NIJZ National Institute of Public Health

REPORT ON THE DRUG SITUATION 2021 OF THE REPUBLIC OF SLOVENIA

Editors: Mateja Jandl, Ada Hočevar Grom, Andreja Drev, Andreja Belščak Čolaković

Design: Andreja Frič

For the content of individual article or chapter is responsible its author.

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List of authors in alphabetical order

Belščak Čolaković Andreja, National Institute of Public Health

Berlot Lina, National Institute of Public Health

Bevc Mojca, National Institute of Public Health

Blažko Nataša, Ministry of Health

Blaznik Urška, National Institute of Public Health

Brvar Miran, University Clinical Centre Ljubljana

Čepin Romana, Ministry of Education, Science and Sport

Debeljak Mateja, NGO Društvo Up

Delfar Nataša, National Institute of Public Health

Drev Andreja, National Institute of Public Health

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

Erklavec Urška, Ministry of Health

Furlan Lea, National Institute of Public Health

Golčer Lucija, Association DrogArt

Heath David, Jožef Stefan Institute

Heath Ester, Jožef Stefan Institute

Hercog Helena, NGO Projekt Človek

Hercog Helena, Projekt Človek

Hočevar Grom Ada, National Institute of Public Health

Hovnik Keršmanc Marjetka, National Institute of Public Health

Hren Jože, Ministry of Health

Jakič Brezočnik Manica, Ministry of Education, Science and Sport

Jandl Mateja, National Institute of Public Health

Kastelic Andrej, National Center for the Treatment of Addiction to Illicit Drugs at Ljubljana University Psychiatric Clinic

Kastelic Zdenka, National Institute of Public Health

Klavs Irena, National Institute of Public Health

Kocmur Dare, Katja Kranjc, NGO Stigma

Koprivnikar Helena, National Institute of Public Health

Korsika Knific Anej, Ministry of Health

Košir Matej, Sanela Talić, Utrip Institute

Košir Tadea, National Institute of Public Health

Kosmač Sandra, National Institute of Public Health

Kovač Nadja, Social Protection Institute of the Republic of Slovenia

Kranvogl Roman, National Laboratory for Health, Environment and Food

Krek Milan, National Institute of Public Health

Kustec Tanja, National Institute of Public Health

Kvaternik Ines, National Institute of Public Health

Laimou-Geraniou Maria, Jožef Stefan Institute

Lavtar Darja, National Institute of Public Health

Lekič Ksenija, National Institute of Public Health

Marinko Vesna, Ministry of Health

Markl Mateja, Slovenian Traffic Safety Agency

Martič Maša, DrogArt

Mihevc Anja, NGO DrogArt

National drug unit_Slovenian Police

Petrič Maruša, Social Protection Institute of the Republic of Slovenia

Pucelj Vesna, National Institute of Public Health

Radoš Krnel Sandra, National Institute of Public Health

Rehberger Maruša, National Institute of Public Health

Roškar Maja, National Institute of Public Health

Rostohar Katja, National Institute of Public Health

Šabić Simona, NGO DrogArt

Salecl Božič Eva, Prison Administration of the Republic of Slovenia

Šegrec Nuša, National Center for the Treatment of Addiction to Illicit Drugs at Ljubljana University Psychiatric Clinic

Selak Špela, National Institute of Public Health

Serec Maša, National Institute of Public Health

Šmarčan Vesna, National Institute of Public Health

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

Šomen Kristančič Ingrid, NewPrevent

Sorko Nataša, Žarek upanja

Struna Špela, Ministry of Health

Svetin Jakopič Simona, Ministry of Justice

Verdenik Marko, NGO DrogArt

Verovšek Taja, Jožef Stefan Institute

Žalec Natalija, Slovenian Institute for Adult Education

Žerjal Živa, National Institute of Public Health

Žmak Vanja, National Institute of Public Health

Zupančič Mia, Youth Network No Excuse Slovenia

Zupanič Tina, National Institute of Public Health

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Summary

Andreja Belščak Čolaković

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

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

Most operations against illicit drugs in Slovenia are financed from the national budget and the Health Insurance Institute. The funds are acquired from various foundations and are contributed also by Slovenian municipalities that help to acquire appropriate premises in which service providers can execute programmes. Drawing from available data, an estimated sum of EUR 13,145,857.80 was allocated to the issue of illicit drugs in Slovenia in 2020.

1. National profile

Jože Hren, Andreja Belščak Čolaković, Mateja Jandl, Nataša Blažko, Maša Serec, Ines Kvaternik, Maja Roškar, Helena Koprivnikar, Urška Erklavec, Špela Selak

1.1 National drugs strategies

Timeframe	Title and web link	Scope (main substances / addictions addressed)
The first National Programme on illicit drugs was started in 1992. Besides the illicit drugs legislation which was adopted in 1999 and 2000 this was the basic document to carry out different activities in this field. It was valid until the next National Programme was adopted in 2004.	National Programme on illicit drugs. 1992. Journal for Critique of Science, 146-147 (20): 153-156.	The National Programme included only illicit drugs. The defined tasks include the aforementioned preventive activities, treatment and social rehabilitation programmes and enforcement bodies activities and coordination.
2004–2009	Resolution on the National Programme on Illicit Drugs 2004–2009 https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/47846	Illicit drugs
2014–2020	Resolution on the National Programme on Illicit Drugs 2014–2020 http://pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915	Illicit drugs

Summary of the current national drugs strategy document

- **Time frame:** 2014–2020
- **Responsible ministries:**

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

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

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

National Programme goals are defined for the complete planned period of the National Programme on illicit drugs activities. Priority tasks to achieve the goals are defined in two-year action plans, adopted by the Government of the Republic of Slovenia. The first action plan was passed by the Government of the Republic of Slovenia in April 2015 (available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf).

The subsequent action plan for years 2017–2018 was passed in September 2017 and is available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/droge/zakonodaja/_Akcijski_nacrt_na_podrocju_drog_za_obdobje_2017-2018_.pdf. This document continues to reflect the structure and goals of the strategy and focuses on tangible results obtained in the context of the goals and missions described above.

The Action Plan for 2019 and 2020 contains a detailed specification of the objectives from the Resolution on the National Programme on Illicit Drugs 2014–2020, together with the means for their implementation, and specific tasks assigned to individual entities involved in their implementation. In addition, the action plan refers to the strategies in the field of crime prevention and control, and strategies in the field of social security. The action plan is available at:
https://www.infodroga.si/wp-content/uploads/2019/09/AKCIJSKI-NA%C4%8CRT-NA-PODRO%C4%8CJU-PREPOVEDANIH-DROG-ZA-OBDOBJE-2019-2020.pdf

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

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

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

- **Its structure (i.e. pillars and cross-cutting themes):**
- Information system
- Lower drug demand with the help of:
    a. Preventive measures
    b. reducing harm caused by drug usage
    c. Medical and social treatment of illicit drug users
    d. Activities of the civil society
- Prevention of drug supply using:
    a. Punitive policies
    b. The cooperation of the Police, Customs and Judiciary in the field of drug-related organised crime
    c. Anti money laundering practices
    d. Activities to fight organised crime
- International cooperation
- Coordination and alignment on national and local levels
- Programme evaluation, research work and education.
- **The main substances and addictions addressed:**

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

Action plan in the field of illicit drugs 2019–2020

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

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

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

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

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

Another national strategy/action plan that also defines drug supply reduction/drug-related law enforcement

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

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

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

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	Alcohol action plan 2020–2021
Web address	In preparation
	Slovenia is currently without a Strategy or Action plan specifically intended for the field of alcohol, but this field is included in the Resolution on the National Health Care Plan 2016-2025 "Together for a healthy society". The field of alcohol is also partly included in the Resolution on the National Programme on mental health 2018−2028. The strategic goals of the later, among others, aims to decrease the number of suicides and alcohol-related mental disorders and increase the number of people with alcohol addiction who undergo treatment and re-integrate. Alcohol is included in the Resolution on the National Road Safety Programme 2013–2022 with the aim of preventing road accidents caused by drink-driving, and in the Resolution on the National Programme for Young People 2013–2022, one of the aims of which is to reduce alcohol consumption among the young. Alcohol is one of the areas addressed in the action plan for the National Mental Health Programme 2021–23 (MIRA)[1] Activities are ongoing in relation to raising awareness of the consequences of alcohol use on mental health, and addressing risky and adverse alcohol use in healthcare and other settings.
Tobacco	
Strategy title	1. Resolution on the National Health Care Plan 2016–2025 2. Strategy for reducing harmful consequences of tobacco use – For Tobacco-Free Slovenia – 2019 to 2030
Web address	1. http://pisrs.si/Pis.web/pregledPredpisa?id=RESO102 2. https://www.gov.si/zbirke/javne-objave/strategija-za-zmanjsanje-posledic-rabe-tobaka-za-slovenijo-brez-tobaka-2019-2030
	First Slovene tobacco control strategy was prepared and released for public consultation which ended on 5th of August 2019. The Strategy is currently still in the process of inter-sectoral coordination and will probably cover the period between 2022-2030. 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. Tobacco control objectives are otherwise integrated into Resolution on the National Health Care Plan 2016–2025. Resolution on the National Health Care Plan 2016–2025 includes the following objectives in the area of tobacco control: 30% decrease in sales of cigarettes, 30% decrease in sales of loose tobacco, decrease in prevalence of daily smoking among inhabitants 15+ from 18.9% to 15% and preservation of the gap between the highest and lowest income class in prevalence of daily smoking below 5%..

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

Image and performance enhancing drugs	
Strategy title	Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2014–2023 (ReNPŠ14–23)
Web address	http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO99 https://www.sloado.si/
	The area of doping is covered by the Resolution on the National Programme of Sport of the Republic of Slovenia for the period 2014–2023. Following the adoption of the World Anti-Doping Code by the Slovenian government and Olympic Committee of Slovenia, the Anti-Doping Rules of the National Anti-Doping Commission (NAC) were adopted on 25 May 2010 (due to the establishment of the Slovenian Anti-Doping Organisation (SLOADO), those rules have been referred to as the Anti-Doping Rules of the SLOADO since 16 December 2013). At the national level, those rules lay down the legal framework for the anti-doping programme in sports. The Slovenian Anti-Doping Organisation (SLOADO) is an independent anti-doping organisation established on 25 September 2013 by the Olympic Committee of Slovenia – Association of Sports Federations. In Slovenia, the SLOADO is responsible for the anti-doping programme in sports, which is based on the protection of the fundamental right of athletes to train and compete in a doping-free environment. The organisation must ensure a harmonised and effective anti-doping programme that covers the detection, deterrence and prevention of doping in sports. New international and national anti-doping rules entered into force on 1 January 2021. Those two sets of rules have been harmonised, and apply to all sports whose respective associations have signed the World Anti-Doping Code, and to 190 countries that have ratified the International Convention Against Doping in Sport (UNESCO). All documents relating to this area have been compiled by the SLOADO and are accessible at www.sloado.si.
Gambling	
Strategy title	**Initiatives in the field of gambling** In addition to the legal approach to reduce risky and pathological gambling, expert preventive programmes in schools can also bring great relief to this issue. Within these programmes, potential gamblers are acquainted with the risks, mental health impact, and social and economic aspects associated to gambling. Aiming for long-term economic impact, the gambling industry strives to attract mainly young people, therefore it is important to address the most vulnerable groups which most commonly include male secondary school students attending vocational schools. On the long run, expert preventive programmes contribute to critical thinking on whether to engage in such activities and if so, to what extent. In addition, these programmes help young people asses their gambling engagement and consequently prevent potential problematic continuation of such behaviour. Furthermore it is important to acquaint young people with the modus operandi of the gambling industry which means familiarising them with the mathematical aspect of gambling (the probability of winning supported by the probability theory) and societal constructs such as luck, the ability to count cards, supernatural powers etc. There is a significant lack of such prevention programmes addressing young people, especially outside larger urban centres. This contributes to inequality in the awareness of young people from rural and urban areas and consequently to potential greater health inequality in marginalised areas. It is important to note that the gaming industry organises preventive programmes as a sort of self-regulatory activity. However, these programmes are very slack and even deceptive, since their main objective is not to prevent gambling among young people which is the only right approach at this age.
Web address	/
Gaming	
Strategy title	/
Web address	/
Internet	
Strategy title	/
Web address	/

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

Drug strategy/action plan of the capital city

Ljubljana, the capital city of Slovenia, does not have a strategy for the field of illicit drugs, but services or programmes for people with usage issues and/or illicit drug addiction are mentioned in the Development strategy on social care of the Municipality of Ljubljana from 2013 to 2020 (accessible at: https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/strategija-socialnega-varstva/).
The strategy was formed on the basis of the evaluation of previous strategies and the needs of different inhabitant groups. Among programmes for people with illicit drug usage issues, two approaches were established: the first, high-threshold approach, demands abstinence while the second, low-threshold approach is based on the principle of harm reduction and active drug usage consequences. The goal of the Strategy in the field of drugs is to support and monitor the activities and/or services of social care programmes, intended for people who use illicit drugs and/or are addicted, which will be carried out by spreading the network of daily centres for illicit drug users in the Municipality of Ljubljana, by stimulating additional field work with illicit drug users in the Municipality of Ljubljana and with the general support for different (existing or new) social care programmes, intended for people who use illicit drugs and/or are addicted, and a programme to increase public awareness on the topic of illicit drug usage.

Starting in the year 2021, a new strategy, “Development strategy on social care of the Municipality of Ljubljana from 2021 to 2027 (accessible at: https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/strategija-socialnega-varstva/) is valid.

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

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

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

1.2 Evaluation of national drugs strategies

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

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

Summary of the results of the latest strategy evaluation

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

- **Evaluation team**

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

- **Its timing**

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

- **Its scope**

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

- **Assessment criteria**

The evaluation attempted to draw on the real experiences of organisations working in the field. For this reason,questions were posed in such a way to learn as much as possible about the work of those organisations and theirexperiences, 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 associated 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 linking 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 practicing abstinence during reintegration, people practicing 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, inter alia, 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 professional and modern guidelines.

1.3 Drug policy coordination

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

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

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

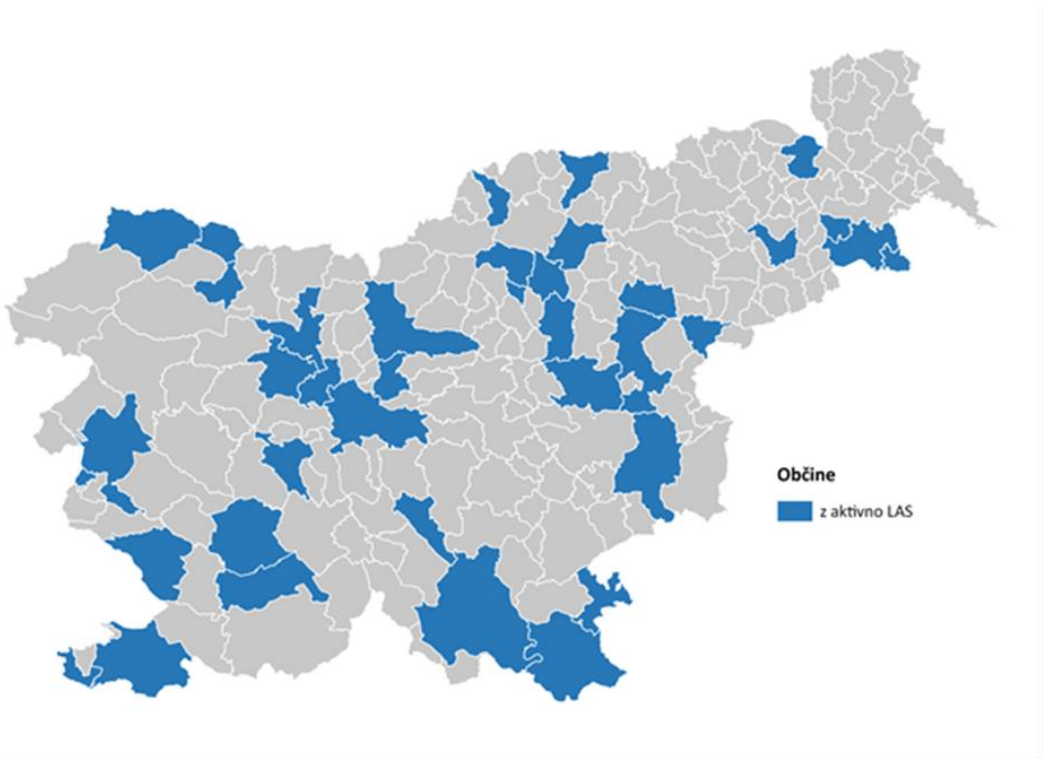
The Commission on Narcotic Drugs of the Government of the Republic of Slovenia also performs the following tasks:

- monitors the enforcement of provisions under conventions adopted by international authorities and international organizations;
- submits to the Government of the Republic of Slovenia a proposal for the national programme and measures for implementing the national programme;
- proposes measures for reducing the supply of illicit drugs;
- fosters international collaboration.

Coordination at the local level

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

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



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

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

The key objectives of LAGs operation are: promotion of health and healthy lifestyle in the communities, assessment of the addiction situation in the community, prevention activities in the field of addiction, bringing together various institutions, shareholders, and experts, raising expert and general public's awareness about the prevalence of the use 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.

Due to a number of changes connected to the issues of the use of legal and illicit drugs and a widespread phenomenon of non-chemical addictions in local communities and their recognition in attempts to

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

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

1.4 Drug related public expenditure

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 2020 the *Ministry of Labour, Family, Social Affairs and Equal Opportunities* allocated EUR 3,100,000.00to programmes pertaining to the issues of illicit drugs, of which EUR 2,100,000.00was allocated for high-treshold and EUR 1,000,000.00for low-treshold programmes. The Ministry of Labour, Family, Social Affairs and Equal Opportunities was one of the main co-financer of those programmes. The remaining funds were acquired from other sources such as local communities (municipalities), the Health Insurance Institute of Slovenia, memberships and contributions by users, the Foundation for Funding Disability and Humanitarian Organisations and others.

The *Ministry of Health* provided EUR 669,374.94 in 2020 for NGO programmes resolving drug-related issues. Additionally, EUR 513,051.23 was allocated for the project “Mobile Units”.

The Health Insurance Institute of Slovenia allocated EUR 4,793,799.00 in 2020 to the operation of Centres for the Prevention and Treatment of Drug Addiction and for medications as well as other material costs in connection to substitution treatment of addictions (substitute drugs). An additional EUR 159.349,00 was contributed by the Health Insurance Institute for the purchase of material for safe drug injection, which was distributed to harm reduction programmes by the Koper Regional Office of the National Institute of Public Health.

The Office for Youth of the Republic of Slovenia annually co-finances the programmes of youth work organisations, including those that run prevention activities against various forms of addiction or risk behaviour regarding alcohol, tobacco and drug abuse, yet this prevention does not present the major part of their programme. In 2020, The Office for Youth contributed a total of EUR 61,450.00to such programmes.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 270,143.99 for helping addicts within the scope of various humanitarian organisations in 2020.

Out of all 212 Slovenian municipalities, 141responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. These local communities spent a total of EUR 1,005,857.61on solving drug-related issues in 2020.

The University Psychiatric Clinic Ljubljana allocated EUR 2,572,832.00 for the operation of The Centre for Treatment of Illicit Drugs Addiction in 2020.

Drawing from available data, an estimated sum of EUR 13,145,857.80was allocated to the issue of illicit drugs in Slovenia in 2020.

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

Table 1. Break-down of drug related public expenditure

Expenditure (EUR)	Year	COFOG or Reuter´s classifications	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programes in the area of illicit drug addiction (MDDSZEM) **3,100,000.00**	2020	Social protection		Labelled	
Tackling the drug issue (MZ) **1,182,426.17**	2020	Health		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **4,793,799.00**	2020	Health		Labelled	
Purchase of safe injection equipment (ZZZS) **159,349.00**	2020	Health		Labelled	
Operation of The Centre for Treatment of Illicit Drugs Addiction (UPK Ljubljana) **2,572,832.00**	2020	Health		Labelled	
Programs of organizations in the area of youth work (Office for Youth) **61,145.00**	2020	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **270,143.99**	2020				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 (141 out of 212 municipalities) **1,005,857.61**	2020	Social protection		Unlabelled	

2. Additional information

Mia Zupančič, Andreja Belščak Čolaković

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

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

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

3. Sources and methodology

Andreja Belščak Čolaković

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Methodology used

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

Ines Kvaternik

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

Legal framework workbook

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Summary

Andreja Belščak Čolaković

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

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

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

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

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

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

1. National profile

Jože Hren, Andreja Belščak Čolaković, Špela Struna, Mateja Jandl, Simona Svetin Jakopič, Helena Koprivnikar, Maja Roškar, Nataša Blažko, Sandra Radoš Krnel, Maša Serec, Marjetka Hovnik Keršmanc, Vesna Marinko, Mateja Markl

1.1 Legal framework

Characteristics of drug legislation and national guidelines for implementation

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

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

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

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

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

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

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

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

The adjudication procedure for minor offences is set forth in the Minor Offences Act[5]. Article 6 of the Minor Offences Act defines a minor offence, or misdemeanour, as any act which represents a violation of the law, regulation adopted by the Government, decree adopted by a locally governed community, any act as such which has been defined as a misdemeanour and for which a sanction has been prescribed. Article 4 of the Minor Offences Act lays down sanctions for committing minor offences. The following sanctions are prescribed: fine, reprimand, penalty points added to the driver record with revocation of the driving licence and prohibition against using the driving licence, prohibition against operating a motor vehicle, deportation of an foreigner, seizure of items, forfeiture or limitation of the right to receive funding from the budget of the Republic of Slovenia and budgets of self-governed local communities, exclusion from public procurement procedures, and correctional measures. If certain conditions are met, the fine can be substituted for community service for the benefit of the general society or for the benefit of a self-governing local community.

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/hers living and working environment. At the same time, the person on probation is limited by the fact that certain obligations must be fulfilled.

This act establishes a common national authority that 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 Misdemeanors).

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

It should be highlighted here that in 1999 the National Assembly passed not only the aforementioned Production of and Trade in Illicit Drugs Act ("ZPPPD") but also the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users ("ZPUPD")6 . The latter Act, in effect, lays down measures and activities aiming to help reduce the demand for drugs. The measures and activities include various information campaigns and prevention programmes, healthcare and social activities, harm reduction

[5] (Official Gazette of the Republic of Slovenia, Nos. 29/11 – official consolidated text, 21/13, 111/13, 74/14 – judicial decision of the Constitutional Court and 92/14 – judicial decision of the Constitutional Court)
[6] Official Gazette of the Republic of Slovenia, No. 98/1999

programmes and activities associated with monitoring and analyzing the issue of drug use. The ZPUPD also defines, among others, methods for dealing with illicit drug users, which include treatment and resolution of social problems associated with illicit drug use. Treatment of illicit drug users is provided through inpatient and outpatient treatment programmes approved by the Health Council. Under this Act, the term treatment also encompasses methadone maintenance and other substitution therapies approved by the Health Council. To provide outpatient services for the prevention and treatment of addiction, Centres for the Prevention and Treatment of Illicit Drug Addiction were set up as part of the public health service system at primary level.

Varying of the penalties by drug / quantity / addiction/recidivism

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

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

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

With the Production of and Trade in Illicit Drugs Act ("ZPPPD"), Slovenia de jure decriminalized possession of small amounts of illicit drugs for one-time personal use. So under the ZPPPD, possession of small amounts of illicit drugs, cannabis included, is classified as a minor offence carrying a very light financial penalty or fine. In its decision U-I-69/06-16, the Constitutional Court ruled that prison sentences may no longer be imposed for minor offences after the end of the transitional period as set forth in Article 223 of the Minor Offences Act ("ZP-1"). As a result, procedures need to be run pursuant to the Minor Offences Act, meaning that fast-track procedures are generally used in cases involving minor offences, unless the Minor Offences Act provides otherwise.

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

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

Under Article 33 paragraph 1 of the Production of and Trade in Illicit Drugs Act, a minor offence involving the possession of illicit drugs in violation of this Act is punishable by a fine of anywhere between EUR 208.64 and EUR 625.93. A minor offence involving the possession of a small amount of illicit drugs for

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

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

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

Legislation designed to control New Psychoactive Substances (NPS)

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

1.2 Implementation of the law

Available data on actual sentencing practice related to drug legislation

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

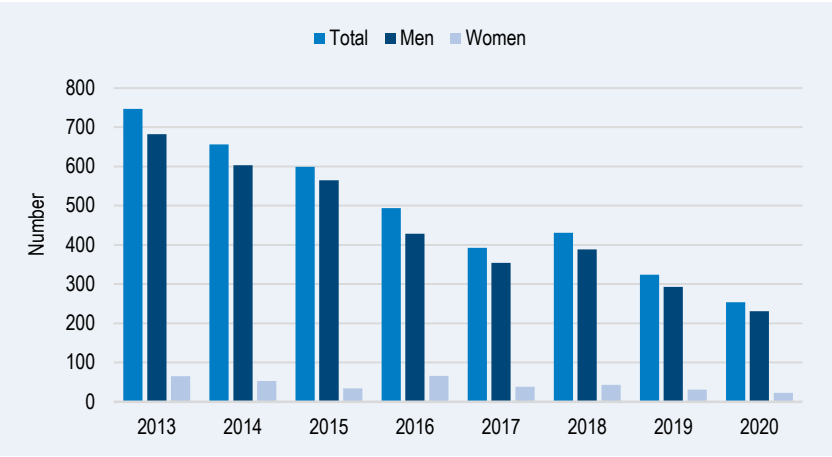
Table 1. Prison sentences (conditional and unconditional) for drug-related criminal offences – convicted adults

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

Source: Statistical Office of the Republic of Slovenia

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

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



Source: Statistical Office of the Republic of Slovenia

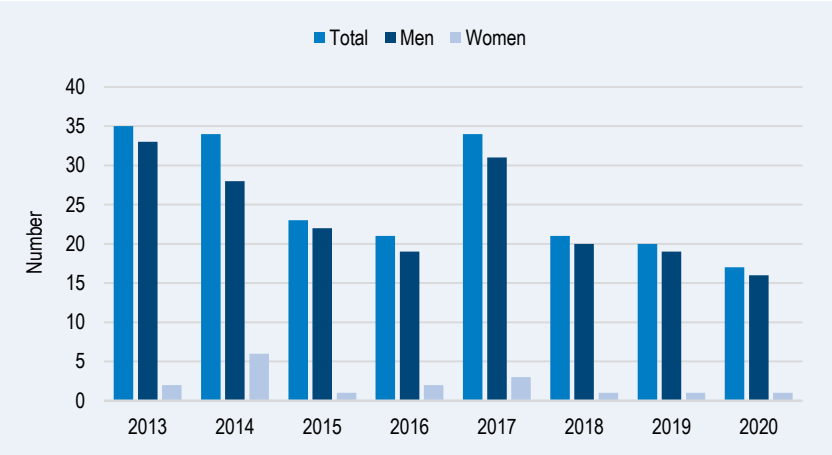
Table 2 and Figure 2 give an overview of the number of main sentences imposed on juvenile offenders in Slovenia over the past eight years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code.

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

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

Source: Statistical Office of the Republic of Slovenia

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



Source: Statistical Office of the Republic of Slovenia

More information is available on the website:
https://pxweb.stat.si/SiStatDb/pxweb/sl/10_Dem_soc/

Available data on actual sentencing practice related to legislation designed to control NPS

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

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

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

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

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

1) if a criminal offence carries a minimum prison sentence of ten years or more, the sentence may be reduced to three years;
2) if a criminal offence carries a minimum prison sentence of three to ten years, the sentence may be reduced to three months;
3) if a criminal offence carries a minimum prison sentence of less than three years, the sentence may be reduced to one month;
4) if a criminal offence carries a minimum prison sentence of less than one year, payment of a fine may be imposed in place of the prison sentence.

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

2. Trends

Jože Hren, Andreja Belščak Čolaković, Špela Struna

Changes in penalties and definitions of core offences (offences of use, possession for personal use, supply (including production) of illicit drugs) in the legal framework since 2000

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

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

3. New developments

Jože Hren, Andreja Belščak Čolaković, Špela Struna, Mateja Jandl, Helena Koprivnikar, Maja Roškar, Nataša Blažko, Sandra Radoš Krnel, Maša Serec, Marjetka Hovnik Keršmanc, Vesna Marinko, Mateja Markl

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

Decree on the Classification of Illicit Drugs

The amendments to the Decree on the Classification of Illicit Drugs were adopted on 29 October 2020 (Official Gazette of the Republic of Slovenia, 157/20). The Decree came into force 15 days after that date. Six new substances were added to classification number 262 (Group I), ISOTONITAZENE was added to Group II, and ETIZOLAM and PHENAZEPAM were added to Group III b.1.0 (Benzodiazepine anxiolytics and hypnotics).

Tobacco

Tobacco control measures in Slovenia are set out in two separate laws: Restriction on the Use of Tobacco and Related Products Act (Official Gazette of the Republic of Slovenia, No.9/2017 and 29/2017), under the responsibility of the Ministry of Health, and the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016 and 92/2021), under the responsibility of the Ministry of Finance. The former includes a large majority of government measures for tobacco control and represents a comprehensive tobacco control program, except for taxation of tobacco and related products, which is provided for in the Excise Duty Act.

The first version of the Restriction of the Use of Tobacco Products Act was passed in 1996 and was one of Europe's most progressive laws at the time. The most important measures under this Act included: advertising restrictions; textual health warnings on tobacco products' packaging; smoking ban in public places, in the workplace and in catering and hospitality establishments except in designated sections separated from non-smoking areas; a total smoking ban inside educational and healthcare institutions; ban on vending machines selling tobacco products, and a prohibition of selling tobacco products to anyone younger than 15. A ban on selling tobacco for oral use came into force in 2002, followed in 2005 by a prohibition of sponsoring any event, activity or individual and a ban on any shape or form of direct or indirect advertising and promotion of tobacco and tobacco products except at points of sale. A total smoking ban in all enclosed public spaces and workplaces (allowing the option of setting up designated smoking cabins which must meet specific technical requirements), imposed in 2007, significantly reduced inhabitant's exposure to tobacco smoke not only in the enclosed places affected by the ban, but also at home. The age limit to buy tobacco products was raised from 15 to 18 years. In 2013 Slovenia was among the most active EU countries seeking to include as stringent public health measures as possible in the context of preparation of the new Directive on the harmonisation of the laws and other regulations of the Member States relating to the manufacture, presentation and sale of tobacco and related products. In the beginning of 2017 the new Law on restricting the use of tobacco and related products was passed in Slovenia. It includes provisions from the new European Directive along with additional national tobacco control measures. All of the new tobacco control measures from the law have already entered into force (large pictorial health warnings on packs of tobacco products for smoking, plain packaging, complete ban on advertising, promotion and display of tobacco products,

licences for selling tobacco products and ban on cigarette and roll-your-own tobacco with characterising flavours, ban on smoking or use of tobacco, tobacco products and related products, with the exception of chewing tobacco and snuff, in vehicles in presence of minors). The last two measures that entered into force were plain packaging on 1st of January 2020 and ban on menthol characterising flavour on 20th of May 2020. Related products, such as electronic cigarettes and herbal cigarettes, are equally regulated compared to tobacco products in banning advertising, promotion, display, banning sales to minors, banning use in enclosed public and working places and requiring licenses for selling.

The tax rate and structure for tobacco products changed over the last decade, most significant changes resulting in more substantial price increases were implemented between 2011 to 2013, later price increases were small. Prices of tobacco products in Slovenia are constantly among lower in the European Union. In 2018, the price level of tobacco products in Slovenia was substantially below the European Union average, i.e. 68%. Slovenia is also at the bottom of the scale in terms of the price of a pack of 20 cigarettes of one of the more popular cigarette brands and the cheapest brand, converted into international dollars at purchasing power parity, i.e. in 2018, Slovenia ranked 26th among 29 European countries (European Union Member States, United Kingdom, Norway). In June 2019, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.10 to EUR 4.50, same as in the beginning of 2018. There are substantial price differences between various tobacco products, for example factory-made cigarettes and loose tobacco for roll-your-own cigarettes. The Excise Duty Act includes also provisions on excise duties for e-liquids (with or without nicotine) for use in electronic cigarettes and tobacco sticks for use in heated tobacco products, but not for the devices of both products.

Studies performed in 2018, after the new law was implemented, show that prevalence of smoking among adolescents and young adults decreased significantly in comparison to the time before the law was introduced. World Health Organization collaborative cross-national survey Health Behaviour in School-aged Children (HBSC) showed that between 2014 and 2018 the prevalence of ever smoking of tobacco among 13-year-olds decreased from 14.2% to 10.4%, and among 15-year-olds from 40.0% to 28.6%. Prevalence of weekly and daily tobacco smoking also significantly decreased among 15-year-olds (weekly tobacco smoking: from 13.1% in 2014 to 8.8% in 2018; daily tobacco smoking: from 8.6% in 2014 to 5.4% in 2018). Another study on convenient sample of over 1200 adolescents from 2nd grades of secondary schools all over Slovenia showed that prevalence of ever smoking of cigarettes decreased from 58.7% in 2017 to 50.4% in 2018, weekly cigarette smoking from 21.1% in 2017 to 17.5% in 2018 and daily cigarette smoking from 14.2% in 2017 to 11.5% in 2018. After 2000 and until 2020, there were no significant changes in the percentage of smokers among the adult population of Slovenia; about one in four adults smoked. New data from CINDI Health Monitor Study 2020 shows that following the adoption of the new law, the percentage of smokers among the adult population has declined. Between 2016 and 2020, we recorded among the population of Slovenia aged 25-74 a significant decrease in the percentage of smokers overall (from 23.1% to 20.4%) and in both genders (male: from 25.2% to 21.7%; female: from 20.9% to 19.0%), more markedly among men. A significant decrease in the percentage of smokers was noted in the age groups between 25-54 years, most notably in the youngest group (25-34 years: from 29.0% to 22.1%; 35-44 years: from 26.3% to 21.2%; 45-54 years: from 24.5% to 21.4%) and a significant decrease in the percentage of regular (daily) smokers overall and in both genders (overall: from 18.8% to 16.3%; male: from 20.9% to 17.6%; female: from 16.5% to 15.0%), again more markedly among men.. The average number of cigarettes smoked per day among daily smokers did not change between 2016 and 2020 neither overall nor by gender or age. Beside increases in prices, which were not significant after 2013, there were no other major new measures or programmes during the observed period, so we can attribute a significant part of the favourable changes in smoking behaviour to the measures from the new law and intensive discussions and media presence

before and after its implementation. We cannot currently assess the impact of COVID-19 pandemic on smoking, but as we record in different waves of SI-PANDA study 12-19% of smokers smoke more during COVID-19 pandemic, this may have contributed to unchanged average number of cigarettes smoked per day among daily smokers. Studies to show the first effect of all the measures in the new law are not yet available for adolescents, while for adults the last survey was performed just after the final measure was implemented. It is important to allow sufficient time for the measures to show their maximum effect as these measures are long-term by nature and also to ensure maximum compliance with the law.

But still every fifth adult (18-74 years of age) and almost every tenth 15-year-old smokes and tobacco remains one of the leading risk factors for death and years of healthy life lost. Beside low prices of tobacco and related products, we are still facing many other important issues. Despite extensive reductions, exposure of non-smokers to tobacco smoke remains present and is not negligible. Violations of the Restriction on the Use of Tobacco and Related Products Act are common. Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco. New products containing tobacco or nicotine are introduced in Slovenia, they are mainly used by young people and their use is increasing. The number of points of sale for tobacco and related products is very high and minors perceive tobacco and related products as easily accessible

In accordance with the law first tobacco control strategy was prepared and released for public consultation, which ended 5th of August 2019. The Strategy is currently still in the process of inter-sectoral coordination and will probably cover the period between 2022-2030. Also, a coordination group consisting of representatives of the Ministry of Health, Ministry of Finance, Ministry of Education, Science and Sport, public administration authorities responsible for the supervision of the provisions of the law, the National Institute for Public Health, National Laboratory for Health, Environment and Food and non-governmental organizations involved in the implementation of prevention was set up and will have the task to monitor the impact of the use of tobacco and related products on public health, the implementation of the law, strategies for mitigating the consequences of tobacco use and implementation plans. Until the summer of 2021 the group did not meet.

Advocacy

In 2020 and the first half of 2021, non-governmental organisations were active in advocating strict compliance to the measures in The law on restricting the use of tobacco and related products, especially regarding sales of tobacco products to minors, in this respect they closely cooperate with the Market Inspectorate.All relevant stakeholders advocate for further changes in tobacco control, especially in the area of excises and tobacco and related products' affordability.

Act Restricting the Use of Alcohol and Excise Duty Act

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

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

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

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

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

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

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

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

In 2019 Slovenian traffic safety agency (AVP) proposed the following changes to the Road traffic rules act on driving under the influence of alcohol and drugs. (i) lowering permitted blood alcohol level in all drivers (from 0,5 g/l to 0,0 or 0,2 g/l), (ii) lowering blood alcohol level to enter mandatory rehabilitation programmes (to 0,8 g of alcohol per litre of blood), (iii) longer period of driving licence withdrawal, (iv) separate rehabilitation programmes for drivers driving under the influence of drugs and (v) introduction of additional measurements regarding re-offenders such as alco-locks In June 2019, a symposium and panel debate on these issues was organised by AVP and held in National Council. The speakers of the panel were minister of infrastructure, minister of home affairs, minister of justice and minister of health with hundred other participants attending the event (professionals, road safety experts and local representatives). They all showed support for proposed measures. The Traffic rule Act changed in 2021, but the above proposed changes regarding the driving under influence (DUI) were not included at this point. Regarding the road safety situation in 2020 there was a 22 % decrease in road traffic victims in general compared to 2019 (mostly because of the Covid measures), but for DUI it stayed on the same level as a year before; 36 % of deaths in road traffic were due to alcohol. DUI drivers committed 1.364 traffic accidents, which is 12 % less from 2019, but more than third of all road victims. There were 122 severely injured and 472 lightly injures in road accidents. Most DUI accidents were caused by drivers in the 18-24 years age group and 45-45 years of age.

In 2019 a National Council member put forward an initiative to amend the regulations on restricting the consumption of alcohol and the use of tobacco products so as to allow the sale or provision of alcohol and the use of tobacco products on the functional areas of land attached to school and education

buildings. The proposal was for sale and use to be permitted outside teaching hours and the regular working hours of the educational establishment. The Ministry of Health and the National Institute of Public Health gave a negative opinion on the proposed amendments and the initiative failed to receive support sufficient to allow to be further debated.

In April 2020, during the SARS-CoV-2 epidemic, the Coalition of Public Health NGOs put forward an initiative to prohibit the online sale and home delivery of alcohol during the epidemic. The initiative was supported by the National Institute of Public Health and the Ministry of Health.

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

4. Additional information

Further information on the work of the Probation Administration
Andreja Belščak Čolaković, Mateja Jandl, Simona Svetin Jakopič

There was across-the-board adaptation of work processes and specialist treatment to the epidemiological situation in 2020. There was less face-to-face contact with people, and meetings between counsellors and clients were not always held in person. Communication also took place by telephone and email. There was a perceptible increase in stress, problems and fears linked to the epidemic (fear of infection and of losing one's job); this led to increased demand for counselling services. Those sessions that did take place in person were hindered by the fact that facial expressions were hidden behind a mask (non-verbal communication is very important in counselling sessions).

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

Adjustments also had to be made in the field of training, with more online and fewer 'live' events. There were training sessions on communication, cognitive behavioural therapy, personality disorders, personality diagnosis, developmental psychology, partner relations, sexual offences, etc., and a study visit was undertaken to the Sopotnica rehabilitation centre at Društvo Projekt Človek. Active cooperation at international level also continued.

The Probation Administration (UPRO) dealt with 3,505 cases in 2020, with 234 people estimated to have problems connected with the taking of illicit drugs. The following sanctions and measures were imposed on these people:

- – community service under the Criminal Code: 121 persons;
- – community service under the Minor Offences Act: 67 persons;
- – community service under the Criminal Procedure Act: 7 persons;
- – conditional sentence with protective supervision: 32 persons;
- – conditional discharge with protective supervision: 5 persons;
- – house arrest: 2 persons.

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

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Andreja Belščak Čolaković

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Drugs

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Summary

Drug Use and the Main Illicit Drugs

Andreja Drev, Darja Lavtar, Maruša Rehberger

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

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

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

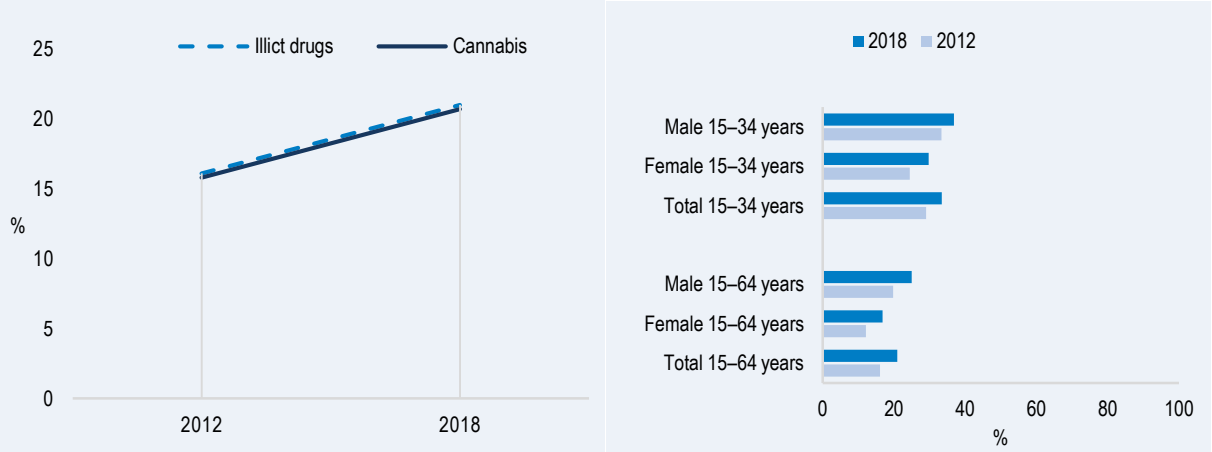
Source: National Institute of Public Health, National Survey on Tobacco, Alcohol and other Drugs 2018

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

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

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

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



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

8.9% of Slovenian inhabitants aged 15–64 reported to have engaged in polydrug use on a single occasion at least once in their life (11.3% of men and 6.4% of women). 2.6% (3.5% of men and 1.7% of women) did that in the last year, while 1.3% (1.8% of men and 0.7% of women) did that in the last month. 15.8% of young adults aged 15–34 reported to have engaged in polydrug use on a single occasion at least once in their lifetime (18.5% of men and 13% of women). 6.2% (7.9% of men and 4.4% of women) did that in the last year, while 2.9% (4% of men and 1.8% of women) did that in the last month.

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

Cannabis is widespread among school population, young adults, in nightlife settings, and among low-threshold programme users. In 2020, cannabis came in first for the number of poisonings treated at the emergency medical units of the University Medical Centre Ljubljana and second for the most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction (CPZOPD). In the same year, the number of persons experiencing difficulties related to cannabis was the highest (321 persons or 30%) among those included in programmes implemented by the four non-governmental organisations offering counselling, psychotherapy, and treatment of illicit drug-related problems.

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

In the last years, data have shown an increased availability of cocaine in various population groups. In fact, the use of cocaine was recorded among secondary school students, while the significant presence of cocaine in nightlife settings has been confirmed by the data of smaller research studies and the data gathered with wastewater analysis. A high prevalence of cocaine use was also confirmed by the annual research study, conducted among harm reduction programme users. In 2019, cocaine accounted for the highest number of deaths caused by illicit drugs. In addition, the number of cocaine poisonings remain high and cocaine came in second for the number of poisonings with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana in 2020. Cocaine was the third most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction. 116 persons (11% of all persons treated for illicit drug use) were included in counselling and psychotherapy programmes implemented by the four non-governmental organisations. In the last five years, drug checking of psychoactive substances as part of the Early Warning System on New Psychoactive Substances recorded a significant increase in the purity of cocaine with continual emergence of samples with 70 and 90% cocaine content (SI EWS, monthly reports for 2017, 2018, 2019 and 2020).

