14 shows the estimated percentage of persons with positive anti-HCV test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were known.

Figure 14. Proportion of persons 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, 2019–2023

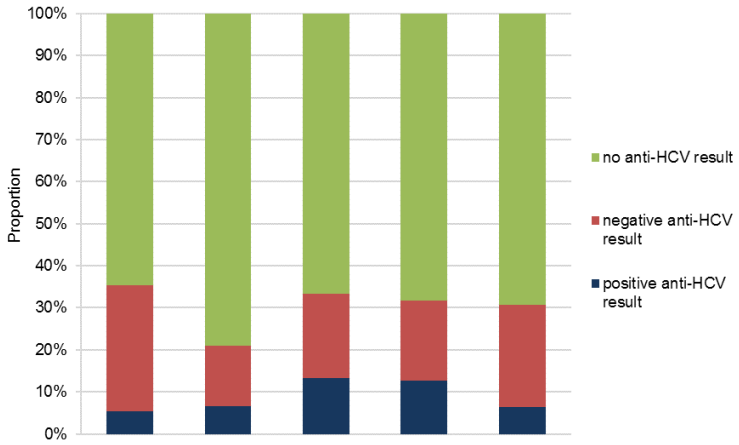


Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs with positive anti-HCV test result	6	5	12	8	5
Number of PWIDs with known anti-HCV test result	39	16	30	20	24
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78
Average age of PWIDs entering for the first time or re-entering treatment (in years)	37	38	40	40	41

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.

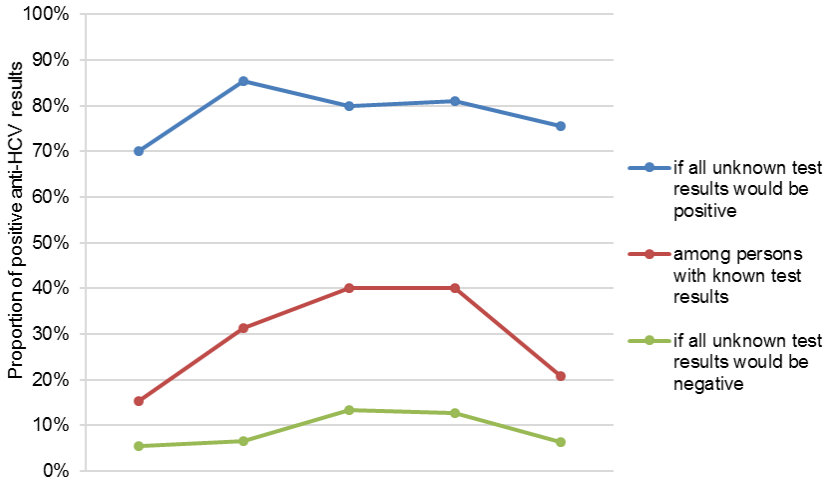
From the results shown, we cannot reliably conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period, especially as the data about tested PWIDs and the results of tests are not available for all PWIDs entering for the first time or re-entering treatment and the proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 35% in 2019 to 21% in 2020, then increased to 33% in 2021, decreased again to 30% in 2022 and increased again to 31% in 2023 (Figure 15).

Figure 15. Proportion of persons according to the result of previous anti-HCV test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2019–2023



Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78

Figure 16. Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of anti-HCV testing, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2019–2023



Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78

Since a proportion of PWIDs with unknown test results of anti-HCV testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 16 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment. In addition to the estimates of the proportion of persons infected with HCV among those with known test results, estimates of the proportions of infected persons are presented under the assumption that all PWIDs with unknown results on anti-HCV testing would have positive results and under the assumption that all PWIDs with unknown test results on anti-HCV would have negative results.

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation or overestimation of proportion of infected persons with HCV among PWIDs. For example, among 24 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 2023, 17% of results were from 2023, 21% results from 2022 and the remaining 63% of results were for tests carried out before 2022.

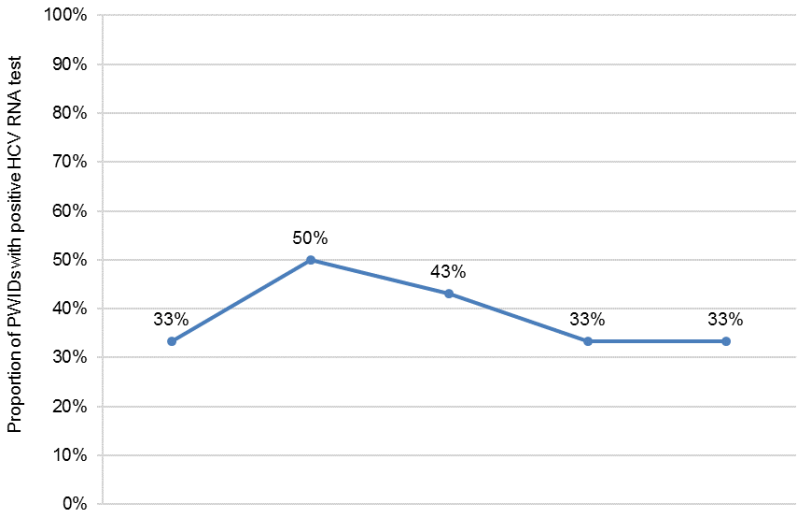
Although the absolute numbers are very small, we also present the available results for the prevalence of active infections (HCV RNA positivity) among PWIDs entering for the first time or re-entering treatment. Due to very small numbers of PWID with reported active HCV infection status, reliable inference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

For the period from 2019 to 2023, the NIJZ received the data for a total of 27 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 2019 for six, in 2020 for two, in 2021 for seven, in 2022 for three, and in the year 2023 for nine PWIDs).

To ascertain the number of PWIDs with diagnosed active HCV infection we considered 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 three among PWIDs who entered or re-entered the program in years 2021 and 2023. Respective HCV prevalence estimates ranged from the lowest 33% in years 2019, 2022 and 2023 to the highest 50% in 2020. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these estimates were based also on the results of tests conducted several years before entering treatment for the first time or re-entering treatment in respective years.

Figure 17 shows the estimated percentage of persons with positive HCV RNA test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV RNA were known.

