National Institute of Public Health

REPORT ON THE DRUG SITUATION 2025 OF THE REPUBLIC OF SLOVENIA

EUDA
EUROPEAN UNION DRUGS AGENCY

NIJZ National Institute of Public Health

2025 NATIONAL REPORT (2024 DATA) TO THE EUDA

by the Reitox National Focal Point

SLOVENIA

REITOX

Editors: *Mateja Jandl, Andreja Belščak Čolaković, Črnko Papić Jasmina, Ines Kvaternik, Branka Božank, Aleksandra Tratar, Staša Šavelj, Maja Fister*

Design: *Andreja Frič*

Publisher: *National Institute of Public Health, Trubarjeva 2, 1000 Ljubljana*

Translation: *Amidas d.o.o., Ljubljana*

Publication year: *Ljubljana, 2025*

Electronic source.

Website: http://www.nijz.si/

ISSN 1855-8003

List of participating authors in alphabetical order

A

Andreasidou Eirini, Jožef Stefan Institute, International Postgraduate School Jožef Stefan

B

Belščak Čolaković Andreja, National Institute of Public Health

Berlot Lina, National Institute of Public Health

Blaznik Urška, National Institute of Public Health

Blažko Nataša, Ministry of Health

Božank Branka, National Institute of Public Health

Breznik David, National Institute of Public Health

Brvar Miran, University Clinical Centre Ljubljana

C

Cava Popović Maruša, Social Protection Institute of the Republic of Slovenia

Č

Čepin Romana, Ministry of Education, Science and Sport

Černilec Maša, National Institute of Public Health

Černoša Jasna, NGO Svit Koper

Črnko Papić Jasmina, National Institute of Public Health

Čulić Ivana, Jožef Stefan Institute

D

Debeljak Peter, Ministry of Health

Debeljak Mateja, NGO Društvo Up

Delfar Nataša, National Institute of Public Health

Delić Mirjana, Center for the Treatment of Illicit Drug Addiction at Ljubljana University Psychiatric Clinic

Drev Andreja, National Institute of Public Health

E

Eberl-Gregorič Edita, National Laboratory of Health, Environment and Food

Erklavec Urška, National Institute of Public Health

F

Fister Maja, National Institute of Public Health

Furlan Lea, National Institute of Public Health

Furman Lucija, National Institute of Public Health

G

Glaner Irma, Ministry of Health

Golčer Lucija, Association DrogArt

Grbić Anita, NGO Up

H

Havaši Nejc, National Institute of Public Health

Heath David, Jožef Stefan Institute

Heath Ester, Jožef Stefan Institute, International Postgraduate School Jožef Stefan

Henigsman Karmen, National Institute of Public Health

Hercog Helena, NGO Projekt Človek

Hočevar Grom Ada, National Institute of Public Health

Hočevar Tadeja, National Institute of Public Health

Holc Nastja, Prison Administration Radeče

Hovnik Keršmanc Marjetka, National Institute of Public Health

Hren Jože, Ministry of Health

J

Jakič Brezočnik Manica, Ministry of Education, Science and Sport

Jandl Mateja, National Institute of Public Health

Jeriček Klanšček Helena, National Institute of Public Health

K

Kastelic Andrej, Center for the Treatment of Illicit Drug Addiction at Ljubljana University Psychiatric Clinic

Klavs Irena, National Institute of Public Health

Klepac Petra, National Institute of Public Health

Kocmur Dare, NGO Stigma

Kodre Tina, NGO Šent

Konec Juričič Nuša, National Institute of Public Health

Koprivnikar Helena, National Institute of Public Health

Kordiš Tea, National Institute of Public Health

Korsika Knific Anej, Ministry of Health

Kosi Tina, Ministry of Education, Science and Sport

Kostnapfel Tatja, National Institute of Public Health

Košir Matej, Utrip Institute

Kosmač Sandra, National Institute of Public Health

Kovač Nadja, Social Protection Institute of the Republic of Slovenia

Kozole Tilen, Faculty of Pharmacy, University of Ljubljana

Kranjc Katja, NGO Stigma

Kranvogl Roman, National Laboratory for Health, Environment and Food

Krstulovič Gašper, Ministry of Education, Science and Sport

Kristančič Šömen Ingrid, NGO NewPrevent

Križman Karin, Youth Network No Excuse Slovenia

Kruljac Ivona, Center for the Treatment of Illicit Drug Addiction at Ljubljana University Psychiatric Clinic

Kustec Tanja, National Institute of Public Health

Kvaternik Ines, National Institute of Public Health

L

Laimou-Geraniou Maria, Jožef Stefan Institute

Lavre Miha, Centre for the Prevention and Treatment of Illicit Drug Addiction Slovenj Gradec

Lavtar Darja, National Institute of Public Health

Lekič Ksenija, National Institute of Public Health

Letnar Nives, National Institute of Public Health

Loboda Skočir Metka, NGO Stigma

M

Marinko Vesna, Ministry of Health

Markl Mateja, Ministry of Health

Matičič Mojca, University Clinical Centre Ljubljana

Martič Maša, DrogArt

Mavrič Mišela, Ministry of Education, Science and Sport

Mihevc Anja, NGO DrogArt

Mrak Luka, NGO Šent

N

National drug unit_Slovenian Police

O

Osterc Kokotovič Karmen, National Institute of Public Health

P

Paš Mina, NGO DrogArt

Pavlin Vita, University of Ljubljana, Faculty of Pharmacy

Petrič Maruša, Social Protection Institute of the Republic of Slovenia

Pevec Leonida, NGO Zavod Vozim

Pucelj Vesna, National Institute of Public Health

R

Radoš Krnel Sandra, National Institute of Public Health

Razboršek David, NGO Zavod Vozim

Rehberger Maruša, National Institute of Public Health

Rostohar Katja, National Institute of Public Health

Roškar Maja, National Institute of Public Health

S

Sande Matej, NGO DrogArt

Selak Špela, National Institute of Public Health

Serec Maša, National Institute of Public Health

Sinožič Danilo, NGO Svit Koper

Sirk Kerstin, Slovenian Association for Chronic Non-Communicable Diseases

Smolej Jež Simona, Social Protection Institute of the Republic of Slovenia

Sollner Dolenc Marija, Faculty of Pharmacy, University of Ljubljana

Sorko Nataša, NGO Žarek upanja

Stepanek Urška, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Struna Špela, Ministry of Health

Svetin Jakopič Simona, Ministry of Justice

Š

Šabić Simona, NGO DrogArt

Šegrec Nuša, Center for the Treatment of Illicit Drug Addiction at Ljubljana University Psychiatric Clinic

Šmarčan Vesna, National Institute of Public Health

Šomen Kristančič Ingrid, NGO NewPrevent

Štruc Ana, National Institute of Public Health

T

Talić Sanela, Utrip Institute

Trabelsi Sarra, Jožef Stefan Institute, International Postgraduate School Jožef Stefan

Tratar Aleksandra, Prison Administration

Tratnjek Petra, National Institute of Public Health

Trček Anže, Ministry of Health

Trivundža Tomanič Dragana, Slovenian Traffic Safety Agency

U

Urdih Lazar Tanja, University Clinical Centre Ljubljana

V

Verdenik Marko, NGO DrogArt

Verderber Sara, National Institute of Public Health

Verovšek Taja, Jožef Stefan Institute

Vincek Damjan, National Institute of Public Health

Z

Zagomilšek Anja, NGO Zavod Vozim

Zankolič Nuša, Faculty of Arts, University of Ljubljana

Zucchiati Godina Julijana, Ministry of Health

Zupančič Mia, Youth Network No Excuse Slovenia

Zupanič Tina, National Institute of Public Health

Ž

Žalec Natalija, Slovenian Institute for Adult Education

Žerjal Živa, National Institute of Public Health

Žmak Vanja, National Institute of Public Health

Table of Contents

Drug policy workbook

Contributors

Andreja Belščak Čolaković, Ines Kvaternik, Mateja Jandl, Helena Koprivnikar Maja Roškar, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Urška Erklavec, Špela Selak, Maša Černilec, all National Institute of Public Health of the Republic of Slovenia

Mateja Markl, Anže Trček, Peter Debeljak, Nataša Blažko, Jože Hren, all Ministry of Health of the Republic of Slovenia

Table of Contents

Summary

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 21,666,361.45 was allocated to the issue of illicit drugs in Slovenia in 2024.

1. National profile

1.1 National drugs strategies

• Past national drug strategies and supporting action plans

Timeframe	Title and web link	Scope (main substances / addictions addressed)
The first National Programme on Illicit Drugs was started in 1992. Besides the illicit drugs legislation, which was adopted in 1999 and 2000, this was the basic document to carry out different activities in this field. It was valid until the next National Programme was adopted in 2004.	National Programme on Illicit Drugs. 1992. Journal for Critique of Science, 146–147 (20): 153–156.	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
2018–2028	Resolution on the National Mental Health Programme 2018–2028 https://pisrs.si/pregledPredpisa?id=RESO120	Alcohol and non-substance addictions
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)

• 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 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 on policing, public security, law enforcement, etc.**

The area of illicit drugs was also covered by The Resolution on the National Programme for the Prevention and Suppression of Crime 2024–2028.

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	
Web address	
	In 2024, the Slovenian government approved the Programme for Limiting Alcohol Consumption and Reducing the Harmful Effects of Alcohol Consumption 2025–2026. The programme aims to increase awareness of the strain placed on healthcare, society and the economy by risky and harmful alcohol use, and to establish a system for monitoring and evaluating measures that will provide the basis for the further planning and development of an alcohol policy in Slovenia. The programme defines the areas of action, the purposes and specific objectives that we wish to achieve within two years, the activities for achieving these objectives, the timetable, the entities responsible for delivering the objectives, the funding sources and the measurable indicators. In March 2024, a formal interdepartmental working group was appointed by decision and tasked with drafting the first independent government programme to limit alcohol consumption. Following the adoption of the programme, the group became the basic coordinating body in the field of harmonisation of alcohol policy in Slovenia. The group comprises 15 members from 11 different key line ministries and the National Institute of Public Health. Two NGO representatives are invited to every meeting, proposed for each meeting separately by an informal coordinating group of NGOs active in the alcohol field. In Slovenia general alcohol policy goals are also included in different health resolutions and programmes; 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.
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 are prepared to achieve the objectives of the strategy. Implementation plan for the period 2025-2026 is available in Slovene at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/kajenje/izvedbeni_nacrt_tobak_2025_2026.pdf
Image and performance enhancing drugs	
Strategy title	Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2026–2035 (ReNPŠ26–35)
Web address	https://pisrs.si/pregledPredpisa?id=RESO162
	The area of doping is covered by the Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2026–2035.
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 Mental Health Programme 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 Mental Health Programme 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 Mental Health Programme MIRA 2018–2028
Web address	/
Other addictions	
Strategy title	Resolution on the National Mental Health Programme 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 2025–2028. 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 directly reflected in most recent national drug strategy or action plan of the EU Drugs Strategy 2021–25 and of the EU Drugs Action plan 2021–25**

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

• Recent national drug strategy and action plan evaluations

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

An evaluation of the second action plan of the National Mental Health Programme 2022–2023 was conducted in 2024. It assessed the success of the measures carried out within the framework of the Resolution on the National Mental Health Programme 2018–2028. The report is available at:
https://www.zadusevnozdravje.si/wp-content/uploads/2024/11/Evalvacija-ukrepov-drugega-AN22-23-F_2024.pdf

• 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.

- **Evaluation of the second action plan of the National Mental Health Programme 2022–2023**

The evaluation of the second action plan of the National Mental Health Programme 2022–2023 included an analysis of measures in areas such as the provision of a community-based approach to boosting mental health, mental health promotion, preventive work in the field of mental health, destigmatisation, the establishment and development of a mental health services network, and education, research and monitoring.

The evaluation looked at the structural, procedural and outcome indicators with a view to assessing the effectiveness and performance of the measures carried out and providing a basis for the planning of future activities. An evaluation of the non-substance addiction field was also carried out. The results showed that many activities had been planned and carried out (e.g. the drafting of Guidelines on Screen Use for Children and Adolescents, content published on the Mira Programme website, the organisation of a national conference on non-substance addictions), some were under way and continued or were completed in 2024 (e.g. the review of interventions to prevent non-substance addiction within school settings) and others had not been carried out as a result of a lack of funds or time.

- **Evaluations planned**

The Resolution on the National Mental Health Programme 2018–2028 sets out plans for multiple evaluations, which included annual progress reports, and interim and final evaluations. The evaluations will feature performance assessments for activities carried out as part of the strategy's priorities, such as ensuring a community-based approach in the strengthening of mental health, mental health promotion, mental health prevention and destigmatisation, the mental health services network, alcohol and mental health, and suicide prevention. The evaluations will pay due regard to a number of different aspects, including relevance, effectiveness of implementation and the outcomes achieved. The results of these evaluations will be used to adjust and improve activities and measures so that they are better able to respond to mental health and addiction challenges in Slovenia. The next evaluation will take place for the Action Plan of the National Mental Health Programme 2025–2028.

1.3 Drug policy coordination

- **National drug policy coordination bodies**

The country's highest-level coordinating body in the area of illicit drugs is the Commission on Narcotic Drugs of the Government of the Republic of Slovenia, an interdepartmental authority that meets at least three times a year. The Commission is made up of representatives from nine ministries (Ministry of the Interior; Labour, Family, Social Affairs and Equal Opportunities; Justice; Defence; Education; Foreign Affairs; Agriculture; Finance; Health) and 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 Illicit 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

- ### 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 2024 the Ministry of Labour, Family, Social Affairs and Equal Opportunities allocated EUR 4,990,630.14 to programmes pertaining to the issues, associated with illicit drugs, of which EUR 3,001,134.14 were allocated for high-threshold, EUR 1,589,646.00 for low-threshold and EUR 399,850.00 for prevention programmes.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities was one of the main co-financers of those programmes. The remaining funds were acquired from other sources such as local communities (municipalities), the Health Insurance Institute of Slovenia, memberships and contributions by users, the Foundation for Funding Disability and Humanitarian Organisations and others.

The Ministry of Health provided EUR 298,919.06 in 2024 to the area of illicit drugs; of these EUR 215,397.90 were allocated for co-financed programmes in the field of health protection and promotion until 2025 (only for 2024). Additionally, EUR 83,521.16 were allocated to the newly established "Stična točka" (project office).

The Ministry of Interior provided EUR 1,252,256.39 that were allocated to the Slovenian Police for their work on drug supply reduction measures (integral resources and EU projects altogether).

The Health Insurance Institute of Slovenia allocated EUR 7,222,408.00 in 2024 to the operation of Centres for the Prevention and Treatment of Drug Illicit 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 672,170.00 for various public services, scientific work, international cooperation, and other public health related activities in the field of illicit drugs. EUR 289,587.00 were allocated to the work of addiction prevention center. EUR 185,675.00 was allocated to the activities related to the European Union Drugs Agency (EUDA) and EUR 196,908.00 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 2024, The Office for Youth contributed a total of EUR 19,850.00 to such programmes.

The Prison Administration of the Republic of Slovenia allocated EUR 19,692.52 for the training of the prison staff in the area of illicit drugs.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 2,437,978.02 for helping addicts through various humanitarian organisations in 2024.

Out of all 212 Slovenian municipalities, 115 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs, of these 8 out of 12 city municipalities have responded. These local communities spent a total of EUR 866,666.24 on solving drug-related issues in 2024.

The University Psychiatric Clinic Ljubljana allocated EUR 3,794,094.00 for the operation of the Centre for the Treatment of Illicit Drug Addiction in 2024.

The National Laboratory of Health, Environment and Food allocated EUR 106,389.60 for the project and contract for analyses of psychoactive substances.

Drawing from available data, an estimated sum of EUR 21,666,361.45 was allocated to the issue of illicit drugs in Slovenia in 2024.

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) **4,990,630.14**	2024	Social protection		Labelled	
Tackling the drug issue (MZ) **298,919.06**	2024	Health		Labelled	
Supply reduction measures (MNZ) **1,252,256.39**	2024	Defence		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **7,222,408.00**	2024	Health		Labelled	
Activities of the National Institute of Public Health (NIJZ) **672,170.00**	2024	Health		Unlabelled	
Operation of The Centre for Treatment of Illicit Drug Addiction (UPK Ljubljana) **3,794,094.00**	2024	Health		Labelled	
Programs of organisations in the area of youth work (Office for Youth) **19,850.00**	2024	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **2,437,978.02**	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 (115 out of 212 municipalities) **866,666.24**	2024	Social protection		Unlabelled	
Prison Administration of the Republic of Slovenia **19,692.52**	2024	Defence		Unlabelled	
Project and contract for analyses of psychoactive substances at the National Laboratory of Health, Environment and Food **106,389.60**	2024	Health		Unlabelled	
The Ministry of Justice of the Republic of Slovenia **5,000.00**	2024	Defence		Unlabelled	Financing the targeted research project

2. New developments

2.1 New drug policy developments since last report

In the field of non-substance addiction prevention and treatment, the proposal to amend the Elementary Education Act was approved in 2025. The amendments introduce restrictions on the use of electronic devices (e.g. mobile phones, smart watches, tablets) by pupils during educational activities – that is, their use is only permitted when necessary for educational and other work at school.

3. Additional information

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.

4. Sources and methodology

4.1 Sources

Akcijski načrt 2018-2020 za izvajanje Resolucije o nacionalnem programu duševnega zdravja (ReNPDZ18-28). (2018). Uradni list RS, št. 24/18. Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/1-TEME/Akcijski-nacrt-za-dusevno-zdravje-2018-2020.pdf. Accessed 21st of July 2025.

Akcijski načrt 2025-2028 za izvajanje Resolucije o nacionalnem programu duševnega zdravja (ReNPDZ18-28). (2025). Uradni list RS, št. 24/18. Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/1-TEME/Akcijski-nacrt-za-dusevno-zdravje-2025-2028.pdf. Accessed 21st of July 2025.

Gov.si. (2025). *Vlada potrdila spremembe Zakona o osnovni šoli.* https://www.gov.si/novice/2025-05-08-vlada-potrdila-spremembe-zakona-o-osnovni-soli/

Izvedbeni načrt za obdobje 2025-2026 za izvajanje Strategije za zmanjševanje posledic rabe tobaka za Slovenijo brez tobaka 2022-2030 (Implementation plan 2025-2026 for implementation of the Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030). Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/kajenje/izvedbeni_nacrt_tobak_2025_2026.pdf. / Accessed 21st of July 2025.

Mrak, L., Košan, H. and Miklavčič, A. (2021). Evaluation of the National Programme on Illicit Drugs for the period 2014–2020. Final research report. Available at: https://www.zmanjsevanje-skode.si/wp-content/uploads/2021/09/Kon%C4%8Dno-poro%C4%8Dilo-Evalvacija-NP-14-201.pdf. Accessed 9th of September 2025.

Nacionalni inštitut za javno zdravje. (2021). *Smernice za uporabo zaslonov pri otrocih in mladostnikih.* https://nijz.si/wp-content/uploads/2022/11/uporaba_zaslonov_smernice_za_splet_150_vecje_ilustracije.pdf

Nacionalni inštitut za javno zdravje. (2024). *Celostna evalvacija izvedbe akcijskega načrta 2022-2023.* Nacionalni inštitut za javno zdravje. https://www.zadusevnozdravje.si/wp-content/uploads/2024/11/Evalvacija-ukrepov-drugega-AN22-23-F_2024.pdf

National Programme on mental health 2018–2028 (ReNPDZ18–28). Accessible at: https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2018-01-1046/resolucija-o-nacionalnem-programu-dusevnega-zdravja-2018-2028-renpdz18-28 Accessed 9th of September 2025.

PROGRAM OMEJEVANJA PORABE ALKOHOLA IN ZMANJŠEVANJA ŠKODLJIVIH POSLEDIC RABE ALKOHOLA (2025–2026). Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/alkohol/Program-omejevanja-porabe-alkohola-in-zmanjsevanja-skodljivih-posledic-rabe-alkohola-2025-2026-200624.pdf Accessed 9th of September 2025.

Resolution on the National Programme on Illicit Drugs 2023–2030. Official Gazette of the Republic of Slovenia, No. 75/2023. Available at: https://www.uradni-list.si/glasilo-uradni-list-rs/celotno-kazalo/202375 Accessed 9th of September 2025.

Resolution on the National Health Care Plan 2016-2025; (Official Gazette of the Republic of Slovenia, No. 25/16). Available at: https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2016-01-0999?sop=2016-01-0999. Accessed 9th of September 2025.

Resolution on the National Programme on mental health 2018–2028; (Official Gazette of the Republic of Slovenia, No. 24/18). Available at: https://pisrs.si/pregledPredpisa?id=RESO120. Accessed 9th of September 2025.

Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2026–2035 (ReNPŠ26–35). (Official Gazette of the Republic of Slovenia No. 24/18) Available at: https://pisrs.si/pregledPredpisa?id=RESO120. Accessed 4th of September 2025.

Strategija za zmanjševanje posledic rabe tobaka ZA SLOVENIJO BREZ TOBAKA 2022–2030 (Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030). Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/ZDRAVJE/Preventiva-in-skrb-za-zdravje/Strategija-za-Slovenijo-brez-tobaka.pdf / Accessed 21st of July 2025.

Strategy for Social Care Development in the City of Ljubljana from 2021 to 2027. Available at: https://www.ljubljana.si/assets/Uploads/Strategija-razvoja.pdf Accessed 9th of September 2025.

Legal framework workbook

Contributors

Andreja Belščak Čolaković, Mateja Jandl, Helena Koprivnikar Maja Roškar, Sandra Radoš Krnel, Marjetka Hovnik Keršmanc, Karmen Henigsman, Tadeja Hočevar, all National Institute of Public Health of the Republic of Slovenia

Dragana Trivundža Tomanič, Slovenian Traffic Safety Agency

Leonida Pevec, Zavod Vozim

Simona Svetin Jakopič, Ministry of Justice

Jože Hren, Nataša Blažko, Špela Struna, Vesna Marinko, Peter Debeljak, Anže Trček, Ministry of Health of the Republic of Slovenia

Table of Contents

Summary

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

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

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

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

1. National profile

1.1 Legal framework

• Drug legislation and national guidelines

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.

- **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 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

- **Actual sentencing practice related to drug legislation**

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

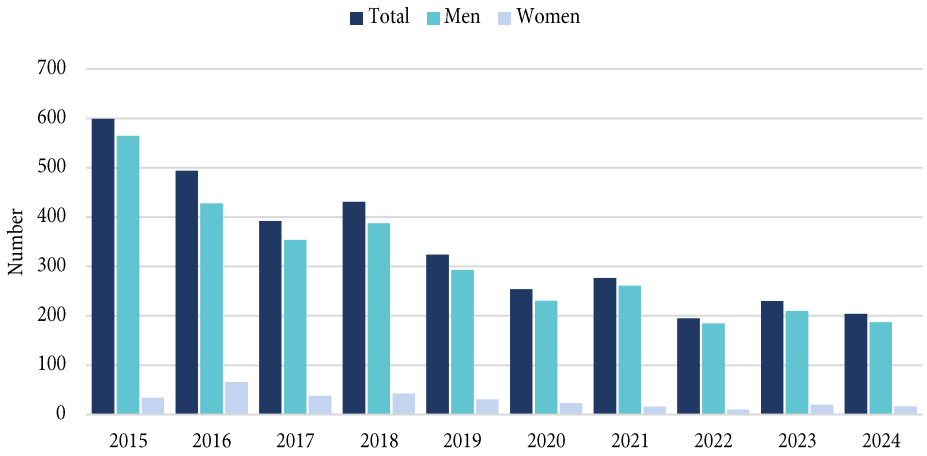
Table 1. Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Men	565	428	354	388	293	231	261	185	210	187
Women	34	66	38	43	31	23	16	10	20	17
Total	**599**	**494**	**392**	**431**	**324**	**254**	**277**	**195**	**230**	**204**

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

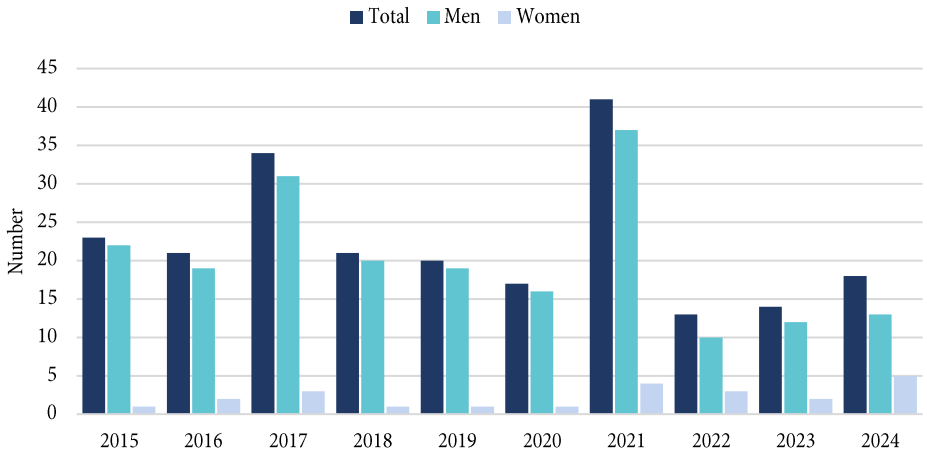
Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past ten years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

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

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Men	22	19	31	20	19	16	37	10	12	13
Women	1	2	3	1	1	1	4	3	2	5
Total	**23**	**21**	**34**	**21**	**20**	**17**	**41**	**13**	**14**	**18**

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

- **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.

- **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

• Changes in penalties and definitions of core offences

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.

• Implementation of the law changes 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

• Laws, changed in the last year

Decree on the Classification of Illicit Drugs

A new amendment to the Decree on the Classification of Illicit Drugs was adopted (Official Gazette of the Republic of Slovenia, 50/2025). 23 new substances, including semi-synthetic cannabinoids, syntetic opioids and cathinones were added to classification number Group I. The new regulation has been in force since 19 July 2025.

Act on Cannabis for Medical and Research Use

In august 2025, Slovenian Parliment adopted an Act on Cannabis for Medical and Research Use (no official translation, yet) (Official Gazette of the Republic of Slovenia, 60/2025). The Act determines the conditions for growing, producing, and trading Cannabis for research and medicinal use, making the rules clear and enabling easier cultivation of medical marihuana as well as prescribing it. While it has successfully regulated the field, critics are afraid of possible misuse, since it allows prescribing based solely on doctors' professional judgment for any indication with no further safeguards.

There was also a referendum in 2024 in which Slovenian people voted, with a small margin, for legalisation of Cannabis for a limited personal (recreational) use. It is expected that an Act on Producing Cannabis for a Limited Personal Use will be discussed in the Parliament shortly. Public Health and related sciences are warning of the possible harmful consequences.

Tobacco and related products

In April 2025, ban on all flavours, except defined tobacco flavours, entered into force after one year transition period (Official Gazette of the Republic of Slovenia, No. 31/2024). Other 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 other important national measures (beside the ban on all flavours in electronic cigarettes, except defined tobacco flavours, also 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). Only one of these measures still need to enter into force, that is abolition of smoking rooms at the end of 2025.

In 2025, excise duties for tobacco and related products increased (Official Gazette of the Republic of Slovenia, No. 34/25). The excise duties increased for combustible tobacco products, heated tobacco products (sticks) and electronic cigarette's liquids with or without nicotine (there are no excises on the devices for use of electronic cigarettes or heated tobacco products). In 2024, excise duties on heated herbal products were introduced (only for inserts, not for devices).

Act Restricting the Use of Alcohol and Excise Duty Act and new Regulation on the determination of the excise duty amount for alcohol and alcoholic beverages

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.

Excise duties in Slovenia changed in 2024 with the new Regulation on the determination of the excise duty amount for alcohol and alcoholic beverages. The excise duty increased by 7%. 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.

4. Additional information

- **Important aspect of the legal framework - additional information or new areas of specific importance**

ALCOHOL

Health care system

In 2022 screening and brief intervention approach for reducing harmful and hazardous alcohol drinking (ASBI) was implemented in health promotion and health education centres that are located in community health care centres.

The implemented ASBI is based on NIPH's SOPA (TRATAC[7]) approach and is provided by specially trained health care workers. The individual motivational interviewing based ASBI is available through health insurance to every adult person (18+ years) that drinks hazardous or harmful.

Each year new health care workers are trained to become practitioners for providing this kind of support. In 2024 a 5-day training module was facilitated twice, with total of 40 participants to become new practitioners of the approach (adding to previous number of 81 practitioners).

For reducing negative effects of harmful drinking and for supporting wellbeing of individuals in general, workshop about healthy relationships were implemented in the health promotion and health education centres as well. This was also implemented in 2022 and accessible upon health insurance to any adult individual who would like to take a closer look and take care of their relationships with others and their relationship with themselves. In 2024, two 5-days training were delivered, with 37 participants, anticipating, that became new practitioners of the workshop (adding to previous number of 82 practitioners).

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 and 2025 seven five-hours long workshops with printed booklets on alcohol were delivered. Evaluation of the workshop is in process.

Road safety in 2024 – alcohol and drugs

In June, November and December 2024, the Traffic Safety Agency coordinated three national prevention campaigns: 'Alkohol' from 4th to 11th of November and "Alkohol in droge" from 16th to 31st of December; furthermore, there was a national prevention campaign on drugs called "Droge" from 17th to 30th June 2024. The activities of all key stakeholders relate to raising awareness of and carrying out monitoring and controls to prevent driving under the influence of alcohol, drugs and other psychoactive substances.

As part of measures linked to the issue of drug use by drivers, the Slovenian Traffic Safety Agency (AVP) proposes that the police make 1,000 rapid drug testing kits available for use.

[7] Together for responsible attitude towards alcohol consumption

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 339 educational workshops (3.627 participants) and 78 psychosocial workshops (725 participants) were organised in nine towns across Slovenia in 2024.

In 2024, 24 road users died as a result of drink driving (meaning above 0.00 g alcohol/kg of blood) and driving under the influence of illicit drugs or other psychoactive substances. This accounted for 35% of all fatalities on Slovenian roads in 2024.

Alcohol

Drink drivers (i.e. those with alcohol levels above the legally determined threshold) were responsible for 1,537 road accidents in 2024. This was a 1% increase on the figure for 2023, when there were 1,529 accidents. Between 2023 and 2024, there was an 11% reduction in the number of accidents involving fatalities, but a 12% increase in the number of road accidents resulting in serious injury.

In 2024, 17 died in road accidents caused by drink drivers, down 19% on the 2023 figure of 21. Just over a quarter (26.15%) of those responsible for fatal accidents were driving under the influence of alcohol (25% in 2023, 20.51% in 2022, 33.93% in 2021 and 36.99% in 2020).

While the number of fatalities is generally down on previous years, the number of serious injuries is rising. A total of 135 road users suffered serious injuries in 2024 (126 in 2023, a rise of 7%) and 633 suffered minor injuries (604 in 2023, a rise of 5%).

A total of 450,662 breathalyser tests were ordered in 2024: 10,318 were positive, 440,007 were negative and 242 were refused.

Drugs

In 2024, drivers under the influence of illicit drugs or other psychoactive substances were responsible for 79 accidents, 52 of which resulted in physical injury. These accidents resulted in four fatalities (one fewer than in 2023), 27 serious injuries (eight more than in 2023) and 25 minor injuries (two more than in 2023). 6% of accidents caused by drug drivers resulted in fatalities.

In 2024, 1,412 drug tests were ordered: 220 were positive, 310 were negative and 737 were refused.

First half of 2025

There were a total of 9,558 accidents on Slovenian roads between 1 January and 30 June 2025, with 708 occurring as a result of driving under the influence of alcohol, illicit drugs or other psychoactive substances. In these accidents, nine people died and 55 suffered serious injury.

The AVP supports the high-profile “40 dni brez alkohola” (40 Days Without Alcohol) campaign as part of the co-funding it provides to non-governmental organisations. The campaign focuses on the fact that excessive alcohol use in Slovenia causes considerable hardship and harm in the form of relationship breakdown, violence, road accidents and illness. It encourages people to take a responsible attitude towards alcohol at home, on the roads, at work and in society generally.

Workplace

In November 2024, a high-profile symposium titled “Alcohol in the Workplace” was organized, addressing the issue of identifying hazardous and harmful drinking in work organizations and during employees’ preventive medical examinations.

Community

Also provided by SOPA approach, National Institute for Public Health organizes ''alcohol free day'' events every year, with the aim to start a conversation about healthy lifestyle choices in our daily lives and offer support to those trying to give up unhealthy habits and risky & harmful behaviour. Visitors can learn more about how to develop a responsible attitude towards alcohol consumption and especially the sources of support available in their region (especially the above mentioned ASBI in community health care centres). In 2024 there were seven regional events organized.

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 2024 and 2025 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.

Consumers

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.

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.

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).

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 had a one year transitional period and came 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. More information on the history of tobacco control legislation in Slovenia is available in previous reports.

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.

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 2025–2026 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.

FURTHER INFORMATION ON THE WORK OF THE PROBATION ADMINISTRATION

One of the most important areas of work that the Probation Administration (UPRO) undertakes is the professional education and training of staff. This education and training is designed to ensure that probation tasks are performed effectively and to the highest possible level of quality. In 2024, professional staff were involved in training and education in the areas of non-substance addiction, mental health and domestic violence.

Active international cooperation and networking also continued.

The Probation Administration (UPRO) dealt with 3,821 cases in 2024, with 220 people deemed to have problems, associated with the use of illicit drugs. In most cases, these people were given community service orders under the Criminal Code. In terms of numbers, this was followed by suspended sentence with judicial supervision and community service under the Minor Offences Act.

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).

5. Sources and methodology

5.1 Sources

Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users. Official Gazette of the Republic of Slovenia, No. 98/1999.

Act on Cannabis for Medical and Research Use.Official Gazette of the Republic of Slovenia, 60/2025).

Criminal Code. Official Gazette of the Republic of Slovenia, No. 55/08 and next.

Decree on the Classification of the illicit Drugs. Official Gazette of the Republic of Slovenia, No. 50/2025.

Excise Duty Act. Official Gazette of the Republic of Slovenia, No. 47/16, No. 92/21, No. 192/21, No. 140/22 and No. 38/24. Available at: https://pisrs.si/pregledPredpisa?id=ZAKO7128 Accessed 21th of July 2025.

Izvedbeni načrt za obdobje 2025-2026 za izvajanje Strategije za zmanjševanje posledic rabe tobaka za Slovenijo brez tobaka 2022–2030 (Implementation plan 2025-2026 for implementation of the Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030). Available at https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/kajenje/izvedbeni_nacrt_tobak_2025_2026.pdf/ Accessed 21st of July 2025.

Minor offences Act. 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.

Production of and trade in Illicit Drugs Act. Official Gazette of the Republic of Slovenia, Nos. 108/99, 44/00, 2/04 – ZZdrI-A and 47/04 – ZdZPZ. Available at: https://pisrs.si/pregledPredpisa?id=ZAKO1388 Accessed 21th of July 2025.

Restriction on the Use of Tobacco Products and Related Products Act. Official Gazette of the Republic of Slovenia, Nos. 9/17, and 29/17 and 31/24. Available at: http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6717 / Accessed 21st of July 2025.

Restrictions on the Use of Alcohol Act (ZOPA). Official Gazette of the Republic of Slovenia, Nos. 15/03 and 27/17. Available at: https://pisrs.si/pregledPredpisa?id=ZAKO3130 Accessed 20th of August 2025.

Statistical Office of the Republic of Slovenia. Data on prison sentences for criminal offences involving drugs. Available at: https://www.stat.si/StatWeb/Field/Index/60 Accessed 11th of August 2025.

Strategija za zmanjševanje posledic rabe tobaka ZA SLOVENIJO BREZ TOBAKA 2022–2030 (Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030). Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/ZDRAVJE/Preventiva-in-skrb-za-zdravje/Strategija-za-Slovenijo-brez-tobaka.pdf / Accessed 21st of July 2025.

The Probation Act. Official Gazette of the Republic of Slovenia 27/17. Available at: https://pisrs.si/pregledPredpisa?id=ZAKO7554 Accessed 21th of July 2025.

Drugs workbook

Contributors

Mateja Jandl, National Institute of Public Health, EUDA's Slovenian Focal Point
Ines Kvaternik, National Institute of Public Health, EUDA's Slovenian Focal Point
Darja Lavtar, National Institute of Public Health, EUDA's Slovenian Focal Point
Katja Rostohar, National Institute of Public Health, EUDA's Slovenian Focal Point
Vanja Žmak, National Institute of Public Health
Vesna Pucelj, National Institute of Public Health
Živa Žerjal, National Institute of Public Health
Maja Fister, National Institute of Public Health

Tanja Urdih Lazar, University Clinical Centre Ljubljana

Marija Sollner Dolenc, Vita Pavlin, University of Ljubljana, Faculty of Pharmacy

Marko Verdenik, NGO DrogArt

Metka Loboda Skočir, NGO Stigma

Anja Mihevc, NGO DrogArt

Anita Grbić, NGO društvo UP

Ester Heath, Jožef Stefan Institute, Jamova 39, Ljubljana, Slovenia, International Postgraduate School Jožef Stefan, Jamova 39, Ljubljana, Slovenia
Ivana Čulić, Jožef Stefan Institute, Jamova 39, Ljubljana, Slovenia
Sarra Trabelsi, Jožef Stefan Institute, Jamova 39, Ljubljana, Slovenia, International Postgraduate School Jožef Stefan, Jamova 39, Ljubljana, Slovenia
Eirini Andreasidou, Jožef Stefan Institute, Jamova 39, Ljubljana, Slovenia, International Postgraduate School Jožef Stefan, Jamova 39, Ljubljana, Slovenia

Table of Contents

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% men 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 2024 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 (95 persons or 20%) among those included in programmes implemented by the four non-governmental organisations which offer counselling, psychotherapy, and treatment for illicit drug-related problems (DrogArt, Pogovorimo se, Društvo Up, Projekt Človek).

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 2024, cocaine accounted for high (10) 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 2024. Since 2017, the drug checking service within the EWS has recorded a high purity of cocaine, with samples regularly appearing with 70–90% purity (SI EWS, monthly reports 2017–2024).

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 2024 survey is presented in the next chapter.

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

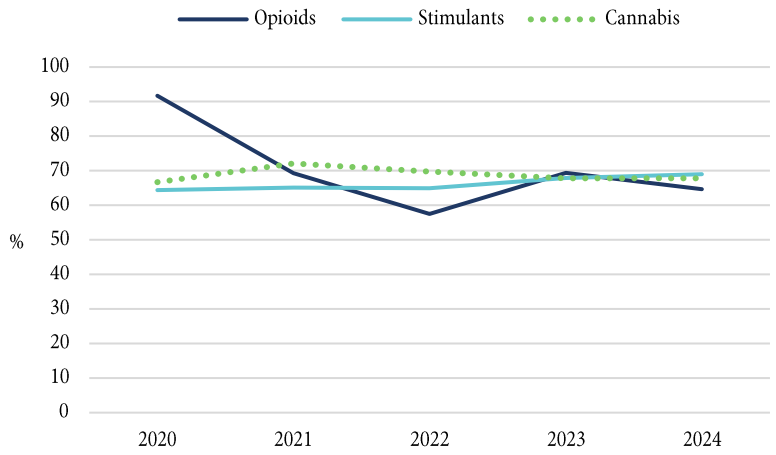
The data on illicit drug use in other subpopulation groups are acquired from one-time surveys and questionnaires, from surveys which recur in longer periodical time frames and from the annual survey among harm reduction programme users. The National Institute of Public Health conducted a survey in 2022 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, 58.7% of participants have already used cannabis in their lifetime, while 26.6%, 16.4% and 25.0% 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 2024, 64.7% of the respondents said they had used opioids in the last year: most frequently, heroin (56%), 73,2% of the respondents used cannabis and more than two thirds (69%) stimulant drugs, most frequently cocaine (64.3%).

Opioid use is lower and stimulant use is higher in 2024 than in 2023. While the use of cannabis increased from 67.8% to 73.2% (Figure 2).

Figure 2. Prevalence of opioids, stimulants and cannabis use among harm reduction programme users, 2020–2024



Source: National Institute of Public Health, Regional Unit Koper, Survey on Harm Reduction Programme Users 2020–2024

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 (31) by drug group in 2024. 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 Drugs (EWSD) 2024

The European Web Survey on Drugs (EWSD) took place in May and June 2024 and was an online survey based on a convenience non-probability sampling method. The target population was persons aged 18 and above who were living in Slovenia and had used any of the following drugs in the previous 12 months: cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin, new psychoactive substances (NPS) or ketamine. In Slovenia the study was conducted by the NIPH (National Institute of Public Health). More than 1,500 respondents replied to the online survey in Slovenia, among them 870 were drug users.

Table 2. EWSD study: Drug use in the last year and the last month, by gender (%)

	In the last year			In the last month		
	All	Female	Male	All	Female	Male
	n=1,451	n=701	n=750	n=1,451	n=701	n=750
Cannabis	56.0	44.8	66.5	43.8	33.7	53.2
Cocaine	23.7	18.7	28.4	11.9	9.6	14.1
MDMA	19.3	16.4	22.0	5.5	5.4	5.6
Magic mushrooms	13.4	9.1	17.5	4.2	2.7	5.6
Amphetamine	10.1	8.8	11.3	4.0	4.3	3.7
NPS	9.6	7.1	12.0	3.9	2.3	5.5
Ketamine	7.7	6.8	8.5	2.9	2.3	3.5
LSD	6.8	4.6	8.9	1.0	0.4	1.6
GHB	3.0	2.4	3.6	0.7	0.1	1.2
Heroin	2.8	1.1	4.3	1.7	0.7	2.7
Methamphetamine	2.7	2.0	3.3	0.6	0.4	0.7

Source: National Institute of Public Health, The European Web Survey on Drugs 2024

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.

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 2024 contained questions of this type.

According to data from the European School Survey Project on Alcohol and Other Drugs (ESPAD) conducted in 2024, 14.2% of surveyed students aged 15 to 16 have used cannabis mixed with tobacco, with 9.8% using it frequently and 4.4% using it rarely. Additionally, 10.5% of respondents have used cannabis in the form of dried leaves and flowers, with 4.2% using it frequently and 6.3% using it rarely. 5.4% of surveyed students have used cannabis resin or hashish, with 1.7% using it frequently and 3.7% using it rarely. Lastly, 4.2% of respondents have used cannabis oil, with 1.4% using it frequently and 2.8% using it rarely.

The 2024 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 (83.6%), followed by edibles (28.8%), hashish (25.7%) and cannabis oil (15.6%).

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 2022–2024).

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 3).

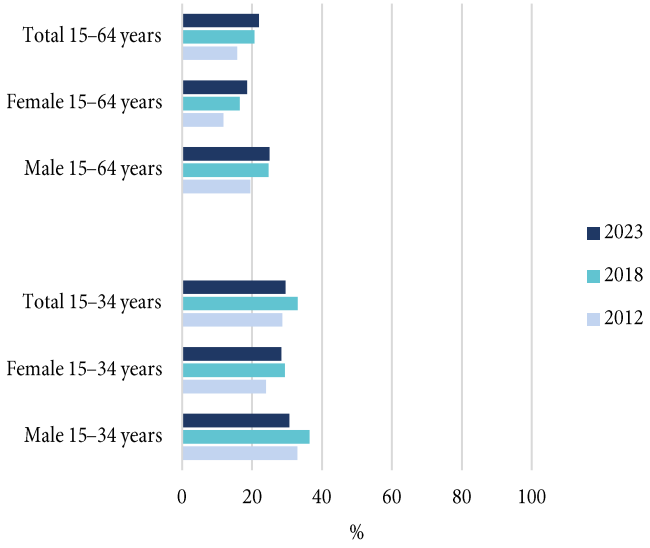
Table 3. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	Age	Total (%)	Male (%)	Female (%)
Lifetime	15–64	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 increases, 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),[8] 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

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.

According to the ESPAD survey, cannabis has remained the most commonly used illicit drug among 15- to 16-year-olds in Slovenia–just as it has among the adult population–since the first wave of the study in 1995. In the most recent wave conducted in 2024, 18.3% of surveyed students aged 15 to 16 reported having used cannabis at least once in their lifetime. Unlike in previous survey years, the gender difference in lifetime cannabis use was very small and statistically insignificant (boys: 18.7%, girls: 17.9%).

Compared to the previous ESPAD survey in 2019, lifetime cannabis use in 2024 decreased significantly. In 2019, it stood at 23.2% overall (26.0% among boys and 20.7% among girls), with a statistically significant gender difference. Despite the observed downward trend in the percentage of students who have used cannabis at least once, Slovenia remains well above the ESPAD country average: in 2024, the average lifetime cannabis use among ESPAD countries was 12% overall–13% among boys and 11% among girls.

In the 12 months prior to the 2024 survey, 15.7% of Slovenian students had used cannabis (16.2% of boys and 15.2% of girls). Among them, 1.9% (2.4% of boys and 1.4% of girls) had used it 40 times or more. In the 30 days prior to the survey, 8.6% of students reported using cannabis (9.0% of boys and 8.1% of girls). Based on this measure, Slovenia shares second place among ESPAD countries with Italy; only Liechtenstein reported a higher percentage (9.6%).

Between the first ESPAD wave in 1995 and the latest in 2024, the most significant increase in lifetime cannabis use among Slovenian 15- to 16-year-olds occurred between 1995 and 1999. This was followed by moderate growth until 2003, a decline in 2007, a slight increase until 2015, a small drop in 2019, and a more notable decline in 2024.

This decline in lifetime cannabis use in 2024 compared to previous waves has also been observed in most other participating countries. One possible contributing factor could be the reduced availability of cannabis during the COVID-19 pandemic. However, the long-term impact of this factor will only be assessable with data from future survey waves.

[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.

Table 4. Lifetime cannabis use (%) in 1995, 1999, 2003, 2007, 2011, 2015, 2019, and 2024, ESPAD, Slovenia

Year	Boys	Girls	Total
1995	14.4	11.8	13.2
1999	26.7	22.7	24.9
2003	30.7	26.1	28.4
2007	24.0	19.9	22.0
2011	26.0	20.9	23.4
2015	25.9	23.8	24.8
2019	26.0	20.7	23.2
2024	18.7	17.9	18.3

Source: ESPAD, Slovenia 2024

Cannabis Use in other subpopulations

The National Institute of Public Health conducted a survey in 2022 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 58.7% of programme participants have used cannabis in their lifetime, with the proportion higher among boys (60.6%) than girls (56.7%). A total of 44.1% of programme participants reported using cannabis in the last year, while 39.4% reported using cannabis in the last month. Some 15% of PLYA programme participants reported daily cannabis use (Pucelj et al., 2025).

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, 2024), 73.2% of respondents reported they had used cannabis in the last year. Of these, 30.2% used cannabis every day or several times a day. The highest prevalence of cannabis use is found in the age groups 40–44 (25.5%) and 45–49 (25.5%). Thus, half of all cannabis users are between 40 and 49 years old.

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).[9]

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.

[9] 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.

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.

According to data from the ESPAD 2024 survey, 5.9% of Slovenian students aged 15 to 16 are classified as high-risk cannabis users based on the CAST (Cannabis Abuse Screening Test), placing Slovenia in first place among the 37 participating countries, shared with the Czech Republic. The CAST test assesses the frequency and severity of problems related to cannabis use and includes questions about: smoking cannabis before noon, smoking cannabis alone (without the company of other users), memory problems related to cannabis use, advice from parents or friends about reducing or quitting cannabis use, attempts to quit using cannabis, and problems in relationships or at school due to 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)[10]. 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.

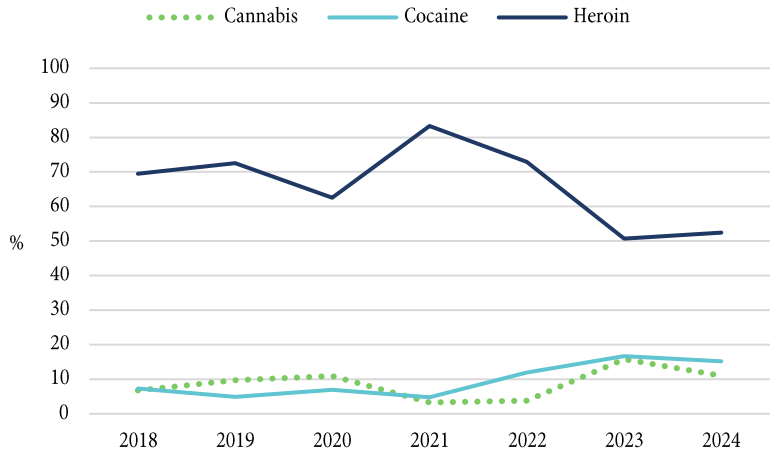
1.2.2 Reducing the Demand for Cannabis

In 2024, the percentage of persons first entering or re-entering treatment programme in the network of Centres for Prevention and Treatment of Illicit Drug Addiction (CPTDA) for cannabis problems was 11% (23 persons). From persons first entering treatment programme, 53% were males.

The mean age upon entering the program was 28 years. In 2024 the percentage of those who entered treatment for problems related to cannabis use declined. (Figure 4). The Treatment Workbook provides detailed statistical information about the users who enter treatment for problems related to cannabis use.

[10] 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.

Figure 4. Treatment entrance due to cannabis, cocaine and heroin-related problems, 2018–2024



Source: National Institute of Public Health, TDI 2024

Table 5. The number of users included in counselling and NGO treatment programmes due to problems related to illicit drugs in 2022–2024

	DrogArt			Up			Pogovorimo se			Projekt Človek		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Total number of included users	112	115	145	129	331	334	231	278	278	590	685	No data
Number of included young users	8	8	8	26	139	158	58	67	62	121	197	No data
Number of included adult users	104	107	137	103	192	176	173	211	216	469	488	No data
Cannabis, cannabis combined with other PAS	26	26	27	43	72	68	135	145	140	141	137	No data
Cocaine, cocaine combined with other PAS	30	32	32	33	38	35	18	15	15	126	206	No data
Heroin, other opiates and combinations	7	9	9	15	7	6	4	3	3	71	68	No data
Other drugs and combinations	29*	34*	50	8	15	11	60	65	4	54	32	No data
Alcohol	12	7	17	14	27	38	0		1	152	200	No data
Other addictions and problems	8	7**	10	16	22	16	0			46	42	No data

Source: NGO DrogArt; NGO Up Association; NIPH Centre for Addiction Prevention, OE Maribor – PP Program Pogovorimo se; NGO Projekt Človek

NGO DrogArt

In addition to 145 continuously involved users, 158 users were involved in a one-time online, telephone or personal counseling. Within the Counseling Center, we observe a very diverse population of people who are involved in the DrogArt counseling center. There are a lot of individuals who have associated mental problems and other circumstances that make it difficult to solve their problems. Many are involved who need comprehensive support and help.

In addition, we counselors connect a lot with other help services. Individuals come with increasingly complex content, severe traumas, so there is an increasing need for inclusion in the psychotherapy process. Due to high demand, we have a waiting list, which we "solve" with a triage system and admission whenever possible. We have limited the program to one year, with the possibility of extension if the individual is still in severe distress.