Drug use in schools

Tanja Urdih Lazar

We acquire data on drug use in schools from two international surveys, carried out periodically every four years: the ESPAD and HBSC surveys. The data of the latest ESPAD survey is presented below. The data of the HBSC 2018 survey is presented in 2020 National report on drugs.

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

Drug use in other sub-populations

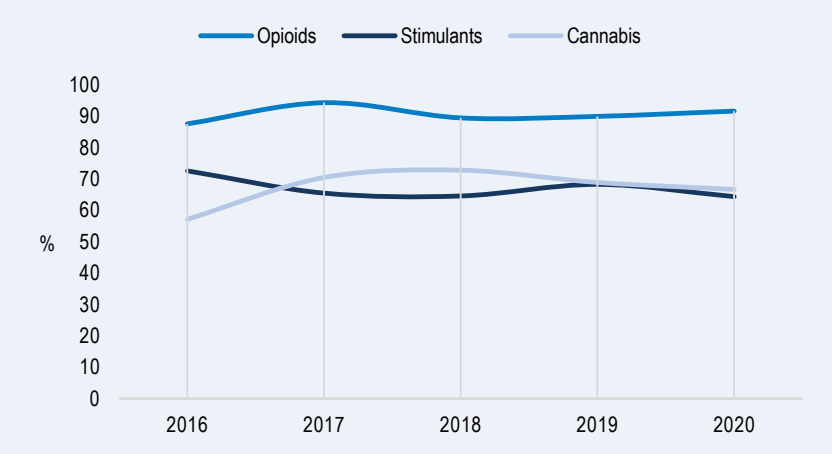
Andreja Drev, Živa Žerjal, Ines Kvaternik

The data on illicit drug use in other sub-population groups are acquired from one-time surveys and questionnaires, from surveys which recur in longer periodical time frames and from the annual survey among harm reduction programme users. The National Institute of Public Health conducted a survey in 2020 that included questions on drug use among young adults who had dropped out of regular schooling and were included in the Project Learning for Young Adults (PLYA) programme (more about the PLYA can be found in the Prevention Workbook in the section on selective prevention).

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

Illicit drug use is expectedly high among harm reduction programme users, especially opioid drugs. In the last Survey on (the characteristics of) harm reduction programme users 2020, 91.70% of the respondents said they had used opioids in the last year: most frequently substitution medicines (83.4%), followed by heroin (63.3%), 66.7% of the respondents used cannabis and two thirds (64.4%) stimulant drugs, most frequently cocaine (59.2%). In the period 2016–2020, the usage of opioids and cannabis among harm reduction programme users increased slightly while the use of stimulants and cannabis slightly decrease (Figure 2).

Figure 2. Prevalence of opioids, stimulants and cannabis use among harm reduction programme users, 2016–2020



Source: National Institute of Public Health, Rgional Unite Koper, Survey on Harm Reduction Programme Users 2020

The prevalence of heroin use is high predominately among low-threshold programme users and less in nightlife settings, while the prevalence of lifetime heroin use in the general population aged 15–64 and the school population is lower than 1%. On the other hand, heroin came in third for the number of poisonings with illicit drugs treated by the emergency medical units of the University Medical Centre Ljubljana in 2020. In general, heroin and opioids remain the most frequent cause for users to seek treatment within the network of centres for the prevention and treatment of illicit drug addiction. Opioids also accounted for the highest number of deaths caused by drugs. In 2017, Slovenia first saw a significant increase in the number of deaths due to synthetic opioids, while in 2018, the number of deaths attributable to this reason rose to 15, 13 of which were a consequence of the use of tramadol.

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

Andreja Drev, Darja Lavtar, Maruša Rehberger

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

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

SECTION A. CANNABIS

1. National profile

1.1 Prevalence and trends

The Relative Importance of Different Types of Cannabis
Andreja Drev

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

Cannabis is the most commonly used drug in Slovenia, moreover is also very accessible. Slovenia is self-sufficient country regarding illicit supply of cannabis grown in specially designed facilities. The police established that processes and methods for growing cannabis in special indoor facilities are getting more sophisticated, producing more cannabis in smaller areas. According to the police, cannabis - marihuana type is the illicit drug associated with the highest number of drug-related offences and also with the highest number and quantity of seizures. In prisons, the police also seize synthetic cannabinoids at times. Centre for clinical toxicology and pharmacology reports on individual poisonings with hashish oil; however, mostly older people with associated diseases are poisoned.

Cannabis Use in the General Population
Andreja Drev, Darja Lavtar, Maruša Rehberger

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

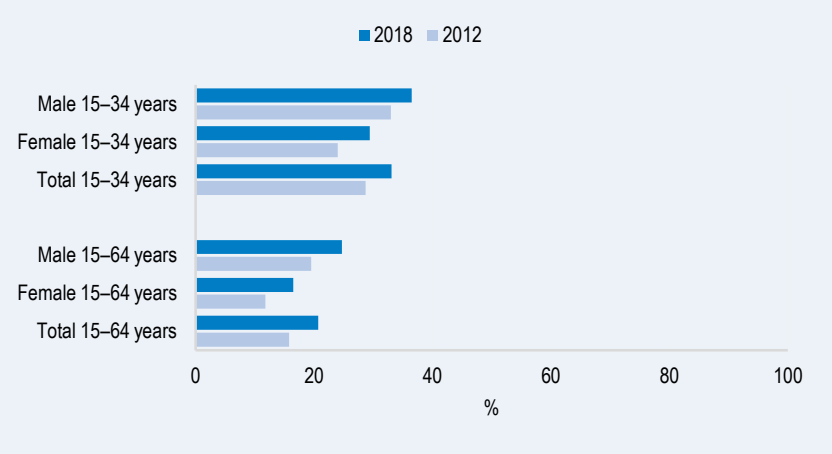
Table 3. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

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

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

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

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



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

Slovenia saw some significant changes in the field of cannabis with the legalisation of cannabis for medical use (also see Legal Framework Workbook, section 4.1). In addition, there is a strong initiative on the part of some non-governmental organisations and political parties to legalise recreational cannabis use. All this is reflected in the use of cannabis in the general population.

Cannabis Use in Schools and Other Sub-populations

Cannabis use in Schools

Data on drug use in the Slovenian school environment are obtained using two international studies, i.e. the European School Survey Project on Alcohol and Other Drugs (hereinafter ESPAD) and the Health Behaviour in School-Aged Children Survey (hereinafter HBSC), both are carried out periodically every four years. A special HBSC survey was carried out in 2020 and covered the period of the COVID-19 epidemic. In 2018, a survey entitled About the Lifestyle and Risky Behaviour of Children and Youth in Nova Gorica was conducted among students attending grade 5 to 9 of primary school and students attending secondary school. The survey also addressed the use of cannabis and other illicit drugs by young people. The data of HBSC 2018 and About the Lifestyle and Risky Behaviour of Children and Youth surveys is presented in 2020 National Report on Drugs.

HBSC COVID-19

Andreja Drev, Tina Zupanič

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

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

ESPAD

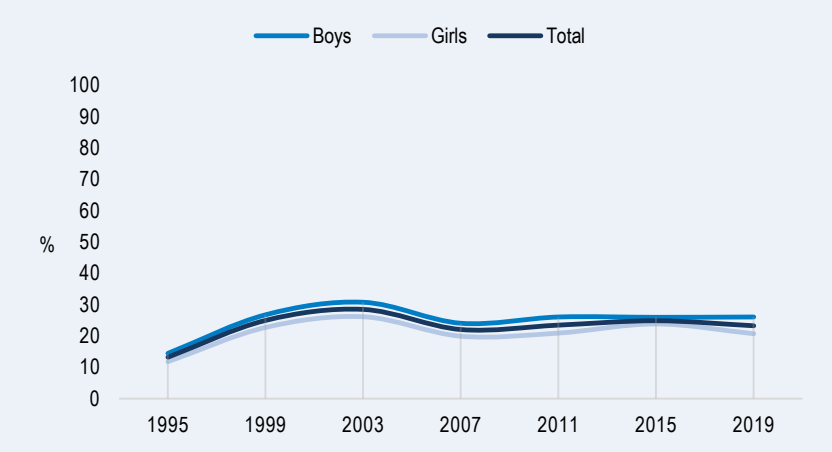
Tanja Urdih Lazar

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

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

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

Figure 4. Use of cannabis at least once in a respondent's life, by sex and in total, 1995–2019, ESPAD



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

Cannabis use among students during COVID-19 epidemic

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

Cannabis use in other sub-populations

Andreja Drev, Tina Zupanič, Živa Žerjal, Ines Kvaternik

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

Cannabis is also commonly used by people in harm reduction programmes; most of them are opioids users who also use other drugs. According to the recent survey (Survey among harm reduction programme users 2020), 66.7% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 40 to 44 years (29.9%) 35 to 39. Between 2016 and 2020, the proportion of cannabis use by harm reduction programmes users slightly increased (57.2% - 66.7%).

1.2 Patterns, treatment and problem/high risk use

Patterns of Cannabis use

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

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

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

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

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

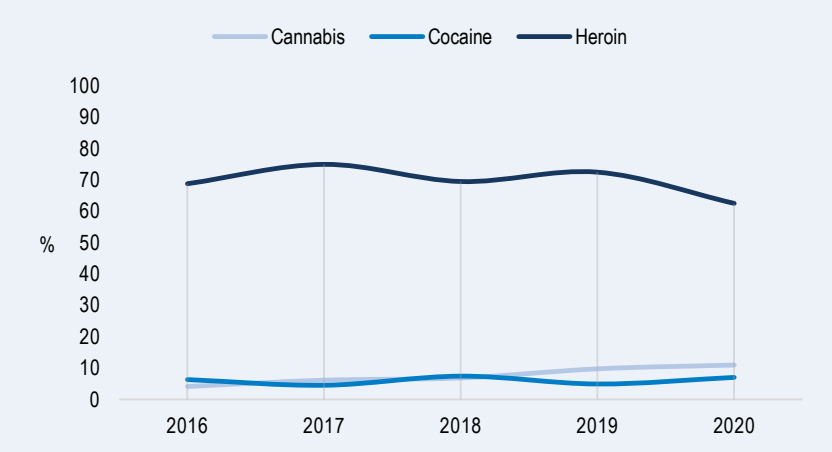
Of the harm reduction programme users who reported cannabis use in the last year (see section 1.1.3), 15.4% used cannabis every day, among them 9.9% several times daily, and 36.4% used it at least once a week. Almost all cannabis users (91.7%) smoked it, and only 1.9% also consumed it orally (ate a cookie, drank cannabis oil etc.) and 6.4% combined the route of administration.

Reducing the Demand for Cannabis

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

In 2020, the percentage of users, who entered a treatment programme in the network of Centres for prevention and treatment of illicit drug addiction (CPTDA) for cannabis problems, was 10,9 % (14 persons). The majority (12 persons) were male. The mean age at treatment entry was 31 years. In 2013, 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA. In 2016, the percentage of people who sought help due to cannabis use dropped and the second most frequent cause for entering a treatment programme was cocaine use. In 2017, in 2019 and in 2020, the percentage of users who entered treatment for cannabis problems again exceeded the percentage of users with cocaine problems, while in 2018, the percentage of those who entered treatment for cocaine-related problems was higher (Figure 5).The Treatment Workbook provides detailed statistical information about the users who enter treatment for cannabis problems.

Figure 5. Treatment entrants due to cannabis, cocaine and heroin problems, 2016–2020



Source: National Institute of Public Health, TDI 2020

Four non-governmental organisations reported on the number of those included in counselling programmes and treated for problems related to illicit drugs for 2020. The observations of two non-governmental organisation (Up Association and Projekt Človek) offering separate programmes for youth and adults, indicate that the majority of young people enter their programmes due to problems related to cannabis use or problems arising from the combined use of cannabis and other psychoactive substances. The majority of the users included in the Centre for Addiction Prevention (CPO) experience problems with the use of cannabis or the combined use of cannabis and other psychoactive substances. Cannabis is the second most frequent cause for users to enter the DrogArt counselling programme. In general, the COVID-19 epidemic did not result in a decrease in the number of users, although certain programmes recorded a longer period of participant inclusion. The Up and DrogArt associations had an increased number of participants in 2020 due to problems with alcohol. The Up association continues to observe participants with associated mental health problems, such as anxiety and depression, while the programme also includes participants with non-chemical addictions (Table 7).

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

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

*Amphetamines, GHB, psychedelics, 3-MMC, benzodiazepines, ketamine

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

Otherwise, cannabis users can also seek help in all drug treatment programmes: CPTDA, in harm reduction programmes and social rehabilitation programmes. The mentioned programmes offer various forms of treatment: counselling, quick interventions, treatment and social rehabilitation.

High Risk Cannabis Use

Miran Brvar

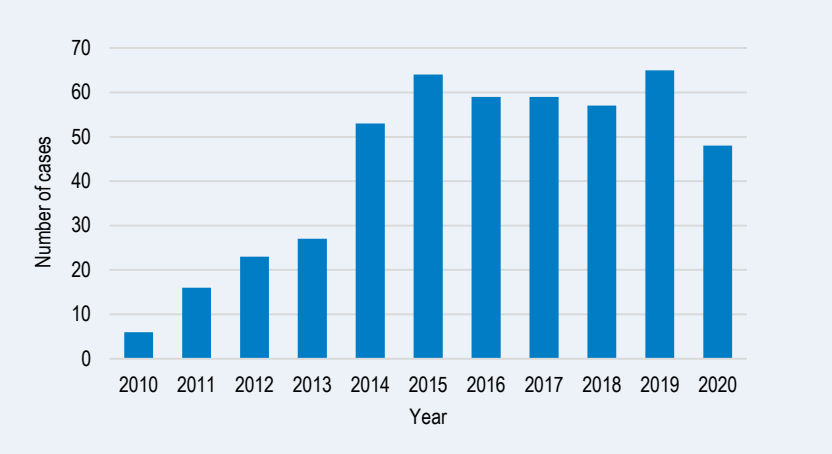
In the National survey on the use of tobacco, alcohol and other drugs 2018 0.7% of inhabitants of Slovenia aged 15-64 years reported cannabis use 20 or more days in the last 30 days.

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

The data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of poisonings by cannabis or THC, which is in the plant, has grown constantly for the past few years. The number of THC poisonings grew substantially in 2014, almost

doubling with respect to the year before.). As many as 64 such patients were treated in 2015, the largest number to date. In years 2016, 2017, 2018 and 2019 the increase in the number of THC poisonings stopped (at around 60 patients (Figure 6). In the period from 2014 to 2017 and again in 2019, cannabinoids were the most commonly used illicit drugs registered with adults who experienced drug poisoning in Ljubljana, while in 2018 they were overtaken by cocaine poisonings.There are also individual cases of acute emergencies induced by hash oil, which is extracted from cannabis, where patients are typically older people with other medical conditions.

Figure 6. Number of poisonings with cannabis, 2010–2020



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

Doctor consultations on drug poisonings in the scope of the 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana (2020)

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

The 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana treated 158 poisoned patients in 2017 who consumed a total of 182 illicit drugs, 128 poisoned patients in 2018 who consumed a total of 171 illicit drugs, 195 poisoned patients in 2019 who consumed a total of 258 illicit drugs, and 122 poisoned patients in 2020 who consumed a total of 166 illicit drugs (Table 8).

Table 8. Number of patients and illicit drugs used by poisoned patients treated in the scope of the 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana

Drug	Number of drugs			
	2017 (n = 182)	2018 (n = 171)	2019 (n = 258)	2020 (n = 166)
Heroin	19	17	31	33
Cocaine	28	30	48	28
Cannabis	46	45	73	43
LSD	4	4	4	4
GHB, GBL, BD	14	20	33	15
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar substances)	37	25	38	23
New psychoactive substances (3-MeO-PCE, 3-MMC, 5F-AKB48 and unknown new psychoactive substances)	32	30	24	11
Psilocybe	2	0	1	4
Unknown drugs			7	5

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

When interpreting data regarding doctor consultations, we must take into account the fact that doctors only call an on-duty toxicologist if they need help or advice. If they are familiar with the treatment of drug poisonings and have experience in treating poisoned patients, they do not need to call a toxicologist for assistance. Thus, the data in Table 2 do not reflect the actual number and relationship between drugs used, i.e. doctors call less frequently for heroin overdoses, as they are familiar with such cases.

The 24-hour toxicological information service of the Centre for Clinical Toxicology and Pharmacology at the University Medical Centre Ljubljana handled fewer poisonings with all types of drugs in 2020, except for heroin, which is in line with data regarding the treatment of patients suffering from drug poisoning at the UMCL's emergency internal medical clinics. The reduction in the number of poisonings was probably the consequence of the COVID-19 epidemic, as not only the number of heroin poisonings was down.

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

Synthetic Cannabinoids

Tjaša Kepe, Marija Sollner Dolenc

From December 2019 to April 2020, a survey was conducted on the use of new psychoactive substances among the students of the University of Slovenia. Among other, the questionnaire included questions on the knowledge of synthetic cannabinoids.

The target population were young adults between the ages of 18 and 27– the average age amounted to 21.9 years – from all over Slovenia studying actively at any faculty of the University of Slovenia. Using web surveying (www.1ka.com) 1415 correctly filled-out questionnaires were collected, 23% of which were completed by men and 77% by women.

The selected synthetic cannabinoids listed in Table 9 were known by around 4.71% of respondents on average, 1.20% of which were reported by men and 3.51% by women. Most of whom were familiar with the synthetic cannabinoid AM-2210. The use of the synthetic cannabinoids listed was reported by 0.60% of respondents on average, 0.20% of which were reported by men and 0.40% by women. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 18.1 years. The lowest reported age upon first use of these drugs was 13 and the highest was 25.

Table 9. The share (%) of identification and lifetime prevalence of synthetic cannabinoid use among all (1415) students

Drug	Identification (%)	Prevalence (%)
5F-APINACA	1.9	0
ADB-FUBINACA	1.2	0.1
MDMB- CHMICA	7.1	0.6
5F-MDMB-PICA	3.4	0.2
5F-MDMB-PINACA	1.8	0.1
AMB-CHMINACA	1.1	0.1
ADB-CHMINACA	1.2	0.1
AB-CHMINACA	1.1	0.1
JWH-018 (Spice)	10.7	0.4
JWH-210	1.1	0
AM-2210	37.6	6.8
UR-144	0.5	0.1
CP-47/497	1.0	0.1
AH-7921	0.4	0
HU-210	0.6	0.1

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2019/2020

When questioned how they came into contact with synthetic cannabinoids, 59.4% of respondents (out of all 106 who confirmed the use of at least one of the substances) answered that they got them from their friends, 38.7% answered that they got them at a party, 15.1% bought them from a dealer and 1.9% bought them online.

62.3% of respondents (out of all 106 who confirmed the use of at least one of the substances), reported having used the synthetic cannabinoids for less than a month, 18.9% reported having used it for 2 years or more, while 15.1% reported that they still used the drug, which is alarming.

Positive and negative experiences with the drug were reported by 34.9% of respondents (out of all 106 who confirmed the use of at least one of the substances), 54.7% reported only positive experiences and 10.4% reported only negative experiences. Some of the negative experiences mainly include feelings of paranoia and anxiety, depression, nausea, difficulty breathing, etc.

On a scale of 1 to 5 (1 representing lack of information), respondents also assessed their knowledge on the dangers of using synthetic cannabinoids, with 28.8% assessing their knowledge with 1 and 6.3% believing that they were well informed. The average amounted to 2.4% and showed that the general knowledge of this type of drug is very poor.

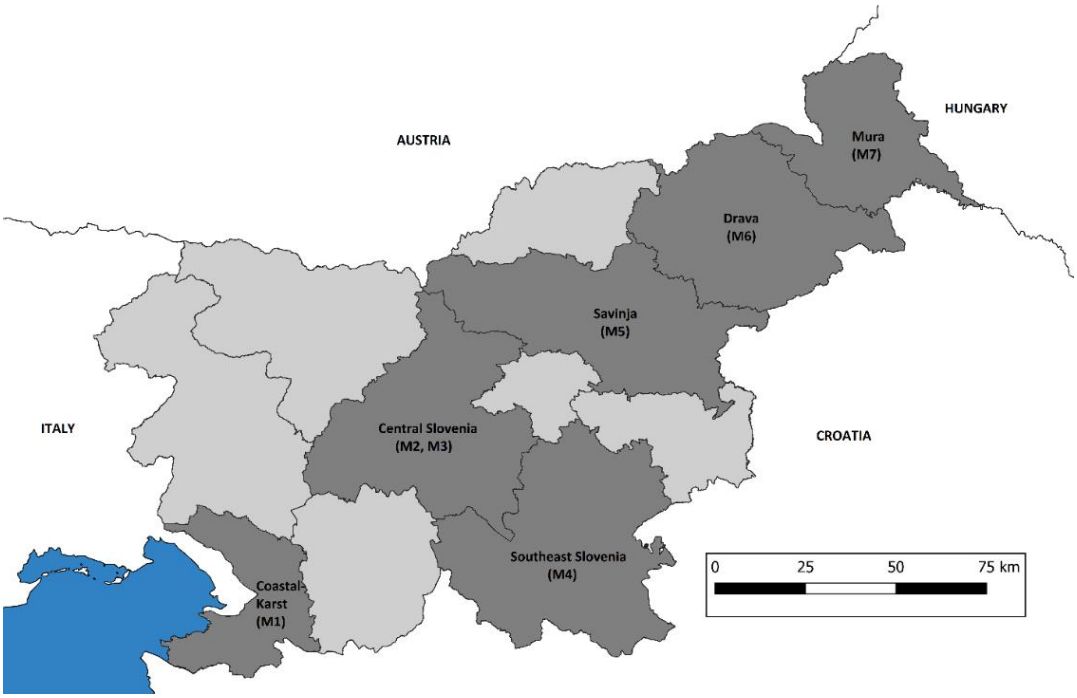
2. Additional information

Results of the wastewater analysis from Slovenian education institutions

Taja Verovšek, Ester Heath

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

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



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

We can conclude the following from the results of the analysis of wastewater samples from education institutions (Table 10):

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

Table 10. Occurrence of drug biomarkers in wastewater samples from all education institutions (FO, n=40).

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

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

Further aspects of cannabis use

Anej Korsika Knific

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

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

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

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 The Relative Importance of Different Stimulant Drugs

Andreja Drev

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

For several years, cocaine has been the stimulant drug due to which users most frequently enter a treatment programme or therapeutic treatment or use other forms of help. Cocaine also has the highest number of poisonings and deaths among stimulant drugs. In 2018 and 2019, cocaine was the leading cause for drug-related deaths. During the period of ecstasy shortage and later in the time of the economic and migrant crisis with a cocaine shortage on the drug market, the synthetic cathinone 3-MMC became popular in different user groups (Sande et al. 2016) but with time, its presence decreased. In the last five years, very pure cocaine and strong ecstasy tablets are being detected on the drug market, In addition, non-governmental organisations report significant accessibility of cocaine in nightlife settings and among various groups of users, including young users (SI EWS 2017, 2018, 2019, 2020 monthly reports).

Stimulant Use in the General Population

Andreja Drev, Darja Lavtar, Maruša Rehberger

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

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

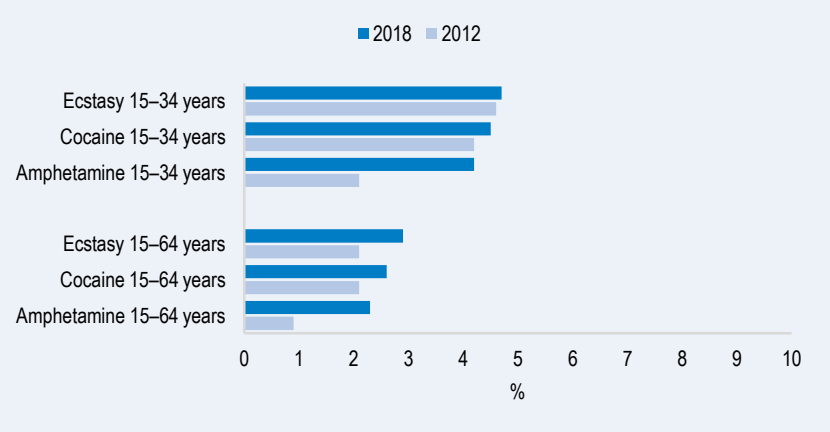
Table 10. The percentage of lifetime, last year and last month prevalence of ecstasy, cocaine, and amphetamine use in the 15–64 and 15–34 age groups, in total and by gender

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

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

A comparison between 2012 and 2018 reveals that the 15–64 age group has seen an increase in the lifetime use of ecstasy and amphetamine, while the 15–64 age group has seen an increase in the use of amphetamine (Figure 7).

Figure 7. A comparison of the lifetime prevalence of the use of ecstasy, cocaine, and amphetamine in the 15–64 and 15–34 age groups between 2012 and 2018



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

Stimulant Use in Schools and Other Sub-populations

Stimulant Use in Schools

ESPAD

Tanja Urdih Lazar

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

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

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

Stimulant Use in Other Sub-populations

Živa Žerjal, Ines Kvaternik, Andreja Drev

According to data from the survey conducted in 2020 by the National Institute of Public Health among 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 by 30.3%, 26.1% and 25.6% of those persons.

Stimulant drugs are also popular among harm reduction programme users, who are most often opioid drug users. In the Survey on harm reduction users 2020, approximately two thirds (64.4%) 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 (59.2%). 25.3% of drug users consumed cocaine once per week or more often, 13% used cocaine every day or several times per day. The highest percentage of cocaine users were aged 35 to 39 (26.5%).

22.1% of the respondents used amphetamines and methamphetamines in the last year.

30.2% reported to use this type of drug several times per month 43.4% reported to use it just a couple of times per year while 13.2% used it once per week or more often. The highest percentage of amphetamine and methamphetamines users were aged 40 to 44 (30.4%).

15.9% of the respondents used ecstasy in the last year. Most of them (64.1%) used ecstasy just a couple of times per year. The highest percentage of ecstasy users were aged 40 to 44 (27%).

The use of amphetamine, methamphetamine and ecstasy fell in 2020 relative to 2019. We assume that this is the consequence of measures to contain the COVID-19 epidemic, which brought a halt to public life (see the book, Harms and Harm Reduction, 2020).

In 2020 we recorded the lowest use of stimulants during the last five years

1.2 Patterns, treatment and problem/high risk use

Patterns of Stimulants Use
Ines Kvaternik, Živa Žerjal

Among respondents from harm reduction programme users (Survey among drug users in harm reduction programs, 2020), who reported they had used cocaine (59.2%) in the last year, 46.2% of them injected cocaine and 22.1% combined injections with other routes of administration, 21.4% sniffed it, 6.2% smoked it and 4.1% combined smoking and sniffing. Among users who said they used amphetamine and methamphetamine (22.1%),

11.8% injected the drugs, 39.2% sniffing, 13.7% smoking and 15.7% of these users combined injecting with other routes of administration (orally, sniffing, smoking etc). Among ecstasy users (15.9%), the largest percentage (66.7%) consumed it orally (ate/drank it), 12.8% sniffing, and 7.7% of users combined oral consumption with sniffing. 4.8% of users combined injections with other routes of administration.

Treatment for Stimulants
Andreja Drev, Nataša Delfar

Data on treatment demand reveal that, in 2020, 7.8% (10 persons) of users who entered treatment programme at network of CPTDA for the first time or again, sought help due to stimulant use. More than half of them were men (6 persons). Among stimulants, cocaine is the leading drug due to which users enter treatment. In 2020, cocaine was the third most frequent reason for entering treatment (Figure 4) (see also section A Cannabis T1.2.2). In 2020, 7% (9 persons) of users entered treatment programmes due to cocaine-related problems; most of them were men (6 persons). The mean treatment entry age for cocaine problems was 31years and 35 years for other stimulant drugs (detailed statistics available in Treatment Workbook).

In Slovenia, users of stimulant drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of NGO programmes for stimulant drug users carried out by the DrogArt Association, Society Up, Projekt Človek and within NIPH Centre for treatment of addiction. In, 2020 these four institutions provided counselling and psychotherapy services to 116 persons who joined their programme due to cocaine problems.

High Risk Stimulant Use
Miran Brvar

Data on poisonings by illicit drugs collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of cocaine poisonings was similar between 2010 and 2013, but more than doubled in 2014 in Ljubljana (34 cases of poisoning in 2014). In 2016, the number of cocaine poisonings reached 54 patients, topping the number of acute emergencies induced by heroin. In 2018 the number of cocaine poisonings reached its highest level of the last 16 years, and cocaine was the most frequently abused illicit drug by patients treated at the University Medical Centre Ljubljana's emergency internal medical clinics for the first time. The number of cocaine poisonings was down

slightly in 2019. However, the proportion of cocaine poisonings was up relative to the proportion of heroin poisonings, as we treated twice as many patients suffering from cocaine poisoning than heroin poisoning in 2019. The number of cocaine poisonings fell further in 2020 and could be the result of the COVID-19 epidemic.

The number of poisonings with 'traditional' amphetamine-type stimulants, including amphetamine, methamphetamine, MDMA and similar phenethylamines, was down by one-half in 2020 relative to 2019, when poisonings were down only slightly relative to 2018, when the highest number of poisonings was recorded in the last ten years. We attribute this to restrictions due to the COVID-19 epidemic.

Synthetic Cathinones

Tjaša Kepe, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Slovenia revealed that more students know synthetic cathinones than synthetic cannabinoids. The selected synthetic cathinones listed in Table 11 were known by around 9.28% of respondents on average, which is about 4% higher than with synthetic cannabinoids. 2.60% of which were reported by men and 6.66% by women. The use of the synthetic cathinones listed was reported by 0.60% of respondents on average, 0.33% of which were reported by men and 0.27% by women. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 19 years. The lowest reported age upon first use of these drugs was 13 and the highest was 24.

The most widely known was 3-MMC (called 'sladoled' or ice cream on the streets of Slovenia) with 26.6%, followed by 4-MMC with 16.2%, followed by methylone and methcathinone with 9.3% (Table 13). The use of synthetic cathinones was reported by an average of 4.8% of all (1415) respondents, most of them reporting the use of 3-MMC (2.8%). A reported total of 1047 students (out of all 1415 survey participants, so 74%) have recognized at least one of the mentioned synthetic cathinones and 51 students (3.6%) have used at least one of the substances before, at least once.

The average age of respondents who came into contact with the mentioned group of drugs was 19.0 years, which is 1 year more than the result from synthetic cannabinoids. The lowest age upon first use was 13, while the highest was 24.

Table 11. The share (%) of identification and lifetime prevalence of synthetic cathinones use among all (1415) students

Drug	Identification (%)	Prevalence (%)
4-MMC (Mefedrone)	16.2	0.7
3-MMC (Ice cream)	26.6	2.8
4-MEC	2.1	0.1
Etilkatinone	3.7	0
Petedrone	4.2	0.2
Metilon (Explosion)	9.3	0.6
Metkatinon (Efedrone)	9.3	0.4
MPDV	2.8	0

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2019/2020

When questioned how they came into contact with synthetic cathinones, 64.7% of respondents (out of all 51 who confirmed the use of at least one of the substances) answered that they bought a synthetic cathinone from a friend, 43.1% bought the drug at a party, 17.6% from a dealer and 3.9% bought it online.

64.7% of respondents (out of all 51 who confirmed the use of at least one of the substances) reported having used cathinones for less than a month, 9.8% reported having used it for 2 years or more, while 13.7% reported that they still used the drug.

When questioned about the effects of the drugs, 52.9% of respondents (out of all 51 who confirmed the use of at least one of the substances) reported positive effects, 37.3% reported mixed effects, i.e. both positive and negative, and 9.8% of respondents reported only negative effects. Negative effects were described primarily as depression, paranoia, headache, feeling unwell, etc.

On a scale of 1 to 5 (1 representing lack of information), respondents also assessed their knowledge on the dangers of using synthetic cathinones, with 56.0% assessing their knowledge with 1 and 3.9% believing that they were well informed. The average amounted to 1.8% and we concluded that there is an even bigger lack of knowledge concerning synthetic cathinones than with synthetic cannabinoids.

Injecting and other Routes of Administration

Among harm reduction programme users who used cocaine in 2020, 67.8% reported they injected it, while 28.3% of amphetamine and methamphetamine users and 12.8% of ecstasy users reported they injected the drug.

Cocaine is the prevalent stimulant drug, injected by harm reduction programme users. There was no significant change in the injection of cocaine between 2019 and 2020.

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

2. Additional information

Wastewater-based assessment of drug use in Slovenia

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

Wastewater-based epidemiology (WBE) was used to investigate the use of four illicit stimulants: amphetamine, methamphetamine, 3,4-methylenedioxymethamphetamine (MDMA, "ecstasy") and cocaine and cannabis in six Slovenian municipalities, including Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto and Velenje. Obtained results were compared with the data obtained for European cities and world capitals within an international monitoring campaign organized by Sewage Analysis CORe group Europe (SCORE) in 2020[1, 2]. Finally, this study examines timely changes in drug use patterns in Slovenian municipalities.

Results:

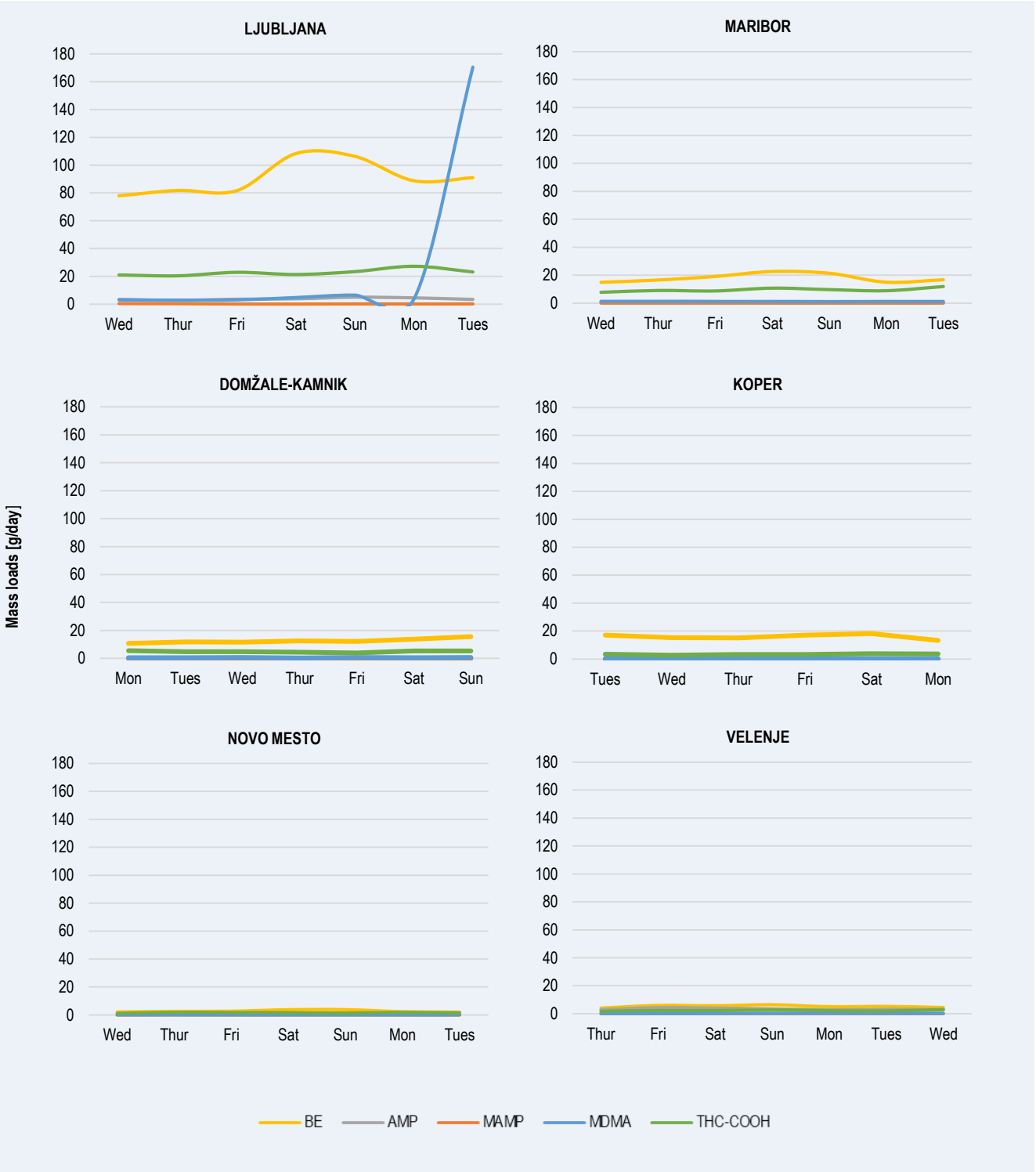
A) Mass loads of selected drug urinary biomarkers

Mass loads of illicit drug biomarkers are used to explore drug use patterns. When analyzing wastewater, stimulant residues show a distinctive weekly pattern [3-5], i.e., reflecting their higher consumption over the weekend than during weekdays, which was also observed in our previous studies (SCORE monitoring campaigns 2017–2019)[6,7]. In contrast, no distinctive weekly patterns were observed for amphetamine, methamphetamine and MDMA in this study, while the levels of benzoylecgonine (cocaine biomarker) did increase over the weekend in Ljubljana, Maribor, Domžale-Kamnik, Koper and Novo mesto. Weekly drug use patterns were also shown to be affected by the COVID-19 lockdowns [8, 9]. Extremely high MDMA mass load was observed in Ljubljana on sampling day seven (Tuesday) and may be related to either excessive consumption, deliberate disposal into the sewer or a combination of both. Although

additional studies are needed to explore the event further, excessive consumption seems the least possible explanation since Slovenia was in lockdown (12.3. – 31.5.2020) over the period when the samples were collected (30.3. – 21.4.2020). As expected, for those drugs used regularly throughout week 3, e.g., 11-nor-9-carboxy-Δ^9-tetrahydrocannabinol (THC-COOH), a biomarker of cannabis no distinctive weekly patterns were observed.

Figure 1. Plots of daily variations in stimulant biomarkers in 2019

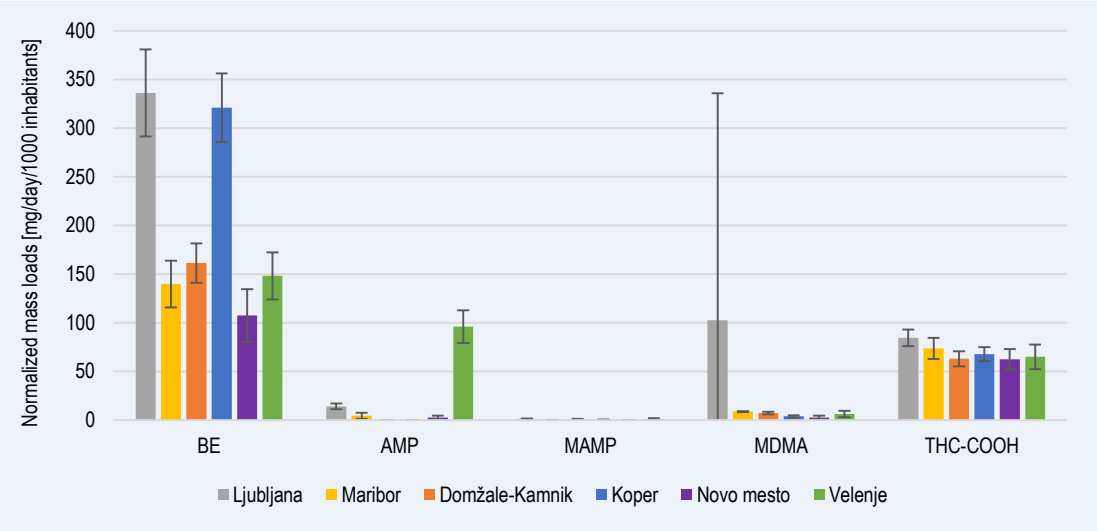
MDMA – 3,4-methylendioxymethamphetamine, MAMP – methamphetamine, AMP – amphetamine, BE – benzoylecgonine



In order to compare data from different-sized cities, all biomarker mass loads were normalized to the population served by each wastewater treatment plant. The highest average mass loads of THC-COOH (84.6 mg/day/1000 inhabitants), MDMA (102.5 mg/day/1000 inhabitants), methamphetamine (1.1 mg/day/1000 inhabitants) and benzoylecgonine (336 mg/day/1000 inhabitants) were observed in Ljubljana, while the average mass load of benzoylecgonine in Koper was right under Ljubljana (321 mg/day/1000 inhabitants). The average mass load of amphetamine (95.8 mg/day/1000 inhabitants) was highest in Velenje (Figure 2).

Figure 2. Histogram showing average mass loads of selected biomarkers in six Slovenian municipalities in 2020

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



All the municipalities except Ljubljana scored below the SCORE 2020 averages for the monitored biomarkers (Table 1). In Ljubljana, MDMA was above the average when taking into account all sampling days. However, if day seven is omitted (mass load of 14.6 mg/day/1000 inhabitants), the levels of MDMA match those reported in SCORE 2019 (26.3 mg/day/1000 inhabitants).

Table 1. Average mass loads and the estimated 2020 study averages (AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH - 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol)

Biomarker of illicit drugs	Ljubljana	Velenje	Koper	Maribor	Novo mesto	Domžale-Kamnik	Estimated 2020 study average [1,7]
	Normalized mass loads [mg/day/1000 inhabitants]						
BE	336	148	321	139	107	161	367
MDMA	103 (14.6*)	6.1	3.8	8.7	2.7	7.2	33
AMP	14.1	95.8	n.a.	4.4	2.7	n.a.	171
MAMP	1.1	1.0	0.2	n.a.	n.a.	0.7	61
TCH-COOH	84.6	64.9	67.7	73.6	62.5	63.0	97

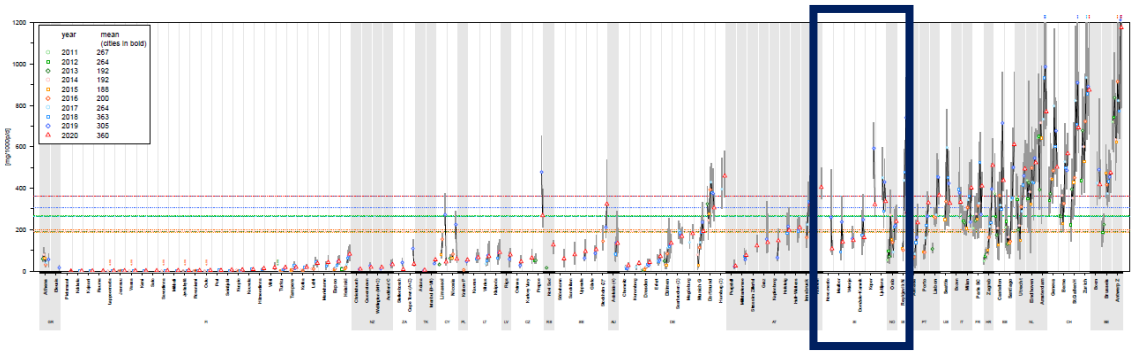
n.a. – not applicable (measured concentrations of biomarker were under the limit of quantification (AMP: 29.6 ng/L) in all obtained raw wastewater samples)

* – MDMA mass load calculated without the day with extreme value

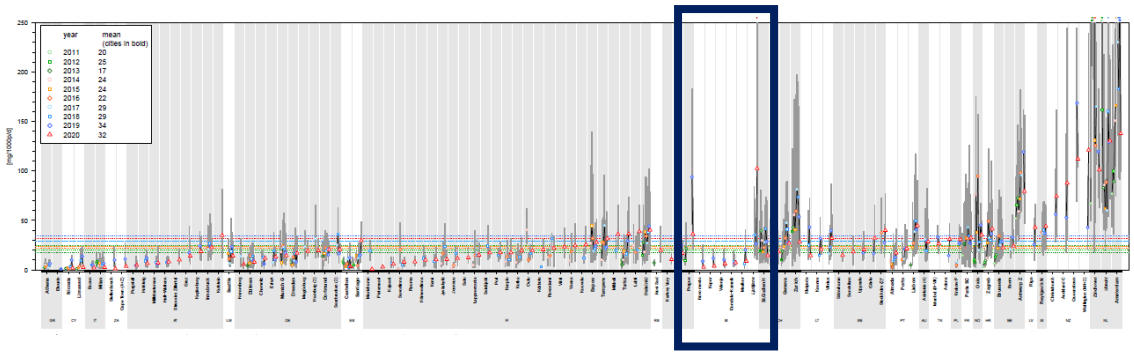
When comparing Slovene municipalities with European cities and other world capitals (n=101) participating in SCORE 2020 (Figure 3. a–d), Slovenian municipalities ranked in the upper half or in the middle regarding benzoylecgonine (Ljubljana: 19 place, Maribor: 38 place, Domžale-Kamnik: 35 place, Koper: 23 place, Novo mesto: 43 place, Velenje: 36 place), while most cities ranked in the bottom with mass loads of the other monitored biomarkers (amphetamine: lower that 71 place, methamphetamine: lower than 69 place and MDMA: lower than 71 place). The exceptions were Velenje and Ljubljana, which ranked in the upper part of the scales based on amphetamine (Velenje: 36 place) and MDMA mass loads (Ljubljana: 3 place). THC-COOH was due to COVID-19 not submitted on time to be included in the SCORE graphical presentation

Figure 3. Ranking of Slovenian municipalities based on benzoylecgonine (a), MDMA (b), amphetamine (c) and methamphetamine (d) mass loads in SCORE 2019 (adapted from SCORE COST webpage – graphical representation of results 2019[1]): y-axe: biomarker mass loads (mg/day/1000 inhabitants), x-axe: participating cities and countries.