Figure 17. Proportion of persons with known positive result of previously conducted 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, 2019–2023

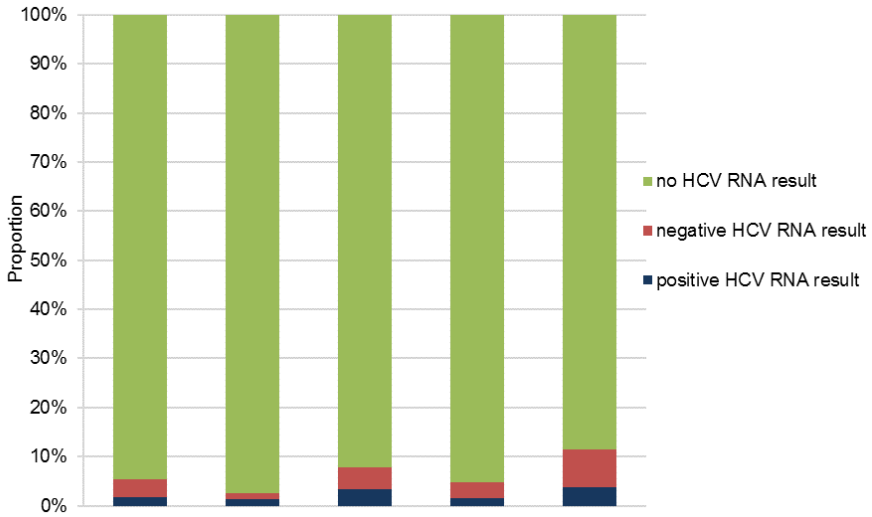


Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs with positive HCV RNA test result	2	1	3	1	3
Number of PWIDs with known HCV RNA test result	6	2	7	3	9
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78
Average age of PWIDs entering for the first time or re-entering treatment (in years)	37	38	40	40	41

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. 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.

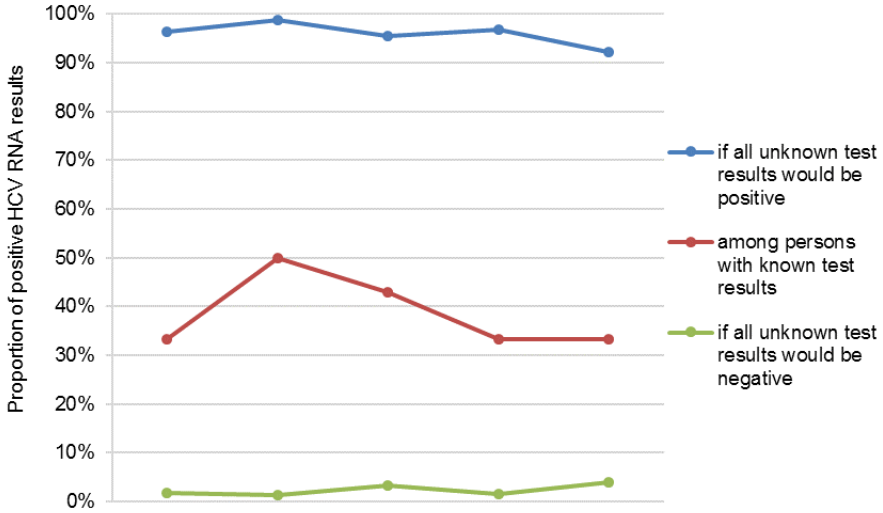
In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 5% in 2019 to 3% in 2020, increased to 8% in 2021, decreased again to 5% in 2022 and increased again to 12% in 2023 (Figure 18).

Figure 18. Proportion of persons according to the result of previous HCV RNA test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2019–2023



Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78

Figure 19. Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of HCV RNA testing, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2019–2023



Year of entering for the first time or re-entering treatment	2019	2020	2021	2022	2023
Number of PWIDs entering for the first time or re-entering treatment	110	76	90	63	78

Since a proportion of PWIDs with unknown test results of HCV RNA testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 19 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment regarding to known or unknown test results. In addition to the estimates of the proportion of persons infected with HCV among those with known test results, estimates of the proportions of infected persons are presented under assumption that all PWIDs with unknown results on HCV RNA testing would have positive results and under assumption that all PWIDs with unknown test results on HCV RNA would have negative results.

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation of proportion of persons with active HCV infection among PWIDs. For example, among nine 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 2023, two of results were from 2023, two from 2022 and other five were for tests carried out before 2022.

During the period from 2019 to 2023, to the NIJZ reported 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 2023 was 6.4/100,000 population. During 2019–2023, the incidence of acute hepatitis C ranged from 0.05/100,000 in 2019 and 2023 to 0.3/100,000 in 2022. During the same period, the incidence of chronic hepatitis C ranged from 1.3/100,000 in 2020 to 3.5/100,000 in 2023. The incidence rate of hepatitis C with unknown status (including any newly diagnosed case without known information on whether is it an acute or chronic infection) during the 2019–2023 ranged from 2.7/100,000 in years 2021 to 3.4/100,000 in years 2019 and 2022. 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.

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 89% 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 drug consumption 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 aiming to solve this issue effectively.

1.4.3 Syringe distribution

NIPH RU Koper coordinates network of 12 harm reduction programs, 11 of them support sterile syringe distribution In regions without day centres, sterile injection kit exchange is carried out with 5 mobile units (vans). In 2023, the field work of these programmes was carried out in 66 towns on 115 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,Gorizia region and 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 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).

Table 9. Equipment and drug use paraphernalia

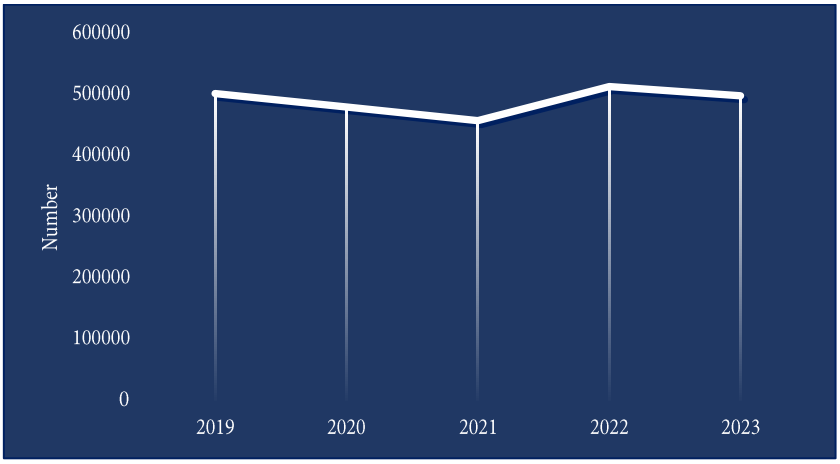
Type of equipment	Routinely available	Often available, but not outinely	Rarely available, available in limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	x				
Dry wipes	x				
Water for dissolving drugs				x	
Sterile mixing containers				x	
Filters			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 2023 the needle and syringe exchange programmes recorded 16.218 contacts with 1.402 different drug users, among which 110 were recognized as new users (Figure 20).