National Institut of Public Health (NIPH) Centre for Addiction Prevention, OE Maribor: PP Program Pogovorimo se- "Let's Talk"

The public social welfare program for the prevention and treatment of addiction "Let's Talk" (working within NIPH Centre for Addiction Prevention) is a high-threshold program aimed at achieving stable abstinence from all illicit drugs and other chemical substances, education or employment in accordance with the individual's abilities and motivations, the formation of a new social network, and the quality use of free time. The program involves direct counselling work with individuals struggling with addiction, experimental users, their immediate family members, and others who represent a meaningful and non-threatening social network for the individual. Participants remain integrated into their home environment throughout the program and maintain important social ties such as living with their family, continuing formal or alternative education, seeking employment, or being employed. The "Let's Talk" program primarily targets primary and secondary school students, university students, and all individuals who believe they are capable of establishing and maintaining abstinence within the same environment where their drug use occurred, while also valuing the continuation of their education or employment.

Table 6. User Participation Data

Month	Total Number of Users	Average Hours of Active Participation per User per Month
January	94	7.00
February	100	7.00
March	113	7.00
April	103	7.00
May	90	7.00
June	94	7.00
July	98	7.00
August	88	7.00
September	93	7.00
October	93	7.00
November	89	7.00
December	102	7.00

Source: National Institute of Public Health Centre for Addiction Prevention, OE Maribor: PP Program Pogovorimo se- "Let's Talk"

Number of participants in the so-called MAIN program: 238

Estimated number of participants for the entire year: 240/300 (Let's Talk)

Cannabis users can seek help in all drug treatment programmes: Centres for Prevention and Treatment of Illicit Drug Addiction (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 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 7 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 7. 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).

The Use of Synthetic Cannabinoids - Other subgropus

The users of the drug-checking service are predominantly younger recreational users of herbal cannabis which they most commonly consume by smoking. Regular daily use is frequently observed, often as a way of coping with stress, insomnia, or alleviating other distress. There is no indication of intentional use of synthetic cannabinoids among these users. In cases where cannabis is contaminated with synthetic cannabinoids, recreational users quickly detect this due to the greater number of negative effects and submit a sample for testing. In the semi-legal market, the number of new products (such as candies, chocolates, vapes, etc.) containing THC and other semi-synthetic cannabinoids has increased.

The target population for these products consists mainly of younger, less experienced users, most likely due to easier availability in physical shops and through legal online stores. Some of these products, despite a low declared THC content or an unknown content of semi-synthetic cannabinoids, contain high doses due to their weight, which has led to several hospitalizations (Drug Checking Service, SI EWS 2024).

2. New developments

2.1 New Developments in the Use of Cannabis

According to the results of the 2024 ESPAD survey, 17.7% of Slovenian students aged 15 to 16 believed that regular cannabis use poses little or no risk. A total of 56.6% of Slovenian students considered regular cannabis use to be very risky. More than 60% of girls and just over 40% of boys considered regular cannabis use to be very risky—a statistically significant gender difference. These data are somewhat more favorable compared to the 2019 survey, when one in five Slovenian respondents (20%) believed that regular cannabis use was low-risk or not risky at all, and only 44.3% perceived it as very risky.

Compared to 2019, the 2024 survey also showed a slightly lower perceived availability of cannabis. In 2019, as many as 45.7% of respondents considered cannabis to be fairly or easily available, while in 2024 this percentage fell to 41.0%. Despite the decline, this remains the highest perceived availability rate among the countries participating in the ESPAD survey (Denmark and Germany have the same percentage, followed by Norway with 40%).

3. Additional information

3.1 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).

3.2 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 2025). The Cannabis for Medical and Scientific Purposes Act has come into force in August 2025. Doctors will now be able to prescribe cannabis for medical purposes, based on their professional judgment, for any indication or condition on a green or white prescription, but for a maximum of one month of treatment per patient each month.

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 2024, cocaine was the leading cause of death caused by a single substance.

In recent years, high-purity cocaine and high-potency ecstasy tablets have been present on the drug market. In 2022 and 2023, a decline in the purity and potency of ecstasy tablets was observed, while the purity of MDMA in crystalline form increased. In 2024, methamphetamine availability and purity levels remained stable and comparable to those reported in 2023. In addition, non-governmental organisations reported wide availability of cocaine, particularly in nightlife settings and among various user groups, including young people (SI EWS 2017–2024 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, and 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 8).

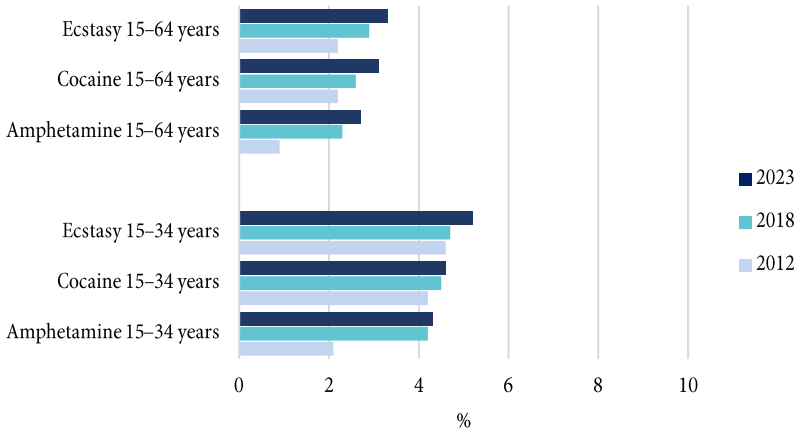
Table 8. The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

	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, have seen an increase in the lifetime use of ecstasy, cocaine and amphetamine (Figure 5).

Figure 5. 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 and 2023



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

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.

ESPAD

The ESPAD survey includes questions regarding the use of the following stimulants: ecstasy, amphetamines, methamphetamines, cocaine, and specifically crack cocaine. A total of 5.5% of the surveyed 15- to 16-year-olds reported having used any of these stimulants at least once in their lifetime, which is lower than in 2019 (6.3%) but higher than in 2015 (4.9%). Ecstasy was used by 3.2% of respondents, amphetamines by 1.6%, methamphetamines by 2.3%, cocaine by 3.3%, and crack cocaine by 1.3%. For all of the listed psychoactive substances, the proportions are higher than in 2019. However, given the lower overall percentage of stimulant use, we can conclude that respondents who use stimulants are more likely to engage in concurrent use of multiple substances within this category. In 2024, during the 12 months preceding the survey, 2.4% of respondents reported using ecstasy, 2.6% used cocaine, 2.0% used methamphetamines, 1.3% used amphetamines, and 1.1% used crack cocaine.

The use of stimulants, according to the ESPAD survey data, remains relatively rare in 2024. However, special attention should be given to the trend of increasing usage rates of individual psychoactive substances within this group, as well as their concurrent use. These are substances that surveyed 15- to 16-year-olds perceive as quite accessible. In terms of the perceived availability of ecstasy, Slovenian students were among the top countries in Europe participating in the survey in 2024.

As many as 17% of Slovenian students reported that ecstasy is somewhat or very easy to obtain, and an even higher percentage (21%) reported that cocaine is somewhat or very easy to obtain. Slovenian respondents were also at the top when it comes to the perceived availability of crack (13%).

Stimulant Use in Other Subpopulations

According to data from the survey conducted in 2022 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 26.6%, 16.4% and 25.0% of those persons, respectively.

Stimulant drugs are also popular among harm reduction programme users, who are most often opioid drug users. In the Survey 2024, two thirds (69%) 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 (64.3%). 24% of drug users consumed cocaine several times per week, 3.9% used cocaine once per week, 8.9% used cocaine every day or several times per day. The highest percentage of cocaine users were aged 40 to 44 (25.5%).

28.8% of the respondents used amphetamines and methamphetamines in the last year. 35.9% reported to use this type of drug several times per month, 39.7% reported to use it just a couple of times per year while 20.5% used it once per week or more often, 3.9% of these users used it on a daily basis.

The highest percentage of amphetamine and methamphetamines users were aged 40 to 44 (25%). 20.2% of the respondents used ecstasy in the last year. Most of them (70.9%) used ecstasy just a couple of times per year. The highest percentage of ecstasy users were aged 40 to 44 (26.7%).

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, 2024), who reported they had used cocaine (64.3%) in the last year, 31.4% of them injected cocaine and 28.3% combined injections with other routes of administration, 27.1% sniffed it, 5.3% smoked it and 8% combined snorting and smoking. Among users who said they used amphetamine and methamphetamine, (28.8%), 3.7% injected the drugs, 39% sniffing, 20.7% smoking, 12.2% used orally and 9.6% 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 14.6% combined snorting, smoking, and oral use. Among ecstasy users (20.2%), the largest percentage (86.2%) consumed it orally (ate/drank it), 6.9% sniffing, and 5.2% of users combined oral consumption with sniffing. 1.7% of users combined injections with other routes of administration.

1.2.2 Treatment for Stimulants

Data on treatment demand reveals that in 2024, 15% (32 persons) of persons first entering or re-entering a treatment programme in the CPTDA network for the first time or again, sought help for stimulant use. The majority of persons first entering were men (70,6%). Among stimulants, cocaine is the most common drug for which users enter treatment. In 2024, cocaine was the second most frequent reason for entering treatment overall. The mean age at which users first entered for cocaine problems was 28 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 82 cocaine 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 9 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 9. 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).

Use of Synthetic Cathinones - Other subgropus

Users of cathinones are often a consumer group with high-risk behavior. This means more frequent use of larger quantities. Occasional recreational use is less common compared to other stimulants such as MDMA, amphetamine, and cocaine. A smaller proportion is still represented by the chemsex population, who most often combine cathinones with GHB/GBL, Viagra, and poppers (Drug Checking Service, SI EWS 2024).

1.2.4 Injecting and other Routes of Administration

In the 2024 ESPAD survey, 1.2% of respondents aged 15 to 16 reported having injected a drug using a needle. However, the question referred to any drug that can be used in this way, not to a specific substance.

Among users who consumed cocaine in 2024, 58.6% injected it. Among those who used amphetamines and methamphetamines, 14.5% injected these substances. Only one ecstasy user reported injecting the drug as well (1.7%).

Cocaine is the prevalent stimulant drug, injected by harm reduction programme users. Although in 2024 compared to 2023 the injecting of cocaine decreased.

2. Additional information

2.1 Additional Sources of Information

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

Assessing the use of illicit drugs in Slovenia using Wastewater-Based Epidemiology

In 2010, a SCORE group (Sewage Analysis CoRe Group — Europe) was established to standardise the approaches used for wastewater analysis and to coordinate international studies. The first SCORE activity was conducted in 2011 across 19 European cities, enabling the first-ever inter-city study of illicit drug use in Europe (Thomas *et al.*, 2012). This action was accompanied by an interlaboratory comparison exercise to evaluate the quality of the analytical data. Every year, raw wastewater 24-hour composite samples are collected during a single week (seven samples) between March and May.

These samples are analysed for the urinary biomarkers (for cocaine benzoylecgonine and for cannabis 11-nor-9-carboxy-delta9-tetrahydrocannabinol) or parent drug (amphetamine, methamphetamine, ketamine and MDMA). Comparable studies have been undertaken since 2011(van Nuijs *et al.*, 2018).

Slovenia has been a part of the SCORE campaign since 2018. In 2024, three Slovenian wastewater treatment plants (WWTPs)/municipalities, namely Domžale-Kamnik, Velenje and Kranj, participated. The obtained drug use estimates for Slovenian municipalities were compared both among themselves and with data from other cities participating in the international monitoring campaign SCORE 2024. Additionally, timely trends in drug use in Slovenian municipalities were explored.

Results

1. Concentrations and mass loads of illicit drug biomarkers in WWTP influents

In **Domžale-Kamnik** wastewater influent samples (sampling period 04.05.-10.05.2024), four illicit drug biomarkers were quantified (e.g. above limit of quantification, >LOQ), namely THC-COOH (THC), benzoylecgonine (cocaine), MDMA, and amphetamine (two out of seven daily samples were < LOQ) (Table 10a). Methamphetamine was < LOQ in all samples.

Table 10a. Concentrations and mass loads of illicit drug biomarkers in WWTP Domžale-Kamnik influent

Compound	Drug	Average concentration (7 days) [ng/L]	Average mass loads (7 days) [g/day]	Normalised average mass loads (7 days) [mg/day/1000 inhabitants]
ILLICIT DRUG RESIDUES (SCORE)				
THC-COOH	Cannabis (THC)	162 (87.2-191)	3.85 (2.69-5.15)	46.6 (32.5-62.4)
Benzoylecgonine	Cocaine	1,250 (668-1,640)	29,8 (20.6-38.2)	361 (249-463)
Amphetamine	Amphetamine	10.1 (<LOQ-16.9)	0.234 (0.0878-0.362)	2.83 (1.06-4.39)
MDMA	Ecstasy	55.4 (8.45-133)	1.26 (0.260-3.04)	15.2 (3.15-36.8)
Methamphetamine	Methamphetamine	<LOQ	n.a.	n.a.

n.a.- biomarker concentrations were <LOQ for all seven days, so mass loads could not be calculated.
MDMA - 3,4-Methylenedioxymethamphetamin. THC-COOH – carboxy tetrahydrocannabinol.

In WWTP **Velenje** influent samples (09.04.-15.04.2024), four illicit drug biomarkers were >LOQ with MDMA being >LOQ only in two out of seven samples (Table 10b). Methamphetamine was < LOQ in all samples.

Table 10b. Concentrations and mass loads of illicit drug biomarkers in WWTP Velenje influent

Compound	Drug	Average concentration (7 days) [ng/L]	Average mass loads (7 days) [g/day]	Normalised average mass loads (7 days) [mg/day/1000 inhabitants]
ILLICIT DRUG RESIDUES (SCORE)				
THC-COOH	Cannabis (THC)	192 (180-207)	2.25 (2.08-2.39)	68.2 (62.9-72.3)
Benzoylecgonine	Cocaine	732 (569-1,040)	8.55 (6.51-11.7)	259 (197–343)
Amphetamine	Amphetamine	164 (148-185)	1.93 (1.85-2.11)	58.3 (54.6-63.8)
MDMA	Ecstasy	5.69 (<LOQ-17.1)	0.0645 (0.0146-0.192)	1.95 (0.441-5.80)
Methamphetamine	Methamphetamine	<LOQ	n.a.	n.a.

n.a.- biomarker concentrations were <LOQ for all seven days, so mass loads could not be calculated.
MDMA - 3,4-Methylenedioxymethamphetamin. THC-COOH – carboxy tetrahydrocannabinol.

In WWTP **Kranj** influents (09.04. – 15.04.2024), all five illicit drug residues were detected. Methamphetamine was quantified only in one sample, while MDMA was > LOQ in six out of seven samples (Table 10c).

Table 10c. Concentrations and mass loads of illicit drug biomarkers in WWTP Kranj influent

Compound	Drug	Average concertation (7 days) [ng/L]	Average mass loads (7 days) [g/day]	Normalised average mass loads (7 days) [mg/day/1000 inhabitants]
ILLICIT DRUG RESIDUES (SCORE)				
THC-COOH	Cannabis (THC)	285 (230-472)	2.43 (1.91-3.73)	45.6 (35.8-70.1)
Benzoylecgonine	Cocaine	2,750 (1,610-4,160)	23.5 (13.7-31.6)	442 (257-565)
Amphetamine	Amphetamine	135 (57.2-436)	1.10 (0.486-3.31)	20.6 (9.14-62.3)
MDMA	Ecstasy	72,9 (<LOQ-194)	0.61 (0.0100-1.47)	11.4 (0.189-27.7)
Methamphetamine	Methamphetamine	4.77 (<LOQ-17.7)	0.0390 (0.0206-0.134)	0.733 (0.368-2.53)

MDMA - 3,4-Methylenedioxymethamphetamin. THC-COOH – carboxy tetrahydrocannabinol.

2. Drug consumption estimates

Drug consumption estimates, expressed as mg of drug/day/1000 inhabitants or doses/day/1000 inhabitants, were obtained by back-calculation from the normalised mass loads of biomarkers (mg biomarker/day/1000 inhabitants), taking into account drug metabolism and average doses (Table 12).

Table 12. Data used for the calculation of average drug doses

Drug	Biomarker (correction factor) Gracia-Lor *et al.* (2016)	Average doses in Slovenia [mg] DrogArt (2025)
Cannabis (THC)	THC-COOH (182)	83
Cocaine	Benzoylecgonine (3,59)	45
Amphetamine	Amphetamine (2,77)	48
Ecstasy	MDMA (4,4)	95
Methamphetamine	Methamphetamine (4,4)	20

THC – tetrahydrocannabinol, THC-COOH – carboxy tetrahydrocannabinol

Table 13 shows the average use in dose/day/1000 inhabitants for all three municipalities/WWTPs. The highest illicit drug doses were found for cannabis (highest in Velenje), followed by cocaine (highest in Kranj).

Table 13. Average drug use expressed in dose/day/1000 inhabitants

Municipality/ WWTP	Domžale-Kamnik	Velenje	Kranj
Drug	Average doses [dose/day/1 000 inhabitants]	Average doses [dose/day/1 000 inhabitants]	Average doses [dose/day/1 000 inhabitants]
Cannabis (THC)	102	149	100
Cocaine	28.8	20.7	35.2
Amphetamine	0.165	3.4	1.20
Ecstasy	0.705	0.09	0.529
Methamphetamine	n.a.	n.a.	0.161

n.a. - all biomarker concentrations were < LOQ

THC – tetrahydrocannabinol, <LOQ – biomarker concentrations were <LOQ for all seven days.

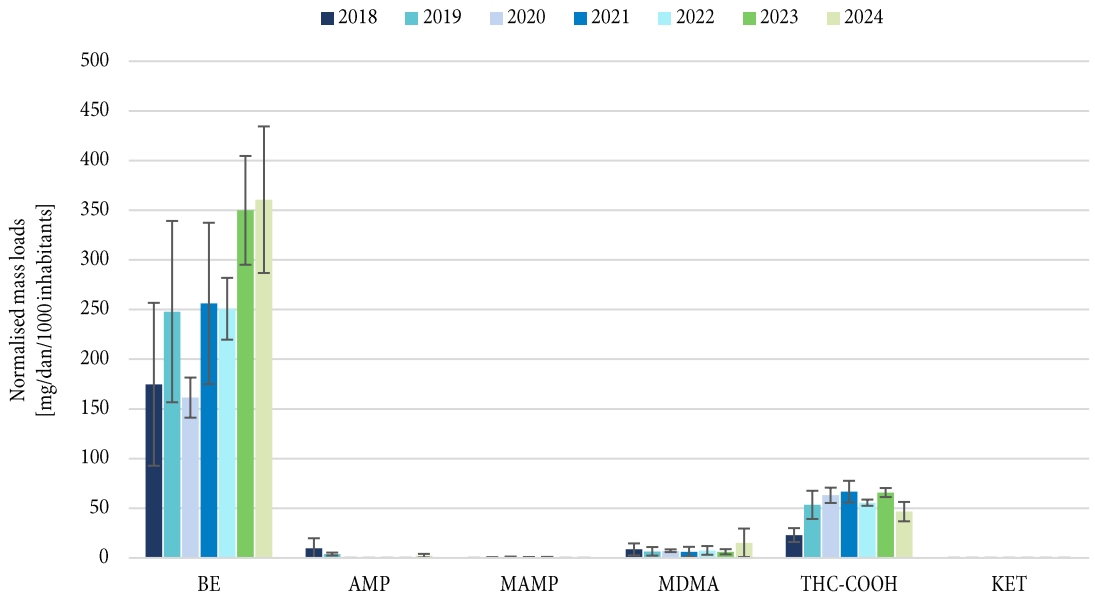
3. Comparison between Slovene WWTP/municipalities and the SCORE monitoring campaign

The most extended monitoring period was carried out in Domžale -Kamnik (since 2018, Figure 6A), followed by Velenje (since 2019, Figure 6B) and Kranj (since 2022, Figure 6C). Normalised mass loads are shown in Figure 6.

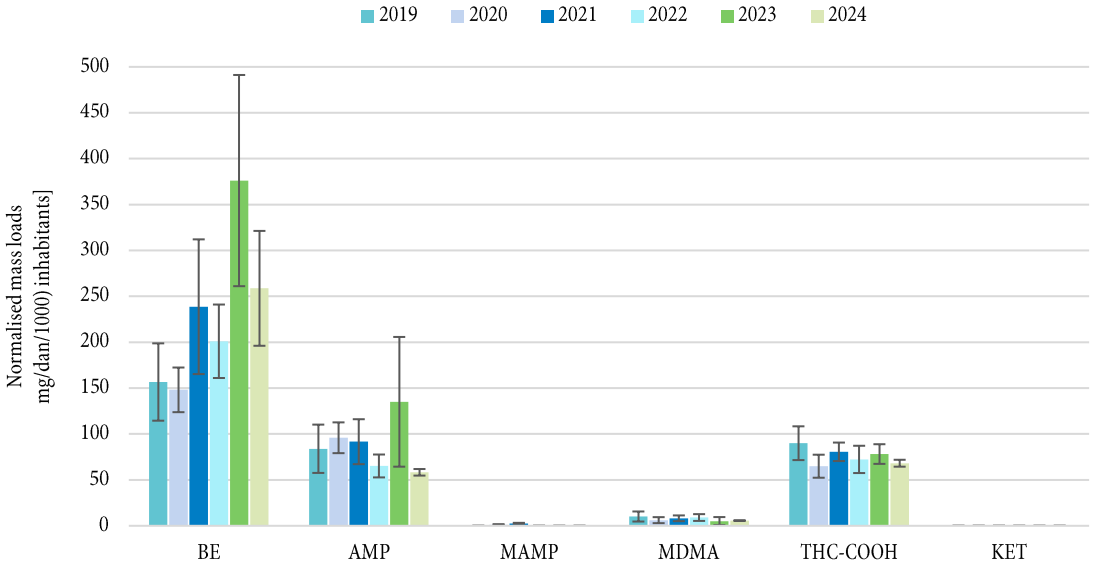
Figure 6. Histograms showing average mass loads of selected illicit stimulant biomarkers for Slovenian municipalities participating in SCORE monitoring for three or more consecutive years

BE – benzoylecgonine, AMP – amphetamine, MAMP – methamphetamine, MDMA – 3, 4-methylenedioxymethamphetamine, THC-COOH - 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol, KET – ketamine (A: Domžale-Kamnik, B: Velenje, C: Kranj)

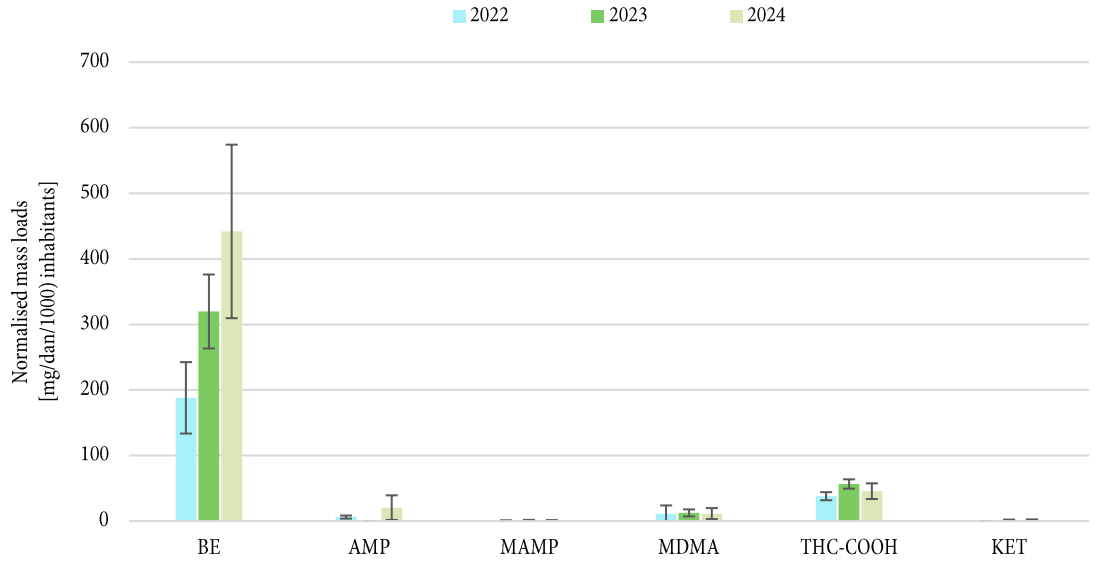
A) Domžale-Kamnik



B) Velenje



C) Kranj



SCORE 2024. Data for 2024 revealed the highest mass loads of THC-COOH in Velenje (68.2 mg/day/1000 inhabitants), followed by Domžale-Kamnik and Kranj (46.6 and 45.6 mg/day/1000 inhabitants). The highest normalised mass loads were determined for benzoylecgonine (442 mg/day/1000 inhabitants) in Kranj, followed by Domžale-Kamnik (361 mg/day/1000 inhabitants) and Velenje (258 mg/day/1000 inhabitants). Amphetamine mass loads remained the highest in Velenje (58.3 mg/day/1000 inhabitants), as in previous years, with significantly smaller use in Kranj (20.6 mg/day/1000 inhabitants) and Domžale-Kamnik (2.83 mg/day/1000 inhabitants). MDMA mass loads were the highest in Domžale-Kamnik (15.2 mg/day/1000 inhabitants), followed by Kranj and Velenje. Methamphetamine normalised mass loads were determined only in Kranj (0.733 mg/day/1000 inhabitants).

In addition, ketamine was also included in the analysis. Ketamine is an anaesthetic used to induce loss of consciousness and alleviate pain, but is frequently misused for its dissociative and hallucinogenic properties. Results showed quantifiable ketamine influent concentrations and normalised mass load values only for Kranj (1.48 mg/day/1000 inhabitants).

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 also used to explore daily patterns in drug use within individual municipalities (Jandl *et al.*, 2021; 2022; 2023; 2024). The data reveals a typical weekly pattern, i.e., higher biomarker mass loads during weekends, which is associated with increased consumption of stimulants (SCORE, 2025; EUDA, 2025). Although a distinctive weekly pattern was not observed during SCORE monitoring performed during the 2020 (Jandl *et al.*, 2021) and 2021 (Jandl *et al.*, 2022) COVID-19 lockdowns, a modest weekly trend in stimulant use was observed in 2022 (Jandl *et al.*, 2023) and 2023 (Jandl *et al.*, 2024). In contrast, cannabis (THC), a drug known to be used regularly throughout the week, does not exhibit any distinct weekly pattern (Zuccato *et al.*, 2008).

Generally, these trends were less pronounced and visible in 2024. Increased weekend patterns were shown only for MDMA in Domžale-Kamnik and cocaine in Kranj (data not shown).

Temporal comparison in Slovenia. Since the concentration of biomarkers in wastewater needs to be monitored over at least five consecutive years to predict temporal trends reliably, Kranj could not be included in the temporal variation assessment. However, benzoylecgonine mass loads indicate increased cocaine use since 2022 in this municipality. In Domžale-Kamnik, there has been an increase in cocaine use since 2018, while in Velenje, there has been an increase since 2019. However, the normalised mass loads in Velenje have decreased since last year. Future monitoring will confirm this trend. For the remaining biomarkers, normalised mass loads in these two municipalities do not show significant changes throughout sampling periods.

Comparison within SCORE 2024participants. In 2024, 128 cities from 26 countries in the European Union, Norway, and Türkiye participated in the SCORE monitoring campaign, while globally, 154 cities were included. Among the three Slovene cities reported here, none were in the top 20 on both the European and worldwide levels.

Conclusions

Three Slovenian municipalities (Domžale-Kamnik, Velenje and Kranj) participated in the 2024 SCORE monitoring. The data showed the highest mass loads of THC-COOH and amphetamine were recorded in Velenje and the highest normalised mass loads of benzoylecgonine in Kranj. Moreover, methamphetamine was detected only in Kranj, while MDMA showed the highest mass loads in the Domžale-Kamnik area. No Slovenian municipalities ranked among the top 20 European nor worldwide cities included in SCORE 2024. Long-term monitoring over five consecutive years indicated that the consumption of most targeted drugs in Slovenian municipalities has remained relatively stable, except cocaine, which showed an increasing trend in Domžale-Kamnik and Velenje. The values also increased in Kranj over three measured years; however, more data are needed to assess temporal trends.

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

Estimates of the number of high-risk opioid users

In the ESPAD survey, heroin is the only opioid included. According to the 2024 data, 1.5% of surveyed 15- to 16-year-olds reported having tried heroin at least once in their lifetime (1.3% of boys and 1.7% of girls), while 1.1% (0.9% of boys and 1.1% of girls) reported using it in the 12 months prior to the survey.

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 for 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 2024, we used the data provided by 18 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, 2.828 different drug users were in database TDI and the data on the number of incarcerated people receiving substitution therapy have been added (377 persons) and the interpolated number of persons for the centres that have not reported number of treated persons in that year (133 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, 2024). The response rate was 22%, where 303 drug users filled the questionnaire among 1.387 different drug users included in harm reduction programs in year 2024.

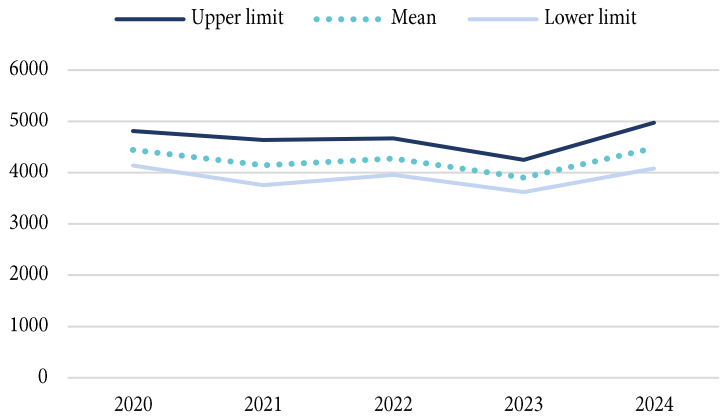
Table 14 shows the estimated number of high-risk opioid users in Slovenia estimated with treatment multiplier method. We estimated that there were about 4.480 high-risk opioid users in Slovenia in 2024 (with the 95% confidence interval from 4.083 to 4.974), which in relative share means 3.3 users per 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 14. 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	4.083	4.480	4.974
15–64/1,000 resid.	3.0	3.3	3.7

Source: National Institute of Public Health, 2024

Figure 7. Estimate of the number of high-risk opioid users, 2020–2024



Source: National Institute of Public Health, 2024

Over the past decade, the prevalence of high-risk opioid use in Slovenia has remained relatively stable. However, recent data indicate an increase in the number of high-risk opioid users (Figure 7). Injection remains the most common route of administration, although recent monitoring shows a slight decline in the proportion of users who inject drugs. Polydrug use continues to be widespread, with growing evidence of a shift from injecting to alternative routes, such as inhalation, smoking, and sniffing. Clients in treatment and harm reduction programs represent an aging population, reflecting the observed increase in the average age of drug-related death victims. This population faces additional health and social challenges, emphasizing the urgent need for targeted interventions to address their specific risks and vulnerabilities.

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 2024 compared to the year before. Heroin use has slightly declined (1.6%), while the misuse of substitution medications has increased by 10%. Heroin was used in the last year by 56% of respondents. A total of 63.8% of heroin users injected the drug, while 19% of those persons also smoked or inhaled it, 14.1% snorted it and 3.1 % smoked and snorted. 22.4% respondents used heroin several times a year, 21.1% used heroin several times a month, while 25% of users used heroin at least once a week, and 31.5% used it every day or several times a day. The majority of heroin users are 40 to 44 years old (26.1%).

73.2% have received substitution medication in the last year, 39.9% of all respondents reported using substitution and other medications contrary to the method prescribed by a doctor. Of these, 71.3% of respondents abused substitution medications and 87.6% sleeping pills. Most of them used the substitution medications orally (48.8%), while 32.2% injected them or used injection with other methods of use. 38.4% respondents used substitution medications every day or several times a day. The highest percentage of substitution medication users were aged 45 to 49 (30.1%).

The majority sniffed sleeping pills (44.8%), 17.1% took them orally, 21.9% combined these two methods, and 16.2% injected sleeping tablets and hypnotics or used them in other ways. 37.8% abused sleeping tablets and hypnotics once or several times a day. The majority of users were 40 to 44 years old (26.5%).

1.2.2 Treatment for Heroin and Other Opioids

In 2024, opioids continue to be the main cause persons first entering or re-entering treatment at the CPTDA network. In that same year, 63.8% of persons first entering or re-entering treatment at CPTDA named 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 (52.4%) than those seeking help due to buprenorphine (5.7%), methadone (4.3%), and other opioids (1.5%). Users first entering treatment programmes for heroin problems were mostly men (72%). The mean age of entering a programme for heroin treatment was 36.8 years (detailed statistical data available in the Treatment Workbook 2025).

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 Addiction Prevention, OE Maribor: PP Program Pogovorimo se- “Let’s Talk” In 2024, these four institutions provided counselling and psychotherapy services to 18 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. In 2024, protonitazepyne and fluetonitazepyne were identified.

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 2024, the National Institute of Public Health issued a Preparedness and Response Plan for a Public Health Threat from Synthetic Opioids or Other Psychoactive Substances. Accesible: https://nijz.si/publikacije/nacrt-pripravljenosti-in-ukrepanja-za-primer-javnozdravstvene-groznje-zaradi-sinteticnih-opioidov-ali-drugih-psihoaktivnih-snovi/ (see also Best Practice Workbook 2025)

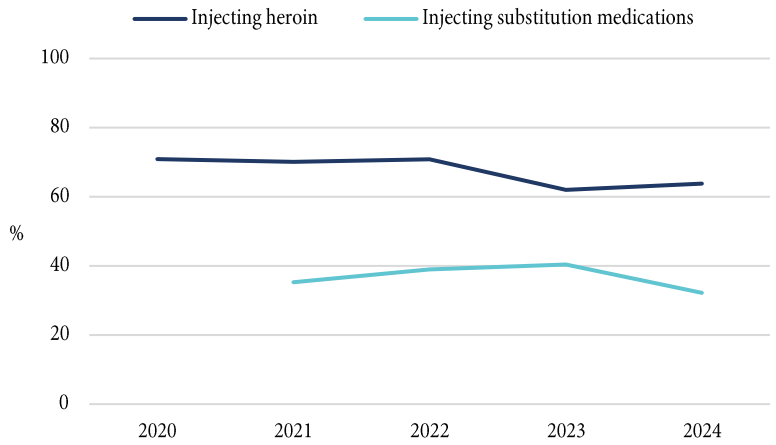
In 2017, Slovenia first saw a significant increase in the number of deaths (7) due to synthetic opioids while in 2018, the number of deaths attributable to this reason rose to 15. This number includes two persons who died due to fentanyls, while the remaining 13 died due to tramadol. One third of the 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 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 2024, there were 2 cases 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 2024 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.

According to survey data, in 2024 the proportion of users who inject drugs fell below half for the first time (48.1%). Those who used heroin most often injected it (63.8%). Since 2020, heroin injection has declined, but it has remained stable over the past two years.

Figure 8. Injecting heroin and substitution medications among harm reduction service users, 2020–2024



Source: National Institute of Public Health, Regional Unite Koper, Survey on harm reduction services users, 2020–2024

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 15 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 15. 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.

Synthetic opioids - Use in other subpopulations

Among users of the psychoactive substance testing service, most heroin users are older regular users who struggle with addiction. The heroin market has so far remained stable, though some samples with higher heroin content have appeared. The use of nitazenes and fentanyls remains negligible. In the day center and during outreach work, an increase in use is observed among younger generations (16–20), who also inject heroin. These are high-risk young users who face other psychosocial challenges (Drug Checking Service, SI EWS 2024).

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).

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 unit at the University Medical Centre Ljubljana, in 2024 the number of poisonings with gamma-hydroxybutyrate (GHB) increased (34 poisonings) in comparison to previous 2023 (8 poisonings). In 2024, 23 cases of poisoning with new psychoactive substances were reported, for example with 3-MMC, MDPHP and PHiP. The trend from 2023 stays the same (in 2023 we noticed an increase in the number of instances of intoxication involving new psychoactive substances (22 poisonings) relative to 2022, when only 11 patients were treated).

1.2 Prevalence, Trends and Harms related to Other Drug Use

ESPAD study 2024

Among Slovenian students participating in the ESPAD survey, the lifetime prevalence of new psychoactive substances use in 2024 was 6%, placing Slovenia second among participating countries. The highest prevalence was recorded in Poland (6.4%).

LSD or other hallucinogen had been used at least once in their lifetime by 2.7% of Slovenian students surveyed. The percentage of those who have used magic mushrooms was 3.7%, with a statistically significant difference between genders: 4.9% of boys compared to 2.6% of girls. The percentage of respondents who have tried GHB was 0.9%.

Inhalants were among the more commonly used psychoactive substances among Slovenian students. In the ESPAD 2024 survey, 10.1% of 15- to 16-year-old students reported having used inhalants (e.g. solvents, glue) at least once in their lifetime. This figure is slightly lower than in 2019 (11%) and 2015 (14%), but still places Slovenia in the top third of participating countries. In addition, a significant proportion of Slovenian respondents reported first encountering inhalants at the age of 13 or younger. In 2024, 5.0% of students fell into this category. Among the countries participating in the survey, only Germany reported a higher percentage (5.9%).

In the 2019 ESPAD survey, questions on the use of substances for enhancing academic performance were included for the first time. These refer to stimulant-like substances obtained without a medical prescription. At that time, 5.9% of Slovenian secondary school students reported having used such substances at least once in their lifetime, with slightly more girls (6.3%) than boys (5.5%), although the gender difference was not statistically significant. In 2024, this percentage increased: 9.4% of respondents reported having used substances to improve learning performance, again with a higher proportion among girls (9.9%) compared to boys (8.7%). This time, the gender difference was statistically significant.

Students most commonly obtained these substances from family members, friends, or acquaintances (3.9%), and rarely from street dealers, online sources, or pharmacies. The use of such substances should be monitored closely in the future, as their prevalence now exceeds that of most other drugs (with the exception of cannabis), while very little is known about their long-term health effects.

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 riskier 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 riskier 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 riskier 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 used 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.

2. Additional information

2.1 Additional Sources of Information

In 2024, 97 samples representing 29 different substances, purchased as new psychoactive substances (NPS), were submitted for analysis to the National Laboratory for Health, Environment and Food, representing an increase compared to 2023. Synthetic cathinones remained the most frequently detected group of NPS, with a re-emergence of mephedrone, while the market of counterfeit products appears to be stabilising. Synthetic opioids from the nitazene group were also identified; however, these have not yet been detected as adulterants in other psychoactive substances.

Over the 2021–2024 period, six samples of nitazenes were identified under the anonymous testing service. In 2021, etazene and metonitazene were detected; in 2023, ethomethazine and metonitazene; and in 2024, F-etonitazepine and protonitazepyne were identified. The presence of LSD analogues and semi-synthetic cannabinoids was likewise recorded.

A further decline in benzodiazepine samples was observed in the post-pandemic period, although counterfeit benzodiazepines remain present on the market. In addition, a mixture known as "tusi" (or "pink powder") was detected, typically containing ketamine, MDMA, and caffeine in varying proportions (SI EWS 2017–2024 monthly reports).

SECTION E. SOURCES AND METHODOLOGY

1. Sources and methodology

1.1 Sources

- OST treatment in Prison, Prison Administration, 2024
- Survey of harm reduction services users, 2024
- Record of Treatment of Drug Users – TDI database, NIPH, 2024
- SURS, number of inhabitants: https://pxweb.stat.si/SiStatData/pxweb/sl/Data/-/05C2006S.px (Available: 30.8.2025)
- General Mortality Register, NIPH, 2024
- EWSD, 2024
- EWS, 2024
- ATADD, 2023: https://nijz.si/wp-content/uploads/2024/09/ATADD_prepovedane-droge_2024_obl_koncna.pdf

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.

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 1.12.2024 and 31.12.2024 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 2025). 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 303 drug users answered the questionnaire, 81.7% male and 18.3% female respondents, where the mean age was 42.67 years. The youngest respondent was 16 and the oldest 67 years old. Among the respondents, three individuals were minors.

The majority of the respondents had completed vocational or secondary schools (66.1%), 24.8% had only primary school level education and 6.7% had higher education, university degree or higher qualifications. 2.3% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (81.8%); 13.9% of them were regularly employed, 2.4% retired in 2% were still in school (pupil, student).

The largest percentage of the respondents (34.8%) lived alone, 25.6% still lived with their parents or relatives, 8.5% lived together with their partner, 3.1% with friends, 3.8 % in shelters and 24.2% outside (in the park, street, abandoned buildings).

A total of 79.2% of respondents had been involved in treatment programmes in the last year, while 71.6% of users had been involved in a substitution programme, 11.9% had attended a drug dependency treatment centre, 11.6% had been treated at a psychiatric hospital, 7.3% had received substitution therapy at a correctional facility, 2.3% had received treatment at a rehabilitation centre in Slovenia, and four respondent (0.7%) had received treatment at a rehabilitation centre abroad.

The police dealt with 25.3% of the respondents in 2024.

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 303 out of 1.387 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 2024 was 2.828. Among 21 centres, 3 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 (Zuccato *et al.*, 2008). Within the framework of the SCORE monitoring (SCORE, 2025), which is supported by the European Union Drugs Agency (EUDA, 2025), 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 (SCORE, 2025; EUDA, 2025), but Slovenia's participation began in 2017 with data provided for Ljubljana (González-Mariño *et al.*, 2020). 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 increased from 19 cities/municipalities in 2011 to 128 cities/municipalities in 2024 (SCORE, 2025).

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%) (Baselt *et al.*, 2008; Gracia-Lor *et al.*, 2016). 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 (Gracia-Lor *et al.*, 2016). 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/May 2024 at the inflow of three Slovenian wastewater treatment plants servicing the municipalities of Domžale-Kamnik (77,981 population units (PU)/inhabitants), Velenje (32,583 PU/inhabitants) and Kranj (70,000 PU/inhabitants). Samples were analysed at the "Jožef Stefan" Institute, Laboratory for Organic Analysis, Department of Environmental Science.

Drug consumption estimation: Drug consumption was evaluated according to Zuccato *et al.* (2008). 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 16). Average doses (Slovenia) were obtained from the DrogArt (DrogArt, 2025) and used to calculate drug use in doses/day/1000 inhabitants.

Table 16. Drug biomarkers and data used for the estimation of drug consumption

Drug	Biomarker	The percentage of the drug excreted as a drug biomarker (%)	Molar ratio	Correction factor (Gracia-Lor *et al.*, 2016; Du *et al.*, 2020)	Average middle dose (mg) (DrogArt,. 2025)
Cocaine	Benzoylecgonine	29	1.05	3.59	45
Amphetamine	Amphetamine	36.3	1.00	2.77	47.5
Methamphetamine	Methamphetamine	22.7	1.00	4.4	20
Ecstasy (MDMA)	MDMA	22.5	1.00	4.4	95
Ketamine	Ketamine	20	1.00	5	52.5
Cannabis (THC)	THC-COOH	0.2	1.09	182	83

MDMA - 3,4-methylendioxymethamphetamine, THC-COOH – 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol

ESPAD

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has been conducted using a standardized international methodology every four years since 1995 (with the exception of the five-year gap between the penultimate survey in 2019 and the most recent one in 2024). The primary objective of the survey is to collect comparable data on the use of various psychoactive substances among 15- and 16-year-old students across Europe, in order to monitor trends within and between countries. Within the ESPAD project, eight rounds of data collection have been carried out to date. The first study in 1995 involved 26 countries, while the 2024 data collection was conducted in 35 countries. Slovenia has participated in all ESPAD surveys conducted so far.

Sample

Data are collected using stratified random samples representative of students who turn 16 in the year of data collection. Accordingly, the 2024 survey covered students born in 2008. The sampling unit is the school class. Classes are randomly selected from lists of all first-year classes in Slovenian upper secondary schools across four types of educational programmes. In 2024, a total of 233 classes were selected for the sample, comprising 6,115 first-year students. The survey was completed by 4,524 students. The final dataset included 3,728 respondents (1,770 boys and 1,945 girls) born in 2008.

Questionnaire

The ESPAD questionnaire was developed by the group of ESPAD experts based on the Pompidou questionnaire for research on drug use among school populations (Hibell et al., 2012). The questionnaire consists of core questions, optional questions, and modules. The core questions are mandatory for all participating countries and cover selected demographic variables; the frequency of use of various drugs, internet, social media, and computer games; gambling (both online and in person) in their lifetime, in the last year, and in the last month before the survey, age of initiation or onset of regular drug use, attitudes toward drug use (e.g. perceived availability and health risks) and internet use, perceived prevalence of drug use among peers and older siblings, family circumstances, school performance, leisure activities, satisfaction with relationships (parents, peers), and participation in prevention activities. Each country may choose a few additional questions and questions from up to two additional modules. The Slovenian questionnaire includes, in addition to the core questions, additional questions related to the use of alcohol, energy drinks, and substances used to enhance academic performance.

Procedure

Data collection in classrooms is carried out by school counsellors in accordance with professional guidelines. All individuals participating in the survey are guaranteed complete anonymity. The questionnaire includes only three personal questions—year and month of birth, and gender—which do not allow for the identification of the respondent. Each respondent receives an envelope in which they seal their completed questionnaire. The survey is conducted over one or, at most, two weeks during a strictly defined period, ensuring that no holidays or school breaks occurred in the month preceding data collection.

Data Processing

Data entry and processing are carried out using the SPSS software. Before entering data into the computer database, the questionnaires are reviewed (to check that the number of questionnaires matches the data in the class report and to assess the quality of responses) and encrypted (country, school, class, person, type of program). Data cleaning is performed by the manager of the international database in two phases. In the first phase, unusable cases are excluded, in the second, logical substitution of missing values is performed. The national dataset is then sent to the research team for further analysis.

The European Web Survey on Drugs (EWSD)

The European Web Survey on Drugs (EWSD) took place in May and June 2024 and was an online survey based on a convenience non-probability sampling method. The target population was persons aged 18 and above who were living in Slovenia and had used any of the following drugs in the previous 12 months: cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin, new psychoactive substances (NPS) or ketamine. In Slovenia the study was conducted by the NIPH (National Institute of Public Health). The survey participants were recruited through convenience sampling via a website frequented by drug users, through notices placed on social media, and through notices at treatment and harm reduction centres. More than 1,500 respondents replied to the online survey in Slovenia, among them 870 were drug users.

The questionnaire was developed by EUDA in cooperation with participating countries, and included a set of basic questions for use in all participating countries. Depending on their drug use, participants responded to questions on one or more of the following substances: cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin, new psychoactive substances (NPS) and ketamine. The questionnaire was available in the Slovenian language. Data was collected between May and July 2024 via the EUSurvey system. The EUDA cleaned and validated all the data. Ethical consent was obtained from the Committee for Deontological and Ethical Issues at the National Institute of Public Health.

Limitations: Although web surveys show great potential, they do have limitations. It is important to note that these surveys are usually based on self-selection and often do not have a pre-determined sampling framework (a list from which individuals are selected for the sample). This means that even very large samples are usually not representative of the general population or any pre-determined group of drug users. As a result, web surveys cannot be used to estimate the prevalence of drug use within the general population, and care must be taken when interpreting the results of such surveys.

1.3 Bibliography

References

DrogArt web-page, https://www.drogart.org/.

EUDA, 2025: European Union Drugs Agency (EUDA). Wastewater-based epidemiology and drugs topic page, https://www.euda.europa.eu/topics/wastewater_en (accessed in September 2025).

M. Jandl, A. Hočevar-Grom, A. Drev, A. Belščak-Čolaković, I. Kvaternik (ed.), Report on the drug situation 2024 of the Republic of Slovenia, National Institute of Public Health, Ljubljana, 2024.

R. C. Baselt, Disposition of toxic drugs and chemicals in man. 8th ed., Biomedical Publications, Foster City, 2008.

DrogArt, 2025: web-page, https://www.drogart.org/EUDA, 2025: European Union Drugs Agency (EUDA). Wastewater-based epidemiology and drugs topic page, https://www.euda.europa.eu/topics/wastewater_en (accessed in October 2025).

P. Du, Q. Zheng, K. V. Thomas et al. A revised excretion factor for estimating ketamine consumption by wastewater-based epidemiology – Utilising wastewater and seizure data (2020). Environ. Int. 138, 105645.

E. Gracia-Lor, E. Zuccato, S. Castiglioni. Refining correction factors for back-calculation of illicit drug use (2016). Sci. Total Environ. 573, 1648-1659.

I. González-Mariño, J.A. Baz-Lomba, N.A. Alygizakis, et al. Spatio-temporal assessment of illicit drug use at a large scale: evidence from seven years of international wastewater monitoring. (2020).

SCORE, 2025: Sewage Analysis CORe group Europe (SCORE), https://score-network.eu/ (accessed in October 2025).

E. Zuccato, C. Chiabrando, S. Castiglioni, et al. Estimating community drug abuse by wastewater analysis (2008). Environ. Health Perspect. 116 (8) 1027–1032.

Prevention workbook

Contributors

Branka Božank, Jasmina Črnko Papić, Ana Štruc, Petra Tratnjek, Nuša Konec Juričič, Tea Kordiš, Andreja Drev, Maja Roškar, Helena Koprivnikar, Vesna Pucelj, Lea Furlan, Vesna Šmarčan, Marjetka Hovnik Keršmanc, Damjan Vincek, Sandra Radoš Krnel, Tadeja Hočevar, Karmen Henigsman, Špela Selak, Maša Černilec, all National Institute of Public Health

Irma Glaner, Peter Debeljak, Nataša Blažko, Ministry of Health

Mišela Mavrič, Gašper Krstulovič, Tina Kosi, Ministry of Education

Matej Košir, Sanela Talić, Institute UTRIP

Karin Križman, No Excuse

Nataša Sorko, Glimer of Hope

Nastja Holc, Prison Administration of RS, Radeče Correctional Facility for Juveniles

Dragana Trivundža Tomanič, Slovenian Traffic Safety Agency

Natalija Žalec, Andragogical Centre of Slovenia

David Razboršek, Leonida Pevec, Anja Zagomilšek, Vozim Institute

Kerstin Sirk, Slovenian Association for Chronic Non-Communicable Diseases

Table of Contents

Summary

Policy and organization 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.

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.

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

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

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

In recent years, activities related to the management and prevention of non-chemical addictions in Slovenia have intensified and become more systematic. Most of these activities are carried out within the framework of the Resolution on the National Mental Health Programme 2018–2028 (Programme MIRA). Priority tasks in this area are defined and guided by the Programme Committee for Non-chemical Addictions, coordinated by the National Institute of Public Health (NIJZ).

Measures set out in Programme MIRA focus on the preparation of reports and initiatives for mental health promotion among children and adolescents in the digital age, with the aim of preventing non-chemical addictions, as well as on the development of preventive programmes addressing this issue.

The key long-term objectives and the main priorities defined in the Action Plan for the final implementation period of Programme MIRA (2025–2028) are:

- systematic and regular monitoring and research of non-chemical addictions in Slovenia;
- development and implementation of new and improved health promotion and prevention activities at all levels, targeting non-chemical addictions;
- establishment and strengthening of a national network of support services responding to the needs of the population in the field of non-chemical addictions.

Within the framework of these objectives, a variety of ongoing activities have already been implemented in Slovenia. These include continuous awareness-raising and education of both the general and professional public. Several expert articles on non-chemical addictions have been published on the Programme MIRA website, and psychoeducational materials on digital-related issues have been developed (e.g., the expanded "Me on the Internet" section on the "That's Me" website). Numerous public lectures and expert presentations were delivered (e.g., during the Mental Health Festival), and experts appeared in media and podcasts addressing digital challenges.

In 2021, the first Slovenian National Guidelines on Screen Use in Children and Adolescents were published and later reprinted and disseminated to all Slovenian kindergartens, primary and secondary schools, Health Promotion Centres, Mental Health Centres, Centres for Social Work, paediatric clinics, and relevant NGOs. Three National Conferences on the Management of Non-chemical Addictions have been organised (the fourth will take place in 2025), dedicated to professional training and capacity building. The topic has also been presented at various professional events.