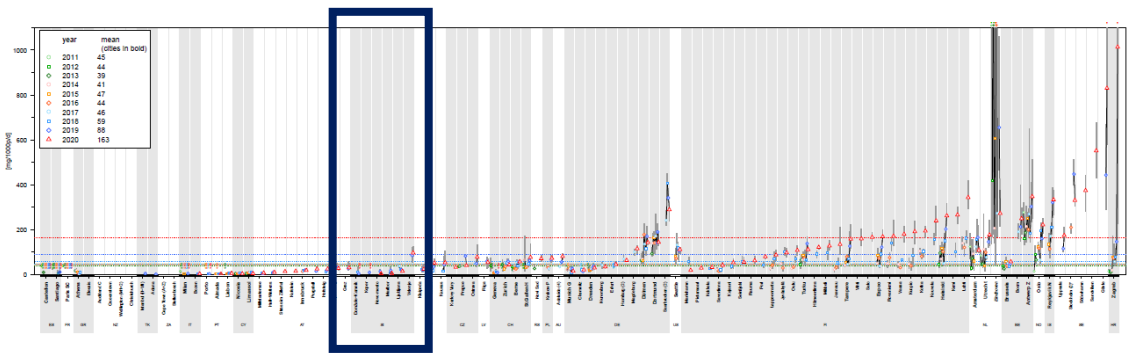
(a)



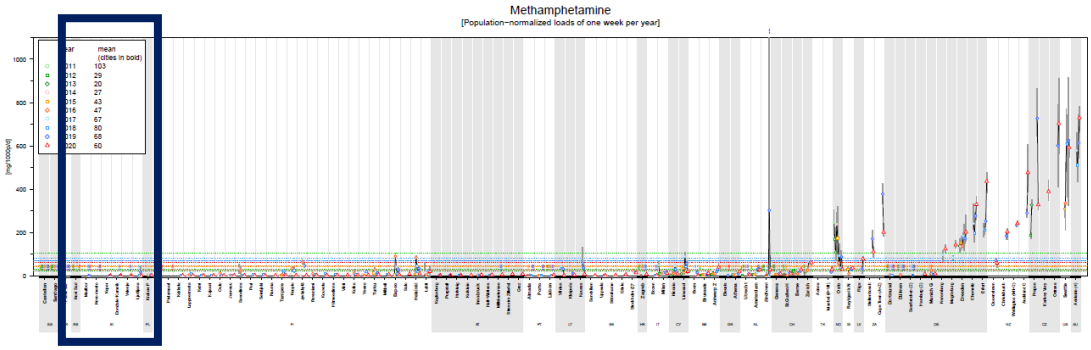
(b)



(c)



(d)



As all Slovenian municipalities are included in SCORE monitoring for at least two years (Ljubljana: four years; Maribor and Domžale-Kamnik: three years; Koper, Novo mesto and Velenje: two years), timely trends in drug consumption can be explored for all of them. Although some trends can be observed, according to SCORE, at least five annual measurements are needed to predict the timely trends.

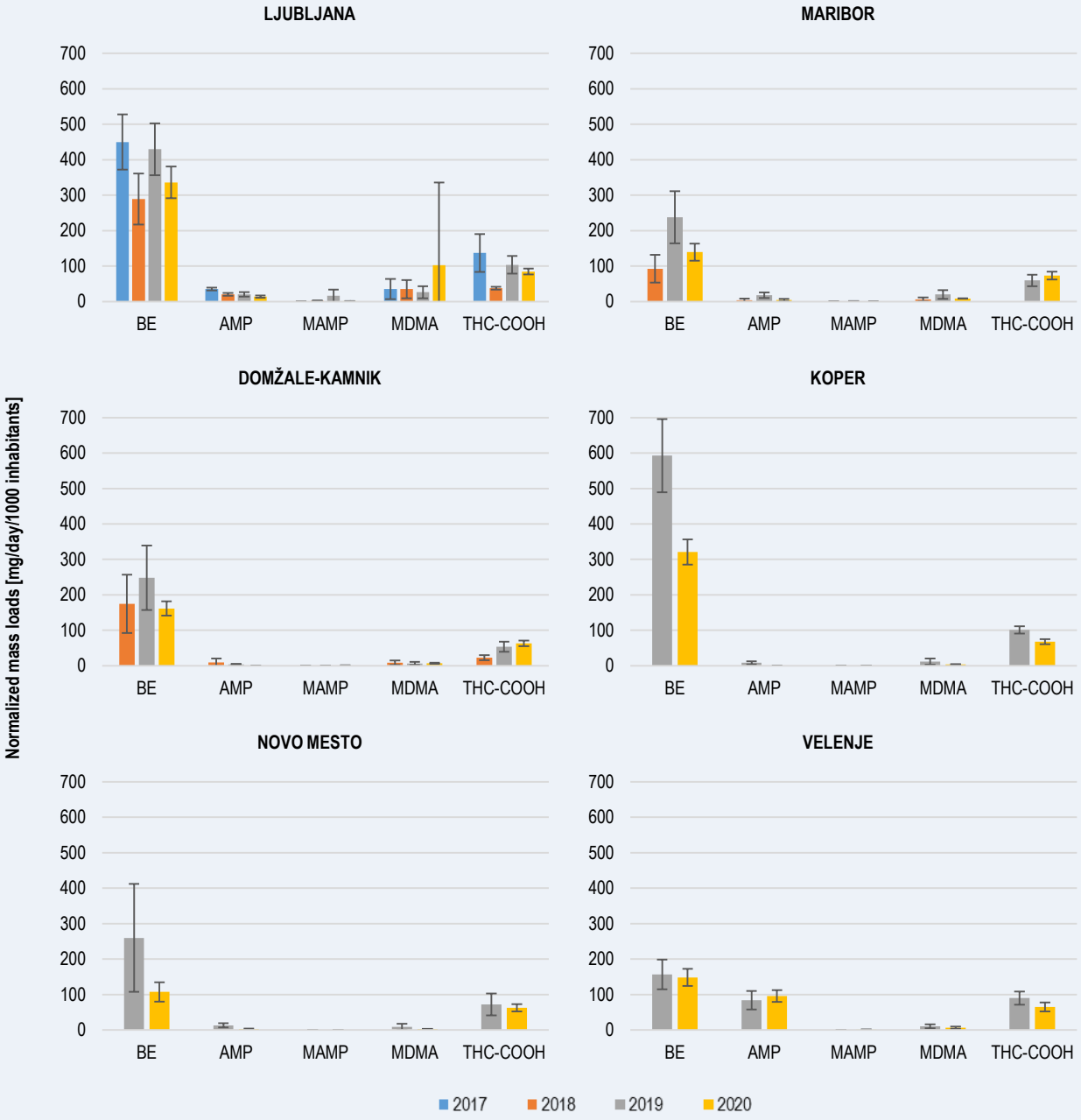
Lower consumption of monitored drugs can be observed in Ljubljana in 2020 in comparison to 2019, except for MDMA use, which was higher (Figure 4). Ljubljana is the only city that has been included in campaign for 4 years and throughout the monitoring program (monitored from 2017), cocaine and THC showed similar consumption trends (highest consumption in 2017 and lowest in 2018), while overall, their consumption is decreased. Similarly, consumption of amphetamine declined. The consumption of methamphetamine was up until 2019 but showed a decrease in 2020.

In Maribor (included in SCORE monitoring since 2018), a decline in stimulant use was observed between 2019 and 2020, while consumption of THC increased. In all three years of monitoring, the highest amounts of cocaine, MDMA and amphetamine residues were detected in 2019.

Compared to 2019, lower consumption of cocaine and amphetamine, unchanged consumption of MDMA and higher consumption of THC was observed in Domžale-Kamnik in 2020. The data also suggests that between three years of monitoring (2018–2020), amphetamine use declined while THC use increased. However, 5 successive year measurements are needed in order to add confidence in trends observed.

For the second time, Koper, Novo mesto and Velenje were included in SCORE (2019 and 2020). Except for methamphetamine, a decline in the consumption of all monitored drugs was observed in Koper while methamphetamine remained comparable. In Novo mesto, consumption of stimulants was lower in 2020, while Velenje stimulant use remained the same.

Figure 4. Histogram of average mass loads of selected illicit stimulant biomarkers for Slovenian municipalities, participating in SCORE monitoring for two or more consecutive years AMP – amphetamine, BE – benzoylecgonine, MAMP – methamphetamine, MDMA – 3, 4-methylendioxymethamphetamine, THC-COOH - 11-Nor-9-carboxy-Δ9-tetrahydrocannabinol



B) Estimation of illicit stimulant use

When biomarkers mass loads are back-calculated to drug consumption (mg of drug/day/1000 inhabitants or doses/day/1000 inhabitants; Table 2), cannabis (THC) is the drug most consumed (average consumption: 137–185 doses/day/1000 inhabitants), while cocaine is the most commonly consumed stimulant (average consumption: 8.6–16.8 doses/day/1000 inhabitants)..

Table 2. Average illicit stimulant use

	Ljubljana	Velenje	Koper	Maribor	Novo mesto	Domžale-Kamnik
	Drug use [mg/day/1000 inhabitants]					
Cocaine	1210	532	1150	501	386	579
Amphetamine	39.0	266	n.a.	24.1	7.37	n.a.
Methamphetamine	4.92	4.28	1.80	n.a.	n.a.	3.21
Ecstasy (MDMA)	4.52	27.0	16.7	38.4	12.0	31.8
Cannabis (THC)	15400	11800	12300	13400	11400	11500
	Drug use [doses/day/1000 inhabitants]					
Cocaine	26.8	11.8	25.6	11.1	8.60	12.9
Amphetamine	0.82	5.59	n.a.	0.51	0.16	n.a.
Methamphetamine	0.25	0.21	0.09	n.a.	n.a.	0.16
Ecstasy (MDMA)	4.75	0.28	0.18	0.40	0.13	0.34
Cannabis (THC)	185	142	148	162	137	138

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

Conclusions

In 2020, six Slovenian municipalities (Ljubljana, Maribor, Domžale-Kamnik, Koper, Novo mesto and Velenje) participated in the SCORE. The data show cocaine, MDMA, methamphetamine and cannabis/THC use was the highest in Ljubljana, while Velenje had the highest amphetamine use. Except for MDMA in Ljubljana (when all sampling days are accounted for), all Slovenian municipalities were below the SCORE (2021) average for all monitored biomarkers. Cocaine use ranked in the upper half or middle of participating municipalities, while other drugs (except amphetamine in Velenje and MDMA in Ljubljana) ranked in the bottom half. Timely trends in drug use were specific for each Slovenian municipality; however, at least five consecutive annual measurements are needed to gain more confidence in trends observed.

SECTION C. HEROIN AND OTHER OPIOIDS

1. National profile

1.1 Prevalence and trends

The Relative Importance of Different Opioid Drugs
Andreja Drev

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

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

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

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

Estimates of Opioid Use in Sub-populations

Estimate of the number of high risk opioid users
Ines Kvaternik, Katja Rostohar

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

In the calculation of the number of high-risk opioid users (HROU) the treatment multiplier method has been applied with two different databases. The records of treatment of drug users (the TDI database) and the survey among drug users in harm reduction programs (the HR database).

To estimate the number of high-risk opioid users in year 2020, we used the data provided by 20 Centres for the prevention and treatment of illicit drug addiction and the Centre for Treatment of Addiction. Due to corona situation five centres did not collect and therefore report all the data, so we replaced (interpolated) this data according to the reported data from previous years. In total, 2.722 different drug users were in database TDI and the data on the number of incarcerated people receiving substitution therapy have been added (866 persons). Data for HR database was collected in 12 harm reduction programs with the survey applied among them (Survey among drug users in harm reduction programs,2020). The response rate was 12.4%, where 255 drug users filled the questionnaire among 2.060 different drug users included in harm reduction programs in year 2020.

Table 14 shows the estimated number of high-risk opioid users in Slovenia with treatment multiplier method. We estimated that there were about 4.443 high-risk opioid users in Slovenia in 2020 (with the 95% confidence interval from 4.139 to 4813), 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.

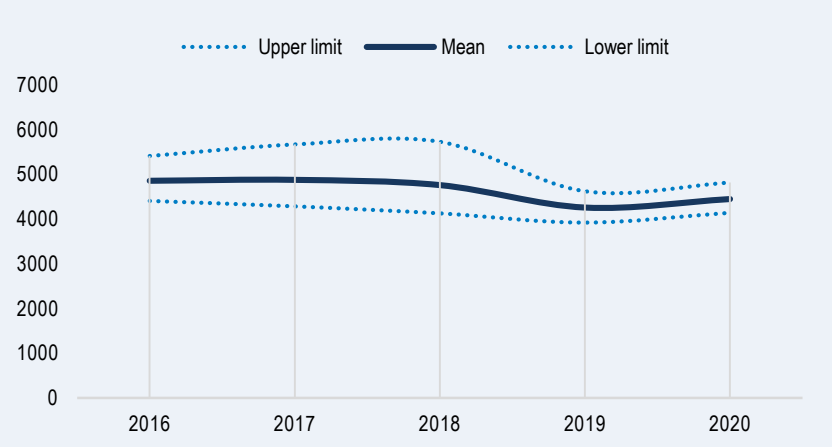
Table 14. An estimated number of high risk opioid users (HROU) in year 2019, using the treatment multiplier method (used datasets from OST and HR programs)

	Lower limit	Average estimate	Upper limit
HROU number estimate	4139	4443	4813
15–64/1,000 resid.	3.3	3.1	3.6

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

The estimated number of HROU in Slovenia showed that there was approximately 4.853 high-risk opioid users in year 2016, 4.873 in year 2017 4.756 in year 2018, 4.252 in year 2019 and 4.443 in year 2020, which indicates a stable trend of the number of such users in the last years (Figure 12). The estimate mostly included the drug users that were included in treatment programs (OST or HR), since the method applied only that kind of datasets.

Figure 12. Estimate of the number of high risk opioid users, 2016–2020



Source: NIPH, Datasets from OST and HR programs (NIPH), estimated number of HROU from 2016-2020, using treatment multiplier method

We assume that the HROU calculation is underestimated, since we calculate the entire population of high-risk drug users (HRDU) based on available data sources from treatment centres and non from other sources. There is mostly younger population of drug users who is less likely present/included in existing harm reduction or treatment programs. In view of that, in 2019, we also calculated the number of HRDU. For that purpose, we used the data from the TDI database and the database of dead users. The estimate was obtained with the capture recapture method (CRC) and it shows that in the period from 2013 to 2016 there were about 6,000 to 10,400 risky drug users in Slovenia. We assume that this estimate was overvalued, since persons who are not included in treatment programmes, are more likely to die due to drug use. Due to the discrepancies in the estimates, which are a consequence of poor access to high-quality data for the calculation of HRDU, we are considering further in-depth research activities of the field.

Context information

Since 2013, the prevalence of high-risk opioid use in Slovenia has been relatively stable however, the data shows that the number of people seeking for help in treatment centres did not decrease dramatically during the pandemic situation (See Harms and Harm Reduction Workbook). This is probably due to stable use of heroin according to Survey among harm reduction programmes users. In general, for younger persons, the use of opioids seems no longer to be attractive in contrast, for example, to the use of cannabis and stimulants, so that clients in treatment programme and in harm reduction programs represent an aging cohort (older population). This is also in line with the fact that the average age of victims of drug-induced deaths has been rising for years. Ageing of this population causes a number of additional problems, both health-related and social, and hence many new needs.

1.2 Patterns, treatment and problem/high risk use

Patterns of Heroin/Opioid Use

Ines Kvaternik, Živa Žerjal

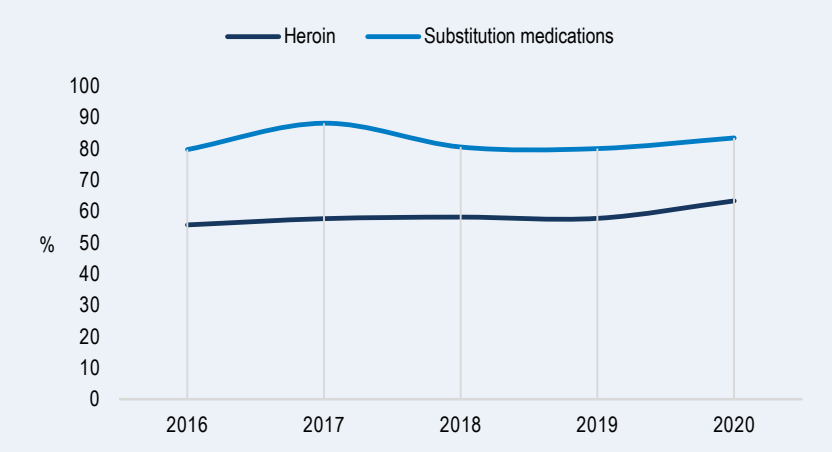
The prevailing group of drugs used by harm reduction programme users remain opioids (heroin and substitution medications), which were used in the last year by 91.7% of all respondents.

Heroin was used in the last year by 63.3% of respondents. A total of 70.9% of heroin users injected the drug, while 12.7% of those persons also smoked or inhaled it, and 12.7% snorted it. The majority of those surveyed used heroin several times a month (28.8%) or several times a year (26%), while 20.5% of users used heroin at least once a week, and 24.7% used it every day or several times a day. The majority of heroin users are 35 to 39 years old (28%), while that proportion is slightly lower (26.1%) among persons aged 40 to 44.

A total of 86.2% of survey respondents took substitution medications orally, while the remainder used a combined form of consumption. Some 8.7% of those persons stated that they also injected substitute medications. The majority (77.3%) used substitution medications every day. The majority of substitution medication users were aged 40 to 44 (32.2%).

It is evident from Figure 13 that the use of substitution medications among participants in harm reduction programmes exceeded the use of heroin between 2016 and 2020, while the use of both was up slightly during the observation period.

Figure 13. Heroin and substitution medications use among harm reduction programme users, 2016–2020



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

Hypnotics and tranquillisers were used by 65.6% of respondents, who usually took them orally (57.5%). 9.4% injected them, 5.7% combined injecting with other ways of use and 17.5% sniffed them. Half of them used these drugs at least every day (44.8%). The majority of users were 40 to 44 years old (31.3%).

Treatment for Heroin and Other Opioids

Andreja Drev, Nataša Delfar

In 2020, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In the same year, 75.7%of users etered tretment at CPTDA for the first time or again due to opioid as the main drug. Among users seeking help due to opioids at CPTDA, those seeking help due to heroin as the main drug prevail (82.4%) over those seeking help due to the buprenorphine (6%), methadone bought on the black market (7%), and other opioids (1%). Users who enter treatment programmes due to opioid problems are mostly men (77.3%). The mean age of entering a programme for opioid treatment is 36.67 years. Despite the number of those who were included in treatment programmes due to problems with heroin or opioids has been in decline since 2014, the period from 2015 to 2019 saw an increase of the percentage of those who were included in treatment due to heroin problems (detailed statistical data available in the Treatment Workbook).

In Slovenia, users of opioid drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of NGO programmes carried out by the DrogArt Association, Society Up, Projekt Človek and within NIPH Centre for treatment of addiction. In 2020, these four institutions provided counselling and psychotherapy services to 175 persons who joined their programme due to heroin or other opioid problems (see also section A Cannabis T1.2.2). Opioid users can also seek help within the scope of the harm reduction programmes. Harm reduction programmes in the field of drugs, which are relatively easily accessible, carry out a service of replacing sterile materials, informing and offering counsel. Harm reduction programmes in the field of drugs carry out the following services: daily centre, safe house for female drug users, shelter for homeless drug users, field work and field work with a mobile unitt.

High Risk Opioid Use
Miran Brvar

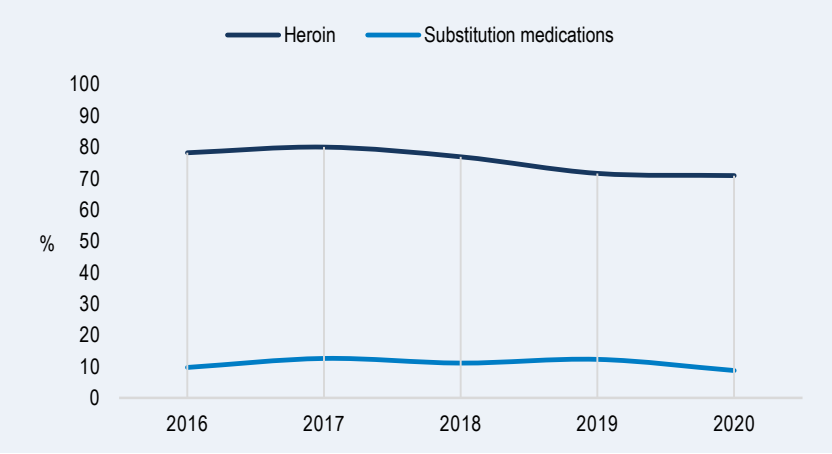
The number of heroin poisonings fell gradually between 2007 and 2012, while they began to rise again in 2013 and continued rising until 2015. The number of heroin poisonings were down sharply in 2017, albeit temporarily, and then began to rise again. There were thus more heroin poisonings in 2020 than in 2019.

Injecting and other Routes of Administration
Ines Kvaternik, Živa Žerjal

According to the survey on (the characteristics of) harm reduction users 2020 data, injecting is still the prevalent route of administration among harm reduction programme users. More than a half (56,5%) of the respondents reported they injected any type of drug. Those who used heroin in the last year mostly injected it (70.6%).

In the period from 2017 to 2019 the injecting of heroin and injecting of substitution medications remained on a relatively stable level. We recorded a drop in injections in 2020. The proportion of users who inject substitute medications (8.7%) was actually lower than in 2016 when that figure stood at 9.7 % (Figure 15). The drop in injections of substitute medications can be linked to data regarding an increase in the number of drug users who were included in substitution therapy in 2020, which was the result of general measures to contain the epidemic (see the book, Harms and Harm Reduction).

Figure 15. Injecting heroin and substitution medications among harm reduction programme users, 2015–2019



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

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

2. New developments

New Developments in the Use of Heroin and Other Opioids
According to NGO reports, a group of young people, including adolescents who use opioids, has appeared in Ljubljana. The use of etazene among certain recreational drug users was observed during the COVID-19 epidemic.

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

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

Prevalence and Trends in NPS Use

ESPAD
Tanja Urdih Lazar

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

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

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

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

The survey on NPS use among the students of the University of Slovenia
Tjaša Kepe, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Slovenia also covered the use of new psychoactive substances that are not listed in the group of synthetic cannabinoids or cathinones. The selected substances listed in Table 1 were known by around 7.12% of respondents on average, 2.43% of which were reported by men and 4.69% by women. The use of the substances listed was reported by 0.58% of respondents on average, 0.33% of which were reported by men and 0.25% by women. Respondents mostly recognized the new psychoactive substance ketamine with 54.3%, followed by 1P-LSD with 44.9%, DMT with 21.8% and GBL/GHB with 19.8% (Table 16)..

Table 16. The share (%) of identification and lifetime prevalence of synthetic cathinones use use among all (1415) students

Drug	Identification (%)	Prevalence (%)
25C-NBOMe	3.1	0.7
25I-NBOMe	2.8	0.4
25B-NBOMe	2.5	0.3
25D-NBOMe	2.4	0.1
a-PVP	2.7	0.1
Ketamine	54.3	3.4
2-FA	1.4	0.4
4-FA	1.6	0.4
Flubromazolam	4.7	0.2
Clonazolam	7.2	0.1
Flualprazolam	6.2	0.4
Etizolam	6.6	0.2
X-MMC	5.0	0.4
DMT	21.8	1.9
1P-LSD	44.9	2.7
3-meo-PCP	7.9	0.1
Metoksetamin (MXE)	13.1	0.3
Etilfenidat	5.8	0.4
AL-LAD	2.3	0.1
LSZ	4.7	0.3
GBL/GHB	19.8	2.4
2C-B	5.2	1.6
2-Br-4,5-DMPEA	0.8	0.1
Kratom	6.4	1.4
4,4'-DMAR	0.5	0.1
MT-45	0.4	0
2-FMA	1.3	0.2
5-APB	0.5	0.1
6-APB	0.5	0.1
5-MAPB	0.5	0.1
5-EAPB	0.3	0.1
4-OH-MET	1.9	0.3
4-ACO-DMT	3.0	0.4

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2019/2020

67.2% of all respondents (out of all 131 who confirmed the use of at least one of the substances) had only positive experiences with other new psychoactive substances, while 26.0% reported experiencing both positive and negative effects and 6.9% reported only negative effects. Some of the negative experiences mainly include feelings of paranoia, nausea, anxiety and vomiting.

The survey also focused on a comparison of the risks involved in the use of new drugs compared to 'classic' illicit drugs, such as heroin, cocaine and marijuana. The risk was assessed using a scale from 1 to 5, with 1 representing *much* less risky than 'classic' drugs and 5 representing very risky compared to 'classic' drugs. Almost half of the respondents (43.5%) assessed the risk with grade 3. The mean

value of the answers selected amounted to 3.6, which equals the danger of new drugs with that of classic ones according to the opinions of respondents.

Respondents were also asked where they would turn to for help in case of problems related to the use of new psychoactive substances. There were multiple answers possible. 71.9% of respondents answered that they would seek help from friends, 40.9% would go to their family and relatives, 35.4% would seek help from the forums dealing specifically with such issues, 30.8% would call anonymous help lines intended for drug users, 29.0% would go to the DrogArt Association. 27.3% would see their personal doctor, while others would not seek help at all or would seek help from psychologist/psychotherapist or would not know how to act in such a situation.

Of all respondents (1415), 0.6% already sought help in the past due to NPS.

2. New developments

New Developments in the Use of NPS and Other Drugs

NGOs have reported on the reappearance and use of 3-MMC, which was very popular in the past, around 2013. The use of 3-MMC has been observed in different groups of users, in particular among high-risk users, experienced recreational users who frequently use several drugs on one occasion, young users with psychosocial problems, and among homosexual men. High-risk users combine 3-MMC with depressants, while experienced recreational users combine drugs such as cocaine, MDMA, GHB and ketamine.

SECTION E. SOURCES AND METHODOLOGY

1. Sources and methodology

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

Survey on (the characteristics of) harm reduction users, 2020

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

Data by the Centre fo clinical toxicology and pharmacology of UMC LJ, 2020

Record of Treatment of Drug Users – TDI database, NIPH, 2020

The data collected within the scope of the Early Warning System for NPS, 2017, 2018, 2019, 2020

Methodology

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

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

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

Data collection method:

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

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

The data in the report are balanced.

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

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

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

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

ESPAD

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

Sample

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

Questionnaire

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

Process

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

Processing of the data

The SPSS program is used for data entry and processing.

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

HBSC COVID-19 Survey

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

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

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

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

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

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

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

From December 2019 to April 2020, a survey was conducted on the use of new psychoactive substances among the students of the University of Maribor, Ljubljana and Primorska. The questionnaire included questions on the respondents' basic knowledge of NPS, synthetic cannabinoids, synthetic cathinones and other NPS. The survey was anonymous – we only asked for the respondents' sex, age, university and the name of their college. The last part of the survey included questions concerning the respondents' income and personal experience with the drug problematic, for instance if they had already reached out for help concerning drug use and/or who would they turn to. We were also interested in their opinion on the risk use of new psychoactive substances compared to conventional illicit drugs, whether they are taking any prescribed medications and if so, which and whether they have ever had health or social problems due to the use of new psychoactive substances and if so, which.

The target population were young adults – the average age amounted to 21.9 years (the youngest was 18 and the oldest was 27) – from all over Slovenia studying actively at any faculty of the University of Maribor, Ljubljana or Primorska. Using web surveying (www.1ka.com) 1415 correctly filled-out questionnaires were collected, 23.0% of which were completed by men and 77.0% by women.

Survey among drug users in harm reduction programs

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

In the survey in 2020 there were 255 drug users that answered the questionnaire, which gives the response rate 11 %. There were 75% of male and 25% of female respondents, where the mean age was 40.4 years. The youngest respondent was 18 and the oldest 64 years old.

The majority of the respondents had completed vocational or secondary schools (59.8%), 31.5% had only primary school level education and 3.2% had higher education, university degree or higher qualifications. 5.6% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (85%); 7.9% of them were regularly employed, 4.3 % retired and 2.8 % were in the process of education (pupil, student).

The largest percentage of the respondents (37.1%) lived alone, a slightly smaller percentage (25.5%) still lived with their parents or relatives,12.7% lived together with their partner, 3.2% with friends, 3.2% in shelters and 18.3% outside (in the park, street, abandoned buildings).A total of 83.1% of respondents had been involved in various programmes of help and assistance in the last year, while 80.8% of users had been involved in a substitution programme, 5.5% had attended a drug dependency treatment centre, 10.6% had been treated at a psychiatric hospital, 7.1% had received substitution therapy at a correctional facility, 3.5% had received treatment at a rehabilitation centre in Slovenia, and one respondent (0.4%) had received treatment at a rehabilitation centre abroad.

The police dealt with 29.6% of the respondents in 2020.

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

High risk opioids use: We assessed the number of high risk opioids users using the treatment multiplier method (TM). We obtained the estimate based on datasets and survey carried out among treatment centres and users of harm reduction programs. There 255 out of 2.060 persons voluntary participated in the questionnaire from harm reduction programs. From CPTDA database, where persons who are being treated for opioids and other illicit drug addictions substitution treatment centres, the estimated number of included persons in year 2020 was 3.588. Among 20 centres 5 centres did not collect and report all the data due to the corona situation, so we replaced (interpolated) this data according to the reported data from previous years (in total of 105 persons). We also added the data from prisons (in total of 866 persons). The multiplier estimate was obtained based on the question: "Did you participate in a substitutional programme in the last year?" from the survey "Questionnaire on drug use" among harm reduction programme users.

Since both databases relate to drug users (mostly opioids) in treatment and harm reduction programs, we assume that the estimation is underestimated, because both bases fail to include persons who are not participating in such programs (hidden population). The survey in harm reduction programs was also bound by a shorter period, presenting a higher probability of including persons who are using harm reduction programmes more frequently. We used data from previous years for those Centres for the Prevention and Treatment of Drug Addiction (CPTDA) that did not report on participants. The analysis also included persons included in treatment programmes for opiates addiction in prisons.

Wastewater-based epidemiology and COST SCORE monitoring (Action ES1307)

Wastewater-based epidemiology is based on the determination and quantification of excreted drugs and their metabolites (urinary biomarkers) in municipal wastewater. Using biomarker concentration determined by chemical analysis of raw wastewater and taking into account the flow rate, drug excretion profile and size of the target population, drug use can be estimated[1]. Use of illicit stimulants (cocaine, amphetamine, methamphetamine and MDMA or ecstasy) was estimated and compared among different European cities and other world capitals within the SCORE COST Action ES1307[2], which is supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[3]. Slovenia first participated in the international monitoring campaign in 2017, delivering data for Ljubljana[4]. In 2018, Maribor and Domžale-Kamnik were also included in the monitoring program, while in 2019 Novo mesto, Koper and Velenje were joined. The number of countries and cities that participate in the action increases yearly; in 2017, data were obtained for 23 countries (73 cities), while in 2019 the numbers increased to 29 countries (86 cities)[2].

Target analytes: After consumption, illicit drugs are excreted from the human body either in the form of the parent compound or as a metabolite. For example, amphetamine-type drugs are mostly excreted unchanged (≤ 65%), while cocaine is excreted mainly as its metabolite, benzoylecgonine (35-45%)[5,6]. An ideal biomarker is a major and exclusive excretion product, which is stable and detectable in wastewater. This study determined four urinary biomarkers of illicit stimulants, including amphetamine, methamphetamine, 3,4-methylenedioxymethamphetamine (MDMA) and benzoylecgonine.

Sample collection and analysis: Seven daily composite samples of raw (untreated) wastewater were collected over seven consecutive days in March/April 2019 at the inflow of six Slovenian Wastewater Treatment Plants (WWTPs) servicing the municipalities of Ljubljana (270305 inhabitants), Velenje (35280 inhabitants), Maribor (129000 inhabitants), Koper (49843 inhabitants), Novo mesto (25414

inhabitants) and Domžale-Kamnik (72919 inhabitants). Samples were analyzed at the "Jožef Stefan" Institute, Department of Environmental Science in the Laboratory for organic analysis.

Estimation of drug consumption: Drug consumption was assessed according to Zuccato *et al.* (2008)[1]. Daily mass loads were calculated by multiplying the concentrations of selected urinary biomarkers (benzoylecgonine, amphetamine, methamphetamine, MDMA) by the daily wastewater flow. The daily mass loads were then normalized by dividing the average mass loads (of 7 days) with the number of inhabitants (in thousands) served by the WWTPs. Drug consumption (mg/day/1000 inhabitants) was calculated by multiplying the normalized population mass loads by a correction factor that takes into account the percentage of parent drug metabolite excreted and the parent drug-to-metabolite molar mass ratio (Table 1). The average doses of drugs used in Slovenia were obtained from the DrogArt webpage and used to calculate illicit drug use (doses/day/1000 inhabitants)[7].

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

Stimulating drug	Urinary biomarker	Percentage of drug dose excreted as drug biomarker (%)	Molar ratio	Correction factor	Average middle dose (mg)
Cocaine	Benzoylecgonine	29	1.05	3.59[6]	45[7]
Amphetamine	Amphetamine	36.3	1.00	2.77[6]	47,5[7]
Methamphetamine	Methamphetamine	22.7	1.00	4.4[6]	20[7]
Ecstasy (MDMA)	MDMA	22.5	1.00	4.4[6]	95[7]

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MDMA - 3.4-methylendioxymethamphetamine

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Prevention workbook

Table of Contents

Summary

Summary of Policy and organization:

- The Resolution on the National Programme on Illicit Drugs 2014–2020 is the basic document that also contains starting points for prevention. In prevention of illicit drug use, the resolution also envisages the implementation of approaches that are based on modern scientific knowledge and are professionally implemented and evaluated. Otherwise, prevention is regulated in Slovenia with laws, regulations and guidelines within the various departments coordinated by the Ministry of Health, which are in the field of preventing the use of psychoactive substances. The carriers and providers of prevention services are governmental and non-governmental institutions, associations, local authorities, universities and research institutions.

Summary of prevention interventions:

- In the field of environmental prevention the various interventions refer mostly to alcohol and tobacco. In addition to legislative measures, there are also many campaigns such as mystery shopping, and these are intended for active monitoring of legislation violations in the fields of tobacco and alcohol use. Universal Prevention Programmes are implemented mostly in schools. In recent years, various programmes intended for parents, such as the "Incredible Years" programme, have been implemented. Several programmes that focus on the prevention of drug use, such as "Izštekani", "Effekt" etc. are implemented besides programmes that address the strengthening of health and healthy life skills (Health Education, Health Promoting Schools). Local action groups that are an example of a community approach to implementation have been active in the community for several years. Selective prevention in Slovenia arises mostly from social work that has a history of long-term and quality development, and from the needs that have been detected within the drug use-related harm reduction programmes. Therefore, selective prevention programmes in Slovenia frequently contain the elements of harm reduction. Selective prevention programmes comprise the programme for young people who dropped out of school (PUM-O), the early intervention programme FredGoes Net, and programmes for vulnerable families such as "Family Strengthening" and "Family Centres". The indicated prevention is implemented within the scope of the public health care system; it is implemented by organisations and specialised associations on the national, regional and local levels. Most programmes are implemented within the organised therapeutic and educational context.

Summary of quality assurance of prevention interventions:

- Slovenia does not have a common quality assurance system, therefore, institutions that deal with prevention usually determine the method for ensuring quality. Several publications with descriptions of quality standards were issued in the previous years, as well as guidelines for quality work in prevention. With the establishment and release of national quality standards for prevention programmes in 2016, significant progress was made in terms of quality assurance as well.

Trends

- In general, abandonment of prevention practices that do not work or can even cause damage to target populations is observed on all prevention levels. In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated.

New developments

- During the COVID-19 epidemic, the Slovenian government adopted an Ordinance on the temporary prohibition on the collection of alcohol and alcoholic beverages in person from bars and restaurants. The Veškajješ (Know What You Eat) application was upgraded with data regarding alcoholic

beverages and the associated calorie information, and with public health messages about the harmfulness of alcohol.

- In accordance with the resolution on the National Mental Health Programme for the period 2018–2028, the first 10 mental health centres for children and adolescents were established in 2020, while the aforementioned resolution envisages a total of 50 such centres.
- In the area of education, a national pilot ASAP training programme on effective prevention was organised. A pilot lecture on the topic of effective prevention was also developed and organised for representatives of local communities. A training programme was initiated for secondary school counsellors to identify drug-using adolescents and offer them the necessary treatment.
- National guidelines were issued in May 2021 regarding screen use by children and adolescents, and address the issue of addiction to digital technologies.
- In the scope of the 64th meeting of the United Nations Commission on Narcotic Drugs (UNODC), Slovenia organised a side event on the importance of social and emotional learning for successful early prevention.

1. National profile

1.1 Policy and organization

Branka Božank, Andreja Drev, Mišela Mavrič, Jože Hren

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

The Resolution on the National Programme on Illicit Drugs 2014–2020 points out that the state should take appropriate measures to protect children and adolescents from supplying and using drugs. The state should support them in making decisions not to use drugs by employing approaches that are based on current scientific knowledge and implemented and evaluated in a professional manner. These approaches include drug use prevention (the objective is total abstinence or the postponement of initiation to a later age), the reduction of drug use-related risks (safer use in the event of actual use) and the control of drug supply. The purpose of these approaches should be to improve the social competencies of children and adolescents, including by teaching them social skills, developing appropriate strategies for coping with life challenges, distress and crisis situations and encouraging their personal development. Therefore, children and adolescents, as well as parents and educators should have access to objective information, knowledge and skills. It is important that children and adolescents are acquainted with how drugs affect the society and individuals, that they understand the drug-related risks and have the opportunity to study the manner of reducing personal and social problems relating to drugs and that they talk about this with adults they trust and their peers in accordance with the degree of their development. Simultaneously, they should be given the opportunity to live a healthy lifestyle and participate in the decision-making process in their social environment. To sum up, prevention must be based on modern scientific knowledge and evaluated programmes, since improper approaches can encourage the behaviour which it basically wants to prevent (see also Best Practice Workbook, section 1.1.1 and Policy Workbook, section 1.1.2).

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

selective prevention and healthy lifestyle promotion programmes in the context of education and teaching (see also Best Practice Workbook, section 1.1.1 and Policy Workbook section 1.1.2).

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

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

The Ministry of Education and Sport is the authority responsible for prevention programmes in children's day care centres and schools, with valuable professional support being offered by the National Education Institute Slovenia. Numerous prevention programmes are part of regular preschool and school curricula, and prevention programmes are also being run as part of various projects and by external providers. Slovenian schools follow the applicable drug laws, particularly the Act Restricting the Use of Alcohol and the Act Restricting the Use of Tobacco Products. The Basic School act defines that by means of its education plan, the school shall determine ways of achieving its aims and values, such as a responsible attitude to one's own and other people's health. The education plan consists of educational activities that include proactive and preventive activities, counselling, school guidance and other activities (recognitions, awards, disciplinary measures and similar) enabling the school to develop a safe and stimulating environment. On the basis of the education plan, the school sets out in more detail the duties and responsibilities of pupils, the manners of ensuring security, the rules of behaviour and conduct, the educational measures for individual breaches of rules, the organisation of pupils, the justification of absence, and cooperation in ensuring the healthcare of pupils in School house rules.

The upper secondary schools (General Upper Secondary Schools and Vocational and Technical Education Schools) adhere to Home Rules in Upper Secondary Schools Rules, laid down by the minister, as stipulated in General Upper Secondary Schools Act and Vocational and Technical Education Act. Article 5 of Home Rules explicitly forbids smoking, the use of alcohol or other illicit substances or its possession and trafficking. Violation of these rules can result in excluding or expelling students from school. The school is free to determine the school rules concerning disciplinary measures and the Code of Conduct with an internal act in accordance with legislation and the implementing regulation referred to in Home Rules in Upper Secondary Schools Rules.

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

Most of the funding for selective prevention programmes is provided by the Ministry of Labour, Family and Social Affairs. While selective prevention is carried out by government institutions, NGOs and societies, it is the non-governmental sector that prevails. Indicated prevention is carried out by

government organizations and specialized societies, communities and associations at national, regional and local levels. Most programmes are run in an organized therapeutic, educational and counselling context.

1.1.3 Funding system

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

1.1.4 National action plan for drug prevention in schools

Each individual school decides which prevention content will be implemented, i.e. with regard to the current problems that are present in the local environment. In the field of health care content (Health Education, Health Promoting Schools), general guidelines are provided to schools by the National Institute of Public Health in agreement with the Ministry of Education and the Ministry of Health.

Every year the Ministry of Education, Science and Sport also draws up a call for applications for the entry of projects in the catalogue of further education and training for education professionals (KATIS). The catalogue also includes programmes related to the field of preventing the use of psychoactive substances. KATIS is aimed at teachers, who are free to choose which programmes they apply to.

1.2 Prevention interventions

1.2.1 Environmental prevention

Alcohol

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

By adopting advanced and effective measures to reduce alcohol use, Slovenia has managed to make several important steps towards establishing an effective alcohol policy in recent years. The most important law addressing the alcohol issue was passed in 2003, the Act Restricting the Use of Alcohol (Official Gazette of the Republic of Slovenia, No. 15/03), which has been essential in enforcing limited access to alcoholic beverages, for young people in particular. This Act also introduced the disclosure of alcohol content on labels of foods containing alcohol, a warning that the food product is not suitable for children, a ban on selling and offering alcohol to underage (under 18 years) and to anyone showing obvious signs of drunkenness. The sale of alcoholic beverages was restricted in terms of points of sale and hours of the day. It is forbidden to sell alcohol between 21 pm and 7 am the next day, except in catering establishments, where the sale of alcoholic beverages is allowed during their operating time. It is also forbidden to sell spirits in bars from the start of the daytime opening hours until 10 am (this prohibition includes the adding of spirits to non-alcoholic drinks and other beverages). There is also a requirement to offer non-alcoholic beverages at a lower price. The act prohibits the sale and offer of alcohol in facilities and functional land where education and health activities are performed, at sport facilities where sport events take place, i.e. one hour before the start and during the sport event, and during working hours in the workplace. The act amendments that entered into force in 2017 allow the sale or offer of alcoholic beverages containing less than 15 volume percent of alcohol (e.g. beer and

wine, not spirits) at sport facilities and functional land one hour before the start and during a public sport event (see also Legal Framework Workbook, section 3.1).