Figure 20. Number of needles and syringes issued 2019–2023



Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2019–2023

Fewer needles were dispensed in 2023 than in 2022, but the number of materials dispensed is comparable to the period before the COVID19 pandemic. It is assumed that in 2020 and 2021, material distribution was lower due to pandemic containment measures. In 2023, we do not see any significant changes in the number of users, both regular and new, but we do see a decrease in the number of contacts (Table 10). In 2023 367 *needles and syringes per injecting drug user* were issues in NSP in Slovenia.

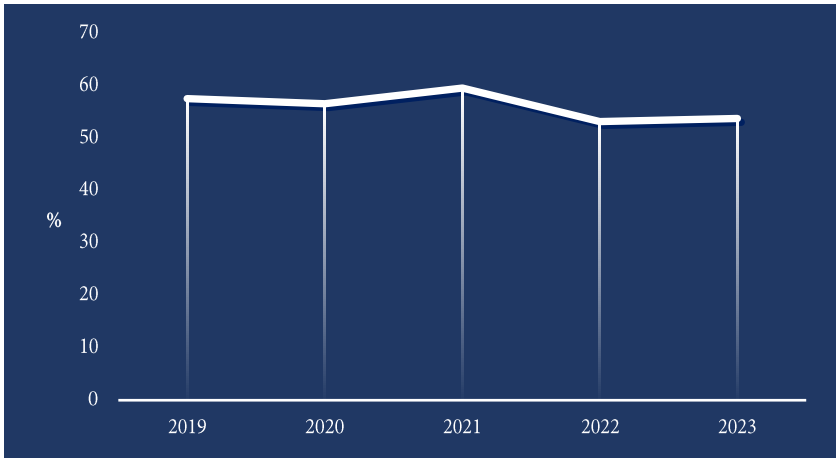
Table 10. The needle and syringe exchange program data, 2019–2023

	2019	2020	2021	2022	2023
Number of needles and syringes issued	502,369	480,547	458,197	514,000	498,923
Number of contacts	23,366	17,462	25,895	16,906	16,218
Number of users	2,254	2,060	1,944	1,395	1,402
Number of new users	281	264	124	112	110

Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2019–2023

After slightly more respondents reported injecting drugs in 2021, the proportion dropped again in 2022 and 2023, but remained stable (Figure 21).

Figure 21. Proportion of injecting any drug among the harm reduction service users 2019–2023



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users 2019–2023

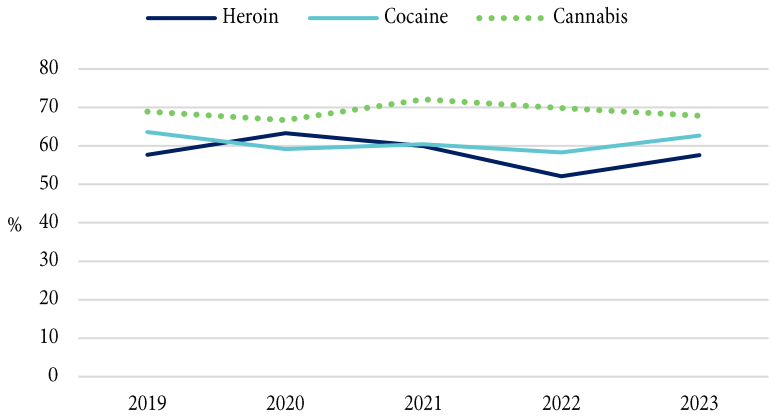
Users of harm reduction programs are mostly polydrug users. In 2022 the use of all drugs decreased. Cannabis (69.8%), cocaine (58.1%) and heroin (52.1%) were most frequent drugs used. The most significant decrease in 2022 is observed in the use of NPS (Table 11 and Figure 22).

Table 11. Proportion of illicit drugs and medicines used among the harm reduction programmes users, 2019–2023

Drug	2019	2020	2021	2022	2023
Heroin	57.7	63.3	59.9	52.1	57.6
Cocaine	63.6	59.2	60.4	58.1	62.7
Cannabis	68.9	66.7	72.1	69.8	67.8
Ecstasy	24.5	15.9	16.8	15.8	16.6
Amphetamines/methamphetamines	22.9	22.1	23.5	22.6	24.4
Hallucinogens	14	12.4	13.1	10.5	14.8
NPS	13.4	12.8	17.5	10.5	14.8

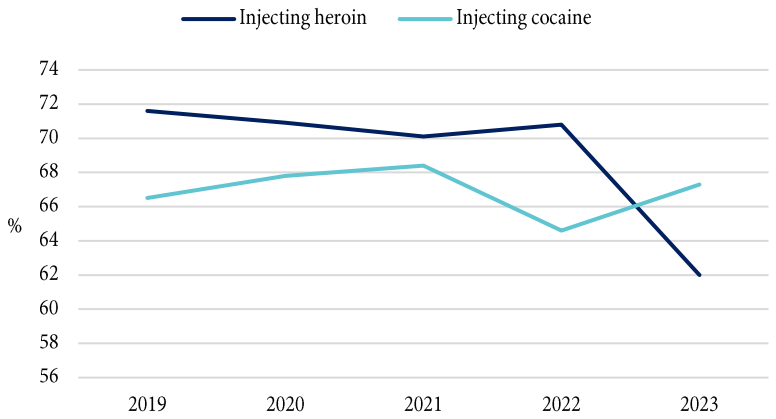
Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users 2019–2023

Figure 22. Proportion of of heroin, cocaine, cannabis among the harm reduction service users, 2019–2023



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users 2019–2023

Figure 23: Proportion of heroin and cocaine injecting among the harm reduction services users, 2019–2023



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users, 2023

In 2023 more than half of the respondents stated that they had injected drugs in the last year (53.8%), mostly heroin and cocaine. Heroin injection decreased, while cocaine has decreased. Among people who use heroin, 62% inject the drug (Figure 23). Among those who use cocaine, injection has decreased by nearly 3% compared to the previous year. Among users who stated that they abuse substitution drugs, injection remains stable (40,4%) (See Workbook Drugs 2024).

Health problems are becoming increasingly common among harm reduction program users. In 2023, 61.6% 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.

Compared to the year 2022, in the year 2023, less respondents experienced an overdose (10,5%), and almost 49,3% reported "out" or risky applications.