In 2021, the first Slovenian National Guidelines on Screen Use in Children and Adolescents were published and later reprinted and disseminated to all Slovenian kindergartens, primary and secondary schools, Health Promotion Centres, Mental Health Centres, Centres for Social Work, paediatric clinics, and relevant NGOs. Three National Conferences on the Management of Non-chemical Addictions have been organised (the fourth will take place in 2025), dedicated to professional training and capacity building. The topic has also been presented at various professional events.

Psychoeducational and health education content on non-chemical addictions has been integrated into existing preventive programmes within the healthcare system, including lectures and materials for the Preparation for Parenthood programme, as well as a new chapter on the prevention of early digital device use in the Expecting a Baby guide for parents-to-be. A comprehensive training programme for health education providers on non-chemical addictions has been developed and will be implemented by the end of 2025, along with updated training materials.

Special attention is being given to training professionals in Child and Adolescent Mental Health Centres (CAMHCs) to improve early identification, prevention and intervention among individuals with behavioural addiction problems. Within the cohesion project PED CDZO, psychoeducational workshops on non-chemical addictions are being prepared for Adult Mental Health Centres.

In 2024 and 2025, a survey questionnaire was developed to assess the situation and needs related to cooperation between CAMHCs and other services. In 2025, a national needs assessment study on non-chemical addictions in Mental Health Centres will also be conducted. In addition, a screening questionnaire for assessing problematic digital device use in preschool children (age 3) was developed to support early detection and prevention. The validation of this new tool is currently underway in Slovenia.

In 2024, a review and evaluation of existing interventions in the field of non-chemical addictions identified one example of good practice – Preventive Support for Individuals and Families, Centre for Assistance in Cases of Excessive Internet Use (Logout). Within the Targeted Research Project "Proposal for a Comprehensive Prevention Model for Children and Adolescents in the Field of Psychoactive Substances and Digital Technologies", a systematic literature review was conducted to identify effective interventions for preventing excessive use of digital technologies and digital addiction in school settings.

In 2024, data analyses on non-chemical addictions collected within the 2023 National Survey on Tobacco, Alcohol and Other Drugs were conducted. Based on the findings, a statistical publication was prepared and will be finalised and published in the second half of 2025. During this process, validation studies of two measurement instruments used in the survey – assessing addiction to video games and gambling – were carried out. Results of the validation will be published as scientific papers following the publication of the statistical report.

Furthermore, in 2024 Slovenia joined the EU Joint Action MENTOR, where NIJZ is responsible for leading activities related to developing recommendations for preventing problematic use of digital technologies in early childhood. In 2025, a review of existing guidelines, policies and strategic documents addressing this topic was launched. A report summarising the results at both the national and EU level is currently in preparation.

1.1.2 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.

The bulk of the funds for prevention programmes are provided by the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, with some funds also coming from the Health Insurance Institute of Slovenia (ZZZS), which finances the “Vzgoja za zdravje” (Education for Health) programme, and Youth office, which finances the Youth centres and youth workers, for example. The funds are provided by the state budget (a presentation of the funding earmarked for the entire drugs field, broken down by individual financing entity, is available in the Drug Policy Workbook).

Prevention activities in the field of non-chemical addictions are financed by the state budget, at national level by the ministries (mainly the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities) and the Health Insurance Institute of Slovenia, and at local level by the municipalities and various project funds.

The key ministries in the field of prevention have established cooperation that works well, especially in the area of information exchange and coordination of various tasks. However, they have not yet succeeded in establishing joint content creation. This goal is difficult to achieve due to rigid organizational structures and different laws to which the individual ministries are subject. The Ministry of Health and the Ministry of Education are the main institutions involved, while other ministries – such as the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Digital Transformation – are engaged to a lesser extent.

Alcohol

In March 2024, an inter-ministerial working group was established to prepare the first standalone programme for reducing alcohol consumption. The group included representatives of key line ministries and a representative of the National Institute of Public Health. Two representatives of non-governmental organizations were also included as permanent contributers. The working group prepared the first programme and established itself as the central coordinating body for aligning alcohol policy in Slovenia.

Non-chemical addictions

The Programme Committee for Non-chemical Addictions (PO), established at the end of 2024, defines and guides the priority tasks in the field of prevention of non-chemical addictions. The Committee is composed of experts from various disciplines who, through their knowledge and experience, address different levels of intervention aimed at managing and reducing non-chemical addictions in Slovenia.

The Committee's work covers various forms of addictions, including digital addictions, gambling addiction, addiction to sexual content and pornography, and relationship-related addictions, among others. The group meets at least twice a year, and its work is coordinated by the National Institute of Public Health (NIJZ) within the framework of Programme MIRA.

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.

The Foundation for the Funding of Disabled and Humanitarian Organisations (FIHO) is one of the key non-public funding bodies. It manages funds obtained through the levying of taxes on gambling and betting activities. Disabled and humanitarian organisations may apply for funding for social and humanitarian programmes through the annual calls for applications issued by FIHO. A portion of the funds also goes to organisations active in the field of illicit drugs (see also Drug Policy Workbook).

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

Tobacco and related products

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 came 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.

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). Implementation plan for the period 2025–2025 is currently ongoing (more details in Drug Policy Book, Section 1.1.4).

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

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 June 2025, after more than 11 years without change, the government raised excise duties on alcohol and alcoholic beverages by 7%, with public health objectives at the forefront of the measure. Due to opposition, particularly from the alcohol industry, the increase only succeeded on the fourth attempt.

In November 2024, the government adopted the first standalone programme for reducing alcohol consumption and mitigating the harmful consequences of alcohol use for the period 2025–2026. With this, it established, in a systemic and intersectoral manner, the foundation for a more effective continuation of alcohol policy in Slovenia. The programme is based on the WHO "best buys" recommendations and the latest evidence on effective approaches. Although a legal basis for its adoption had existed for 20 years, there had previously been insufficient political will and support for its adoption.

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. The exception is the message about the connection between alcohol and cancer, which appears more frequently, as research results have shown that it is the least known fact about the consequences of alcohol consumption. 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

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.

2025: In March 2025, we have conducted 56 inspections on the sale of alcoholic beverages, with 51.8% of cases resulting in alcohol being sold to minors, presenting a decrease in violations compared to previous years. In addition to checking beer sales, we also examined the frequency of wine sales. It turned out that wine was sold in only 35% of cases, whereas beer was sold in 61%. The stores Eurospin and Hofer had by far the highest percentage of violations, i.e., sales to underage persons. In April 2025, we conducted 57 inspections on the sale of tobacco and related products, with 38.6% cases resulting in a product being sold. We compared the sales of tobacco products, nicotine pouches, and electronic cigarettes. The rate of violations in the sale of all three product categories ranged between 33% and 43%, with electronic cigarettes showing the highest percentage of violations.

In the frame of Joint Action NCD Prevent NIJZ is task leader responsible for caring out mystery shopping across different countries including Slovenia for alcohol and tobacco. The objective of the study is to assess the existence and experiences with mystery shopping as a method for age limit control of alcohol and tobacco sale, and to test selected mystery shopping methods in selected countries.

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).

Non-chemical addictions

There are currently no preventive policies in place within the school environment; however, in 2025 an amendment to the Primary School Act was adopted, introducing restrictions on the use of mobile phones and other electronic devices in primary schools.

1.2.2 Universal prevention interventions

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.

Programme NOW (ZDAJ program)

The Preventive Health Care Program for Children and Adolescents, known as the ZDAJ Program – Health Today for Tomorrow, carries the central message that promoting the health of children and adolescents is crucial for the health of an active and aging population. This approach is guided by scientific evidence from evidence-based medicine and public health.

In Slovenia, numerous policies focus on strengthening and maintaining health. To achieve this goal, various programs have been introduced. One of these, the Preventive Health Care Program within the health care system, provides the population with access to multiple preventive initiatives.

The Preventive Health Care Program for Children and Adolescents focuses on health issues such as growth and development, and lifestyle factors that influence their physical, mental, and social well-being. This program includes Health Education for Children and Adolescents and adopts a Family Intervention for a Healthy Lifestyle approach to support the overall health of children and adolescents. Promoting health among children and adolescents is a fundamental component of public health strategies. Health Education for Children and Adolescents is delivered both through systematic health examinations and within the school environment, facilitating the continuous advancement of health and well-being in this population. Within this context, universal prevention programs implemented in schools represent the most widely utilized and effective approach nationwide. The Health Education for Children and Adolescents program (originally Vzgoja za zdravje otrok in mladostnikov) 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 for Children and Adolescents 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.

In 2025, the training of Health Education for Children and Adolescents professionals commenced, with the goal of enhancing their competencies in promoting healthy lifestyles among children and their families, with the goal of enhancing their competencies in promoting healthy lifestyles among children and their families. The program is structured into five specialized modules, each covering essential theoretical and practical components relevant to contemporary health education.

The final module focuses on the practical implementation of Health Education for Children and Adolescents, providing participants with applied knowledge on NCD's, digital and online-related health risks, and prohibited behaviors that pose threats to children's health.

In addition, the training places significant emphasis on pedagogical approaches to Health Education for Children and Adolescents, aiming to strengthen participants' didactic skills and their ability to convey health-related content in an effective and age-appropriate manner. This pedagogical focus is intended to improve the overall educational impact and ensure more successful engagement and motivation of target groups.

Family Intervention for a Healthy Lifestyle

Family Intervention for a Healthy Lifestyle (originally Družinska obravnava za zdrav življenjski slog) is provided for children identified as at risk in a preventive screening based on the criteria for the nutritional status assessment and the physical performance assessment. Family involvement in the Family Healthy Lifestyle Treatment is exclusively through referral by the paediatrician. Children in grades 4 and 6 of primary school who have been identified as at-risk during a routine preventive check-up with the school's designated physician are included. In addition to the children, their parents are also involved.

The purpose of the family healthy lifestyle treatment is to:

To inform children, and especially their parents, about the importance of healthy lifestyles and to promote child and family health in order to reduce the risk of developing chronic non-communicable diseases and to improve quality of life. Encourage and motivate children and their families to make lifestyle changes and provide them with expert information, skills and support to help them change their family's lifestyle and maintain a healthy lifestyle over the long term. Strengthening cooperation between health and education (and the local community) on the treatment of overfed and obese children and their families.

The family healthy lifestyle treatment is implemented by a multidisciplinary team, including: a paediatric team and a standard team for children and adolescents from the Health Promotion Centre, consisting of a dietician, a kinesiologist, a psychologist and a registered nurse.

In 2026, a training program is planned for professionals involved in the implementation Family Intervention for a Healthy Lifestyle. The training will be designed in accordance with the most recent evidence-based guidelines and will aim to enhance participants' competencies in promoting sustainable behavioral changes within families. Emphasis will be placed on interdisciplinary collaboration, the application of contemporary public health approaches, and the development of tailored intervention strategies that address the specific needs of children at risk and their families.

Network of Health Promoting Schools in Slovenia

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 2024/25 it's "*A safe and supportive learning environment*" with an emphasis on preventing peer violence. Quality/good interpersonal relationships are important protective factor for youth substance use. In addition, schools carry out a range of activities related to the prevention of psychoactive substances (and the prevention of non-chemical addictions), due to the observed rise in use among young people (use of electronic cigarettes, heated tobacco products, nicotine pouches, smokeless tobacco products, as well as alcohol and cannabis). Schools mostly use a knowledge-based approach in their prevention work to raise awareness (e.g., lectures, posters design, etc.). They also organize a series of workshops and discussion sessions, participate in art competitions, and prepare various materials, such as brochures and watching films (in collaboration with external partners, e.g., NGOs, the police, and others). Schools also incorporate manualised programs into their activities; such as *This is Me, Burning Message, Share a Second – Save a Life*, *Unplugged, LionsQuest*, and others. Less consideration is given to factors at school level, such as school climate or schools' policies regarding substance use. 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 programme focuses on promoting and strengthening healthy life skills, developing individual potential, shaping positive values, and preventing problematic behaviours that may emerge in early childhood, as well as other factors important for health and well-being.

Each year, a key theme is selected based on the current needs of kindergartens. In the 2024/25 school year, the theme focused on nutrition, attitudes towards food, and the sustainability aspect of eating, which also guided the content of national training sessions. In 2025/26, under the slogan "Small Hands Build Great Friendships," the programme addresses undesired behaviours among children.

In addition to the annual theme, the programme includes other relevant areas such as physical activity, mental health promotion, prevention of tobacco and nicotine use, energy drink consumption, and the influence of food marketing. A handbook titled "I Feel Good" (Počutim se dobro) was published, providing practical approaches for promoting mental health in kindergartens.

Throughout the year, kindergartens independently develop didactic games, educational tools, and present examples of good practice at national training events.

In the 2024/25 school year, the programme involved 211 kindergartens and 2,055 groups. A total of 3,527 educators implemented more than 1,700 activities, primarily involving 39,505 children, as well as parents, kindergarten staff, and members of the local community.

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. More than 23,000 students were included in the This is Me programme during the 2024/2025 school year. Over 350 education professionals conducted workshops at 194 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 2025/26, 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. Additionally, we provide online resources for workshop facilitators through our new portal for education professionals. They will also have the opportunity to join organised intervision groups for further professional support.

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 230,000 unique visitors. In 2024, 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 55 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 400 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.

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.

The program developers from Sweden are no longer available or involved with the program, which means it has gradually become outdated. The Utrip Institute has made several attempts to promote the program through network organizations connected to the local community, such as the Red Cross, the Youth Association "Brez izgovora," and others. Unfortunately, there was little interest in implementing the program.

Lions Quest programme

In 2024, the Ministry of Education, in cooperation with the United Nations Office on Drugs and Crime (UNODC), the Institute of Education of the Republic of Slovenia (ZRSŠ), and the National Institute of Public Health (NIJZ), renewed and expanded the implementation of the Lions Quest Skills for Adolescence (LQSFA) programme in Slovenia. The programme, designed for pupils aged 11 to 14, focuses on building social-emotional skills, strengthening personal responsibility, and preventing risky behaviours, including substance use.

During autumn 2024, five new national trainers were trained in Belgrade. In November and early December, more than 260 teachers from over 100 primary schools across Slovenia were trained through 15 two-day seminars. Teachers received adapted cultural materials, including manuals and student workbooks, both in physical and digital form. A dedicated online classroom was also created to provide resources, questionnaires, and ongoing support.

The programme includes 27 mandatory and 13 optional lessons, usually implemented one school hour per week over two years (6th and 7th grade). The content covers self-awareness, responsible decision-making, effective communication, prevention of risky behaviours, leadership, and volunteering. Research evidence confirms that the programme not only reduces substance use and peer violence but also enhances academic success and personal growth.

Due to strong interest from schools, the Ministry of Education and UNODC offered additional trainings in October 2025. More than 100 teachers applied, and the first training session already gathered over 250 teachers from more than 100 schools. Process evaluation data further shows that the majority of trained teachers are actually implementing the programme in their classrooms, which reflects its practical applicability and strong acceptance among educators.

The programme is being evaluated through multiple approaches, including pre- and post-questionnaires for pupils in intervention and control groups, regular reporting by teachers, satisfaction surveys, and follow-up meetings with trainers and partner institutions. The final evaluation will provide recommendations for a sustainable model of preventive programme implementation in Slovenian schools.

Looking ahead, the Ministry of Education, in cooperation with ZRSŠ, NIJZ and UNODC, is planning to further expand the Lions Quest programmes. In 2026, a new evaluation is expected for Skills for Action and Service Learning, a programme designed for high school students.

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. At the beginning of 2023, No Excuse introduced the possibility of implementing individual lessons from the Martin Krpan programme,as many schools were unable to commit to the full three-year structure. This more flexible approach continued in 2024 and allowed for cooperation with a greater number of schools. However, with the end of 2024 and throughout 2025, we have also begun to develop deeper, long-term collaborations with schools, which now allow for better adherence to the original programme structure and its continuity over several consecutive years. Unsurprisingly, evaluations still show stronger positive effects in schools following the entire three-year programme compared to those opting for individual workshops.

In early 2024, the programme was renewed and expanded to include a broader range of workshops. These can now be more easily clustered for schools that choose only parts of the programme to address specific needs. Importantly, the programme no longer focuses only on tobacco, alcohol, and digital addiction; it now also includes electronic cigarettes, fugues, and the issue of energy drink consumption, which has been recognised as an emerging risk behaviour among youth.

Beyond working directly with students, the programme also engages teachers, class teachers, school counsellors, and parents, building a supportive network around the pupils. Evaluation remains an essential component of Martin Krpan. While process evaluations continue to take place after each workshop, we are currently redesigning our evaluation methods to better suit students: making them easier to complete and more engaging, while also allowing the assessment of workshop effects one year after participation, thus capturing longer-term impact.

The programme's evaluation in recent years has revealed that students tend to already have a fair amount of knowledge on topics like video game and internet addiction, while chemical addictions still present a critical learning area. Overall, most students demonstrate an understanding of the key facts about various substances and the negative consequences of their use. Teachers report that workshops, addressing electronic cigarettes, fugues, and now energy drinks, are particularly well received, with students showing high levels of interest and often being surprised by lesser-known facts.

Throughout its implementation, the programme has prioritised strengthening its visibility in the Slovenian public space. In 2024 and 2025, we have also focused on preparing applications for international projects that could enable the transfer of the programme to other countries. Such efforts would not only enhance the programme's recognition but also allow for greater quality assurance by working with larger and more diverse groups of students in a more controlled setting.

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.

Since 2018, the Local Action Group for Addiction Prevention Celje (LAS Celje) has been organizing annual professional meetings titled Open to New Information. These meetings, primarily intended for LAS Celje members, address a variety of topics related to prevention and public health.

In 2024, the format of the meeting was different. LAS Celje collaborated with coordinators of all Local Action Groups from the Savinja, Posavje and Koroška regions, and organized a joint working meeting. The starting point were the key needs identified by members of these groups and the review of LAS operations in Slovenia prepared by the National Institute of Public Health (NIJZ) in 2019.

The working meeting took place in December 2024 in Celje and was attended by 27 representatives from 8 Local Action Groups.

The meeting revealed a high level of diversity among existing LAS structures — both in terms of organization and functioning. However, all groups shared common goals: promotion of mental health, preventive efforts aimed at reducing the demand for all types of drugs, inclusion of non-chemical addictions, and a focus on primary and secondary school populations, parents, and educators.

Participants unanimously emphasized the need for stronger coordination and formalization of municipal LAS operations, improved information flow among LAS networks, professional training for members, and the implementation of evidence-based preventive programmes in schools and community settings.

Although not all questions and challenges were resolved, the meeting proved to be an important opportunity for inter-regional networking, exchange of experiences and views, and laid a solid foundation for joint initiatives addressed to municipalities, NIJZ and the Ministry of Health.

Provided by SOPA approach (TRATAC – Together for responsible attitude towards alcohol consumption), National institute for Public Health organizes ''alcohol free day'' events every year, with the aim to start a conversation about healthy lifestyle choices in our daily lives and offer support to those trying to give up unhealthy habits and risky & harmful behaviour.

Visitors can learn more about how to develop a responsible attitude towards alcohol consumption and especially the sources of support available in their region (especially the above mentioned ASBI in community health care centres). In 2024 there were seven regional events organized and in 2025 there were nine main regional events organized with several smaller local activities as well. In 2024/2025, the National Institute of Public Health, Regional Unit Ravne na Koroškem, in cooperation with the Municipality of Ravne na Koroškem, implemented for the 16th consecutive year the project *Prevention of Addiction in the Municipality of Ravne na Koroškem*. The project's target groups included pupils, secondary school students, parents, and educational and counselling professionals from local schools and kindergartens. Indirectly, the project also reached the wider public, including professionals, the general population, and local media.

The main focus was on preventing digital addiction and promoting the safe and balanced use of modern technologies. In cooperation with the *Logout* Institute, workshops titled "*Who's in Control – You or the Machine?*" and "*Youth and Online Violence*" were delivered to first-year students of the Secondary School and Grammar School Ravne, while parents attended lectures on "*Family E-Rules*" and "*Virtual Communities of Youth*", aimed at strengthening digital literacy and responsible online communication within families.

For educational and counselling staff of schools and kindergartens, a full-day professional training was organised on creating a safe, supportive, and inclusive learning environment. In addition, workshops on alcohol and new tobacco products were conducted for secondary school students as part of the school's project week.

By fostering cooperation among schools, kindergartens, the municipality, NIJZ, and non-governmental organisations, the project contributed to the development of a comprehensive, community-based approach to addiction prevention and the promotion of mental health among young people in the local environment.

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 2024 and 2025 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.

Non-chemical addictions

As part of universal prevention, continuous awareness-raising and education of the general public on behavioral addictions are being conducted. This includes the publication of articles on the MIRA programme website, the preparation and dissemination of psychoeducational content on digital issues within the expanded "Me Online" section of the "This is Me" website, several lectures on digital issues (e.g., Mental Health Festival 2023, and Mental Health Festivals 2024 and 2025), as well as media appearances. In 2021, the first Slovenian national document containing recommendations on the use of digital technologies was issued – *Guidelines for Screen Use in Children and Adolescents*. These guidelines were developed based on research findings, expert consensus, and international examples.

Their primary target audience is professionals encountering these issues in their work; therefore, the guidelines have been disseminated to kindergartens, primary and secondary schools and their branches, mental health centres, health promotion centres, centres for social work, paediatric clinics and practices, home-visiting nursing services, relevant non-governmental organisations, and other key stakeholders in this field. The guidelines have also been distributed to parents with the aim of raising awareness and supporting the management of digital technology use within the family environment.

Awareness-raising and education are also conducted at the professional level. In 2022, 2023, and 2024, the National Conference on Managing Behavioral Addictions was held, primarily aimed at educating professionals working in this field. The fourth National Conference on Managing Behavioral Addictions is scheduled for November 2025.

Work is underway to integrate content on behavioral addictions into existing preventive programmes and structures within the healthcare system. To disseminate information to future parents, lectures have been conducted for facilitators of the *Preparation for Birth and Parenthood* programme, and professional content on preventing early use of digital devices has been included in the guide for future parents *Expecting a Baby*, developed within the ZDAJ Programme. Since 2024, the guide has been available online and will also be available in print. The printed edition is planned to be disseminated to all Slovenian gynaecology clinics in 2024 and 2025, making it accessible to expectant mothers.

A full-day training programme for health promotion facilitators on behavioral addictions has been prepared and is scheduled for late 2025, with plans to update the related educational materials for facilitators on this topic.

1.2.3 Selective prevention interventions

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 is 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 he/she shall follow during the programme. 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 programme. 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).

My Strengths – A Handbook for Fostering Social and Emotional Skills in the PUM-O+ Programme

The My Strengths (Moje moči) programme, developed and published by the Andragogical Centre of Slovenia, focuses on the holistic promotion of mental health and the prevention of risky behaviours among young people, including the use of psychoactive substances.

It is based on the principles of universal prevention and aims to strengthen personal, social, and emotional competences that serve as protective factors against addiction and other forms of maladaptive behaviour. The programme encourages self-awareness, emotional regulation, and recognition of personal boundaries, thereby reducing vulnerability to substance use. Through experiential, reflective, and movement-based methods, participants enhance their psychological resilience, sense of competence, and positive interpersonal relationships. The programme fosters collaboration between young people and professionals in a safe and supportive environment. It represents a good practice example of an integrated preventive approach, combining mental health promotion with addiction prevention through the development of life skills, empathy, and a positive self-concept.

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, are placed, by court order, in the Radeče Correctional Facility, which operates under the Administration of the Republic of Slovenia for the Enforcement of Criminal Sanctions (URSIKS), Ministry of Justice, and is the only institution of its kind in the country. A total of 24 minors served their sentences there in 2024.

Preventive work on substance misuse is an integral part of the educational programme for all adolescents - both those experiencing difficulties and those who are not. This work is primarily focused on education and motivation, with the aim of establishing and maintaining abstinence, promoting active leisure, and fostering a healthy lifestyle.

The treatment of substance use and adolescents with drug-related problems is integrated into the comprehensive care of minors and is implemented across all programme levels (core group, drug-free unit, and open unit). Activities in this area are mainly directed towards education and motivation, supporting abstinence, encouraging active participation, and reinforcing healthy lifestyle choices.

At the core educational group level, programme activities address substance use both among minors identified with problems and those without. This first level is focused on education and motivation, with the goal of achieving and sustaining abstinence as well as supporting active and meaningful engagement in life.

In the drug-free unit, all minors–regardless of whether substance-related problems are present–participate in activities at a more demanding (second) level, which also includes treatment components such as motivation, abstinence, and an active lifestyle.

In the open unit, all minors take part in activities at the most demanding (third) level, again incorporating treatment of substance use through motivation, abstinence, and an active lifestyle.

In 2024, educational activities were carried out in collaboration with Al-Anon Slovenia (self-help association for families of alcoholics), which prepared and delivered an educational and motivational workshop for minors. In the same year, we also cooperated with Društvo Srečanje (Association for Assistance with Addiction Problems), where Mr. Toni Kočevar conducted an educational and motivational workshop for minors.

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. 253 adults and 59 children were included in this programme in 2024.

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. Since 2024, Utrip has been updating the programme based on the more recent SFP 7–17 version and several years of national implementation experience. In 2024, Utrip acquired the licence for updating and adapting the programme, initiated translation and editing of the materials, and organised a meeting of key programme implementers (CSD Koroška and ŠKTM Radlje ob Dravi) on Kope (29–30 May 2025). At present, the final editing of the materials is being completed.

Additionally, a follow-up meeting of SFP implementers is scheduled for October 2025 to confirm the final versions of the updated materials. The first pilot implementation based on the updated programme is foreseen for early 2026, accompanied by scientific outcome evaluation.

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. The training of trainers and first (pilot) implementers was planned for the early 2025 but was delayed from the initial plan. The Utrip Institute hopes that training by UNDOC will take place in 2026.

Non-chemical addictions

The area of selective prevention of behavioral addictions is primarily covered by non-governmental organizations. These organizations implement various preventive programmes and activities aimed at reducing the risk of developing behavioral addictions. In this field, NGOs play a key role in raising public awareness, providing education, and offering support and assistance to individuals or groups at higher risk of developing addictions, but who have not yet developed problems. This contributes to the early identification and management of risk factors.

Within the targeted research project Review and Evaluation of Interventions in the Field of Behavioral Addictions and Development of Guidelines for Professional Collaboration and Networking between Mental Health Centres, Services, and Other Stakeholders in the Field of Behavioral Addictions, existing interventions in the field of behavioral addictions were identified and comprehensively evaluated in 2024. One of the evaluated interventions (Preventive Support for Individuals and Families, Center Logout) was recognized as a good practice example in the field of behavioral addictions.

1.2.4 Indicated prevention

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 Programme), 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 Programme 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.

At the end of 2023, the National instutite of Public Healht began implementing a Targeted Research Program entitled Assessment of the Prevalence of alcohol and illegal drug use among Slovenian pregnant women, with the aim of filling the gap in the current understanding of alcohol and cannabis use among pregnant women in Slovenia and provide essential data to public health strategies aimed at reducing prenatal exposure to harmful substances.

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. In the area of indicated prevention, non-governmental organizations also make a significant contribution by providing additional programmes, support, and counselling.

1.2.5 Warning campaigns

"Health Ambassadors" campaign in the field of alcohol and drugs

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, for example 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.

Cheers to a Life Without Alcohol

In 2024, SOPA produced a new campaign entitled Cheers to a Life Without Alcohol. More information is available at: https://sopa.si/nazdravi-zivljenju-brez-alkohola/. The production included the preparation of a TV commercial, several shorter commercials adapted for various online platforms and online advertising, a radio commercial, photography/preparation of advertisements for stickers for city and suburban buses throughout Slovenia, posters in various formats, and online banners.

In the same year, we carried out media buying for the campaign with ambassadors Z alkohola nula živim zdravo do fula (I live healthy without alcohol). More about this campaign in 2024 at: https://sopa.si/z-alkohola-nula-zivim-zdravo-do-fula-kampanja/.

In a total of one and a half months of campaigning (October 1 to November 15, 2024), we reached at least 1,000,431 different people. Advertising took place in several locations (Proplus portals, META NIJZ, YOUTUBE NIJZ, RTV – free slots), which, given the reach of individual channels, means that most people saw the campaign content with ambassadors several times.

Online, we reached almost 410,000 different people in one month via Facebook and Instagram. On YouTube, we reached 541,000 different people in a month and a half. We reached 1,000,431 different people via PROPLUS portals.

In 2025, we carried out a media campaign for a new creative entitled Cheers to a life without alcohol. The campaign began airing in June 2025. We advertised on several channels, namely: TV, radio, online (pre-roll advertising, YouTube NIJZ channel, META NIJZ). By the end of 2025, advertising will also be displayed on the rear of nine buses across Slovenia. Advertising in 2025 was divided into two periods, namely June and July, and November and December, which is still to come. This year we are also planning some integrated PR activities – as collaboration on podcasts, with influencers, with PR articles, …

Choose Yourself, Not Alcohol

The *Choose Yourself, Not Alcohol campaign*, carried out under the auspices of the Ministry of Health, began in June 2024. It addressed the general public, encouraging individuals to prepare non-alcoholic cocktails instead of alcoholic drinks, accompanied by a variety of creative and appealing recipes.

Two mass media campaigns in Slovenia on tobacco/nicotine products

From 2024 on, Ministry of Health of the Republic of Slovenia is leading two mass media campaigns.

1. In spring 2024 and 2025 on World No Tobacco Day campaign aimed at prevention of smoking and vaping among young people: *"Izberi sebe, ne kajenja"* (*Choose yourself, not smoking*): https://www.youtube.com/watch?v=H4LoiEb-tng
    - Period: two months in each year, around World No Tobacco Day
    - Coverage: Television, Radio, Social media (Facebook, Instagram, TikTok)
    - Target population: young people
    - Possible evaluations of the campaign: No evaluation yet.
    - More information: https://www.gov.si/novice/2024-05-31-izberi-sebe-ne-kajenja-je-akcija-ministrstva-za-zdrav-zivljenjski-slog-mladih/
2. In autumn 2024 and autumn 2025 the second part of campaign is continuing aimed at public awareness about the health risks of tobacco consumption and about the benefits of the cessation: *"Raje živim, kajenje pustim"* (*I prefer to live, I quit smoking*): https://www.youtube.com/watch?v=4J40i7kDJEc

- Period: in October of each year
- Coverage: Television, Radio, Social media (Facebook, Instagram, TikTok)
- Target population: young people, adults, smokers
- Possible evaluations of the campaign: No evaluation yet.
- More information: https://www.gov.si/novice/2024-10-07-izberi-sebe-ne-kajenja-zivi-zdravo-brez-cigaret-brez-dima/

Campaign "Smart About Cannabis"

The Slovenian NCD Alliance has been active for many years in the field of awareness-raising and prevention regarding cannabis use. In 2024, following the proposal for a consultative referendum on the cultivation, processing, trade, and use of cannabis for medical purposes, as well as for limited personal use, held on 9 June 2024, the Alliance, together with several national partner organizations (Youth Network No Excuse Slovenia, Institute for Health and Environment, Institute for Research and Development "Utrip", The Slovenian Heart Foundation, Institute for Innovative Education Vozim and The Slovenian Coalition for Public Health, Environment and Tobacco control), launched the campaign "Smart About Cannabis".

The campaign was established to promote transparent, evidence-based, and socially responsible decision-making in the field of cannabis regulation.

On 23 May 2024, the campaign hosted a press briefing focused on analyzing the referendum proposals and providing expert opinions on the potential impact of cannabis legalization on public health, the economy, and society. The event brought together professionals from the fields of prevention, addiction treatment, youth advocacy, and public health. On 28 May 2024, a national expert symposium was organized to comprehensively address issues related to cannabis use in Slovenian society. Experts from multiple sectors – including public health, psychiatry, addiction treatment, road safety, and international drug policy – presented diverse perspectives and highlighted critical questions that need to be addressed when considering cannabis regulation.

Following these events, the campaign implemented an ongoing communication strategy, which remains active throughout 2024 and the first half of 2025. Through "Smart About Cannabis", the campaign continues to provide a science-based, interdisciplinary, and socially responsible contribution to national debates on cannabis, prioritizing the protection of public health and the well-being of future generations.

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

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.

At the end of October and in November, particularly around St. Martin's Day, the ninth edition of the preventive campaign Slovenia Blows 0.0 (Slovenija piha 0,0) was implemented for the general public. In cooperation with the Police and non-governmental organisations, the campaign was visible on the roads, where police officers conducted sobriety checks and reminded drivers that alcohol and driving do not mix.

Sober drivers were rewarded with tickets to the Slovenia Blows 0.0 concert featuring the Police Orchestra and Bojan Cvjetičanin, lead singer of the band Joker Out. At the same time, the general public was addressed through media advertisements promoting the message *"Choose yourself, not alcohol"* and encouraging non-drinking by highlighting "healthy cocktails" on television, social media, and podcasts.

The podcasts included expert discussions featuring professionals such as psychiatrists, psychologists, and persons in recovery from alcohol dependence. The Ministry of Health regularly communicates content related to alcohol and road safety throughout the year on its website and social media pages (Facebook and Twitter), the "Slovenija piha 0,0" Facebook page, and the social media pages of NGOs whose alcohol and illicit drug projects are co-financed by the ministry.

1.2.6 Advocacy campaigns

What can I do to make it easier?

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.

The VOZIM institute participated in the "Smart about Cannabis" initiative (2024–2025). During the consultative referendum on cannabis (9 June 2024), they partnered with the Slovenian Association for Chronic Non-Communicable Diseases (SNCDA/ZKNB) in the "Smart about Cannabis" initiative, advocating evidence-based, interdisciplinary policymaking. Within the campaign, they contributed expertise on road safety and youth protection and took part in expert discussions and public outreach. After the referendum, together with network partners they continued advocacy for a public-health-oriented framework and, in August 2025, supported a call to withdraw the personal-use bill to ensure consistency with EU/UN frameworks.

1.2.7 Additional information

National Addiction Prevention Month Conference

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.

In November 2024, the 18th National Conference on Addiction Prevention was held in Mislinja under the motto "Together we can do more – family as the foundation of a healthy society". The event brought together around 150 professionals from the fields of health, social work and education. The central theme focused on the role of parents and families in strengthening resilience among children and adolescents against risky behaviours and the use of psychoactive substances.

Young people from the PUM-O programme presented a short film reflecting their perspectives on parenting, emphasising the importance of closeness, dialogue, understanding and setting boundaries. Expert contributions highlighted the role of family communication, functional relationships and parental monitoring as protective factors. Particularly impactful were recorded testimonies of former drug users, who stressed that recovery was greatly supported by family involvement, respect and positive role models.

Examples of good practice were presented, including programmes run by the NGO Project Man Association, family parallel therapy, and regional prevention programmes implemented by the National institute of Public Health regional unit in Ravne na Koroškem in cooperation with local communities. The conference underlined the need for intersectoral cooperation, a comprehensive alcohol policy, and community-based approaches to prevention, especially among vulnerable groups.

The event reaffirmed that effective addiction prevention requires the joint efforts of families, professionals, local communities and national policies, with parents playing a crucial role in building protective factors in the lives of children and adolescents.

12 Public Health recommendations for reporting about alcohol

One of the key players in alcohol policy are media representatives, as they can crucially add to raising awareness about health behaviours and strenghten health values among the population. Slovenia struggles with wet culture, and with media often representing alcohol drinking as normative, culturally immanent and health-wise beneficial. One of the measures in addressing alcohol problems within the national SOPA (TRATAC – Together for responsible attitude towards alcohol consumption; National Institut of Public Health in Slovenia) project was developing recommendations for representatives of the mass media on how to report public health-appropriately about alcohol. Based on theory, media content analysis, literature review and three focus groups with selected journalists and editors, 12 public health recommendations for reporting about alcohol were developed and published in a short and a long version of the handbook in 2020, with the latter including arguments and examples of poor and recommended reporting. Whenever collaborating with the media (radio and TV coverage etc.), we follow our policy of using those opportunities to share the recommendations with the journalists / hosts. This way we can spread key messages more effectively and directly.

Short version of recommendations:
https://www.sopa.si/odgovorno-porocanje-o-alkoholu-mediji-kot-pomemben-del-celovite-strategije/ang_web_kratka_how-to-report-a-guide-for-the-media/

Long version of recommendations:
https://www.sopa.si/odgovorno-porocanje-o-alkoholu-mediji-kot-pomemben-del-celovite-strategije/ang_web_enojna_dolga_reporting-about-alcohol-in-media/

In 2024, marking the 10th anniversary of the first observance of FAS Day in Slovenia, the NIJZ produced two short films and one longer film on the topic of FASD. On 5 September, with the support of the Ministry of Health, a professional meeting was organized, where both domestic and international experts presented various aspects of the issue of alcohol-exposed pregnancies.

1.3 Quality assurance of prevention interventions

Control of the the quality of prevention interventions

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/

In 2024, a comprehensive assessment of four interventions used in Slovenia in the field of non-chemical addictions was conducted, and the results are available in the publication: https://nijz.si/wp-content/uploads/2025/06/Raziskovalno-porocilo_Vrednotenje-intervencij-preventive-s-podrocja-nekemicnih-zasvojenosti_F.pdf

The National Institute of Public Health (NIJZ), in collaboration with the MoH, implements two targeted research projects. The first project partly focuses on the review and evaluation of preventive programmes in the field of behavioral addictions. The aim of these project components is to develop guidelines and comprehensive programmes based on the latest evidence and good practice examples. Within the framework of the project, in 2024, an evaluation of preventive programmes was conducted according to the Criteria for the Evaluation of Public Health Interventions, and the intervention Preventive Support for Individuals and Families (Center Logout) was identified as a good practice example. Subsequently, the needs of mental health centres in the field of behavioral addictions will be assessed and analysed. This will contribute to the development of guidelines and protocols for professional collaboration between mental health centres and other relevant stakeholders.

The second project focuses on the development of a comprehensive preventive model for children and adolescents, addressing psychoactive substances (PAS) and the use of digital technologies. In addition to developing the preventive model, the project also includes a proposal for its implementation. Within the project, a literature review on school-based interventions for the prevention of digital addictions was also conducted in 2024.

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

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.

In collaboration with the Zavod Vozim institute, the National Institute of Public Health carries out workshops on high-quality prevention; these workshops are available for local communities. The NIJZ has also devised quality standards for drug prevention programmes along the lines of the European standards, and developed criteria for evaluating public health interventions that can be of assistance in the formulation, planning, design and implementation of a variety of interventions. When planning and implementing prevention activities/programmes, some prevention programme providers and local communities contact the Utrip Institute, which has compiled a series of guidelines and recommendations for work in the field of prevention, and has also produced a translation of the International Standards on Drug Use Prevention.

In accordance with the Resolution on the National Programme on the Field of Illicit Drugs 2022-2030, which anticipates that the regional units of the National Institute of Public Health (NIJZ) will take over the coordination of preventive activities in the field of psychoactive substances (PAS) within local communities, the Expert Group for Health Promotion and Addiction Prevention has developed the first educational module. This module covers the basic knowledge of proven effective prevention in the field of PAS. The first educational module, intended for future coordinators of prevention in local communities, was conducted in May 2024 (see also 3.1).

There are no guidelines specifically focused on the field of behavioral addictions. Activities are primarily guided by two documents:

- *Step-by-Step Preparation and Evaluation of Health Promotion Programmes*: https://nijz.si/wp-content/uploads/2022/07/priprava_programov_pz_junij_2017_zadnja.pdf
- *Criteria for the Evaluation of Public Health Interventions*: https://nijz.si/wp-content/uploads/2024/05/Prenovljena-merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja.pdf

The quality standards for drug prevention programmes are published on the NIJZ website: (https://www.nijz.si/sl/publikacije/standardi-kakovosti-preventivnih-programov-na-podrocju-drog). They are therefore available to everyone engaged in the planning and/or implementation of prevention programmes. Whether prevention standards are used depends on the organisation or NGO in question (and there is no data available on the extent to which prevention standards are actually used).

National and EU prevention standards are also applied through the *Criteria for the Evaluation of Public Health Interventions*:
https://nijz.si/wp-content/uploads/2024/05/Prenovljena-merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja.pdf

Credentials/qualifications prevention for workers

In the terms set by the call for applications, the Ministry of Health does not require specific qualifications or education. An applicant only needs general references on their work and experience in the field of prevention.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities defines four types of employees in social care programs that it co-finances within the framework of its call for proposals, as follows:

- Professional Leader: A professional worker with at least two years of work experience as a professional worker under the Social Care Act (SCA), or someone who has passed the professional examination under the SCA and has four years of work experience in the field of social welfare.
- Professional Workers: Those who have completed higher or university education in social work and have passed the professional examination under the SCA. Professional workers also include those who have completed higher or university education in psychology or biopsychology, pedagogy and its special disciplines, administrative, legal, sociological, health (occupational therapy), and theology with the appropriate specialization, and have passed the professional examination under the SCA.
- Lay Workers with at least a higher education: All workers with at least a higher education (Level VI or higher) who do not have the appropriate field of education as specified in the previous bullet point.
- Lay Workers with up to a secondary education: All workers who have a secondary education (from Level III to V).

The Ministry of Education requires references from three areas: published professional contributions at conferences, seminars, and consultations; experience in the field of education and training of professional and managerial staff in education; experience in implementing educational programs and activities for children, youth, and adults.

2. Trends

2.1 Main changes in prevention interventions

Tobacco and related products

As new tobacco and nicotine products' use is increasing among youth in Slovenia, current prevention programmes focus on electronic cigarettes, heated tobacco products, nicotine pouches and smokeless tobacco products. NIJZ is closely monitoring the prevalence of use of all tobacco and related products and publishing data that forms the basis for decision-making of different stakeholders and focuses on raising awareness about these products among different target groups (general public, media, school workers and parents, youth, health professionals…). NGOs are implementing programmes at schools. In 2024 and 2025 different stakeholders in the area of tobacco and nicotine products prevention and cessation joined forces to support and promote the ban on flavours in electronic cigarettes that came into effect in April 2025. Current focus of all relevant stakeholders is on prevention and detection of violations of the law.

Non-chemical addictions

Data from national and cross-sectional studies, as well as feedback from healthcare institutions, educational institutions, social welfare programmes, and non-governmental organizations, indicate that despite the efforts of numerous stakeholders, the burden of behavioral addictions has not decreased. Within the field of behavioral addictions, issues related to digital technology addiction are particularly increasing.

The most vulnerable population since the COVID-19 pandemic has been children and adolescents, among whom there is a noticeable trend of rising mental health problems and emotional distress, including problematic use and negative consequences of excessive digital technology use.

Within the framework of the Action Plans 22–23 and 254–238 for the implementation of the Resolution on the National Mental Health Programme 2018–2028, particular attention is given to health promotion and the prevention of mental disorders in children and adolescents, specifically measures addressing the enhancement of digital literacy and raising awareness about safe, quality, and time-limited use of digital devices.

During this period, the number of activities aimed at prevention or the management of this issue has increased (e.g., psychoeducational content and media publications, organization of conferences on managing behavioral addictions, evaluation of interventions in the field of behavioral addictions, etc.).

Universal and selective prevention

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

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

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

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 was planned for 2024, with implementation scheduled for 2025.

Within the targeted research project Review and Evaluation of Interventions in the Field of Behavioral Addictions and Development of Guidelines for Professional Collaboration and Networking between Mental Health Centres, Services, and Other Stakeholders in the Field of Behavioral Addictions, existing interventions in the field of behavioral addictions were identified and comprehensively evaluated in 2024. The intervention Preventive Support for Individuals and Families (Center Logout) was recognized as a good practice example. The course of activities is also described in Section 1.2.

A new preventive activity is the launch of the European project Joint Action MENTOR in 2024, including the leadership of the task aimed at preventing problematic use of digital technologies among preschool children. More information is provided in Section 1.1.

In 2024, in co-organization with the Slovenian Youth Office and the National Institute of Public Health (NIJZ), professional trainings on prevention and addressing problems related to psychoactive substance use among young people were conducted.

These trainings were aimed at staff of youth centres and took place in person in Maribor, Ljubljana, and Koper. The programme included presentations on new tobacco and related products, new psychoactive substances and the effects of drugs on adolescent brains, prevention in school settings and nightlife, responsible approaches to addressing substance use issues, as well as practical workshops such as Building Environments Free of Psychoactive Substances and Motivational Interviewing. Such trainings contribute to the enhancement of professional knowledge and competencies, promote the exchange of good practices, and support the development of preventive strategies tailored to the needs of young people.

4. Additional information

4.1 Additional important sources of information

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

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

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

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).

In 2024, the organization No Excuse Slovenia carried out a study on how young people use social media and how alcohol and tobacco advertising appears on these platforms. The research combined focus groups with secondary and primary school students (5 groups, 6–10 participants each) and a citizen science approach, where young volunteers reported on alcohol- and tobacco-related content they encountered online.

The findings revealed three dominant themes in young people's attitudes: critical thinking about industry marketing, the influence of Slovenia's strong "wet culture," and the accessibility of alcohol and tobacco despite restrictions. The results showed that alcohol- and tobacco-related content regularly appears on Slovenian social media platforms, and that alcohol is more visible than tobacco, while information about vaping is increasingly spreading among adolescents. Young people often express themselves online by sharing their own content, which also includes alcohol and tobacco, thereby actively contributing to the circulation of such content. They tend to trust peer-created content more than formal advertising, which normalizes alcohol and tobacco use and creates the impression that such use is common and attractive. The alcohol and tobacco industry targets young people with strategies specifically appealing to younger generations, such as collaborations with influencers or celebrities, the use of youth slang, and encouraging user-generated content that promotes these products. This exposure can be rapid and persistent, reinforcing the social desirability of alcohol and tobacco. Importantly, while many young people recognize the misleading nature of such advertising, they still occasionally agree with or replicate it, highlighting the need for stronger regulation of harmful online content, clearer guidelines on screen time, and enhanced digital media literacy. At the same time, the very process of engaging young people in focus groups and citizen science had a preventive function: it empowered participants to critically reflect on the marketing of alcohol and tobacco, strengthened their resilience against industry influence, and contributed to broader efforts in health promotion and prevention.

Within the framework of the project *Early Identification and Intervention in Behavioral Addictions with an Emphasis on Risky Online Behaviours*, the partner organizations Logout and Posvet Society organized a series of training sessions on early recognition and intervention in cases of non-chemical addictions, with a particular focus on digital addictions. In November 2024, a needs assessment on the topic of non-chemical addictions was conducted. The results of this assessment served as the basis for the design of the training programme. The 2025 training programme was intended for professionals working in education, healthcare, social welfare, and the non-governmental sector.

The objectives of the training for participants were to:

- understand different forms of non-chemical addictions;
- recognize signs and symptoms of non-chemical addictions;
- learn about intervention techniques and their appropriate application;
- practice the implementation of selected intervention techniques;
- understand a comprehensive approach to addressing addictions, including underlying causes, motivation, family context, and other systems;
- learn about measures for addressing excessive use of digital devices and digital addiction;
- apply newly acquired knowledge through role-play exercises;
- become familiar with external sources of support and help;
- be able to respond appropriately when signs of non-chemical addictions are detected.

Book Prevention Gone Wrong

In March 2025, the book Prevention Gone Wrong was published, authored by Slovenian expert Matej Košir, Director of the Utrip Institute and an internationally recognized advocate of evidence-based prevention. This is the first book of its kind that critically, yet accessibly—and often with humor—highlights ineffective or harmful approaches in prevention, while presenting scientific evidence on what truly works in practice. The book has attracted significant attention among both professionals and the general public and represents an important contribution from Slovenia to the development of evidence-based and internationally aligned prevention efforts.

It will soon be available in Slovenian, Arabic, Italian, Spanish, and Portuguese. More information: https://www.institut-utrip.si/prevention-gone-wrong-book/.

Alcohol

In 2023, 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*"was published, in which 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) were tested. 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 Assessment of Public Health Interventions to identify and select good practice examples. As a first group of interventions, we carried out a comprehensive assessment 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 assessment 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.

As part of the Targeted Research Project Review and Evaluation of Interventions in the Field of Non-Chemical Addictions and Preparation of Guidelines for Professional Cooperation and Networking between Mental Health Centers, Services and Other Stakeholders (V5-2303), a team of experts from the National Institute of Public Health, after conducting a preliminary broader analysis of interventions used in Slovenia in the field of non-chemical addictions, conducted an evaluation of four selected interventions that, in accordance with the selected criteria, represented the potential for obtaining the title of good practice. Of the reviewed interventions, only one managed to reach the threshold for obtaining the title of good practice.

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 2024 and 2025 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 terms 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, 6 five-hour educational trainings were performed and new educational materials were prepared. In 2026 the programme will be thoroughly evaluated in terms of impact and outcome evaluation.

In 2022 screening and brief intervention approach for reducing harmful and hazardous alcohol drinking (ASBI) was implemented in health promotion and health education centres that are located in community health care centres. The implemented ASBI is based on NIPH's SOPA (TRATAC [1]) approach and is provided by specially trained health care workers. The individual motivational interviewing based ASBI is available through health insurance to every adult person (18+ years) that drinks hazardous or harmful.

Each year new health care workers are trained to become practitioners for providing this kind of support. In 2024 a 5-day training module was facilitated twice, with total of 40 participants to become new practitioners of the approach (adding to previous number of 81 practitioners).

For reducing negative effects of harmful drinking and for supporting wellbeing of individuals in general, workshop about healthy relationships were implemented in the health promotion and health education centres as well. This was also implemented in 2022 and accessible upon health insurance to any adult individual who would like to take a closer look and take care of their relationships with others and their relationship with themselves.

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 2024, 339 educational workshops were held in nine locations across Slovenia, attended by 3.627 participants, 79 psychosocial workshops were held in nine locations across Slovenia, attended by 725 participants.

In the first half of 2025 165 educational workshops were held in nine locations across Slovenia, attended by 1.744 participants, 35 psychosocial workshops were held in nine locations across Slovenia, attended by 334 participants.

The Slovenian Traffic Safety Agency (AVP) supports the implementation of road safety projects by non-governmental organisations through co-funding schemes. By involving organisations that work closely with local communities and specific vulnerable groups, these projects raise awareness of the dangers of drink-driving and promote safer road behaviour. This collaboration contributes to more diverse and innovative approaches in the field of road safety. In 2024, AVP co-funded seven projects focused on alcohol-related road safety issues with a total value of EUR 44,058.58.

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

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. In 2025, we conducted training for school professionals on a whole-school approach to prevention of psychoactive substance use in schools. The whole-school approach is based on the concept of health-promoting schools (focus on six components: school policies, school physical environment, school social environment, individual health skills and action competence, community links and health services).

EU Commission international project "Make the difference": family and addiction: the "ME and YOU - WE" prevention programme for children

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".

5. Sources and methodology

5.1 Sources

Akcijski načrt na področju prepovedanih drog za obdobje 2024–2025. Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/droge/Droge-2024/AN-droge-2024.pdf

Akcijski načrt 2025-2028 za izvajanje Resolucije o nacionalnem programu duševnega zdravja (ReNPDZ18-28). (2025), Uradni list RS, št. 24/18. Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/1-TEME/Akcijski-nacrt-za-dusevno-zdravje-2025–2028.pdf

Drev A, Furman L, Roskar M, Pucelj V. (2024) Pregled dobrih praks na področju šolske in skupnostne preventive pred rabo PAS. Ljubljana: Nacionalni inštitut za javno zdravje (yet to be published).