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

- Passed in 2001, the Media Act (Official Gazette of the Republic of Slovenia, No. 35/01) placed a complete ban on advertising alcoholic beverages, but with the Act Amending the Health and Hygiene Safety of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs Act (Official Gazette of the Republic of Slovenia, No. 42/02), passed in 2002, such advertising was no longer banned completely but was merely restricted. The ban on advertising spirits remains in place, while the rest of alcoholic beverages are subject to certain restrictions in terms of point of sale, hours of the day, and advertisement content. Health warning labels are legally required on alcohol advertisements in Slovenia at the national level.
- The adoption of amendments to traffic laws (Resolution on the National Road Traffic Safety Programme, Road Traffic Safety Act, Drivers Act), which incorporate health measures since 2010, has resulted in a reduced number of traffic accidents involving alcohol. The main strategies used to prevent drink driving are random breath testing and sobriety checkpoints.
- The Occupational Health and Safety Act (Official Gazette of the Republic of Slovenia, No. 43/11), passed in 2011, introduced a prohibition of being under the influence of alcohol, drugs or other psychoactive substances at work.
- The Protection of Public Order Act (Official Gazette of the Republic of Slovenia, No. 70/06) prohibits youngsters under 16 years, i.e. between 24:00 and 5:00, the entry to hospitality facilities and events where alcohol is served if they are not accompanied by parents, foster carers or guardians.
- The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 84/98), which regulates the taxation of alcoholic beverages, was enacted in 1998. Under this act, all alcoholic beverages were subject to excise duties except for wine. In 2016 (The Excise Duty Act; Official Gazette of the Republic of Slovenia, No. 47/16), the act introduced a recognised own use of wine and beer that does not demand the registration and payment of excise duty (see also Legal Framework Workbook, section 3.1). The act also stipulates the introduction of a new excise duty subjects, small beer producers and small spirits producers, who will pay a 50% lower excise duty for fixed quantities of beer and spirits (see also Legal Framework Workbook, section 3.4).

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

In 2019 Slovenian traffic safety agency proposed the following changes to the Road traffic rules act on driving under the influence of alcohol and drugs: (1) lowering permitted blood alcohol level in all drivers (from 0,5 g/l to 0,0 or 0,2 g/l), (2) lowering blood alcohol level to enter mandatory rehabilitation programmes (to 0,8 g of alcohol per litre of blood), (3) longer period of driving licence withdrawal, (4) separate rehabilitation programmes for drivers driving under the influence of drugs and (5) introduction of additional measurements regarding re-offenders such as alco-locks (see also Legal Framework Workbook, section 4.1). The Traffic Rules Act changed in 2021, but the above proposals regarding driving under influence (DUI) were not included. Regarding the road safety situation in 2020 there was a 22% decrease in road traffic victims in general compared to year 2019 (mostly because of the Covid

measures), but for DUI it stayed on the same level as before; 36 % of all deaths in road traffic were due to alcohol.

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

In April 2020, during the SARS-CoV-2 epidemic, the Coalition of Public Health NGOs put forward an initiative to prohibit the online sale and home delivery of alcohol during the epidemic. The initiative was supported by the National Institute of Public Health and the Ministry of Health.

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

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

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

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

In 2021 representatives of the Nutrition Institute, Jožef Stefan Institute, Slovenian Consumers' Association and National Institute of Public Health (NIJZ) presented an upgrade to the Veškajješ application, which now includes information regarding alcoholic beverages and the associated calorie information with the aim of raising awareness. In addition to calorie information, the application was also upgraded with public health messages about the harmfulness of alcohol and the fact that any consumption of alcohol bears risks. The application guides users to a questionnaire that helps them check their alcohol consumption habits and to links where they can find assistance if they find themselves in distress due to alcohol.

In the scope of the 'Heroes Drive in Pyjamas' project and in cooperation with the NIJZ, Slovenian Traffic Safety Agency and NGOs that work with young people, the VOZIM Institute for Innovative Education organised four consultations in 2020 and 2021 with adolescents, experts and political decision makers in three local/regional environments on the topic of driving under the influence of alcohol and alcohol consumption among young people. The purpose of the consultations was to raise the awareness of the local community about the importance of prevention, and to draw up regional action plans to limit the effects of the aforementioned problems. Organised in parallel were seven 'We Need to Talk About Alcohol' workshops for parents, which included a short theoretical section on the vulnerability of adolescents to the effects of alcohol and a practical section with role-playing on how to talk to adolescents about alcohol. A pilot lecture was also developed and organised for representatives of local communities (experts and political decision-makers) on the topic of effective prevention at school, in society as a whole and in the local community. The lecture was entitled Health is the Right Decision and was aimed at improving awareness about quality prevention amongst key stakeholders. The VOZIM Institute organised 30 'Alcohol Changes Your Life' workshops at primary and secondary schools with the aim of delaying the first consumption of alcohol amongst adolescents.

In order to raise the awareness of the general public and different professionals about the importance of abstinence during pregnancy, particularly on 9 September (International FASD Awareness Day), we are developing and disseminating health education materials with the key message: "There is no safe drink, no safe amount of alcohol and no safe time to drink alcohol during pregnancy, and the health of our descendants and entire generations to come is also affected by a father's drinking habits." We focused our activities in 2020 on raising the awareness of mayors and hospitality workers, and in 2021 on the general public, with the message that the attitude of future parents to alcohol and pregnancy is a reflection of the broader social attitude to alcohol consumption, and that preventing pregnancies exposed to alcohol is the shared responsibility of society.

Response during covid

During the SARS-CoV-2 epidemic, the NIJZ has published numerous articles, interviews and lectures on the impact of alcohol on an individual's ability to fight COVID. Also published were guidelines for psychological first aid in the event of high-risk and harmful alcohol consumption, the purpose of which is to enhance the population's ability to reduce alcohol consumption based on information provided.

In 2020 the NIJZ participated in a pan-European study on alcohol consumption during the first months of the SARS-CoV-2 epidemic (Alcohol consumption during the COVID-19 pandemic in Europe: a large-scale cross-sectional study in 21 countries). Based on a random sample, researchers determined that on average, alcohol consumption appears to have declined during the first months of the COVID-19 pandemic in Europe, which also holds true for Slovenia. Both the reduced availability of alcohol and increased distress may have affected consumption, although the former seems to have had a greater impact in terms of immediate effects.

Tobacco

Helena Koprivnikar

All new tobacco control measures from the Restriction on the Use of Tobacco Products and Related Products Act have already been implemented. Currently no new measures of changes of the Act are envisioned in short-term. The first tobacco control strategy is being finalized, the public consultation has already been completed in August 2019 and the strategy is still in cross-sectoral coordination. Despite frequent initiatives to increase taxation and prices of tobacco and related products, there have been no significant changes in this respect recently. Cigarette prices in Slovenia are still among the lowest in the European Union. There are also significant differences between the prices of different groups of

tobacco products. Slovenia is also at the bottom of the scale in terms of the price of a pack of 20 cigarettes of one of the more popular cigarette brands and the cheapest brand, converted into international dollars at purchasing power parity, i.e. in 2018, Slovenia ranked 26th among 29 European countries (European Union Member States, United Kingdom, Norway).

After 2000 and until 2020, there were no significant changes in the percentage of smokers among the adult population of Slovenia; about one in four adults smoked. New data from 2020 show that following the adoption of the new law, the percentage of smokers among the adult population has declined. Between 2016 and 2020, we recorded among the population of Slovenia aged 25-74 a significant decrease in the percentage of smokers overall and in both genders, more markedly among men, a significant decrease in the percentage of smokers in the age groups between 25-54 years, most notably in the youngest group (25-34 years) and a significant decrease in the percentage of regular (daily) smokers. Beside increases in prices, which were not significant after 2013, there were no other major new measures or programs during the observed period, so we can attribute a significant part of the favourable changes to the measures from the new law. But still every fifth adult (18-74 years of age) and almost every tenth 15-year-old smokes and tobacco remains one of the leading risk factors for death and years of healthy life lost. Beside low prices of tobacco and related products, we are still facing many other important issues. Despite extensive reductions, exposure of non-smokers to tobacco smoke remains present and is not negligible. Violations of the Restriction on the Use of Tobacco and Related Products Act are common. Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco. New products containing tobacco or nicotine are introduced in Slovenia, they are mainly used by young people and their use is increasing. The number of points of sale for tobacco and related products is very high and minors perceive tobacco and related products as easily accessible.

Mystery Shopping

Nina Peloza, Mia Zupančič, Mihaela Lovše

In 2020, Market Inspectorate in cooperation with three NGOs (Slovenian Coalition for Public Health, Environment and Tobacco Control (SCTC), Young People Without Tobacco and Alcohol and Health Foundation for Tobacco Control) carried out 36 mystery shopping visits to check compliance with bans on tobacco sales and 23 visits to check compliance with bans on alcohol sales to minors. In the case of bans on tobacco sales, the violations were recorded in 53% of visits, while in the case of alcohol sales, violations were recorded in 65 % of visits. In the case of alcohol, the rate of violations was similar as in 2019. Under the Yellow Card project SCTC also monitored different violations of Restriction on the Use of Tobacco Products and Related Products Act and Restrictions on the Use of Alcohol Act and reported 33 violations out of 145 check-ups, which represent 23% of violations. Another NGO, that is Youth Network No Excuse Slovenia, has in cooperation with Faculty of Social Sciences of University of Ljubljana carried out a research on selling tobacco and alcohol to minors and evaluated the effects of two interventions for decreasing sales to minors. They also show that compliance to the ban on selling tobacco and alcohol to minors is problematic, that different interventions have beneficial effect; in case of alcohol they decreased sales to minors for about 12%, while in case of tobacco by 21% (from 66% to 55%). In the case of tobacco implementation of licenses to sell tobacco and related products at the time of this study has also contributed to decrease.

1.2.2 Universal prevention

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

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

Programmes for parents increasingly shift from traditional methods of passing information to employing approaches focused on intensive training and strengthening of knowledge and skills, which parents may find helpful in raising their children. One such programme is the Incredible Years (originally, *"Neverjetna leta"*) programme. In 2015, a pilot study was conducted to introduce the Incredible Years© parenting program in Slovenia. A consortium of nine partner institutions from five Slovenian regions, including child and adolescent mental health teams, centers for social affairs and the Municipality of Ljubljana, delivered the program to the first 330 parents. Due to a high interest among professionals and parents to take part in the program, the Ministry of Health and Ministry of Work, Families, Social affairs and Equal opportunities supported the delivery of the programme. Its regional implementation is supported and planned in the Resolution for a national mental health program, accepted by Parliament in 2018. According to the data of the implemented evaluation, parents gave the highest level of evaluation to the effect of the programme in improving the connection to their children, the outcome has observed changes in their parenting skills, improvement in children's behavioural problems as well as parenting well-being.

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

Universal prevention in schools remains the most frequently used approach in the country. Prevention starts in preschool, so all children's daycare centres in Slovenia systematically incorporate into their curricula general elements of developing and strengthening social, emotional and behavioural competencies. As early as preschool, children are introduced to "Health Education" promoters (originally, *"Vzgoja za zdravje"*), a program funded by the Health Insurance Institute of Slovenia. Health education is part of health promotion and is defined as a planned process of gaining knowledge about health or a disease. Health education is more than just spreading information, it is an active learning process that takes into account personal experiences and socioeconomic factors. Its aim is to provide information and encourage individuals or groups to take care of their health. There are also various programmes that enable individuals to gain and increase knowledge, formulate views and find out useful information on how to lead a healthy lifestyle. In 2016, the health promotion programme for the youth (15 to 25 years) who do not finish their regular schooling and are unemployed (also known as NEET youth – neither in employment, education of training), was set-up as a test programme. The programme has been designed in cooperation with the programme on Project Learning for Young Adults that evolves under the Slovenian Institute for Adult Education. Cooperation between health education providers and project learning for young adults (PLYA) organisations was minimal in 2020 due to the COVID-19 pandemic.

National Institute of Public Health, in liaison with all its regional branches, produced a reference manuals with lesson plans for individual classes or age groups of pre-school-age children, primary-school-age children, secondary-school-age youngsters for all Health Education facilitators. Health education lessons cover various aspects of maintaining good health; specifically, topics on drugs, addiction and

risk behaviours are taught in fifth grade, and this issue is again indirectly addressed in later grades when children learn about growing up, positive self-image, interpersonal relations and healthy sexuality. In the 2019/2020 school year, the health education facilitators conducted health education workshops in 75% of all school departments. The workshop on addiction designed for 5th grade students was conducted in 76% of departments. Health education is also provided to secondary school students. Lessons for secondary school students address, among others, psychoactive substances and non-chemical addictions, particularly to modern communication technologies. In the 2019/2020 school year, facilitators conducted 133 workshops in the field of psychoactive substances and addictions covering 33% of secondary school departments. In addition, addiction-related topics are also included as part of other content, workshops, and discussions carried out as part of the health education programme. Health education facilitators have organised significantly fewer workshops for pupils and students during the current school year, as schools were closed for a specific period of time due to the epidemic (when distance learning was used), preventive health care activities were suspended and the majority of facilitators were reassigned to jobs in connection with controlling the epidemic (testing, vaccination, etc.).

The most methodical prevention programmes being offered across the country belong to what is known as the Schools for Health programme. Slovenia joined the Schools for Health in Europe network ("SHE Network") in 1993. In the 2018/2019 school year the Slovenian Network of Health Promoting Schools expanded for the sixth time to include 35 new institutions. The network currently includes 323 primary schools (71% of all primary schools), 62 secondary schools (34% of all secondary schools), 10 school dormitories (28% of all school dormitories), and 3 institutions for children with special needs. Their programmes revolve around strengthening healthy life skills with little coverage of the elements of preventing problem behaviours, including drug use, among others. A new main theme is chosen every year on which the activities in that school year are based. In the school year 2019/2020, two important topics were chosen: education in real and digital world, and schools' approach to tackling addiction with psychoactive substances. In the first half of the 2019/20 school year, we twice implemented the 'Schooling and Education in the Real and Digital Worlds' national training programme, which was attended by around 450 education and healthcare professionals. We also organised three regional meetings, involving 100 participants, that explored how schools can approach addiction with psychoactive substances. Schools were closed between 16 March and 25 May 2020 because of the COVID-19 epidemic, which brought a temporary end to our activities. We organised five regional meetings in November and December 2020 to discuss how schools can deal with addiction to psychoactive substances. Those meetings were organised on-line. A total of 558 educators participated in regional meetings covering the topic of psychoactive substances. Nine regional training sessions were organised in February and March 2021 when the 'Maturing Through the This is Me' programme was presented. Those sessions were attended by 444 educators.

The National Institute of Public Health set up the 'To sem jaz' (This Is Who I Am) programme in 2001. The programme aims to strengthen young people's mental health and mental resilience, and is based on preventive approaches at schools and on the provision of advice in online settings. International experts have already identified the programme on a number of occasions as a good approach to organised care for the mental health of children and adolescents.[8]

[8] 2019: programme described as an example of good practice in *Case Studies – The WHO European Health Equity Status Report Initiative:* http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2019/case-studies-the-who-european-health-equity-status-report-initiative-2019).
2018: programme described as a leading example of good practice at the Global Ministerial Mental Health Summit in London (children's and adolescents' mental health workstream).

Model 10 of the ‘To sem jaz’ preventive workshops addressed the development of social and emotional skills and the ability to make a realistic self-evaluation. It is aimed at adolescents between the ages of 13 and 17. In 2018, ten primary schools, 425 Year 8 pupils, 13 education professionals/workshop leaders and 64 teachers were involved in evaluating the effectiveness of the workshops. The evaluation was performed by the Centre for Psychodiagnostics. The measurements included classroom climate, the identification of difficulties in inter-personal relations, strategies for dealing with difficulties, and perceptions of self-image. The measurements were performed three times (before the workshops were held, after five workshops had been held and after ten workshops had been held), with the results indicating that the workshops had a positive impact on strengthening mental health for the class as a whole as well as for the individual. Between the beginning and end of the programme, the classroom climate improved in a statistically significant way. On average, after the programme was completed, the pupils involved in the workshops reported fewer difficulties in inter-personal relations with friends, at home and with the opposite sex, and in appearing in public (assertiveness). The workshop mentors perceived a greater level of connection between pupils and a better relationship between themselves and the pupils, which was reflected in an increase in mutual trust and a readiness to resolve problems together. The results of the research show that the new social skills they acquire enable adolescents to strengthen their attitude towards themselves and their relations with their teachers, and equip them for life. The goal of the working model is to have a provider carry out all ten workshops in the same class using the tried-and-tested concept over one or two academic years. The workshop providers are teachers (usually class teachers). The manual for preventive work with adolescents (‘Zorenje skozi To sem jaz’ or ‘Maturing through the To sem Jaz’ programme) is free for education professionals and publicly available online at https://www.nijz.si/sl/prirocnik/tosemjaz. In 2020 the programme was conducted by 126 education professionals at 83 primary and secondary schools. The National Mental Health Programme 2018–2028 classifies the programme as one of the tried-and-tested programmes envisaged for gradual systemic introduction into the school environment and the education curriculum.

The advice centre on the www.tosemjaz.net website provides young people with anonymous, quick and straightforward access to online advice. The advice network brings together more than 60 specialists/volunteers (doctors from various disciplines, psychologists, social workers and other professionals). In 2020 they responded to 2,586 questions from young people on the dilemmas and pressures of growing up. The online advice centre has collected more than 45,000 dialogues between young people and specialists since it was set up 20 years ago.

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

2019: program opisan kot primer dobre prakse v publikaciji Svetovne zdravstvene organizacije Case Studies - The WHO European Health Equity Status Report Initiative:
http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2019/case-studies-the-who-european-health-equity-status-report-initiative-2019.

2018: program na strokovnem srečanju Global Mental Health Summit v Londonu v delovnem sklopu o duševnem zdravju otrok in mladostnikov predstavljen kot vodilni primer dobre prakse.

2018: program v okviru evropskega projekta EU Compass uvrščen med devet izbranih primerov dobre prakse na področju duševnega zdravja, opisan v publikaciji Good Practices in Mental Health & Well-being:
https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_work_schools_en.pdf

Starting in the school year 2010/2011, the Utrip Institute has been offering in some schools a prevention programme called Unplugged (originally, *"Izštekani"*), which is aimed at 12 to 14-year-olds and their parents. According to the evaluation results of the pilot stage (2010/11), school children participating in the programme (intervention group), in contrast to the control group, were shown to exhibit lower rates for cigarette use, occasional and regular use of alcohol and binge drinking, and the use of cannabis and other illicit drugs. Process evaluation has since the start shown a high level of fidelity to the programme, meaning that the teachers implement the programme as envisaged. In the 2020/2021 school year, despite restrictions due to the epidemic, many schools (12) implemented the programme, which included over 1.000 students. Some schools also implemented the programme quite successfully online, especially the Tolmin Primary School, where over 150 students were involved in the virtual implementation.

The "Effekt" programme has also been run by the Utrip Institute since 2014, focusing on the maintenance of stricter rules of parents with regard to alcohol use among their children and youngsters. Due to the epidemic, the programme is not being implemented in the school year 2020/2021, except at the Debro Primary School (in the city of Laško) (they partly implemented it online as well), partly at the Tolmin Primary School and in some schools in Ptuj (via the Ars Vitae Association). Communication between the existing implementing schools, as well as between the new ones, takes place regularly.

From 2014 to 2016 the Utrip Institute cooperated in the development of the school prevention programme in the field of drugs, i.e. Boys and Girls Plus. The programme is intended for youth from 13 to 19 years of age. The programme is based on the life skills model (Botvin) and consists of 6 learning units that last from 45 to 135 minutes. By cooperating in this programme, the youth can develop skills for facing peer pressure and how to make independent decisions to live a healthy lifestyle. The features of learning tools enable the use in various educational environments (formal and informal). In this way we can approach the youth with a lower socio-economic status as well as drop-outs. The Boys and Girls Plus emerged on the basis of a series of online Boys and Girls videos which are used to approach the youth via modern technologies (www.boysandgirlslabs.eu). Due to the circumstances and the epidemic, the "Boys and Girls Plus" programme was not implement after March 2020.

The No Excuse Youth Association (originally, "Brez izgovora") has been running tobacco and alcohol abuse prevention programmes in schools for the last 15 years and cannabis abuse programme for high schools for 5 years. The association has been also running some programs for non-chemical addictions, such as internet addiction and problematic gambling. In the past year, they have raised awareness among more than 3,000 primary and secondary school pupils and more than 1750,000 over the span of 14 years. In 2020 they reached slightly fewer young people than in previous years as a result of the challenges brought about by the COVID-19 pandemic. Nevertheless, they were able to shift programme implementation online and continue to work through a period in which schoolchildren were engaged in learning from home.

In 2018, the NoExcuse Youth Association started implementing the Martin Krpan programme in some of the primary schools. The programme, which is intended to foster prevention in the field of alcohol and tobacco addiction, includes multiple interventions that focus on acquiring social and life skills. The programme employs interactive workshops to equip young people with skills that will enable them to face various challenges in life, resist alcohol and tobacco use, and take sound decisions. The programme is intended for students attending the last three years of primary school (second half of grade 7, and grades 8 and 9) and consists of 15 to 25 hours of workshops which are included in regular school lessons as agreed upon with the class teacher. In addition to students, the programme strives to include teachers, class teachers, school counsellors, and parents. The programme also includes an evaluation of processes and effects. Processes are evaluated at the end of each series of workshops (after the last, fifth workshop) while the effects of the programme were evaluated in 2020. Process

evaluation was carried out during the implementation of the programme. The majority of workshops relating to the topics of tobacco, alcohol and cannabis are organised for Year 9 pupils. For this reason, the results of the process evaluation are only given for that year. In the first part of the questionnaire, we asked Year 9 pupils whether the workshop had been interesting and useful, and how they had felt during the workshops. Pupils rated the workshop as interesting (M = 3.83; 1 = not interesting at all and 5 = very interesting), and as moderately instructive and useful (M = 3.33; 1 = not useful at all and 5 = very useful). They told us that they felt good during the workshop (M = 3.75; 1 = very bad and 5 = very good), and that they were satisfied with the way the workshop had been conducted (M = 4.25; 1 = very bad and 5 = very good).

How interesting was the workshop?	*M*
Tobacco	3.55
Alcohol	3.36
Cannabis	3.09
Internet addiction	3.27
Critical thinking	3.45
Video game addiction	3.75
Gambling	3.02
Decision-making	3.37

Evaluation of effects

When evaluating the effects, we were keen to find out how the viewpoints and skills of the participants developed as the programme progressed. Participants therefore completed the same questionnaire before the first and after the last workshop. The questions related to their emotional and social skills, and their opinions on and behaviour around alcohol and tobacco.

Drinking alcohol is:	Before the first workshop (*M*)	After the last workshop (*M*)	Difference (*M*)
bad – good	1.55	1.50	-0.05
unwise – wise	1.55	1.50	-0.05
harmful – beneficial	1.30	1.25	-0.05
attractive – unattractive	1.94	1.50	-0.44
unpleasant – pleasant	1.94	1.58	-0.35
negative – positive	1.42	1.42	0.00

Pupils rated alcohol consumption on a five-point scale, where 1 signified something negative (e.g. drinking is bad) and 5 signified something positive (e.g. drinking is good). The results of an analysis of pupils' responses showed that drinking was rated more negatively in Year 9 than in Year 7. The results are encouraging because, while most of the older pupils had already tried alcohol, negative views regarding its consumption do, in fact, prevent drinking habits from taking root. The results also showed that pupils generally had more negative views regarding alcohol (M < 2).

Smoking is:	Before the first workshop (*M*)	After the last workshop (*M*)	Difference (*M*)
bad – good	1.09	1.42	0.33
unwise – wise	1.09	1.33	0.24
harmful – beneficial	1.00	1.58	0.58
attractive – unattractive	1.25	1.25	0.00
unpleasant – pleasant	1.16	1.42	0.26
negative – positive	1.06	1.25	0.19

In the case of attitudes towards smoking, there was a reverse of the trend seen in attitudes towards alcohol, with older pupils being more positively inclined towards smoking. However, the ratings were still fairly low, with an average response of less than 1.25 in Year 7 and less than 1.58 in Year 9. We observed the biggest difference in the 'beneficial' item, which is interesting given that there is more and more attention being focused on the harmful effects of smoking.

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

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

To employ the whole community approach in preventing and reducing issues related to psychoactive substances, addiction and other forms of risk behaviours, Local Action Groups ("LAGs") have been established across Slovenia (for more see Policy Workbook, section 1.3.1). Their activities encompass community-based programmes which play a major part in preventing and reducing drug use and addiction, improving the health of addicts and their reintegration, and increasing the welfare of the local population and the social cohesiveness of the local community. Most LAGs focus on preventing the use of licit and illicit drugs and on promoting a healthy lifestyle in the local community. An example of this is the municipality of Radlje ob Dravi, which in the 2014–2018 period via its Public Institute for Sport, Culture, Tourism and Youth and in cooperation with the Utrip Institute established a local action group in the field of addiction prevention. To a great extent, they followed the Communities That Care (CTC) model that was developed in the USA. The Radlje ob Dravi Municipality adopted a short-term action plan describing all goals, activities, measurable indicators, carriers and providers, as well as deadlines and successfully transferred one example of best practice (i.e. the family prevention programme entitled " Strengthening Family Program") into its environment. In addition, the Utrip Institute received a three-year funding from the Ministry of Health to extend this pilot CTC-based model to some other local communities in the period of 2020–2022. The new phase of the programme called "Preventivna platforma" (in English "Prevention Platform") (www.preventivna-platforma.si) includes (in the role of

programme consortium partners) 6 local communities (municipalities), namely Škofja Loka, Borovnica, Ankaran, Tolmin, Radlje ob Dravi and Krško. The programme was not implemented after March 2020 and only partly in 2021, but with many limitations and barriers due to COVID-19 situation. Most of planned activities have been postponed until late 2021 and early 2022. Another example is the Coordination Prevention Group at the Municipality of Koper. The Group identifies young people demonstrating risky behaviour or being at risk and carries out an early intervention action with individual treatment. The Coordination Group was established in 2016 and includes representatives from the centres for social work, police, health care, home nursing, National Institute of Public Health Regional Unit Koper, and the NewPrevent NGO. In 2018, they handled 6 cases of young people demonstrating risky behaviour or being at risk. The risk factors associated to these young people include poor school performance and dropping out of primary school education, early use of psychoactive substances in peer groups, poor social integration after immigrating to the country, participation in acts with elements of violence, petty crimes etc. In all of these cases, educational helplessness of the parents was identified The action plan provides for young people to be included in sound peer communities, gain motivation for learning, encourage them in seeking pleasure in areas where they are particularity successful, and offers peer support from youth workers equipped with suitable knowledge from the field of acquiring social skills and counselling. The representatives of organisations did not meet during 2020 due to measures in connection with the epidemic. However, regular telephone contact was maintained during the year for the organisation of a support network for at-risk adolescents and the exchange of information. The annual meeting of the Prevention Coordination Group was held in June in the Municipality of Koper and included training on the topic of preventive work with families. The NewPrevent Institute prepared a short online questionnaire to monitor the well-being and behaviour of adolescents during the period of quarantine following the outbreak of the COVID-19 epidemic. A total of 90 adolescents responded, while an additional 13 responded in the field. The overall average age was 17.7 years. In addition to their well-being, they were asked about a potential list of things to do to help them stay positive, what they miss most and their use of psychoactive substances. The majority missed gathering with friends in the afternoon, sporting activities and parties. Close to one half (49.7%) of adolescents reported not feeling well during the first wave of the epidemic, as well as feelings of loneliness, sadness and distress. Slightly less than one half of those surveyed had a list of daily tasks in order to maintain a positive attitude more easily. A small proportion (4%) reported using psychoactive substances more frequently than usual.

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

1.2.3 Selective prevention interventions

Andreja Drev, Andreja Belščak Čolaković, Matej Košir, Ingrid Kristančič Šömen, Vanja Žmak, Natalija Žalec, Manica Jakič Brezočnik, Romana Čepin, Nataša Sorko, Simona Smolej Jež, Maruša Petrič, Marko Verdenik, Maša Martić

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

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

PUM-O is an educational programme intended for the youth who are not in employment, education or training (NEET youth) as well as for pupils who attend regular schooling but are in danger to drop out. The age of PUM-O students are 15 to 26. The main purpose of the programme is to bring young adults closer to the labour market by supporting their personal development, overcoming social exclusion, supporting them in further education and thus helping them in creating their professional, social and cultural identity. Every participant outline his/her personal career and personal learning plan that shall follow during the program. There are mentors who help students in articulating life goals and support them to achieve them. Mentors also help students in resolving their crucial life problems that have contributed to their dropping out of school. In doing so they cooperate with experts from other institutions i.e. employment services, medical institutions, schools, social services. Participants join the program upon the recommendation of job counsellors, social workers or parents or even their peers who have already joined the program. Participation is voluntary and free of charge and lasts approximately 10 months with the possibility of extending or shortening the participation (Slovenian Institute for Adult Education, 2020). In the year 2020 approximately 377 students participated in PUM-O programme, which is a third less than the year before (577 in 2019). The decline in participation is allegedly due to the closure of public life (lock-down) during the COVID-19 pandemic, which has reduced activities aimed at encouraging young people to join PUM-O.

Within the scope of working with children with social, behavioural or learning problems, children from families with addicted members (alcohol, drugs) and those who want to actively spend their free time, 22 programmes for children and youngsters functioned in 2020, 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. 3,824 people were included in counselling and daily centres in 2020. 19,380 phone conversations and electronic services (via e-mail and e-chatroom) were carried out within the scope of the telephone counselling programme. These programmes also include Sonček Ilirska Bistrica day centre (126 users in 2020), Škrlovec day centre for the youth and families (there were 105 users of the programme in 2020, of which 79 were younger than 18 years), Žarek Jesenice day centre: The Youth Should Not Be Brought Up by the Street (total number of various users in 2020 was 327), and the community programme for the youth of the Social Work Centre Ljubljana Moste-Polje (622 people were included in the activities of this programme in 2020, of which 442 were younger than 18).

With the purpose of improving the social inclusion of the Roma, the following programmes were carried out in 2020: Kher šu Beši Day Centre programme implemented by Trebnje Social Work Centre, the Roma Children Day Centre programme implemented by the Voluntary Work Development Association in Novo mesto, the Hand in Hand programme under the Mozaik Association in the Ljubljana City

Municipality and Green and Healthy Social Inclusion of the Roma programme implemented by Research and Education Center Mansion Rakičan in Murska sobota. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 483 users in 2020, of which 319 users were under 18.

In Slovenia, juvenile offenders aged between 14 and 23, inclusive, are ordered by court decisions to serve their sentences at Radeče Correctional Facility, which is under the authority of the Ministry of Justice and is the only facility of its kind in the country. A total of 27 minors served there in 2020.

Youth non-offenders who face different problems growing up can be ordered by the Centres for Social Work, within the bounds of the law, to stay at any of the country's 9 residential special schools. The following residential special schools operate in Slovenia: Fran Milčinski Educational Institution 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 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.

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 2019 co-financed 11 providers of family centre content. 4.083 children, 693 youngsters, 5770 individuals, 641 families, 133 extended families and 918 individuals that were stated under “other” were included in the family centres' content.

The work of the Glimmer of Hope ("*Žarek upanja*") society is particularly important in terms of focusing on family settings in which problems with the use of alcohol or other harmful substances have been identified. They run a programme for psychosocial support, counselling and tackling of social problems associated with alcohol use and other forms of addiction, which is aimed at people with problems as well as their closest relatives. 879 adults and 74 children were included in this programme in 2020.

Utrip Institute has been running the Strengthening Families Program (originally, "*Krepitev družin*") since 2011; the programme is designed for practising family skills and also strengthening protective factors such as improvement of family relations, enhancement of parenting skills, and refinement of social and other life skills in children and adolescents. An external evaluation of the program's pilot implementation (2011) showed that families were actively engaged in the programme and that they effectively strengthened the planned family skills (Kumpfer et al., 2012). Currently, the work with families at risk is evolved on the individual level, the SFP programme enables the inclusion of 5 to 10 different families (with regard to the risk level) simultaneously. In the 2020-2021 period, the implementation of the programme was not carried out due to Covid-19 restrictions. However, there has been a growing need for the programme amongst regional and local social work centres, so four implementers’ trainings were organised in 2020 and first half of 2021, especially for the regional centres for social work from Pomurje, Gorenjska and Ljubljana.

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

While working in communities with enhanced risk factors, the Žoga skače (The Ball Jumps) programme is implemented in the Markovec residential area near Koper, i.e. within the scope of the NewPrevent association. The programme is focused in reducing risk factors in the environment (easy access to drugs, availability of alcohol to minors at bars, etc.), i.e. for children and youngsters who are deprived of a normal family life, to whom this programme represents an important support network in the environment to avoid risky and health-endangering forms of behaviour. In the spring of 2018 the programme was implemented also in the Prisoje residential area of Koper, because it was identified as having a high level of environmental risk factors for youngsters, who had until than little support in their neighbourhood. The daily 'Bouncing Ball' programme was carried out in the field in 2020, even during summer holidays, and filled in the gap left by a lack of free leisure-time activities and recreational forms of sport for children and adolescents. A total of 120 children and adolescents, with whom we made 421 contacts, were included. School proved to be an important safety factor during the epidemic. For this reason, the presence of the programme during the long summer holidays was that much more important, especially for children and adolescents from dysfunctional families.

The DrogArt Association carries out the major share of work in nightlife. The main areas of work are providing information and advice about alcohol (Choose yourself program) and drug (Dance smart program) harm reduction in info points (located in Ljubljana and Maribor) and peer-to-peer outreach interventions at various music events around Slovenia, drug checking, counselling and therapeutic programme for drug users, daytime field work to offer psychosocial help and support for regular drug users, for which a daily center is also available in Ljubljana. Within the risks associated in nightlife they also promote safer sex among MSM and general population (STDs in nightlife program) and run "After taxi" project with the purpose of preventing driving under the influence of alcohol and drugs, handing out free taxi cab ride 5 EUR coupons. During the COVID-19 pandemic, they moved their entire operations online.

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

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

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

"very dissatisfied. A short intervention became part of the Centre for drug prevention at the admission centre. It is used as a working method, which was recognized as an important part of the work..

1.2.4 Indicated prevention

Maša Serec

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

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

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

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

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

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

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

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

1.2.5 Additional information

Nataša Blažko

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

1.3 Quality assurance of prevention interventions

Vesna Pucelj, Mojca Bevc, Lea Furlan, Vesna Šmarčan, Matej Košir, Maja Roškar, Katja Rostohar

1.3.1 The main prevention quality assurance standards and guidelines

The Maribor regional unit of the NIJZ began implementing a preventive programme during the 2018/2019 school year aimed at empowering counsellors who work with drug-abusing adolescents. The programme is intended to help secondary school counsellors identify adolescents who need assistance as soon as possible and help them receive the appropriate treatment. The latter is more effective precisely on account of early identification, as the consequences of drug abuse have not yet affected the functioning of an adolescent. Shorter treatment could thus be effective.

The programme is interactive and is organised in smaller groups of counsellors who have opted to participate after a kick-off meeting at their home institution. The kick-off meeting is attended by two experts in the area of addiction and counsellors from selected secondary schools, while the participation of school management is also encouraged. The aim of the kick-off meeting is to discuss the needs/dilemmas encountered by a school in the area of drugs, and the ways a school conducts itself when it identifies drug-abusing adolescents. That discussion also includes talks about a school's action plans regarding the problem of drugs. Following the kick-off meeting, school counsellors decide whether

to become part of the working group. Group work is interactive and employs the following methods: lectures and discussions, case method, and learning through simulation – role playing. The working group meets three times during the school year. Each meeting lasts three hours. The objectives of the working group are as follows:

- Counsellors acquire specific knowledge in the field of addictionology in order to properly implement indicated prevention, i.e. prevention that targets individuals – adolescents – who are identified to be at a higher risk of developing drug addiction later in life.
- Through interactive forms of work in the scope of intervention, counsellors resolve the dilemmas and fears they face when working in the area of addiction and drug use.
- Counsellors develop awareness for early detection and for assisting adolescents who have begun experimenting with drugs.

The content and participants' satisfaction with the knowledge and skills gained in the area of drugs was assessed after every meeting. Counsellors completed a brief questionnaire at the end of every meeting. A kick-off meeting was organised during the 2018/2019 school year with 17 participants (15 counsellors and two headmasters) from Maribor secondary schools, while a separate meeting was organised for a group of six counsellors from the Pomurje region. A total of 16 counsellors opted to join the working group. A kick-off meeting was organised in 2020 with 10 counsellors from Maribor secondary schools, and for secondary schools from the Ptuj and Ormož area. All 10 counsellors opted to join the working group. Participants assessed their satisfaction with the kick-off meeting (on a scale of 1 to 5, with 5 meaning very good) with an average score of 4.9, while the content provided at the kick-off meeting and the usefulness of that content were given scores of 4.8 and 4.7 respectively. A further assessment of all three working meetings showed that the participants were satisfied with: the organisation of the meeting (average score of 5.0), the work method and delivery of content at the meeting (score of 5.0), the work method (score of 5.0), content provided at the meeting (score of 5.0), the usefulness of content in their work (score of 4.9) and the atmosphere within the working group (score of 4.9).

In 2020, in the framework of in the project entitled "Building effective drug prevention results across Europe, based on prevention systems analysis and widespread professional training. — ASAPTraining" (http://asap-training.eu), Utrip Institute has organised a national pilot ASAP-Training virtual courses. The training was attended by 20 participants from various institutions and organizations, in particular by participating municipalities and relevant ministries, who continued the training online through a virtual community of practice (VCP).

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

The National Institute of Public Health (NIPH) implements the Health Education programme (orig. Vzgoja za zdravje) for children and youngsters within the scope of primary health care, i.e. for all key age groups: pregnant women, parents to be, parents, pre-schoolers, elementary school pupils, high school students and drop-outs. Activities are implemented in health clinics (at regular systematic health examinations) and in education institutions (kindergartens and schools) as well as in local communities. The NIPH monitors health education via regular statistics and periodic research. It receives an insight into the scope of activities, target population, key content, and services providers via regular statistics (the data are regularly published in the Statistical Health Care Yearbook). It monitors other aspects of the implementation of activities via periodic research (qualitative and quantitative), e.g. the satisfaction

of services providers and users, the attitude towards education for health, the attitude to contents and organisational aspects of education for health, etc. The education for health programme for children and youngsters with all manuals and other evaluation reports is published on the website of the National Institute of Public Health: http://www.nijz.si/sl/vzgoja-za-zdravje-za-otroke-in-mladostnike.

Within the Slovenian Network of Health Promoting Schools (SNHPS) programme, the National Institute for Public Health in the 2015/2016 school year prepared a series of materials for elementary and high schools as an additional tool for introducing the promotion of health in the school environment. The materials that were translated and arranged according to the materials of the SHE network, comprise: the SHE online manual, school action guidelines, the SHE network tool and the Criteria of Health Promoting Schools for fast assessment. The publications are accessible on the website: http://www.nijz.si/sl/slovenska-mreza-zdravih-sol and represent a concrete tool for schools in their work in the field of health promotion.

The National Institute of Public Health also prepared workshops on how to promote health in the school environment and also implemented the education of regional coordinators of SNHPS. Workshops intended for teachers - leaders of school teams - included 281 team leaders from 255 Health Promoting Schools and were implemented in nine regions.

In 2016, the NIPH prepared the Quality Standards for Drug Prevention Programmes. The standards are based on European quality standards and area adapted to the Slovenian environment, especially its needs and legislation. They also represent a framework on how to implement high quality drug use prevention. The publication comprises eight sets of fundamental standards that represent the programme's development cycle from planning to the implementation and assessment as well as expansion of the programme. Quality standards are initially intended for experts who work in prevention areas, as well as for the funders of prevention programmes and stakeholders who require prevention programme implementation.. The standards are published on the website of the NIPH:
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/standardi_kakovosti_prirocnik_2016_obl.pdf

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

In 2012, the Utrip Institute published the "Guidelines and recommendations for family-based prevention." The publication is intended for institutions and programmes that deal with family-based prevention on a daily basis. The guidelines and recommendations arise from the latest scientific and practical findings of the most distinguished internationally renowned experts in family-based prevention. Link: http://www.preventivna-platforma.si/docs/smernice/Smernice_in_priporocila_za_delo_na_podrocju_druzinske_preventive.pdf.

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

professional workers in prevention, i.e. on the topic of prevention basics and the assessment of prevention programmes, which are also sensibly included in the short guide. Link: http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri%20vodnik_SL.pdf.

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

The NIJZ has published the 'Criteria for Evaluating Public Health Interventions' (Merila za vrednotenje intervencij na področju javnega zdravja) with the aim of identifying and selecting examples of good practice. These are guidelines for the creation, planning, design, implementation and evaluation of a range of interventions. A pilot evaluation of two interventions in the area of alcohol is currently under way. A pilot evaluation of two alcohol interventions is currently underway. Link to the publication: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/merila.pdf

In spring 2020, the Utrip Institute completed the unofficial Slovenian translation of the second updated edition of the UNODC / WHO international prevention standards in the field of substance use in cooperation with UNODC and WHO. Link to the publication and press release: http://www.preventivna-platforma.si/na-podrocju-preventive-je-v-sloveniji-se-vedno-prevec-neucinkovitih-ali-celo-skodljenih-pristopov-in-praks/.

In spring 2020, the Utrip Institute prepared and published a Slovenian translation of the guidelines and recommendations regarding the implementation of minimum quality standards in the field of drugs, especially in non-governmental organizations. The document was a part of the European project called "The Civil Society Forum on Drugs", co-funded by the European Commission. Link to the project website: http://www.civilsocietyforumondrugs.eu/.

National guidelines were issued in May 2021 regarding screen use by children and adolescents, and address the issue of child and adolescent addiction to digital technologies in Slovenia. The document is accessible at the following link: https://www.zdravniskazbornica.si/docs/default-source/novice-dokumenti/uporaba-zaslonov_smernice_za-splet_strani-zaporedno_kon%C4%8Dna.pdf?sfvrsn=dfb83436_2

2. Trends

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

Alcohol

MOSA - Mobilizing community for responsibility towards alcohol
Maja Roškar, Tanja Kamin, Maša Serec

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

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

Tobacco

Helena Koprivnikar

Tobacco use prevention programmes have gained momentum over the last decade, particularly in schools, programmes also include electronic cigarettes and other novel products containing nicotine. Special focus of all relevant stakeholders is on prevention and punishment of violations of the law and at the same time on identification of necessary new measures in this respect. Through various "watchdog" campaigns (such as Mystery Shopper, Yellow Card), NGOs have been actively monitoring violations of the Restriction of the Use of Tobacco Products Act. Their special focus is on violations of ban on selling tobacco products to minors, in this respect they cooperating with Market Inspectorate.

National Institute of Public Health focuses on monitoring prevalence of use of tobacco and related products, publishing of data that forms the basis for decision-making of different stakeholders, preparation of proposals for effective tobacco control measures, providing expert support in adopting effective measures and evaluation of tobacco control policies.

Universal and selective prevention

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

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

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

3. New developments

3.1 New developments

Matej Košir, Sanela Talić

In 2020, Utrip Institute has been actively involved in activities to transfer, test and implement evidence-based programme entitles “Lions Quest” in Slovenian kindergartens and schools, especially in early periods of education (e.g., before adolescence). The pilot implementation is planned to start in the school year 2021/2022 and all materials have been translated into Slovenian language by July 2020. The programme promotes positive student behaviours that lead to greater academic success, a greater connection to school and improved school climate.