Context information

In 2023, we do not observe any significant changes in the number of users, the number of contacts and the number of sterile materials dispensed among users of the sterile exchange programmes. Although the programme is also regularly supplied with snuff slips and smoking foil, we do not see a significant decrease in injecting drug use compared to 2022. Male users predominate. The average age of respondents is over 40 years, although some programmes have younger users. Field workers report that the health and socio-economic status of users is deteriorating and that users are in need of more health services, a safe room for drug use (Drug Consumption Room) and more forms of safe accommodation. In Ljubljana, there has been an increase in violence between users and open scenes, which is due to insufficient capacity of programmes, lack of new programmes and unresponsiveness of local authorities to change.

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, Best practice 2024).

2. New developments

2.1 New developments in drug-related deaths and emergencies

The Ministry of Health has granted the Association for Harm Reduction 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, Association for Harm Reduction 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 three main objectives:

1. To ensure sterile conditions for the consumption of illicit drugs in a controlled environment and to reduce their use in public areas;
2. To encourage less risky drug use - instead of injecting, it is recommended to smoke on foil or sniff and
3. To educate users of illicit drugs on recognizing overdoses, on first aid and on the possibility of obtaining naloxone to take home and on its safe use.

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 would provide sterile conditions for the use of illicit drugs in a controlled environment and reduce drug use in public areas. Simultaneously, by providing a sterile and supervised environment, they would promote less risky drug use. This approach would allow for a quicker response to potential health complications and overdoses. In 2024, the project is not yet implemented, as they received instructions from the Ministry of Health and the Municipality of Ljubljana to wait for the opening of the safe room in Nova Gorica (see Best practice 2024).

Despite this, educational workshops, conducted by the Slovenian Medical Students' Association (Društvo študentov medicine Slovenije), on providing first aid, CPR and defibrillator (AED) training, overdose recognition and the use of naloxone, are being held from October 2023 at day centers on Petkovškovo nabrežje and Zupančičeva jama, once per month. From October 2023 till June 2024, 40 different people who use illicit drugs came to these workshops.

Monthly workshops on providing first aid and naloxone use 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.

From 2021, 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.

Educational workshops, conducted by the Slovenian Medical Students' Association, serve as an enhancement of the “Take Home Naloxone” program, which is already successfully implemented in many EU countries. Association for Harm Reduction Stigma warns that it is necessary to increase the accessibility of naloxone, especially for drug users who are not part of CPZOPD. According to the Association for Harm Reduction Stigma, it often happens that naloxone is not prescribed even to those who are included in the substitution program and express a desire to take naloxone 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.

2.2 New developments in drug-related infectious diseases

The EXPAND project (EXPANDing access to Community - based testing for HIV, viral hepatitis and STIs in Slovenia) is an innovative initiative aimed at improving health care and easier access to testing for some of the most vulnerable groups in our society - people who engage in sex work, migrants and drug users. The idea arose in the context of the testing of the MSM group, which the Association Legebitra has been successfully carrying out for many years. The holder of the EXPAND project is the Association Cultural, Information and Consulting Center Legebitra. In addition to the Association for Harm Reduction Stigma, the Slovenian Philanthropy - Association for the Promotion of Volunteering and the University of Ljubljana - Institute of Microbiology and Immunology, which deals with laboratory testing and sample analysis, also participate in this project. Most of the funds (80%) are provided by the European Union within the framework of the EU4H program, 15% are provided by the Ministry of Public Administration. An additional 5% are obtained by the partner organisations. The program and its goals are aligned with the National HIV Prevention and Control Strategy 2017 - 2025. The project provides free and anonymous community testing for HIV, Hepatitis B (HBV), Hepatitis C (HCV) and sexually transmitted infections (STIs). This project stands out for its holistic approach to addressing the health challenges faced by these groups and for its emphasis on dignity, respect and inclusion of users in the health care system.

Goals and Purpose of the community Testing Program:

- Providing free and confidential testing of users of illicit drugs;
- Advising users of illicit drugs;
- Enabling regional accessibility to the community testing service;
- Increase in the share of regularly tested persons in the target group;
- Identifying as many infections as possible and integrating them into health care, thereby curbing the spread of infections in the target community;
- Early detection of infection and thus prevention of late diagnoses and complications in treatment;
- Promoting of safe sex and regular testing;
- Destigmatization of the testing experience and
- Support for people who live with HIV.

The project started in 2023, when they got involved in a wide range of educations, consultant training, planning and preparation of protocols, communication strategies, we looked at examples of good practices abroad and got to know each other as partners. They started community testing service in January 2024. Association for Harm Reduction Stigma tests anyone who uses drugs at risk - i.e. injecting drugs as well as those who snort or smoke. From January till June 2024, they tested 130 people who use drugs. They found 28 HCV infections, 1 HBV infection, 2 syphilis infections, 2 mycoplasma and trichomonas infections.

In addition to enabling regular weekly testing and information on the issue, great emphasis is also placed on rapid inclusion in treatment for persons who are detected as positive for any of the sought-after infections and follow-up users to the Clinic for Infectious Diseases and Febrile Conditions, University Medical Centre Ljubljana (UMCL). By early detection of infections and diseases, the project contributes to better health outcomes for the individuals and prevents the spread of infections in the wider community. Through its approach based on respect and inclusion, the project not only improves health outcomes, but also strengthens community ties and promotes greater understanding and support for marginalised community's groups.

The EXPAND project is crucial for improving the health and social inclusion of drug users, migrants and sex workers. With its holistic approach that includes mobile units, community engagement, education and ensuring anonymity, the project creates a more inclusive and healthier environment. It is an important step towards equality and improving the quality of life for all members of society.

2.3 New developments in harm reduction interventions

Taking users to the Department of Infectious Diseases and Febrile Illnesses

The programme carried out by Društvo Svit (Svit Association) is focused on reducing the harm to which drug users are prone. Two of the association's most important objectives are to prevent the spread of communicable diseases through the use of needles, syringes and other paraphernalia, and provide information on that risk. Hepatitis C is one of the most common diseases among drug users, not least among those who make use of our services. The Svit Association offers users every 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, on the basis of an individual agreement between association staff and the user concerned. An anonymous hepatitis C testing campaign was carried out at the association's premises in December 2017. The campaign was assisted 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 (Društvo Slovenija Hep) and the Stigma Association (Društvo Stigma). Support was also provided by the infectious diseases clinic. The campaign met with a positive 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 contact 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 association's vehicle has space for three or four users, and is used to take them to the clinic and back. Lifts are arranged on a monthly basis, when all or at least most of the places in the vehicle have been filled. Last year (2023), we organised ten lifts for 16 different users. We encountered quite a few problems last year obtaining approval for the programme. This meant that we received practically no funding from the Ministry of Labour, Family, Social Affairs and Equal Opportunities, which had an impact on our ability to provide transport. It is important to note that we received no extra funding for this service. In the first half of this year we organised ten lifts for 16 different users, which was as many as in the whole of 2023. There have been several relapses among users since 2018, but most have successfully passed through the treatment process. We also take users to their periodic 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 vehicle 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.