Drev A, Furman L, Roskar M, Pucelj V. Jeriček Klanšek H. Učinkovita preventiva na področju rabe psihoaktivnih snovi med otroci in mladostniki. 2. nacionalna konferenca javnega zdravja, 1. in 2. oktober 2024, Maribor, Slovenija.

Koprivnikar H, Zupanič T, Korošec A, Lavtar D, Rehberger M (2021). Towards tobacco-free Slovenia. Ljubljana: National Institute of Public Health, 2021. Available at: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/towards_tobacco-free_slovenia_2040.pdf

Kovač N, Popović MC, Černič M. Spremljanje izvajanja socialno varstvenih programov in programov v podporo družinam, končno poročilo. Ljubljana: Inštitut Republike Slovenije za socialno varstvo, 2024.
Available at: https://irssv.si/wp-content/uploads/2024/08/SVP_koncno_porocilo_28.6.2024_final.pdf

Program omejevanja porabe alkohola in zmanjševanja škodljivih posledic rabe alkohola 2025–2026 (2024). Available at https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/DJZ-Preventiva-in-skrb-za-zdravje/alkohol/Program-omejevanja-porabe-alkohola-in-zmanjsevanja-skodljivih-posledic-rabe-alkohola-2025-2026.pdf

Pucelj V, Furman L. Zasvojenosti s psihoaktivnimi snovmi – dejavnosti v okviru Slovenske mreže zdravih šol v šolskem letu 2022/23. Ljubljana: Nacionalni inštitut za javno zdravje, 2024 (internal material).

Radoš Krnel S, Kamin T, Jandl M, Gabrijelčič Blenkuš M, Hočevar Grom A, Lesnik T, Roškar M, Levičnik G. M*erila za vrednotenje intervencij na področju javnega zdravja za namen prepoznavanja in izbire primerov dobrih praks.* Ljubljana: Nacionalni inštitut za javno zdravje, 2024. Available at https://nijz.si/wp-content/uploads/2024/05/prenovljena-merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja.pdf

Radoš Krnel, S., Pravst, I., Hribar, M. *et al.* How effective are health messages/warnings in improving knowledge and awareness of alcohol-related harm? The Slovenian case on using a mobile app. *BMC Public Health* 23, 2467 (2023). https://doi.org/10.1186/s12889-023-17353-5

Radoš Krnel S, Levičnik G, van Dalen W, Ferrarese G, Tricas-Sauras S. Effectiveness of Regulatory Policies on Online/Digital/Internet-Mediated Alcohol Marketing: a Systematic Review. J Epidemiol Glob Health. 2023 Mar;13(1):115-128. doi: 10.1007/s44197-023-00088-2. Epub 2023 Feb 2. PMID: 36732366; PMCID: PMC10006384.

Radoš Krnel S, Velkavrh M, Levičnik G, Hočevar Grom Ada, Zaletel M, Zupanič T, Kristl A, Lozar Krivec J. Raba alkohola in konoplje med slovenskimi nosečnicami = alcohol and cannabis use among pregnant women in Slovenia. Ljubljana: Nacionalni inštitut za javno zdravje, 2024. Available at: https://nijz.si/wp-content/uploads/2024/09/zbornik-2.-nacionalne-konference-javnega-zdravja-1.pdf

Resolucija o nacionalnem program una področju prepovedanih drog 2023-2030 (ReNPPD23-39). Uradni list RS, št.75/23. Available at: https://pisrs.si/pregledPredpisa?id=RESO145

Resolucija o nacionalnem programu duševnega zdravja 2018–2028 (ReNPDZ18–28), Uradni list RS, št. 24/18. Available at: https://pisrs.si/pregledPredpisa?id=RESO120

Rupnik Vec T, Žalec N, Kotnik D, Kotnik B, Valjavec M. Moje moči – Priročnik za spodbujanje socialno-čustvenih veščin v programu PUM-O+. Ljubljana: Andragoški center Slovenije, 2025. Available at: https://www.acs.si/digitalna-bralnica/moje-moci/

Selak Š, Košorok M, Černilec M, Tkalec S. (2024) Vrednotenje intervencij preventive s področja nekemičnih zasvojenosti v slovenskem prostoru. Available at https://nijz.si/wp-content/uploads/2025/06/Raziskovalno-porocilo_Vrednotenje-intervencij-preventive-s-podrocja-nekemicnih-zasvojenosti_F.pdf

Vinko M, Lesnik T and Radoš Krnel S (2024) Evaluator's alignment as an important indicator of adequacy of the criteria and assessment procedure for recognizing the good practice in public health. Front. Public Health 12:1286509. doi: 10.3389/fpubh.2024.1286509

5.2 Methodology

Comprehensive Prevention Model in the School Environment

As part of the Targeted Research Project Proposal for a Comprehensive Prevention Model for Children and Adolescents in the Field of Psychoactive Substances (PAS) and the Use of Digital Technologies, the research team carried out several research tasks to obtain key information for designing a proposal for a comprehensive prevention model in the school environment.

Among other activities, the team conducted a systematic literature review on universal prevention of PAS use in schools, a review of good practices in effective universal PAS prevention both in schools and in the community, as well as qualitative research in the form of focus groups with education professionals, parents, and health education providers to explore opportunities and barriers for effective prevention in schools. In addition, focus groups were conducted with adolescents to identify their needs.

Based on the collected data and insights, the team designed a proposal for a comprehensive school-based prevention model, drawing on the following approaches and frameworks: the whole-school approach, trauma-informed schools, and Communities that Care.

The proposed comprehensive prevention model includes four main components:

- school ethos, which encompasses school policies on health and PAS, as well as the social and physical school environment;
- development of skills and competences, which focuses on fostering personal, social, and emotional skills;
- collaboration with the community, which includes cooperation with parents, families, local stakeholders, NGOs, and others;
- broader environment, which refers to the attitudes of society, media, and government towards PAS use among adolescents.

For each of these four areas, the model proposal includes descriptions of effective approaches, recommendations, and potential actions schools can take within each domain.

The proposal for a comprehensive school-based prevention model was presented at an expert consultation on 12 May 2025, attended by education professionals, representatives of relevant ministries, and researchers. During the workshop, participants explored the practical applicability of the model and provided suggestions for improvement and easier implementation in schools. These proposals will be incorporated into the final version of the comprehensive model.

Treatment workbook

Contributors

Mateja Jandl, National Institute of Public Health, EUDA's Slovenian Focal Point
Nataša Delfar, National Institute of Public Health, EUDA's Slovenian Focal Point

Simona Smolej Jež, Social Protection Institute of the Republic of Slovenia

Špela Selak, National Institute of Public Health
Ines Kvaternik, National Institute of Public Health, EUDA's Slovenian Focal Point

Mirjana Delić, Centre for the Treatment of Illicit Drug Addiction, University Psychiatric Clinic Ljubljana
Nuša Šegrec, Centre for the Treatment of Illicit Drug Addiction, University Psychiatric Clinic Ljubljana

Aleksandra Tratar, Directorate for the Enforcement of Criminal Sanctions of Slovenia

Mateja Markl, Ministry of Health

Ivona Kruljac, Centre for the Treatment of Illicit Drug Addiction, University Psychiatric Clinic Ljubljana

Matej Sande, NGO DrogArt

Table of Contents

Summary

The treatment of drug addiction in Slovenia is regulated with the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the RS, No. 98/1999 and 2/24) 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 2024 there were 20 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. 3752 persons were treated in the outpatient centres, and another 730 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 2024.

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 are the same as in 2023 and 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 Drug 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:

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 Illicit Drug Addiction (CPZOPDs), 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 Illicit Drug Addiction (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 Illicit Drug Addiction (CZOPD). 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 Centre for the Treatment of Illicit Drug Addiction (CZOPD).
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 20 in 2024. 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 2024 which also provided outpatient management (in Slovenj Gradec and Ptuj) and were part of the network of 20 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 11 harm reduction programmes which predominantly provide counselling and sterile kits for injecting drugs as well as other harm reduction services. Of these, three programs provide safe accommodation for drug users. The purpose of harm reduction 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 46% 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 2024, social workers were dealing with 313 cases, related to illegal drugs. The number of cases shows year-to-year variability, with 296 cases in 2022, 335 in 2023, and 313 in 2024.

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	**20**	Network of Centres for Prevention and Treatment of Illicit Drug Addiction.	**3752**
Low-threshold agencies	**11**	NGO organisations for harm reduction activities. Low-threshold programmes organizing day centres, carrying out field work and prevention.	**2783**
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.	**730**
Other outpatient units	**9**	Units in social care, mostly NGOs, which are working only during the day.	**2948**
Other outpatient units	**1**	DrogArt NGO Reducing the harmful effects of club drugs among young people.	**14726**

Source: National Institute of Public Health 2025

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 2024 annual report by the Social Protection Institute of the Republic of Slovenia (Table 1), 2783 persons were included in low-threshold programmes (day centres and field work, without harm reduction activities on dancing events), which is an decrease compared to 2840 in 2023. But an analysis of the data over the years reveals fluctuations in the number of cases.

1.2.4 Ownership of outpatient drug treatment facilities

The public network of Addiction Prevention and Treatment Centres was established by the Slovene state and is financed from public health insurance funds. The premises used are usually local health facilities owned by the local communities. Primary healthcare is provided locally by local communities who also own the facilities, in which these programmes are carried out. Psychiatric outpatient units in health facilities are also financed from public health insurance funds. Harm reduction programmes are established by NGOs. Local communities provide certain funds for these programmes. Programme activities are also funded by the Slovene state through tenders and by certain donors. One daily centre was established by the National Institute of Public Health. It is carried out in NIJZ (National Institute of Public Health) areas, owned by the state and financed from funds of the Ministry of Labour, Ministry of Family, Social Affairs and Equal Opportunities. The remaining daily programmes were established by NGOs that obtain funds from tenders, local communities, the Slovene state and donors (Table 2).

Table 2. Ownership of outpatient facilities providing drug treatment (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)	/	All units, 100%	/	/	**100**

Source: National Institute of Public Health 2025

Inpatient network

1.2.5 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 (Table 3).

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

Patients can also enrol in various therapeutic community programmes, i.e. programmes which typically involve 24-hour accommodation at an establishment for up to 3 years or more. Clients are admitted to a therapeutic community upon completing a preparation programme. These programs are run by NGOs or charity organizations, with oversight and financial contributions from the State. A special therapeutic community for persons with dual diagnosis (psychiatric comorbidity) exists (TS Sostro).

1.2.6 Further aspects of inpatient drug treatment provision

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

Admission to a specialised drug treatment hospital within the scope of the Centre for the Treatment of Illicit Drug Addiction is always a matter of agreement between the doctor working at a Centre for the Prevention and Treatment of Illicit Drug Addiction at the primary level and the doctor working at the specialised hospital, and is always delayed for the period of preparation for admission to the hospital. Before being admitted to treatment, a patient undergoes many activities. A patient must show willingness to put in effort, show some progress, and establish a critical attitude to their addiction in order to be eligible for admission. Upon admission, patients are not allowed to have drugs with them or use them during hospitalisation (except for OST, which is provided in-house).

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

	Total number of units	National Definition	Total number of clients
Hospital-based residential drug treatment	**1**	Psychiatric or other hospitals	**282**
Residential drug treatment (non-hospital based)	**9**	Rehabilitation and reintegration centres	**116**
Therapeutic communities	**4**	Classic TC between 1 – 3 years programmes	**74**
Prisons		Special hospital for inmates	
Other inpatient units	**1**	A safe house for female drug addicts	**27**

Source: National Institute of Public Health 2025

1.2.7 Ownership of inpatient drug treatment facilities

All healthcare institutions that provide medical treatment for illicit drug addiction in Slovenia are publicly funded through The Health Insurance Institute of Slovenia – there are no private healthcare institutions in this field in Slovenia. Therapeutic community programmes are carried out by NGOs that are funded by the state through tenders, funds from local communities (which normally also provide premises), and donor funds (Table 4).

Table 4. Ownership of inpatient facilities providing drug treatment (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 2025

1.2.7 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 2024, we have received reports about 210 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 110 patients – 52.4%), followed by cocaine (32 patients – 15.2%) and cannabis (23 patients – 11%) (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 2360 patients in long-term treatment through TDI Prevalence. In 2024, most patients reported abusing heroin as their primary drug of choice (920 patients – 39%), more than those reporting only prescribed OST use (820 or 34.7%), followed by benzodiazepines (157 or 6.6%), cocaine (163 or 7%) and cannabis (124 or 5.2%) (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 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 2360 persons in treatment in 2024, 80.2% were male and 19.8% female. The average age of men was 44.6 years and of women 42.9 years. 8.3% were younger than 35 years, 70.5% were aged between 35 and 49, and the rest were 50 or older (21.3%).

Of the patients that shared data on education (n=2111), 3.1% did not finish elementary school, 27.5% finished elementary school, 54.6% finished secondary (general or vocational) school, while 3.9% had a higher education. Of those who reported their employment status (n=2319), only 31.5% were fully employed, 11.3% were occasionally employed and the rest were either unemployed (50.4%), retired (4%) or students/pupils (1%).

39% reported using heroin as their primary drug, with 34.7% using only OST. A significant proportion also reported using benzodiazepines (6.6%), cocaine (7%) and cannabis (5.2%) as their primary drug (see Figure 2). 39.8% of respondents also reported using a second illicit drug. In those users, cocaine (33.9%) was the most prevalent, with cannabis (25.3%) and benzodiazepines (17.7%) following.

31% of respondents reported that they were in treatment for 5 years or less, while 68,6% reported being in treatment for more than 5 years. 11.8% of 1997 users who responded to this question reported injecting or sniffing drugs in the past month, while 2.9% of 1880 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. 0.3% report being HIV positive, while 9.9% have never been tested (of 2217 respondents). 14.6% report being positive on any kind of HCV test, while 10.3% have never been tested (of 2228 total). For HBV, 0.9% report being positive on any kind of test, while 10% report never having been tested (of 2207 total).

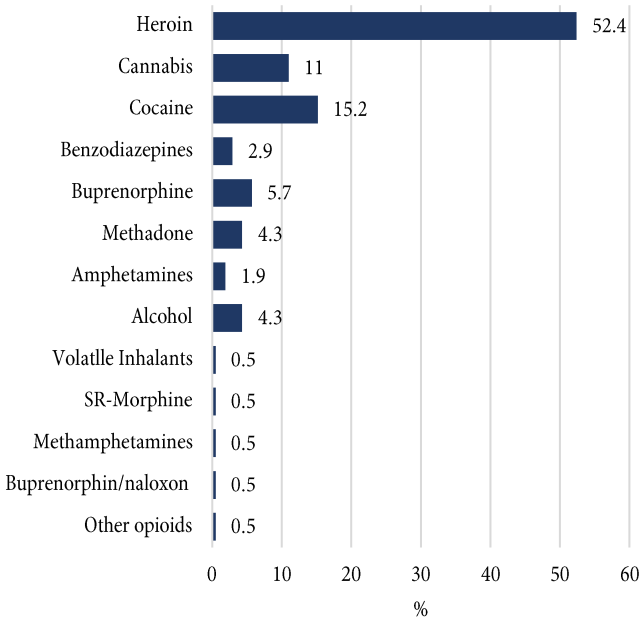
1.3.5 Further top level treatment-related statistics

Table 5. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	3752
Total clients in OST	**2881**
Total clients entering treatment	**25438**

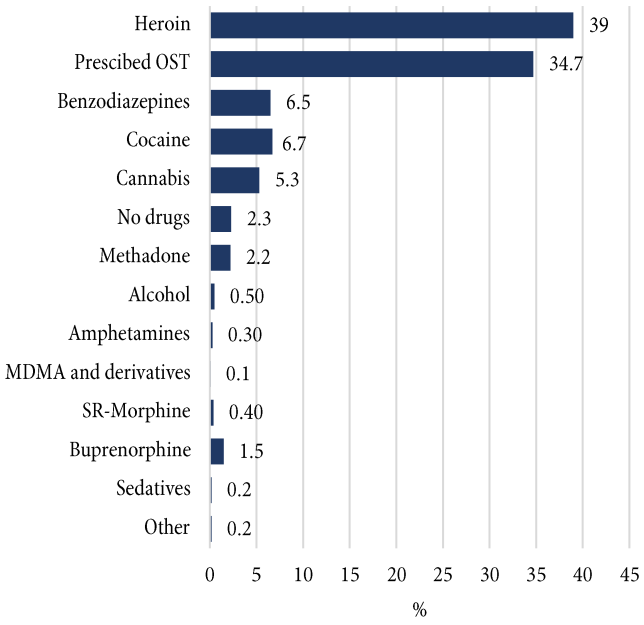
Source: National Institute of Public Health 2025

Figure 1. Proportion of treatment demands by primary drug (in %) – first entrance or re-entrance, 2024 (n=210)



Source: National Institute of Public Health 2025

Figure 2. Proportion of treatment demands by primary drug (in %) – continuous treatment (TDI Prev), 2024



Source: National Institute of Public Health 2025

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 6). 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

	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 2025

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 Illicit Drug Addiction) or the Centre for the Treatment of Illicit 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

	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%	Not available	>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 2025

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 the Treatment of Illicit Drug addiction at the University Psychiatric Clinic Ljubljana. Patients enter inpatient treatment either through outpatient treatment or other subunits of the Centre for the Treatment of Illic 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 Illicit 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 Illicit 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 (such as the NGO DrogArt) offer online counseling services (online interventions for 469 users, face-to-face online counseling for 5 users in 2024). The national eHealth infrastructure offers various eHealth solutions to all patients (online appointment scheduling, purchase of digital prescriptions on the health insurance card, etc.) However, the offer of online activities tailored to the PWUD is not considered very effective, as these people are often socio-economically disadvantaged and a significant proportion do not have access to the Internet. Face-to-face contact is also considered better for treating 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.

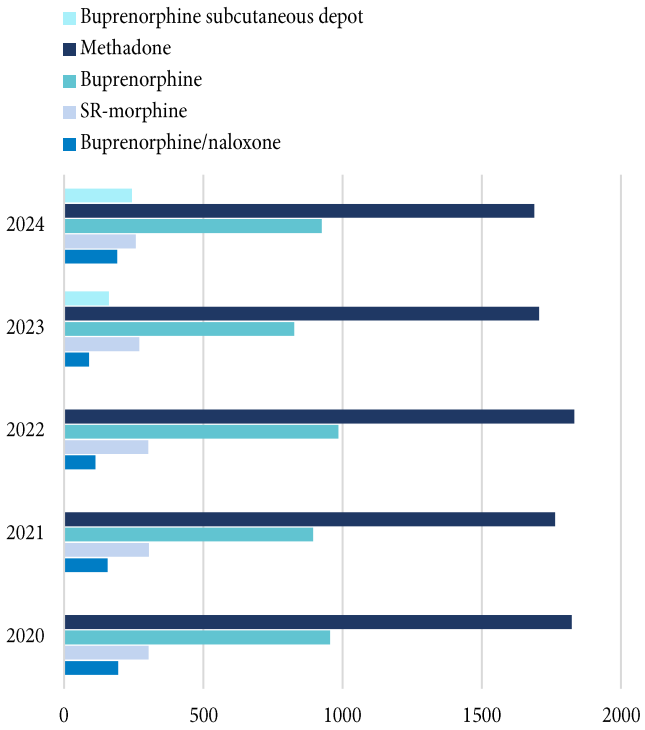
1.4.8 Number of clients in OST

In 2024, 2881 patients were receiving OST within the network of Centres. Of these, 1689 patients received methadone, 926 buprenorphine, 191 a buprenorphine/naloxone combination, and 258 slow-release oral morphine. At least 244 patients received buprenorphine in subcutaneous depot form.

730 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 2024 (mostly people who actively inject drugs), 73.2% of them reported on being enrolled in an OST programme.

Figure 3. Number in OST patients according to the substitution medication used, 2020–2024



Source: Network of Centres for the Prevention and Treatment of Illicit Drug Addiction and prison treatment

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 =2120).

In 2024, 80.2% were men and 19.8% were women. The average age of men was 45 years old, while women were a bit younger, with 43.2 years, both of which are higher than in 2023 and 2022. 6.8% of users were younger than 35 years, 70.9% of users were aged 35-49 years and 22.2% were 50 years or older. Comparing the data to the previous year, it is clear the population is aging.

32% reported being fully employed, while 11.1% were occasionally employed. 51.1% were unemployed, 4.2% were retired and 0.6% were students or pupils.

3% did not finish elementary school, 27.7% finished elementary school and 55.5% finished secondary school (general or vocational). 3.4% finished higher education.

The primary drug users reported using was heroin, with 39.2%, with prescribed substitution therapy in second with 36.5%. A significant number of users also reported using cocaine (6.6%), cannabis (5%) or benzodiazepines (7.1%) as their primary drug. The rest reported either being abstinent (0.5%) or using other substances.

72.9% of users reported being in treatment for more than 5 years, while 26.7% reported being in treatment for 5 years or less (0.3% 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 Illic Drug Addiction

In November 2022, the Minister of Health appointed the Commission to supervise the work of Centers for the Prevention and Treatment of Illic 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.

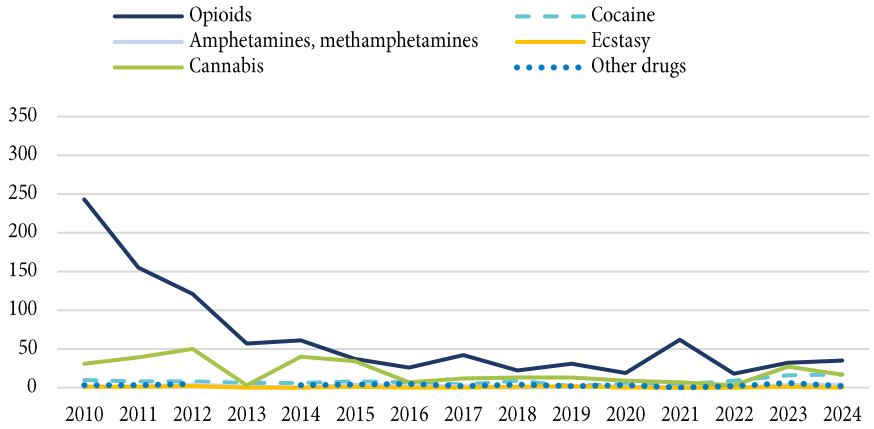
2. Trends

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.

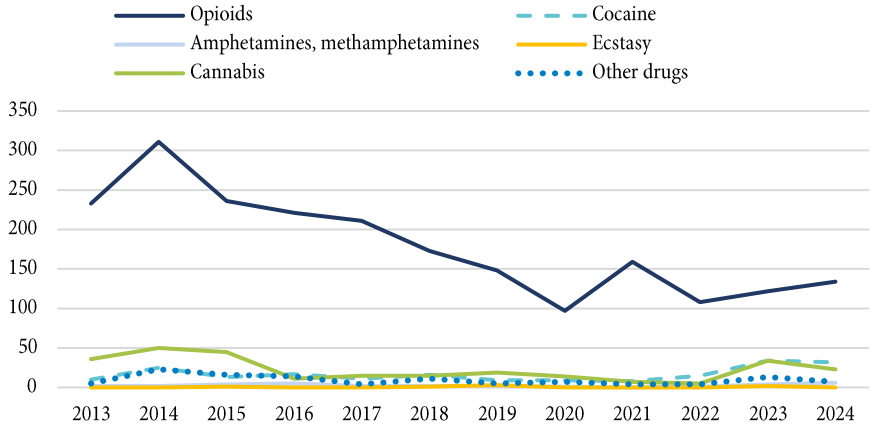
2.2 Additional trends in drug treatment

Figure 4. Trends in numbers of first-time clients entering treatment by primary drug, 2010–2024, Slovenia



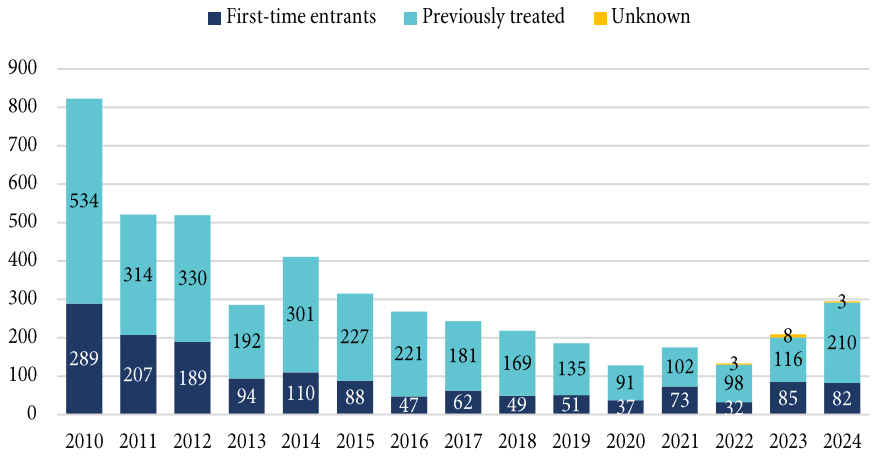
Source: National Institute of Public Health 2025

Figure 5. Trends in numbers of all clients entering treatment, by primary drug, 2013–2024, Slovenia



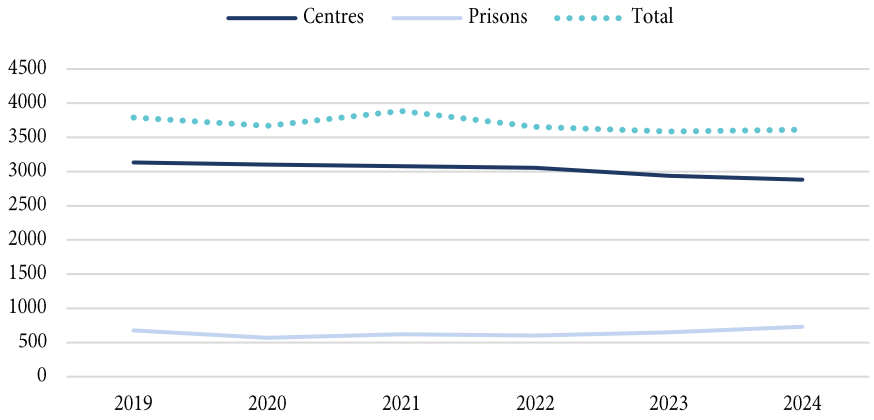
Source: National Institute of Public Health 2025

Figure 6. Trends in numbers of entrants in addiction treatment, 2010–2024



Source: National Institute of Public Health 2025

Figure 7. Trends in numbers of clients in opioid substitution treatment, 2019–2024, Slovenia



Source: National Institute of Public Health 2025

3. New developments

3.1 New developments

The new developments are the same as in 2023 and 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 Drug Addictions Ljubljana and start of a systematic treatment approach of non-substance addiction. The most significant step forward in relation to the prevention and treatment of non-substance addiction took place in 2024 with the introduction of the "Review and evaluation of interventions in the field of non-substance addiction and the preparation of guidelines for professional cooperation and integration between mental health centres and services and other stakeholders active in the field of non-substance addiction (V5-2303)". The project has involved a review and comprehensive evaluation of the interventions in place to tackle non-substance addiction. The Logout Centre for Digital Wellbeing's "Preventive assistance to individuals and families" intervention was identified as an example of good practice. This activity has provided a valuable insight into the quality of interventions in the field of non-substance addiction, and has also served as the basis for the creation of guidelines for stakeholders involved in that field.

4. Additional information

4.1 Additional Sources of Information

Centre for Treatment of Illic Drug Addiction at the University Psychiatric Clinic Ljubljana, Slovenia
In 2024, we continued to implement established programs designed for patients at different stages of illness and treatment. Patients may engage with treatment as outpatients, through various day hospital programs or as inpatients. Outpatient programs primarily serve to prepare patients for inpatient care or to provide follow-up after hospitalization, although they may also function independently. Day hospital programs are intended for individuals who are still actively using drugs and preparing to transition into inpatient treatment, for patients with comorbid conditions (so-called "dual disorders") or for those undergoing rehabilitation following completion of inpatient treatment, when full abstinence from drug use has already been achieved and sustained.

The adult inpatient program typically lasts 17 weeks and is structured into three components: the Intensive Department, the Detoxification Department and a specialized program located in Razori, on the outskirts of Ljubljana, which focuses on health and psychosocial rehabilitation (including for patients with addictions and co-morbid mental disorders). Beyond the holistic treatment of addiction, the program also emphasizes the management and maintenance of remission in co-occurring mental disorders, as well as comprehensive rehabilitation, applying an integrative and individualized approach oriented toward patients' future goals. The program may extend up to six months and includes a broad spectrum of addiction treatment activities, family and significant-other involvement, and careful consideration of individual differences.

In parallel, we continued to operate a program for minors within the ward, where the otherwise group-based treatment is individually tailored to the specific needs of each adolescent.

Furthermore, we sustained close collaboration with regional Centres for the Prevention and Treatment of Illic Drug Addiction at the primary care level, as well as with non-governmental organizations and other Slovenian psychiatric (and somatic) hospitals.

Additional information on homelessness topic

Residential Group Zasavje has been developed following the internationally recognized model of *Sober Living Houses*. These are transitional forms of housing designed for individuals after addiction treatment, who frequently also experience mental health difficulties. The program provides a safe environment, structured support, and the opportunity to develop new life patterns in a supportive setting.

The program's aim is to reduce the risk of homelessness and social exclusion while enabling a gradual yet sustainable reintegration into the community. Participants have access to individual and group counseling, psychosocial support, and activities aimed at strengthening independent living skills – ranging from financial management to self-care and maintaining everyday responsibilities. The program promotes abstinence, strengthens social networks, reduces stigmatization, and fosters active user participation in the co-creation of services.

Similar to *Sober Living Houses* abroad (Polcin & Korcha, 2015; National Institute on Drug Abuse [NIDA], 2020), Residential Group Zasavje serves as a bridge between treatment and full reintegration into society – a step towards a more independent, stable, and dignified life. The program's added value lies in its participatory approach, close cooperation with local institutions, and the long-standing expertise.

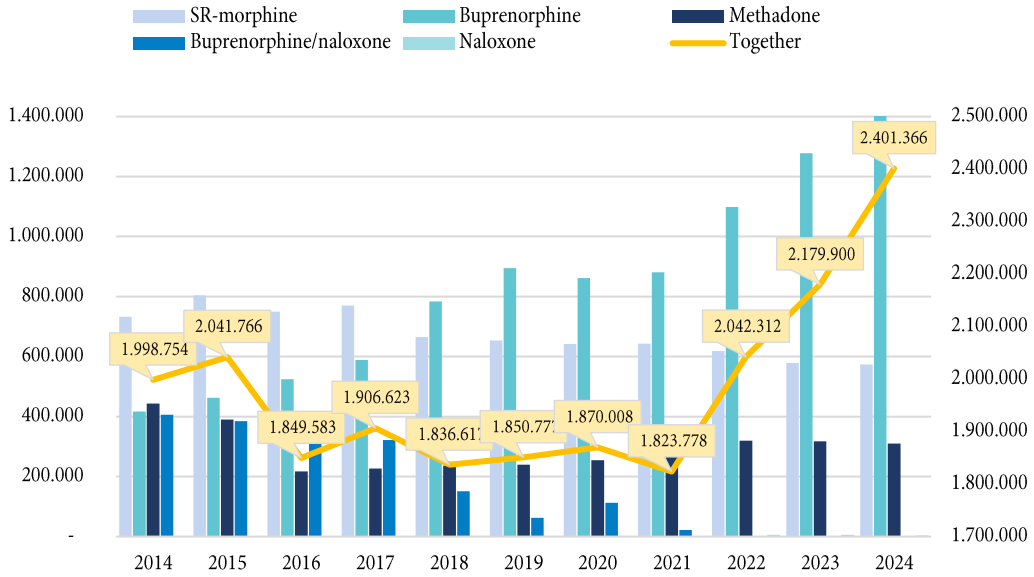
Information on prescribed drugs for treating opioid addiction and prescribed nasal naloxone

111 of naloxone boxes, worth 3379 EUR, were prescribed in 2024 (Nyxoid 1.8 mg nasal spray, single-dose container, 2x). 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.

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 2024, the cost of medicines in the addiction treatment program amounted to EUR 2,401,367.7 (in 2023, EUR 2,179,900, in 2022, EUR 2,042,312, in 2021, EUR 1,823,778, and in 2020, EUR 1,870,008). After a decrease in the costs of these medicines, an increase in costs has been observed since 2022.

Figure 8. Values of individual drugs for the treatment of addiction from 2014 to 2024 and the trend in the total costs of these drugs in EUR



Source: National Institute of Public Health 2025

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.

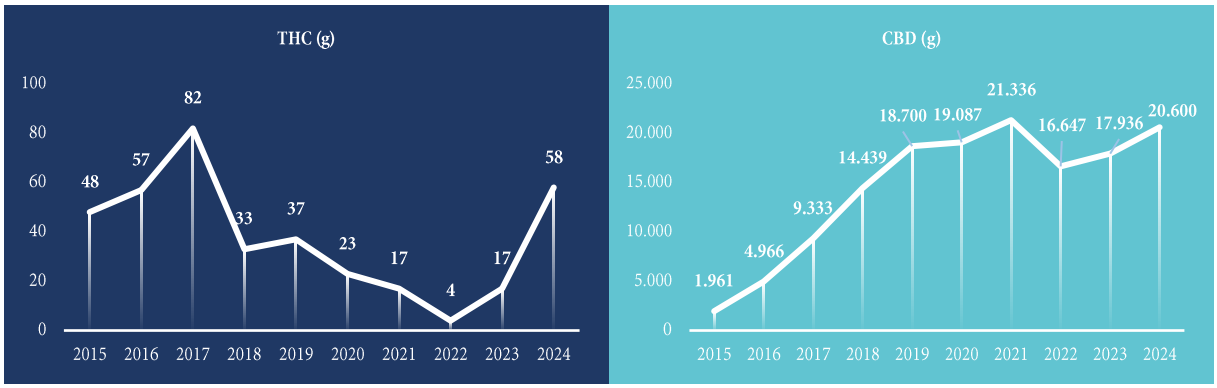
The prescription of standardized cannabis flower extract and cannabinoids in the form of dried cannabis flowers and fruiting tops is not yet routine. For the import of standardized cannabis flower extract and cannabis flowers and fruiting tops, a medical need must be expressed. Doctors prescribe magistral 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 31 reports from individual pharmacies about making magistral preparations with THC and CBD.

According to data provided by individual pharmacies to the NIJZ, in 2023, 1,666 prescriptions were issued, and 2,091 magistral preparations were dispensed. For these, 20.638 g of CBD and 58 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 9. Total THC and CBD consumption in grams, Slovenia, 2015 to 2024



Source: National Institute of Public Health 2025

4.2 Further Aspects of Drug Treatment

Activities to tackle issues around non-substance addiction have been strengthened and consolidated in recent years in Slovenia, with inpatient and outpatient provisions available at both the primary and secondary healthcare levels.

- Nova Gorica Primary Healthcare Centre – Addiction Treatment Centre

Nova Gorica Primary Healthcare Centre has operated an Addiction Treatment Centre (CZZ) for 28 years. The CZZ is engaged in activities relating to the detection, medical and psychosocial treatment and prevention of substance and non-substance addictions, providing one-to-one, family and couples therapy and, where required, psychiatric treatment and substitution therapy.

According to the CZZ's own figures, individuals with non-substance addiction have accounted for the bulk of its work in the last few years. The healthcare team comprises the head of the centre, a doctor, a nurse, a healthcare technician and external associates. In addition to healthcare and preventive activities, the centre is also involved in providing education and training in the field at home and abroad.

- Ljubljana Railway Health Centre

Ljubljana Railway Health Centre contains a mental health clinic that focuses, among other things, on the treatment of addiction, including gambling, food and relationship addiction. Treatment is provided on in / and outpatient basis in the form of one-to-one, couples and group sociotherapy.

- Ormož Psychiatric Hospital

The Addiction Treatment and Psychotherapy Unit at Ormož Psychiatric Hospital treats individuals with a variety of addiction problems, including those with addictive forms of behaviour who are motivated to undergo intensive treatment. Treatment is provided on an outpatient and inpatient (hospital) basis.

- Mental health centres

A network of mental health centres containing multidisciplinary teams of specialists is being set up as part of the Mira Programme. The guiding principle behind these centres is the provision of equal access to services and programmes for all groups of people in a specific area. Twenty-two mental health centres for children and adolescents and 19 adult mental health centres currently operate within health centres across Slovenia. A non-substance addiction training programme was held for professional staff at adult mental health centres in 2023 and 2024, with plans for a similar programme for professional staff at mental health centres for children and adolescents also under way. Treatment is provided on an outpatient basis.

4.3 Psychiatric comorbidity

In the case of a psychiatric comorbidity, many users are hospitalised at regular psychiatric hospitals, where both the mental disorder and illicit drug addiction are treated. In addition to such hospitalisations, drug-addicted persons may also be hospitalised for other diseases that may be associated with drug use (sepsis). All hospital programmes are offered in the public healthcare context; no private clinics work in this field. Some physicians from the Centres for the Prevention and Treatment of Illicit Drug Addiction also act as consultants at regional hospitals (Table 8).

Table 8: Number of hospitalizations with the addiction F diagnosis as the primary diagnosis (according to ICD 10); and as the secondary diagnosis in 2024 in Slovenia

Drugs	Primary diagnosis	Additional diagnosis	Total	Share among all (%)
Multiple drugs	589	869	**1458**	44
Sedatives and hypnotics	121	557	**678**	20.4
Cannabinoids	82	482	**564**	17
Opioids	52	188	**240**	7.2
Cocaine	98	216	**314**	9.4
Other stimulants	8	40	**48**	1.4
Hallucinogens	3	5	**8**	0.2
Together	**953**	**2357***	**3310**	**100**

Source: National Institute of Public Health, 2025

* 1 hospitalization can have up to 29 additional diagnoses. Therefore, more than one selected diagnosis can appear in 1 hospitalization, which means that the hospitalization is counted multiple times.

Psychiatric comorbidity

To assess the prevalence of psychiatric comorbidity, in the seven (7) psychiatric hospitals located in Slovenia, we extracted the number of episodes in hospitalisations due to addiction (F diagnoses F11-F19) in the hospitalization database (891 episodes in 2024). For these episodes, we looked at whether a diagnosis of psychiatric comorbidity was present. There were 210 such hospitalizations in Slovenia in 2024. We present the noted comorbidities in Table 9.

Table 9: First additional diagnosis of patients hospitalized with an addiction primary diagnosis in Slovenian psychiatric hospitals in 2024

	Frequency	%
F00 Dementia in Alzheimer's disease	1	0.5
F01 Vascular dementia	1	0.5
F06 Other mental disorders due to brain damage and dysfunction and due to physical disease or condition	2	1.0
F07 Personality and behavioural disorders due to brain disease, damage and dysfunction	4	1.9
F20 Schizophrenia	11	5.2
F23 Acute and transient psychotic disorders	9	4.3
F25 Schizoaffective disorders	4	1.9
F29 Unspecified nonorganic psychosis	3	1.4
F31 Bipolar affective disorder	4	1.9
F32 Depressive episode	6	2.9
F33 Recurrent depressive disorder	6	2.9
F41 Other anxiety disorders	25	11.9
F42 Obsessive-compulsive disorder	2	1.0
F43 Reaction to severe stress and adjustment disorders	21	10.0
F60 Specific personality disorders	82	39.0
F61 Mixed and other personality disorders	14	6.7
F90 Hyperkinetic disorders	15	7.1
Total	**210**	**100.0**

Source: National Institute of Public Health, 2025

Methodological note: The number of hospitalisations in Table 8 (953) does not match the number 891in Table 9. The methodology was different – in Table 9 we have episodes and in in Table 8 the number refers to hospitalisations in 2024.

5. Sources and methodology

5.1 Sources

Resolucija o nacionalnem program una področju prepovedanih drog 2023–2030 (ReNPPD23–30) (PISRS) [Internet]. [cited 2024 Oct 22]. Available from: https://pisrs.si/pregledPredpisa?id=RESO145

Portal GOV.SI [Internet]. 2024 [cited 2024 Oct 22]. Sprejet Akcijski načrt na področju prepovedanih drog za dvoletno obdobje - za leti 2024 in 2025 | GOV.SI. Available from: https://www.gov.si/novice/2024-02-07-sprejet-akcijski-nacrt-na-podrocju-prepovedanih-drog-za-dvoletno-obdobje-za-leti-2024-in-2025/

Kovač N. Spremljanje izvajanja socialnovarstvenih programov v letu 2024, končno poročilo. Social Protection Institute of Republic of Slovenia; 2025.

Kostnapfel T, Albreht T. Poraba zdravil, predpisanih na recept v Sloveniji v letu 2024. National institute of public health of Slovenia; 2025.

Resolution on the National Mental Health Programme 2018–2028 (ReNPDZ18–28), Uradni list RS, No 24/18. Available at: https://pisrs.si/pregledPredpisa?id=RESO120.

Action Plan 2022–2023 for the Implementation of the Resolution on the National Mental Health Programme (ReNPDZ18–28). (2022), Uradni list RS, No 24/18.
Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/staro/Preventiva-in-skrb-za-zdravje/Varovanje-in-krepitev-zdravja/dusevno-zdravje/dusevno-zdravje/Akcijski-nacrt-za-dusevno-zdravje-2022-2023-310322.pdf.

Action Plan 2025–2028 for the Implementation of the Resolution on the National Mental Health Programme (ReNPDZ18–28). (2025), Uradni list RS, No 24/18.
Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/1-TEME/Akcijski-nacrt-za-dusevno-zdravje-2025-2028.pdf.

Selak, Š., Košorok, M. and Žmavc, M. (2024). (rep.). *Pregled obstoječih intervencij preventive ter obravnave s področja nekemičnih zasvojenosti v Sloveniji* [Review of existing preventive and treatment interventions in the field of non-substance addiction in Slovenia]. Ljubljana, Slovenia: National Institute of Public Health.

Selak, Š., Košorok, M., Černilec, M. and Tkalec, S. (2024). *Vrednotenje intervencij preventive s področja nekemičnih zasvojenosti v slovenskem prostoru* [Evaluation of interventions in the field of non-substance addiction in Slovenia]. Ljubljana, Slovenia: National Institute of Public Health.

National Institute of Public Health databases:

- https://podatki.nijz.si/pxweb/sl/NIJZ%20podatkovni%20portal/
- https://nijz.si/podatki/podatkovne-zbirke-in-raziskave/podatkovne-zbirke-in-raziskave/
- National Institute on Drug Abuse. (2020). *Treatment approaches for drug addiction.* U.S. Department of Health and Human Services. https://nida.nih.gov/publications/drugfacts/treatment-approaches-drug-addiction

Polcin, D. L., & Korcha, R. (2015). Social support influences on substance abuse outcomes among sober living house residents with low and moderate psychiatric severity. *Journal of Substance Abuse* Treatment, 53, 64–71.
https://doi.org/10.1016/j.jsat.2015.01.003

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 16/20 of Centres reported data for the main TDI indicator and 19/20 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.

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

Contributors

Mateja Jandl, Ines Kvaternik, Andreja Drev, Sandra Radoš-Krnel, Tadeja Hočevar, Karmen Henigsman, all National Institute of Public Health of the Republic of Slovenia

Simona Smolej Jež, Social Protection Institute of the Republic of Slovenia

Jože Hren, Ministry of Health of the Republic of Slovenia

Maša Martič, Matej Sande, NGO DrogArt

Matej Košir, Sanela Talić, Institute UTRIP

Metka Laboda Skočir, NGO Stigma

Mirjana Delić, Nuša Šegrec, Centre for the Treatment of Illicit Drug Addiction, University Psychiatric Clinic Ljubljana

Mia Zupančič, Karin Križman, NGO No Excuse

Luka Mrak, Tina Kodre, NGO Šent

Table of Contents

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. Identifying 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 the 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:
http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri_vodnik_SL.pdf
(see also Prevention Workbook, section 1.3).

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

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 Illicit Drug Addictions, 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 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 18 years and a cannabis abuse programme for secondary schools for the last eight. It also organises several programmes that address non-substance addiction, such as internet addiction and problematic gambling.

In previous years, 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.), topics focusing on healthy self-image 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 and nicotine pouches.

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 18 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 organization 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. It consists of 15 to 25 hours of interactive workshops delivered in grades 7, 8, and 9, integrated into regular school lessons in cooperation with class teachers. The programme also involves other school staff, counsellors, and parents. In 2023, schools were given the option to implement individual workshops, which continued in 2024 and allowed broader outreach. Since late 2024 and throughout 2025, deeper collaborations with schools have been established, enabling more consistent implementation of the full three-year programme. In 2024, the programme was renewed to include additional topics such as electronic cigarettes, fugues, and energy drink consumption. Evaluation remains a key component, and new tools are currently being developed to make assessment easier for students and applicable even a year after participation. Teachers report strong student engagement, especially during workshops on newer topics. Efforts are also being made to increase the programme's national visibility and to explore opportunities for transferring it internationally, aiming to reach more students and enhance quality assurance.

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).

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).

GUIDELINES AND RECOMMENDATIONS FOR REPORTING AND MEDIA AND PUBLIC DISCOURSE ON CANNABIS

National Institute of Public Health has prepared guidelines for responsible reporting on cannabis, with an emphasis on the role of the media in shaping social perception. The guidelines were publicly presented as part of an international expert consultation on June 5 2025 in Ljubljana.

Social perception of the safety and harmfulness of cannabis has changed significantly in recent years, towards a more liberal view. Fewer and fewer people perceive cannabis as a harmful substance. One of the key factors in this is the media - especially the way and from which perspective they report on this topic. We can still effectively influence reporting through traditional media, with guidelines playing an important role, which serve as a tool for responsible reporting and protecting vulnerable groups.

In various countries, there are guidelines for reporting on illicit drugs, but they mainly focus on reducing the stigma of users and indicating sources of help, but do not contain as many public health warnings. Since the social perception of cannabis differs from the perception of other illicit drugs, we decided to prepare guidelines that focus solely on reporting on cannabis, which focus more on presenting the public health aspect of cannabis use. The guidelines also include public health warnings. The guidelines were also reviewed by the Slovenian Journalists' Association and provided constructive suggestions for amendments.

Basic guidelines and recommendations for media reporting include:

1. Avoiding the portrayal of cannabis use as normalized behaviour.
2. Emphasizing public health warnings in relation to children, adolescents and pregnant women.
3. Clearly distinguishing between types and purposes of cannabis use.
4. Warning that cannabis is not a miracle or universal medicinal plant.
5. Avoiding social stigmatization of users.
6. Indicating sources of help and support.

3. Additional information

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

Assessment criteria for evidence based public health interventions

The Slovenian "Criteria for assessing public health interventions for the purpose of identifying and selecting examples of good practices" were developed based on the European Commission's Criteria to select best practices in health promotion and disease prevention and management in Europe. The major difference between these criteria is that the European Commission's Criteria are focusing on selecting "best" practices while the Slovenian are intended to acquire also those practices that are recognized as examples of "good" practices and have the potential to further develop and improve.

The aim of the Slovenian Criteria is to establish a system for recognizing good practices and promoting their use in public health. The objectives of the Slovenian HPPR are to (1) raise the standards and quality of interventions, (2) provide an overview of their effectiveness, and (3) support knowledge exchange by creating a pool of reviewed practices.

The Criteria for assessing public health interventions are organized into three levels: Exclusion, Core, and Additional. Exclusion criteria serve as the first filter, ensuring that interventions provide adequate information, meet basic conditions, are politically and strategically relevant, address current public health needs, are scientifically sound, free from commercial interests, and unlikely to be harmful, ineffective, or inequitable. Interventions that pass this stage are then assessed by Core criteria, which focus on effectiveness, efficiency, and contribution to reducing health inequalities. At the third level, Additional criteria examine transferability, adaptability, and scalability to other contexts.

The Slovenian framework also incorporates elements emphasized in international research, such as evaluating implementation processes, short- and long-term outcomes, and contextual factors, clarity of objectives, theoretical underpinnings, sustainability, relevance, and stakeholder collaboration.

Each sub-criterion is scored from 1 (does not meet requirements or cannot be assessed due to missing/incomplete information) to 5 (fully meets all important aspects), except for ethical criteria, which are evaluated with yes/no answers.

The criteria provide valuable insights for public health stakeholders. They help funders and clients by clearly categorizing practices as "good" or "best" and support researchers and practitioners by offering detailed feedback on each criterion, guiding further refinement of interventions.

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/

In 2024, a comprehensive assessment of four interventions used in Slovenia in the field of non-chemical addictions was conducted, and the results are available in the publication:
https://nijz.si/wp-content/uploads/2025/06/Raziskovalno-porocilo_Vrednotenje-intervencij-preventive-s-podrocja-nekemicnih-zasvojenosti_F.pdf

Recommendations for public health-appropriate reporting about alcoholic beverages in the mass media

One of the key players in alcohol policy are media representatives, as they can crucially add to raising awareness about health behaviours and strengthen health values among the population. Slovenia struggles with wet culture, and with media often representing alcohol drinking as normative, culturally immanent and health-wise beneficial. One of the measures in addressing alcohol problems within the national SOPA (TRATAC – Together for responsible attitude towards alcohol consumption; National Institute of Public Health in Slovenia) project was developing recommendations for representatives of the mass media on how to report public health-appropriately about alcohol. Based on theory, media content analysis, literature review and three focus groups with selected journalist and editors, 12 public health recommendations for reporting about alcohol were developed and published in a short and a long version of the handbook in 2020, with the latter including arguments and examples of poor and recommended reporting. Whenever collaborating with the media (radio and TV coverage etc.), we follow our policy of using those opportunities to share the recommendations with the journalists / hosts. This way we can spread key messages more effectively and directly.

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

3.2 Other important aspect of best practice promotion

Prevention

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 were 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.

Treatment

In 2024, the Centre for Treatment of Illicit Drug Addiction at the University Psychiatric Clinic Ljubljana continued to provide programs for patients at various stages of illness and treatment, offered in outpatient, day hospital, and inpatient settings. Outpatient services supported both preparation for hospitalization and post-discharge follow-up, while day hospital programs addressed active drug use, dual disorders, and post-treatment rehabilitation. The adult inpatient program, lasting up to 17 weeks and extendable to six months, combined intensive, detoxification, and rehabilitation components, including a specialized unit in Razori. This program emphasized integrated care, remission management, and individualized rehabilitation, with active involvement of families and close attention to personal needs. A dedicated program for minors remained in operation, ensuring individualized approaches within a group-based framework. Collaboration with regional Centres for the Prevention and Treatment of Illicit Drug Addiction, non-governmental organizations, and other psychiatric and somatic hospitals across Slovenia was sustained throughout the year.

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).

Day center for vulnerable young people who use drugs

In 2020, the DrogArt Association in Ljubljana founded the first day center for at-risk young people aged 15 to 25 who have experience with drug use. The main goal of the center is to provide a safe and welcoming space where young people can relax, connect with their peers, feel accepted and explore their diverse interests. The program was developed in response to the identified needs of young people who spend a lot of time in public spaces in the city of Ljubljana. This group represents a particularly vulnerable group of young PWUD, mainly due to their age and complex life circumstances, which may include excessive drug use, mental health problems, inadequate living conditions, homelessness, poverty, previous or current experiences of various forms of violence, dropping out of school, learning difficulties and unemployment.