Additionally, “Listen First” and “The Science of Care” materials have been translated into Slovenian and were being released nationally in Slovenia in February 2021 by the Utrip Institute. The materials were broadcasted by all nationally and locally relevant TV stations and featured in many newspapers during the winter and spring of 2021, as well as on social media. Based on the demand from health and social services, kindergartens, and schools, the “science Sheets” were distributed and posted on information boards that inform parents and caregivers across the country. The materials can be accessed here: https://www.unodc.org/unodc/sl/listen-first/Slovenian/videos.html. Some information about the Slovenian campaign and results can be find here: https://www.unodc.org/unodc/en/listen-first/success-stories/national-release-of-listen-first-in-slovenia.html.

4. Additional information

Commission on Narcotic Drugs
Anej Korsika Knific

64th session of Commission on Narcotic Drugs (CND) organized by United Nations Office on Drugs and Crime (UNODC), UN Vienna, took place from 12th to 16th April 2021. Due to COVID-19 pandemic the event was organized in hybrid format and most of the side events accompanying the 64th session were done in virtual format. Such was also the case of the side event: “Social and emotional learning as a systemic prevention approach, not merely an intervention”. This side event was organized by Slovenia, i.e. Ministry of Health and National Institute of Public Health with the support of the International Association of Lions Clubs, the Institute for Research and Development »Utrip«, and the UNODC Prevention, Treatment and Rehabilitation Section.

Considering recent findings on the vital importance of social and emotional learning (SEL) for successful early prevention, this side event provided a platform for some key insights and exchange of views, both from theoretical as well as from practical perspective. Panellists have shared their experience regarding several (inter)national programmes that address the importance of early relationships for physical and emotional regulation. Panellists emphasized the vital importance of developing parental skills while also implementing SEL approaches through programmes in kindergarten and first two triads of primary school. The side event contributed to the ongoing conversation and efforts in providing a systemic approach to prevention at several levels within educational, social and health systems, among all relevant stakeholders and around the globe. More than 90 attendees participated the event.

National Conference on Addiction
Ada Hočevar Grom

Expert meetings play a crucial role in presenting and transferring recent research findings in the field of prevention in various environments, and exchange of best practices and opinions. In addition, there are national conferences that are traditionally organised in the first week of November, the month dedicated to preventing addiction. In 2020, the National Institute of Public Health in collaboration with the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and the Ministry of Education, Science and Sport, organised the 14th National Conference on Addiction accompanying the month dedicated to preventing addiction. The conference took place on 4 November 2020 and it was organized on-line due to covid-19 epidemics. The slogan of the National Conference is every year "Together we can do more" and the title of the conference in 2020 was "Empowered professionals – empowered youth". The conference was attended by over 400 participants from various expert fields, mostly school counsellors, teachers, social workers, and NGO representatives. The main focus of the National Conference was to shed light on the importance of (early) relationships for physical and emotional regulation and on the barriers to identifying and addressing drug problems. Plenary round table with all relevant ministries was about "New challenges of drug addiction in light of Covid-19 epidemics?". Link to the conference website:
https://www.nijz.si/sl/dogodki/vabilo-na-14-nacionalno-konferenco-ob-mesecu-preprecevanja-zasvojenosti.

Križišče project
Helena Hercog

Based on identified needs to integrate different forms of support, establish cooperation, and exchange experiences, the Projekt Človek non-governmental organisation implemented the Križišče (Crossroads) project. This project includes a network of programmes for young people who experiment and abuse alcohol, cannabis, and other PAS, excessively use digital technologies, and experience adolescence difficulties. The network brings together 40 organisations from 10 Slovenian regions.

Report on political integrity in Slovenia
Mia Zupančič

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

These shortcomings are also evident in a case study of the legislative procedure that was applied to the 2019 amendments to the Restriction on the Use of Tobacco and Related Products Act. The case study confirms that the legislative trail as it relates to the adoption of the amended law was deficient. At the same time, it emerged that the tobacco industry financed at least one non-governmental organisation involved in the legislative procedure. This led to the possibility that members of the National Assembly were not made fully aware of circumstances that could have had an effect on the adoption of a decision in the public interest (for more, see the Additional information section of the Drug Policy Workbook).

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Treatment workbook

Table of Contents

Summary

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

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

In 2020 among users entering or re-entering a treatment program, which was implemented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, the highest percentage is still in those who cited opioid problems as a reason to seek help, although this percentage has been declining since 2017. After 2017, the percentage of those entering the treatment program due to cannabis problems is increasing again.

A stable share of patients who have problems with opioids otherwise prescribed as substitution treatment are entering the programme. The number of patients in the maintenance programme increased from 1997 to 2010, when there were 3526 such patients. In the year 2020 the number has raised up on 3797, among them 3101 reveiving substitution treatment. In 2020 there are two mobile units and 19 immobile centers operating in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. In Slovenian prisons there were additional 569 clients in 2020 who were involved in substitution treatment. In 2020 the number of clients entered programmes run by NGOs compared to previous years declined, but this is due to COVID-19 pandemic.

In 2020, the big focus in relation to drugs was on cannabis and NGOs promoting the legalisation of cannabis in Slovenia, and on treatment with medical cannabis. In the spring of 2017, the medical use of cannabis was legalised, and the necessary documents are being prepared to allowing prescribing to become operational in everyday practice. In 2019 the guidelines for prescription of medcal cannabis for epilepsy and patient with cancer was introduced by the medical doctors. The demand for the treatment of addiction to cannabis was rised in 2017 and 2018. The use of new drugs, as a result of new reality of COVID-19 pandemic, increases the need for the treatment of problems related to new drugs and to invest in more psychotherapy programmes in this field (first one was developed in 2016). Nasal naloxone (in the form of a nasal spray) is registered and available from March 2021 in all Centers for

the prevention and treatment of drug addiction and their pharmacies that supply medicines. In 2020 COVID-19 pandemic changed the work of treatment facilities, reintroduced to the classic programme with certain adjustments (masks, social distancing, ventilation and disinfection of rooms). The share of elderly users in treatment programmes has been growing inexorably, which indicates that this population is getting older and that new approaches to treating them are necessary.

1. National profile

Milan Krek, Andrej Kastelic, Simona Smolej Jež, Mateja Jandl, Tadea Košir

1.1 Policies and coordination

1.1.1 Main treatment priorities in the national drug strategy

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

The main goal of the treatment is the recovery of the patient and establishment of abstinence and the protection of the patient from infectious diseases. If the patient fails to achieve abstinence, he/she is directed to a long-term substitution treatment or to harm reduction programmes. All patients have the right to rehabilitation which enables them to regain employment and reintegrate into society.

1.1.2 Governance and coordination of drug treatment implementation

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

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

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

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

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

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

a prison; that is, a programme for the treatment of addiction as provided by the local medical centre is carried out in all prisons. Every prison in Slovenia has a programme for the treatment of addiction to illicit drugs. When a person leaves a prison facility, they may re-enter one of the Centres for the Prevention and Treatment of Illicit Drug Addiction or other programmes treating addicted persons. Many programmes have established themselves in prisons as well, which is why continuity in other programmes has also frequently been established upon transfer to and from prison.

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

The practical applications of the illicit drug addiction treatment programme are supervised by a dedicated commission made up of addiction treatment experts, experts from the Slovenian Family Medicine Society, and psychiatry experts, as well as members of the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. The centres came under scrutiny in 2016, which included a thorough review of the centres' operations. The Commission released a special report designed to help improve the performance and effectiveness of the network of Centres for the Prevention and Treatment of Illicit Drug Addiction.

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

Social area

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

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

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

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

Priorities in the social sphere are:

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

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

Treatment within the Scope of NGOs

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

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

NGOs organise a well-attended expert conference in a particular field every year. The conference addresses current issues that NGOs face in the field of illicit drugs and new approaches to managing people with addiction problems. The 2020 conference focused on the following; presentation of the evaluation of the past national program prepared by the Association of NGO's, presentation of the situation in various areas regulated by the national program (preventive work, harm reduction, cannabis regulation, mobile units, therapeutic communities, social integration,…), identify the shortcomings of the current national program and make concrete proposals for the preparation of a new national program.

In 2020, there were 12381 users of social-oriented programmes. Their attendance from 2017 on is shown in the table 1. It is evident that the majority of programme users made only one visit annually or used programme services only once a year. Only 166 (1,3%) patients attended the programme every day (Table 1). The increase in frequency of programme attendance “once a year” is primarily due to people who come in contact with experts and counsellors during field work in dance events, normally only once a year. We can see the trend that programmes were attended by less people every year from 2017 to 2020. A smaller number of people attended the programmes in 2020 is also due to COVID-19 pandemic. (Table 1)

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

	2017		2018		2019		2020	
Frequency of programme attendance	**Number**	**Share %**	**Number**	**Share %**	**Number**	**Share %**	**Number**	**Share %**
Every day	333	1	233	0.7	193	1.0	166	1.3
Several times a week	2164	6.6	1936	6.1	1010	5.2	1000	8.1
Several times a month	2149	6.6	2336	7.3	1401	7.3	1411	11.4
Once a month	1232	3.8	1606	5.0	911	4.7	857	6.9
Once a year	22875	69.8	22395	70.2	12799	66.3	5789	46.8
Few times a year	2396	7.3	2555	8.0	1990	10.3	2246	18.1
Not known	1637	5	843	2.6	1009	5.2	912	7.4
Together	32786	100	29604	100	19313	100	12381	100

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

Evaluation of Programmes

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

1.1.3 Further aspects of drug treatment governance

Future programme governance will be carried out similarly as today. Much more attention will have to be placed on need assessment studies, following the needs of drug users in the creation and governance of programmes. Programmes will have to be more integrated and new programmes, such as safe rooms, Narcanti and, possibly, heroin prescription, will have to be developed. Special attention will have to be placed on older drug users, both as regards medical treatment, as their health condition

deteriorates quickly due to the conditions in which they live, as well as socially, as they are left without property, accommodation and work. Based on epidemiological data (from ESPAD, HBSC and others), we estimate that the demand for treating medical complications associated with the use of cannabis and new psychoactive substances will increase substantially. The big question is how will Slovenia handle the issue of treating new addictions, such as gambling and other forms of dependence. Currently, there is only one treatment programme dealing with addiction to gambling. We are thinking of providing additional education and training for the people working at the existing Centres for the Prevention and Treatment of Illicit Drug Addiction and of recruiting new psychotherapy and social work experts. But the problem here is that for fear of stigmatization, people suffering from new addictions are not always willing to come to centres where illicit drug addicts are being treated. Treatments in the social sphere are also being adapted to users' needs; social care programmes are enrolling people addicted to gambling, new psychoactive substances and other new addictions.

1.2 Organisation and provision of drug treatment

Outpatient network

1.2.1 Outpatient drug treatment system – Main providers and client utilisation

The treatment of persons addicted to illicit drugs in healthcare is most often carried out within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which was established in 1994, but was fully put into action in 1995. Before 1994 there were two centres from 1991, one on the costal Carst region and the second one in Ljubljana. From 1991 to 1994 they covered all needs of the clients in Slovenia. In 2020, there were 21 (two mobile units) Centres in Slovenia. Furthermore, the network is closely related to outpatient treatment at the Centre for the Treatment of Drug Addiction, which carries out inpatient treatment. Centres for the Prevention and Treatment of Illicit Drug Addiction are governed by the Coordination Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health. The operations of the Coordination Body and its tasks are laid down in the Rules on the structure and method of work of services co-ordinating the Centres for the prevention and treatment of addiction to illicit drugs (Official Gazette of the RS, No. 43/00). The Chair of the Body represents it in its external relations and ensures the permanent professional work of the Body, along with the training of its employees. Control over the operations of the Centres is carried out by the Commission for the supervision of the work of Centres for the Prevention and Treatment of Illicit Drugs Addiction (Official Gazette of the RS, No. 98/99).

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

In Slovenia, there are 10 Harm Reduction Programmes which predominantly provide counselling and sterile kits for injecting drugs as well as other harm reduction services. The purpose of these programmes is to cover the maximum number of drug users from the hidden population, thus reducing harm that might occur as a result of drug use with a non-sterile kit and other harmful methods. Besides, in the framework of social care programmes also high-treshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use are available. Some of

high-treshold programmes are providing accommodation and some are carrying out social reintegration.

At Centres for Social Work, the issue of illicit drugs is largely dealt with as a part of first social aid. Evidently, the issue of illicit drug is not very common at Centres for Social Work (Table 2).

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

1.2.2 Further aspects of outpatient drug treatment provision

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

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

	Total number of units	National Definition Characteristics/ Types of centre included within your country	Total number of clients
Specialised drug treatment centres	**21**	Network of centres for prevention and treatment of drug users.	**3797**
Low-threshold agencies	**10**	NGO organisation for harm reduction activities. Low-treshold programmes carrying out day centres, field work and prevention.	**6490**
General primary health care (e.g. GPs)	**n. g.**	General practicioner and other medical doctors on primary level.	**n. g.**
General mental health care	**n. g.**	Psychiatric out patients units located in local health centers in local community	**n. g.**
Prisons (in-reach or transferred)	**8**	Outpatient clinics for the treatment of addiction in prisons belong to local health center out of prison authority	**866**
Other outpatient units – day care centres	**13**	Units in social care, mostly NGOs, which are working only during a day.	**2684**

Source: National Institute of Public Health, Standard table 24

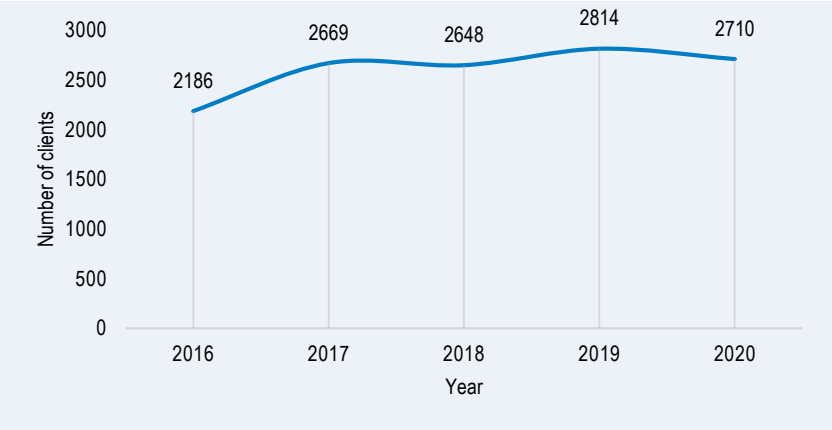
1.2.3 Further aspects of outpatient drug treatment provision and utilisation

Outpatient treatment of addiction within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction is important because it is available to all persons in need without a waiting list and free of charge if they have basic and supplementary health insurance. These programmes importantly reduce infections of drug users with HIV and hepatitis C, thus prolonging their life span and reducing their involvement in criminal acts. The key advantage of these programmes is their comprehensive approach to addiction and team work, along with a good connection with inpatient programmes and programmes ran by NGOs. In 2020, these programmes included 2684 persons (Table 2). The data was collected based on a report released by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. Included are all patients who have been enrolled in the programme in the current year. The data from NGO were collected by the Social protection institute of the republic of Slovnia and data for general primary health and general menthal health care were collecting by the national data bases.

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

Particularly important are outreach programmes that approach drug users in their environment. In them, drug users gain important additional knowledge and receive different forms of assistance that reduce risks upon drug use. According to the 2020 annual report delivered by the Social Protection Institute of the Republic of Slovenia, 2710 persons were included in low-treshold programmes (day centres and field work (without HR activities on dancing events) is lower than in 2019 (2814 persons) (Figure 1).

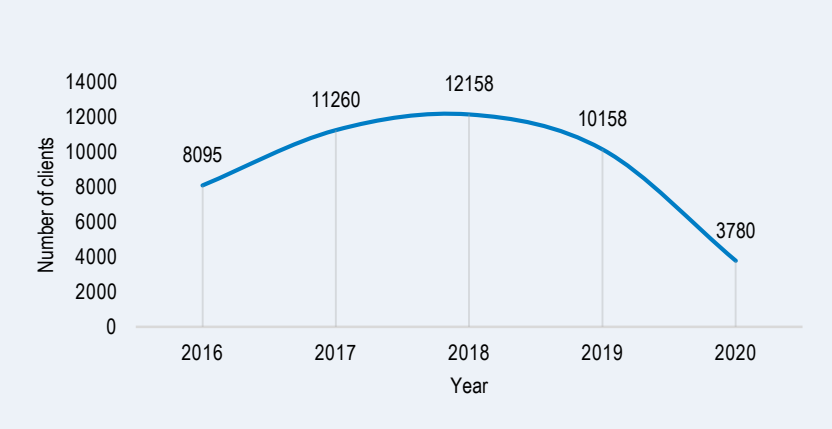
Figure 1. The number of persons included in harm reduction programmes in Slovenia in the period 2016–2020 not including DrogArt programme users (dancing events)



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

If the number of users who were offered assistance at special events and night parties by DrogArt (an NGO) is also taken into account, 6490 people were dealt with in the field of harm reduction in 2020 (Figure 2).

Figure 2. The number of contacts mainly on dancing events with drug users in the DrogArt NGO in the period of 2016–2020

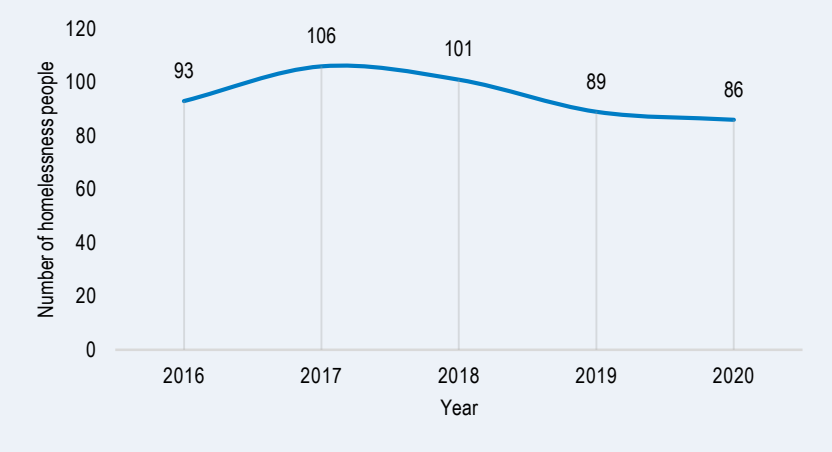


Source: Social Protection Institute of the Republic of Slovenia, 2021

DrogArt is a programme which focuses primarily on users of new psychoactive substances on a dancing events. Established in 1999, the DrogArt Association is a privately held non-governmental volunteer organization whose main goal is to reduce the harm caused by drugs and alcohol among young people. The Association's core fields of activity include: providing information and counselling, running an information point, carrying out field work at electronic music events, running "It's Your Choice" workshops aiming to reduce alcohol-induced harm among the youth, publishing, and research. The Association is widely known for its website (http://www.drogart.org/), which provides users with the latest information on new psychoactive substances. They frequently carry out prevention activities at major dance events by handing out prevention materials, providing advice and, if needed, calling urgent medical assistance. They are also performing drug testing out in the field, an activity which is still in the trial stage. In 2017, the DrogArt NGO established field testing of new psychoactive substances (NPS). They collect NPS using a network of contact points and sent them for laboratory testing. They also have a mobile laboratory in a van for testing NPS directly at a dance event. Each testing is accompanied by counselling.

In the framework of programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 89 persons were included in these programmes in 2020 and 86 in the year 2020 (Figure 3).

Figure 3. The number of persons included in shelters for homeless drug users and a safe house for woman drug users in period of 2016–2020



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

Further, low–treshold programmes also included in 2020 approximately 90 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information etc.

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

Numerous psychiatric outpatient clinics play an important role in assisting persons addicted to drugs with mental comorbidity and in identifying addiction in these persons. According to the central database of the National Institute of Public Health, 46 psychiatrists were working in these programmes in 2018 at the primary health-care level, but they are included in several programmes at a time (we do not have data for 2020). They usually work at community health-care centres, and can be accessed without a referral from the selected physician, but waiting lists are usually long.

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

Methodological explanation:

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

Alternative sentencing programmes for drug-addicted persons

All these programmes including hospitalization in special prison hospital unit and hospital program of centre for treatment of drug addiction in Ljubljana are also important as alternative sentencing programmes for persons penalised due to the possession or resale of minor quantities of drugs. Drug-addicted patients, instead of serving prison sentences, are directed to therapeutic programmes. If they complete the programme successfully, their prison sentence is revoked. The court may direct a person into an alternative sentencing programme after a thorough examination of documents and consultation with court experts. However, it must be noted that the courts monitor the success of treatment, and if the patient leaves the treatment, they must serve a prison sentence.

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

1.2.4 Ownership of outpatient drug treatment facilities

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

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

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

Source: National Institute of Public Health, Standard table 24

Inpatient network

1.2.5 Inpatient drug treatment system – Main providers and client utilisation

The main provider of inpatient treatment in Slovenia is a specialised inpatient unit for the treatment of addiction in Ljubljana operating at the Centre for the Treatment of Drug Addiction (http://www.psih-klinika.si/strokovne-enote/center-za-zdravljenje-odvisnih-od-prepovedanih-drog/). The programme is carried out in the form of individual interviews or therapy groups. It also includes work with relatives and a partner or family therapy. The programme is planned together with the patient and, in agreement with the latter, it is desired that important close ones participate in the process. Treatment may also be purely outpatient. The inpatient programme starts with several months of preparation for admission to the inpatient unit. The patient and relatives visit a preparatory group. This is followed by admission to the inpatient unit for a 14-week treatment. The programme is carried out at the detoxification unit for 6 weeks and at the intensive extended treatment unit for 8 weeks. Later on, a patient may enter a day care unit, where treatment is carried out 3 times a week for at least 6 months or more. A former drug user may later be included in individual or group therapy or visit the club of treated drug users. Notably, the programme is tailored to the needs and abilities of an individual. Patients enter the programme voluntarily and may also choose to leave it. Patients who have left the programme cannot be readmitted in the programme for the next 3 months. The hospital also carries out a **day hospital programme.** Only

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

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

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

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

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

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

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

1.2.6 Further aspects of inpatient drug treatment provision and utilisation

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

Admission to a specialised drug treatment hospital within the scope of the Centre for the Treatment of illicit Drug Addiction is always a matter of agreement between the doctor working at a Centre for the Prevention and Treatment of illicit Drug Addiction and the doctor working at the specialised hospital, and is always delayed for the period of preparation for admission to the hospital. Before being admitted to treatment, a patient undergoes many activities. A patient must achieve a level of the development of addiction and an attitude to addiction providing successful detoxification. Upon admission, patients are not allowed to have drugs on them or use them during hospitalisation. Initially, a patient stays at a closed ward. Treatment at the hospital gets more and more structured, seeking options for an individual patient. This will become more and more pronounced in future, with more and more drugs with different addictive properties emerging in various social environments (Table 4).

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

	Total number of units	National Definition (Characteristics/Types of centre included within your country	Total number of clients
Hospital-based residential drug treatment	1	Psychiatric or other hospitals	**n. g.**
Residential drug treatment (non-hospital based)	7	Rehabilitation and reintegration centres	**133**
Therapeutic communities	4	Classic TC between 1 – 3 years programmes	**75**
Prisons	8	Special hospital for inmates	**866**
Other inpatient units - Special hospital for drug treatment	1	Special hospital for drug treatment	**n. g.**
Day hospital	n g.	Special day hospital	**n. g.**

Source: National Institute of Public Health, Standard table 24

1.2.7 Ownership of inpatient drug treatment facilities

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

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

	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 - Centers for homelessness people and drug addicted mothers		100%	/	/	**100**
Other inpatient units - Special hospital for drug treatment	100%	/	/	/	**100**

Source: National Institute of Public Health, Standard table 24

1.2.8 Further aspects of inpatient drug treatment provision and utilisation

An important question is the development of future inpatient programmes if an increased use of new synthetic drugs occurs. Inpatient programmes are not very desirable because they tear the patient away from their family for a long period of time. This is especially hard for addict mothers with children. In future, hospital treatment will most probably have an own perspective in the field of punitive policies as this is one way of moving patients with severe conditions from a prison environment into a hospital

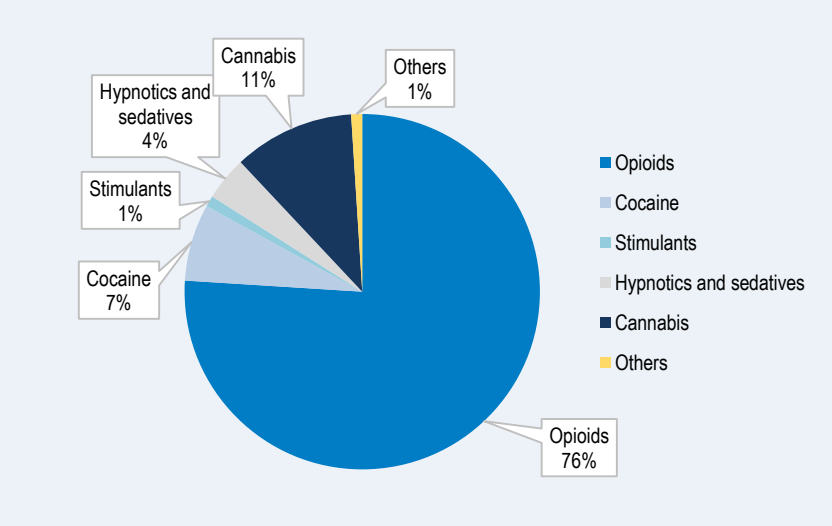
environment which is friendlier to them. Slovene general psychiatric hospitals are currently primarily accepting patients with concurrent mental disorders. Patients with a predominant addiction can also receive treatment in a special hospital for addiction treatment which also has an outpatient clinic. Drug addicts are primarily only hospitalised in a specialised hospital for addiction treatment. In the case of increased needs, one of the existing psychiatric hospitals could decide to specialise in illicit drug addiction treatment. Other hospitals also accept drug addicts who require treatment for other diseases or injuries which also occur due to drug use. This is why the data from the first line of Table IV should be taken with a large methodological reserve as it primarily counts patients hospitalised for urgent conditions and patients who were hurt while using cannabis. These hospitals usually do not treat addiction or must treat it in addition to the patient's disease which was the reason for beginning treatment (e.g. Hepatitis C).

1.3 Key data

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

In 2014, data in Slovenia were for the first time collected under the TDI 3.0 protocol an on line. Data were collected in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and at the Centre for the Treatment of Drug Addiction, which is in essence an outpatient unit. Of all questionnaires collected in 2020, 128 persons were monitored who entered or re-entered a drug treatment programme in 2020. 97 of them (76%) entered or re-entered programmes due to opiate problems. 9 (7%) of those indicating why they entered a programme reported having a cocaine problem, 14 (11%) had cannabis problems, 6 (4%) hypnotics and seadtives problems, 1 (1%) had stimulant problems and 1 (1%) had problems with other drugs. (Figure 4).

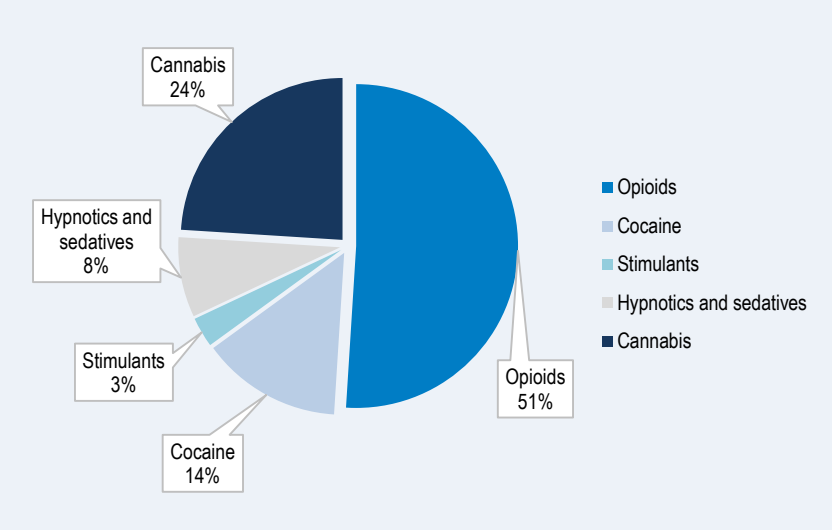
Figure 4. Proportion of treatment demands by primary drug



Source: National Institute of Public Health, TDI, 2021

Among those entering the programmes for the first time (37 persons), most had problems with opioid use 19 (51%). 5 (14%) persons had problems with cocaine, 1 (3%) with stimulants, 3 (8%) with hypnotics and sedatives, 9 (24%) with cannabis. (Figure 5).

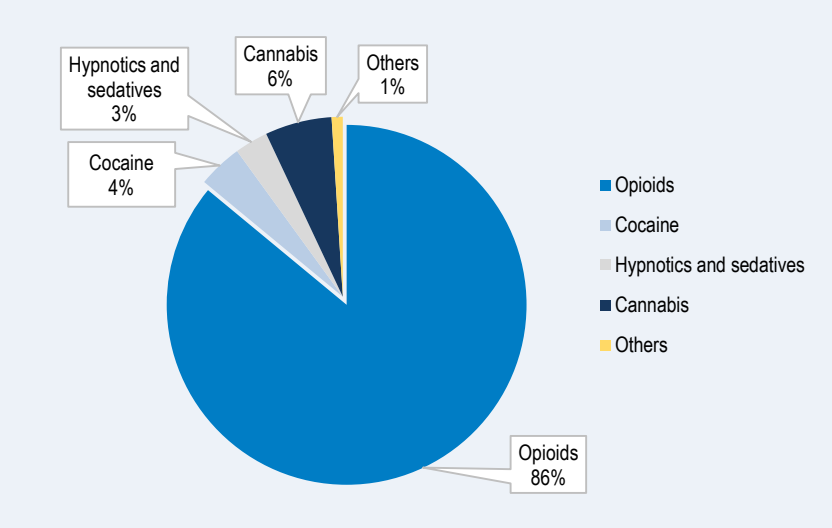
Figure 5. Proportion of treatment demands by primary drug – first admission in 2018



Source: National Institute of Public Health, TDI, 2021

Among those re-admitted, the number and share of persons having problems with opioids was significantly higher (78, i.e. 86%). 4 (4%) persons had problems with cocaine, 3 (3%) with hypnotics and sedatives, 5 (6%) with cannabis and 1 (1%) with others substances (Figure 6).

Figure 6. Proportion of treatment demands by primary drug – re-admission in 2020



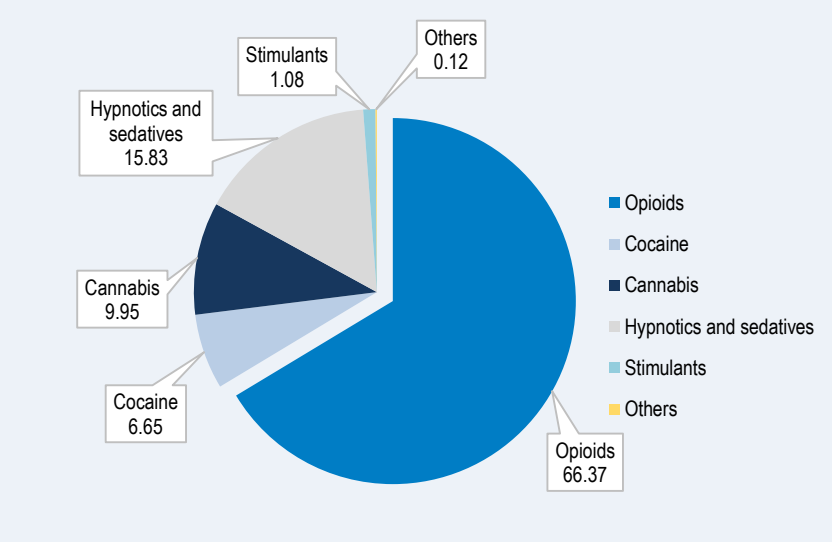
Source: National Institute of Public Health, TDI, 2021

In conclusion, among those entering the programme for the first time in 2020, the share of persons with cannabis use problems was considerably higher compared to the patient group re-entering the programme in the same year. The percentage of patients who first entered the programme due to problems with cannabis use was 27% in 2018, which is similar as in 2020 (24%). The percentage of patients who enter the programmes due to opiate addiction is also interesting. Among programme users who re-entered the programme, the percentage of persons with opiate use problems decreased from 90% in 2018 to 86% in 2020.

1.3.2 Distribution of primary drug in the total population in treatment

Out of 2479 persons, 80.8% were men and 19.2% women. Their average age was 41.68 years. The youngest was 17 and the oldest 77. The problems of elderly drug users have come to the fore. Without a job or parents who used to offer them a place to live, they often become homeless (Figure 7).

Figure 7. The percentage of patients who spent more than 1 year in the programme and are still included in the programme in 2020 according to primary drug



Source: National Institute of Public Health, TDI

The largest percentage of patients spent more than one year in the programme due to opiate addiction problems (66.37%), followed by 15.83% of patients who had problems with sedatives and hypnotics addiction in 2020. A relatively high percentage (9.95%) had problems with cannabis use. It is also important to note that 6.65% of patients had cocaine problems.

1.3.3 Key treatment-related data

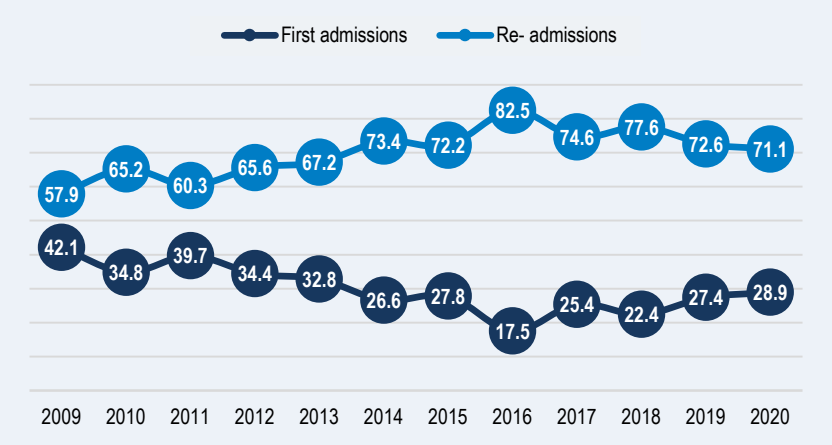
The data come from centres for the prevention and treatment of illicit drug addiction. Therefore, the TDI data are available only for this population group and do not represent the drug user population in Slovenia in treatment. It is planned to introduce the TDI and prevalence questionnaire in prisons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

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

1.3.4 Characteristics of clients in treatment

In 2020, according to TDI data 128 person entered or re-entered treatment program at the network of Centers for Prevention and Treatment of Illicit Drugs Addiction. Out of 128 persons entering the programme in 2020, 104 persons (81.3%) entered the programme on their own accord. 37 persons (28.9%) entered the programme for the first time and 91 persons (71.1%) re-entered the programme. The trend is showing increase of first entrants and decrease of re-entrants (Figure 8).

Figure 8. Percentage of first admissions and re-admissions in Slovenia in period of 2009–2020



Source: National Institute of Public Health, TDI

Among patients who entered treatment programmes in 2020, 20.3% of them were regularly employed and 60.2% were unemployed. Only 73.4% of patients who entered the programme had a permanent accommodation (flat) and 3.1% were homeless. 6.3% of them were in prison and 14,8% had non-permanent accomodation which means that homelessness is a big issue among drug users as we could estimate that 17.9% of them do not have permanent accommodation and belong to a broader range of homeless people. In the last 30 days before entering the programme, 73.4% of them lived alone, 13.3% with their primary family and 10.2% in institutions or shelters. 15.6% of them lived with children which indicates a great need for additional programmes for children that live in an environment where illicit drugs are being used. Only 39.8% of users did not inject drugs. For their last injection, 2.6% of users shared an already used needle to inject drugs which still indicates a great hazard of HIV and Hepatitis C transmission in this group of drug users. Half of them (50%) bought needles at a pharmacy and just 33.3% received them via harm reduction programmes. According to data, the majority still buys needles at a pharmacy, although they are available in harm reduction programmes free of charge. Only 23.2% of drug users who entered an addiction treatment programme used a condom during their last sexual intercourse in 2020 which is slightly more in comparison to 2018 (22.9%). 50.9% of them did not change their sexual partner in the last year. 0.9% received payment for sexual intercourse. 22.7% were not yet vaccinated against Hepatitis B and 40.6% had already been pursued in court in a drug-related case. 22.7% had already served a sentence in prison due to violation of a drug-related law. 22.7% of patients who entered treatment programmes had already lost their driver's license due to drug use.

1.3.5 Further top level treatment-related statistics

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

Table 6. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	14911
Total OST clients	3101
Total All clients entering treatment	128

Source: National Institute of Public Health, ST24 and TDI

1.4 Treatment modalities

Outpatient and Inpatient services

1.4.1 Outpatient drug treatment services

Treatment programmes include well trained personnel for the execution of programmes and interventions in all programmes included in Table 6. Substitution therapy can only be carried out in specialised centres for addiction treatment. The main goal of this measure is to prevent trafficking of opiates outside of medical institutions. The personnel in these centres is specially trained to control prescription, usage and misuse of opiate medications. In general, all persons in need of substitution therapy are directed to special centres for addiction treatment. Substitution treatment is also run by specialised doctors in prisons. Substitution therapy can only be prescribed by specialised doctors. Substitution medications are only available on prescription. Patients collect them daily or less frequently in treatment programmes. Some of them must drink them daily under the supervision of a doctor or a nurse. (Table 7)

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

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

Source: National Institute of Public Health, Standard table 24

A range of out-patient drug treatment services is available in Slovenia. They are mainly characterised by the fact that the patient may come to the centre every day and stay there for a brief period. Afterwards, they are free to leave. According to Table 8, various approaches in these programmes are very accessible to all. Every person with an addiction problem can enter the programme.

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

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

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

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

Homeless drug users:

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

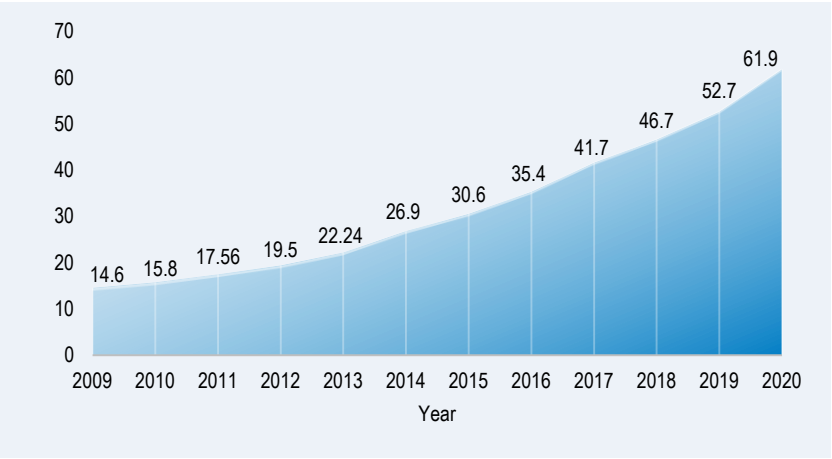
Persons with a psychiatric comorbidity:

In Slovenia, persons with a psychiatric comorbidity are usually well cared for, as every centre for the prevention and treatment of illicit drug addiction also employs a psychiatrist and a psychologist to manage patients with a psychiatric comorbidity. Many such patients are treated for mental disorder at local psychiatric out-patient clinics. They also attend community programmes for mental health. Of course, when their condition declines, they go to a psychiatric hospital. There is also specialised hospital for addiction treatment, where persons with a psychiatric comorbidity are treated at the ward of the Centre for the Prevention and Treatment of Illicit Drug Addiction. There is also a special therapeutic community that offers help to persons addicted to illicit drugs with a psychiatric comorbidity. A specific therapeutic community is planned for drug users with mental disorders within the centre for addiction treatment, which currently implements the hospital addiction treatment programme. All these health-care activities are financed by the Health Insurance Institute of the Republic of Slovenia.

Elderly drug users:

By reducing HIV infections and mortality due to hepatitis C, which has become a curable disease, and because of improved living conditions, drug users now live considerably longer than they used to. The graphicon shows the share of programme users over 40 who were included in the treatment programme. In the last 11 years, this share has linearly increased from 14.6% in 2009 to 61,9% in 2020 (Figure 9).

Figure 9. Share of elderly patients included in the treatment programme in Centres for prevention and treatment of drug addiction who are over 40 years old and over from 2009 to 2020



Source: National Institute of Public Health, 2020

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

Programmes for women and pregnant women:

In Slovenia, programmes intended for women are implemented only in a single therapeutic community; otherwise, women enter the programme together with men. Generally, the same entry conditions and addiction treatment procedures apply to them. In some programmes, specific approaches are taken to women, especially to pregnant women and mothers. Gynaecologists from community health centres and regional hospitals also cooperate. Pregnant women are monitored from the start of pregnancy. Their therapy is adjusted accordingly, and they have more frequent check-ups at the gynaecologist and at the centre. Upon delivery, the baby's withdrawal syndrome is treated, and the community nursing service takes care of the child and the mother. Social work centres also take care of pregnant women and, later, the family, and provide for proper financial transfers and supervise how the mother and other family members care for the child. If the parents neglect the child due to drug use, the child is removed from the family and placed in a foster family. STIGMA, an NGO, (http://www.prostovoljstvo.org/index.php?t=itemOrganization&uid=2951) established a safe house programme for female drug users and mothers who are drug users.

Sex workers:

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

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

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

Problem drug users:

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

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

Outpatient drug treatment services in Slovenia

Specialised drug treatment centre:

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

Low – threshold agencies:

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

General primary health care:

In this context, this includes physicians and other health-care professionals in primary health care who come into contact with drug addicts. It depends on the commitment of these professionals whether these people will receive timely help. When a drug user comes to their office, first, they have to recognise them and then refer them to a centre for drug addiction treatment. When treating their drug-addicted patients, they need to cooperate with the centre for drug addiction treatment.

General mental health:

Psychiatric out-patient clinics are common targets for drug users with mental disorder comorbidities. Psychiatrists need to recognise drug addicts and act accordingly. They may refer them to the centre for the prevention and treatment of illicit drug addiction for further treatment or to another programme. They may also refer them to a hospital to be treated for addiction or mental disorder.

Prisons:

Prison programmes form part of the regional public health-care network (see textbook Prisons). Physicians and other staff are not employed at the prison, but come from outside, usually from the community health-care centre. This has many advantages. They implement a programme identical to that implemented at centres for the prevention and treatment of illicit drug addiction, except that the programme is adapted to the target prisoner population.

Other outpatient units on secundar medical level:

Addicts also often attend specialised secondary-level out-patient clinics, which are staffed by surgeons, internal medicine specialists and other physicians. The physicians are familiar with the addiction issue, so they are able to help people. It is important they send the drug-addicted person as soon as possible to a centre for the prevention and treatment of illicit drug addiction or to any other appropriate programme. If a drug-addicted person is hospitalised, an agreement is made between the hospital physicians and the physicians working in the addiction treatment programme regarding the continuation of addiction treatment.

Other outpatient units in social care field:

Field social programmes primarily perform counselling and refer people to addiction treatment and management. The different programmes focus on different target populations. There are programmes for the adolescents, which operate during the day, and then parents come to pick up their children and take them home. Other social programmes perform counselling, family therapy, group psychotherapy etc. Some programmes prepare for addicts' admission to a therapeutic community, in cooperation with centres for the prevention and treatment of illicit drug addiction.

Addiction is a chronic disease – preventing relapses:

In some people, drug addiction progresses into a chronic disease with recurring relapses. The programmes implement activities that prevent relapses in an attempt to prolong the abstinence period. If a relapse occurs, the best measure is to begin therapy immediately.