We give out leaflets and information on hepatitis treatment on a daily basis. 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 made a significant contribution to reducing HCV incidence.

3. Additional information

3.1 Additional Sources of Information

"Stična točka" Project office

"Stična točka" ("Contact point") is a project office, established at the Ministry of Health of Slovenia for planning, developing, monitoring, coordination, and implementation of pilot projects aimed at strengthening and maintaining the health of people who used to or still use illicit drugs, as well as other illicit substances for image and performance enhancing in recreational sport. Is a base element for the professional implementation of new programs. "Stična točka" will lead and supervise the introduction of new services, aimed to reduce the harm caused by illegal drugs and other illicit substances in sport, and to improve important indicators of the health of society. Project is co-funded by the European Social Fund Plus (ESF+), as well as other following operations.

"Upgrading the testing of new psychoactive substances and illicit drugs with the inclusion of illicit substances and other performance and image enhancing substances in sport" is next operation implemented. To monitor the implementation of the operation "Upgrading the testing of new psychoactive substances and illicit drugs with the inclusion of illicit substances and other performance and image enhancing substances in sport", a steering committee was established with various experts. Steering committee members guide the project to ensure its in line with the latest scientific findings and professional practices and participate in its implementation. As one of the first results, a survey was conducted on the prevalence of the use of drugs that improve image and efficiency among visitors of gyms and fitness centers in Slovenia. Preliminary results were presented at a national conference.

With support of "Stična točka" direct confirmation of operation "Upgrading the testing of new psychoactive substances and illegal drugs with the inclusion in sports of prohibited substances and other substances that improve physical abilities and appearance" was obtained. The operation will be performed by the National Laboratory of health, environment and food in a 5-year period until the end of 2028.

"Stična točka" organized a 2-day international conference on recovery which was one of the preparatory activities for upgrading the services of CPZOPDs (Addiction prevention and treatment center)'.

In order to upgrade the CPZOPDs, we organized several meetings with representatives of CPZOPDs as well as other researchers and people who work with people who have problems with addiction. By the end of September, we will establish a steering committee in which experts in 5 work groups will design new services and training plans for new staff. We plan on starting activities for the project "Development and upgrade of the CPZOPD 2025–2028" by the end of the year 2024.

3.2 Further Aspects of Drug-Related Harms and Harm Reduction

Naloxone prescriptions

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.

In 2023, 176 boxes of ***naloxone (V03AB15)*** were prescribed at a cost of EUR 5,358.7 in the form of:

- *Nyxoid 1.8 mg nasal spray, solution in a single-dose container,* 2 x.

In 2023 a total of EUR 5,359 was spent on *Naloxone (V03AB15)*, which began to be used in 2021 (2022: EUR 5,752, 2021: EUR 458.9).

4. Sources and methodology

4.1 Sources

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Deaths source: National Institute of Public Health, 2024

4.2 Methodology

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Union Drugs Agency (hereinafter EUDA). 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).

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.

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 2019–2023 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 1/12/2023 and 31/12/2023. Cooperation in the survey was voluntary and anonymous.

In 2023, the survey included 271 harm reduction programme users. The respondents were 85.4% male and 85.414.6% female. The average age of the respondents was 41.73 years. The youngest respondent was 17 and the oldest 66 years of age.

The majority of the respondents had completed vocational or secondary education (59.8 %), 28.4 % had only primary school level education and 8 % had higher education or university degrees. 3.8% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (84.8 %); 11% of them were employed, 3.4% retired in 0.8 % were still in school (pupil, student).

The largest percentage of the respondents (41.5 %) lived alone, 24.2 % still lived with their parents or relatives, 8.8 % lived together with their partner, 2.7% with friends, 2.3 % in shelters and 20.4% outside (in the park, street, abandoned buildings). A total of 84.9 % of respondents had been involved in various treatment programmes in the last year, while 80.4 % of users had been involved in a substitution programme, 8.5 % had attended a drug dependency treatment centre, 10.3 % had been treated at a psychiatric hospital, 6.3 % had received substitution therapy at a correctional facility, 3.3 % 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 29.9% of the respondents in 2023.

References:

1. NIPH RU Koper. HR Database, 2019–2023.
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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).

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

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 2019 to 2023 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 417 PWIDs who entered for the first time or re-entered treatment, 110 in 2019 (seven for the first time), 76 in 2020 (seven for the first time), 90 in 2021 (16 for the first time), 63 in 2022 (five for the first time) and 78 in 2023 (ten 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 was completed in November 2022. It was based on retrospective medical documentation review. The data collected was sent to the NIJZ for data entry, analysis and preparation of report which is in final stage. 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 cannot 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. 2023; Leban, et al. 2024).

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.

Prison workbook

Aleksandra Tratar, Prison Administration of the Republic of Slovenia

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Summary

The Slovenian prison system's drug treatment program utilizes a multi-pronged approach to combat drug abuse and prepare prisoners for a successful return to society. This approach emphasizes collaboration, personalized plans, a variety of treatment options, and a commitment to ensuring continuity of care upon release.

In 2023, Slovenian prisons held 2.029 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (93.6%) men. 23.7% of the country's entire prison population had drug use problems in 2023. Prisoners with 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 drug addiction is diagnosed, the physician determines whether medication is needed to ease withdrawal symptoms and/or prescribes substitution therapy.

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 prisoners recognised as having a drug use problem, who are included in substitution therapy, ranges from 60 to 73%.

Tests for HIV and hepatitis are free, anonymous and voluntary. We have no data for 2023. 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. New synthetic cannabinoids are smuggled in the prison also through letters, books, magazines, and clothes. 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. Compared to previous years, the number of finds of illicit substances, various tablets and paraphernalia for the consumption of illicit substances decreased in 2023 (281 in y. 2022 and 262 in y. 2023).