Many of these young people are reluctant to engage with existing support programs that target the above issues because they do not want to identify with the populations typically served by such services. Furthermore, these programs often do not address the unique challenges faced by adolescents. In a comprehensive study on the psychosocial plight of adolescents in Slovenia (Faculty of Social Work, Faculty of Education), a special methodological part focused on young drug users and their attitudes towards seeking help. The results, based on 18 in-depth interviews, show that the forms of psychosocial support and counseling available to young people in Ljubljana are perceived by the respondents as very responsive to their needs. The participants emphasized that they felt accepted, were able to build trust and experienced progress in overcoming their distress through open dialog and empathetic understanding. They also emphasized the benefits of peer-based approaches.

A key finding of the study is that successful intervention requires meeting young people where they are- initially by addressing their needs for social interaction and conversation, which can later develop into a commitment to more structured forms of support. Importantly, the study also showed that DrogArt is one of the few organizations where young people independently seek help for their problems.

The day center offers various forms of psychosocial support, e.g. assistance in finding housing or employment, enrolling in school and dealing with social services or employment offices. A central guiding principle of the center is a deep understanding of young people and their challenges as well as comprehensive support for their social integration.

During the COVID-19 pandemic, a virtual day center was developed due to movement restrictions and the closure of physical day centers. It was hosted on a Discord server and provided young people with opportunities for socializing, communication, entertainment and support during the epidemic. This online intervention proved to be highly effective and well adapted to the needs of the young people. The study mentioned above looked at the characteristics of this way of working and found that such approaches are more geographically accessible.

The virtual day center provides a safe and relaxed environment where young people feel accepted, while also enabling contact with professionals and facilitating the transition to offline support services.

The findings also suggest that young people remain poorly informed about the support programs available. Therefore, the communication channels that are familiar and accessible to young people need to be used to make contact. One part of the study looked specifically at how young people search online for solutions to their psychosocial distress. DrogArt was found to be among the leading organizations where young people look for information online, and the first niche organization specializing in issues related to drug use, sexuality, and nightlife within the broader field of psychosocial distress. These results likely correlate with the success of the virtual day center, which has benefited from the organization's strong online presence and name recognition among youth seeking help online.

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.

The programme moved to the implementation phase on 8 August 2024. Taking into consideration the observations made by staff regarding needs and the suggestions and opinions of users, we began drawing up a list of new needs and suggestions with a view to making changes to the protocols. It became particularly clear that the number of users who could use the DCR at the same time had to be adjusted. We updated the intervention action plan and adopted more detailed protocols for responding to medical emergencies.

On 14 November 2024, we organised an official opening ceremony for the Goriška drug consumption room. Over this period we successfully promoted the programme in the media, and received several visits from various organisations active in education and schooling, social security and healthcare, as well as from lawmakers. We have managed to work successfully with all these stakeholders since the programme was introduced. Programme staff have taken an active part in a number of activities run by the European Network of Drug Consumption Rooms (ENDCR), including a technical meeting in Athens at which we learned about the operations of the OKANA DCR in that city in more detail (see also Harms and Harm Reduction Workbook, 1.3.3. and 1.5.3 section).

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 the Prevention and Treatment of Illicit Drug 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.

4. Sources and methodology

Action Plan in the Field of Illicit Drugs 2019–2020
http://84.39.218.201/MANDAT18/VLADNAGRADIVA.NSF/18a6b9887c33a0bdc12570e50034eb54/4ff00982503dd3dcc125843f0037988e/$FILE/VG1_AN2019-2020_P.pdf [online] [accessed 16. 9. 2019].

EMCDDA (2011) European Drug Prevention Quality Standards.
http:///C:/Users/Lenovo/Downloads/TD3111250ENC%20(2).pdf [online] [accessed 30.3.2015].

Faculty of Social Work (undergraduate and graduate studies)
https://www.fsd.uni-lj.si/en/news_and_events/archive/2018030813241101/Study-in-Slovenia/ [online] [accessed 27.9.2018].

Hedrich, D. in Kerr, T. 2010. Drug Consumption Facilities in Europe and Beyond. V Evidence, Impacts and Challenges Rods, ur. T. in Hedrich D, Harm Reduction. Lisbon: EMCDDA.

Hočevar T, Založnik P, Henigsman K, Roškar M. (2020) Reporting about Alcohol in the Media. Ljubljana: National Institute of Public Health. E-publication.

Jeriček Klanšček H, Hočevar Grom A, Konec Juričič N, Roškar S, editors (2015) Zdravje skozi umetnost: Smernice za pogovor o izbranih zdravstvenih temah za pedagoške delavce.(Health through art: Guidelines for discussion on selected health topics for educators) Ljubljana: National Institute of Public Health. E-publication.

Kastelic A, Šegrec N. (2013) 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; (28)10:629-634.

Resolution on the National Programme in the Field of Illicit Drugs 2014–2020 (ReNPPD14–20).
https://www.uradni-list.si/1/content?id=116966 [online] [accessed 30.3.2015].

Resolution on the National Programme in the Field of Illicit Drugs 2023–2030 (ReNPPD23–30).
https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-2383

Kerr, T. 2000. Safe Injection Facilities - Proposal for a Vancouver pilot project.

Social Chamber of Slovenia (Professional verification)
http://www.szslo.si/3Dejavnosti/310StrokVerifi/310RPmain.asp [online][accessed 30.3.2015].

Kasnik, M., Rostohar, K., & Pogorevc, N. (2016). Quality Standards for Drug Prevention Programmes. Ljubljana: National Institute of Public Health E-publication.
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/standardi_kakovosti_prirocnik_2016_obl.pdf

Kovač, N., Smolej Jež, S., Kobal Tomc, B., & Trebežnik, J. (2019). Monitoring the Implementation of Social Care Programmes: Programme Implementation Report 2018: Final Report. Ljubljana: Social Protection Institute of the Republic of Slovenia.

Kovač, N., Černič, M., & Žiberna, V. (2020). Monitoring the Implementation of Social Care Programmes: Programme Implementation Report 2019: Final Report. Ljubljana: Social Protection Institute of the Republic of Slovenia.

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.

Navarro, C in Leonard, L. 2004. Prevalence and factors related to public injecting in Implications for the Development of a Trial Safer Injecting Facility. International. V Journal of Drug Policy 15(4): 275-84.

Portal for the exchange of examples of good practice in the field of public health https://nijz.si/zivljenjski-slog/platforma-za-izmenjavo-dobrih-praks/

Stepien M, Keller I, Takki M, Caldeira S. European public health best practice portal - process and criteria for best practice assessment. Arch Public Health. 2022 May 6;80(1):131.

Radoš Krnel, Sandra, Kamin, Tanja, Jandl, Mateja, Gabrijelčič Blenkuš, Mojca, Hočevar-Grom, Ada, Lesnik, Tina, Roškar, Maja, Levičnik, Gorazd. Merila za vrednotenje intervencij na področju javnega zdravja za namen prepoznavanja in izbire primerov dobrih praks. Elektronska izd. Ljubljana: Nacionalni inštitut za javno zdravje, 2024. 1 spletni vir (1 datoteka PDF (53, 17, 9 str.)), ilustr. ISBN 978-961-7211-09-2. https://nijz.si/wp-content/uploads/2024/05/Prenovljena-merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja.pdf, Digitalna knjižnica Slovenije - dLib.si. [COBISS.SI-ID 166145795]

Radoš Krnel, Sandra, Lesnik, Tina, Vinko, Matej. Celostno vrednotenje petih intervencij na področju preprečevanja in zmanjševanja škode zaradi alkohola : predstavitev rezultatov pilotnega vrednotenja in ocene skladnosti med ocenjevalci pri uporabi NIJZ Meril za vrednotenje intervenciji na področju javnega zdravja. Elektronska izd. Ljubljana: Nacionalni inštitut za javno zdravje, 2024. 1 spletni vir (1 datoteka PDF (93 str.)), graf. prikazi, tabele. ISBN 978-961-7211-08-5. https://nijz.si/wp-content/uploads/2024/05/Publikacija-Pilotno-vrednotenje-petih-intervencij_25.4.2024_final.pdf, Digitalna knjižnica Slovenije - dLib.si. [COBISS.SI-ID 166139395]

Radoš Krnel S, Kamin T, Jandl M, Gabrijelčič Blenkuš M, Hočevar Grom M, Lesnik T, et al. Merila za vrednotenje intervencij na področju javnega zdravja za namen prepoznavanja in izbire primerov dobrih praks [Internet]. Ljubljana: National Institute of Public Health of Slovenia; 2020. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/merila.pdf

Rules on the structure and method of work of services co-ordinating the Centres for the prevention and treatment of addiction to illicit drugs. Official Gazette of the Republic of Slovenia, No. 43/2000.

Rules on supervising the work activity of Centres for the Prevention and Treatment of Illicit Drug Addiction. Official Gazette of the Republic of Slovenia, No. 43/2000.

Resolution on the National Social Assistance Programme 2022–2030 Official Gazette of the Republic of Slovenia, No. 49/2022.

Resolution on the National Programme on Illicit Drugs 2014–2020 Official Gazette of the Republic of Slovenia, No. 25/2014.

Resolution on the National Programme on Illicit Drugs 2023–2030 Official Gazette of the Republic of Slovenia, No. 72/2023.

Rossmann C, Krnel SR, Kylänen M, Lewtak K, Tortone C, Ragazzoni P, et al. Health promotion and disease prevention registries in the EU: a cross country comparison. Arch Public Health Arch Belg Sante Publique. 2023 May 10;81(1):85.

Sande, M., Dekleva, B., Tadič, D., Rapuš Pavel, J., Klemenčić Rozman, M.M. i Razpotnik, Š. (2025). "Take me Seriously and Accept me as I am" – Understanding the Help-Seeking Process and the Counselling Relationship when Working With Young People Who Use Drugs. Archives of Psychiatry Research, 61 (2), 171-180. https://doi.org/10.20471/may.2025.61.02.08

Sande, M., Dekleva, B., Razpotnik, Š. et al. Online interventions and virtual day centres for young people who use drugs: potential for harm reduction? Harm Reduct J 20, 161 (2023). https://doi.org/10.1186/s12954-023-00847-1

Smolej, S., Kovač, N., Vidrih, N., & Žiberna, V. (2017). Monitoring the Implementation of Social Care Programmes: Programme Implementation Report 2016: Final Report. Ljubljana: Social Protection Institute of the Republic of Slovenia.

Smolej, S., Rosič, J., Ramovič, S., Vidrih, N., & Žiberna, V., Kovač, N., Kobal Tomc, B. (2018). Monitoring the Implementation of Social Care Programmes: Programme Implementation Report 2017: Final Report. Ljubljana: Social Protection Institute of the Republic of Slovenia.

Smolej Jež, S., Cava Popovič, M., Černič, M., Istenič, A. in Marušič, Ž. (2024). Analysis of the needs of vulnerable groups for social care and family support programs: Final Report. Ljubljana: Social Protection Institute of the Republic of Slovenia.

Stepien M, Keller I, Takki M, Caldeira S. European public health best practice portal - process and criteria for best practice assessment. Arch Public Health. 2022 May 6;80(1):131.

Vinko M, Lesnik T and Radoš Krnel S (2024) Evaluator's alignment as an important indicator of adequacy of the criteria and assessment procedure for recognizing the good practice in public health. Front. Public Health 12:1286509. doi: 10.3389/fpubh.2024.1286509.

Social Security Act. Official Gazette of the Republic of Slovenia, No. 3/2007 and subsequent issues.

Social Assistance Benefits Act. Official Gazette of the Republic of Slovenia, No. 61/2010 and subsequent issues.

Exercise of Rights to Public Funds Act. Official Gazette of the Republic of Slovenia, No. 62/2010 and subsequent issues.

https://www.nijz.si/sl/publikacije/merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja

https://www.coe.int/en/web/pompidou/activities/gender

https://rm.coe.int/2022-ppg-implementing-a-gender-approach-in-drug-policies-a-pg-handbook/1680a66835

Minutes of the 22nd meeting of the Commission on Drugs, 12 December 2023: Report on the work of The Commission for Supervising the Work of the Addiction Centres at the session of the Commission for Drugs:
https://www.gov.si/zbirke/delovna-telesa/komisija-vlade-republike-slovenije-za-droge/

Harms and harm reduction workbook

Contributors

Miran Brvar, Ljubljana University Medical Centre, Division of Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Anej Korsika Knific, Julijana Zucchiatti Godina, Ministry of Health

Ines Kvaternik, Irena Klavs, Lina Berlot, Tanja Kustec, Tatja Kostnapfel, Mateja Jandl, Živa Žerjal, Manca Avsec all National Institute of Public Health

Edita Eberl-Gregorič, National Laboratory of Health, Environment and Food

Metka Loboda Skočir, NGO Stigma

Danilo Sinožič, NGO Svit

Table of Contents

Summary

National profile and trends: harms

Illicit drug-related health harms are continuously and systematically monitored in Slovenia, covering mortality related to illicit drugs, acute poisonings (currently monitored only in the Ljubljana region), and infectious diseases among people who inject drugs (PWIDs). A broad network of harm reduction programmes is in place, as reducing drug-related harms remains a central goal of the Resolution on the National Programme on Illicit Drugs 2023–2030 and the Action Plan 2023–2024. Continued development and regional expansion of these programmes are needed to ensure equitable access across all areas of Slovenia.

Drug-related deaths: number, characteristics, trends and patterns

In 2024, 87 deaths were directly related to the use of illicit drugs in Slovenia — slightly higher than 86 deaths in 2023 and notably more than 66 in 2022. Among these, 70 were men and 17 women. The average age at death was 47.4 years (men: 47.6, women: 46.6), showing the continued ageing of the high-risk drug-using population. The largest proportion of deaths occurred in the 45–49-year age group. Most deaths (52 cases) were coded as dependence, primarily due to the presence of multiple drugs where no single primary substance could be determined. Toxicological investigations were conducted in 73% of all deaths. Opioids were involved in 42 fatal overdoses (66%), most commonly methadone (21 cases) and heroin (11). Other substances frequently identified included cocaine (24 cases), benzodiazepines (35), and alcohol (15). The most common lethal combinations were methadone with benzodiazepines and opioids with other psychoactive substances.

While heroin-related deaths have declined in recent years, fatalities involving methadone, cocaine, and benzodiazepines have increased. Deaths among women had risen in 2023 but stabilised in 2024. Over the long term, overdose deaths among individuals aged 45 and over have tripled since 2016, reflecting the progressive ageing of the population of long-term drug users. Prescription opioids, such as tramadol, have also become a significant factor, especially among older women.

Emergencies: number, characteristics, trends and patterns

In 2024, the Ljubljana University Medical Centre (UKCL) treated 227 patients for illicit drug intoxication, accounting for 1% of all emergency internal medicine cases, the highest proportion recorded so far. This corresponds to an estimated incidence of 38 cases per 100,000 inhabitants in the Ljubljana region.

The number of acute drug intoxications was comparable to 2023, when we saw a significant increase after a temporary decline during the COVID-19 pandemic. The most frequently involved substances were cocaine, cannabis, and GHB. Cocaine and cannabis remained the most commonly abused illicit drugs among patients treated in the emergency department in 2024.

The 24-hour Toxicological Information Service at UKCL managed 222 patients (316 drug cases) in 2024, a similar number of poisonings with illicit drugs as in 2023, most often related to GHB, stimulants, cannabis, and NPS. In 2024, the largest increase in poisonings with LSD and psilocybin was recorded.

Drug related infectious diseases: notifications and prevalence incl. trends

According to available information, the situation regarding infectious diseases among PWIDs remained relatively stable in 2024. Between 2020 and 2024, the estimated HBV (anti-HBc positive) prevalence among PWIDs entering or re-entering treatment ranged from 0% to 18%, with the highest value recorded in 2022. The corresponding HCV (anti-HCV positive) prevalence ranged between 21% and 40%, while active HCV infection (HCV RNA positive) ranged from 30% to 50% in the small tested samples.

HIV prevalence among PWIDs remained very low, with only one HIV-positive individual (2%) detected among 51 tested in 2024. Between 2020 and 2024, only seven new HIV diagnoses were reported among persons with a history of injecting drug use. These results confirm that no extensive spread of HIV infection has occurred among PWIDs in Slovenia.

Reported incidence rates for HBV and HCV infections are known to underestimate the true burden due to under-diagnosis, underreporting, and limited data on transmission routes. To improve data accuracy, Slovenia continues to develop Drug-Related Infectious Diseases (DRID) surveys, designed to enhance understanding of the HIV, HBV, and HCV care cascades among PWIDs.

National profile and trends harm reduction

Slovenia maintains a relatively comprehensive network of harm reduction services, although regional disparities persist, particularly in the northeast, where services rely mainly on mobile units. In 2024, there were 12 harm reduction programmes providing sterile injection kit exchange, 6 programmes conducting fieldwork, 5 operating mobile units, and a total of 12 day centres across 8 organisations. Altogether, these programmes reached 1,395 users (549 fewer than in 2021) and recorded 16,906 contacts, indicating a continued recovery from pandemic-related disruptions. In 2024, 112 users were registered for the first time.

Harm reduction remains a cornerstone of Slovenia's National Drug Strategy 2023–2030 and the Action Plan 2023–2024. The key strategic objectives are to expand the network of harm reduction and outreach programmes, to introduce needle exchange services in pharmacies, to establish a national network of safe consumption rooms, to ensure free vaccination against infectious diseases, to provide anonymous drug testing services across the country, and to promote the social inclusion of drug users through employment opportunities and community engagement initiatives.

New developments

In 2024, Slovenia further strengthened harm reduction and intersectoral cooperation. The Ministry of Health continued supporting the national network of mobile harm reduction units, ensuring their long-term sustainability and improved professional capacity.

A major milestone was the opening of the first safe consumption room in Nova Gorica, operated by Šent in partnership with the Nova Gorica Health Centre and the municipality. The facility provides a supervised and safer environment for high-risk drug users, reducing overdoses and improving public health conditions.

The newly established "Stična točka" (Contact Point) at the Ministry of Health serves as a coordination hub for harm reduction projects. One of its first initiatives, "Upgrading the testing of new psychoactive substances and performance and image-enhancing drugs (IPEDs) in sport," extends drug testing and counselling to recreational athletes and bodybuilders. The project, co-funded by the European Social Fund Plus (ESF+), involves NIJZ, DrogArt, SLOADO, and other partners.

Preliminary findings show that over 20% of gym users have tried IPEDs, prompting the introduction of anonymous steroid testing and harm reduction counselling for this group.

1. National profile and trends

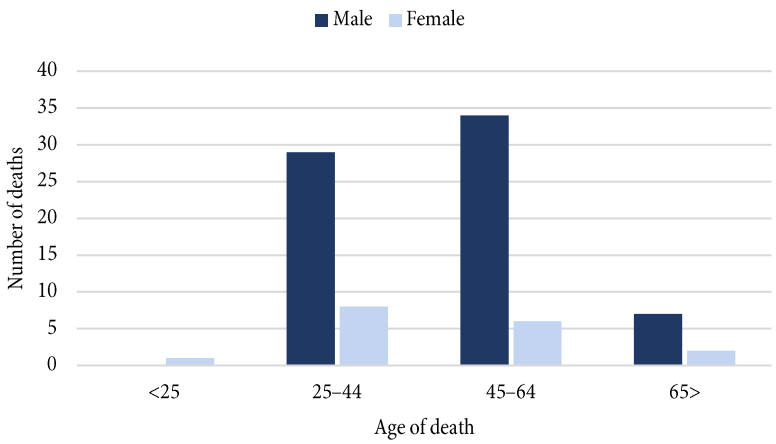
1.1 Drug-related deaths

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 2024 were codified as resulting from dependence (52 deaths, 12 were due to opioid use). 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. This is followed by cases where death is classified as suicide, cases of accidental overdose, and then cases with an undetermined cause. In 2024, we see significant differences between the sexes in terms of cause of death (intent), with 35% of women (compared to 20% in 2023) dying by suicide and 18% of men (17% in 2023) committing suicide. The average age at death in 2024 was 47.4 years. There were no longer significant differences in age between between the sexes as in previous years, as the average age of death for men increased. The average age of deceased men was 47.6 years, and the average age of deceased women was 46.6 years. Eighty percent of all drug-related deaths were among men (70 men, 17 women). The largest number of deaths occurred in the 45–49 age group (Figure 1, Tables 1 and 2). For comparison with EU countries, the average age of death for men in the EU was 42 years, and for women, 43 years.

Figure 1. Age at death, direct deaths in Slovenia from poisoning or overdose, 2024



Source: National Institute of Public Health, Slovenia, 2025

Table 1. Deaths from overdose in Slovenia by drug group, age group and gender, 2024

	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			1	2	1	4	1	**5**
Other opioids												1	1		**1**
Methadone						2	1	2		3		1	6	3	**9**
Other synthetic narcotics					1				1			2	2	2	**4**
Cocaine				1	1	3		4	1				9	1	**10**
Psychostimulants			1					2					2	1	**3**
Multiple drug dependence				2	2	9	6	10	1	5	1	3	31	8	**39**
Opioid dependence						3	3	2	2	1		1	11	1	**12**
Cocaine dependence							1						1	0	**1**
Hallucinogens															**0**
Cannabis							1		1		1		3	0	**3**
Total			**1**	**3**	**4**	**17**	**13**	**20**	**6**	**10**	**4**	**9**	**70**	**17**	**87**

Source: National Institute of Public Health, 2025

Table 2. Number of deaths from overdose, by external cause and type of drug used, 2024

	External cause of death			Dependence	Total
Drug	Accidental exposure	Intentional poisoning	Intention undetermined		
Heroin		4	1		**5**
Other opioids		1			**1**
Methadone	2	5	2		**9**
Other synthetic narcotics	2	2			**4**
Cocaine	5	4	1		**10**
Psychostimulants		3			**3**
Multiple drug dependence				39	**39**
Opioid dependence				12	**12**
Cocaine dependence				1	**1**
Hallucinogens					**0**
Cannabis	3				**3**
Total	**12**	**19**	**4**	**52**	**87**

Source: National Institute of Public Health, 2025

1.1.2 Toxicology of overdose deaths

In 2024, toxicological investigations were performed in 64 cases of death (73%). Forty-two fatal overdoses involving opioids were identified, accounting for 66% of all toxicologically determined deaths (Table 3). The opioid of choice was methadone, mentioned in 21 deaths, and heroin (mentioned in 11 deaths). For 22 deaths (34%), toxicological analysis showed the presence of other substances, without opioids. Additional information on substances involved in drug-related deaths (where multiple substances can be identified in a death): the other most frequently mentioned substances were cocaine (24 times) and benzodiazepines (35 times). Alcohol was mentioned 15 times.

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

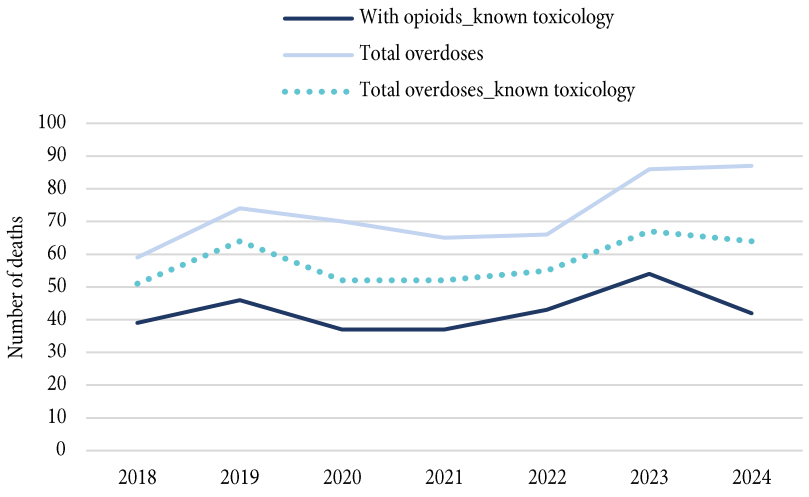
Table 3. Total number of cases where a substance was mentioned alone or in combination, 2018–2024

	2018	2019	2020	2021	2022	2023	2024
Any opioid	41	46	37	37	43	54	42
Heroin	16	25	19	17	23	27	11
Methadone	13	14	14	16	19	18	21
Tramadol			9	12	10	11	8
Cocaine	22	28	24	22	26	29	24
Amphetamines	3	13	6	6	7	3	7
Benzodiazepines	26	29	26	19	22	37	35
THC	4	19	8	12	14	12	10
Fentanyl						2	1

Source: National Institute of Public Health, 2025

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). It appears that by 2021, the largest decline in heroin-related deaths was observed again in 2024, with a slight decline also observed in deaths related to benzodiazepines and methadone. Since 2022, the number of deaths involving methadone, benzodiazepines, and cocaine has been increasing.

Figure 2. Trend in the number of fatal poisonings in Slovenia, total and involving opioids, 2018–2024

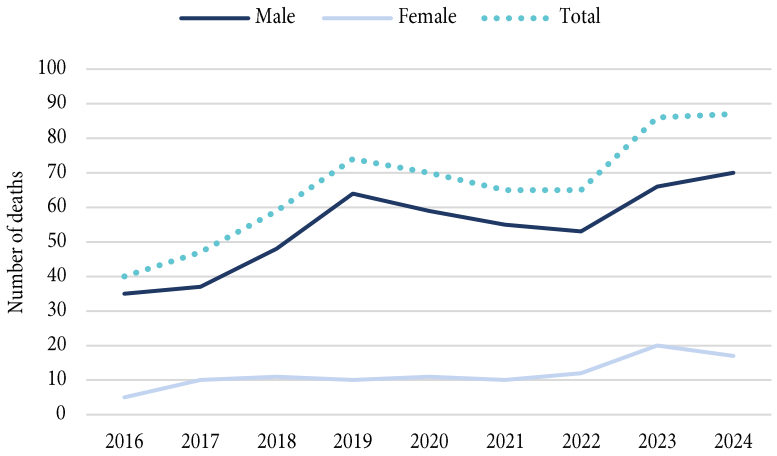


Source: National Institute of Public Health, 2025

1.1.3 Trends

The number of drug-related deaths fell between 2020 and 2022. This trend in the post-pandemic period was particularly noticeable among men, as the number of deaths among women remained stable until 2022. In 2023, however, we observed an increase in the number of female deaths for the first time; in 2024, there was again a slight decline in the number of female deaths (Figure 3).

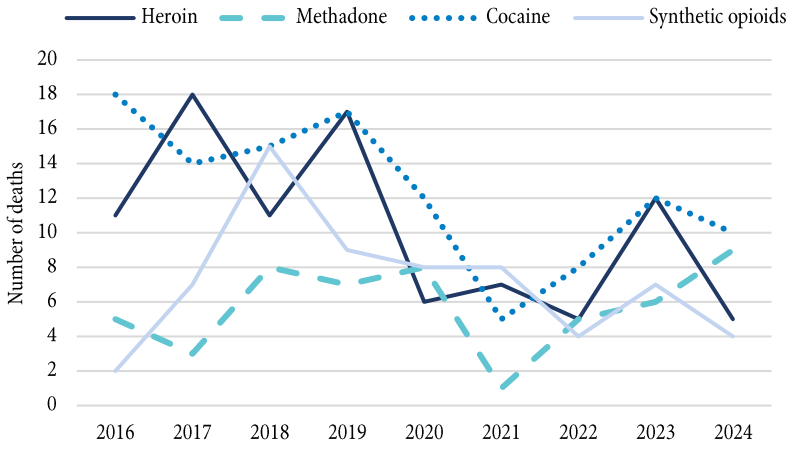
Figure 3. Trend in the number of deaths resulting from illicit drug use, total and by gender, 2016–2024



Source: National Institute of Public Health, 2025

There has been a noticeable rise in the number of deaths due to cocaine and heroin until 2023, as well as due to synthetic opioids (Figure 4), but this trend is no longer visible in 2024, except for the number of deaths due to methadone.

Figure 4. Trend in the number of deaths resulting from illicit drug use, by type of drug, 2016–2024



Source: National Institute of Public Health, 2025

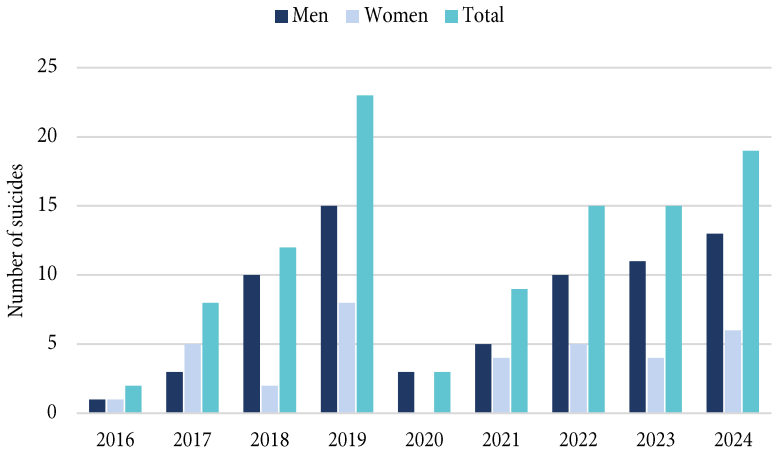
In all categories except for suicide, the fall in the number of deaths between 2020 and 2022 was more pronounced among men than women. From 2019, when there were a total of 23 suicides, the number fell to three drug-related suicides in 2020, and from 2021 the number began to rise again, mainly among men, while the number of suicides among women has remained roughly the same over the last three years (Figure 5, Table 4). The further increase in drug-related deaths in 2024 was among suicides and deaths with a diagnosis of addiction.

Table 4. Deaths from overdose in Slovenia with respect to ICD-10 diagnosis, 2019–2024

	2019			2020			2021			2022			2023			2024		
	M	F	**Total**	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**	43	9	**52**
Total X41–X42 Accidental poisonings	25	1	**26**	20	7	**27**	12	3	**15**	11	1	**12**	16	3	**19**	10	2	**12**
Total X61–X62 Suicides	15	8	**23**	3	0	**3**	5	4	**9**	10	5	**15**	11	4	**15**	13	6	**19**
Total Y11–Y12 Poisoning with undetermined intention	5	1	**6**	7	0	**7**	5	1	**6**	4	0	**4**	8	2	**10**	4	0	**4**
Total	**64**	**10**	**74**	**59**	**11**	**70**	**55**	**10**	**65**	**54**	**12**	**66**	**66**	**20**	**86**	**70**	**17**	**87**

Source: National Institute of Public Health, 2025

Figure 5. Trend in the number of deliberate fatal drug poisonings, 2016–2024

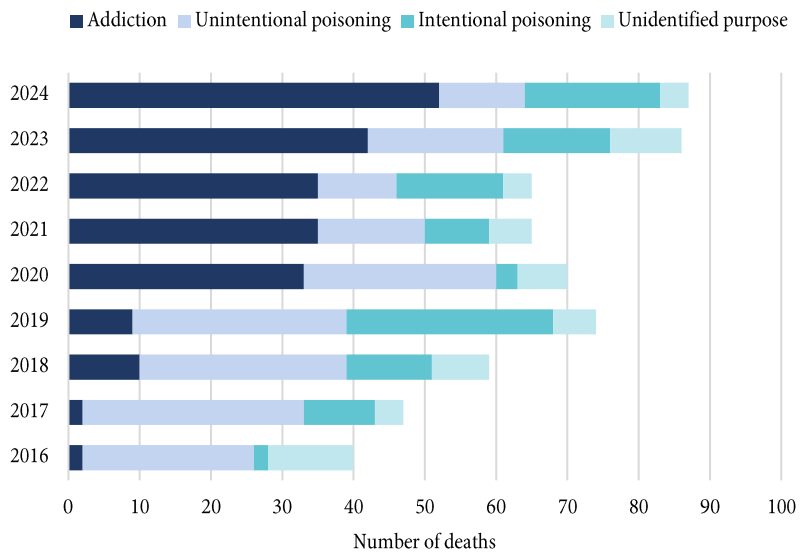


Source: National Institute of Public Health, 2025

In terms of statistical regions, Gorenjska stands out, where half of drug-related deaths are coded as suicides.

A clear picture of mortality by intent is obscured by the large number of deaths coded as addiction (Figure 6). These deaths are associated with older age, poly-drug use, and long-term drug use.

Figure 6. Trend in the number of instances of fatal drug poisoning with respect to intention (addiction, intentional poisoning, unintentional poisoning, unidentified purpose), 2016–2024

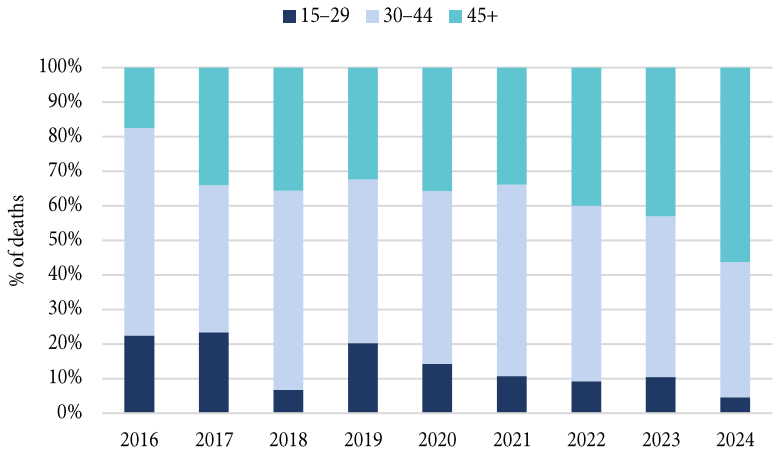


Source: National Institute of Public Health, 2025

From 2016 to 2024, the number of deaths due to overdose in the age group over 45 increased almost threefold. This indicates a trend of aging among high-risk drug users (Figure 7). Currently, opioids still cause the majority of overdose deaths, but in 2024 we saw a negative trend in the presence of heroin for the first time; methadone was mentioned in several cases of death.

Since 2019, we have identified the use of prescription opioids, such as tramadol, as the leading cause of death among older users. Among deceased women aged 50 and older in particular, the opioid analgesic tramadol was present in nearly three-quarters of overdoses (70%) in 2019, in 2020 it was present in one-third, in 2021 in 60%, and in 2022 in one-quarter of deceased women. In 2023, there were no cases of overdose with suicidal intent in this at-risk population, and in 2024 there was one case.

Figure 7. Age distribution of direct deaths in Slovenia, 2016–2024



Source: National Institute of Public Health, 2025

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 EUDA methodology. This is an important complementary information to drug-related deaths statistics, monitored according to the EUDA 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 2024, there were 35 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 1). Alcohol was present in 10 deaths. Two (2) persons had diagnosis of drug addiction in the past and eight (8) 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 2024, by selected groups of drugs and causes of death

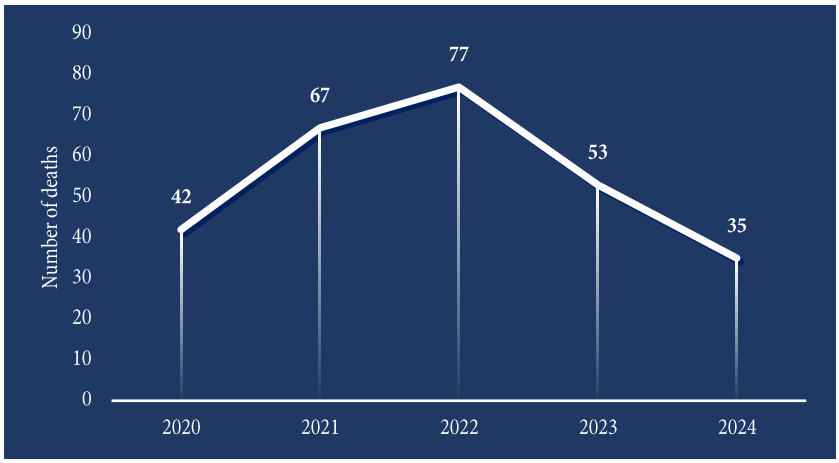
Cause of death	Illness (N=12)	Accident (N=3)	Suicide (N=13)	Manslaughter/ Murder (N=0)	Other (also accidental and unintentional poisoning) (N=7)	Total (N=35)
Drugs						
Sedatives-hypnotic medicines	3		4		3	10
THC	1		2			3
Psychotropic medicines	8	1	10		6	25
Opioids, including opioid analgesic medicines	2	1	4		2	9
Cocaine			2		1	3
MDMA and other synthetic drugs		1	1			2
Total	**14**	**3**	**23**	**0**	**12**	

Source: National Institute of Public Health 2025

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

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 EUDA 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 2020–2024



Source: National Institute of Public Health 2025

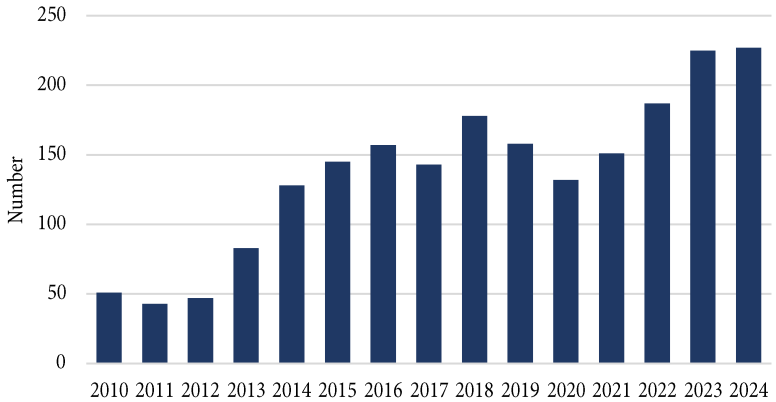
1.2 Drug related acute emergencies

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.

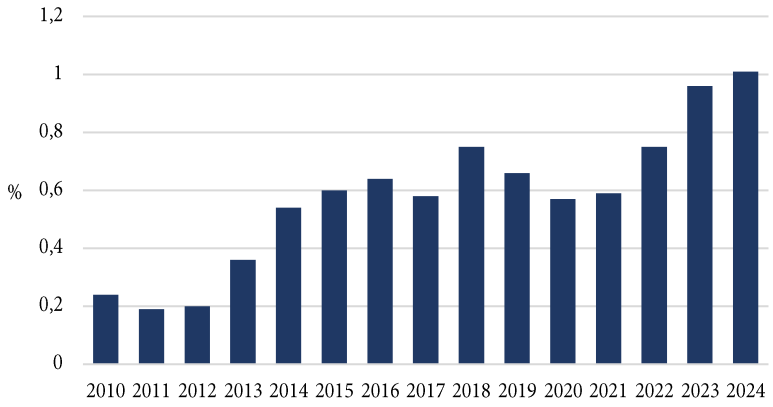
A total of 22,497 patient examinations were conducted at UKCL emergency internal medicine departments in 2024. Data from the hospital information system on all patients examined in 2024 showed that 227 were treated for illicit drug intoxication at UKCL emergency internal medicine departments. The number 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 2024. People suffering from illicit drug intoxication therefore accounted for 1.01% of all patients seen at emergency internal medicine departments in 2024 (Figure 10). The incidence of illicit drug intoxication in the Ljubljana region was around 38 per 100,000 inhabitants in 2024.

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 2010–2024

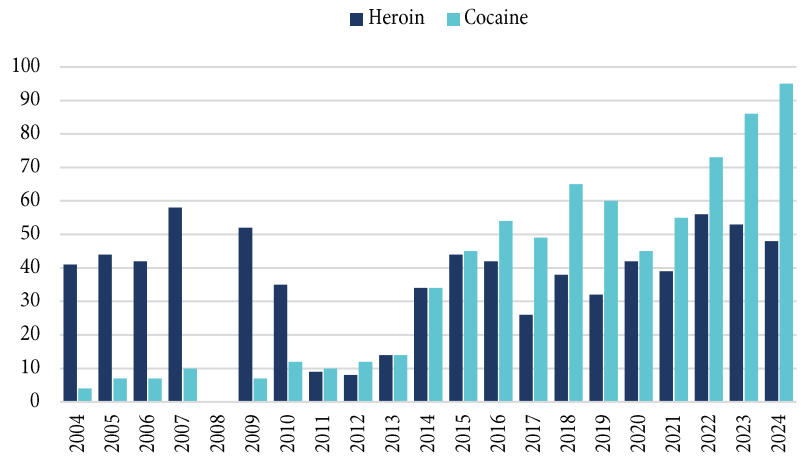
Illicit drugs	Number of drugs														
	2010 n=61	2011 n=55	2012 n=60	2013 n=105	2014 n=163	2015 n=193	2016 n=226	2017 n=191	2018 n=257	2019 n=230	2020 n= 186	2021 n=208	2022 n=261	2023 n=326	2024 n=333
Heroin	35	9	8	14	34	44	42	26	38	32	42	39	56	53	48
Cocaine	12	10	12	14	34	45	54	49	65	60	45	55	73	86	95
Cannabis	6	16	23	27	53	64	59	59	57	65	48	55	63	85	75
LSD	0	0	1	1	1	1	3	2	2	4	3	3	2	2	7
GHB, GBL, BD	2	2	5	31	19	17	31	18	34	31	20	20	16	15	35
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar substances)	3	17	12	15	13	17	27	22	34	28	13	14	31	39	36
New psychoactive substances	3	1	0	2	10	5	10	11	4	5	2	17	11	22	23
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	9
synthetic cannabinoids															
synthetic opioids	0	0	0	0	3	0	0	0	1	0		4	2	3	1
synthetic benzodiazepines												1			
synthetic tryptamine															
other NPS (2CI, 2-CP, NBOMe, DTM, 2-oxo-PCE, 2-MeO-PCE unknown tryptamine, 2F-DCK, 3-FPM)												2		1	2
unknown NPS	1	0	0	0	4	2	3	3	0	2	1	1 2		1	2
								4				4	6	8	
Ketamine											2	0	3	5	5
Phencyclidine (PCP)												2	0	0	0
Psilocybe											2	0	3	0	4
Unknown/undetermined drugs								4	23	5	9	3	3	19	5

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 2004–2024



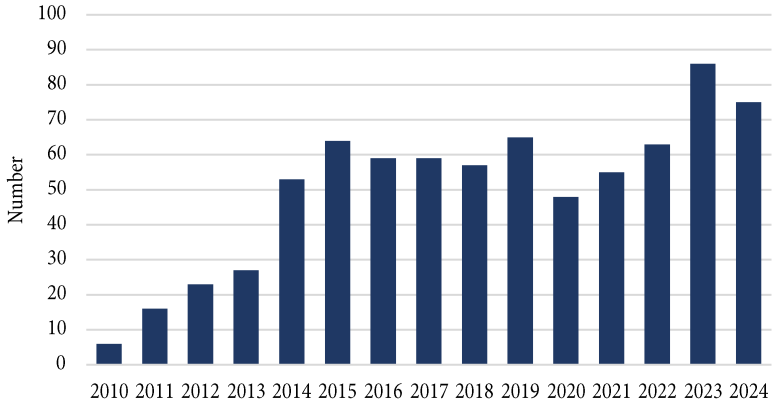
Source: Ljubljana University Medical Centre, Division of Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Figure 11 shows the number of cases of heroin intoxication between 2004 and 2024. In 2022 and 2024 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. Between 2021 and 2024, the number of intoxication cases rose again, with cocaine intoxications once more becoming more common than heroin intoxications. In 2024 we recorded the highest number of cocaine intoxications since 2004, 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, cannabis intoxications were temporarily surpassed in number by cocaine intoxications, while in 2023 the number of cannabis intoxications matched that of cocaine (Figure 12). In 2024, the number of THC-related intoxications declined slightly; however, cannabis remained the second most frequently involved illicit drug, immediately after cocaine. Most patients had consumed other substances or alcohol in addition to THC, while only 41 cases involved intoxication solely from cannabis preparations.

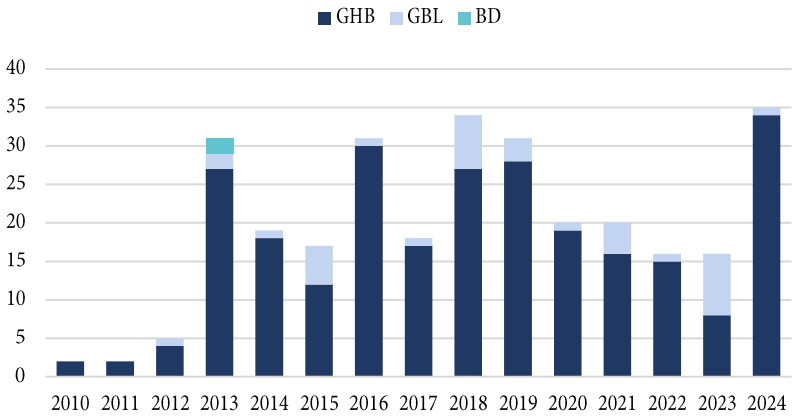
Figure 12. Number of instances of cannabis intoxication treated at UKCL 2010–2024



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 2010–2024



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. In 2024, the number of these intoxications was similar to the previous year (Table 6).

In 2024, the number of intoxications involving new psychoactive substances (NPS) was similar to that recorded in 2023. In 2023 we had observed an increase relative to 2022, when only 11 patients with NPS intoxication were treated. In around one third of these cases, the specific substance could not be identified because no toxicological analysis was performed. In 2024, most confirmed cases again involved cathinones, particularly 3-MMC, MDPHP and PHiP. Only one confirmed intoxication with synthetic cannabinoids and two intoxications involving a synthetic benzodiazepine (deschloroetizolam) were recorded (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

In 2024, emergency medical examinations of patients intoxicated with illicit drugs accounted for approximately one per cent of all examinations performed at emergency internal medicine departments in Ljubljana, which is the highest proportion recorded to date. The number of intoxications was similar to that in 2023, when, following a temporary decline during the COVID-19 epidemic, we observed a marked increase. In 2024, we recorded a particular rise in intoxications involving cocaine and GHB. Cocaine and cannabis also remained the most commonly used illicit drugs among patients treated for intoxication in 2023.

In the future, it will be necessary to strengthen the toxicological analysis of biological samples taken from patients intoxicated with illicit drugs, particularly in view of the increasing presence of new synthetic stimulants and fentanyl analogues. Toxicological analyses of biological samples (urine and blood) in cases of intoxication involving new psychoactive substances (NPS) should again be conducted as part of a renewed targeted research project entitled the System for Detecting Intoxications with New Psychoactive Substances (SONDA).

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 (2024)

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 222 patients (315 illicit drugs) in 2024 (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**	**2024**
Number of patients suffering from drug intoxication	**158**	**128**	**195**	**122**	**158**	**220**	**214**	**222**
Number of illicit drugs used	182	171	258	166	216	301	301	316
Heroin	19	17	31	33	31	43	29	32
Cocaine	28	30	48	28	36	68	64	69
Cannabis	46	45	73	43	60	75	68	73
LSD	4	4	4	4	6	1	3	11
GHB, GBL, BD	14	20	33	15	24	19	35	28
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar substances)	37	25	38	23	35	51	52	49
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	34
Psilocybe	2	0	1	4	2	4	1	7
Ketamine						3	8	7
Other drugs (methoxpropamine, 3-methyl-PCP)							2	1
Doping (anabolic steroids, DMAA)							2	0
Unknown drugs			7	5	12	1	11	5

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 7 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.

Within the 24-hour toxicological information service at the CKTF of the University Medical Centre Ljubljana, a similar number of cases of illicit drug intoxication were handled in 2024 as in 2022 and 2023, when the number of such cases was the highest in the past five years. In 2024, the largest increase was recorded in intoxications involving LSD and psilocybin. 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 (2020–2024) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 387 PWIDs who entered for the first time or re-entered treatment - 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) and 80 in year 2024 eight 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 38% in the year 2024 to the lowest of 22% in 2020. In 2024, 15 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 2020 to 2024, the convenience samples of PWIDs were among clients of five nongovernmental harm reduction programmes - in Ljubljana (2021–2022), Koper (2020–2024), Maribor (2020–2024), Celje (2020–2024) and Nova Gorica (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 2020 to 2024, the NIJZ received the data for a total of 115 PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 2020 for 15, in 2021 for 29, in 2022 for 20, in the year 2023 for 24, and in the year 2024 for 27 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, only one PWID who re-entered treatment in 2022 had records of diagnosed HIV infection before treatment demand. Respective HIV prevalence estimate in 2022 was 5%.

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 572 tested PWIDs during the period from 2020 to 2024 one of the 51 male PWIDs tested in 2024 was HIV positive, corresponding to prevalence of 2% (Table 8).

Table 8. Proportion of HIV infected PWIDs among clients of five harm reduction programmes, 2020–2024

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
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
2024	3	51	9	1	0	2.0	0.0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2020–2024

During the period from 2020 to 2024, the reported HIV infection incidence rate in the Slovenian population ranged from the highest 2.1/100,000 population in 2022 to the lowest 1.5/100,000 population in 2020. During the last five years (2020–2024), seven cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIJZ: one in 2020, 2022 and 2023, four cases in 2021. At least two 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 36 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 occurred among PWIDs in Slovenia.

HBV infection

For the period from 2020 to 2024, the NIJZ received the data for a total of 56 PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 2020 for five, in 2021 for 23, in 2022 for 11, in 2023 for seven and in the year 2024 for ten 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, 2023 and 2024 and two among PWIDs who entered the program in 2021 and 2022. Respective HBV prevalence estimates were 0% in the years 2020, 2023 in 2024, 9% in 2021 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 2020 to 2024, the reported HBV infection incidence rate in the Slovenian population ranged from the lowest 4.3/100,000 population in 2020 to the highest 7.3/100,000 population in 2024. During the 2020–2024 the incidence of acute hepatitis B ranged from 0.1/100,000 in 2020 to 0.8/100,000 in 2023 and 2024. During the same period, the incidence of chronic hepatitis B ranged from 1.2/100,000 in 2020 to 3.2/100,000 in 2024. The incidence rate of hepatitis B with unknown status (including any newly diagnosed case acute or chronic infection) during the 2020–2024 ranged from 2.2/100,000 in 2023 to 4.0/100,000 in 2021.

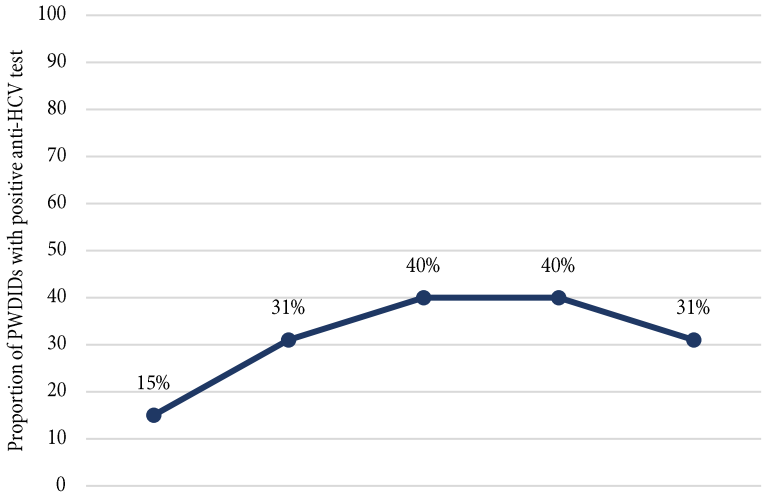
Due to under-diagnosis and underreporting, HBV reported incidence rates underestimate the true incidence of this infection. Unfortunately, the information about the transmission mode is very scarce and thus the proportion of cases who are PWIDs is not available.

HCV infection

For the period from 2020 to 2024, the NIJZ received the data for a total of 119 PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 2020 for 16, in 2021 for 30, in 2022 for 20, 2023 for 24 and in the year 2024 for 29 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 21% in 2024 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.