Treating addiction as a shameful disease and pushing patients to the margins of society and into prisons is a poor solution for society. Such an attitude to the disease creates additional barriers for a person trying to receive timely treatment, and is the basis for unnecessary complications of the disease and increased complications associated with it. In Slovenia, it is not difficult to enter management and treatment programmes, since there is enough of them. The person considering to take this key decision is, however, more problematic, as the decision is often related to the inappropriate attitude of society and family members to this disease and a great fear of stigmatisation.

1.4.2 Further aspect of available outpatient treatment services

In the future, the programs will be developed on the basis of the needs of drug users and society. There is less interest in therapeutic communities. People and drug users wont to have a short interventions take as less time as possible. New approaches on treatment of drug users are developed in the field of the NPS. It will be need to develop field work and early intervention programs. The programs will also include other professionals and other methods. We have to work much more on motivation for treatment and relaps reduction activities. It seems that in the future there will be more older drug users, who will need special programmes. Much more attention we should give to the minorities (women, pregnant women, older drug users, young drug users). Each of them need more specific approach.

1.4.3 Availability of core interventions in inpatient drug treatment services

Inpatient programmes are being carried out in the governmental and non-governmental sector in Slovenia. Programmes offer a large amount of knowledge on addiction treatment and use various approaches. 24-hour patient monitoring also enables more challenging procedures such as Psychodrama (Table 8).

Table 8. Availability of core interventions in inpatient drug treatment facilities. Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of therapeutic communities).

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	>75%	>75%	>75%	>75%
Screening and treatment of mental illnesses	>75%	>75%	>75%	>75%
Individual case management	>75%	>75%	>75%	>75%
Opioid substitution treatment	>75%	Not available	Not available	>75%
Other core outpatient treatment interventions	>75%	>75%	>75%	>75%

Source: National Institute of Public Health, TDI

Within these programmes, the patient is accommodated more than 24 hours and up to three years or even more. In this period, several therapeutic interventions and approaches are used in order to change the person's behaviour. The programmes are organised both in the governmental and non-governmental sectors. Health-care programmes are financed by the Health Insurance Institute It is crucial that a person spends much more time in contact with therapists so they can also carry out complex procedures of addiction treatment.

Therapeutic communities:

In Slovenia, there are therapeutic communities employing experts, and therapeutic communities using self-help approaches based on the mutual self-help of community members. Entry to the community entails a preparation process, the duration of which varies according to whether the patient is ready to enter the programme and when the therapists consider them able to do so. This phase also involves centres for the prevention and treatment of illicit drug addiction, psychiatrists and other services. The duration of the programme varies, depending on each community programme and on the patient's progress. Joining and remaining in the programme are voluntary; the patient may leave the programme whenever they wish. Usually, completed treatment in a therapeutic community is followed by a rehabilitation programme. This allows the user to become slowly included in everyday life and gives them the opportunity to do jobs they used to do before their addiction, allowing them to have their own source of income for subsistence.

Programmes in prisons:

Pursuant to the valid legislation, prisoners have the same rights to access health-care services as the general population, irrespective of the gravity of their crime. Each prison has a psychiatric service, general health-care services and a programme for treating illicit drug addiction. The providers of these services are not employed at the prisons, but come from the community health-care centre. It is important that the therapists working in the prison are often the same people the patients were treated by before going to prison, which allows for better treatment continuity. After leaving prison, users again enter the programme of the local centre for addiction treatment or local NGOs involved in treating addicts in prisons. Drug users in prisons are free to opt for addiction treatment. There is no forced addiction treatment in Slovenia. Nevertheless, we would like more people serving alternative sentences to be treated outside prison. NGOs also take their programmes into prisons. The 'Stigma' association has published a special manual on this subject, Reducing Risks for Drug Users in Prisons 'Enhancing

Health Promotion for Drug Users within the Criminal Law System' (https://harmreduction.eu/documents/publications/HARM-Reduction-slovenski.pdf). All activities for prisoners are voluntary.

Hospital programmes:

Slovenia has two hospital programmes for drug-addicted persons. One is in Ljubljana, and accepts drug-addicted persons who have problems with addiction and need hospital treatment. The second programme is in Maribor, and involves the management of incarcerated persons with mental disorders. Both programmes are run by the university medical centres. In the case of a psychiatric comorbidity, many users are hospitalised at regular psychiatric hospitals, where both the mental disorder and illicit drug addiction are treated. In addition to such hospitalisations, drug-addicted persons may also be hospitalised for other diseases that may be associated with drug use (sepsis). All hospital programmes are offered in the public health-care context; no private clinics work in this field. Some physicians from the centres for the prevention and treatment of illicit drug addiction also act as consultants at regional hospitals (Table 9).

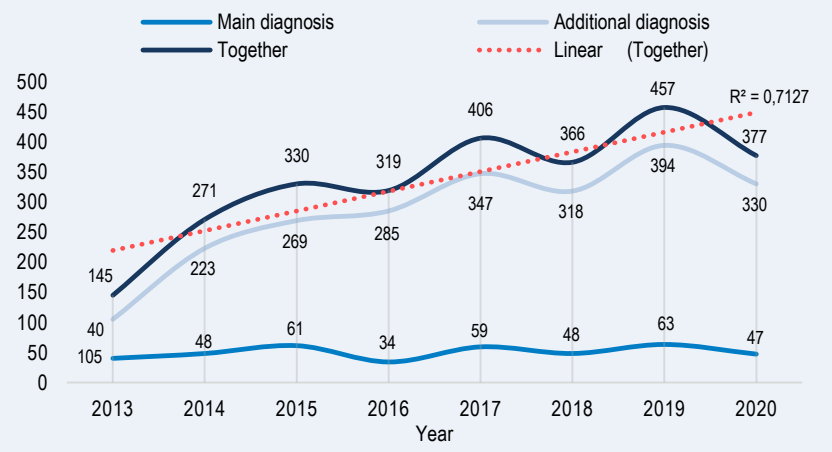
Table 9. Overview of the number of hospitalisation by basic diagnosis for each drug and by secondary diagnosis between 2019–2020 in Slovenia

	Drugs	Primary diagnosis	Additional diagnosis	Total	Share among all (%)
1	Multiple drugs	916	1268	**2184**	43.7
2	Sedatives and hypnotics	176	1049	**1225**	24.5
3	Cannabis	110	724	**834**	16.7
4	Opioids	85	323	**408**	8.17
5	Cocaine	67	184	**251**	5
6	Other stimulants	17	62	**79**	1.5
7	Hallucinogens	9	3	**12**	0.24
8	**Together**	**1380**	**3613**	**4993**	100

Source: National Institute of Public Health, 2021

Comparing the number of hospitalisations by drug, most were due to multiple drug use. Hospitalisations due to cannabis use were ranked third.

Figure 10. Number of primary and additional diagnoses associated with patient hospitalisation due to the consequences of cannabis use between 2013 and 2020



Source: National Institute of Public Health, 2019

The percentage of cannabis-related hospitalisations increased in those case in which cannabis use is listed as an additional diagnosis. We have to be careful when interpreting this information, because many hospitalizations for cannabis are hidden in poly drug hospitalisations.

1.4.4 Further aspect of available inpatient treatment services

Each hospitalisation is difficult for patients, both in terms of them deciding to go, and due to them being away from their relatives for several months. Therefore, therapists and patients only rarely opt for hospitalisation. Recently, day hospital has come to the fore. Patients come in the morning and leave in the afternoon. The 24-hour hospitalisation time is thereby reduced. Programmes based on out-patient approaches will probably be more common in the future, which means additional investments in their development will be needed, both from the aspect of knowledge and personnel needed, and from the aspect of working methods and introducing new medication schemes. New types of therapy not requiring hospitalisation are being developed. From the cost-benefit perspective, hospitalisation is an inappropriate type of treatment, as it costs most (except for prisons). For the year 2020, we do not have data on how many clients were included in day hospital programme.

1.4.5 Target intervention for specific drug using groups

Individual programmes address individual population groups using a targeted approach. Drug users with a concurrent mental disorder receive special treatment including more intensive involvement of psychiatrists. We also have a special therapeutic commune which only handles persons with a concurrent mental disorder. A lot of attention is given to minors addicted to drugs, with special treatment. However, special programmes for them are not yet available. Special treatment is available for pregnant mothers with the goal of stabilising the pregnant women as soon as possible and establishing the best possible social conditions for them. Gynaecology and obstetrics specialists also collaborate in these treatments. A midwife service is also included which cares for the newborn and the mother after she is dismissed. There is a special programme for mothers and their children who are facing violence that enables them a retreat from the violent environment and provides a safe one. Recently, more attention has been devoted to elderly drug users. A survey among these users established that they need considerably more help from the programmes than they currently enjoy.

Senior drug users (>40years old): Some data about the topic in 1.2.3.

NPS users: Some data about the topic in 1.2.3.

Recent undocumented migrants (asylum seekers and refugees): Some data about the topic in 1.2.3.

Women (gender-specific): Some data about the topic in 1.2.3.

Under-aged children and adolescents: No data at the moment.

Other target groups: No data at the moment.

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

E-health interventions were the solution in the first wave of COVID-19 pandemic, but now this kind of support is minimal, users rather use classical forms of treatment and approach.

1.4.7 Treatment outcomes and recovery from problem drug use

The survey conducted in 2017 while the supervision of centres for the prevention and treatment of illicit drug addiction was ongoing showed that satisfaction with prescribed medication decreases with patients' age. Some 88% of patients from the age group of up to 29 years are satisfied with their therapy, while only 74% of patients over 50 were satisfied. The difference in the assessment of the method of

taking the medication was also observed. 86% of patients from the age group of up to 29 years were satisfied with the method of taking their medication compared to only 78% from the age group over 50. Elderly patients are more satisfied with the management at the centres than those aged up to 29. The younger patients considered the working hours of the centres inappropriate, while a high percentage of elderly people were satisfied with the centre's work schedule. Only 20% of younger users, aged up to 29 years, said they needed more services, while 31% of the elderly expressed such wishes. 62.5% of patients aged up to 29 years said that they felt better at the time of the survey than at the beginning of treatment, while only 55% of those aged over 50 shared this opinion. 56.3% of patients said their health was better at the time of the survey than at the beginning of treatment, while only 44.4% of patients from the age group over 50 thought so. 34.4% of patients from the age group of up to 29 years thought they had better chances of employment while they were on therapy than before the therapy. This share was significantly lower among the elderly (20%).

1. The population of addicts who entered the programme years ago and are still included in them is ageing and their needs are nowadays considerably different from those in the past. This is why programmes for this population must change. Today's programmes do not meet their needs and according to surveys in Slovenia, elderly drug users are not receiving the service they need.
2. There is an increasing number of young people in the field who use NPS and stay away from currently available programmes. The existing programmes stigmatise them and compare them with junkies which is what the young reject. There is a great need for programmes directed at their needs.
3. Adolescents are facing the problem of drug use at an early age. There are not enough programmes in Slovenia which would offer them help. Due to the lack of programmes offering help, additional ones should be carried out in the field. Field work brings the experts closer to the youth and enables them to direct adolescents to treatment programmes and a healthy lifestyle.
4. There is an increasing number of cocaine addicts in Slovenia. This fact derives from the data on cocaine content in the Ljubljana sewage system. This is also evident from the substantially higher number of cocaine-related deaths than in the past. The Centre for poisonings of UMC Ljubljana observed an increased number of cocaine poisonings. The analysis of seized cocaine showed that the concentration of cocaine in seized samples is increasing. The price of cocaine is not increasing which indicates that the cocaine supply is increasing and interviews with cocaine users confirm this. We have more and more cocaine addicts who refuse to enter existing programmes due to the fear of stigmatisation. As cocaine addiction develops only several years after the first cocaine use, we should anticipate a greater need for cocaine addiction treatment.
5. The number of children who are born and live in families where at least one parent is an illicit drug user who has developed a dependency syndrome is increasing in Slovenia. There are more and more children in families with at least one addict parent which is why special programmes for these children should be carried out. Programmes are still not sufficiently developed.
6. The simplest way of knowing the needs of users is in the field by approaching them with our services and becoming a part of their everyday life. The number of programmes is insufficient, especially for the youth. More field work is needed to approach drug users in the field and offer them help there.

7. Migrants from the south are coming up north to the EU and Slovenia and they need special programmes. We need to understand their culture, their needs and adapt the programme to these groups of drug addicts. Language and cultural barriers present a great issue. These drug addicts do not enter addiction treatment programmes as they are usually from hidden migrant groups without proper residence permits to live in Slovenia. This also means that they are living without proper health insurance and social care. Their status means they live in conditions in which they are exposed to a higher risk of infection with HIV and Hepatitis C.
8. Addiction relapse is common because addiction is a chronic illness. We therefore need to focus even more on programmes for preventing addiction relapse in Slovenia. Much more needs to be done to prevent addiction relapse with the help of permanent programmes.
9. Hepatitis C is nowadays a curable disease so we are executing a targeted approach to find HCV infected persons among drug users in Slovenia. The recovery success rate is high at 90%.

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

In Slovenia, reintegration processes already take place during treatment. At that time, the patients are motivated to obtain additional education and acquire skills that would be useful when they are well. Many patients on substitution treatment are regularly employed and have sufficient incomes, their own apartments and families. At the end of addiction treatment, patients may engage in reintegration processes in order to regain skills needed in everyday life. During this time, they are obtaining additional education and seeking jobs and housing. Within the programme, they are assisted in finding accommodation. The programme usually takes a year, but the period can be extended if the patient does not resolve their employment and other issues. The programmes are free of charge; experts from treatment programme and those from reintegration services often cooperate to help the patient. It is interesting to note that local communities have a positive attitude to such programmes. Some programmes also organise help for neighbouring populations, e.g. during harvest and other tasks. Social work centres supervise the process and provide social transfers. Employment services also play a role. This is a statement from one of the more important reintegration programmes in this field, operating at Kranj Social Work Centre: “The principal aims of the programme are to provide support for people in improving their relationships with relatives, in seeking employment and continuing schooling, as well as to provide assistance in finding accommodation. Participants receive individual and group treatment and participate in sports, cultural and artistic, computer, spiritual and other workshops. Their free time is filled with meetings that are both pleasant and useful. The programme lasts for six months and may be extended for an additional three months. When the stay at the reintegration centre is over, the person joins the extra-residential unit (which provides support for the person when they start to live independently) for six months. At the end, the person formally receives a certificate on the successfully completed programme, which is a good basis to build upon. The programme is free (accommodation and services) or covered from financial social assistance.”
(http://www.omamljen.si/OMAMLJEN_SI,,reintegracijski_center,o_programu_reintegracije.htm).

Opioid substitution treatment (OST)

1.4.9 Main providers/organisations providing Opioid substitution treatment

Substitution treatment in Slovenia can be performed only by programmes within the network of centres for the prevention and treatment of illicit drug addiction and at prison clinics. All medications used globally for substitution treatment are available. The programme is fully financed by the Health Insurance Institute. Approximately 4000 users are included annually in the programme run by the

centres, but not all users are on substitution treatment. In 2020, 3101 patients were included in the substitution programme within the network of centres. Among 3101 clients in the special treatment centres, 1823 patients received methadone, 955 buprenorphine, 194 a buprenorphine/naloxone combination, and 304 SR oral morphine. Some 569 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used. Except for SR morphine, the same substitution treatment is available in prisons as in the centres for the prevention and treatment of illicit drug addiction.

The instructions applicable to the programme must be followed by all employees working in the programme. Upon the patient's entry to the programme, a thorough examination is required. The decision to include the patient in substitution treatment is made at the centre's team meeting, involving a physician, psychiatrist, social worker and nurse. When the patient is admitted, he or she must sign a therapy agreement, which lays down the patient's and physician's rights and obligations. First, the patient receives the therapy at the centre from the nurse on a daily basis. Substitution medications are not available on prescription. The head of the centre and the nurse are responsible for purchasing substitution medications, which are then dispensed to patients by the nurse. Since these are opioid medications, how they are stored and used is strictly supervised. Several records are kept to ensure that no errors occur. Frequent urine testing is performed to check for the presence of illicit drugs and certain medications. Based on the patient's needs and the clinical picture as well as on urine tests, the therapeutic dose of the substitution medication is determined in the first month. The dose may be adjusted only by the physician. Substitution treatment can be short-term and used as support for discontinuing opioid use, or long-term or even life-long. Special attention is dedicated to different patient groups, such as pregnant women, the homeless, persons with mental disorder comorbidities.

Substitution treatment in Slovenia has contributed to the fact that only a very low number of drug users are HIV-positive, and that crime among drug users has reduced. Well-managed patients are employed and do their job with diligence. Substitution treatment allows them to be employed again and live a normal life, as they do not need to buy heroin. A cohort study of methadone users showed significantly lower mortality among patients on substitution treatment compared to users not included in a programme.

1.4.10 Number of clients in OST

Approximately 65% of problem opioid users are estimated to be included in substitution treatment. We believe that this share is high compared to other countries, but still too low considering the wide availability of the programme. We are not sure why more users do not use the programme. In 2020, 3101 patients were included in the substitution programme within the network of centres. Among 3101 clients in the special treatment centres, 1823 patients received methadone, 955 buprenorphine, 194 a buprenorphine/naloxone combination, and 304 SR oral morphine. Some 569 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used.

1.4.11 Characteristics of clients in OST

The maintenance programme is divided into two groups. The first group constitutes a short-term maintenance programme involving patients who receive substitution treatment for a maximum of 6 months. The second is a long-term programme involving patients who receive the medication for more than 6 months or even for their whole life. In 2020, the average age of patients in the short-term substitution programme was 35.35 years, and 41.68 years in the long-term programme. The short-term detoxification group was comprised of 75.8% men and 24.2% women. The percentage of men in the long-term maintenance programme was higher, i.e. 80.8%, and 19.2% were women. 15.3% of users

had problems with benzodiazepins in the long-term substitution treatment. In the short-term substitution treatment, 20.3% of people had injected drugs within the last month.

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

Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed in 2016 and proposals for improving the operations of this network were made. The Committee prepared many measures aimed at improving programme operation and access to the programme (which is very good, even today). The Republic of Slovenia Government Commission for Drugs accepted the report. The coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction received certain tasks to improve the quality of their programmes.

The measures include improving the spatial conditions in which the centres operate, hiring additional experts, adopting new guidelines for programme implementation, improving the recording of services to allow for better insight into the services provided at the centres, adjusting the programmes to users' needs and to the new needs of people addicted to new psychoactive substances and gambling. Closer cooperation among the programmes and motivating patients to select the programme best suited for them is recommended. As before, there will be no waiting list for entering the programme in the future.

In 2018, a mobile unit was established for the distribution of substitution therapy. It is expected to operate in areas where centres cannot be set up, which should reduce problems patients have due to daily journeys to receive treatment. At the same time, the programme will be brought closer to substitution treatment users. Therefore, the Coordination of the Centres is constantly seeking improvements in the centres' operations and in the programme's accessibility. Various options for dispensing methadone or another substitution medication to patients who cannot access the centre during its working hours are being sought. This allows the patient to be employed and to regularly do their job, without time limitations due to their receiving therapy. The centre's work schedule is adapted to patients' needs.

1.5 Quality assurance of drug treatment services

1.5.1 Quality assurance in drug treatment

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

Programmes implemented by NGOs are run according to expert findings in the field of social work and the work of experts employed in these programmes (psychologists, pedagogists, psychotherapeuts). Before a programme becomes operational and before it can receive funds for its operation, an expert opinion on the programme is required from the Social Chamber, which is also the supervisory authority for the programme's implementation. Only when the Social Chamber issues an expert opinion can the state provide funds. The Social Chamber also conducts occasional supervision to check that work is

done according to the expert guidelines. If not, this can lead to the withdrawal of the positive opinion of the Social Chamber and consequently to the loss of state funding. The Ministry of Labour, Family, Social Affairs and Equal Opportunities also carries out regular financial supervision.

If any anomalies are found in the programme's implementation, the programme is reassessed. This may lead to a withdrawal of funds and a request for reimbursement of the misused funds. Following up on the Ministry's initiative, the Social Protection Institute regularly evaluates the programmes.

Those programmes which are subsidiaries of foreign programmes, e.g. from Italy, are also occasionally supervised by their founders.

2. Trends

Milan Krek, Andrej Kastelic, Simona Smolej Jež, Mateja Jandl, Tadea Košir

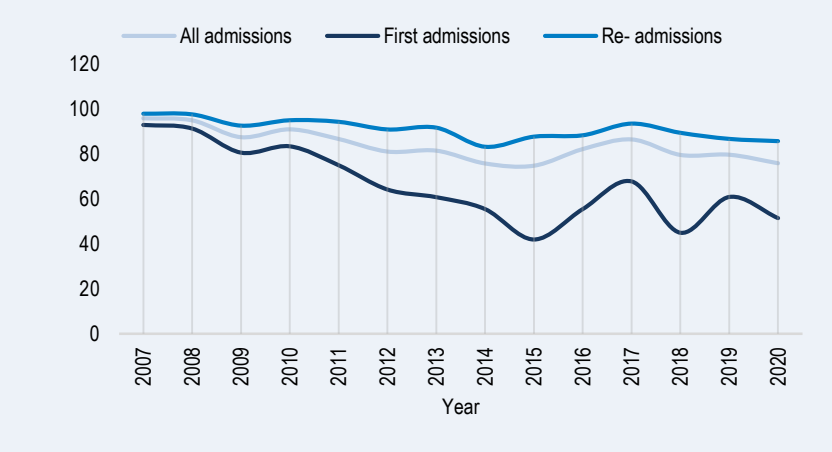
2.1 Long term trend in numbers of clients entering treatment and in OST

The number of entries in NGO programmes in 2020 decreased; this is due to COVID-19 pandemic. The trend was opposite till 2020 and it was commendable that the number of people entering the programmes was increasing, because this meant we were attaining the goal of having fewer patients on the street who have no assistance.

Despite more people entering the social assistance and counselling programmes, some towns were experiencing standard open scenes of drug injection, indicating that despite the great efforts made in this field, not all drug users have been covered. Hence the need for additional activities. Patients are not enthusiastic about long-term programmes, so more intense and shorter programmes are being developed. Day hospitals are also being developed, which are better for patients, as they spend the night at home. In addition, the family is more involved in addiction treatment.

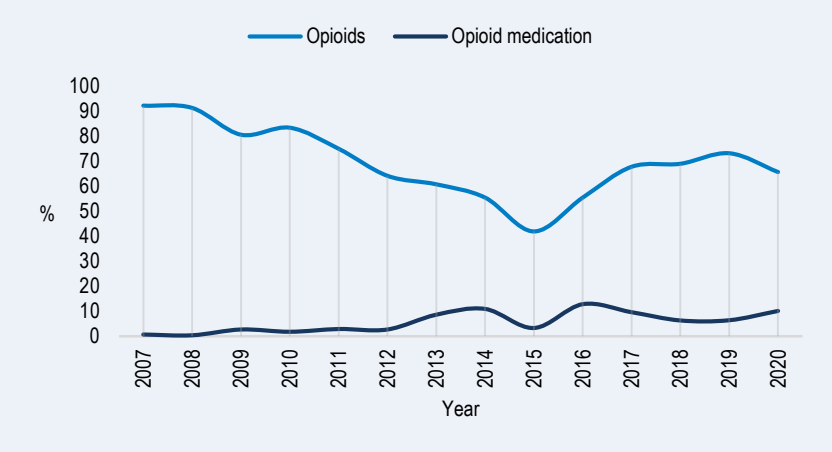
In recent years, the share of first entries due to opioid addiction has declined. This share was lowest in 2015 (41.9%) in 2020 it was 51,4%. In 2017 (67.7%), this share increased considerably, indicating a new opioid-type epidemic among drug users. The share of people re-entering the programme due to opioid addiction also increased in 2017 on 93.5%. After 2018 the declining trend occurred, with the lowest share of 85.7% in 2020 (Figure 11). According to the figure, the percentage of patients who enter the first time, due to opiate problems is decrising in 2020 (Figure 12).

Figure 11. Share of patients entering or re-entering the programme of the centres for the prevention and treatment of illicit drugs addiction due to problems with opioids, 2007–2020



Source: National Institute of Public Health, TDI, 2021

Figure 12.Percentage of patients who entered for the first time and had problems with opiate medication or opiates in the period of 2007–2020

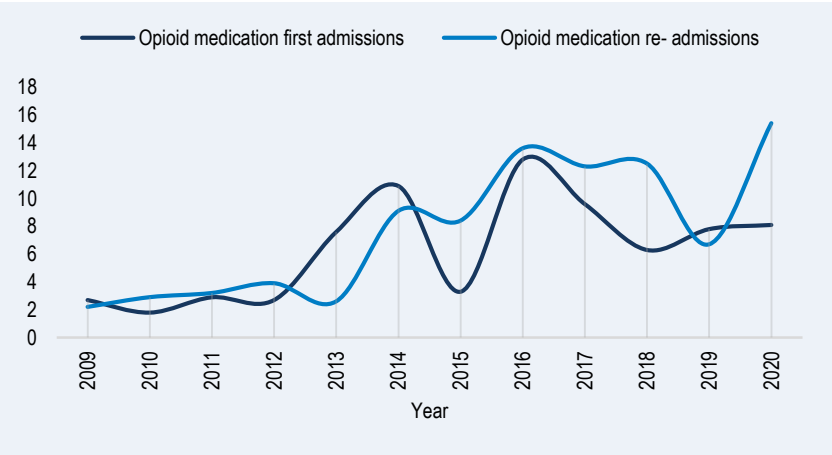


Source: National Institute of Public Health, TDI, 2021

Additional trend

In recent years, it has been observed that the programmes include an increasing share of persons who have been abusing prescription medicines (opioid medications-OST, benzodiazepins, opioid analgesic prescription medications) and need help. This trend was apparent both for first entries and re-entries to the system. The trend is rapidly growing which means that more and more people are abusing opioid medications. We would also need to introduce stricter guidelines for prescribing opioid medications by doctors (Figure 13).

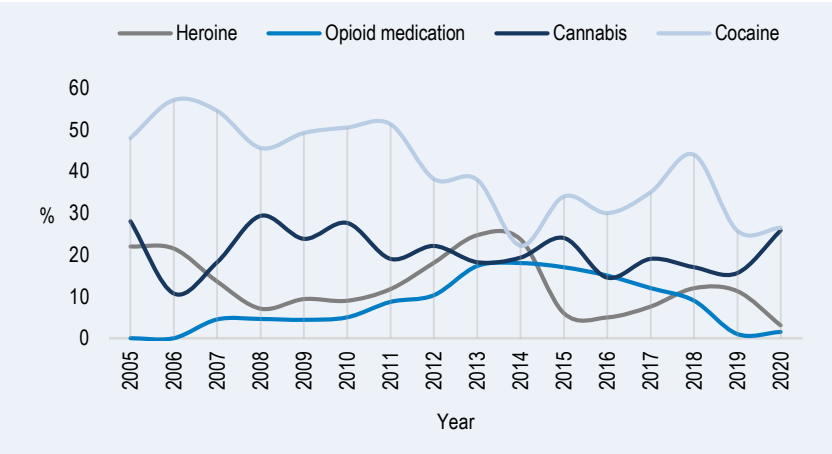
Figure 13. Share of patients entering or re-entering treatment programme for opioid medications missuse in 2020



Source: National Institute of Public Health, TDI, 2020

Particular trends are also observed when examining the share of patients reporting on their most burdening second drug (Figure 14).

Figure 14. Share of patients on re-entry into the programme in centres for the prevention and treatment of illicit drug addiction by the second drug in the period of 2005–2020



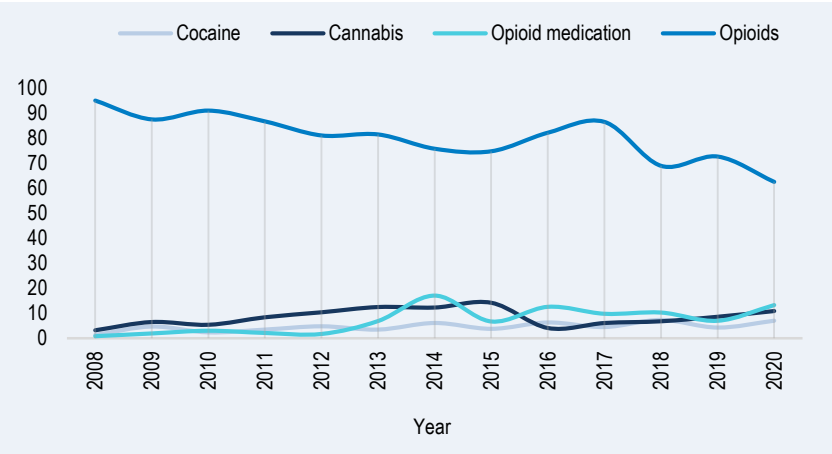
Source: National Institute of Public Health, TDI,2020

In figure 14 we present the share of person who used some drugs among the users of secondary drugs who have been re-entry the programme between the year 2005 and 2020. Figure 14 shows that from the year 2005 to 2014 we see among the secondary drugs an increasing share of patients enter the programme and purchase opioid substitution medications on the black market because they are addicted to them. Later from 2014 that group of clients have been reduced and 2018 it was lower than in 2017. In this group, cannabis accounts for a significant share of causes of inclusion in the programme in the year 2018 there were 17% of such clients. The share of patients who have problems due to cocaine as a secondary drug on re-entry has been declining from 2006, but still they were going up after 2014 and reach in 2018, 44%. All of this can be related to the upward trend of cocaine use in Slovenia after 2014, with increased cocaine availability and a significantly larger cocaine concentration in cocaine on the streets than in the past. Problems that patients have with the additional drug should be taken into account when assessing trends and the current situation. This is particularly important because only 35% of persons who had problems with only one drug were accepted in 2018. We found also a high level of cocaine in waste water in Ljubljana.

All treatment entrants

When monitoring entries to programmes run by the centres for the prevention and treatment of illicit drug addiction, a slow increase has been observed in the share of patients entering the centres' programmes for opioids. Turning to other psychoactive substances, there has also been an increase in the share of patients entering the programme due to abuse of prescribed substitution medications (opioid medications). This share declined slightly in 2015 and then increased in 2016 again to 12.6%. It is worth noting the initial trend of a declining share of cocaine users, which subsequently grew and stood at 7% in 2020 (Figure 15).

Figure 15. Share of admission by the principal drug due to which drug users were admitted into the programme in the period of 2008–2020



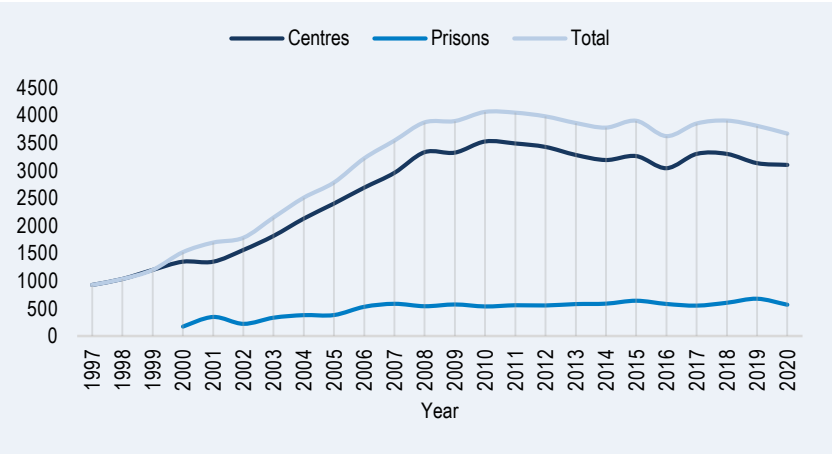
Source: National Institute of Public Health, TDI, 2020

It is also worth noting first a decline in the share of patients who formerly attended the centre due to cannabis problems and then an increasein this share, with a peak in 2015, followed by a steep decline in 2016 and again raise up to the 10,9% in 2020.

OST clients

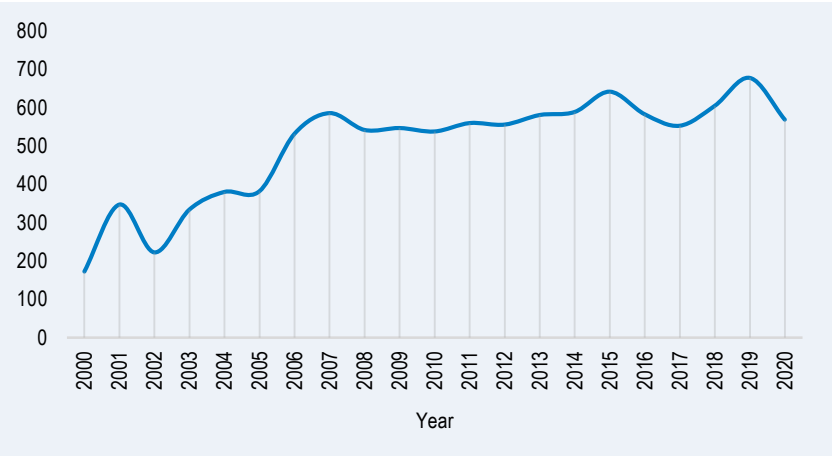
The trend in the number of patients included in the OST programme has been monitored for some time. The programme is run within the network of centres for the prevention and treatment of illicit drug addiction and in Slovenian prisons (available to all prisoners). There is a slow decline in the number of patients included in the substitution treatment programme has been observed. The precise reasons are not known. Access is free and there is no waiting list. However, being in this programme in Slovenia nowadays still means being marginalised, and employers do not wish to hire people undergoing treatment for addiction, because they do not want to have problems with them, despite the fact that experience shows that the patients included in the substitution programme are compensated and very able to do a good job. However, public opinion in Slovenia is still antagonistic towards this population group. The number of patients included in substitution treatment in Slovenia has been declining since 2010. The data provided in this volume that show an increased demand for the treatment of addiction and abuse of opioid drugs indicate that there is a high probability that epidemics of opioid medication use will occur, which is currently the case in the US. In the coming years, the need for opioid addiction treatment and the number of users in this field is expected to grow (Figure 16).

Figure 16. Number of patients on substitution treatment in the centres for the prevention and treatment of illicit drug addiction, in prisons, and total number, 1997–2020



Source: Coordination of Centres for prevention and treatment of illicit drug addiction, Prison administration of RS*

Figure 17. The number of persons in detention who were included in a substitution programme in a detention facility during 2001–2020 by year



Source: The Prison Administration of the Republic of Slovenia. Annual Report 2020

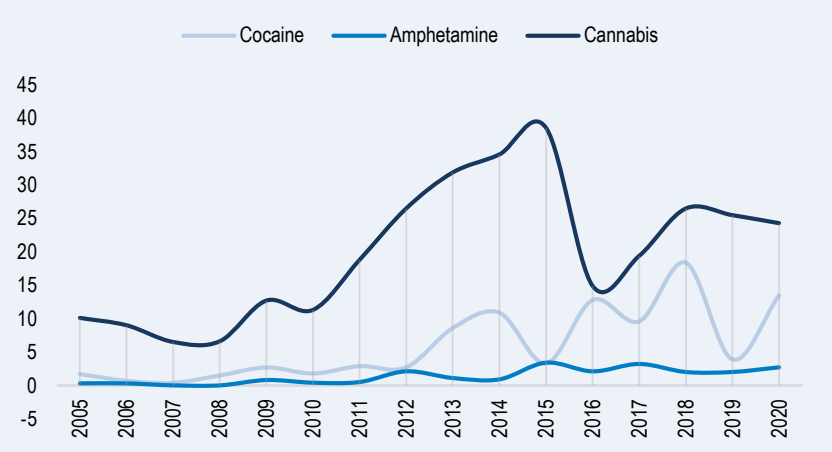
2.2 Additional trends in drug treatment

The use of synthetic drugs is a great unknown in the field of addiction treatment. A psychotherapeutic programme operating in Ljubljana deals with persons addicted to new psychoactive substances.

The coming epidemics of opioid use and the implementation of the necessary preventive measures is a new challenge for us. In Slovenia, nasal naloxone (in the form of a nasal spray) is registered and available from March 2021 in all Centers for the prevention and treatment of drug addiction and their pharmacies that supply medicines. Training is delivered by a physician at the Center for the prevention and treatment of drug addiction; after the successful completion of the training, participants (people who use drugs) receive a naloxone. Centers for the prevention and treatment of drug addiction order the medication at the pharmacy that is part of the Center according to the purchase order. Naloxone is available also in pharmacies with a prescription, but it needs to be paid for (See Harms and harm reduction Workbook 1.5.3.). We already preapared the guidelines for the post man and for the police and customs, how to deal with the suspicion post. The direction of cannabis use remains unknown. Will the current legislation on cannabis be amended? If this is done for political reasons, a significantly

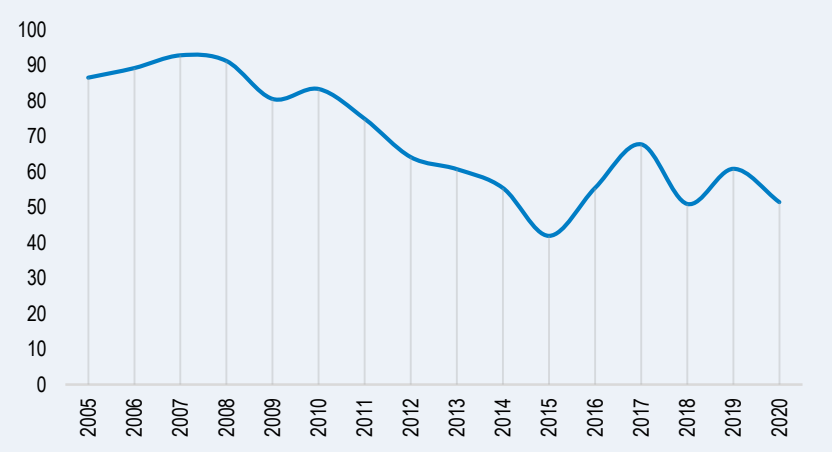
higher share of funds will have to be invested into prevention, as well as the treatment of addiction and all the consequences of cannabis use. The availability of human resources will be an issue in the event of epidemics of both opioid and cannabis abuse (Figure 18).

Figure 18. Share of first admissions per year by primary drug due to which drug users were admitted in the programme, 2005–2020



Source: National Institute of Public Health, TDI (2005–2020)

Figure 19. Share of first admissions per year by primary drug (opioids) due to which drug users were admitted in the programme, 2005–2020



Source: National Institute of Public Health, TDI (2005–2020)

3. New developments

3.1 New developments

Milan Krek, Andrej Kastelic

Since the last report, the Centre for the Treatment of Drug Addiction in Ljubljana has developed a special hospital programme for treating addiction with psychiatric comorbidities. Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed. Based on the Committee's report, certain corrective measures were adopted in order to further upgrade and improve the (already good) programme. A mobile unit is being set up, which will be able to function as a mobile centre for treating illicit drug addiction to reach more people in the field and facilitate better access to the treatment programme. For harm reduction programmes, we are considering introducing sterile

water for safer drug injection. In 2016, convenient spoons for preparing drugs for injection were introduced. A psychotherapy programme for addicts to new psychoactive substances was developed. In the Nova Gorica region, a treatment programme for non-chemical addictions was established more than 10 years ago and has more and more patients.

4. Additional information

4.1 Psychiatric comorbidity

Milan Krek, Andrej Kastelic

All centres for the prevention and treatment of illicit drug addiction employ psychiatrists and psychologists; they treat psychiatric comorbidities. Within NGOs, there is a special therapeutic community for persons with a psychiatric comorbidity. There is a specialised hospital for drug-addicted patients. In this hospital, i.e. the Centre for the Treatment of Drug Addiction, there is a special unit for treating persons with a psychiatric comorbidity. At Maribor Department of Psychiatry, there is a special division for the hospital treatment of addicted patients with a psychiatric comorbidity who are serving a prison sentence. In all prisons in Slovenia, prisoners with a psychiatric comorbidity have the option to be treated both for addiction and for the psychiatric comorbidity under the supervision of a psychiatrist and a physician specialising in addiction treatment. A new therapeutic community opened in 2018, led by psychiatric institutions and intended to treat patients with a concurrent mental disorder.

5. Sources and methodology

5.1 Sources

The data from the report was collected in different ways. The TDI questionnaire collects data from Centres for the Prevention and Treatment of Illicit Drug Addiction. The questionnaire is electronic and includes various control systems that prevent entry errors. Thus, the quality of collected data was greatly improved. Because of the high quality of collected TDI data since 2005 we can use them to follow certain trends for individual indicators. The hospitalisation data is taken from the databases collected on a national level. Some data from 2016 is taken from the statistical database of primary and secondary level healthcare where every programme entry is recorded along with the reason for entering treatment programmes on primary and secondary levels. An important source of data was also the Control record on the activities of Centres for the Prevention and Treatment of Illicit Drug Addiction. An important source of data was the annual report of the Social Protection Institute of the Republic of Slovenia which publishes annual reports on the activities and financing of non-governmental organisations, working in the field of drugs in Slovenia.

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Best practice workbook

Table of Contents

Summary

The Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the Resolution on the national social assistance programme 2013-2020 are the key documents regulating the areas of drugs and social care, which provide for quality drug use prevention programmes, drug addiction treatment programmes and social care programmes. The provision of quality programmes is also stipulated in individual laws in the areas of drugs, social care and organization of the healthcare system, which prescribe courses of action for the management and supervision of treatment programmes and for the treatment of people enrolled in social care programmes.

- National Institute of Public Health (NIPH) significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH actively started to prepare and establish the system to ensure a high quality of prevention programmes in the field of drugs. The mentioned efforts resulted in the preparation of Quality standards for Drug Prevention Programmes.
- NGOs and local action groups have an important role in promoting measures to ensure quality in the field of reducing the demand for drugs.
- Addiction assessment and treatment programmes must meet regulatory requirements to be recognized as quality programmes and to be eligible to receive public funding. Major requirements include the programmes' professional relevance, which is evaluated on an ongoing basis. In the area of addiction treatment, methods for ensuring the professional relevance of the programmes are proposed and evaluated by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the Medical Chamber of Slovenia, expanded professional boards and the Health Council.
- The implementation of social care programmes is monitored by the Social Protection Institute of the Republic of Slovenia. All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes.
- Slovenia does not have any special accreditation system in the field of prevention programmes, but it does have a professional verification system in the field of social care programmes intended for illicit drug users and persons who have found themselves in social distress due to alcohol abuse or other types of addiction. The professional verification system is used to confirm the ability to carry out a selected social care programme over a long period of time or to enable it to enter the public network of social care programmes.
- As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social care and other fields where they need to obtain knowledge and skills of social work. The syllabus includes also two courses in the area of the addiction and drug abuse reduction. The Utrip Institute cooperates in organising short 5-day courses based on the US-developed Universal Preventive Curriculum, intended for decision makers, policy planners and opinion leaders. It also collaborates with the Faculty of Health Sciences in a pilot edition of informal training and in developing a post-graduate course of preventive sciences in Slovenia.

1. National profile

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

1.1 Policies and coordination

Prevention

The Resolution on the National Programme in the Field of Illicit Drugs 2014–2020 in Slovenia (hereinafter: Resolution) represents a strategic starting point for a uniform, integrated, and harmonised approach of the state to 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

The Resolution and action plan emphasise nine fundamental principles, which are equivalent among each other, namely: (1) the principle of constitutionality and legality, (2) the principle of human rights protection, (3) the principle of comprehensive and simultaneous drug problem resolution, (4) the principle of global cooperation, (5) the principle of decentralisation, (6) the principle of ensuring the safety of the residents of the Republic of Slovenia, (7) the principle of adaptation to different population groups, (8) the principle of creating conditions for responsible decision-making on drug use, particularly among children and adolescents, and (9) the balanced approach principle.

The main target of the Resolution is to reduce and limit the harm caused to individuals, families, and society by the use of illicit drugs.

In the solving of drug-related issues various sectors - in the field of social protection, health care, education, justice, internal affairs, finances and defence, and consequently also various parts of the civil society and general public – are involved. Many NGOs and local action groups are very active in local environments. The Government Commission for Drugs ensures the coordination of measures and policies.