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. Overall, 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 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, health care in prisons in Slovenia is provided by public health network under the authority of the Ministry of Health. Healthcare service for prisoners is provided by regional health care centres based on an agreement between the prison and the health care centre. In prisons, health care centres establish suitable working hours for general medicine physicians and other medical staff, a psychiatry specialist, addiction specialists in a Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

Everyone receives the treatment they need to reduce reoffending and create the conditions for social reintegration (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, a 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 a large increase in seizures of synthetic cannabinoids in prisons. Based on this, we anticipate that, in addition to non-medical use of pharmaceutical sedatives, tranquillizers and other tablets, synthetic drugs will remain the most abused psychoactive substances. In 2024, urine tests for synthetic cannabinoids are available in all prisons and correctional home. Additionally, efforts are underway to comprehensively upgrade the treatment of individuals with substance use disorder in prisons and to establish a therapeutic community within the prison system.

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. In 2023, Dob Prison housed an average of 539.6 prisoners, while the Open Unit Slovenska Vas held 66.3, and the Open Unit Puščava had 20.1 prisoners on average.

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. In 2023, Ig Prison housed an average of 76 prisoners.

Celje Prison and Juvenile Prison for convicts, remand prisoners, persons serving substitute imprisonment and minors sentenced to juvenile detention. Prisoner accommodation capacity: 97. In 2023, Celje Prison and Juvenile Prison housed an average of 116,8 prisoners.

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. In 2023, Koper Prison housed an average of 131,4 prisoners, while the Nova Gorica Unit held 31 prisoners on average.

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. In 2023, Ljubljana Prison housed an average of 214,9 prisoners, while the Novo mesto Unit held 44.6, and the Open Unit Ig had 28.7 prisoners on average.

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. In 2023, Maribor Prison housed an average of 154,5 prisoners, while the Murska Sobota Unit held 36.9, and the Open Unit Rogoza had 27.6 prisoners on average.

Juvenile correctional facility

Radeče Correctional Home for juveniles of both sexes sentenced to the corrective measure of placement in a correctional facility. Juvenile accommodation capacity: 47. In 2023, Radeče Correctional Home housed an average of 11,9 juveniles.

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 imprisonment[10]: 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.

Slovenian prisons have recently been facing significant overcrowding issues.

In 2023, Slovenian prisons held 2.029 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (93.6%) men, with the highest proportion of prisoners aged between 27 and 39 years (Table 1).

[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)

Table 1. Convicted prisoners and persons serving substitute imprisonment by gender and age, 2023

	M	F	All	Proportion (%)
up to 18 years	1	0	1	0.0
18 to 23 years	99	3	102	5.0
23 to 27 years	176	14	190	9.4
27 to 39 years	726	47	773	38.1
39 to 49 years	571	37	608	30.0
49 to 59 years	215	21	236	11.6
59 to 69 years	81	6	87	4.3
69 to 80 years	28	2	30	1.5
80+ years	2	0	2	0.1

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Drug-related problems among the prison population

Inmates with a drug use disorder receive the same level of medical care as those in the community. Upon admission, a medical examination identifies any drug problems. Doctors then determine if medication is needed to manage withdrawal symptoms or initiate opioid substitution therapy (OST).

As shown in Table 2, the proportion of inmates with drug problems fluctuates slightly but remains significant. In 2023, nearly a quarter (23.7%) of the prison population had a diagnosed drug problem.

Table 2. Inmates with a drug problem among the entire prison population, 2018–2023

Year	2018	2019	2020	2021	2022	2023
Prison population	3501	3902	3401	3109	3353	3734
Inmates with a drug problem	977	964	866	873	900	884
Proportion in %	27.9	24.7	25.5	28.1	26.8	23.7

Source: Prison Administration of the Republic of Slovenia, Annual Report 2023

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 were no significant number of those with problems due to drug use. Therefore, despite the increased number of inmates, there was no increase in those with addiction or problems related to harmful drug use.

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.

Healthcare staff provides individual pre and post-test counselling, access to condoms, latex gloves, disinfectants, and referrals to infectious disease specialists, HIV clinics and clinics for other sexually transmitted diseases. Each prison implements an Infection Prevention and Control Programme that aligns with national regulations - Communicable Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06, 49/20 - ZIUZEOP, 142/20, 175/20 - ZIUOPDVE, 15/21 - ZDUOP, 82/21, 178/21 - odl. US and 125/22).

This program sets out the minimum content, organisational and technical requirements for the development and implementation of the infection prevention and control programme. Infection prevention is part of a comprehensive and cohesive drug control strategy. It includes counselling, education and awareness-raising activities offered to prisoners and staff on the topics of risky behaviour and infectious diseases, possible ways of infection, protective measures against infection, signs and treatment of infection, course of diseases and treatment options.

1.2.2 Information on drug supply in prison

Despite security measures, illicit drug trafficking remains a challenge within Slovenian prisons. Prisoners employ various methods to bring in drugs, including concealing them in their bodies or clothing, throwing them over prison walls, and hiding them in parcels (often with commercially packaged food). Body cavity searches are not permitted, which poses an additional challenge to detection.

Regular efforts to prevent smuggling include thorough inspections upon entry, routine checks of facilities and prisoners, and the use of drug-sniffing dogs. These measures, however, have led prisoners to seek alternative methods. Over the past year, new synthetic drugs have been discovered concealed within letters, books, other paper products, and even clothing soaked in drug solutions.

Smuggling of illicit substances concealed within papers

The potential for staff involvement in drug smuggling is also addressed. Any signs or suspicions of such activities are investigated in collaboration with law enforcement.

In 2023, prison authorities identified and confiscated various contraband items (262 findings) including tablets, alcohol, and drug paraphernalia (processed object for hiding substances - 3 fins, and drug paraphernalia - 10 finds). Specific drugs confiscated included:

- Spice: 906.24 g (57 findings)
- Afgana: 1 g (2 findings)
- Cannabis: 97.23 g (34 findings)
- Heroin: 31.1 g (7 findings)
- Cocaine: 15.49 g (8 findings)
- Hashish: 15.46 g (3 findings)
- LSD: 26.3 g (3 findings)
- Alcohol (brewed and spirits): 8.6 l (6 findings)
- Tablets: 2,948 pieces (128 findings)
- Crushed tablets: 43.15 g (128 findings)
- Suboxone: 1.04 g (128 findings)
- Steroids: 0.1 g (1 findings)

Note: All quantities listed are gross weight. Confiscated drugs, along with their packaging, are handed over to the police.

1.3 Drug-related health responses in prisons

1.3.1 Organisation and structure of drug-related health responses in prison

Inmates with 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 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.