For the period from 2020 to 2024, 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 the Prevention and Treatment of Illicit Drug Addiction 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 the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



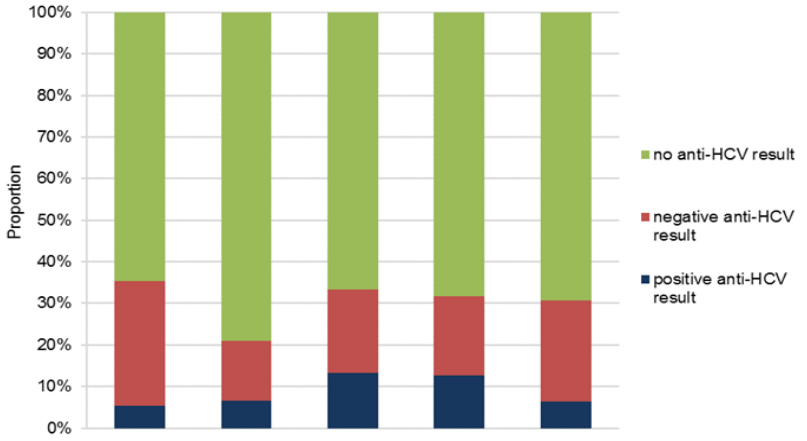
Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs with positive anti-HCV test result	5	12	8	5	6
Number of PWIDs with known anti-HCV test result	16	30	20	24	29
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	80
Average age of PWIDs entering for the first time or re-entering treatment (in years)	38	40	40	41	43

Source: National Institute of Public Health 2025

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 21% in 2020 to 33% in 2021, than decreased to 32% in 2022 and 31% in 2023 and then increased again to 36% in 2024 (Figure 15).

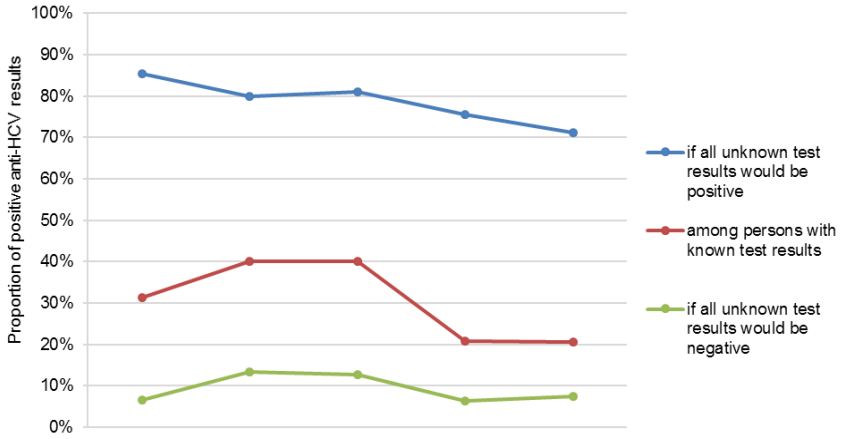
Figure 15. Proportion of persons according to the result of previous anti-HCV test among PWIDs entering for the first time or re-entering treatment, national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	50

Source: National Institute of Public Health 2025

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 the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	80

Source: National Institute of Public Health 2025

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.

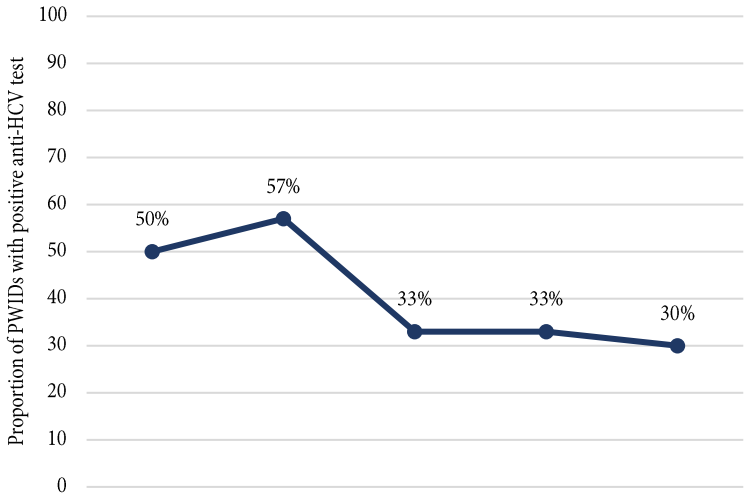
Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation or overestimation of proportion of infected persons with HCV among PWIDs. For example, among 29 persons with known anti-HCV test results entering for the first time or re-entering treatment within national network of Centres for the Prevention and Treatment of Illicit Drug Addiction in 2024, 35% of results were from 2024, 21% results from 2023 and the remaining 44% of results were for tests carried out before 2023. 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 2020 to 2024, the NIJZ received the data for a total of 31 PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction in different years and for whom the results of previous voluntary confidential testing for HCV RNA were available in the medical documentation (in 2020 for two, in 2021 for seven, in 2022 for three, in 2023 for nine and in the year 2024 for the 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, 2023 and 2024. Respective HCV prevalence estimates ranged from the lowest 30% in years 2024 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.

For the period from 2020 to 2024, 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 the Prevention and Treatment of Illicit Drug Addiction 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 the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



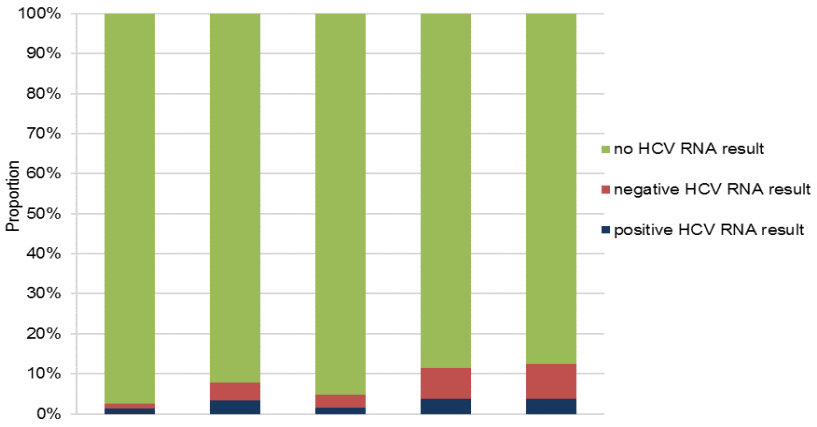
Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs with positive HCV RNA test result	1	3	1	3	3
Number of PWIDs with known HCV RNA test result	2	7	3	9	10
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	80
Average age of PWIDs entering for the first time or re-entering treatment (in years)	38	40	40	41	43

Source: National Institute of Public Health 2025

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 increased from 3% in 2020 to 8% in 2021, decreased again to 5% in 2022, increased again to 12% in 2023 and to 13% in 2024 (Figure 18).

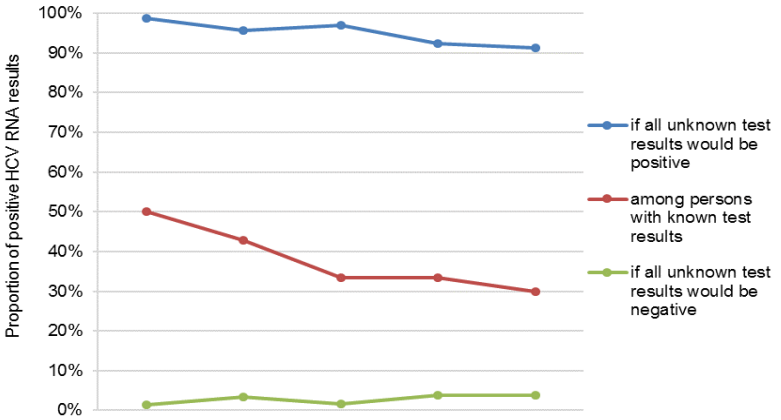
Figure 18. Proportion of persons according to the result of previous HCV RNA test among PWIDs entering for the first time or re-entering treatment, national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	80

Source: National Institute of Public Health 2025

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 the Prevention and Treatment of Illicit Drug Addiction, 2020–2024



Year of entering for the first time or re-entering treatment	2020	2021	2022	2023	2024
Number of PWIDs entering for the first time or re-entering treatment	76	90	63	78	80

Source: National Institute of Public Health 2025

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 ten persons with known HCV RNA test results entering for the first time or re-entering treatment within national network of Centres for the Prevention and Treatment of Illicit Drug Addiction in 2024, three of results were from 2024, two from 2023 and other four were for tests carried out before 2023. For one result the year of test was unknown. During the period from 2020 to 2024, to the NIJZ reported HCV infection incidence rate in the Slovenian population ranged from the highest 6.4/100,000 population in 2023 to the lowest 4.2/100,000 population in 2020. Respective incidence rate in 2024 was 6.3/100,000 population. During 2020–2024, the incidence of acute hepatitis C ranged from 0.05/100,000 in 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 2020–2024 ranged from 2.7/100,000 in years 2021 to 3.4/100,000 in year 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.

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 the 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.

Prevalence of chronic hepatitis C in Slovenia – results from EU/EEA countries study in 2019 using multiparameter evidence synthesis

Thomadakis et al., (2024), including co-authors from NIJZ conducted a study to obtain overall chronic HCV prevalence among people 15–79 years of age, as of 2019, in EU/EEA countries. Multi-parameter evidence synthesis (MPES) was used. The population of each country was divided into three subpopulations: recent PWIDs (those who injected in the last year), ex-PWID (those who last injected more than a year ago) and non-PWID. Data for the model was provided by national experts, the European Centre for Disease Prevention and Control (ECDC), European Union Drugs Agency (EUDA), and from previously published studies.

For Slovenia, in 2019, the estimated prevalence of chronic HCV among 15–79 years old individuals, was 0.07 (95% CI: 0.02–0.14). Proportion of chronic HCV cases associated with injecting drug was 83.94 (95% CI: 35.54–99.35).

Mobile unit programmes

"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 programmes. “Stična točka” is leading and supervising 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+).

"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 first operation fully implemented by “Stična točka”. Usage of performance and image enhancing substances (IPED) among young recreational athletes is emerging issue that could represent a significant threat to public health. New threat was recognized on top level and The Council of Europe's monitoring group has recently prepared guidelines that is expected to become part of the European Anti-Doping Convention. In cooperation with “Stična točka”, the project is led by steering committee members from various professional fields (National Laboratory for Health, Environment and Food, Slovenian Anti-dopping Organization SLOADO, Faculty for Pharmacy, NGO DrogArt, Nation Institute for Public Health) to ensure its consistency with the latest scientific knowledge and professional practices. As one of the first results, a survey was conducted on the prevalence of performance and image enhancing substances in sport among gym and fitness center goers in Slovenia. Preliminary results indicating the extent of the threat were presented at a national conference and a poster was submitted at the Lisbon 2024 Addiction Conference. Two master's theses were completed, in which students assessed the use of these substances in different subgroups and identified predictive factors. More than one fifth of respondents have taken IPED in their lifetime, main reason is image enhancement, followed by performance enhancement. More than half of declared non-users believe that use is somehow acceptable, half of them know at least some IPED users. A thorough analysis of the collected data is envisaged. To fully understand the issue, we will also carry out an analysis of relevant products used by recreational athletes. 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" is being performed by the National Laboratory of Health, Environment and Food in a five-year period until the end of 2028.

The already established testing for new psychoactive substances and illicit drugs has been upgraded to include performance and image enhancing substances in sport and other illicit substances. A new system for anonymous testing of anabolic steroid has been established. Anonymous testing is carried out together with counselling as a risk and harm reduction measure for anabolic steroids users.

Drug consumption room

With the help of national funds (public tender of the Ministry of Health issued in May 2022), a very important harm reduction program, the Safe room for drug consumption, has finally come to life in Nova Gorica. The program is implemented and being run by the NGO - Slovenian Mental Health Association Šent, in cooperation with Nova Gorica Community Health Centre and the Municipality. A Safe room is a harm reduction program aimed at a population of high-risk drug users. The primary purpose is to reach and respond to the needs of most vulnerable group of users, whose needs cannot be adequately addressed within the existing public health system. The services offered can most effectively and directly influence the reduction of health risks, and indirectly also the risks that we address within the social welfare and criminal justice. Drug usage is removed from public spaces to more controlled space, which reduces the possibility of overdose and exposure od disposed syringes to the general community, including the risks that arise because of drug use in public spaces (see also Best Practise workbook).

1.4 Harm reduction interventions

1.4.1 Drug policy and main harm reduction objectives

The fundamental goal of drug-harm reduction, arising from the Resolution on the National Programme on Illicit Drugs 2023–2030 (Official Gazette of the Republic of Slovenia [Ur. l RS] No. 75, 2023) and the Resolution on the National Social Security Programme 2013–2020 (Official Gazette of the Republic of Slovenia [Ur. l RS] No. 39, 2013) is to develop networks of harm reduction programmes to further reduce the number of HIV, hepatitis B and C infections and deaths due to overdose, as well as to reduce the psychological and social distress and visible consequences of drug use in the community (e.g. open scenes). Measures to reduce the health and social consequences of drug use and in the field of including drug users in society are necessary to achieve the aforementioned goals and are further determined in the Action Plan for Illicit Drugs in Slovenia (Action plan 2023–2024). To reduce the consequences of drug use, the network of various harm reduction programmes should be further developed and upgraded, including programmes for users of cannabis, synthetic drugs and stimulants. Various programmes should be developed and quality field work with drug users should be ensured. Drug users should be continuously educated of the hazards of drug use and less risky methods of using them. A needle replacement programme should be introduced in pharmacies, especially in environments where no such programmes exist. A safe room's network should be established, and night and day shelters for drug users on the streets as well as safe and permanent residences for homeless drug users should be introduced. Free vaccination against contagious diseases for drug addicts should be ensured. System for testing a limited quantity of drug samples whereby users could anonymously send samples for drug testing free of charge or otherwise should be introduced into all regions. Public services or other forms of employment must be introduced for the purpose of including illicit drug users into society; drug users should be encouraged to become active in self-help, self-organisation, in expressing their views and needs, as well as in mutual cooperation.

1.4.2 Organisation and funding of Harm reduction services

According to the Resolution on the National Social Assistance Programme 2006–2010, harm reduction programmes are integrated into the network of public social assistance programmes (Official Gazette of the Republic of Slovenia [Ur.l. RS] No. 39/2006). In March 2022, the National Assembly passed "Resolution on the national social assistance programme 2022-2030" ("ReNPSV22–30") (Official Gazette of the Republic of Slovenia, No. 49/22), Slovenia's fundamental programming document in the area of social security for the period until 2030. The ReNPSV22–30 lays down the basic starting points for developing the social care system along with social care development goals and strategies, establishes a public network of social care services and programmes and sets out methods for their implementation and monitoring, and outlines the responsibilities of individual players at various levels (see Best Practise Workbook 2023).

The aforementioned programmes are intended to complement social assistance services and for the prevention and resolution of social hardships of individual vulnerable groups. No technical, staff or substantive standards are laid down for the functioning of these programmes. The programmes will be implemented based on the verification or guidelines published in public calls for proposals for their (co)financing; they are designed to take into account the characteristics and needs of individual target groups of users, and are derived from particular features of the environment and area of implementation.

Slovenia is well covered with harm reduction programmes in the field of drugs, i.e. in the form of day centres, mobile units and field work. In regions with no day centres, mobile exchanges of sterile injection kits are implemented through field work, i.e. by primary or secondary exchanges of kits or through field work with a mobile unit. Although mobile units cover most of the territory of Slovenia and there are exchanging sterile accessories there, they do not, however, satisfy the needs of users who need continuous treatment and daily contact with the services. Experts and users of harm reduction programs have for many years pointed to the need to open daily centers to the north east and south east of Slovenia.

Harm reduction programmes offer users the possibility of expert or lay counselling in their day centres along with sterile injection equipment exchange services. Users receive help in solving their housing and healthcare problems services, finding employment (in cooperation with the Employment Service of Slovenia) and getting into contact with social care centres. Day centres also offer food and drinks. In the field, the exchange of sterile injecting equipment and information and counselling capabilities is mostly carried out, as there is a great need for continuous treatment of high-risk drug users. One programme also offers a shelter for homeless drug users and another one a safe house for female drug users.

The functioning of the aforementioned programmes, which are operated by non-governmental organisations or public institutions, is financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of Health and local communities. They employ qualified social workers, and lay workers. Since 2018 health-care workers are also employed in these programmes.

The sterile injection kit exchange programme represents the basic starting point for all other approaches to harm reduction; they are intended for persons who inject drugs, because access to sterile kits is important to prevent the spread of contagious diseases, as well as for increasing access to the hidden population of drug users. The Health Insurance Institute of Slovenia finances sterile equipment for safe injection. Sterile equipment exchange programmes are taking place in day centres and in the field, on locations where users congregate. In addition to needle and injection exchange and distribution of drug use paraphernalia (alcohol swabs, “spoons” for drug preparation, ascorbic acid and pocket containers for waste needles etc.), field workers and workers in day centres also distribute information about communicable diseases and low-risk injection methods.

In recent years, open scenes (drug use in public places) have started to appear in some parts of Slovenia and are becoming disturbing for the local community. Currently, there are ongoing discussions in the Municipality of Ljubljana aiming to solve this issue effectively.

1.4.3 Provision of harm reduction services

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 2024, the field work of these programmes was carried out in 69 towns on 127 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, Zasavska region 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 Coastal-Karst statistical 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 and field work 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 routinely	Rarely available, available in limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	x				
Dry wipes	x				
Water for dissolving drugs				x	
Sterile mixing containers				x	
Filters			yes, complete with a teaspoon		
Citric/ascorbic acid	x				
Bleach				x	
Condoms	x				
Lubricants				x	
Low dead-space syringes	x				
HIV home testing kits				x	
Non-injecting paraphernalia: foil, pipes, straws	x				
List of specialist referral services: e.g. drug treatment; HIV, HCV, STI testing and treatment	x				

Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes

Supervised drug consumption facilities

Between 1 June and 31 December 2024, a total of 66 users participated in the Goriška Drug Consumption Room (DCR) programme. Of these, 26 utilized the service to consume psychoactive substances in the DCR, while the remaining participants accessed other services offered by the programme.

Among DCR users, 23 were male and three were female. One participant was under 20 years of age, two were aged 25–29, and three were aged 30–34 (two males and one female). The 35–39 age group accounted for the largest number of users (eight males). Five users were aged 40–44, two were aged 45–49, four were aged 50–54 (three males and one female), and one female user was aged 55–59.

The programme began offering a safe room for the consumption of psychoactive substances on 8 August 2024. A total of 82 visits to the Drug Consumption Room (DCR) were recorded, 73 by male and nine by female users.

Of the 82 visits, 29 involved the injection of substances, followed by nasal use (28 visits) and smoking (24 visits). One instance of oral use was also recorded.

Opioids accounted for the majority of substances used in the DCR, with 27 recorded instances. Heroin was injected in 37.04% of cases, used nasally in 7.41%, and smoked in 7.41%. Morphine was injected in 7.41% of cases, methadone in 3.70%, and buprenorphine in 14.81%.

The second most frequently used substances were benzodiazepines, recorded 25 times—88% nasally, 8% by injection, and 4% orally.

Stimulants followed, with 22 recorded instances of use. Cocaine accounted for 18.18% of stimulant use (all by injection), while methamphetamine accounted for 81.82%. Methamphetamine was most often smoked (88.89%), followed by injection (5.56%) and nasal use (5.56%).

During the reporting period, three instances of injecting combinations of psychoactive substances were recorded, specifically mixtures of heroin and cocaine. In addition, five instances of other combinations were documented, two by injection and three by nasal use.

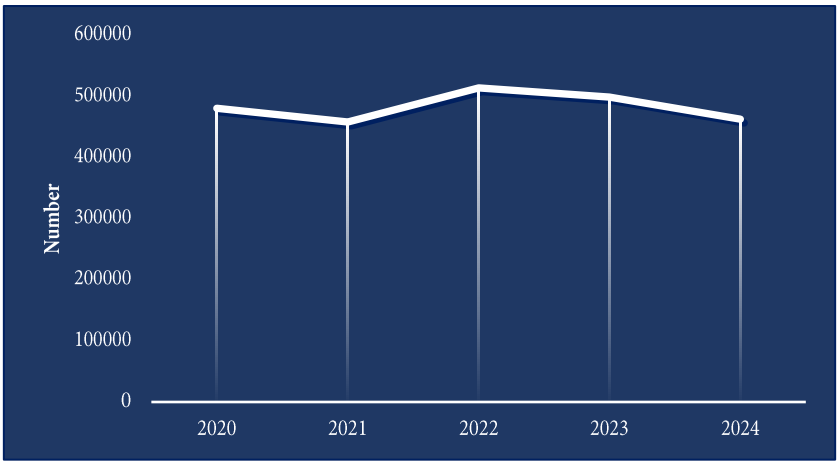
Throughout the same period, no medical emergencies related to psychoactive substance use within the Goriška Drug Consumption Room (DCR) programme were recorded. That is, no users overdosed or experienced other medical complications immediately following use. Neither naloxone nor an automated external defibrillator (AED) was required, and no emergency medical services were called. However, three cases of urgent medical attention related to users' general health conditions were documented.

In addition to offering users safe and clean spaces in which to consume psychoactive drugs, the programme also provides sterile paraphernalia for drug consumption, counselling discussions (1,131), information and advice on topics connected with socio-economic status (643 instances), health information and advice (146 instances), medical interventions (17), information and counselling on drug use in line with harm reduction guidelines (319), monitoring, representing and providing advocacy for users to support attempts to regulate social, economic or legal status (67) or medical status (7), and assistance in finding work, resolving housing issues or tackling other social integration issues (136). The programme also offers psychoactive drug testing, a self-help group and counselling discussions for users' close family and for those serving prison sentences, mentoring for programme volunteers, and information and advice in the field for young psychoactive drug users (see also Best Practise Workbook).

1.4.4 Harm reduction services: availability, access and trends

In 2024 the needle and syringe exchange programmes recorded 16.281 contacts with 1.387 different drug users, among which 104 were recognized as new users.

Figure 20. Number of needles and syringes issued 2020–2024



Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2020–2024

In 2024, fewer syringes and needles were issued through the sterile equipment replacement service than in the previous year. With the exception of 2022, when the number of items issued exceeded 500,000, the number of syringes and needles issued has remained relatively stable over the last five years (Figure 20). However, there is a clear downward trend in the issuance of injection equipment, as the quantities are similar to or lower than during the COVID pandemic, when access to programs was limited. Given that we have not recorded a decline in the number of users and contacts in the programs, we attribute the decline in the amount of injection equipment issued to other methods of drug use (snorting, smoking on foil, etc.). In 2024 334 needles and syringes per injecting drug user were issued in NSP in Slovenia.

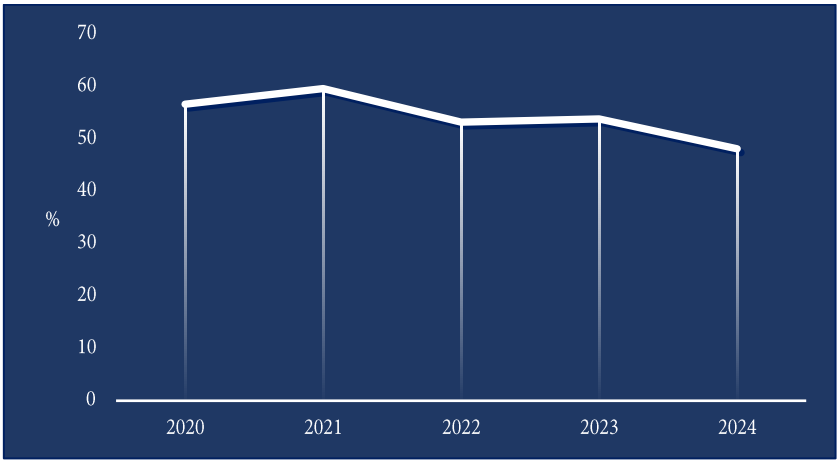
Table 10. The needle and syringe exchange program data, 2020–2024

	2020	2021	2022	2023	2024
Number of needles and syringes issued	480.547	458.197	514.000	498.923	462.869
Number of contacts	17.462	25.895	16.906	16.218	162.81
Number of users	2.060	1.944	1.395	1.402	1.387
Number of new users	264	124	112	110	104

Source: National Institute of Public Health, Koper Regional Unit, HR Database, 2025

In 2024, the number of users of harm reduction programs who reported injecting drugs in the past year also decreased. For the first time in five years, less than half of those surveyed, 48.1%, had injected any drug, which is certainly also a result of the increasing age of users and associated health problems or poor vein condition, which causes them to use drugs in a different way (Figure 21).

Figure 21. Proportion of injecting any drug among the harm reduction service users 2020–2024



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users, 2020–2025

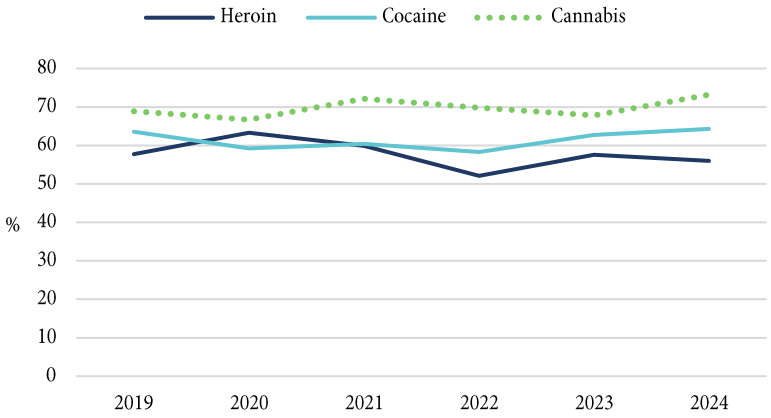
Users of harm reduction programs are mostly poly-drug users. In 2024, cannabis (73.2%) and cocaine (64.3%) were the most commonly used drugs, with only a slight decline in the use of heroin (56%) and NPS (13.9%). In 2023, the use of almost all drugs has increased, with a decline only in the use of cannabis. The most commonly used drugs remain, as in previous years, heroin (57.6%), cocaine (62.7%) and cannabis (67.8%) (Table 11 and Figure 22).

Table 11. Proportion of illicit drugs and medicines used among the harm reduction programmes users, 2020–2024

Drug	2020	2021	2022	2023	2024
Heroin	63.3	59.9	52.1	57.6	56
Cocaine	59.2	60.4	58.1	62.7	64.3
Cannabis	66.7	72.1	69.8	67.8	73.2
Ecstasy	15.9	16.8	15.8	16.6	20.2
Amphetamines/methamphetamines	22.1	23.5	22.6	24.4	28.8
Hallucinogens	12.4	13.1	10.5	14.8	18.9
NPS	12.8	17.5	10.5	14.8	13.9

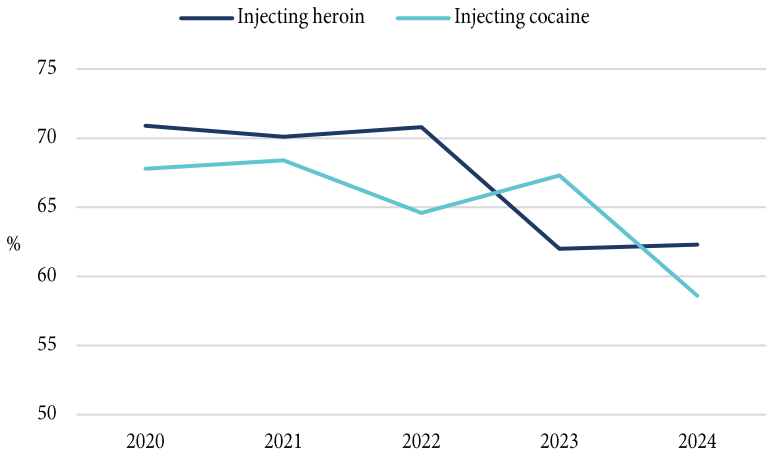
Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2020–2025

Figure 22. Proportion of of heroin, cocaine, cannabis among the harm reduction service users, 2020–2024



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2020–2025

Figure 23. Proportion of heroin and cocaine injecting among the harm reduction services users, 2020–2024



Source: National Institute of Public Health, Koper Regional Unit, Survey of harm reduction services users, 2020–2025

In 2024, we recorded the lowest percentage of drug injection among users of harm reduction programs in Slovenia. 48.1% of respondents said they had injected any drug in the past year. Users still most commonly inject heroin (62.3%) and cocaine (58.6%). Heroin injection in 2024 was the same as in the previous year, but there was a significant decline in cocaine injection, which was 8.7% lower (58.6%), and in the injection of substitution drugs, which was 8.2% lower (32.2%) than in 2023 (see also Drugs Workbook).

Health problems are becoming increasingly common among harm reduction program users. In 2024, 56.4 % of the respondents reported experiencing additional health issues alongside drug-related problems, primarily related to mental health (depression, anxiety, and bipolar disorder), skeletal pain, headaches, and other conditions.

In 2024, 16.8% respondents experienced an overdose, and almost 43.7% reported “out” or risky applications. We also assessed the implementation of the "Take Home Naloxone" program among harm reduction program users. User awareness of the possibility of obtaining naloxone for home use has greatly improved compared to last year, with 20.4% more users familiar with the program, including those who are not enrolled in Centres for the Prevention and Treatment of Illicit Drug Addiction (CPZOPD). The proportion of users who have received naloxone has also increased slightly (20.6%). 8.7% of respondents reported that they had already used naloxone.

Context information

In 2024, we did not record a decline in the use of illicit drugs among users of harm reduction programs, but we did record a significant decline in injection, which is no longer the predominant method of drug use. The average age of users is increasing, which also increases health problems that cause users to resort to different methods of drug use, such as snorting and smoking on foil. In recent years, snorting strips and aluminum foil, which are increasingly in demand among users, have also been continuously available through the needle exchange service.

We have not observed a decline in the number of users and contacts in the programs, which in 2024 remain comparable to those in 2023.

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 also Harms and harm reduction 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.

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 Illicit 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. Between June 2024 and June 2025, a total of 226 users were tested. They identified 21 cases of HCV infections, 4 syphilis, 1 case of chlamydia, 3 cases of mycoplasma, 1 case of trichomoniasis and 2 cases of HBV 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

The programme carried out by Svit Association aims to reduce the harm caused by drug use. 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. In 2024 we organised seven lifts for 14 different users. In the first half of 2025 we organised seven transports for 14 different users, which is as many as in all 2024. Since 2018, there have been quite a few relapses, but most of them have been treated successfully. 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 access to information and motivation to undergo treatment have significantly reduced the incidence of HCV in the coastal and Karst regions.

3. Additional information

3.1 Further Aspects of Drug-Related Harms and Harm Reduction

Medicines with the potential for abuse

Overall consumption of medicines:

- 2013: EUR 451.1 million; 1,289.0 DID
- 2023: EUR 756.2 million; 1,518.6 DID
- 2024: EUR 816.8 million; 1,579.7 DID

Prescribing of opioids (N02A)

In 2024, a total of 358,869 prescriptions were issued (index 98), accounting for an 18.2% share of the number of prescriptions in group N02, with a total value of almost EUR 7.0 million (index 99). The average value of one opioid prescription was EUR 19.5. At least one opioid prescription was received by 5.0% of the population, which is 0.4% less than in 2023.

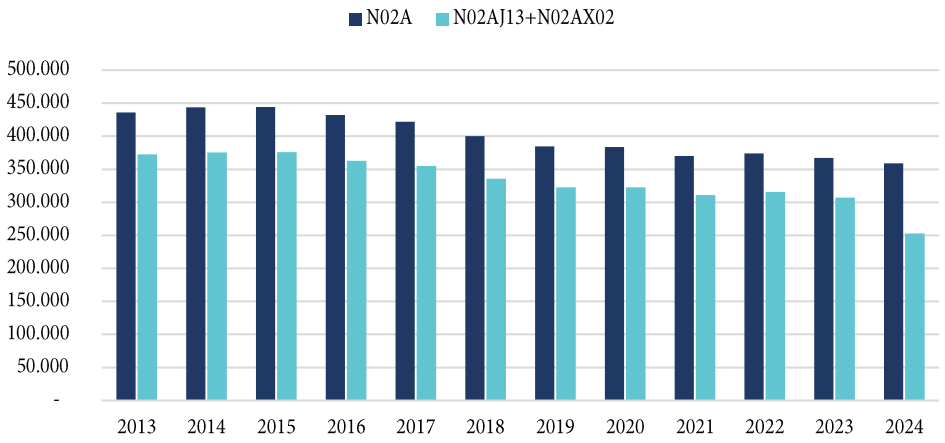
For opiates (N02AA), 35,169 prescriptions were issued (index 122), with a value of EUR 1,579,827 (index 117), corresponding to 451,775 DDD or 0.6 DID. The most prescribed were the combination of oxycodone with naloxone (N02AA55) – 14,619 prescriptions (index 99) and morphine (N02AA01) – 14,474 prescriptions (index 186), followed by oxycodone (N02AA05) with 3,594 prescriptions (index 86).

In the subgroup of phenylpiperidine derivatives (N02AB), fentanyl (N02AB03) was the only derivative prescribed, with 19,019 prescriptions (index 102). The only oripavine derivative (N02AE) was buprenorphine (N02AE01), with 2,138 prescriptions (index 94).

The largest number of prescriptions was for opioids in combination with non-opioid analgesics (N02AJ), total 262,763 prescriptions (index 95), all of which were the combination of tramadol with paracetamol (N02AJ13). Nearly EUR 3.7 million (index 96) was spent on this combination, representing 52.6% of Slovenia's total opioid expenditure. A total of 6,313,143 DDD or 8.1 DID of tramadol in combination with paracetamol were consumed. In the group of other opioids (N02AX), 39,780 prescriptions were issued, of which tramadol alone (N02AX02) accounted for 29,501 prescriptions (index 96).

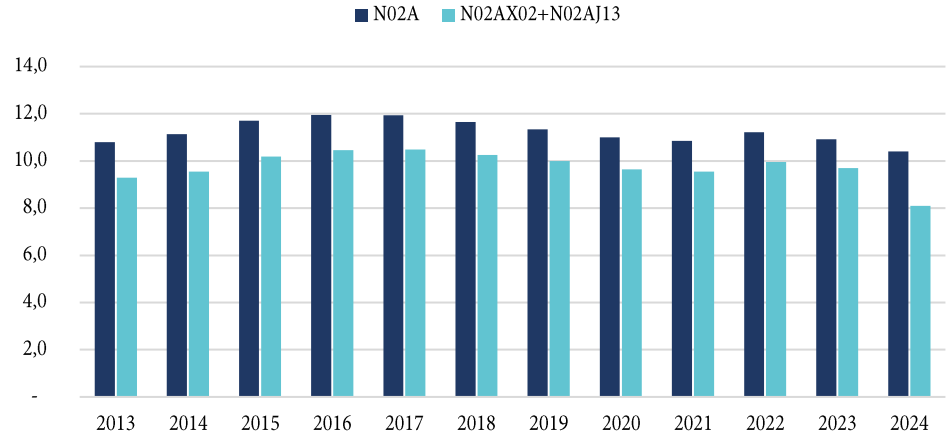
On average, these medicines (tramadol or tramadol with paracetamol) were prescribed to 4.7% of the population of Slovenia (2023: 5.1%, 2022: 5.4%).

Figure 24. Number of prescriptions for opioids (N02A) and tramadol (N02AX+N02AJ13) in Slovenia from 2013 to 2024



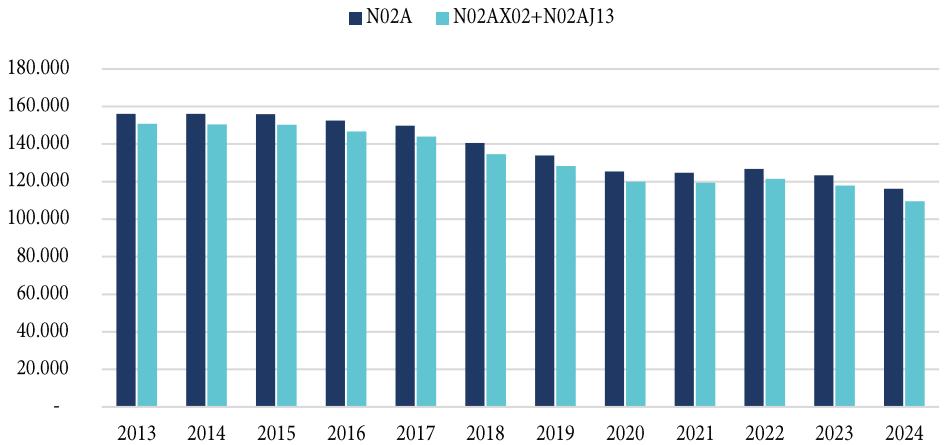
Source: National Institute of Public Health 2025

Figure 25. Number of DID for opioids (N02A) and tramadol (N02AX+N02AJ13) in Slovenia from 2013 to 2024



Source: National Institute of Public Health 2025

Figure 26. Number of recipients for opioids (N02A) and tramadol (N02AX+N02AJ13) in Slovenia from 2013 to 2024



Source: National Institute of Public Health 2025

Prescribing of pregabalin

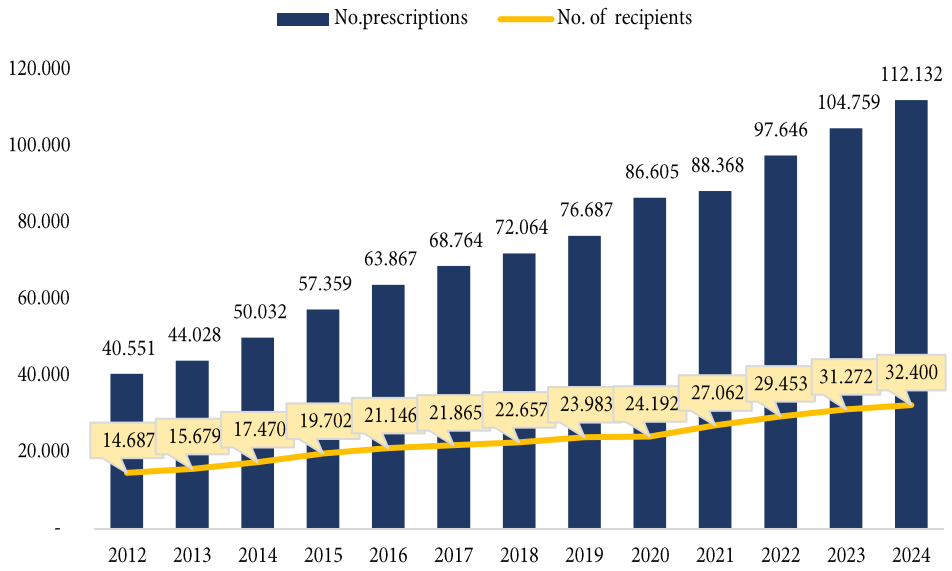
Pregabalin is used to treat peripheral and central neuropathic pain, epilepsy and generalised anxiety disorder. It also has the potential for abuse. A total of 104,759 prescriptions were written for *pregabalin (N03AX16)* (index 107) at a cost of EUR 2.3 million (index 98).

The most frequently prescribed active substance was pregabalin (N03AX16), with 112,132 prescriptions (index 107), amounting to EUR 2.4 million (index 104). Pregabalin is used for the treatment of peripheral and central neuropathic pain, epilepsy, and generalized anxiety disorder (21).

In 2024, pregabalin was received by 1.4% of the Slovenian population, the same as in 2023.

There has been a rise in pregabalin prescriptions in terms of number of prescriptions and number of people receiving at least one prescription for the drug. More than 32,000 people received the drug in 2024.

Figure 27. Trend in the prescribing of pregabalin (up to the end of 2022 ATC code N03AX16, 2023ATC code N02BF02) as number of prescriptions and number of recipients at least one prescription, in Slovenia, 2012–2024



Source: National Institute of Public Health 2025

Prescribing of zolpidem

The most commonly prescribed drugs were those from the *Benzodiazepine-related drugs (N05CF)* subgroup (155.725 prescriptions, index 98). All contained *zolpidem (N05CF02)*. Zolpidem is prescribed for the short-term treatment of insomnia in adults.

Treatment with benzodiazepines and related drugs is indicated solely for clinically expressed severe insomnia or insomnia that causes severe exhaustion in the patient. Physical and psychological dependence can arise with the use of benzodiazepines and related active substances. This risk increases in line with the size of the dose and the length of time for which the drug is taken.

On average, 2.0% of the Slovenian population received at least one zolpidem prescription in 2024 (2023: 2.1%, 2022: 2.2%, 2021: 2.3%).

Drugs for treating opioid addiction

Under the provisions of the Drug Use Prevention and the Treatment of Illicit Drug Users Act (Official Gazzete of RS, Nos. 98/99, 02/04), medicines to treat opioid addiction are dispensed by the prescription within the network of Centres for the Prevention and Treatment of Illicit Drugs Addiction. These centres report data on consumption to the Health Insurance Institute, which then sends it to the National Institute of Public Health.

A total of EUR 2,401,368 was spent on drugs in addiction-treatment programmes in 2024 (2023: EUR 2,179,900; 2022: EUR 2,042,312, 2021: EUR 1,823,778, 2020: EUR 1,870,008).

This amount does not include the juice, the bottle, the signature or the preservative used for methadone preparation.

In 2024, EUR 310,219 was spent on methadone (2023: EUR 317,541, 2022: EUR 319,601, 2021: EUR 277,195), EUR 1,514,148 on buprenorphine (2023: EUR 1,278,037, 2022: EUR 1,098,272, 2021: EUR 881,329.5) and EUR 573,621 on morphine SR (2023: EUR 578,962, 2022: EUR 618,687, 2021: EUR 643,091.5).

In 2024, 10,316 boxes of ***morphine (N02AA01)*** were prescribed, at a total cost of EUR 573,621,3, in the form of:

- *Substitol 120 mg* (box containing 30 capsules (3 x 10 capsules in a blister pack)) – 1,72 boxes;
- *Substitol 200 mg* solid slow-release capsules (box containing 30 capsules (3 x 10 capsules in a blister pack)) – 8,595 boxes.

A total of 23,463 boxes of ***buprenorphine (N07BC01)*** were prescribed at a cost of EUR 757,390.2 in the form of:

- *Buprenorphine alkaloid 2 mg x 28 tablets* (sublingual tablets, box containing 28 tablets (4 x 7 tablets in a blister pack)) – 11,837 boxes;
- *Buprenorphine alkaloid 8 mg x 28* tablets (sublingual tablets, box containing 28 tablets (4 x 7 tablets in a blister pack)) – 11,626 boxes.

A total of 3,565 syringes containing a slow-release ***buprenorphine (N07BC01)*** solution were prescribed in 2024 (2023: 2,797 syringes, 2022: 1,816 syringes, 2021: 327 syringes) at a cost of EUR 756,758.0 (2023: 551,415.2, 2022: EUR 303,219.3, 2021: EUR 36,041.1) in the form of:

- *Buvidal 160 mg slow-release solution for injection,* 1 x syringe – 17 pcs;
- *Buvidal 128 mg slow-release solution for injection,* 1 x syringe – 500 pcs (2023: 338 pcs);
- *Buvidal 96 mg slow-release solution for injection,* 1 x syringe – 769 pcs (2023: 583 pcs);
- *Buvidal 64 mg slow-release solution for injection,* 1 x syringe – 819 pcs (2023: 545pcs);
- *Buvidal 32 mg slow-release solution for injection,* 1 x syringe – 311 pcs (2023: 301pcs);
- *Buvidal 24 mg slow-release solution for injection,* 1 x syringe – 398 pcs (2023: 379 pcs);
- *Buvidal 16 mg slow-release solution for injection,* 1 x syringe – 449 pcs (2023: 233 pcs);
- *Buvidal 8 mg slow-release solution for injection,* 1 x syringe –302 pcs (2023: 418 pcs).

A total of 4,527 bottles of ***methadone (1,000 ml, N07BC02)*** were prescribed at a total cost of EUR 309,535. in the form of:

- *methadone chloride (alkaloid oral solution 10 mg/1 ml)* (box containing a bottle of 1,000 ml oral solution with a plastic cap, plastic measuring pipette and plastic bottle adapter).

A total of 53 bottles *of* ***methadone (100 ml)*** were prescribed at a cost of EUR 583.72in the form of:

- *methadone chloride (alkaloid oral solution 10 mg/1 ml)* (box containing a bottle of 100 ml oral solution with a plastic measuring pipette and plastic cap).

Naloxone prescriptions

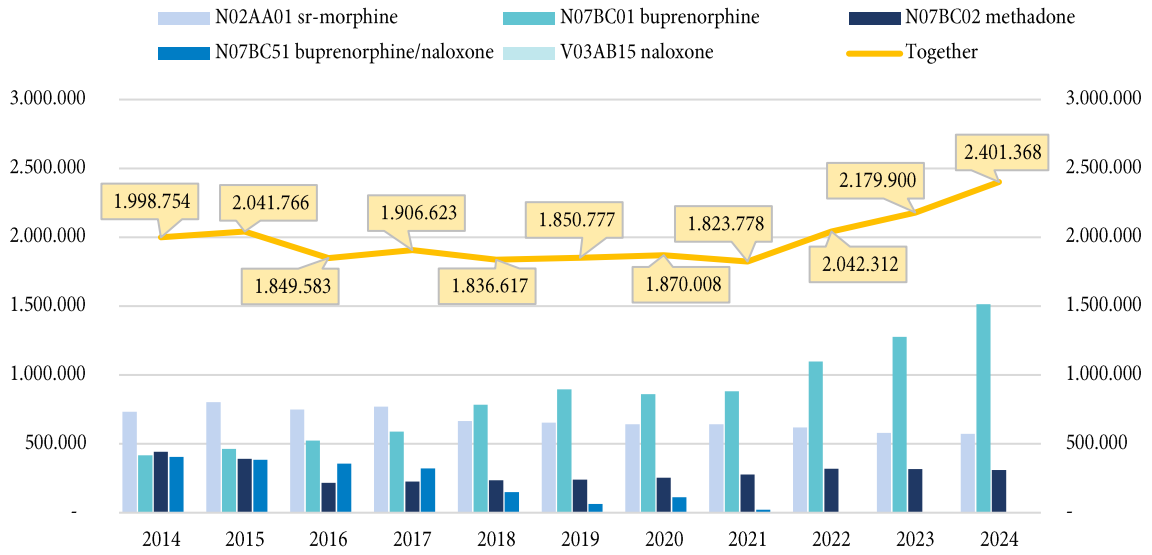
Nyxoid (Naloxone) is designed for immediate use as an emergency treatment for an opioid overdose or suspected opioid overdose in form of respiratory depression and/or depression of the central nervous system within or outside a clinical setting.

In 2024, 111 boxes of ***naloxone (V03AB15)*** (2023: 176 boxes) were prescribed at a cost of EUR 3,379 (2023: EUR 5,358.7) in the form of:

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

The figure below shows the amounts spent on each addiction-treatment drug between 2014 and 2024, and the trend in the total amount spent on these drugs in euros.

Figure 28. Trend in the amount spent on medicines used in addiction-treatment programmes, by medicines, Slovenia, 2014–2024



Source: National Institute of Public Health 2025

Prescribing of cannabinoid-based medications

In many European countries, access to cannabinoids and cannabis for medical purposes is approved or appropriately regulated. The *Decree on the Classification of Illicit Drugs* was amended in March 2017. It moved cannabis from the first to the second illicit drug group, thereby enabling it to be used for medicinal purposes in the form of a ***magistral medicine***.

There are currently quite a few ***medicinal products with a marketing authorisation*** on the US and European markets that contain natural or synthetic cannabinoids, mainly *tetrahydrocannabinol (THC)* and *cannabidiol (CBD)* in various concentrations and ratios.

Of these types of medication, only *Epidyolex*, which contains plant-derived CBD, has a marketing authorisation in Slovenia. It is approved for the treatment of some rare forms of epilepsy (35) and has been authorised for use in Slovenia since September 2019. Other medications are available to Slovenian patients via a ***temporary import authorisation***, but only if the patient is unable to achieve the same clinical outcome as with other medications available in Slovenia. The request for this authorisation must be placed by an attending physician and approved by an expert committee.

To summarise, access to medications containing cannabinoids is available in Slovenia:

- via ***drugs with a marketing authorisation in Slovenia*** (*Epidyolex*);
- via ***temporary import*** or the import of medications with a marketing authorisation in other EU Member States or countries with quality, safety and efficacy standards comparable to those in place in the EU and therefore also in Slovenia (*Sativex, Cesamet, Marinol* and *Syndros*);
- via ***magistral medicines***.

In Slovenia, a magistral medicine containing cannabis may be dispensed on a special prescription form in duplicate as:

- *isolated or synthetically derived cannabinoids*, e.g. cannabinoid drops containing THC or CBD, or a combination of the two;
- *standardised cannabis flower extract*; and
- cannabinoids in the form of *dried flowers and flowering buds* for medicinal purposes.

The prescribing of standardised cannabis flower extract and of cannabinoids in the form of dried flowers and flowering buds has not yet been brought into routine use. Medical need must be demonstrated if standardised cannabis flower extract, dried flowers and flowering buds are to be imported.

Doctors prescribe magistral medicines on a white or green prescription form, issued in duplicate and entered in the narcotics register. The pharmacy also keeps a record of use. A magistral medicine may be prepared by a clinical or public pharmacy.

Pharmacies have reported on prescriptions written for these preparations to the NIJZ and in part also to the Slovenian Chamber of Pharmacy. Since not all pharmacies have reported the number of prescriptions, we are only able to give figures for individual active substances whose use is recorded by the NIJZ.

According to the data sent to the NIJZ by pharmacies, a total of 20,638 g of CBD and 58.0 g of THC was used in these preparations in 2024.

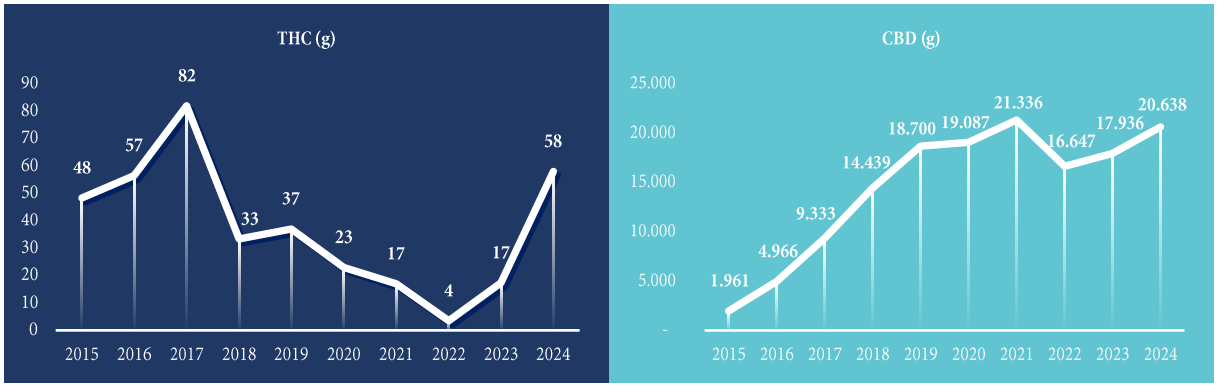
The average price was EUR 86 for 1 g of CBD and EUR 386 for 1 g of THC.

Pharmacies have been sending data on the magistral preparations that have a national code and are classified (*cannabidiol, N03AX24*) to the Health Insurance Institute since 30 March 2023.