The content of the Resolution is also based on the evaluation of previous resolutions, which has shown a significant number of problems. The previous two resolutions promoted the preparation of new programmes, but at the same time these programmes were often left to themselves, they were not properly evaluated and no permanent financial resources were ensured for their implementation. In the evaluation, programme implementers expressed the need for improved exchange of information and good practices, concrete content-based criteria for the evaluation of quality and effectiveness of their work, and for better coordination between line ministries in terms of communication with implementers as well as the commitment to continuous support to programmes.

Based on the evaluation findings and needs in the state, the Action Plan for 2017 and 2018 points out the key tasks and objectives in the area of establishing and ensuring the quality of prevention programmes in the field of drugs, as follows:

(1) The information system: establishing standards and guidelines for prevention work in the field of illicit drugs, which includes the following implementation activities:

- to establish a working group for the promotion of standards and guidelines,
- implement the pilot evaluation of programmes on the basis of standards and guidelines,
- to observe standards and guidelines in public tenders.

(2) Prevention in education: providing prevention programmes and health and healthy lifestyle promotion programmes:

- preparation of quality standards summary,
- the use of quality standards in the selection and co-financing of prevention programmes,
- the appointment of a work group for the preparation of a situation assessment of prevention programmes that are implemented in educational institutions.

(3) Education, research, evaluation: evaluating various policies, programmes, approaches and procedures, which includes the following implementation activities:

- to evaluate programmes in the field of drugs (public social care programmes),
- to prepare the evaluation instrument,
- to observe the quality criteria,
- the involvement of users and implementers in evaluation,
- the assessment of effectiveness of programmes, strategies, and policies.

Evaluation

The Resolution emphasises that the evaluation of programmes is one of the major activities for verifying the programme implementation. This contributes to the quality of programmes and simultaneously also to the rational use of funds. The regular evaluation of all budget-funded programmes and other prevention programmes should be continued also in the future. The objective is to establish a uniform evaluation system to be used in all phases of programme planning or implementation.

The planning and design of the programme should include an outline of the nature of the problem, its extent, and the environment in which it occurs. On this basis, a conceptual framework should be set up in order to define the theories that have or will arise from the target groups, objectives, methods, contents, and programme providers. The implementation of the programme should be accompanied by a process evaluation in which the implementation of the programme and its effects on the participants are to be determined. The programme completion is followed by a final evaluation of its results. Evaluation experts can be internal and/or external, but the main idea is to have the majority of programmes evaluated by external experts who meet the conditions for scientific and research work. To this end, a professional body is to be established to draft the professional criteria and guidelines for all evaluation stages.

Treatment and social rehabilitation

The Resolution on the National Programme on Illicit Drugs 2014–2020 ("ReNPPD14-20") (Official Gazette of the Republic of Slovenia, No. 25/14) stipulates that drug user treatment programmes have to be adopted based on their estimated effect, security, and professional and scientific merit. They are approved by the highest-ranking expert authorities. Treatment, psychosocial support and rehabilitation programmes receive public funding from a number of sources as per applicable legislation, where at the highest level (the Commission on Narcotic Drugs of the Government of the Republic of Slovenia), continuous treatment is provided for users regardless of what sources of funding are available, as follows:

1. Treatment within the healthcare system
2. Treatment within the social care system
3. Treatment provided by NGOs

Drug user treatment programmes offered within the healthcare and social security systems and provided by NGOs all need to be aligned and need to allow users to switch between programmes.

The ReNPPD14-20 does place a strong emphasis on programme evaluation but does not provide any further details regarding quality assurance.

Treatment

The principal law governing the treatment of illicit drug addicts, which also addresses the topic of programme quality, is the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). Under this Act, the Ministry responsible for health-related matters monitors the situation in preventing illicit drug use, reducing the demand for illicit drugs, reducing the harm caused by illicit drug use, as well as in the treatment and remediation of social problems associated with illicit drug use. The Act authorizes the Ministry of Health to steer the interdepartmental coordination in setting programme priorities and to supervise and coordinate the implementation and development of programmes. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia is the key decision-making authority at national level on topics concerning the policy for developing diverse programmes and promotes and supports the development of such programmes. Following a proposal by the Commission on Narcotic Drugs of the Government of the Republic of Slovenia, the minister responsible for health may formulate measures for illicit drug users that aim to prevent infectious diseases and disorders caused by illicit drug use. Treatment of illicit drug users is provided through inpatient and outpatient treatment programmes approved by the Health Council. Expanded professional boards also play an important role in assuring the quality of health programmes. They are the top-level professional authorities in their respective fields, which coordinate proposals from clinics, professional associations and chambers, higher education institutions, healthcare institutions and individual experts. Expert proposals from expanded professional boards that affect the substance and scope of healthcare services and at the same time also the health policy and healthcare funding, are reviewed and approved by the Health Council as the top-level professional coordination authority in healthcare. The Health Insurance Institute of Slovenia ("ZZZS") only provides funding for programmes that have been approved by the Health Council.

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is carried out by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed, and whose tasks are defined, by the Ministry of Health. The Coordination of Centres formulates and proposes to the Health Council a doctrine (program implementation rules and principles), reviews the application of the illicit drug addiction treatment doctrine and coordinates the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country. What's more, the Coordination of Centres may put forward to the Ministry of Health proposals for organizing professional training and may propose to relevant professional associations criteria for professional work within illicit drug addition 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), which came into effect in 2012 and resulted in substantial cuts to the system of social benefits.

The fundamental substantive and normative definitions for dealing with social distress and problems people face are laid down in the National Social Care Programme, which is passed by the state for a period of several years. In April 2013, the National Assembly passed the Resolution on the National Social Assistance Programme 2013–2020 ("ReNPSV13–20") (Official Gazette of the Republic of Slovenia, No. 39/2013), Slovenia's fundamental programming document in the area of social security for the period until 2020. The ReNPSV13–20 lays down the basic starting points for developing the social care system along with social care development goals and strategies, establishes a public network of social care services and programmes and sets out methods for their implementation and monitoring, and outlines the responsibilities of individual players at various levels.

Professional activities aimed at resolving social issues related to illicit drug use are carried out in the public service framework (at 16 Centres for Social Work with 63 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.

In the context of the social care programme network, the ReNPSV13–20 also lays down a framework for developing a network of programmes for the social rehabilitation of addicts, which are aimed at illicit drug users and people in social distress as a result of alcohol addiction or other forms of dependence (eating disorders, gambling, etc.). In this area, the ReNPSV13–20 provides for the development of prevention, information and counselling programmes, telephone counselling

programmes, coordination and support programmes, assistance and self-help programmes, harm reduction programmes, day centres carrying out fieldwork, housing and therapy programmes, reintegration and activation programmes (ReNPSV13–20. Official Gazette of the Republic of Slovenia, No. 39/2013).

The ReNPPD14–20 too states that professional activities for resolving social issues arising from illicit drug use are to be carried out as part of social care services, social care programmes and other forms of assistance in accordance with applicable social security legislation. Social first aid and counselling are most frequently being offered as part of social care services, while social care programmes comprise public social care programmes, developmental and experimental programmes and complementary programmes. The ReNPPD14–20 places a special emphasis on setting up developmental and experimental programmes that adapt to social change. Pursuant to the ReNPPD14–20, in the context of resolving social issues in the period until 2020, a special emphasis will be placed on:

- increasing the proportion of drug users enrolled in programmes and establishing an assistance network on an as-needed basis;

- providing appropriate support to NGOs, co-funding included;
- providing suitable professional training for people working in the area of illicit drugs;
- evaluating all verified drug-related programmes with secured long-term funding, and based on evaluation results, determining straightforward criteria for funding.

In November 2016 the Rules on the co-financing of social 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 types of social assistance programmes, appropriate share of funds, the criteria for programme co-financing, the method of their financing, the change of programme scope and activities and the monitoring and assessment of programmes. The programmes, whose (mostly technical) conditions are specifically determined in the mentioned rules, also include programmes intended for the prevention and resolution of social distress of drug addicts. Thus, the state sets clearer and more transparent frameworks for quality implementation of programmes, expert work and the development in the direction of ensuring appropriate response to the needs of users in the field.

On 31 July 2019, the Government of the Republic of Slovenia adopted the Action Plan in the Field of Illicit Drugs 2019–2020 which includes the following quality assurance objectives:

Prevention

- Promotion of standards and prevention programmes in the field of drugs, and development of programmes and preparation of public tenders for the financing of prevention programmes in accordance to these standards.
- Promotion of environmental, universal and selective prevention, and healthy lifestyle promotion programmes in the context of educational system.

Social reintegration and harm reduction

- External evaluation of publicly-funded prevention and social care programmes.
- Establishment of standards for harm reduction programmes.

Treatment

- Establishment of a uniform ISO standard for centres for the prevention and treatment of illicit drug addiction, preparation of spatial standards for employees and uses, and expert supervision over the work of the centres.

1.2 Organisation and functioning of best practice promotion

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 preapproved programme and programme implementation instructions.

Expanded professional boards specializing in respective areas: Assess the professional relevance of a programme and may submit the programme to the Health Council for approval. They may also reject a programme.

The Health Council: Receives proposals of individual expert programmes submitted for approval from the expanded professional boards. If approved, a programme is qualified to receive funding through the Health Insurance Institute of Slovenia.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia: Secures funding for programmes and enables their incorporation into the comprehensive interdisciplinary programme for addressing the issue of drugs and their implications.

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

Prevention

The NIPH significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. Together with partners (for example health centres, hospitals, schools, ministries, NGO's, Centres for prevention and treatment of illicit drug addiction etc.), it represents the source of data and information necessary for individuals, experts and the health policy to make decisions and take actions. It recognises the key health challenges of the population, including the determinants that affect the health, and it proposes health improvement measures. The NIPH monitors the health protection system, drafts system operation analyses and proposes measures to increase accessibility and effectiveness of the health care system and the development of priorities. Based on analyses, it recognises possible health threats, assesses risks and prepares health protection measures. Its research work and international cooperation contribute to new knowledge and spread new findings and good practices. In accordance with the legislation, it operates at ten locations throughout Slovenia. In addition to the central unit with eight centres, there are nine regional units where interdisciplinary teams carry out various tasks in the field of communicable and non-communicable diseases.

In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH actively started in 2014 to prepare and establish the system to ensure a high quality of prevention programmes in the field of drugs. A team of experts working in the field of drugs prepared a publication called Quality Standards of Prevention Programmes in the Field of Drugs, which is based primarily on the European drug prevention quality standards. Its objective is to facilitate comparisons, provide evidence and exchange knowledge among various EU countries. The content was adjusted to the situation in the country, and it included knowledge and practical experience of domestic and foreign experts.

NGOs and local action groups have an important role in promoting measures to ensure quality in the field of reducing the demand for drugs. They believe the system of introducing the quality standards of prevention programmes in the area of drugs in Slovenia will have an important effect on their work and improve the quality and effectiveness of prevention programmes.

Harm reduction and Social reintegration

The implementation of social care programmes, in light of the fulfilment of the ReNPSV13–20, is monitored by the Social Protection Institute of the Republic of Slovenia ("IRSSV"). Based on final (annual) programme implementation reports collected every year, the IRSSV produces an overview and analysis of the situation regarding the implementation of the social care programmes funded in part by the Ministry of Labour, Family, Social Affairs and Equal Opportunities ("MDDSZ"). Collected nationwide, the data provide a reliable picture of the situation regarding the implementation of social care programmes in Slovenia. It needs to be noted, however, that the IRSSV only deals with programmes which receive a portion of funding from the MDDSZ, leaving out programmes not funded through the MDDSZ. We believe that such programmes are not many and that the MDDSZ provides

financial backing to a large majority of specialized programmes in this area through annual calls for proposals. The IRSSV data is therefore essential to professionals as it provides an insight into the situation, trends and development, or expansion, concerning the social care programme network, while also being useful in laying down guidelines and setting the course for further development in this aspect of social welfare.

All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes. The evaluation comprises the following: determining the programme's suitability for the target population, measuring its performance and effectiveness, assessing the implementation risks and analysing the aspects of the programme's long-term sustainability. Data to be evaluated is recorded promptly, whereas external checking, assessment and benchmarking of programmes within the same group, that is, composed of related programmes or of the same type, is conducted every few years.

Similarly to other social care programmes, low-threshold programmes in the field of illicit drugs must also gain verification and stable (7-year) financing from the state and meet certain quality criteria. The criteria are common for all programme groups and special (specific), which are defined for an individual programme group only. The Social Chamber of Slovenia (https://www.szslo.si/verifikacija) monitors the achievement of criteria by checking and evaluating them in order to obtain or keep the status of a public social care programme. These programmes are also included in the above described unified evaluation process for social care programmes. The unified evaluation process is led by the 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.

Reference to any national practice guidelines published in the last five years in the areas

Treatment provision

In 2013, the Recommendations to use and abolish benzodiazepines for patients, included in the substitutional programmes of treating opioid addiction in Slovenia were accepted (Kastelic A, Šegrec N. Priporočila za uporabo in ukinjanje benzodiazepinov pri bolnikih, vključenih v substitucijske (z zdravili podprte) programe zdravljenja odvisnosti od opioidov v Republiki Sloveniji. Zdravniški Vestnik 2013:let 28.Št.10:629-634).

Prevention

In 2016, the NIPH prepared the Quality Standards for Drug Prevention Programmes. The standards are based on European quality standards and are adapted to the Slovenian environment, especially its needs and legislation. They also represent a framework on how to implement high quality drug use prevention. The publication comprises eight sets of fundamental standards that represent the programme's development cycle from planning to implementation and assessment, as well as expansion of the programme. Quality standards are initially intended for experts who work in prevention areas, as well as for the funders of prevention programmes and stakeholders who require prevention programme implementation. The standards are published on the website of the NIPH: http://www.nijz.si/sl/publikacije/standardi-kakovosti-preventivnih-programov-na-podrocju-drog
(see also Prevention workbook).

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

In 2013, the Utrip Institute published the Slovenian version of a short guide to European prevention-based quality standards. The guide is intended for professionals who regularly or occasionally implement prevention activities, as well as competent officials at ministries and offices that decide on which prevention interventions should be (co)financed and which should not. Website: http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri%20vodnik_SL.pdf. (see also Prevention Workbook).

Harm reduction

The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines are also intended for people from non-governmental organisations who collect samples of new psychoactive substances. Guidelines are accessible at: http://nijz.si/sl/publikacije/fentanil-smernice-za-ravnanje-s-fentanilom-njegovimi-analogi-in-derivati (see also Drugs Workbook).

Social rehabilitation

In November 2016, the Rules on the co-financing of social care programmes (Official Gazette of the Republic of Slovenia, No. 70/16 and subsequent issues) entered into force.

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 procedure of professional verification of social care programmes. The procedure is executed in accordance with the new Rules on professional verification of social welfare programs (all the criteria is listed in the Rule) (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 programme is verified as a public social care programme it becomes a part of public network and 7-years funding is provided. If verification is not successful; the programme is not accepted in a public network of social care programmes and therefore cannot be funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities for 7 years but for one or two years as experimental and developmental social care programmes.

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

As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social protection and other fields where they need to obtain knowledge and skills of social work. The syllabus includes the following two courses in the area of the drug abuse reduction:

(1) Subject: Addiction (Undergraduate study – Social work profession)

Objectives: getting to know addiction and consequences of psychoactive substances as the foremost social pathologic phenomenon, and the methods of first social aid, the prevention of addiction, social regulation, social care and development of the social-labour profession in this area.

(2) Subject: Forms of Work in the Field of Drug Use and Addiction (Graduate study, Master programme – Social work, Community care module)

The subject is focused on gaining knowledge, which enables expertise and understanding of the micro world of legal and illicit drugs, planning skills and intervention implementation plus practical work in the field of drugs.

2. New developments

Nadja Kovač, Andreja Drev, Mateja Jandl, Jože Hren, dr. Andrej Kastelic, dr. Nuša Šegrec, Mia Zupančič

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

1. Organisational work:

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

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

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

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

2. Working with users:

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

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

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

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

At the beginning of the epidemic, most programmes lacked protective equipment such as masks, hand sanitizers and gloves, as they could not be purchased anywhere. Some also lacked appropriate instructions on how to deal with the protective equipment. There was also a lack of concrete instructions on how to act in cases of infection, where to place the user, how to protect staff and other users. However, when the supply of protective equipment started to be supplied by the Administration for Civil Protection in specific local areas, this problem was solved. On the other hand, some programmes had to spend a lot of money on protective equipment as they were given extremely little. Everything they bought had a significantly higher price than usual, and a huge amount of time was spent trying to find such materials and then buy them. As such, some programmes had financial difficulties regarding the purchase of protective equipment, since it had become very expensive.

Some programmes suffered from a lack of space and staff, and also had major problems with poor telecommunications and computer equipment. Some of them were forced to operate in locations where they did not usually work. More specifically, one programme lost access to its usual location (a daily centre), and so needed to end some services and adapt others. Another programme dealt with the inability to adapt accommodation facilities in order to provide space to isolate potentially ill users.

The workload of most staff was much higher during this period than usual. The programmes had to deal with problems with regard to unclear communication by the financers and authorities regarding the correct procedures for the organisation of work with users. Problems also arose among employees due to the difficult of coordinating their private and professional lives during the epidemic.

The programmes also noticed many in the families they serve regarding space constraints, the fact that most parents needed to work from home while their children were also studying at home, with often only one computer in the household. In addition, this period saw increasing distress within families, with disagreements, unresolved conflicts, and many complications and problems arising among family members.

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

One programme moved its informative activities online, and worked to upgrade their teams in the field. Using an online questionnaire they conducted a quick assessment of changes in the drug market in Slovenia, changes in the use of psychoactive substances and user distress during the epidemic.

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

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

Another programme contacted the Pensioners' Association, which provided contacts for vulnerable individuals about whom they were concerned. They informed these elderly people about the possibilities for getting help from the local community and provided them with the necessary assistance (ARS VITAE, društvo za razvoj in izvajanje programov pomoči).

Another programme was successful in improving the involvement of staff in housing programmes, and increasing communication by management with all contractors. In the housing groups the users were taught to sew masks on their own (Društvo Projekt Človek).

The Centre for Prevention and Treatment of Addiction from Forbidden Drugs recommended that all Slovenian centres that therapy should be offered to users for a longer period of time. The related programme provided assistance in the delivery of medicines to patients, most of whom are also users of its services. During the epidemic, field workers were supplying 20 individuals with substitution medications (Društvo za pomoč zasvojenim in njihovim bližnjim PO MOČ Sežana).

Another programme carried out the online publication of articles with practical guidance to help users to cope with the distress of the epidemic. The production of short videos also helped to share this information online. A survey of users was also conducted in order to better understand the experience of counselling work (Zavod Nora, Center sodobnih zasvojenosti).

A new homeless shelter was opened in Ljubljana for the duration of the epidemic. This shelter proved to be extremely important, as it offered shelter to 20 homeless people 24 hours a day. Although it is definitely an example of good practice, and a positive solution, unfortunately it only had a limited duration (Kralji ulice, in cooperation with Mestna občina Ljubljana and Društvo za zmanjševanje škode zaradi drog Stigma).

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

The surveyed programmes highlighted the following needs:

Employees:

- educational and technical instructions for work, self-protection,
- psychological assistance to employees working in emergency situations (regular meetings, exchanges of experience, supervision, training),

- information regarding working from home (to be legally regulated), related allowances (crisis or other allowances),

Users:

- how to communicate unpleasant information remotely, how to recognise certain problems, how to communicate as effectively as possible,
- how to treat users who are unable to accept restrictions and/or are confused with regard to seeking help,

Contagions:

- how to assist users in the case of infection with coronavirus,

Other

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

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

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

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

We tried to maintain continuity with the check-ups at the clinic, which were generally conducted by telephone during this period. We tried to maintain greater access by making telephone contact available, and the electronic issuing of prescriptions proved to be a useful method of working during this period. We temporarily switched some patients with accompanying mental disorders who received injections of anti-psychotic drugs to orally administered drugs, although this was not done with those whose disease would worsen with the switch.

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

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

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

We kept staff constantly updated, and drew their attention to the need to adhere to the measures for reducing the possibility of infection.

(Andrej Kastelic, MD, PhD; Nuša Šegrec, MD, PhD; National Center for the Treatment of Addiction to Illicit Drugs at Ljubljana University Psychiatric Clinic)

In the 2018/2019 school year, the NIJZ, Maribor regional unit, started implementing a prevention program for the empowerment of counselors to work with adolescents who use drugs. The program is intended for secondary school counselors so that they can identify young people in need of help as soon as possible and the latter will receive appropriate treatment. The program is described in more detail in the Prevention Workbook.

The No Excuse ('Brez izgovora') youth network has been running tobacco and alcohol abuse prevention programmes in schools for the last 15 years and a cannabis abuse programme for secondary schools for the last five. It also organises several programmes that address non-substance addiction, such as internet addiction and problematic gambling. In the past year they have raised awareness among more than 3,000 primary and secondary school pupils, and more than 1750,000 over the span of 14 years. In 2020 they reached slightly fewer young people than in previous years as a result of the challenges brought about by the Covid-19 pandemic. Nevertheless, they were able to shift programme implementation online and continue to work through a period in which schoolchildren were engaged in learning from home.

In 2018 the network began carrying out the Martin Krpan programme in a number of primary schools. Aimed at preventing alcohol and tobacco addiction, the programme incorporates multiple interventions that focus on the acquisition of social and 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 take sound decisions. The programme is designed for pupils in the last three years of primary school (second half of Year 7, and Years 8 and 9), and consists of between 15 and 25 hours of workshops incorporated into regular school lessons, as agreed upon with the class teacher. In addition to students, the programme also endeavours to involve teachers, class teachers, school counsellors and parents, and also features an evaluation of processes and effects. Processes are evaluated at the end of each series of workshops (after the last, fifth workshop), with the effects of the programme being evaluated in 2020.

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

3. Additional information

Nadja Kovač, Andreja Drev, Mateja Jandl, Lucija Golčer, Matej Košir, Sanela Talić, Dare Kocmur, Katja Kranjc

The evaluation of verified public social care programmes in the field of drugs was implemented in 2016. There are many results, comparisons and proposals. In general, the evaluation has shown that high-threshold and low-threshold programmes that were included in the evaluation have a long tradition of continued functioning, programme providers are professionals and are available to users for a specific time during the day, and on envisaged dates they also implement field work and provide advice by telephone. The programmes work well on a high professional level and with great responsibility to users and funders, which is also shown in the mostly high average evaluations connected to the evaluated criteria.

The evaluators have separately emphasised that high-threshold programmes are also available for people with a lower economic and social status, and are open to all age groups, are flexible and follow new needs that emerge in the field (non-chemical addiction, self-harm behaviour, etc.). Professional staff attends additional professional training with various specialisations and follows new therapeutic knowledge, because the basic education within university studies is often not enough. Professional staff is focused on working according to the Code and Principles of Social Care. Users also have the opportunity to complain, commend, follow their needs within the professional work doctrine (Žiberna et al. 2016a and Žiberna et al. 2016b).

The evaluation of verified public social care programmes in the field of alcohol was implemented in 2019. Evaluated programmes are financed for several years within Network of programmes to help people in social distress due to alcoholism, assistance in reducing the harm in the field of alcohol for adolescents, counselling with field work. In 2019 Social protection Institute of the Republic of Slovenia evaluated thee programmes in the field of alcohol. All programmes have long tradition of action in the field of alcohol (14 to 19 years) and are open for users most of the time. Among issues with alcohol users have are also issues with other complex psychosocial problems and mental health issues - programmes would need more collaboration with local psychiatry. It is important that they also cooperate with other target groups such as parents of users, friends, co-workers and professionals. Programmes are recognizable to the professional and lay public, however, according to the extent of alcohol issues in Slovenia, programmes want more collaboration among other alcohol rehabilitation providers in general. In addition, programmes should expand their action across Slovenia to cover even more users (summarized after Žiberna 2020).

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

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

The method of evaluating interventions employed in Slovenia up to now is not sufficient. Evaluation must take place in accordance with clear criteria, which may be internal but should ideally be performed by external independent experts and assessors capable of ensuring a more effective evaluation of interventions as a whole, including the results and effects, and of making suggestions for improvements and upgrades.

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

The present document, 'Criteria for Evaluating Public Health Interventions with the Aim of Identifying and Selecting Examples of Good Practice in the Field of (Public) Health', can be taken as guidelines for the creation, planning, design and implementation of interventions. By employing these criteria, the quality of work of all organisations involved will be increased in protecting and promoting health, preventing disease, increasing life expectancy and improving quality of life.

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

Prevention

The Utrip Institute has, since the beginning of 2017, cooperated in a European project UPC-Adapt (http://upc-adapt.eu) whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention. In the first project phase (until autumn 2017) the project partners prepared a summary of the existing educational curriculum under the name Universal Prevention Curriculum (hereinafter referred to as the UPC) and prepared a situation analysis with regard to the needs of European prevention works for such types of education and training. The UPC was developed in the USA with the support of the American government, and was tested in subsequent years mostly in Asian countries. Within the scope of the project, the UPC will be adapted to the European (and also Slovenian) situation and needs. In the second phase the project partners developed three different curricula or parts of European adaptation of UPC (EUPC) (academic, online and short 5-day curriculum for decision and policy makers and opinion leaders). The Utrip institute was involved in the development of short curriculum (2 days basics + 3 days advanced). Additionally, a trainer's guide was developed, tested and finalized by project partners which will allow as quality dissemination of the curriculum as possible and quality trainings of different target groups in the field of prevention.

In April 2018, a pilot training of EUPC was organised by the Utrip Institute in Ljubljana (2 days) and Bohinjska Bistrica (3 days) and 26 participants from 16 different institutions were trained. The basic (2-day) training content includes sessions such as: epidemiology, substance use and why is prevention important, language of prevention, overview of school, workplace, family, environmental, community and media-based preventive interventions, advocacy for evidence-based prevention, and monitoring and evaluation, The advanced (3-day) training content includes sessions such as: human development and prevention, socialisation, substance-use prevention activities in different developmental periods, advanced content on family-based, school-based, workplace-based, community-based, environment-based and media-based prevention interventions, how to recognise effective prevention, practical application of theories of persuasion in substance-use prevention related to media-based prevention) and reflection on the whole training (see also Prevention Workbook, section).

Within the scope of the Slovenian part of the project, the Utrip Institute signed a cooperation agreement with the Faculty of Health Sciences of the University of Ljubljana, which will collaborate in the pilot implementation of informal education and future development of post-graduate studies of preventive

science in Slovenia. Preparation of application for submission of the post-graduate study is still in progress in 2019.The Faculty also submit the application for selected subject for interested students on prevention of risk behaviours, which will be implemented in collaboration with the Utrip Institute (if subject is approved by the University of Ljubljana).

Harm reduction

NightArt certificate

In 2018 and 2019, the DrogArt Association approached six nights clubs (Kino Šiška, Klub K4, Club Tiffany, Terminal, and Božidar in Ljubljana, and the Niagara Loungue Bar in Maribor) with the objective to lay the ground for the development and implementation of the NightArt quality standard certificate. During two one-month pilot periods, 550 condoms, 330 earplugs, and 1,000 units of NightArt informative materials were distributed among night club visitors by DrogArt. However, up until now, none of the participating night clubs have decided to obtain the NightArt certificate.

The holders of the NightArt certificate have to provide trained staff, free water, condoms, and ear plugs. In addition, the agreement requires that the club provides informative materials and fosters prevention by expressing intolerance towards drunk driving and encourages intoxicated individuals to use public transport. The night club that obtains the certificate concludes a one-year agreement and is given a sticker which indicates that the club is a member of certified nightlife venues. In other countries, this concept exists in different forms and has different names (e.g. Quality nights, Safer clubbing etc.) and its purpose is to prevent risks that persist in nightlife settings.

Guidelines and standards for safe rooms for drug use

For some time now in Slovenia, efforts have been under way to establish a safe room for drug use. In 2013, the National Institute of Public Health prepared the documentation concerning the establishment of safe rooms for illicit drug users which also included the proposal for their operation, and an assessment of costs and impacts (for details see Legal Framework Workbook, section). The pilot operation concerning the establishment of a safe room was conducted by Stigma Association (NGO) which also drafted respective standards and guidelines.

The guidelines set forth by Stigma Association were drafted following the example of guidelines which had been adopted by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) from Lisbon and endorsed by the World Health Organization (WHO) and Joint United Nations Programme on HIV and AIDS (UNAIDS). Standards and guidelines were drafted based on the basic objectives of safe rooms which include: (1) prevention of viral and bacterial infections; (2) prevention of overdose and possibility of effective overdose treatment; (3) reduction of drug use in public and in abandoned buildings; (4) enabling contact with people that are normally hard to reach; and (5) addressing the isolation of long-time users of illicit drugs.

By attaining these objectives we strive to address safety and hygiene, and ensure a stressless environment for drug use. With safety we refer to the fact that drug consumption is allowed in this programme which also includes staff who offer expert supervision to users in the event that something goes wrong. This includes first aid and direct availability of rescue services. Users are offered information about the less risky use of drugs. The staff at the safe room have to ensure a safe, clean, and hygienic space for drug consumption. Availability of clean and sterile utensils helps reduce infections with HIV and hepatitis. The less stressful drug use is, the more pronounced is the awareness of risks associated to it.

Standards and norms of establishing safe rooms refer to the rules and criteria associated to the work and role of expert staff working in safe rooms. The organisational operating rules for safe rooms intended for injecting drug users were drafted following the example of similar programmes in other countries, especially Canada and Netherlands. The safe room operating rules are: (1) users have to sign a statement stating that they are over 18 years of age; (2) in addition to the statement, users have to sign an agreement with which they undertake that they will conduct themselves in accordance with the basic operating objectives of the safe room, and that they will not compromise safety, hygiene, and stressless environment; (3) it is recommended that the place of residence (district-wise) of users is also recorded; (4) the traffic and exchange of drugs in the room is forbidden; (5) smoking, and food and beverage intake in the room is forbidden; (6) in the event that the staff judge that a user is excessively intoxicated (with alcohol or other psychoactive substances), the use of the safe rooms is temporary denied to them; (7) every user has to wash their hands thoroughly before and after using the room; (8) after injecting, users have to clean the surface that they used to prepare the dosage for injection; (9) all injecting materials are free of charge; (10) the maximum time allowed to prepare the substance is 60 minutes (in case of problems with collapsed veins, the preparation time may be prolonged); (11) it is forbidden to stay in the immediate vicinity of the safe room for longer periods of time; (12) it is forbidden to assist other users in the room with injecting; (13) members of the staff have to be present in the safe room at the time of the injecting; (14) medical personnel may offer advice with problems with injecting, but are forbidden to actually inject drugs; (15) safety has to be ensured in case of overdose (bed, oxygen, antidote); and (16) direct availability of rescue services has to be ensured, meaning that there is no need to call the dispatcher.

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

The role of the expert staff is to manage the safe room in an expert manner and following the objectives of harm reduction programmes. The staff have to be appropriately qualified in the field of medical care and social work and they have to advise on the less risky use of drugs without moral judgements and patronizing. They must be aware that drug use is a personal choice and right to freely do what one wishes with one's body. It is recommended that the staff includes laypersons with a direct experience with illicit drugs use. During the opening hours of the safe room, at least one member of the staff has to be present. With the aim to provide efficient first-aid care, specific overdose trainings and first-aid trainings take place once a year. Staff members should supervise users to prevent unsuitable behaviour and conflict escalations, and ensure a peaceful environment. The role of expert medical staff consists of injection supervision, knowledge transfer, and ensuring prevention measures. Expert staff do not assist with injecting.

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

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Harms and harm reduction workbook

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Summary

National profile and trends harms

Ada Hočevar Grom

Illicit drug-related health harms are constantly and systematically monitored in Slovenia, including data on mortality related to illicit drugs, on acute poisonings (still only in the Ljubljana region) and on the incidence of infection diseases among persons who inject illicit drugs. There is also a network of various harm reduction programmes available as the reduction of drug-related harm is an important goal of the National Programme on Drugs 2014–2020 and its Action plan 2019-2020. Further development and upgrading of harm reduction programmes is needed and more attention needs to be given to a more even and equitable geographic distribution.

In 2020, 70 deaths related to the direct effects of illicit drugs were reported in Slovenia, 4 deaths less than in 2019. Of those who died in 2020, 59 were men and 11 women. The average age of the men was 41.7 years, and of the women 56.5 years. Most of the deceased were in the age groups between 35 and 39 years. Most deaths were caused by cocaine (12). Since 2016 we noticed the increase in cocaine deaths and this trend remains high. Of the 70 cases of poisoning, 52 (74%) were toxicologically confirmed. Like in previous years, most of the fatalities occurred at home.

In the observed year, 132 people were treated for illicit drug-related acute emergencies, which is 26 cases less than in the 2019. Emergency examinations of persons with illicit drug-related poisoning represented 0,57 % of the cases examined at Emergency outpatient clinics for internal medicine in Ljubljana. Since 2012, there is an increasing trend of heroin poisonings. The number of cocaine poisonings are increasing since 2008. In 2019 and again in 2020 the number of cocaine poisonings have slightly declined, the last decline could be also due to the Covid-19 pandemic. The number of cannabis poisonings is increasing since 2014. In 2020, 48 cases of cannabis poisonings were reported.

The situation in infectious diseases among drug users remained relatively stable in 2020. During the period from 2016 to 2020, hepatitis B virus (HBV) (anti-HBc) infection prevalence estimates for persons who inject drugs (PWIDs) entering for the first time or re-entering treatment in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction with available information on infection status ranged from the lowest 0% in 2018 and 2020 (none among 12 PWIDs in 2018 and none among five PWIDs in 2020) to the highest 17% in 2019 (two among 12 PWIDs). Respective hepatitis C virus (HCV) current or former infection (anti-HCV) prevalence estimates ranged from the lowest 15% in 2019 (six among 39 PWIDs) to the highest 48% in 2016 (39 among 81 PWIDs). Due to low absolute numbers of PWIDs with historical infection status data available at treatment entry to national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, these results should be interpreted with caution. According to the available surveillance data, HIV infection has not started spreading extensively among PWIDs in Slovenia. In 2020, two cases of new diagnosis of HIV infection with a history of injecting drug use were reported. Due to underdiagnoses of infections, underreporting of identified cases and very scarce information on transmission routes, data on HBV and HCV infection reported incidence rates underestimate the true occurrence of these infections.

National profile and trends harm reduction

Slovenia is relatively well covered with harm reduction programmes in general but there are still some dark spots on regional coverage. In particular, the north east part of Slovenia is, with the exception of mobile units, poorly covered by harm reduction programmes. As for the last few years, in 2019 there were 10 harm reduction programmes with implemented sterile injection kit exchange services in

Slovenia. Six programmes carried out fieldwork, of which five were equipped with mobile unit. There was a total of 10 day centres in eight programs. Some of day centres operate at several sites in some regions. These programmes included 2,060 drug users (194 drug users less than in 2019). 2064 users were registered for the first time. The harm reduction programmes in 2020 recorded 17,462 contacts which is less than in 2019 mostly due to the covid-19 pandemic. The number of syringes and needles issued also decreased in 2020.

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

New developments

In Slovenia, nasal naloxone (in the form of a nasal spray) is registered and available from March 2021 in all Centers for the prevention and treatment of drug addiction and their pharmacies that supply medicines. Training is delivered by a physician at the Center for the prevention and treatment of drug addiction; after the successful completion of the training, participants (people who use drugs) receive a naloxone. Centers for the prevention and treatment of drug addiction order the medication at the pharmacy that is part of the Center according to the purchase order. Naloxone is available also in pharmacies with a prescription, but it needs to be paid for.

Ministry of Health has through the Operational Program for the Implementation of the European Cohesion Policy for the period 2014-2020, acquired funds for the implementation of the program “Development and upgrading the network of mobile units for the implementation of preventive programs and harm reduction programs in the field of illicit drugs”. As part of the implementation of the program, the existing network of mobile units was complemented and replaced in terms of vehicle replacement, improvement of the personnel structure in mobile units (health workers and chemists). Since the beginning of the project all the planned project activities are well established and implemented at a high quality level. Additionally, a strong cooperation between the Ministry of Health with the Ministry of Labour, Family and Social Affairs, the Ministry of the Interior and the Police and the National Institute of Public Health has been established. The exceptional importance and usefulness of out-reach programs for drug users was particularly evident in 2020, marked by the Covid-19 epidemic, when attempts to prevent the spread of the virus temporarily suspended the activities of most social and health services.

1. National profile and trends

Ada Hočevar Grom, Mateja Jandl, Irena Klavs, Tanja Kustec, Lina Berlot, Andrej Kastelic, Zdenka Kastelic, Sandra Kosmač, Edita Eberl-Gregorič, Miran Brvar, Ines Kvaternik, Živa Žerjal, Simona Šabić, Marko Verdenik, Maša Serec

1.1 Drug-related deaths

1.1.1 Overdose deaths

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Monitoring Centre for Drugs and Drug Addiction (hereinafter EMCDDA) since 2003. Monitoring data include direct deaths, i.e. deaths directly caused by the effects of illicit drugs on the body (these include intentional poisoning or overdoses, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the cause of death; these data were taken from a cohort study. The data on indirect deaths collected on

death certificates and cause-of-death reports were analysed. The National Institute of Public Health (NIJZ) analyses and keeps these certificates in National Causes of Death Registry.

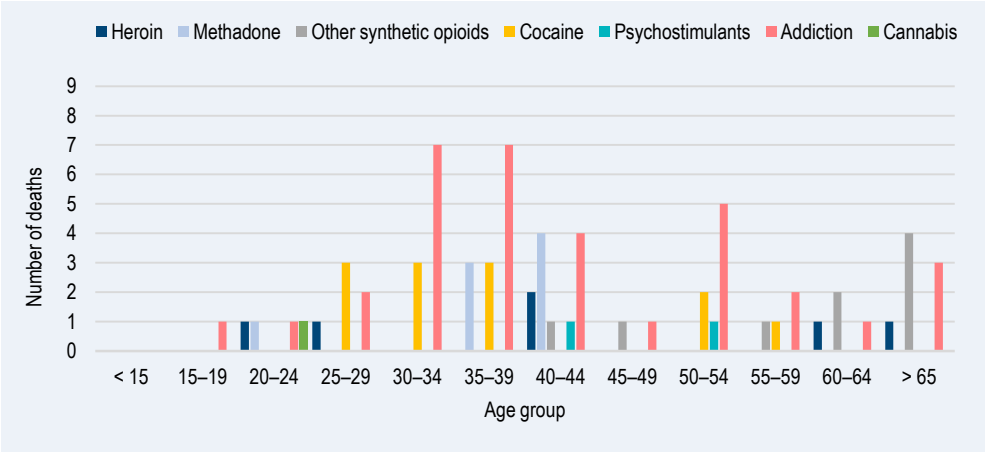
In 2019, 70 deaths due to the direct effects of illicit drugs were reported in Slovenia, including intentional poisonings (suicide), unintentional poisonings (overdose) or overdoses of undetermined intent. These included 59 men and 11 women; the average age of the men was 41.7 years, and the average age of the women was 56.5 years, while most of the deceased were in the age groups between 35 and 39 years. Of the 70 cases of overdose deaths, 52 (74%) were toxicologically confirmed (Table 1, Figure 1). Like in previous years, most of the fatalities occurred at home.

Table 1. Overdose deaths by drug group, age group and gender, 2020

Ilicit drug	Age groups												Gender		
	< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	> 65	Male	Female	Total
Heroin	0	0	1	1	0	0	2	0	0	0	1	1	5	1	**6**
Methadone	0	0	1	0	0	3	4	0	0	0	0	0	6	2	**8**
Other synthetic opioids	0	0	0	0	0	0	1	1	0	1	1	4	4	4	**8**
Cocaine	0	0	0	3	3	3	0	0	2	1	0	0	12	0	**12**
Psychostimulants	0	0	0	0	0	0	1	0	1	0	0	0	2	0	**2**
Addiction	0	0	1	2	7	7	4	1	5	2	1	3	29	4	**33**
Cannabis	0	0	1	0	0	0	0	0	0	0	0	0	1	0	**1**
Total	**0**	**0**	**4**	**6**	**10**	**13**	**12**	**2**	**8**	**4**	**3**	**8**	**59**	**11**	**70**

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

Figure 1. Overdose deaths by drug group and age group, 2020



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

1.1.2 Substances involved in the overdose cases

Most deaths in 2020 were diagnosed as deaths due to addiction (33), followed by deaths caused by cocaine (12). Almost half of deaths were determined as addictions, as those deaths were toxicologically coded as poly-drug use deaths. Intentional poisonings (suicides) were found in 3 cases, 27 deaths occurred due to unintentional poisonings, while in 7 cases it was not determined whether the poisoning was intentional or not. (Table 2). We have searched for additional information, which other substances (other illicit drugs and/or alcohol) were found in overdose deaths. In most cases, where deaths were toxicologically confirmed it was the additional use of several illicit drugs (specially cocaine) or use of illicit drug in combination with alcohol and/or sedative-hypnotic medicines, in particular benzodiazepines. In 2020 in 52 cases with proven toxicology, 3 most common substances present were benzodiazepines (mentioned 26 times), cocaine (mentioned 24 times) and heroin (mentioned 15 times). Alcohol was mentioned as additional substance in 23 cases.

Most common combinations present were: benzodiazepines - cocaine: 12 times, benzodiazepines - methadone: 10 times, benzodiazepines - heroin: 9 times, cocaine - heroin: 8 times. Alcohol was most often present as additional substance in combination with benzodiazepines (13 times).

Table 2. The number of overdose deaths by external cause and type of drug used, 2020

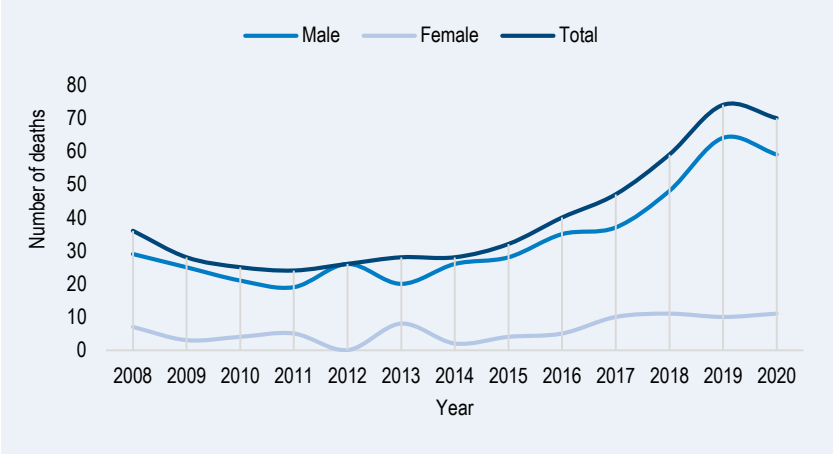
	External cause of death			Addiction	Total
Ilicit drug	Unintentional poisonings	Intentional poisonings	Undetermined intent		
Heroin	4	1	1	7	**13**
Methadone	5	1	2		**8**
Other synthetic opioids	7		1		**8**
Cocaine	10	1	1	6	**18**
Psychostimulants			2		**2**
Addiction				19	**19**
Cannabis	1			1	**2**
Total	**27**	**3**	**7**	**33**	**70**

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

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

Whereas the number of deaths (intentional, accidental or of unknown intentionality) directly caused by drug use was dropping in the 2008–2011 period, a steady upward trend has been recorded since 2011. The upward trend in the number of deaths in men has been increasing sharply since 2013 till 2019; in 2020 we have thus recorded 5 deaths less than in 2019. Since 2014, female deaths have also been increasing. While the rate of increase is slower than that observed in men, in 2018 we nevertheless recorded the highest number of female deaths in the last ten years (11 deaths) and the number the same also in 2020. In 2020, there were almost six times as many deaths in men than in women (Figure 2).