In June 2023, the Resolution on the National Programme on Illicit Drugs 2023–2030 has been adopted. The resolution emphasizes ensuring equal access to treatment programs for both incarcerated individuals and those in the community, including the availability of naloxone after release, as a priority action. The priority measures in prisons and correctional homes include:

1. **Developing preventive programs and activities** within the public health network aimed at promoting a healthy lifestyle, preventing infectious diseases, and reducing infections with infectious disease viruses.
2. **Establishing a drug-free unit** as an independent unit within the prison system to provide an environment for maintaining abstinence, thereby enhancing successful social integration into the community post-release, and deterring reoffending.
3. **Upgrading and strengthening the cooperation** of providers of various treatment and psychosocial programs, and developing new integrated forms of assistance, including comprehensive regulation of social status after release from the institution.
4. **Monitoring the prevalence of illicit drug use** and implementing assistance programs for illicit drug users.

1.3.2 The structure of drug-related prison health responses

Since 1 January 2009, medical services in prisons in Slovenia have been provided by healthcare service providers under the authority of the Ministry of Health. Healthcare services for prisoners 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 prisons, health care centres arrange appropriate working hours for general practicioners and other medical staff, a psychiatrist, addiction specialists from the Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

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 intersectoral 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).

1.3.3 Drug related interventions in prison

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 of the current number of prisoners with drug problems. In Ig prison group treatment is carried out by representatives of NGOs.
3. Peer to peer support	YES			Provided in 2 prisons by Narcotics Anonymous.
d) Residential drug treatment				
1. Drug free units without treatment component	NO			
2. Drug free units with treatment component	YES/NO		not known	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			Available according to doctor's assessment in case of suspected TB.
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			Available according to doctor's assessment in public hospital.
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	YES	In all prisons	not known	All prisoners have the possibility, if they meet the conditions, to be employed in the prison, to receive education education and training, or to participate in occupational therapyTowards the end of their sentence, they may also participate in active job seeking programmes at the Employment Office, or be employed by 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 whilw serving 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 Slovenian prison system prioritizes reducing recidivism and facilitating a successful return to society for released prisoners. This is achieved through a comprehensive program built on interdisciplinary collaboration.

Interdisciplinary Teams and Individualized Treatment

A team approach is central to the program. Prison treatment staff (counselors, social workers, and psychologists, work instructors) work alongside healthcare professionals (psychiatrists, medical doctors, and nurses). Other external experts are also included. Each professional contributes their unique expertise, creating a holistic approach to address drug addiction.

Each prison employs a designated professional responsible for implementing the drug and alcohol abuse treatment program. These professionals coordinate collaboration between prison treatment staff, prison health staff, and external institutions or NGOs. Additionally, they provide counseling to inmates with substance use problems. The central prison for men (Dob Prison) has two specialist staff working exclusively with people with drug and alcohol problems, while in other institutions one specially trained staff member covers this area in addition to other tasks.

Upon intake, a personalized treatment plan is developed for each convict. This plan considers individual needs, risk factors, and additional sentence objectives beyond drug issues. Necessary treatment programs, such as those for drug and alcohol abuse, are then implemented. These plans are reviewed and updated regularly to reflect evolving circumstances during the prisoner's confinement.

Assessment and Treatment Options

A thorough assessment process is used to identify potential drug problems. This includes medical examinations, information from court judgments, expert opinions, social work reports, prisoner interviews, and official endorsement on whether the prisoners started their sentence under the influence of drugs or official endorsement on any forbidden drug use during imprisonment.

If a prisoner is addicted to opioids than opioid agonist/substitution treatment would usually be suggested. 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 Centers for prevention and treatment of drug addiction (CPTDA) Andrej Kastelic, methadone

is most prescribed, followed by sublingual buprenorphine in exceptional cases slow-release morphine. Since 2022 long-acting buprenorphine depot injections have been very available. 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 including prison 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 and is effective in reducing stigma, misuse, and diversion of medications.

In 2023, out of the 884 prisoners (convicted and on remand) with drug use problems, 649 (73.4%) were receiving substitution therapy. Additionally, among all newly admitted prisoneres with drug problems, 339 (67%) had already been prescribed substitution therapy.

OST is available in all prisons, ensuring continuity of care for existing users and allowing new users to begin treatment. Treatment needs are considered, and a smooth transition to community treatment programs is facilitated upon release through referrals and mandatory inclusion in specialized addiction treatment centers. This approach ultimately improves the health and quality of life for prisoners undergoing treatment.

Testing and Vaccination Program

HIV and hepatitis testing are free, anonymous, and voluntary.

In April 2018, the Slovenian Prison Administration implemented a program offering free Hepatitis B vaccinations to inmates in all prisons and correctional facilities. This initiative aligns with national regulations established in the "Rules on the Vaccination and Chemoprophylaxis Programme for 2018" and its accompanying instructions.

The Prison Administration has taken proactive steps to promote the program. They:

- Informed all prisons and correctional facilities about the new vaccination program.
- Encouraged health centers providing services within prisons and the Ministry of Health to promote vaccination among inmates to prevent the spread of infectious diseases.
- Organized meetings with healthcare professionals in 2022 and 2023. These meetings featured Dr. Matičič from the Infectious Diseases Clinic of the Ljubljana University Medical Centre, who discussed successful early diagnosis and treatment of Hepatitis C in Slovenia. Additionally, the possibility of collaboration between the Infectious Diseases Clinic and prison healthcare centers was explored to further prevent the spread of infectious diseases within the prison population.

Psychosocial Treatment and Support

Besides medical aspect, prisoners can access individual and group counseling sessions, as well as participate in various programs designed to address addiction issues. These programs range from low-threshold (harm reduction) to higher-threshold (stabilization) and high-threshold (complete abstinence).

The low-threshold program provides education on the negative consequences of drug use, raises awareness of risky behaviors and infectious diseases, and promotes voluntary testing for HIV and hepatitis viruses. The program also offers counseling, distributes essential information, and facilitates access to the substitution therapy program. This multi-pronged approach aims to support social reintegration for participants.

Recognizing the difficulty of maintaining abstinence in prison, a two-pronged approach is offered. Prisoners struggling to achieve abstinence can enter a higher-threshold program. This program utilizes substitution therapy to stabilize their drug use while focusing on developing the skills needed for long-term recovery.

Those seeking complete cessation from drugs can participate in the high-threshold program, which requires abstinence. This program delves deeper into addiction treatment, equipping participants with the knowledge and skills to:

- Develop a critical relationship with psychoactive substances (avoiding misuse).
- Identify and overcome unhealthy behavior patterns.
- Navigate challenges constructively in socially acceptable ways.
- Strengthen work ethic and build responsibility.
- Foster a supportive social network.