Based on data from the Health Insurance Institute of Slovenia (ZZZS), in 2024 a total of 2,581 prescriptions were issued (index 163) with a value of EUR 2,374,773 (index 185). The value of one prescription was EUR 920.1 and one (1) prescription per 1,000 inhabitants was issued.

There was an increase in the prescribing of both THC and CBD in 2023 and 2024.

Figure 29. Total use of THC and CBD in grams, Slovenia, form 2015–2024



Source: National Institute of Public Health 2025

4. Sources and methodology

4.1 Sources

Gregorčič S et al. Hepatitis C: Demografske, epidemiološke in virološke značilnosti okuženih v Sloveniji – rezultati nacionalne raziskave. In: Beović B, Lejko Zupanc T, Tomažič J (Ed.). Sodobna infektologija: problem protimikrobne odpornosti, virusni hepatitis, okužbe povezane z zdravstvom, okužbe v pediatriji in bolezni, ki jih prenašajo klopi: Infektološki simpozij (In Slovene), 2018: 84–90.

Klavs I, Poljak M. Unlinked anonymous monitoring of human immunodeficiency virus prevalence in high and low risk groups in Slovenia, 1993-2002. Croat Med J. 2003; 44 (5): 545–549.

Klavs I, Kustec T, Berlot L, Kastelic Z, Tomažič J, Pečavar B, et al. HIV infection in Slovenia in 2022. HIV infection in Slovenia. 2023:1-19. Available at: https://nijz.si/nalezljive-bolezni/okuzba-s-hiv-v-sloveniji/

Klavs I, Berlot L, Kustec T, Kastelic Z, Klepac P, Učakar V, et al. Sexually transmitted infections in Slovenia in 2024. Sexually transmitted infections in Slovenia. 2025:1-24 Available at: https://nijz.si/nalezljive-bolezni/spremljanje-nalezljivih-bolezni/spolno-prenesene-okuzbe-v-sloveniji/

Leban E, Berlot L, Klepac P, Kustec T, Klavs I. Hepatitis B and C in Slovenia in 2023. and Hepatitis B and C in Slovenia. 2025:1-15. Available at: https://nijz.si/nalezljive-bolezni/spremljanje-nalezljivih-bolezni/hepatitis-b-in-c-v-sloveniji/

Kostnapfel T, Albreht T (eds.). Poraba zdravil, predpisanih na recept v Sloveniji v letu 2024 (Consumption of prescription medicines in Slovenia in 2024). May 2025. Ljubljana: National Institute of Public Health. https://nijz.si/publikacije/poraba-zdravil-predpisanih-na-recept-v-sloveniji-v-letu-2023/

Thomadakis C, Gountas I, Duffell E, Gountas K, Bluemel B, Seyler T, et al. Prevalence of chronic HCV infection in EU/EEA countries in 2019 using multiparameter evidence synthesis. Lancet Reg Health – Eur. 2024;36. Available at: https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00211-

General Mortality Register: 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 2020–2024 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 1/12/2024 and 31/12/2024. Cooperation in the survey was voluntary and anonymous. In 2023, the survey included 303 harm reduction programme users. The respondents were 81.7% male and 18.3% female. The average age of the respondents was 42.67 years. The youngest respondent was 16 and the oldest 67 years of age.

The majority of the respondents had completed vocational or secondary education (66.1%), 24.8% had only primary school level education and 6.7% had higher education or university degrees. 2.3% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (81.8%); 13.9% of them were employed, 2.4% retired in 2% were still in school (pupil, student).

The largest percentage of the respondents (34,8%) lived alone, 25.6% still lived with their parents or relatives, 8.5% lived together with their partner, 3.1% with friends, 3.8% in shelters and 24.2% outside (in the park, street, abandoned buildings).

A total of 79.2% of respondents had been involved in various treatment programmes in the last year, while 71.6% of users had been involved in a substitution programme, 11.9% had attended a drug dependency treatment centre, 11.6% had been treated at a psychiatric hospital, 7.3 % had received substitution therapy at a correctional facility, 2.3% had received treatment at a rehabilitation centre in Slovenia, and four respondent (0.7%) had received treatment at a rehabilitation centre abroad.

The police dealt with 25.3% of the respondents in 2024.

References:

1. NIPH RU Koper. HR Database, 2020–2024.
2. NIPH RU Koper. Survey of harm reduction services users, 2020–2024.

Resolution on the national social assistance programme 2022-2030 ("ReNPSV22–30") (Official Gazette of the Republic of Slovenia, No. 49, 22).

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.

Drug market and crime workbook

Contributors

National drug unit_Slovenian Police

Table of Contents

Summary

- **The illicit drugs market in Slovenia**

In year 2024 the police recorded considerable increase for 42 % in the number (74) indoor premises for cannabis cultivation comparable to year 2023 (52), and we believe that cannabis production is sufficiently large as to ensure that the country is self-sufficient in this drug. The methods and equipment used are improving, which is making it harder and harder to locate these premises. Beside indoor cultivated cannabis police detected also 43 outside places where cannabis was produced. No laboratory for synthetic drugs was detected.

The traditional Balkan route is still an important smuggling route for illicit drugs and we believe that smuggling quantities are likely to be higher than the seized quantities. Very important route for smuggling cannabis in European Union is from Spain through France and Italy to Slovenia. In Spain organised criminal groups still producing cannabis of higher quality at a favourable price and remains Slovenia's biggest producer. Mainly cannabis is smuggled from Albania, Kosovo and Serbia, while for heroin we did not confirm the smuggling route.

MDMA and amphetamine are smuggled into Slovenia mainly from the Netherlands. Smaller quantities of cocaine arrive from the Netherlands, Belgium and Spain and some of it is smuggled across Slovenian territory to other Western Balkan countries. Larger quantities are still smuggled by sea from South American countries.

The pathway for the entry or exit of illicit drugs and prohibited substances in sport into/out of Slovenia is with postal consignments from/to third countries as well as from/to EU Member States and becoming increasingly used.

Modus operandi of drugs trafficking staying same as in previous years. Organised criminal groups frequently smuggle larger quantities of illicit drugs in containers between legal cargo and in freight vehicles, while smaller quantities are frequently hidden in specially prepared spaces in private vehicles, in luggage on buses and in smaller goods vehicles.

- **Criminal offences and other minor offences in relation to illicit drugs**

The trend of less detected criminal offences continued also in 2024, when Slovenian police uncovered 813 criminal offences relating to the manufacture and sale of illicit drugs, illicit substances and procedures in sport, and precursors for the manufacture of illicit drugs (representing a 30% decrease compared to 2023 (1,161 offences)). In addition to criminal offences, the police also uncovered a further 4,182 minor offences of the Production of and Trade in Illicit Drugs Act.

- **Seizures and average purity**

In 2024, the police recorded a total of 2,714 seizures of cannabis herbal (564.3 kg), 87 seizures of cannabis plants (14,563 plants), 50 seizures of hashish (10.6 kg), 54 seizures of cannabis extract (1.9 kg and 12.7 litres), 13 seizures of methamphetamine (3.8 kg), 140 seizures of amphetamine (16.6 kg), 333 seizures of cocaine (226.36 kg), 312 seizures of heroin (3.3 kg), 65 seizures of MDMA (10,278.5 tablets and 31.13 kg).

The average purity of cannabis herbal was 8.1%, 7.3% for hashish, 80% for methamphetamine, for amphetamine 26.9%, 9.2% for heroin, 81.6% for cocaine, 28.5% for MDMA tablets and 76.9% for MDMA powder.

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

In 2024 the police continued their efforts to reduce the availability of illicit drugs in accordance with the objectives and activities contained in the Resolution on the National Programme on Illicit Drugs 2023–2030 and prepared activities for drug supply reduction in the action plan (2023–2025). All activities were also in line with the tasks defined in the police's annual work plan.

The Slovenian police carry out specially targeted activities to reduce the availability of illicit drugs at national, regional and local levels. The police's priorities are heroin, cocaine, cannabis and synthetic drugs. They spend more time for gathering information on indoor cannabis cultivation. The police most important aim is to stop illicit drugs from reaching the market and users.

The police are also focused on improving cooperation with law enforcement and judicial bodies in the Western Balkans, particularly given the importance of the traditional Balkan route. Since Croatia is in Schengen area and there is no border between countries, we do not have seizures of drugs on border crossing points. Increasing in the number of seizures at the port, the airport and within Slovenia is consequence of enhanced cooperation between the police and the Financial Administration of the Republic of the Slovenia.

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

1. National profile

1.1 Drug market

1.1.1 Domestic production of drugs

The police detected 42% more premises adapted for cannabis cultivation in 2024 than in the previous year (52 were discovered in year 2023). It should be noted that the number of cannabis plants cultivated is for the most part not large. Rather, these are medium-sized or small adapted premises, which are easier to conceal. Given the greater number of adapted premises detected, we estimate that cannabis production is large enough for the country to be considered self-sufficient. Methods of concealment and the equipment used are improving, which is making it harder and harder to detect these premises.

The police discovered premises specially adapted for cannabis cultivation in various parts of Slovenia. In most cases members of criminal gangs lease large warehouses or empty residential properties, or cultivate cannabis directly in dwellings.

The number of outdoor plantations discovered was 43 (20 were discovered in 2023), although we believe that there are probably more of them – mainly smaller plantations in the vicinity of residential buildings or in fields hidden among other crops.

We did not detect any laboratory for the production of illicit synthetic drugs.

1.1.2 Trafficking routes

The police estimate the scale of drug trafficking to be much greater than detected, since the elimination of checks at border crossings between Croatia and Slovenia has also resulted in fewer seizures of illicit drugs from the Western Balkans. Despite this, we believe that, given its geographical position on the traditional Balkan route, Slovenia is still important, above all as a transit country. Cannabis in particular is trafficked along the Balkan route from Albania, Kosovo and Serbia, through Bosnia and Herzegovina and Croatia to Slovenia, and then on to Western European countries. Most of the cannabis that arrives in Slovenia comes from Spain, where quality is better and the price lower, via France and Italy.

Traffickers mostly use small goods vehicles, buses, vans and cars to transport the drugs. They are stored in Slovenia before being smuggled in smaller quantities by car to neighbouring countries such as Austria, Germany, Hungary and Croatia.

We are unable to confirm trafficking routes for heroin, in contrast to previous years, because only a very small quantity of heroin was seized and it has not been possible to identify the country of origin.

MDMA pills and amphetamine mainly arrive in Slovenia from the Netherlands via Germany and Austria. Smaller quantities of cocaine are mainly trafficked from the Netherlands, Belgium and Spain. These three countries remain the countries of origin of cocaine for Slovenia, from where it is trafficked into other Western Balkan countries. Although no cocaine was seized in the Port of Koper as in past years, we believe that the port remains one of the entry points for cocaine trafficked into Europe from South America by international criminal gangs.

An increasingly common smuggling method consists of sending illicit drugs and substances that are banned in sport into Slovenia by post from third countries and other EU Member States. Criminal gangs are increasingly innovative, concealing illicit drugs in other substances or impregnating legal goods with them.

1.1.3 Trafficking within Slovenia

Given the locations of seized illicit drugs, we estimate that it is still easier to purchase the majority of illicit drugs in large and small quantities in larger towns/cities. Users and small-scale dealers then sell smaller quantities to other users in smaller towns or villages. The most commonly sold drugs are cannabis, cocaine, amphetamine, MDMA and benzodiazepines. Cannabis grown in adapted premises is for the most part sold in Slovenia, although dealers also sell to foreign nationals in order to increase their earnings – above all to Italian and Austrian citizens who, in most cases, come to Slovenia themselves to buy it.

Drugs are most commonly transported within the country in private cars, small goods vehicles or vans, carried by bus and train passengers on their person or in their luggage, or carried by taxi passengers.

One of the most innovative forms of trafficking is the introduction of illicit drugs into prisons. Illicit drugs, usually synthetic, are most frequently hidden in packages, postal items and letters destined for prison inmates. Sheets of writing paper are impregnated with illicit drugs, illicit drugs are hidden in canned food or in food products in their original packaging, and so on. Sometimes small packages of illicit drugs are thrown into the prison yard from outside.

In Slovenia, both domestic criminal organizations and cells of larger criminal groups from the Western Balkans operate. These organizations are hierarchically structured and have distinct functions. Some criminal groups operate exclusively in a transit capacity, while others maintain connections with the local Slovenian market. Criminal organizations often engage in other illicit activities as well (money laundering, document forgery, and arms trafficking).

1.1.4 Wholesale drug and precursor market

We observe that it is possible to purchase larger quantities of amphetamine, cocaine, cannabis and MDMA, above all in larger towns/cities in Slovenia. The role played by Slovenian nationals in trafficking is mainly in organisation, logistical support and the provision of suitable vehicles, but also in the organisation of couriers. They tend to be members of medium-sized criminal enterprises, linked for the most part by ethnicity and family ties with the Western Balkans as well as with EU Member States.

The police seized no precursors for the manufacture of illicit drugs in 2024 and we are therefore unable to assess the precursors market in Slovenia. Wholesale prices are adjusted according to trends in supply and demand. For most illicit drugs, prices have remained relatively stable in recent years, with the exception of cocaine, whose price has notably changed.

The cost of 1 kg of cocaine was between €19,000 and €30,000 and that of 1 kg of amphetamine was between €1,500 - €3,500, while 1,000 MDMA pills usually cost between €1,500 - €2,000. The purity of cocaine is even higher than last year (average purity in 2022 was 68.4%, in year 2023 76.5% and in year 2024 81.6%). The average price of 1 kg of cannabis grown in adapted premises is €4,000 (around €3,000 - €4,500). The wholesale price adapts to the trend of demand and supply.

Slovenia is not a large end market, but it serves as an important transit country, particularly for cocaine and heroin. The wholesale market is closely linked to Balkan and Western European criminal organizations. Cannabis remains the most commonly trafficked illicit drug, while the entry point for large quantities of cocaine is the Port of Koper. The organization of criminal groups involved in the transportation and trafficking of large quantities is professional, international, and technologically advanced, utilizing encrypted communication, containerized transport, and logistical cells.

1.1.5 Available information on the retail drug market

The retail market has a clear hierarchical structure. Dealers sell illicit drugs diluted with adulterants both to intermediaries and to end consumers. The intermediaries can then further dilute these smaller quantities and make them available to street dealers and to users. Small quantities are available throughout the country.

The illicit drugs market in Slovenia is extremely varied and diverse. According to the police, cannabis and cocaine are the most easily accessible drugs on the market, although the supply of and demand for synthetic drugs is also considerable. Retail prices have not changed significantly in recent years. In particular in the case of cocaine, the police are still observing that purer cocaine is being sold on the market for a lower or the same price, and is generally only adulterated before supply to the end consumer. The usual price for 1 gram of cocaine is between €40 - €60, while the highest prices are found near the border with Italy, where cocaine costs up to €100 per gram. The typical price of 1 gram of heroin is between €14 - €20, 1 gram of amphetamine costs around €20, while 1 gram of cannabis grown in specially adapted premises is considerably cheaper and costs €8. An MDMA (aka ecstasy) tablet or pill costs on average €5 but can cost even less when demand or supply is greater.

1.2 Drug related crime

1.2.1 Drug law offences data

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

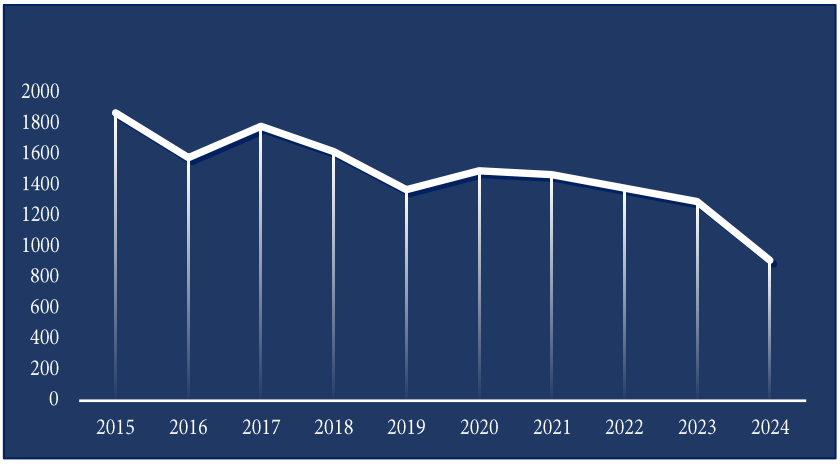
Police detected a total of 813 criminal offences relating to the manufacture and sale of illicit drugs, banned substances and procedures in sport, and precursors for the manufacture of illicit drugs in 2024 (which is 30% fewer than in 2023, when the number was 1,161), along with 118 criminal offences of facilitating the use of illicit drugs or banned substances or procedures in sport (16 fewer than in 2023). Owing to the method of data collection, it is not possible to state how many offences were connected to the smuggling, cultivation or manufacture of illicit drugs, nor is it possible to differentiate between larger and smaller quantities of seized illicit drugs.

Table 1. Number of criminal offences in relation to illicit drugs, 2015–2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Unlawful manufacturing and transport	1,737	1,437	1,650	1,517	1,252	1,369	1,293	1,250	1,161	813
Facilitation of drug use	135	144	134	102	120	127	124	132	134	118
Total	**1,872**	**1,581**	**1,784**	**1,619**	**1,372**	**1,496**	**1,417**	**1,382**	**1,295**	**931**

Source: Ministry of the Interior, General Police Directorate

Figure 1. Trend in the number of criminal offences in relation to illicit drugs, 2015–2024



Source: Ministry of the Interior, General Police Directorate

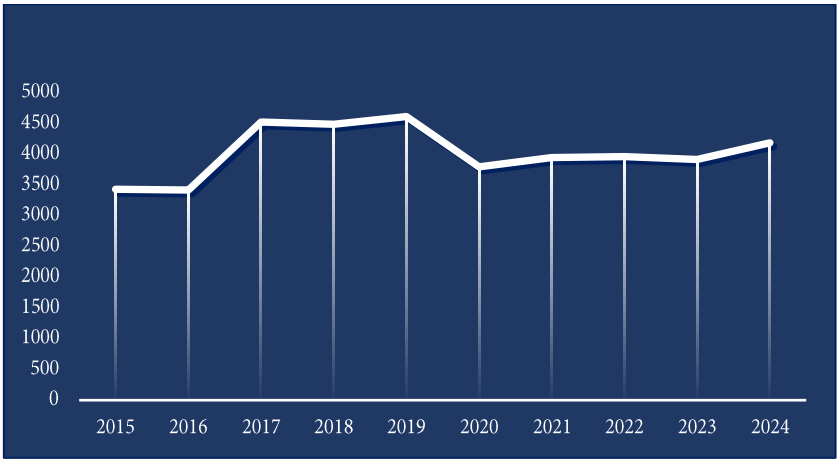
A significant fall in criminal offences was seen between 2015 and 2019, while since 2020 the number of criminal offences has again been showing a slight fall.

In 2024 the police logged 4,182 infringements (a 7% increase compared to 3,914 infringements in 2023) of the Production of and Trade in Illicit Drugs Act. These were mainly for possession. The number of infringements has not changed in the last three years. The approximately equal number of infringements identified could, in the opinion of the police, be the consequence of them proportionally directing their activities with regard to public events and the known issue of illicit drug use in specific areas.

Table 2. Number of infringements of the Production of and Trade in Illicit Drugs Act, 2015–2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of infringements	3,431	3,416	4,521	4,485	4,610	3,791	3,946	3,959	3,914	4,182

Figure 2. Trend in the number of infringements in the area of illicit drugs, 2015–2024



Source: Ministry of the Interior, General Police Directorate

1.2.2 Data on drug related crime outside of drug law offences

The police ordered 7% less tests of drivers to establish the presence of illicit drugs, psychoactive medications or other psychoactive substances in 2024 (1,412) than in 2023. The presence of illicit substances in those drivers tested remains proportionate to the number of tests ordered. As in previous years, cocaine, benzodiazepines, cannabinoids and amphetamine were the drugs most commonly detected.

There were 376 positive cases following a blood/saliva/urine test, which was a roughly 19% less than in 2023, when 465 cases were recorded. The number of instances of refusal to take a blood/saliva/urine test was slightly lower than in 2023. In 2023 there were 1,301 refusals, while in 2024 there were 1,185 refusals, a 9% decrease.

Table 3. Number of tests ordered to establish the presence of illicit drugs and other psychoactive substances, number of positive blood/saliva and urine tests, and number of refusals to take a blood/saliva and urine test, 2015–2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Tests ordered	723	912	1,405	1,237	1,623	1,673	1,377	1,376	1,518	1,412
Positive blood/saliva tests	143	236	238	259	286	262	215	239	269	220
Positive urine tests	116	151	199	212	223	218	165	182	196	156
Blood/saliva tests refused	209	315	671	658	935	1,022	757	721	821	737
Urine tests refused	122	164	417	368	503	672	451	432	480	448

Source: Ministry of the Interior, General Police Directorate

Table 4. Number of positive tests by type of illicit drugs or other psychoactive substances present 2022–2024

	2022	2023	2024
Amphetamine	29	24	28
Benzodiazepines	50	60	58
Cannabinoids	76	73	56
Cocaine	94	80	68
Methadone	26	23	11
Opiates	24	16	6
Other illicit drugs	84	114	87
Antidepressants	3	5	6
Antiepileptics	1	1	2
Antipsychotics	2	3	1
Hypnotics and sedatives	3	4	1
Opioids	6	14	5
Other medicinal products	52	42	39

Source: Ministry of the Interior, General Police Directorate

The police ordered 5% less tests because of suspicion of driving under the influence of illicit drugs in 2024 than in 2023. A proportionally fewer number of positive tests results were also recorded (13% fewer compared to 2023).

Table 5. Number of tests ordered because of suspicion of driving under the influence of illicit drugs

	2021	2022	2023	2024
Tests ordered	1,524	1,676	1,862	1,771
Positive	846	912	1,063	928
Negative	529	647	677	726
Refused	140	102	110	111
No results	9	15	12	6

Source: Ministry of the Interior, General Police Directorate

1.3 Drug supply reduction activities

1.3.1 Drug supply reduction activities

Police activities

In 2024 the police in Slovenia collaborated on the preparation of a Resolution on the National Programme on Illicit Drugs 2023–2030 and the Action Plan on Illicit Drugs 2024–2025, specifically in the part relating to the programme of work for reducing the supply of illicit drugs. The focus of police activity is on the detection and prevention of sale and manufacture, cooperation with national and international partners, the detection of illegal online sales and abuses of postal channels, the detection of illicit drug smuggling over national borders and the strengthening of measures against it, the detection and prevention of financial flows of illicit drug dealers and efforts to strengthen methods of detecting criminal offences. The emphasis here is on establishing even closer cooperation with the Financial Administration of the Republic of Slovenia and businesses providing postal services. We devote considerable attention to specialised training for security bodies in the area of crime related to illicit drugs and precursors, and also to training for law enforcement authorities regarding the detection and prevention of money laundering in connection with illicit drug trafficking offences and the monitoring, tracing, freezing and seizure of assets.

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

In 2024, no seizures were recorded at the road border crossings; however, police efforts were focused on strengthening cooperation with the Financial Administration of the Republic of Slovenia at two border crossings, namely the Port of Koper and Ljubljana Jože Pučnik Airport.

We are aware that there is a great deal more trafficking of illicit drugs along the traditional Balkan route than we are able to detect. It is above all for this reason that the Slovenian police are still keen to improve cooperation with the security and judicial authorities of Western Balkan countries, which remain a priority when it comes to reducing the supply of illicit drugs as well as weapons.

The police would like to increase the number of seizures at the border, in the port, at the airport and also in the interior of the country. We are therefore working even harder to strengthen cooperation with other foreign police forces and international organisations, including Europol, Interpol, the EUDA, the DEA and the UNODC. The aim of the Slovenian police is to identify and prosecute those behind the smuggling of illicit drugs, i.e. not only the couriers, and to identify the members of international organised crime groups.

We constantly monitor changes in the prices and purity of the main illicit drugs and use this information to estimate availability and assess the illicit drugs market in specific parts of Slovenia.

The police's preventive work in relation to criminal offences and infringements in the area of illicit drugs is based on cooperation with the competent state institutions, such as the Ministry of Health and the National Institute of Public Health, non-governmental organisations and others working to reduce the availability of illicit drugs.

2. Trends

The quantity of dried cannabis seized in 2024 (564.3 kg) is 30% lower than the quantity seized in 2023 (794.43 kg). The number of seized cannabis plants has decreased since 2021. A slight increase was observed in 2024, likely due to the discovery of larger cultivation facilities (74), which is a 42% increase compared to 2023, when there were 52 discovered. The smaller number of plants points to the fact that adapted premises are smaller, with some of them more sophisticated. Other growers prefer to cultivate a smaller number of plants because they are more difficult to detect. The number of seizures has not changed in the last three years but is around 15–20% lower than before 2020. The average concentration of total THC in cannabis in 2022 was the lowest in recent years, at just 2.3%. In 2024, the average total THC concentration in cannabis from 95 samples was 8.1%, which is even lower than in 2023 (9.9% in 444 samples).

The quantity of hashish seized in 2024 (1.3 kg and 0,5 l in 64 seizures) was lower than in 2023 (10.61 kg and 800 ml in 57 seizures) which was the highest in recent years. The average concentration of total THC was 7.3% (compared to a much higher 14.1% in 2023).

As regards heroin, there were more than 25% more seizures in 2024 than in 2023 (257 seizures in 2023), although the amount of seized heroin remained almost the same as in the past two years. Given the relatively low amount of heroin seized (3.3 kg), it is believed that there is less heroin on the market. The average concentration in 2024 was the lowest since 2015, with only 9.2% in 14 samples (compared to 15.8% in 2023). This suggests that the quality of heroin on the Slovenian market has significantly declined over the past year.

Cocaine is an illicit drug whose seized quantities fluctuate significantly, largely depending on the discovery of larger quantities at the Port of Koper. Following a record 829.9 kg seized in 2021, 2022 saw a fall to 678.4 kg and 2023 a further fall to just 44.07 kg. In 2024, a larger quantity was confiscated again, amounting to 226.36 kg in 338 seizures. Analyses carried out by the National Forensics Laboratory in 2024 showed the highest recorded purity to date (81.6% in 311 samples compared to 76.5% in 207 samples in 2023).

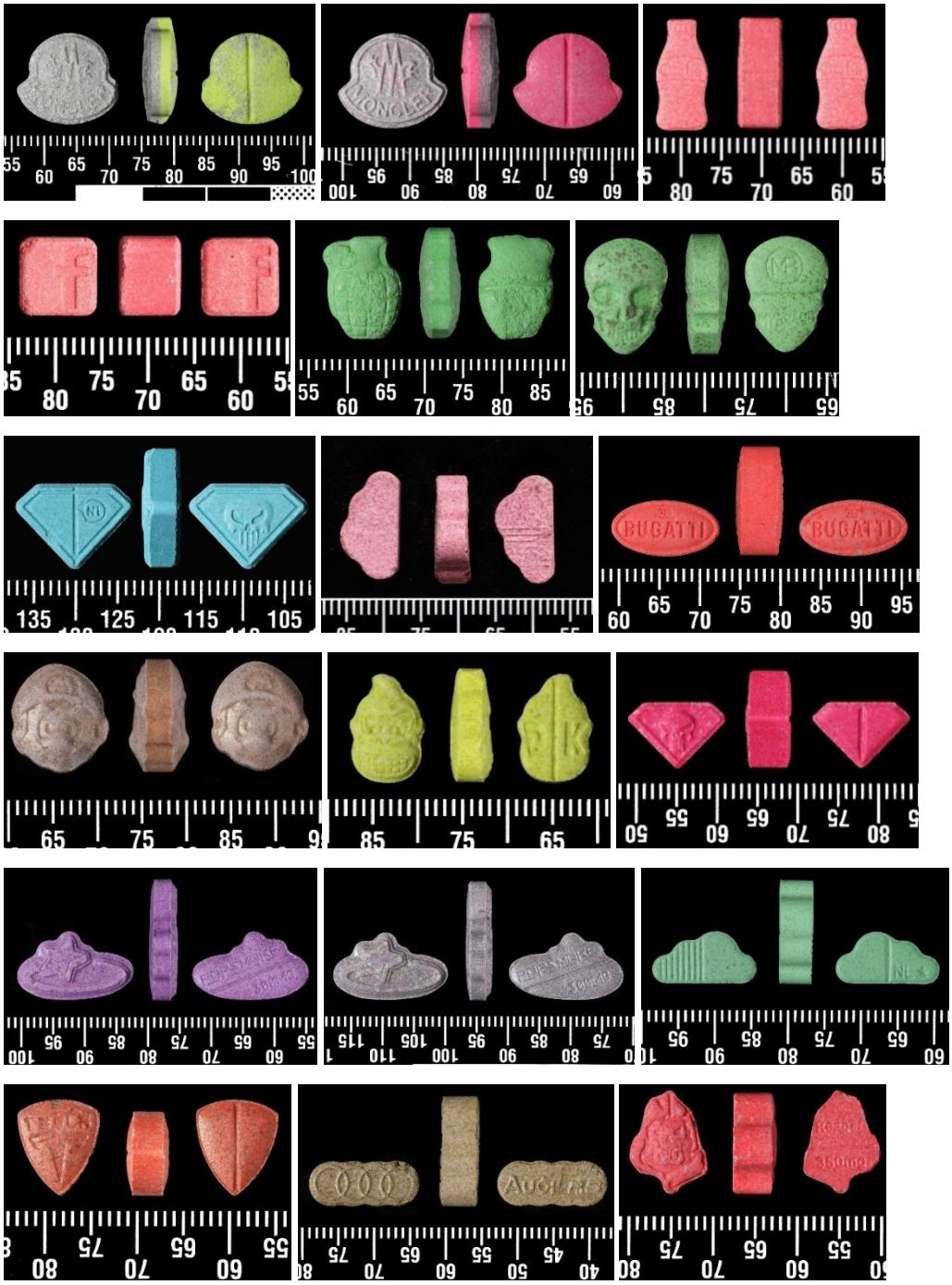
The quantities of methamphetamine seized have been very low in the last few years, which suggests that this drug does not present a major problem. The quantity seized in 2021 was 6.64 kg, seizures in 2022 amounted to just 0.54 kg, while in 2023 a total of 10.57 kg was seized in 39 seizures. In 2024, a significant decrease was observed in the seized quantity (3.82 kg in 15 seizures). We are continuing to notice increased levels of use of methamphetamine among teenagers and young men, as most instances of seizure of this drug involve these two groups. The average concentration of methamphetamine was comparable to past years, at 80%.

More MDMA was seized in 2024 than in the previous year: 10,278.5 pills and 31.13 kg in crystal form. In 2023, only 3,705 tablets and 0.2 kg of the drug in crystal form were seized. A larger quantity was confiscated as part of an investigation into a criminal organization that was selling illicit drugs online. The number of seizures in 2024 (65) was nearly 60% higher than in 2023, when there were 41 seizures.

The police believe, in view of the high number of logos and MDMA content identified, that there is a large supply of different illicit drugs in tablet form on the market. Also on the market are pills containing ingredients and adulterants that differ from the composition of the pills expected by users. In 2024, the National Forensic Laboratory confirmed that, among other substances, tablets containing 2C-B and 4-AcO-DMT were also being sold on the market. The average MDMA content in mg/tablet for the past two years is unknown. The average MDMA concentration in crystal samples remains roughly the same over the years, at around 77%.

The National Forensics Laboratory noted 9 different pill logos in 2022, in 2023 26 logos and in 2024 25 logos were noted and are presented below.

MDMA:



2C-B:

4-AcO-DMT:

In year 2024 significantly more LSD blotters were seized compared to the past two years, with a total of 868 (compared to only 121 in 2023 and 166 in 2022). The larger quantity was the result of a police investigation in which large quantities of illicit synthetic drugs were seized, similar to 2021, when a record seizure of 7,817 LSD blotters was recorded.

A total of 16.64 kg of amphetamine was seized (compared to 63.36 kg in 2023). The purity of the amphetamine increased again in 2024, reaching 26.9% (in 25 samples), while in 2023 it was only 19.5%.

The number of illicit synthetic drugs seized in the last five years shows considerable fluctuation and is dependent above all on the operational activities of the police in this area. The illicit synthetic drugs market is also highly dependent on online supply and sale. Investigations must therefore be more focused and adapted to changes in digitally supported illegal markets.

Table 6. Number of premises adapted for cannabis cultivation, 2017–2024

	2017	2018	2019	2020	2021	2022	2023	2024
Number of premises adapted for cannabis cultivation	78	75	62	70	56	34	52	74

Source: Ministry of the Interior, General Police Directorate

Table 7. Number of seizures by types of illicit drugs, 2017–2024

	2017	2018	2019	2020	2021	2022	2023	2024
Heroin	286	225	201	239	348	296	257	317
Cocaine	277	279	285	282	325	310	314	338
Ecstasy	69	102	88	45	28	46	41	65
Amphetamine	211	221	196	147	155	140	133	147
Cannabis plants	218	189	232	188	148	114	106	121
Marijuana	3,768	3,685	3,874	3,394	2,867	2,848	2,900	2,714
Cannabis resin (hashish)	126	139	113	65	55	78	57	64
Benzodiazepines	180	127	141	137	142	161	156	335
Methadone	16	25	22	12	15	15	11	10
Methamphetamine	49	57	66	31	25	48	39	15

Source: Ministry of the Interior, General Police Directorate

Table 8. Total quantity of illicit drugs seized, by type, 2017–2024

Type of illicit drug	Unit	2017	2018	2019	2020	2021	2022	2023	2024
Heroin	kg	10.71	344.89	758.52	4.89	226.15	5.8	2.96	3.3
Cocaine	kg	12.25	14.22	4.06	8.57	827.91	678.35	44.07	226.36
MDMA	pill	1,636	511	9,763	13,029	245,350	102.5	3,705	10,278.5
	kg	1.21	0.28	0.2	0.49	123.46	0.07	0.18	31.13
Amphetamine	pill	312	58	79	20	3,850.5	109	150	28
	kg	6.08	5.7	18.31	107.81	96.92	0.72	63.36	16.64
Cannabis plants	piece	13,594	29,683	8,810	23,344	22,852	15,119	12,059	14,563
Marijuana	kg	837.91	398.06	703.61	1,412.92	1,205.08	688.41	794.43	564.3
Cannabis resin (hashish)	kg	19.78	0.78	8.78	0.7	0.45	1.74	10.61	1.3
	ml	137.7	315.4	1,021.9	3,294.8	271.4	88,110.6	799.8	528.7
Benzodiazepines	pill	14,177	17,734	4,819.5	8,720.5	7,672.5	7,451.5	2,943	73,836
Methadone	ml	1,501.5	2,282.9	1,884	2,122.4	1,459.1	502.9	726.3	855.4
Methamphetamine	kg	0.03	0.16	9.41	0.08	6.64	0.54	10.57	3.82
	pill	137	82	203.5	977	27	38	5	9
Synthetic cathinones	g				0.01	7.3	116.1	188.2	101.2
Cannabis extracts	ml			9,391	5,926.5	20,659.5	3,046.6	3,391.7	12,690.4
LSD	piece			63	64	7,817	166	121	868
Synthetic cannabinoids	g			18.2	7.3	45.7	101	121	490.8

Source: Ministry of the Interior, General Police Directorate

Analyses of the purity of the main illicit drugs are given below.

Figures 3–9. Average concentrations of specific illicit drugs, 2015–2024

Figure 3. Average heroin concentrations

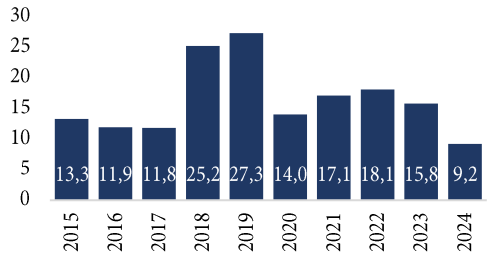


Figure 4. Average cocaine concentrations

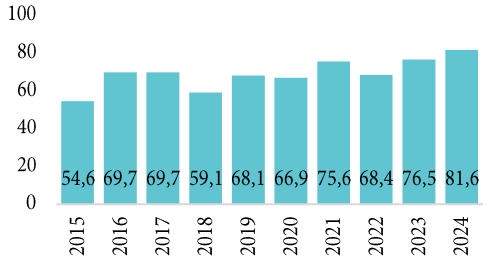


Figure 5. Average concentrations of total THC in cannabis samples

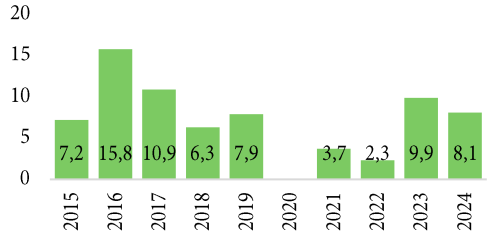


Figure 6. Average concentrations of total THC in hashish

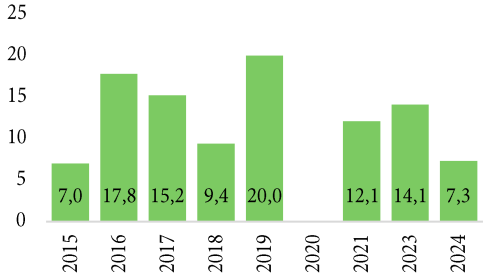


Figure 7. Average amphetamine concentrations

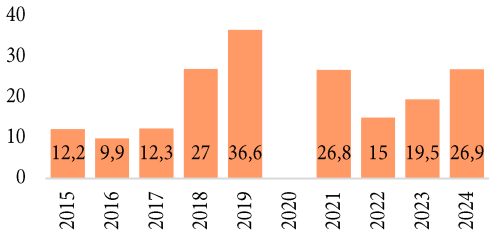


Figure 8. Average MDMA concentrations in crystal samples

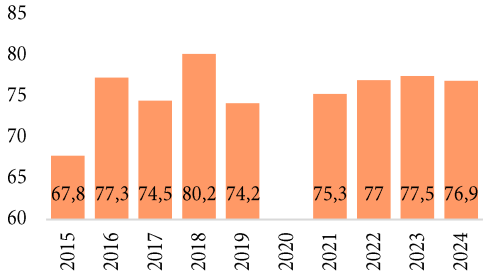
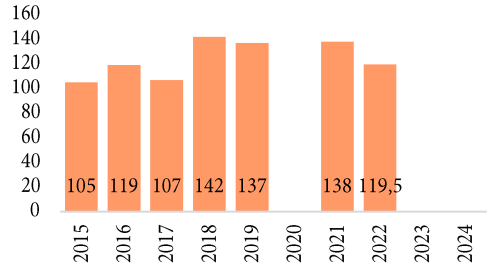


Figure 9. Average MDMA levels mg/pill



Source: National Forensics Laboratory

The police have focused activities on the area of the online supply of illicit drugs, primarily synthetic drugs but also others, and in this way are increasing the number of new psychoactive substances detected and reducing supply on the market. Cooperation with the Ministry of Health contributes to speedy and timely changes and additions to the list of illicit drugs, which makes the work of security and judicial authorities easier. The National Forensics Laboratory is updating its database, mainly through online purchases of new psychoactive drugs. This speeds up the process of identifying specific new substances seized by the police.

3. Sources

Ministry of the Interior, General Police Directorate

General Police Directorate, National Forensics Laboratory

Prison workbook

Contributors

Aleksandra Tratar, Prison Administration of the Republic of Slovenia

Table of Contents

Summary

The Slovenian prison system is managed by the Prison Administration under the Ministry of Justice. It comprises six prisons operating across 13 locations and one juvenile correctional facility. Facilities are categorized into central, regional, and juvenile institutions, with regimes ranging from open to closed. In 2024, the average number of incarcerated individuals reached a record high of 1,820, marking a 20.5% increasecompared to the previous year. This rise is primarily attributed to an influx of foreign nationals imprisoned for offences related to illegal border crossing.

As of 2024, 2289 convicted prisoners (note that this figure only applies to convicted prisoners serving custodial sentences, not the entire prison population) were held in Slovenian prisons, with 94% being male. The average age of prisoners remained stable at 39 years. The prison population is predominantly composed of individuals aged 27 to 39, accounting for over 38% of all convicted prisoners. Overcrowding remains a significant challenge, particularly in male prisons. The construction of a new Ljubljana Prison in Dobrunje is expected to alleviate this issue, with completion anticipated by the end of 2025.

25.3% of the country's entire prison population had drug use problems in 2024. Upon admission, all inmates undergo a medical examination, and those diagnosed with addiction are assessed for withdrawal management and substitution therapy. In 2024, 67.1% of prisoners with drug problems received opioid substitution therapy (OST), with annual coverage ranging between 60% and 73%. The patient takes substitution therapy under supervision.

Drug use prior to imprisonment and within prison remains a concern. Prisoners with substance use disorders are entitled to equivalent medical care as in the community. While detailed health data for 2024 is unavailable, voluntary, free and anonymous testing for HIV and hepatitis is offered, alongside access to condoms, gloves, and disinfectants. Health staff provide pre- and post-test counselling and ensure access to condoms, latex gloves, and disinfectants, contributing to harm reduction efforts. Patients can seek advice from infectious disease specialists, HIV clinics and clinics for other sexually transmitted diseases.

Drugs are smuggled into prisons through various methods, including concealment in body cavities, clothing, food packages, and increasingly via letters, books, and textiles. Synthetic cannabinoids are particularly prevalent. In 2024, 275 instances of illicit substances, tablets, and paraphernalia were recorded, compared to 262 in 2023, indicating a slight increase.

The Resolution on the National Programme on Illicit Drugs 2023–2030 outlines strategic goals for enhancing drug-related services in prisons. Treatment is guided by internal documents such as the Treatment Plan for Inmates with Drug Problems and the Guide for Taking Urine Samples and Follow-up Testing, both endorsed by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction.

Since 2009, prison healthcare has been integrated into the public health system under the authority of the Ministry of Health. Healthcare services are provided by regional health centres based on agreements with individual prisons. These centres ensure the presence of general practitioners, psychiatrists, addiction specialists from Drug Addiction Treatment Centres, dentists, and gynaecologists. This model enables community-based service providers to deliver care within prison settings, ensuring continuity and quality of treatment comparable to that available outside prison.

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.

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

Recent years have seen a notable increase in the presence of synthetic cannabinoids in prisons. In response, urine testing for synthetic cannabinoids was introduced in all facilities in 2024. In 2025, further measures were implemented, including informational materials for inmates and the development of a Protocol for Handling Suspected Intoxication with Synthetic Cannabinoids, aimed at ensuring safe and lawful staff responses.

Efforts are also underway to enhance treatment for substance use disorders, including the establishment of a therapeutic community in the new Ljubljana Prison (Dobrunje), currently under construction. This initiative aims to improve rehabilitation outcomes and support reintegration into society.

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 semi-open unit and 2 open units Slovenska vas and Puščava. Prisoner accommodation capacity: Dob Prison with semi-open unit: 468, Slovenska vas Open Unit: 70, and Puščava Open Unit: 21. In 2024, Dob Prison housed an average of 635,9 prisoners, while the Slovenska vas Open Unit held 68,9, and the Puščava Open Unit 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: 98. In 2024, Ig Prison housed an average of 93,5 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 2024, Celje Prison and Juvenile Prison housed an average of 163,9 prisoners, of which 0,9 were serving juvenile prison.

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 2024, Koper Prison housed an average of 157,6 prisoners, while the Nova Gorica Unit held 35 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 2024, Ljubljana Prison housed an average of 262,1 prisoners, while the Novo mesto Unit held 38,5, and the Open Unit Ig had 29,6 prisoners on average.

In 2024, extensive renovation works were carried out at the premises of the Novo mesto Unit. As part of the renovation, the institution gained several new functional spaces, including an infirmary room, a reception room for newcomers, a special confinement room and a vocational training workshop. In addition, the living quarters and sanitary facilities within the prison were renovated, and the water supply system and lighting throughout the institution were replaced. The majority of the renovation was completed in 2024, with the remaining works scheduled for completion in 2025.

The construction of the new Ljubljana Prison facility in Dobrunje continues as part of a broader project aimed at resolving spatial challenges within the Ljubljana Prison and alleviating overcrowding in other male prison facilities across the country. The new premises are designed to provide a modern, safe, humane, inclusive, and reintegration-oriented environment for inmates, staff, and society at large. Construction began in 2022 with the laying of the foundation stone and continued throughout 2023. In 2024, the main construction activities focused on both interior and exterior works, including concrete works, mechanical and electrical installations, plumbing, roofing, façade works, and other finishing trades. Key installations related to the technical security systems were also carried out during this period. Additionally, a contract was signed with the public enterprise Rinka for the supply and installation of furniture for inmate cells. Completion of construction are expected by the end of 2025.

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. Maribor Prison also includes an open unit Rogoza. Prisoner accommodation capacity: Maribor Prison: 140, Murska Sobota Unit: 34, Rogoza Open Unit: 36. In 2024, Maribor Prison housed an average of 223 prisoners, while the Murska Sobota Unit held 39,7, and the Open Unit Rogoza had 39,1 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 2024, Radeče Correctional Home housed an average of 13,2 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[11]: 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.

[12] "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)

Particular attention was devoted in 2024 to monitoring the number of incarcerated individuals considering the persistent overcrowding affecting most prison facilities. The average occupancy rate across all institutions reached 135.2%, and 140.1% when excluding the juvenile correctional facility. Throughout the year, the average number of incarcerated persons stood at 1820.1, representing a 20.5% increase compared to the previous year. This rise in occupancy is primarily attributed to the growing number of individuals serving prison sentences or held in pre-trial detention for offences related to the illegal crossing of the state border or territory.

In 2024, Slovenian prisons held a total of 4450 inmates, of which 2289 were convicted prisoners serving custodial sentences (excluding those under house arrest, substitute imprisonment, or weekend detention). The prison population was predominantly male (94%), with the highest proportion of inmates aged between 27 and 39 years (Table 1).

Table 1. Convicted prisoners and persons serving substitute imprisonment by gender and age, 2024

	M	F	All	Proportion (%)
Up to 18 years	0	0	0	0
18 to 23 years	135	5	140	6.1
23 to 27 years	221	8	229	10.0
27 to 39 years	786	58	844	36.9
39 to 49 years	642	44	686	29.9
49 to 59 years	245	12	257	11.2
59 to 69 years	87	11	98	4.3
69 to 80 years	33	0	33	1.4
80+ years	2	0	2	0.1
Total	**2151**	**138**	**2289**	**100.0**

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Drug-related problems and Risk behaviour and health consequences

In 2024, a total of 1,088 incarcerated individuals were identified as having problems related to illicit drug use.

Table 2. Number and proportion of incarcerated persons with drug problems by categories in 2024

Incarcerated persons	Total number of persons in the year	Number of people with drug problems	Proportion %
Convicts	2354	705	29.9
Detainees	1732	348	20.1
Juveniles	27	24	88.9
Substitute imprisonment	181	11	6
Total	**4294**	**1088**	**25.3**

Source: Prison Administration of the Republic of Slovenia, Annual Report 2024

As shown in Table 3, the proportion of inmates with drug problems fluctuates slightly but remains significant. In 2024, a quarter (25.3 %) of the prison population had a diagnosed drug problem.

Table 3. Inmates with a drug problem in the entire prison population, 2014–2024

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Prison population	4550	3905	3555	3380	3501	3902	3401	3109	3353	3734	4294
Inmates with a drug problem	997	841	917	929	977	964	866	873	900	884	1088
Proportion in %	21.9	21.5	25.8	27.5	27.9	24.7	25.5	28.1	26.8	23.7	25.3

Source: Prison Administration of the Republic of Slovenia, Annual Report 2024

Inmates with a drug use disorder receive the same level of medical care as individuals in the community. Upon admission to any prison facility, a medical examination is conducted to identify potential drug-related issues. Based on the assessment, physicians determine whether medication is required to manage withdrawal symptoms or initiate opioid substitution therapy (OST). Treatment is free of charge and available in all prison facilities across the country.

Testing and treatment for HIV and hepatitis are also free, anonymous, and voluntary. Inmates diagnosed with these conditions are referred to external infectious disease specialists, ensuring access to professional care in line with national healthcare standards. The Prison Administration does not collect data on the number of individuals tested, as this information is considered medical data and remains the property of the respective healthcare centres.

Healthcare staff provide individual pre- and post-test counselling, ensure access to condoms, latex gloves, and disinfectants, and offer referrals to HIV clinics and clinics for other sexually transmitted diseases. Each prison implements an Infection Prevention and Control Programme in accordance with national legislation, specifically the 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 programme outlines the minimum content, organisational structure, and technical requirements for infection prevention and control. It forms part of a broader, integrated drug control strategy that includes counselling, education, and awareness-raising activities for inmates and staff. These activities address topics such as risky behaviour, infectious diseases, transmission routes, protective measures, symptoms and treatment options, and disease progression.

1.2.2 Drug supply in prison

Despite security measures, illicit drug trafficking remains a challenge within Slovenian prisons. Prisoners use various methods to smuggle drugs into prison facilities. Common concealment techniques include hiding substances on the body or within clothing (e.g. sewn into seams), throwing packages over the perimeter fence, and smuggling drugs through letters, parcels, and factory-packaged food items. It is assumed that drugs are frequently concealed inside the body, which poses significant challenges for detection, as invasive body searches are not permitted.

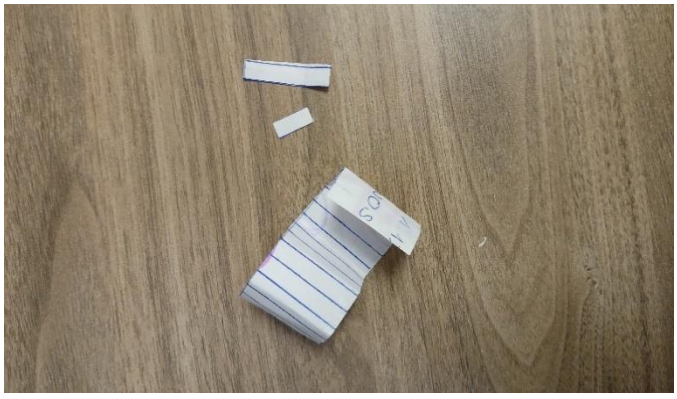
In 2024, a total of 1,879 personal searches were conducted based on suspicions that inmates were concealing illicit substances.

Enhanced entry control procedures, regular inspections of premises and individuals, and the use of trained detection dogs have prompted inmates to adopt increasingly inventive methods of drug smuggling. Particular attention is also given to preventing potential manipulation or abuse of prison staff. In cases where there is reasonable suspicion or indication of such incidents, the Prison Administration cooperates with the police in conducting investigations.

Finds of prohibited substances in deodorant

In 2024, prison authorities identified and confiscated various contraband items (285 findings) including tablets, alcohol, and drug paraphernalia. The majority of seizures in 2024 involved illicit substances, with 147 recorded cases, compared to 115 in the previous year. The quantities involved were small. Tablets were the second most frequently seized items (120 findings). In most cases, these were prescribed medications that inmates failed to consume during supervised distribution, instead hiding them with the intent to resell within the prison. Additionally, nine cases involved the discovery of alcoholic beverages.

Synthetic drug "spice" remained the most frequently seized substance in 2024. A total of 83 cases were recorded, amounting to 487.77 grams. In comparison, 57 cases were recorded in the previous year, with a total quantity of 906.20 grams. Cannabis ranked second in terms of quantity, with 374.72 grams seized in 2024, compared to 97.23 grams in 2023. The third most common substance was hashish, with a total of 64.0 grams seized.



Paper soaked with synthetic cannabinoids -spice

At Dob Prison, 100 litres of homemade alcohol (brewed) were discovered in two plastic containers located in the workshop area.

The largest single seizure of hashish (44.90 grams) occurred at Koper Prison during a parcel inspection. Judicial police officers noticed that the plastic packaging of tomato paste was not factory-sealed and had been tampered with. Upon closer inspection, six PVC-wrapped packages containing hashish were found inside.

One of the more significant seizures took place at Ljubljana Prison, where judicial police officers observed via video surveillance that a visitor attempted to pass two packages to a remand prisoner, concealed in her cleavage. The packages contained a total of 33.48 grams of cannabis and 21.38 grams of cocaine.

The largest individual seizure of "spice" also occurred at Ljubljana Prison, where 59.43 grams of the substance were found hidden in four cream containers among the personal belongings of a remand prisoner.

A total of nine drug paraphernalia items (items related to drug consumption) were found, seven of which were discovered outside of prison facilities, and two within.

Specific drugs confiscated included:

- Spice: 487,88 g (83 findings)
- Cannabis: 374,72 g (39 findings)
- Hashish: 64 g (7 findings)
- Cocaine: 47,39 g (9 findings)
- Afgana: 12,57 g (2 findings)
- Steroids: 9 g (3 findings)
- Heroin: 4 g (3 findings)
- Ecstasy: 1,3 g (1 finding)
- Alcohol (brewed and spirits): 123,8 l (9 findings)
- Tablets: 1798,3 pieces (110 findings)
- Crushed tablets: 24,3 g (8 findings)
- Buprenorphine: 6 g (2 findings)

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

Makeshift Tools For Smuggling Contraband (Fishing Tools)

1.3 Drug-related health responses in prisons

1.3.1 Drug-related prison health

Drug-related prison health is explicitly addressed in Slovenia's national legal and strategic framework. The country has established a multi-layered approach that combines legislative provisions, internal treatment protocols, and national policy commitments to ensure adequate care for incarcerated individuals with substance use disorders.

Slovenia's **Execution of Penal Sentences Act (ZIKS-1)** and the **Rules on the Enforcement of Prison Sentences (PIKZ)** contain several articles that directly reference health care and addiction treatment for prisoners:

ZIKS-1 Articles 14, 24, 58–59, 63, 99, and 44:

- Guarantee access to health services, including addiction treatment.
- Allow for postponement of imprisonment to complete addiction programmes.
- Enable testing for alcohol and illicit substances, and provide confidential HIV/hepatitis testing with counselling.
- Support reintegration through individualised plans that include addiction recovery.
- Require professional staff to organise programmes that promote abstinence and social inclusion.

PIKZ Articles 38, 40, and 89:

- Encourage motivated prisoners to participate in addiction treatment programmes.
- Permit referral to external health institutions for treatment.
- Promote volunteer support for prisoners undergoing addiction recovery.

Treatment Doctrine and Internal Guidelines

Inmates with drug problems in prisons and the juvenile correctional facility are treated in accordance with Slovenia's addiction treatment doctrine. This is operationalised through:

- The *Treatment Plan for Inmates with Drug Problems in Prisons and the Juvenile Correctional Facility*.
- The *Guide for Taking Urine Samples and Follow-up Testing*.

Both documents are internal but officially approved by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the national body responsible for developing and monitoring addiction treatment standards.

Strategic Policy Commitment

In June 2023, Slovenia adopted the *Resolution on the National Programme on Illicit Drugs 2023–2030*, which reinforces the country's commitment to prison health. The resolution prioritises equal access to treatment for incarcerated individuals and those in the community, including the availability of naloxone after release.

Key priority measures for prisons and correctional homes include:

1. Developing preventive programmes to promote healthy lifestyles and reduce infectious diseases.
2. Establishing drug-free units within the prison system to support abstinence and reintegration.
3. Strengthening cooperation among treatment and psychosocial service providers, and regulating social support post-release.
4. Monitoring drug use prevalence and implementing targeted assistance programmes.

Together, these legal, procedural, and strategic instruments form a comprehensive national policy framework that explicitly addresses prevention, treatment, harm reduction, and reintegration for prisoners with drug-related health needs.

1.3.2 Structure of drug-related prison health

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 delivered by primary health care centres in the regions where prisons are located, based on agreements signed between each prison and the respective health care centre. Within prisons, these centres arrange working hours for general practitioners, psychiatrists, addiction specialists from the Centres for the Prevention and Treatment of Illicit Drug Addiction, dentists for adults, and gynaecology specialists.

Specialised addiction treatment in prisons follows Slovenia's national addiction treatment doctrine, coordinated with the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. Treatment includes substitution therapy (provided in in-prison addiction clinics run by regional health centres), detoxification, withdrawal management, counselling, and other medical support.

Psychosocial support programmes are the responsibility of the Ministry of Justice through its Administration for the Enforcement of Criminal Sanctions (URSIKS) and are implemented by prison-based professionals such as pedagogues, social workers, psychologists, and therapists. These programmes include information provision, motivational work, education, and individual or group counselling.

Programmes delivered by non-governmental organisations are supported and coordinated by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. These include reintegration and peer-support activities run by organisations such as Projekt Človek, Narcotics Anonymous, Reintegracijski center Vincenca Drakslerja, Zdrava pot, Šent, Stigma, Zavod Pelikan, and others.

Prisoners can also be referred to external health institutions (e.g. Centres for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana and other cities) for specialised care. Cooperation with centres for social work focuses on social reintegration and post-release support.

The Information Unit for Illicit Drugs at National Institute of Public Health (National Focal Point) plays a role in monitoring drug use and related health responses in prisons. Since 2021, it has piloted the European Facilities Survey in Prison (EFSQ-P), introduced the electronic TDI prison questionnaire, and initiated the creation of an interdepartmental and intersectoral working group on prison health and drug use.

This multi-ministry structure ensures alignment between prison-based and community-based drug services, enabling continuity of care during incarceration and after release.

1.3.3 Drug related interventions

Table 4. 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 therapy. Towards 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 while 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	YES	In all prisons	not known	
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)				

Source: Prison Administration of the Republic of Slovenia

Data source

The data presented in the table are based on national sources and information provided by the prison system. Most interventions are delivered inside prison facilities. Interventions linked to external provision (e.g. referrals, linkage to care, participation in NGO programmes) take place in cooperation with community-based services, ensuring continuity of treatment and support after release.

Drug-related health responses in Slovenian prisons are delivered through a multi-layered system that combines medical care, psychosocial support, harm reduction, and reintegration measures. These responses are aligned with Slovenia's addiction treatment doctrine and the National Programme on Illicit Drugs 2023–2030, ensuring that care standards in prisons correspond to those available in the community.

Medical responses

Since 2009, prison healthcare services have been under the authority of the Ministry of Health and are delivered by regional primary health centres. Prisoners with opioid use disorder can access opioid substitution therapy (OST), detoxification, withdrawal management, counselling, and other relevant forms of medical support. Continuity of care is ensured through coordination with Centres for the Prevention and Treatment of Illicit Drug Addiction, with referrals arranged upon release.

Psychosocial interventions

Administration for the Enforcement of Criminal Sanctions (URSIKS), is responsible for psychosocial programmes delivered in prisons by social workers, pedagogues, psychologists, and therapists. These include motivational counselling, individual and group therapy, and reintegration planning. URSIKS also contracts external providers, including NGOs, to deliver preventive and educational workshops.

Psychosocial interventions are structured into three levels:

- **Low-threshold programmes**: harm reduction and health promotion, including education on the risks of drug use, prevention of infectious diseases, voluntary HIV/hepatitis testing, counselling, and access to OST.
- **Higher-threshold programmes**: OST combined with psychosocial support, relapse prevention, emotional regulation, and problem-solving skills.
- **High-threshold programmes**: abstinence-based therapeutic interventions focusing on long-term recovery, responsibility, work ethic, and supportive social networks.

Table 5. Prisoners with Illicit Drug Use Problems Participating in Treatment Programs, 2024

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
675	197	98

Source: Prison Administration of the Republic of Slovenia, 2024 Annual Report

To maintain recovery, prisoners committed to abstinence or OST are accommodated in dedicated housing units with others pursuing similar goals.

To maintain recovery, prisoners committed to abstinence or OST are accommodated in dedicated housing units with others pursuing similar goals.

Prisoners are also encouraged to seek treatment in external healthcare facilities and to participate in NGO programmes. NGO-led services, supported by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, include peer support and reintegration measures. Organisations such as Projekt Človek, Reintegracijski center Vincenca Drakslerja, Zavod Pelikan, Zdrava pot, Šent, Stigma, and Narcotics Anonymous are active in prisons, facilitating continuity of care after release.

In 2024, 48 inmates were involved in out-of-prison programes while serving their sentences.

Table 6. Number of incarcerated persons involved in out-of-prison hearings while serving their sentence

Outpatient			NGOs and others			
O	NZ	Ml	O	NZ	Ml	**Total**
			48			**48**

Source: Prison Administration of the Republic of Slovenia, 2024 Annual Report

Preventive measures and health promotion

The Prison Administration organises preventive and educational workshops annually, delivered by prison staff, external experts or NGOs, focusing on healthy lifestyles, infection prevention, and risk awareness.

Throughout detention, inmates are regularly informed via notice boards and leaflets about new and dangerous substances, as well as available forms of help inside and outside the institution.

In April 2018, the Slovenian Prison Administration implemented a programme 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 accompanying instructions. HIV and hepatitis testing is free, anonymous, and voluntary.

The Prison Administration has taken proactive steps to promote the programme. It has:

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

Release preparation

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

As part of harm reduction measures, prisons or affiliated regional health centres can provide take-home naloxone to prisoners upon release. Prisoners must first be instructed on how to use naloxone, confirm their understanding, and receive written documentation that the medicine was dispensed. This measure primarily applies to planned releases, as adequate preparation and education are required. The intervention aims to reduce the risk of fatal opioid overdoses immediately after release.

Release planning is conducted jointly with the prisoner, focusing on:

- **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 reintegration.
- **Post-release treatment programmes**: planning for participation in community-based treatment after release.

This process involves collaboration with various organisations, including:

- Social Service Centres
- Employment Offices
- Housing Funds
- Centres for the Prevention and Treatment of Illicit Drug Addiction
- Therapeutic Communities
- NGO programmes

After serving their sentences, 21 inmates were included in treatment in external institutions (the figure doesen't include persons who continued OST after release).

Table 7. Number of persons admitted to comunity programes after serving their sentence

Outpatient			NGOs and others			
O	NZ	MI	O	NZ	MI	**Total**
8			13			**21**

Source: Prison Administration of the Republic of Slovenia, 2024 Annual Report

1.3.4 Opioid substitution treatment in prison

All prisoners with a diagnosed drug use disorder have access to opioid substitution therapy (OST).

In 2024, 730 prisoners (67.1% of all identified as having a drug use problem) participated in OST. Among newly admitted prisoners with drug problems, 486 individuals (71.8%) were already receiving substitution therapy upon entry. According to annual reports from the Prison Administration, participation rates have remained relatively stable, ranging between 60% and 73% since 2016.

Table 8. Number of prisoners on substitution therapy, 2016–2024

Category	2016	2017	2018	2019	2020	2021	2022	2023	2024
Remand prisoners	142	186	196	216	193	193	203	200	322
Convicted prisoners	441	367	409	462	376	426	396	449	408
Total	**583**	**553**	**605**	**678**	**569**	**619**	**599**	**649**	**730**

Source: Prison Administration of the Republic of Slovenia, 2024 Annual Report

OST in prisons is delivered without stigma. Participants are encouraged to take part in educational, vocational, and other rehabilitative activities. The primary goals are to stabilise drug use patterns, reduce health risks, and provide participants with skills that support long-term recovery and eventual abstinence.

Prisoners who demonstrate stable participation and comply with institutional rules may be eligible for progressive incentives, such as:

- Participation in activities outside prison facilities
- Weekend home visits
- Annual leave outside the prison facility

These incentives aim to support treatment adherence and promote reintegration into society.

Where opioid dependence is diagnosed, OST—typically with opioid agonists—is recommended. The decision to initiate treatment is made by a medical practitioner. The patient takes substitution therapy under supervision. According to the head of the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction (CPZOPD), ph.d. Mirjana Delić, methadone in oral solution (mixed with fruit juice) is the most frequently prescribed medication in Slovenian prisons, followed by sublingual buprenorphine, and, in exceptional cases, slow-release morphine. Since 2022, long-acting buprenorphine depot injections have also been available in prisons.

Prescribers may deviate from standard guidelines if justified by expected clinical benefits and supported by appropriate professional reasoning, ideally after a team consultation. The introduction of depot buprenorphine is considered a significant improvement in prison OST, aligning treatment standards with those in the community. This formulation, administered weekly or monthly, is indicated as part of a comprehensive treatment plan that integrates medical, social, and psychological interventions. It helps reduce stigma, misuse, and diversion, while improving treatment adherence, health outcomes, and the overall quality of life of prisoners undergoing OST.

1.3.5 Additional information about extent and nature of drug-related health responses implemented in prisons

The Slovenian prison system prioritises reducing recidivism and supporting successful reintegration into society. This is achieved through an interdisciplinary model that integrates health care, psychosocial support, and collaboration with external providers, thereby ensuring continuity of care and increasing the chances of long-term social reintegration.

Interdisciplinary approach

Each prison has a designated professional responsible for implementing the drug and alcohol treatment programme, coordinating between treatment staff, healthcare providers, and external institutions. These staff members also provide direct counselling to inmates with substance use problems. At the Dob Prison (central men's facility), two specialists work exclusively with prisoners with substance use problems; in other facilities, one or more specially trained staff member covers this area alongside other duties.

Assessment and individualised treatment plan

Upon intake, all prisoners undergo a structured assessment that may include medical examinations, court records, expert opinions, social work reports, and interviews. Based on these findings, an individualised treatment plan is created, integrating medical, social, and psychological interventions. 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 throughout imprisonment.

Treatment options

If a prisoner is addicted to opioids then opioid agonist/substitution treatment is usually recommended. The medical practitioner assesses whether substitution therapy should be prescribed. OST is available for both continuation and initiation during imprisonment as described above.

Besides medical aspect, prisoners can access individual and group counseling sessions, as well as participate in various programs designed to address addiction issues. Incarcerated persons most often opt for low-threshold programmes (substitution treatment, counselling and relief talks, etc.), while higher-threshold programmes, requiring abstinence and intensive personal work, are less common. The treatment of persons with problems due to the use of illicit drugs is also part of the wider counselling work in institutions and includes motivating persons to engage in everyday activities that take place in the institution. Incarcerated people are encouraged to establish a daily rhythm through work, education and active leisure.

The system is designed to balance harm reduction with long-term recovery goals:

- Harm reduction (OST, take-home naloxone, health education, infectious disease prevention).
- Treatment and recovery (individualised substitution therapy, abstinence-based programmes, therapeutic interventions).
- Reintegration support (psychosocial counselling, NGO involvement, linkage to social work centres).

1.4 Quality assurance of drug-related health prison responses

The primary legislation governing the treatment of persons with illicit drug dependence, which also defines programme quality standards, 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 situation regarding illicit drug use prevention, developing strategies to reduce drug demand and related harms, and organising treatment and rehabilitation services. The Act authorises the Ministry to coordinate interdepartmental efforts, set programme priorities, and supervise the implementation and development of related initiatives (see also Legal Framework Workbook).

Expert supervision of prevention and treatment programmes is ensured through the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, a professional body appointed by the Ministry of Health. The Coordination develops and submits programme implementation rules and principles to the Health Council, oversees compliance with these guidelines, and facilitates collaboration and knowledge exchange among Centres throughout the country.

Quality assurance is thus embedded in the legal framework and reinforced through continuous professional oversight, national guidelines, and centralised coordination.

2. Trends

Cannabis and synthetic cannabinoid (SK) seizures have increased, while heroin seizures have sharply declined. Analysis of 2021–2022 seizures revealed a growing presence of the synthetic cannabinoid "spice." In 2023, blotters containing synthetic drugs were detected in several prisons. This trend continued in 2024 in most facilities, except Koper Prison (including Unit Nova Gorica, Unit Novo mesto, Unit Murska Sobota) and Radeče Correctional Home. Based on these observations, synthetic drugs, alongside tablets, are expected to remain the most commonly abused illegal psychoactive substances in prisons.

The use of SK in prison settings poses serious safety and health risks, potentially causing severe psychological or physical reactions such as confusion, aggression, breathing difficulties, muscle spasms, loss of consciousness, ect. These situations often require calling emergency medical services or even hospitalisation, which places a considerable burden both on prison staff and on healthcare professionals.

Over the past years, the Slovenian Prison Administration has developed a brochure on the harmful consequences of drug use (2018) and a broschure about. In 2022, a version for non-Slovene-speaking prisoners was released, translated into English, German, and Italian. The content of the brochure was updated in 2024 to reflect new developments and information.

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.

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.

3. New developments

Over the past years, the Slovenian Prison Administration has developed several materials and protocols addressing NPS risks in prisons:

1. Brochure on the harmful consequences of drug use (2018, updated translations in 2025):
    - In 2025, this brochure was further translated into Arabic, Russian, Ukrainian, Polish, Turkish, and Romanian.
    - The primary aim of this brochure is educational, raising awareness about the risks of drug use within the prison system.
2. Brochure and posters on overdose prevention (2025):
    - In 2025, a separate brochure was created specifically to prevent and manage overdoses. It includes information about take-home naloxone and is distributed to prisoners prior to release.
    - In addition, posters on overdose prevention were prepared in 2025 and are displayed prominently within prisons. These posters provide prisoners with guidance on how to respond if they suspect a fellow inmate is experiencing an overdose.
    - The focus of these materials is harm reduction and practical response to life-threatening situations.

3. Staff protocol for managing synthetic cannabinoid intoxication (in the process of adoption):
    - A dedicated protocol for prison staff is currently in the process of being adopted. It is designed to ensure professional, safe, and legally compliant actions when a prisoner is suspected of being under the influence of synthetic cannabinoids (SK) or other psychoactive substances (PAS).
    - The protocol aims to protect the health and life of prisoners, staff, and other individuals within the facility, ensuring a standardized and effective response to intoxication incidents.

By distinguishing these three initiatives—educational brochures, overdose prevention materials, and the staff protocol (in adoption)—the Slovenian prison system addresses both awareness-raising for prisoners and safe, professional management of acute drug-related incidents.

Efforts are still underway to establish a therapeutic community in the new Ljubljana Prison (Dobrunje), currently under construction.

4. Additional information

4.1 Additional information

Several additional initiatives and sources of information provide further insight into drug use and responses in Slovenian prisons:

- 2019: The Forensic Psychiatry Unit of the University Medical Centre Maribor organised a national consultation on drug addiction during and after imprisonment, with a focus on developing new forms of support such as therapeutic communities.
- 2021: Monitoring activities in prisons were significantly strengthened. The Information Unit for Illicit Drugs (Focal Point) piloted the European Facilities Survey in Prison (EFSQ-P) and introduced the electronic TDI prison questionnaire in three prisons (see also section 1.3.2. on structural aspects).
- 2022:
    - An interdepartmental group for prisons discussed the use of illicit drugs and NPS in Slovenian prisons and proposed to the Ministry of Health the establishment of a broader intersectoral working group on prison mental health and drug use, with the aim of including these issues as a priority in the Resolution on the National Programme on Illicit Drugs (2023–2030).
    - In June, in collaboration with the Public Health Directorate, the Prison Administration, and the Council of Europe's Pompidou Group, Slovenia hosted a study visit for the South-Eastern Europe working group on developing comprehensive drug treatment systems in prisons. The delegation visited Maribor prison and the Forensic Psychiatry Unit to learn about Slovenia's treatment concepts.
- 2024: In June, the Pompidou Group, in collaboration with the Slovene Prison Administration, organised an on-site visit to Ljubljana. The visit focused on providing expert advice on establishing therapeutic communities for treating substance use disorders in custodial settings.
- 2025: Preparations are currently underway at the National Institute of Public Health (NIJZ) for a large-scale national survey on drug use in prisons, scheduled for 2026.

In the same year, the Prison Administration (URSIKS) established a working group on therapeutic communities, tasked with preparing a comprehensive programme for therapeutic communities in the prison system. The group includes representatives of the Prison Administration (General Directorate, prison officers, pedagogues, legal experts), the NGO Projekt Človek and the Centre for the Treatment of Illicit Drug Addiction. Its mandate covers the design of programme content, community structure, rules and responsibilities, admission/exclusion criteria, motivational procedures, and mechanisms for monitoring and evaluation.

These initiatives complement Slovenia's formal legal and policy framework (see section 1.3.1.) and demonstrate a steady progression from consultation and pilot studies to international cooperation and nationwide data collection.

4.2 Drug market and crime

According to data from the annual report of the Prison Administration, most drugs are detected inside prison facilities, indicating that substances do circulate within custodial settings despite preventive measures. In contrast, the majority of drug paraphernalia is seized outside the facilities or at entry points. This pattern suggests that while security controls are relatively effective in intercepting equipment for drug use at prison entry, drugs themselves still manage to enter and circulate inside. The difference between the locations of drug seizures and paraphernalia seizures highlights the ongoing challenges: prisons face continuous attempts of smuggling, while also bearing the consequences of drug use among incarcerated individuals.

Table 9. Locations where drugs and drug paraphernalia were found

Alcohol			Drugs			Drug paraphernalia			Tablets				Total
inside prison	**Total**	*outside prison*	*inside prison*	*entry points*	**Total**	*outside prison*	*inside prison*	**Total**	*outside prison*	*inside prison*	*entry points*	**Total**	**Total**
9	**9**	4	114	29	**147**	7	2	**9**	1	106	13	**120**	**285**

Source: Prison Administration of the Republic of Slovenia, 2024 Annual Report

According to data from the National Forensic Institute, the majority of drug seizures in Slovenian prisons during 2022–2024 involved new psychoactive substances (NPS), particularly synthetic cannabinoids such as MDMB-BUTINACA (detected in 6 samples), ADB-BUTINACA (38 samples), MDMB-4en-PINACA (10 samples), MDMB-5Br-INACA (6 samples), ADB-4en-PINACA (7 samples), JWH-210 (14 samples), and ADB-5Br-INACA (5 samples), among others. These substances pose a significant health risk due to their unpredictable and often severe psychological and physical effects.

Smaller quantities of other substances were also seized, including MDMA (1 sample), cannabis (3 samples), cocaine (1 sample), amphetamine (1 sample), and prescription medications such as midazolam (4 samples) and buprenorphine (1 sample).

Of the identified drug samples or drug mixtures, 32 were applied to plant material and 8 were applied to paper. In 31 cases of identified samples, the sample matrix was not specified.

The predominance of synthetic cannabinoids in seizures is consistent with the concerns reported by prison staff and health professionals, who have highlighted the high incidence of acute intoxications requiring urgent medical assistance or hospitalisation. The forensic data therefore confirm that the use of synthetic cannabinoids currently represents one of the main drug-related challenges in Slovenian prisons.

5. Sources and methodology

Prison Administration of the Republic of Slovenia, Annual Report 2024 (not published yet).

National Forensic Institute, Data 2023–2024 (internal data, provided on request).

Research workbook

Contributors

Maja Fister, Ada Hočevar Grom, National Institute of Public Health

Table of Contents

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 (National Focal Point) within National Institute of Public Health (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 was performed in 2023 and the results were published in 2024.

1. Drug-related research[12]

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 it's 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.

[12] "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)

As university clinic they are also strongly involved in national and international research activities. Different faculties at the University of Ljubljana, University of Maribor and University of Primorska carry out research work with master theses, doctoral dissertations 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/
- National Laboratory of Health, Environment and Food: https://www.nlzoh.si/, https://www.nlzoh.si/en/

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/
- Društvo Stigma: https://drustvo-stigma.si/en/
- Zdrava pot: https://www.zmanjsevanje-skode.si/team/drustvo-zdrava-pot/
- 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

Belščak Čolaković A, Kvaternik I, Jandl M, Serec M, Selak Š, Roškar M, Radoš Krnel S, Debeljak P, Hovnik Keršmanc M, Koprivnikar H, Korsika Knific A, Hren J, Markl M, Blažko N, Erklavec U. Drug policy workbook. Report on the drug situation of the Republic of Slovenia. 2024:9-25. Available at: https://nijz.si/wp-content/uploads/2024/12/NP_2024_obl_eng_3_4_25.pdf

Delfar N, Jandl M, Breznikar D, Zupanec, T. Evidenca obravnave uporabnikov drog v letu obravnave 2022: Prvi in ponovni vstop. NIJZ, 2023. Available at: https://nijz.si/wp-content/uploads/2023/12/evidenca-obravnave-uporabnikov-drog-2022-prvi-in-ponovni-vstop.pdf

Delfar N, Jandl M, Breznikar D, Zupanec, T. Evidenca obravnave uporabnikov drog v letu obravnave 2022: Neprekinjena obravnava. NIJZ, 2023. Available at: https://nijz.si/wp-content/uploads/2023/12/evidenca-obravnave-uporabnikov-drog-2022-neprekinjena-obravnava.pdf

Delfar N, Jandl M, Breznikar D, Anderle T. Evidenca obravnave uporabnikov drog v letu obravnave 2022. Neprekinjena obravnava. Ljubljana: Nacionalni inštitut za javno zdravje; 2023. Available at: https://nijz.si/wp-content/uploads/2023/12/evidenca-obravnave-uporabnikov-drog-2022-neprekinjena-obravnava.pdf

Delfar N, Jandl M, Breznikar D, Zupanec, T. Evidenca obravnave uporabnikov drog v letu obravnave 2022. Prvi in ponovni vstopi v obravnavo Ljubljana: Nacionalni inštitut za javno zdravje; 2023. Available at: https://nijz.si/wp-content/uploads/2023/12/evidenca-obravnave-uporabnikov-drog-2022-prvi-in-ponovni-vstop.pdf

Drev A, Furman L, Roškar M, Pucelj V, Jeriček Klanšček H. Pregled dobrih praks na področju šolske in skupnostne preventive pred rabo PAS. Ljubljana: Nacionalni inštitut za javno zdravje; 2024. Available at: https://www.dlib.si/details/URN:NBN:SI:doc-EHFZIDP1

Drev A, Lavtar D., Hočevar Grom A, Rehberger M, Šinko, M., Korošec A. Uporaba prepovedanih drog, konoplje v zdravstvene namene in zloraba zdravil na recept v Sloveniji: Nacionalni inštitut za javno zdravje; 2023. Available at: https://nijz.si/wp-content/uploads/2024/09/ATADD_prepovedane-droge_2024_obl_koncna.pdf

Drev A, Roškar M, Koprivnikar H, Furman L, Pucelj V, Lekič K, Furlan L, Šmarčan V, Hovnik Keršmanc M, Osterc Kokotovič K, Letnar Žbogar N, Vincek D, Jeriček Klanšček H, Hočevar Grom A, Radoš Krnel S, Hočevar T, Henigsman K, Selak Š, Korsika Knific A, Glaner I, Debeljak P, Krstunovič G, Košir M, Talić S, Zupančič M, Sorko N, Holc N, Trivundža Tomanič D. Prevention workbook. In: Report on the drug situation of the Republic of Slovenia. 2024:87-119. Available at: https://nijz.si/wp-content/uploads/2024/12/NP_2024_obl_eng_3_4_25.pdf

Drev A, Hočevar Grom A, Lavtar D, Rehberger M, Korošec A. The Use of Illicit Drugs, Cannabis for Health Purposes and Abuse of Prescription Medicines among the Population of Slovenia – Abstract. Ljubljana: Nacional Institute of Public Health; 2022. Available at: https://nijz.si/wp-content/uploads/2022/07/atadd_abstract_obl_splet.pdf

Havaši, N, Kvaternik, I, Jandl, M, Hren, J, Trček, A, Zucchiatti Godina, J. Načrt pripravljenosti in ukrepanja za primer javnozdravstvene grožnje za pojav sintetičnih opioidov in drugih nevarnih psihoaktivnih snovi. Ljubljana: Nacionalni inštitut za javno zdravje (NIJZ), 2025. Available at: https://nijz.si/publikacije/nacrt-pripravljenosti-in-ukrepanja-za-primer-javnozdravstvene-groznje-zaradi-sinteticnih-opioidov-ali-drugih-psihoaktivnih-snovi/

Jandl, M., Hočevar Grom, A., Drev, A., Belščak Čolaković, A., Kvaternik, I., Havaši, N. Stanje na področju prepovedanih drog v Sloveniji 2024. Ljubljana: NIJZ, 2025. Available at: https://nijz.si/publikacije/stanje-na-podrocju-prepovedanih-drog-v-sloveniji-2024/

Jandl, M., Hočevar Grom, A., Drev, A., Belščak Čolaković, A., Kvaternik, I., Havaši, N. Report on the drug situation 2023 of the Republic of Slovenia. Available at: https://nijz.si/wp-content/uploads/2023/12/NP_2023_obl_final.pdf

Koprivnikar, HRehberger, M., Lavtar, D., Korpšec, A. Uporaba tobačnih in povezanih izdelkov v Sloveniji in statističnih regijah Slovenije v zadnjem desetletju. Nacionalni institute za javno zdravje; 2024. Available at: https://nijz.si/wp-content/uploads/2024/09/ATADD_stat_pub_tobak_2024_obl.pdf

Koprivnikar H, Zupanič T. Vrednotenje učinkov Zakona o omejevanju uporabe tobačnih in povezanih izdelkov med mladimi po uveljavitvi vseh ukrepov novega zakona: [znanstvena monografija] Ljubljana: Nacionalni inštitut za javno zdravje; 2023. Available at: https://nijz.si/wp-content/uploads/2023/03/Monografija_Vrednotenje-ucinkov_ZOUTPI_2023.pdf

Kostnapfel T, Albreht T (ur.). Poraba zdravil, predpisanih na recept v Sloveniji v letu 2023. Ljubljana: NIJZ, 2024 Available at: https://nijz.si/wp-content/uploads/2024/05/Zdravila-na-recept-2023-Final-9.5.2024.pdf

Kostnapfel T, Albreht T (ur.). Poraba zdravil v bolnišnicah v Sloveniji 2022. Ljubljana: NIJZ, 2023. Available at: https://nijz.si/wp-content/uploads/2024/01/POROCILO-O-PORABI-V-BOLNISNICAH-2022-28.12.23.pdf

NIJZ. Predoziranje s prepovedanimi drogami: Pereč problem 21. Stoletja. NIJZ, 2024. Availible at: https://nijz.si/wp-content/uploads/2024/05/Predoziranje_Umrljivost.pdf

Strmšek,A., Beškovnik, L., Staroveški Anderlič, J., Alkohol, tobak, konoplja in druge droge med mladimi – informacije in napotki za starše. NIJZ, 2020. Available at: https://nijz.si/wp-content/uploads/2022/07/alkohol_tobak_konoplja_koncno.pdf

Strategija za zmanjševanje posledic rabe tobaka - Za Slovenijo brez tobaka 2022–2030 / Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2022 to 2030. Available at: https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/ZDRAVJE/Preventiva-in-skrb-za-zdravje/Strategija-za-Slovenijo-brez-tobaka.pdf

Zaletel M, Vardič D, Hladnik M. Zdravstveni statistični letopis Slovenije 2022. Ljubljana, NIJZ. 2022. Available at: https://nijz.si/publikacije/zdravstveni-statisticni-letopis-2022/

2. New developments

1. *Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research)*

ATADD, 2023: https://nijz.si/wp-content/uploads/2024/09/ATADD_prepovedane-droge_2024_obl_koncna.pdf

EWSD, 2024Grum, N. (2024). *Pogledi onkoloških bolnikov Univerzitetne klinike Golnik na uporabo kanabinoidov v samozdravljenju* (Magistrsko delo), Univerza v Ljubljani, Fakulteta za farmacijo). Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=159290

Hočevar, T., Vareško, N., & Henigsman, K. (2023). Razširjenost pitja alkoholnih pijač med osebami LGBT+ skupin. *Javno zdravje*, *2022*(1). Available from: https://nijz.si/wp-content/uploads/2022/11/hocevar_t_et_al_jz_2022_2.pdf

Kiteva Trenchevska, G., & Ignjatova, L. (2023, April). The Challenges of Substance Use Disorders in Neurology. In *Abstrakt book, World Association on Dual Disorders VII World Congress Portoroz, Slovenia April 28-30, 2023*. World Association on Dual Disorder. Available from: https://repository.ukim.mk/handle/20.500.12188/27317

Klavs I, Kustec T, Berlot L, Kastelic Z, Tomažič J, Pečavar B, et al. HIV infection in Slovenia in 2022. HIV infection in Slovenia. 2023:1-19. Available at: https://nijz.si/nalezljive-bolezni/okuzba-s-hiv-v-sloveniji/

Klavs I, Berlot L, Kustec T, Kastelic Z, Klepac P, Učakar V, et al. Sexually transmitted infections in Slovenia in 2022. Sexually transmitted infections in Slovenia. 2024:1-22. Available at: https://nijz.si/nalezljive-bolezni/spremljanje-nalezljivih-bolezni/spolno-prenesene-okuzbe-v-sloveniji/

Leban E, Berlot L, Klepac P, Kustec T, Klavs I. Hepatitis B and C in Slovenia in 2021 and 2022. Hepatitis B and C in Slovenia. 2024:1-16. Available at: https://nijz.si/nalezljive-bolezni/spremljanje-nalezljivih-bolezni/hepatitis-b-in-c-v-sloveniji

Mihelič, Maruša, 2024, *Sistematični pregled vpliva prepovedanih drog na kardiovaskularni sistem* [na spletu]. Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=154015

Mihelič, Demi, 2023, *Posledice uživanja drog v nosečnosti na novorojenčka* [na spletu]. Diplomsko delo. Univerza v Mariboru, Fakulteta za zdravstvene vede: D. Mihelič. Available from: https://dk.um.si/IzpisGradiva.php?lang=slv&id=86038

Osterc-Kokotovič, K. (2023). Povezanost vzgojnih stilov staršev in njihovih stališč do uporabe drog z mladostnikovo uporabo drog : doktorska disertacija [na spletu]. Doktorska disertacija. UM. Available from: https://dk.um.si/IzpisGradiva.php?lang=slv&id=86187

2. *Population based and clinical epidemiology (including site surveys, ethnographic studies and acute toxicity studies)*

Celcer, L. Analysis of collected drug samples at National Laboratory of Health, Environment and Food (NLZOH) as part of a drug testing system for recreational drug users in Slovenia. Available from: https://unipub.uni-graz.at//obvugrhs/content/titleinfo/8653087/full.pdf

Gabrovec, B., Crnkovič, N., Vrdelja, M., Cesar, K., & Selak, Š. (2023). Is Trust in Information Sources Associated with Drug Use? A Population-Based Study. *Slovenian Journal of Public Health*, *62*(3), 129-136.General Mortality Register, NIPH, 2023, Available from: https://sciendo.com/article/10.2478/sjph-2023-0018

Jandl, M., Hočevar-Grom, A.., Drev, A., Belščak-Čolaković, A., Kvaternik. I. (ed.), Report on the drug situation 2023 of the Republic of Slovenia, National Institute of Public Health, Ljubljana, 2023. ISSN 1855-8003.

Jandl, M., Hočevar-Grom, A., Drev, A., Belščak-Čolaković, A. (ed.), Report on the drug situation 2020 of the Republic of Slovenia, National Institute of Public Health, Ljubljana, 2020. ISSN 1855-8003.

Koretič, J. (2023). *Analiza pojavnosti novih sintetičnih triptaminov v Sloveniji in Evropi v obdobju od 2003 do 2022* (Doctoral dissertation, Univerza v Ljubljani, Fakulteta za farmacijo). Availible from: https://repozitorij.uni-lj.si/IzpisGradiva.php?id=151141

Laimou-Geraniou, M., Quireyns, M., Boogaerts, T., Van Wichelen, N., Heath, D., van Nuijs, A. L., & Heath, E. (2023). Retrospective spatiotemporal study of antidepressants in Slovenian wastewaters. *Science of the Total Environment*, *903*, 166586. Available from: https://doi.org/10.1016/j.scitotenv.2023.166586

Makoter, K., & Krajnc, M. (2023). Odtegnitveni sindrom od gama-butirolaktona (GBL): prikaz primera. *Slovenian Medical Journal*, *92*(3-4), 143-148. Availible from: https://doi.org/10.6016/ZdravVestn.3319

Mihelič M. Sistematični pregled vpliva prepovedanih drog na kardiovaskularni sistem = Systematic review of illicit drugs effects on the cardiovascular system: enovit magistrski študijski program Farmacija. Ljubljana: M. Mihelič; 2024. p. VII, 48 f. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/181740035

Očenášková, V., Pospíchalová, D., Bohadlová, E., & Marešová, D. (2023). Wastewater analysis as a tool for investigating drug abuse in education institutes. *Vodohospodářské technicko-ekonomické informace*, *65*(6), 8-12. Available from: https://www.vtei.cz/wp-content/uploads/2023/12/6606-casopis-VTEI-6-23-EN-Wastewater-analysis.pdf

Praprotnik, M. (2024). *Rekreativna uporaba novih sintetičnih drog med mladimi* (thesis, Univerza v Ljubljani, Fakulteta za socialno delo).

Robič, T. Dušikov oksid-priljubljena rekreativna droga med mladimi. *Revija Javno zdravje*, *1*, 7.

Škvorc M, et al. Anketa o rabi alkohola in drugih drog. Rezultati 2024. Ormož: Rdeči Križ Slovenije, Območno združenje; Medobčinska lokalna akcijska skupina za preprečevanje zasvojenosti na področju občin Ormož, Središče ob Dravi in Sveti Tomaž; 2024. p. 47. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/214301187

Urbas, A., Feguš, H., Ušaj, P., Srhoij, T. J., Sluga, T., & Večerić-Haler, Ž. (2023). Krokodil, droga zombijev. *ME DI CIN SKI RAZ GLE DI*, *62*(1), 55-64. Available from: https://medrazgl.si/arhiv/mr23_1pdf-1.pdf#page=57

Verovšek, T., Celma, A., Heath, D., Heath, E., Hernández, F., & Bijlsma, L. (2023). Screening for new psychoactive substances in wastewater from educational institutions. *Environmental Research*, *237*, 117061. Available from: https://www.sciencedirect.com/science/article/pii/S0013935123018650?via%3Dihub

Verovšek, T., Šuštarič, A., Laimou-Geraniou, M., Krizman-Matasic, I., Prosen, H., Eleršek, T., & Heath, E. (2023). Removal of residues of psychoactive substances during wastewater treatment, their occurrence in receiving river waters and environmental risk assessment. *Science of The Total Environment*, *866*, 161257. Available from: https://doi.org/10.1016/j.scitotenv.2022.161257

Verovšek, T., Janža, M., Heath, D., Šuštarič, A., Prosen, H., & Heath, E. (2023). Occurrence and sources of residues of drugs of abuse in an urban aquifer: Chemical analysis and solute transport modelling. *Science of the Total Environment*, *892*, 164364. Available from: https://doi.org/10.1016/j.scitotenv.2023.164364

Verovšek, T., Šuštarič, A., Laimou-Geraniou, M., Krizman-Matasic, I., Prosen, H., Eleršek, T., & Heath, E. (2023). Removal of residues of psychoactive substances during wastewater treatment, their occurrence in receiving river waters and environmental risk assessment. *Science of The Total Environment*, *866*, 161257.

3. *Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research)*

Černe, S. (2024). *Odnos študentov zdravstvene nege do uporabe konoplje v medicinske namene: magistrsko delo* (Master thesis, Univerza v Ljubljani, Zdravstvena fakulteta).

Dobravc Verbič, M., Grabnar, I., & Brvar, M. (2024). Association between Prescribing and Intoxication Rates for Selected Psychotropic Drugs: A Longitudinal Observational Study. *Pharmaceuticals*, *17*(1), 143.Available from: https://www.mdpi.com/1424-8247/17/1/143

Furlan L, Šmarčan V, Gabrovec B. Podpora strokovnim delavcem za preprečevanje zasvojenosti od prepovedanih drog pri mladostnikih = Empowering professionals in the field of addiction prevention among young people. In: Kreft Toman I, Habe D, Breznik E, editors. Sodobni izzivi dela z mladimi iz ranljivih skupin. Ljubljana: SC Mladinski dom Jarše; 2024. p. 178-188. Available at: https://konferenca.mdj.si/zbornik2024.pdf

Furlan L, Šmarčan V. Predlog izvajanja učinkovite preventive na področju drog v Mestni občini Maribor. Maribor: Nacionalni inštitut za javno zdravje – območna enota Maribor; 2024. p. 18. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/196416259

Grace Rose, C., Kulbokas, V., Carkovic, E., Lee, T. A., & Pickard, A. S. (2023). Contextual factors affecting the implementation of drug checking for harm reduction: a scoping literature review from a North American perspective. *Harm Reduction Journal*, *20*(1), 124. Availible from: https://link.springer.com/article/10.1186/s12954-023-00856-0

Hren J, Korsika Knific A, Trček A, Zamida T. Socialno delo z mladimi uporabniki prepovedanih drog. Socialno delo. 2024;63(1/2):99-112. Available at: https://www.dlib.si/details/URN:NBN:SI:doc-5GZP5ZGV

Mišić N. Uživanje in posledice prepovedanih substanc med študenti: diplomsko delo visokošolskega študijskega programa Varnost in policijsko delo. Ljubljana: N. Mišić; 2024. p. VII f., [46] str. Available at: https://dk.um.si/IzpisGradiva.php?id=89114

OST treatment in Prison, Prison Administration, 2023.

Ravnikar, Zala M. (2024). Varne sobe za uporabo drog v povezavi z zdravjem uporabnic in uporabnikov [na spletu]. Diplomsko delo. Available: https://egradiva.fsd.uni-lj.si/search/extshow/3206

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

Sande, M., Dekleva, B., Razpotnik, Š., Tadič, D., Klemenčič Rozman, M. M., & Rapuš Pavel, J. (2023). Online interventions and virtual day centres for young people who use drugs: potential for harm reduction?. *Harm reduction journal*, *20*(1), 161. Availible from: https://link.springer.com/article/10.1186/s12954-023-00847-1

Survey of harm reduction services users, 2023.

Šubic L. Vpliv družbe na zlorabo drog posameznika: diplomsko delo univerzitetnega študijskega programa Varstvoslovje. Ljubljana: L. Šubic; 2024. p. [40]. Available at: https://dk.um.si/IzpisGradiva.php?id=90056

Urbanc, A. (2023). *Izkušnje in kvaliteta življenja aktivnega uporabnika prepovedanih drog* (Diploma , Fakulteta za uporabne družbene študije). Available from: https://revis.openscience.si/IzpisGradiva.php?id=9897

4. *Supply, supply reduction and crime*

De Schutter, A., Duquet, N., & Auweele, D. V. (2023). The nexus between drug markets and gun violence in the European Union. Available from: file:///C:/Users/SVerderber/Downloads/edmr_firearms-background-paper_final.pdf

Dlouhý, D., & Sabol, J. (2023). An Overview of Scientific Research at the PA CR Focusing on Security and Some Specific Results Achieved Using the INAA Method for the Detection and Identification of Seized Illicit Narcotic Drugs and Psychotropic Substances. *Internal Security*, *15*(1), 53-66. Available from: https://internalsecurity.akademiapolicji.eu/article/01.3001.0053.9582/en

Horvat M. Uporaba službenega psa za odkrivanje prepovedanih drog na PU Koper: diplomsko delo. Ljubljana: M. Horvat; 2024. p. VI, 48. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/223659779

Klun, M., & Frangeš, D. (2024). Addressing Violence Against Parents and Peers and Violence in Schools through the Perspective of Ecological Theory. *Center for Educational Policy Studies Journal*. Available from: https://ojs.cepsj.si/index.php/cepsj/article/view/1681

Leskošek, V., & Mejak, V. (2023). Violence Against Drug-Using Women in Intimate Partnerships. In *Families and Gendered Violence and Conflict: Pan-Continent Reach* (pp. 1-20). Cham: Springer International Publishing. Available from: doi.org/10.1007/978-3-031-42602-5_2-1.

Lipovac D. Cannabis-related criminal offenses in Slovenia: trends and patterns. 24th annual conference of the European society of criminology; 2024; Bucharest. p. 268. Available at: https://www.eurocrim2024.com/_files/ugd/7a9c76_05daf3f550f74d969ec517f96f70662f.pdf

Lobnikar, B., & Jereb, K. (2023). Slovenia. In *Domestic Violence and COVID-19: The 2020 Lockdown in the European Union* (pp. 71-81). Cham: Springer International Publishing. Available from: https://link.springer.com/chapter/10.1007/978-3-031-15335-8_9

Marinkovič Ž. Nedovoljene snovi v športu s primerjalno pravnega vidika: doktorska disertacija. Ljubljana: Ž. Marinkovič; 2024. Available at: https://revis.openscience.si/IzpisGradiva.php?lang=slv&id=10608

Ministrstvo za notranje zadeve RS, Policija, Služba generalnega direktorja policije. Letno poročilo o delu policije 2023. Ljubljana, 2024. Available from: https://www.policija.si/o-slovenski-policiji/statistika

Pozderec F, Čas T. Beschlagnahme illegaler Drogen in der Republik Slowenien. Kriminalistik. 2024;78(4):218-224. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/192134915

Prestopnik, D., & Jaz, K. K. S. (2024, June). Študija primera 18 letnega mladostnika A CRIMINAL, DRUG USER, FELON–WHO AM I? Case study of 18 years old adolescent. In *The Jarše youth home 4th international conference CONTEMPORARY CHALLENGES OF WORKING WITH AT-RISK YOUTH* (p. 73). Available from: https://konferenca.mdj.si/zbornik2024.pdf#page=73

Verbinc, F. (2024). *Obravnava odvisnosti v slovenskih zaporih: diplomsko delo univerzitetnega študijskega programa Varstvoslovje* (Doctoral dissertation, Univerza v Mariboru, Fakulteta za varnostne vede). Available from: https://dk.um.si/IzpisGradiva.php?id=87538

Žarn, N. (2023). 9. Nacionalna konferenca o varnosti v lokalnih skupnostih. *Varstvoslovje*, *25*(1), 1-6. Available from: https://www.fvv.um.si/rV/arhiv/2023/2023-06-Zarn.pdf

5. Drug policy (including laws, economic issues and strategies)

Belščak Čolaković A, Kvaternik I, Jandl M, Koprivnikar H, Roškar M, Radoš Krnel S, Hovnik Keršmanc M, Debeljak P, Trivundža Tomanič D, Svetin Jakopič S, Hren J, Serec M, Korsika Knific A, Blažko N, Struna Š, Marinko V. Legal framework workbook. In: Report on the drug situation of the Republic of Slovenia. 2024:26-42. Available at: https://nijz.si/wp-content/uploads/2024/12/NP_2024_obl_eng_3_4_25.pdf

Biček A. Ekonomski vidiki legalizacije drog: magistrsko diplomsko delo. Ljubljana: A. Biček; 2024. p. 82. Available at: https://repozitorij.uni-lj.si/IzpisGradiva.php?id=162801

Čufar K, Kapun A. Poison or panacea: a decade of parliamentary discourse on cannabis regulation in Slovenia. Revija za kriminalistiko in kriminologijo. 2024;75(4):332-348. Available at: https://www.policija.si/images/stories/Publikacije/RKK/PDF/2024/04/RKK2024-04_KristinaCufar_PoisonOrPanacea.pdf

Kodelja, T. (2024). Profesionalizacija svetovalnega dela: Prispevki strok za svetovalno delo v praksi. 22. konferenca za svetovalno delo v vrtcih, šolah in domovih. Zbornik povzetkov. Zavod Republike Slovenija za šolstvo. Laško. Available from: https://www.zrss.si/pdf/prispevki_svetovalno_delo_2024.pdf

Rozman M. Analiza strategij slovenskih občin pri obvladovanju problema prepovedanih drog: diplomsko delo visokošolskega študijskega programa Informacijska varnost. Ljubljana: M. Rozman; 2024. p. VIII f., 50 str. Available at: https://dk.um.si/IzpisGradiva.php?id=90071

Sedlak, S., Zaletel, M., Roškar, M., Sambl, J. Ekonomske posledice tveganega in škodljivega pitja alkohola v Sloveniji v obdobju 2018-2019. NIJZ in EF, UL, 2022. Available from: https://nijz.si/wp-content/uploads/2022/07/ekonomske_posledice_pitja_alkohola_2018-2019.pdf

Smolej Jež S. Priprava poglavja za Nacionalno poročilo o stanju na področju prepovedanih drog (NIJZ), ki ga obravnava Komisija Vlade Republike Slovenije za droge in Agencija EU za droge (EMCDDA), v Lizboni: končno poročilo. Ljubljana: Inštitut Republike Slovenije za socialno varstvo; 2024. p. 3. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/225544707

Vitamvas L. Referendum kot priložnost za prenovo zastarelih določb o posesti prepovedanih drog. PP. Pravna praksa. 2024;43(29/30):14-16. Available at: https://plus.cobiss.net/cobiss/si/sl/data/cobib/204935939

Vučko, K., & Ladić, M. (2023). National report for Slovenia. Available from: https://www.mirovni-institut.si/wp-content/uploads/2022/06/J4A_SI_National-Report_FINAL-ENG.pdf

6. Other topics

Lahajnar, K. (2023). *Pomen okolja pri izvajanju okupacij oseb, odvisnih od prepovedanih substanc* (Diplomska naloga), Univerza v Ljubljani, Zdravstvena fakulteta). Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?id=150723

Lavrič, M., Korže, V., & Klanjšek, R. (2023). Religiosity and substance use among youth in southeast Europe: The importance of god as the strongest protective religious dimension. *Journal of Drug Issues*, *53*(3), 359-374. Available from: https://doi.org/10.1177/00220426221121123

Lušterk, Simon, 2023, *Uporaba drog za namene učenja pri študentih Univerze v Ljubljani* [na spletu]. Diplomsko delo. Univerza v Ljubljani, Fakulteta za socialno delo. Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=148476

Ponikvar, N., Anderluh, M., Kreslin, E. S., & Marc, M. (2023). Analiza stroškov in koristi programa starševstva Neverjetna leta. *Javno zdravje*, *2023*(1). Available from: https://revijajavnozdravje.si/01/article/id/80/

Ramšak, Maša, 2023, *Delovnoterapevtske strategije pri mladostnikih, ki so odvisni od prepovedanih drog: diplomsko delo* [na spletu]. Diplomsko delo. Univerza v Ljubljani, Zdravstvena fakulteta: M. Ramšak. Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=153422

Rejec, Urša, 2024, *Delovna terapija pri osebah odvisnih od prepovedanih drog: diplomsko delo* [na spletu]. Diplomsko delo. Zdravstvena fakulteta, Univerza v Ljubljani. Available from: https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=159598

Scagnetti, N., Furman, L., Pucelj, V., & Frič, A. POROČILO O DELU ZDRAVIH ŠOL V ŠOLSKEM LETU 2021/2022. NIJZ. Available from: https://nijz.si/wp-content/uploads/2022/07/Porocilo-o-delu-ZS_2022.pdf

Zupanič Slavec Z. Strupi in toksikologija v svetu in na Slovenskem: (drugi del). Proteus. 2024;86(6/7):244, 264-274. Available at: https://www.dlib.si/details/URN:NBN:SI:doc-UBOVGC69

3. Sources and methodology

All the references and bibliography including brief descriptions of studies and their methodology have been provided in above sections already.

NIJZ National Institute of Public Health

Trubarjeva 2, 1000 Ljubljana

Telephone: + 386 1 2441 400

E-mail: info@nijz.si

Website: http://www.nijz.si