Table 3. Prisoners with Illicit Drug Use Problems Participating in Treatment Programs, 2023

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
632	136	63

Source: Prison Administration of the Republic of Slovenia, 2023 Annual Report

Finally, to further support recovery, prisoners committed to abstinence or maintaining substitution therapy are housed with individuals who share similar goals and positive behavioral traits.

Preparing for Release

Before release, prisoners are informed about their significantly reduced drug tolerance and the life-threatening risks associated with pre-release drug use. Additionally, they are referred to appropriate community treatment programs and receive written documentation detailing their OST use during incarceration.

Before release, treatment emphasizes specific arrangements to facilitate a successful reintegration into society. Planning is made together with a prisoner. Key focus areas include:

- Employment Solutions: Identifying job opportunities and support for securing employment.
- Housing Needs: Addressing material circumstances and ensuring stable housing arrangements.
- Family Preparation: Preparing the close family environment for the individual's return.
- Post-Release Treatment Programs: Planning for participation in treatment programs after release.

This planning process involves collaboration with various organizations, including:

- Social Service Centres
- Employment Offices
- Housing Funds
- Centre for Treatment of Drug Addiction in Ljubljana
- Therapeutic Communities
- NGO Programs

1.3.4 Opioid substitution treatment in prison

All prisoners with a drug use disorder can get OST. In 2023, 73% of all prisoners identified as having a drug use problem, participated in substitution therapy treatment. Annual reports from the Prison administration consistently participation rates ranging from 60 to 73%.

OST is delivered without stigma. Participants are encouraged to engage in various educational, work-related, and other activities offered within the prison. The program aims to stabilize drug use patterns through substitution therapy while also equipping participants with skills to achieve eventual abstinence.

Prisoners who demonstrate consistent behaviour and fulfil their institutional obligations may be eligible for:

- Participating in activities outside the prison.
- Weekend home visits.
- Annual vacations outside the prison facility.

These progressive incentives aim to motivate continued participation in the OST program and support a successful transition back into society.

1.4 Quality assurance of drug-related health prison responses

The primary legislation 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). Under this Act, the Ministry of health is responsible for monitoring the status of illicit drug use prevention, developing strategies to reduce drug demand and its associated harms, and organizing treatment and rehabilitation services. The Act authorises the Ministry of Health to head the interdepartmental coordination, establish program priorities, and supervise the implementation and development of related initiatives (see also Legal Framework Workbook, section 1.1.1).

Expert supervision of prevention and treatment programmes for illicit drug addiction is provided by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. This body is appointed by the Ministry of Health, which sets its tasks and responsibilities. The Coordination of Centres formulates and submits program implementation rules and principles to the Health Council, oversees the implementation to these guidelines, and facilitates professional collaboration among the Centers for the Prevention and Treatment of Illicit Drug Addiction throughout the country.

2. Trends

In 2020, we observed an increase in cannabis seizures, and to a lesser extent, synthetic drug seizures compared to previous years, while heroin seizures decreased sharply. Analysis of seizures made in 2021 and 2022 revealed that the synthetic drug spice has begun appearing more frequently in prisons. In 2023, seizures included blotters soaked with synthetic drugs in several prisons. This trend continues in 2024. Based on this, we anticipated that, alongside tablets, cannabis and synthetic drugs would continue to be the most abused psychoactive substances.

In response to the rise in synthetic cannabinoid use, the Prison Administration prepared a brochure in 2018 about their harmful consequences, which is available for prisoners and for visitors in visitor's reception areas. In 2022, they released another brochure for non-Slovene-speaking prisoners, translated into English, German, and Italian, addressing the risks of drug use within the prison system.

The Slovene Prison Administration, in collaboration with the non-governmental organization DrogArt, organized workshops for prisoners in 2016, 2018, 2022, and 2023. These workshops, held in various institutions, aimed to raise awareness inform prisoners about the potential complications and harmful effects of new psychoactive substances.

3. New developments

In May 2024, urine tests for synthetic cannabinoids are available in all prisons and correctional home. Additionally, efforts are underway to comprehensively upgrade the treatment of individuals with substance use disorder in prisons and to establish a therapeutic community within the prison system.

In June 2024, the Pompidou Group, in collaboration with the Slovene Prison Administration, organized an on-site visit to Ljubljana, Slovenia. The visit focused on providing expert advice on establishing therapeutic communities for treating substance use disorders in custodial settings.

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.

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.

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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 Unitit.

5. Sources and methodology

The Prison Administration of the Republic of Slovenia. Annual Report 2023. (not published yet)

Research workbook

Ada Hočevar Grom, Sara Verderber

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Summary

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 analyse 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 (2023) = 1,6), 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." (EUDA, 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 EUDA. It is not responsible for implementation, execution or coordination of drug-related research activities in the country but plays an important role in advocating research in the field of drugs. Whit its regional network it provides fast and efficient national early warning system.

The University Medical Centre Ljubljana, University Medical Centre Maribor and the University Psychiatric Clinic Ljubljana are the leading public health care institutions providing secondary and tertiary-level of health care services and at the same time fulfilling an educational and research role. In doing so, they cooperate with some university faculties. The University Medical Centre in Ljubljana, i.e. the Clinical Institute of Occupational, Traffic and Sports Medicine conduct the European School Survey Project on Alcohol and Other Drugs (ESPAD) in Slovenia and publishes reports. It also deals with addiction at workplace and some other health promotion activities for working population. University Medical Centre in Ljubljana, i.e. Centre for Clinical Toxicology and Pharmacology treat all types of acute and chronic poisonings, and offer a 24-hour information and consultancy service in the field of clinical toxicology to all doctors and other experts in Slovenia. Their experts are also involved in national and international research. Drug treatment centre at the University Psychiatric Clinic Ljubljana is providing counselling, education, outpatient and hospital treatment and coordination of regional centres for the prevention and treatment of drug addicts. As university clinic they are also strongly involved in national and

[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)

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 and Innovation Agency: http://www.arrs.si/sl/, https://www.arrs.si/en/
- 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 Funding of drug-related research

The main institutions funding drug-related research are:

- Ministry of Health, Republic of Slovenia: https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/, https://www.gov.si/en/state-authorities/ministries/ministry-of-health/
- Ministry of Labour, Family, Social Affairs and Equal Opportunities: https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/, https://www.gov.si/en/state-authorities/ministries/ministry-of-labour-family-social-affairs-and-equal-opportunities/
- Slovenian Research and Innovation Agency: http://www.arrs.si/sl/, https://www.arrs.si/en
- 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

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 Research country profile

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6. Other topics

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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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