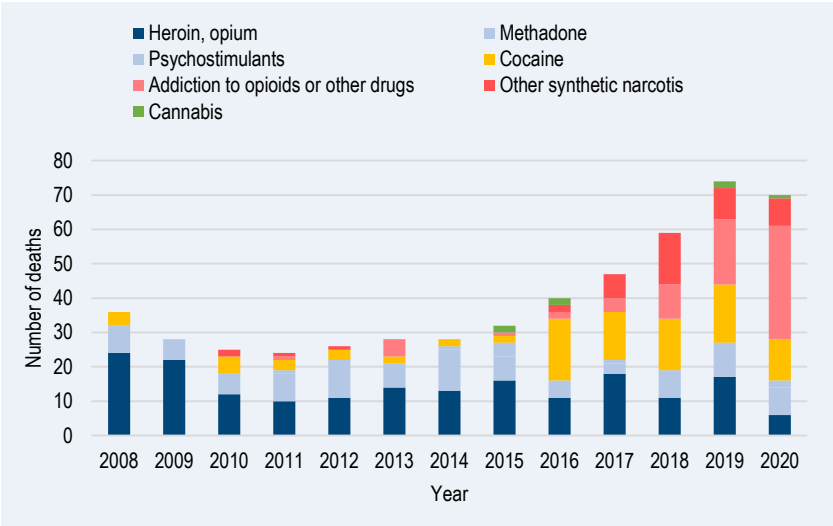
Figure 2. Number of illicit drug-use related deaths, total and by gender, 2008–2020



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

Each year in the 2008–2014 period, most deaths resulted from heroin poisoning (with the exception of 2012, when we had the same number of heroin and methadone poisonings). Until 2016, the second most common cause of death was methadone. From 2016 onwards, however, we have witnessed a major increase in deaths due to cocaine (Figure 2). The number of deaths due to cocaine in the period from 2007 to 2015 ranged between 0 and 5 per year. In 2016, the number of deaths due to cocaine jumped to 18. High numbers of cocaine-related deaths were also recorded from 2017 utill 2019. Deaths caused by synthetic opioids have also been increasing since 2016. The substances involved in these poisonings were tramadol and fentanyl. The majority of deaths from synthetic opioids were in people over the age of 45. In 2020, most deaths were coded as addictions, as it was not possible to determine main drug that would cause death. In these cases bbenzodiazepines, alcohol, methadone and cocaine are the substances most frequently found combined with opiates and a common explanation for the overdose in question is that these combinations caused it.

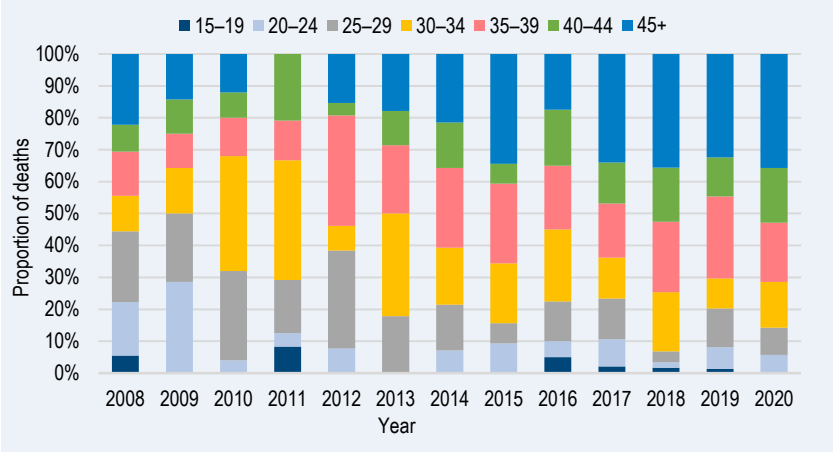
Figure 3. Lethal drug poisoning (intentional, unintentional, undetermined intent) by type of drug, 2008–2019



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

Epidemiological data for the past ten years indicate that addicts are dying older; whereas in 2011, the number of deaths was highest in the 25–29 age group (Figure 4), the highest number of deaths began to shift towards older age groups in the subsequent years. In 2012 and 2014, most of the deaths were in the 35–39 age group, while in the last three years, the most noticeable trend has been the increasing number of deaths in the oldest age group, namely people over the age of 45. Number of deaths due to overdose with opioids in Slovenia is growing, particularly among older users and with impact of synthetic opioids that are easily obtained. Ill-health of users, mental health problems and taking several drugs at the same time has a significant impact on mortality from opioid overdose, which is in line with expectations.

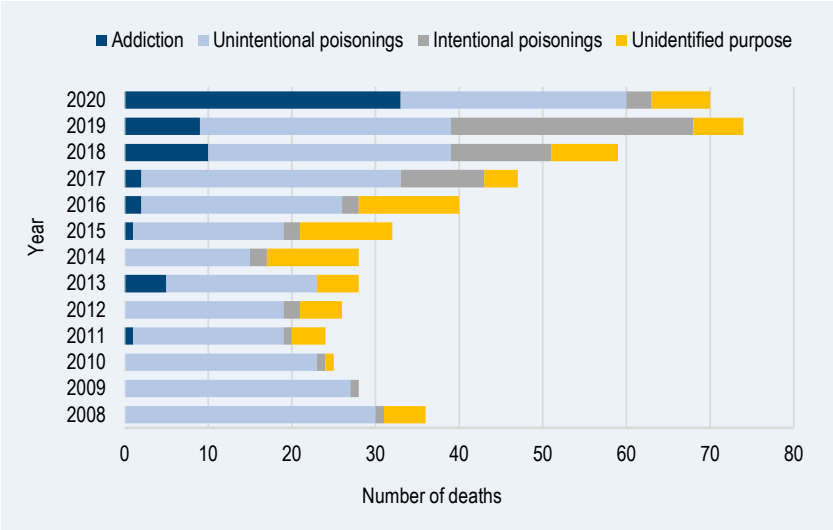
Figure 4. Age distribution of direct deaths (drug poisonings – intentional, unintentional, undetermined intent), 2008–2020



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

The proportion of deaths where intentionality remains unknown has been decreasing in recent years and this is linked to an improvement in the quality of data. We were facing the trend of intentional poisonings rising from 2017, which was the result of suicides using synthetic opioids in 2017 and 2018, the trend remains the same in 2019, but this year we are facing increase in deaths, coded as addictions. The possible explanation for this phenomenon is that population of opioid users in Slovenia is aging and the risk of overdose increases with age. If people take alcohol or sedatives (eg sedatives-benzodiazepines) in addition to opioids, the risk of overdose increases. In the presence of this "cocktail" of other drugs/medicines that affect respiratory depression and alcohol, a dose of an opioid that would not otherwise be dangerous can become lethal. Opioid users are also in poorer health than the general population. In particular, impaired liver function due to viral infections and alcohol consumption is an important factor contributing to an increased risk of overdose.

Figure 5. Lethal drug poisoning by cause (addiction, intentional, unintentional, undetermined intent), 2008–2020



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

1.1.4 Additional information on drug-related deaths

Description of two deaths related to cannabis use

In the publication "Medical use of cannabis and cannabinoids: questions and answers for policymaking (EMCDDA, Lisbon, December 2018)", experts described the results of recent reviews of epidemiological evidence of cardiovascular events/outcomes connected to cannabis use. These suggest that cannabis smoking can trigger myocardial infarction (Franz and Frishman, 2016; Hall et al., 2016; NASEM, 2017) and stroke in younger recreational users (Hall et al., 2016).

In 2019, two deaths were reported in Slovenia, where autopsy data indicated that the immediate cause of death in both persons could be sudden cardiac arrest. The cause of heart failure could not be reliably determined by autopsy. Presumably, it could be a spasm of the coronary arteries or a possible microcirculatory dysfunction related to cannabis use. Toxicological examination of the blood showed the presence of THC, and that the persons were not under the influence of alcohol or other psychoactive substances.

Fatal traffic accidents related to illicit drugs

The purpose of the research was to study fatal traffic accidents related to illicit drugs in Slovenia. The research question based on the fact that statistically, the use of amphetamines, cannabis, benzodiazepines, heroin, cocaine and other drugs is associated with an increased risk of traffic accidents, as well as a higher risk of serious consequences of traffic accidents, including death. In many cases, this risk increasing with a combination of different psychoactive substances, especially alcohol. The prevalence of drug use in traffic in Slovenia is a poorly researched area, so we know relatively little about it. According to research abroad, we can assume that drug use among traffic participants is also an increasing problem in Slovenia. Determining the situation is the basis for introducing possible prevention measures.

In a retrospective study, we conduct a review of the death certificates for the year 2016 by identifying people who died in traffic accidents, reviewing autopsy records and toxicological analyses of these people and preparing baseline displays using univariate statistics.

Based on the criteria described in the methodology, 161 deaths due to traffic accidents were included in the analysis. The majority of deaths were those involved in a car accident (40.3%) and were predominantly male (80.7%). The mean age at death by sex was 48 years for men and 54 years for women. 30% of victims were killed in car accidents as drivers (Table 1).

Table 3. Death cases by their participation in traffic accidents, Slovenia, 2016

Participation in fatal traffic accidents	Number of cases	%
Pedestrain	25	15.5
Cyclist	13	8.1
Motorcyclist	28	17.4
Truck, van, tractor driver	19	11.8
Car driver	49	30.4
Passenger in the car	16	9.9
Flying accidents	11	6.8

All of victims were autopsied and toxicologically tested in the departments of forensic medicine and forensic toxicology. In 64 cases (39.7%) toxicology was negative and they were excluded for further analysis. In 97 (60.3%) cases one or more psychoactive substances were identified. The highest proportion of positive results was found for alcohol (90.7%), 75.2% for psychoactive medicines and 10 cases (9.7%) for illicit drugs, including THC. 77% cases were positive only for alcohol. In 17.5% of cases different combination of drugs were identified (Table 2).

Table 4. Positive detection of alcohol and other psychoactive substances among victims of traffic accidents

Participation in fatal traffic accidents	Number of cases	%
Alcohol only	75	77.3
Psychoactive medicines only*	4	4.1
Illegal drug only**	0	0
Alcohol and illegal drug(s)	7	7.2
Alcohol and psychoactive medicines	7	7.2
Illegal drug(s) and psychoactive medicines	3	3.1
Alcohol, illegal drugs and psychoactive medicines	0	0

*including opioid analgetics, benzodiazepine, antipsychotic, antidepressants
** including THC

THC and metabolites were present in 6 cases (5%), in all cases with combination with alcohol and/or other drugs.

For the first time data on driving under the influence of psychoactive substances in connection to fatal traffic accidents was studied in Slovenia. In participants in fatal traffic accidents alcohol remains the most prevalent substance, but other psychoactive substances, especially psychoactive medicines are also frequently found. Different combinations of psychoactive substances are another concern, as crash risk is more complicated to ascertain.

We presented the research at Lisbon Addiction conference 2019.

Expert Group on Mortality at the NIJZ

Causes of death data are one of the most important data on the health status of the population, on the basis of which the health status of the entire population and its subgroups can be roughly assessed, so ensuring the quality of data is extremely important.

In Slovenia, data on deaths are collected at the NIJZ and obtained from Administrative Units, which regularly send "Death Reports - DEM-2 Forms", to which are attached the forms "Medical Certificate of Death and Report on the Cause of Death", which is completed by the physician - coroner.

According to official statistics on mortality, drug-related deaths in Slovenia have more than doubled in the last 10 years, mainly due to a higher number of deaths from opioids and cocaine. In this report we want to highlight the methodological changes in various indicators of drug-related deaths in recent years, as we can conclude that the significant increase in deaths was also due to changes in coding practices and improvements in forensic death investigations, as well as changed work procedures.

In the recent years, we have formed an expert group in NIJZ that reviews all deaths where the drug is identified. The group supplemented the methodology of coding death in these cases, which is described below.

Drug-related deaths have been monitored in Slovenia in accordance with the recommendations of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA - often referred to as selection B after the introduction of ICD-10) since 2003. We monitor so-called direct deaths, ie deaths due to the direct action of illicit drugs in the body (this includes intentional poisoning or overdose, unintentional poisoning, and deaths where the purpose has not been determined or confirmed). For direct deaths, we analysed the data collected on the Medical Death Certificate and the Cause of Death Report (death certificate). The NIJZ analyses and maintains these certificates in the Database of Deaths - General Mortality Register (GMR) and is based on determining the cause of death, where the causes of death are classified according to the International Classification of Diseases, tenth revision (ICD-10), including official updates published on the World Health Organization (WHO) website.

Below are some of the key reasons we think have impact of changes in the death statistics. The main reasons for these changes are probably improved methods of analysis in the context of forensic investigations (more tested cases and lower thresholds for drug detection, the effects of increased screening) and changes in coding rules. Other important factors are:

1. An important change was that the opioid tramadol was coded as T39.3 until 2012 and then as T40.8.
2. The number of reviewed pharmaceutical drugs, including various opioids, is constantly increasing, and screening of illicit drugs has increased. New analytical methods based on mass spectrometry are introduced, and devices that are more powerful is used.
3. Since 2017, we are able to connect different health data of the deceased person (data on his/her hospitalizations from the database Collection of hospitalizations (hospitalizations) due to illness (and / or injury, poisoning, childbirth ...). Since 2017, we are able to link data on deaths with data on medications that were given to deceased individuals. We are able to link the deceased person data with the data of the Register of Illicit Drug Users database, where persons who have been included in the substitution treatment program at the Centers for Drug Prevention and Treatment are recorded.
4. An Expert Group for monitoring drug-related mortality has been established at the NIJZ, which ensures better data quality.

It is important to monitor changes in statistics related to case identification, investigation and recording practices. The NIJZ is considering creating a special register used for regular monitoring, which could be an important complement to official statistics on drug-related deaths, and would be quite similar to the EMCDDA's recommendations on the criteria for special registers.

1.2 Drug related acute emergencies

1.2.1 Drug-related acute emergencies

The information on drug-related acute emergences/poisonings are available, but not yet for a whole country. Similarly, to previous years, this article only demonstrates the statistics of treated adult patients, examined and treated for illicit drug poisoning in UMC Ljubljana, a secondary hospital in the Ljubljana region with ca. 600,000 residents. The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

More about the monitoring system is described in (Sources and methodology).

1.2.2 Toxicology of drug-related acute emergencies

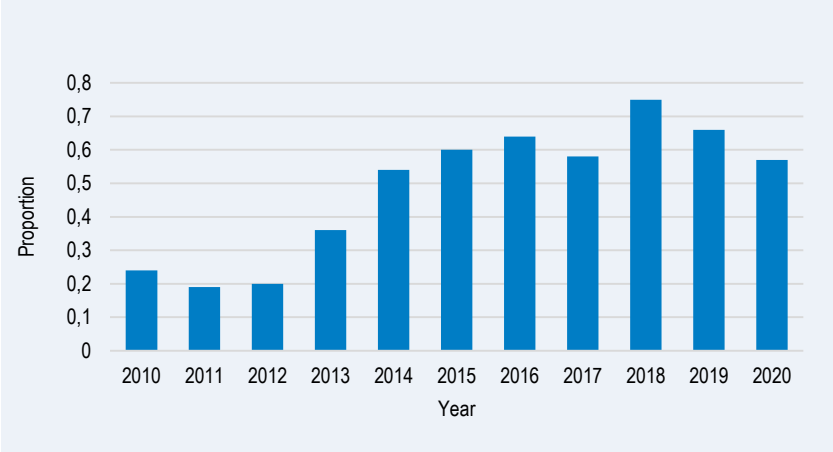
In 2020, the emergency medical clinic of UMC Ljubljana examined 23,157 patients in total. They treated 132 patients for illicit drug poisoning, which is 26 patients less than in 2019. (Figure 6)

Figure 6. Number of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, 2010–2020

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

The number of patients poisoned with illicit drugs in 2020 represented 0.57 % of all treated patients in emergency medical clinics (Figure 7).The incidence of illicit drug poisoning in the Ljubljana region in 2020 was 22/100,000 residents.

Figure 7. Proportion of cases treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, compared to all patients treated, 2010–2020



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

Table 5 shows types drugs used by intoxicated adult patients who were treated at the UMC Ljubljana internal clinic. The number of used drugs in Table 5 is larger than the number of intoxicated patients shown in Figure 6 since drug users often take several different drugs at the same time.

Table 5. Illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2020

Illicit drug	Number of drugs										
	2010 (n=61)	2011 (n=55)	2012 (n=61)	2013 (n=104)	2014 (n=164)	2015 (n=193)	2016 (n=226)	2017 (n=191)	2018 (n=257)	2019 (n=230)	2020 (n=186)
Heroin	35	9	8	14	34	44	42	26	38	32	42
Cocaine	12	10	12	14	34	45	54	49	65	60	45
Cannabis	6	16	23	27	53	64	59	59	57	65	48
LSD	0	0	1	1	1	1	3	2	2	4	3
GHB, GBL, BD	2	2	5	31	19	17	31	18	34	31	20
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27	22	34	28	13
New psychoactive substances (NPS)	3	1	0	2	10	5	10	11	4	5	2
Ketamine	0	0	0	0	0	0	0	0	0	0	2
Psilocybe	0	0	0	0	0	0	0	0	0	0	2
Unknown drug	0	0	0	0	0	0	0	4	23	5	9
Total	**61**	**55**	**61**	**104**	**164**	**193**	**226**	**191**	**257**	**230**	**186**

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

The number of NPS is relatively low in the last few years (Table 6).

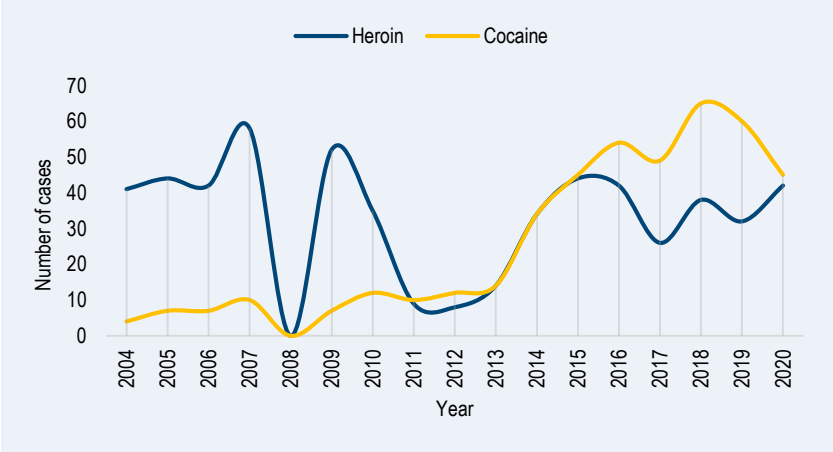
Table 6. New psychoactive substances that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2020

NPS	Number of drugs										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7	4	3	3	1
Synthetic cannabinoids	0	0	0	0	3	0	0	0	1	0	0
Other NPS (2Cl, 2-CP, NBOMe, DTM, 2-oxo-PCE, 2-MeO-PCE, unidentified tryptamine, 2F-DCK	1	0	0	0	4	2	3	3	0	2	1
Total	**3**	**1**	**0**	**2**	**10**	**5**	**10**	**7**	**4**	**5**	**2**

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

The frequency of illicit drug poisonings in UMC has been monitored since 2004. Figure 8 shows the number of people intoxicated with heroin and cocaine since beginning of monitoring.

Figure 8. Number of cases with acute heroin and cocaine-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2020



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

Figure 8 shows that heroin poisonings gradually increasing again since 2012. In 2020, we notified more heroin poisonings than in the last four years. Since 2017, there is an increasing trend of heroin poisonings. The number of cocaine poisonings are increasing since 2008. In 2018 we observed the highest number of cocaine poisonings so far with 65 cases, which means that the number of cocaine poisonings exceeded the number of cocaine poisonings by 70%. Cocaine intoxication was then, for the first time, the most commonly used illicit drug in patients treated in emergency unit of UMC Ljubljana. In 2019, the number of cocaine poisonings decreased slightly, but the proportion of cocaine poisonings in relation to the heroin poisonings increased, as in 2019, they treated twice as many cocaine poisonings as with heroin. In 2020 the number of cocaine poisonings have further declined, which could be also due to the COVID-19 pandemic.

In last decade, the number of cannabis (THC) poisonings is increasing. Since 2014, cannabinoids are the most common illicit drug found in adults poisoned by drugs in Ljubljana, with exception in 2018 when they were outnumbered by cocaine poisoning. The number of THC poisonings doubled in 2014 compared to the year before. In 2015, we treated 64 cannabis users but between 2016 and 2018, the growing trend of THC poisonings stopped at around 60 cases per year, and in 2019 increased again to 65 caes. In 2020 the number of cannabis poisonings decreased a lot to 48 cases, probably due to

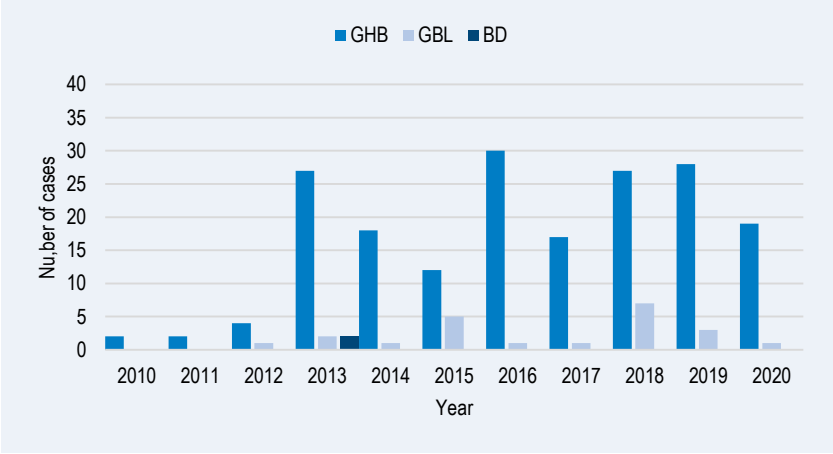
COVID-19 pandemic. Nevertheless, cannabis is still the most commonly used drug in emergency patients, although in recent years there has been a declining trend in the number of cannabis users in need of emergency medical care. We also noticing some poisonings with hashish oil, which comes from cannabis, but in most cases, these are older people suffering from other diseases (Figure 9).

Figure 9. Number of acute cannabis-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2010–2020

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

In 2020, the number of Gamma-Hydroxybutyrate (GHB) and Gama Butyrolactone (GBL) poisonings was by a third less compare to previous years. In 2019 number of this poisonings was similar than in 2018, 2013 and 2016 when we recorded the highest number of these poisonings. In 2020, we had only one case of intoxication with GBL (Figure 10).

Figure 10. Number of cases treated for acute intoxication with GHB, GBL and BD at the UMC Ljubljana, Division for Internal Medicine, 2010–2020

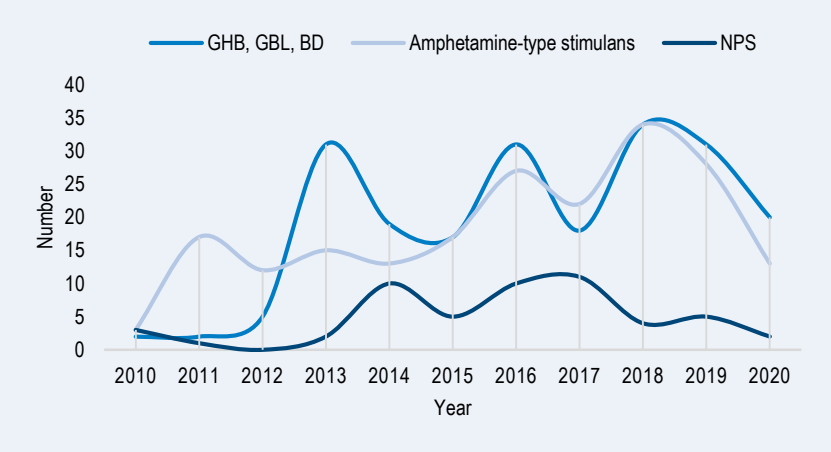


Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of poisonings with so called “classical” amphetamine-like stimulants, including amphetamines, metamphetamines and MDMA and similar phenethylamines, halved in 2020 compared to 2019 and 2018 when we recorded the highest number of cases so far (Table 5). This, too, is probably due to restrictions due to the Covid -19 pandemic.

In 2020, we recorded only two cases of intoxication with new psychoactive substances (3-MMC and Brorphine). The decrease in the identified NPS is probably also a consequence of Covid-19 pandemic, and the termination of the SONDA project, which otherwise took place from 2016 to 2018 (Table 5, Figure 11).

Figure 11. Number of patients treated for acute intoxication with GHB, GBL, BD, Amphetamine-type stimulants and NPS at the UMC Ljubljana, Division for Internal Medicine, 2010–2020



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

1.2.3 Trends

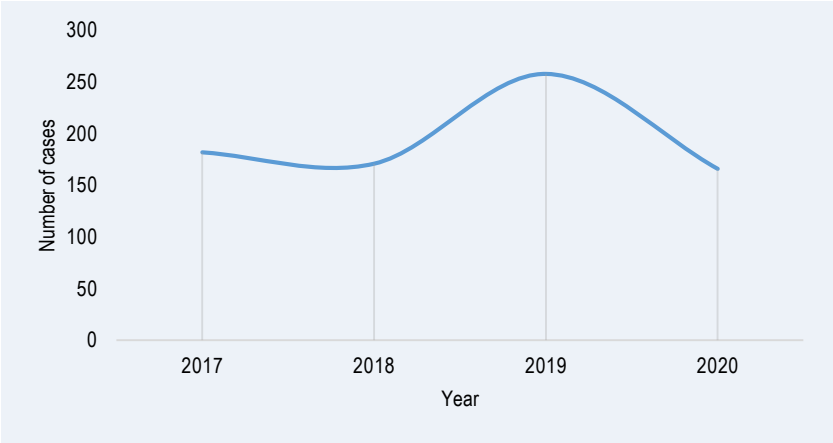
In 2020, emergency examinations of drug addicts accounted for 0.57% of all examined patients in emergency internal medicine clinics in Ljubljana, which is less than in previous years. The most likely cause of this is probably the Covid-19 pandemic. In 2020, we observed only an increase in the proportion of heroin poisonings, while the number of poisonings with all other drugs decreased significantly. Cannabis is still the most commonly found drug in intoxicated patients treated in the emergency room.

1.2.4. Additional information on drug-related acute emergencies

Consultations on drug poisoning within the 24-hour toxicological information service at the Clinical Toxicology and Pharmacology Center (CKTF) of the University Medical Center in Ljubljana (2020)

In the Center for Clinical Toxicology and Pharmacology of the University Medical Center in Ljubljana there is 24-hour information and consulting service offering help or consultations to physicians and other experts who treat acutely poisoned patients throughout Slovenia. They are collecting data about intoxicated persons and illicit drugs used since 2017. In 2020, they treated 122 intoxicated persons who used 166 illicit drugs (Figure 12, Table 5).

Figure 12. Number of cases of intoxication addressed as part of 24-hour information and consulting service at the Center for Clinical Toxicology and Pharmacology of the University Medical Center in Ljubljana, 2017– 2020



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

Table 7. Number of of illicit drugs used at cases of intoxication addressed as part of 24-hour information and consulting service at the Center for Clinical Toxicology and Pharmacology of the University Medical Center in Ljubljana, 2017 – 2020

Illicit drug	Number of drugs used			
	2017	2018	2019	2020
Heroin	19	17	31	33
Cocaine	28	30	48	28
Cannabis	46	45	73	43
LSD	4	4	4	4
GHB, GBL, BD	14	20	33	15
Amphetamine-type stimulants	37	25	38	23
NPS (3-meo-PCE, 3-mmc, 5F-AKB48	32	30	24	11
Psilocibe	2	0	1	4
Unknown drug	0	0	7	5

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

When interpreting the data on doctor's consultations, we must take into account that physicians call the toxicologist on duty only if they need help or advice. If they know the treatment of drug poisoning and have experience in the treatment of intoxicated people, they do not need the help of a toxicologist and do not call. Because of that the data in Figure 12 and Table 7 do not reflect the actual number and ratio of drugs used, e.g. doctors are less likely to call in heroin overdoses, as they are more familiar of such poisonings.

As part of the 24-hour toxicological information service of the CKTF of the University Medical Center in Ljubljana, in 2020 they dealt with fewer cases of poisoning with all types of drugs except heroin, which coincides with data on drug treatment in UKCL emergency clinics. Most likely, the decrease in the number of drug poisonings is due to the COVID-19 pandemic. Only the number of heroin poisonings have decreased.

1.3 Drug related infectious diseases

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

Drug-related infections among persons who inject drugs (PWIDs) that are transmitted through exposure to infected blood, mostly while sharing injecting equipment, include HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infections. HIV, HBV and to a much lesser extent HCV infections are also transmitted through sexual intercourse. Thus, these infections can be spread through unprotected sexual intercourse to the partners of PWIDs. All three infections can also be transmitted from infected mother to the new-born child before, during or after the birth. HBV infection can be prevented by vaccination. Since there is no vaccine against infections with HIV and HCV, the prevention is based on prevention of risky behaviour, promoting behavioural changes, harm reduction programs, early diagnosis and treatment of those infected.

HIV, HBV and HCV infections surveillance is coordinated by NIJZ. It is based on regular collecting, analysing and interpretation of data about diagnosed cases. All three infections diagnoses must be reported according to the Contagious Diseases Act and Healthcare Databases Act. To ensure comparability of data European surveillance case definitions are used. The data about notified diagnosed cases usually underestimate the true incidence of these infections. With the exception of diagnosis of HIV, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV infection cases. Therefore, we can not reliably estimate the proportion of notified cases of new diagnoses which is related to injecting drug use.

This surveillance information is complemented by monitoring the prevalence of HIV, HBV and HCV infections in convenience samples of clients of Centres for the Prevention and Treatment of Illicit Drug Addiction who are entering for the first time or re-entering treatment during different calendar years by collecting available information about voluntary confidential tests results in the past. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIJZ within annual monitoring of Treatment Demand Indicator. When interpreting this data, the limitations of methodology must be taken into consideration. Estimated percentages do not represent estimates of the prevalence of infections among those entering for the first time or re-entering treatment, but rather the proportion among those for whom the results of any previous tests at the time of entering or re-entering the treatment were documented in the medical records.

During the past five years (2016 - 2020) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 655 PWIDs who entered for the first time or re-entered treatment - 187 in the year 2016 (11 for the first time), 157 in 2017 (24 for the first time), 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time) and 76 in the year 2020 (seven 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 44% in the year 2016 to the lowest of 22% in 2020.

Since 1995, the prevalence of HIV is monitored also in other convenience samples of PWIDs. During the period from 2016 to 2020, the convenience samples of PWIDs were among clients of five nongovernmental harm reduction programmes - in Ljubljana (2016 - 2019), Koper (2016 - 2020), Maribor (2016 - 2020), Celje (2018 - 2020) and Nova Gorica (2018 - 2019). 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 2016 to 2020, the NIJZ received the data for a total of 224 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HIV infection were available in the medical documentation (in the year 2016 for 79 PWIDs, in 2017 for 62, in 2018 for 29, in 2019 for 39 and in the year 2020 for 15 PWIDs).

To ascertain the number of PWIDs with diagnosed HIV infection we took into account results of screening and/or confirmation tests for HIV antibodies (anti-HIV) available in the medical documentation – screening tests of third and fourth generation and confirmation tests Western blot and Immunoblot. During this period, the number of PWIDs with diagnosed HIV infection before treatment demand ranged from none among PWIDs who entered or re-entered the program in years 2017, 2018, 2019 and 2020 to one among PWIDs who entered or re-entered the program in 2016. Respective HIV prevalence estimates ranged from the lowest 0% in 2017, 2018, 2019 and 2020 to the highest 1% in 2016. 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 610 tested PWIDs during the period from 2016 to 2020 none were HIV positive (Table 8).

Table 8. Proportion of HIV infected PWIDs among clients of five harm reduction programmes, 2016–2020

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
2016	3	80	57	0	0	0.0	0.0
2017	3	97	14	0	0	0.0	0.0
2018	5	129	20	0	0	0.0	0.0
2019	5	97	26	0	0	0.0	0.0
2020	3	71	19	0	0	0.0	0.0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2016–2020

During the period from 2016 to 2020, the reported HIV infection incidence rate in the Slovenian population ranged from the highest 3.0/100,000 population in 2016 to the lowest 1.3/100,000 population in 2020. During the last five years (2016 - 2020), four cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIJZ, one in 2016 and 2020 and two in 2019. 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 25 new HIV diagnoses were reported among PWIDs. Majority of these individuals had a history of injecting illegal drugs abroad. It has to be noted that not all HIV infections are diagnosed.

According to all available surveillance information, extensive spread of HIV infection has not started yet among PWIDs in Slovenia.

HBV infection

For the period from 2016 to 2020, the NIJZ received the data for a total of 88 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HBV infection were available in the medical documentation (in the year 2016 for 36 PWIDs, in 2017 for 22, in 2018 for 12, in 2019 for 12 and in the year 2020 for five PWIDs).

To ascertain the number of PWIDs with diagnosed HBV infection we took into account results of tests for antibodies to HBV (anti-HBc). The number of PWIDs with diagnosed acute or chronic HBV infection before treatment demand ranged between none among PWIDs who entered the program in the years 2018 and 2020 and two among PWIDs who entered the program in 2019. Respective HBV prevalence estimates ranged between 0% in the years 2018 and 2020 and 17% in the year 2019. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these estimates were based also on the results of tests conducted several years before entering for the first time or re-entering treatment.

During the period from 2016 to 2020, the reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 1.9/100,000 population in 2016 to the highest 5.4/100,000 population in 2019. Respective incidence rate in 2020 was 4.4/100,000 population. 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.

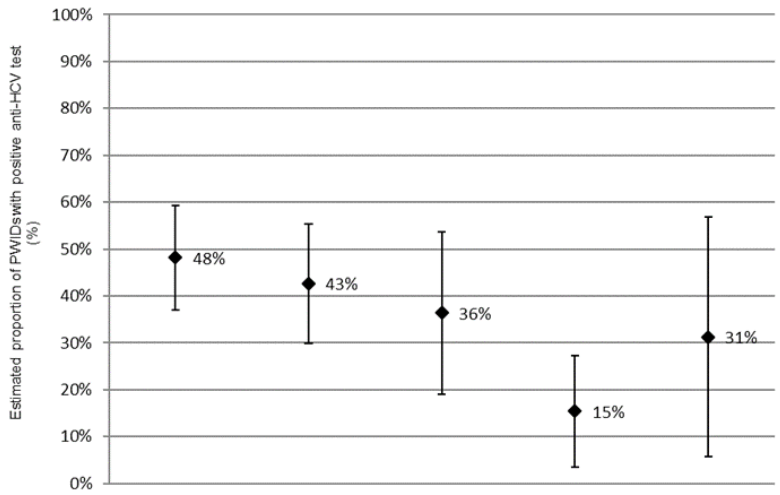
HCV infection

For the period from 2016 to 2020, the NIJZ received the data for a total of 230 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were available in the medical documentation (in the year 2016 for 81 PWIDs, in 2017 for 61, in 2018 for 33, in 2019 for 39 and in the year 2020 for 16 PWIDs).

To ascertain the number of PWIDs with diagnosed HCV infection we took into account the results of screening and/or confirmation tests for antibodies to HCV (anti-HCV). The number of PWIDs with diagnosed HCV infection before treatment demand ranged from the lowest of five among PWIDs who entered or re-entered the program in year 2020 to the highest of 39 among PWIDs who entered or re-entered the program in 2016. Respective HCV prevalence estimates ranged from the lowest 15% in 2019 to the highest 48% in 2016. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these estimates were based also on the results of tests conducted several years before entering treatment for the first time or re-entering treatment in respective years.

Figure 13 shows the estimated percentage of persons with positive anti-HCV test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were known.

Figure 13. Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted anti-HCV test among PWIDs, entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use, 2016–2020

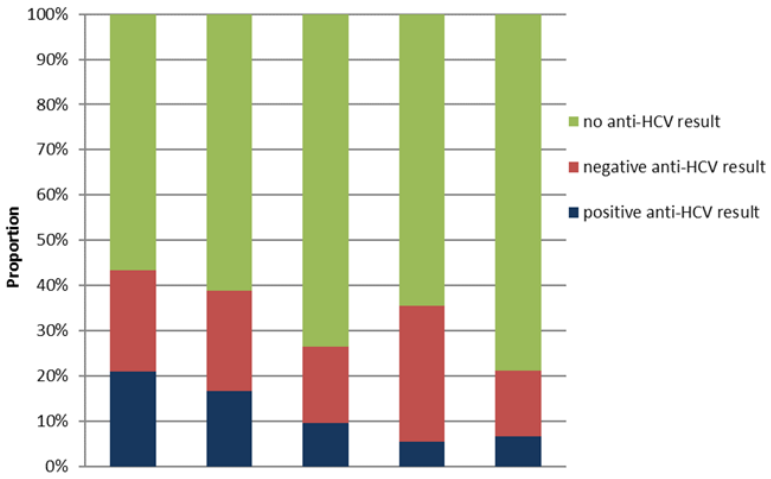


Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs with positive anti-HCV test result	39	26	12	6	5
Number of PWIDs with known anti-HCV test result	81	61	33	39	16
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76
Average age of PWIDs entering for the first time or re-entering treatment (in years)	36	36	37	37	38

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use is relatively low and for many there is no data on testing for HCV markers. Therefore, the corresponding 95% confidence intervals for estimates of PWIDs with HCV infection in different years are relatively wide.

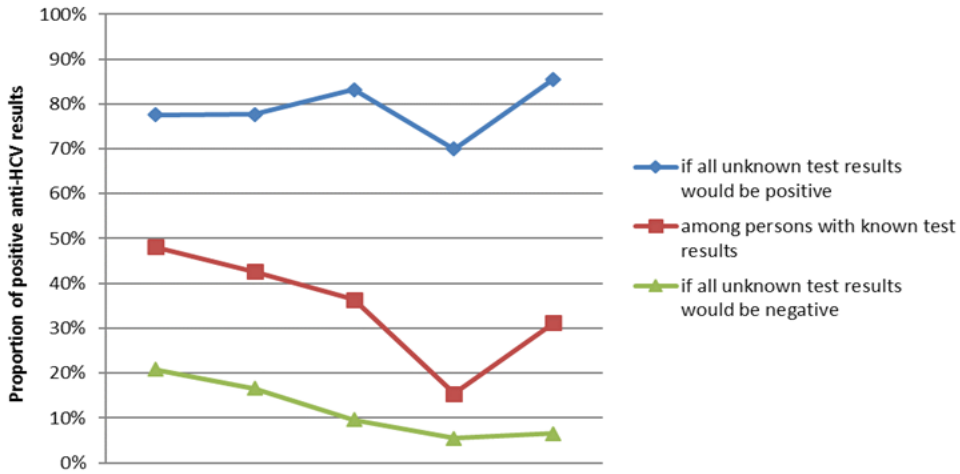
From the results shown, we can not reliably conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period, especially as the data about tested PWIDs and the results of tests are not available for all PWIDs entering for the first time or re-entering treatment and the proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 43% in 2016 to 21% in 2020 (Figure 14).

Figure 14. Proportion of persons according to the result of previous anti-HCV test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2016–2020



Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76

Figure 15. Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of anti-HCV testing, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2016–2020



Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76

Since a proportion of PWIDs with unknown test results of anti-HCV testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 15 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment. In addition to the estimates of the proportion of persons infected with HCV among those with known test results, estimates of the proportions of infected persons are presented under the assumption that all PWIDs with unknown results on anti-HCV testing would have

positive results and under the assumption that all PWIDs with unknown test results on anti-HCV would have negative results.

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation or overestimation of proportion of infected persons with HCV among PWIDs. For example, among 16 persons with known anti-HCV test results entering for the first time or re-entering treatment within national network of Centres for Prevention and Treatment of Illicit Drug Use in 2020, 38% of results were from 2020, 25% results from 2019 and the remaining 38% of results were for tests carried out before 2019.

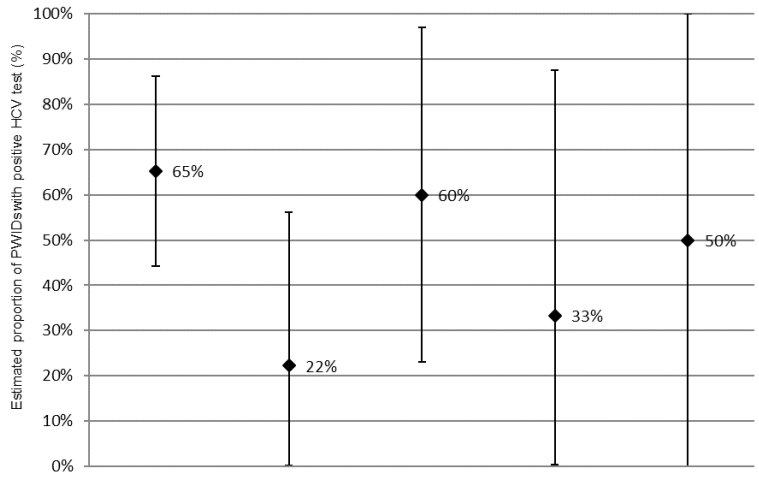
Although the absolute numbers are very small, we also present the available results for the prevalence of active infections (HCV RNA positivity) among PWIDs entering for the first time or re-entering treatment. Due to very small numbers of PWID with reported active HCV infection status, reliable inference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

For the period from 2016 to 2020, the NIJZ received the data for a total of 50 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV RNA were available in the medical documentation (in the 2016 for 23 PWIDs, in 2017 for nine, in 2018 for 10, in 2019 for six and in the year 2020 for two PWIDs).

To ascertain the number of PWIDs with diagnosed active HCV infection we took into account the results of screening and/or confirmation tests for HCV RNA. The number of PWIDs with diagnosed HCV infection before treatment demand ranged from the lowest of one among PWIDs who entered or re-entered the program in year 2020 to the highest of 15 among PWIDs who entered or re-entered the program in 2016. Respective HCV prevalence estimates ranged from the lowest 22% in 2017 to the highest 65% in 2016. When interpreting these results, it is important to take into consideration that in addition to very small absolute numbers of PWIDs involved, these estimates were based also on the results of tests conducted several years before entering treatment for the first time or re-entering treatment in respective years.

Figure 16 shows the estimated percentage of persons with positive HCV RNA test among PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV RNA were known.

Figure 16. Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted HCV RNA test among PWIDs, entering the for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use, 2015–2019

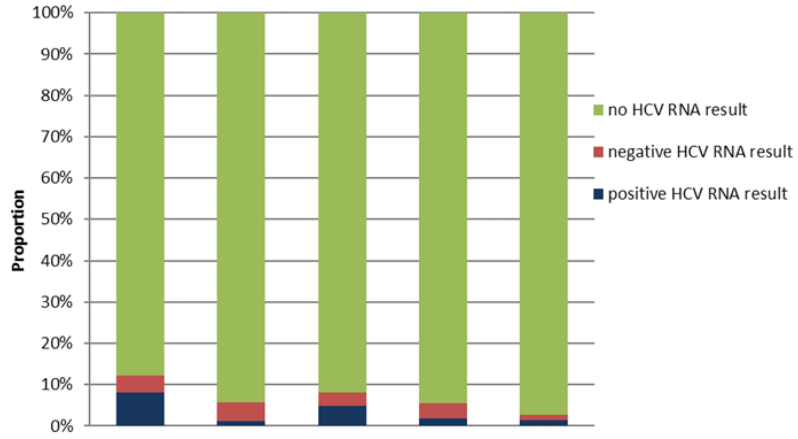


Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs with positive HCV RNA test result	15	2	6	2	1
Number of PWIDs with known HCV RNA test result	23	9	10	6	2
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76
Average age of PWIDs entering for the first time or re-entering treatment (in years)	36	36	37	37	38

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use is relatively low and for many there is no data on testing for HCV RNA markers. Therefore, the corresponding 95% confidence intervals for estimates of PWIDs with HCV infection in different years are relatively wide. From the results shown, we can not conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period.

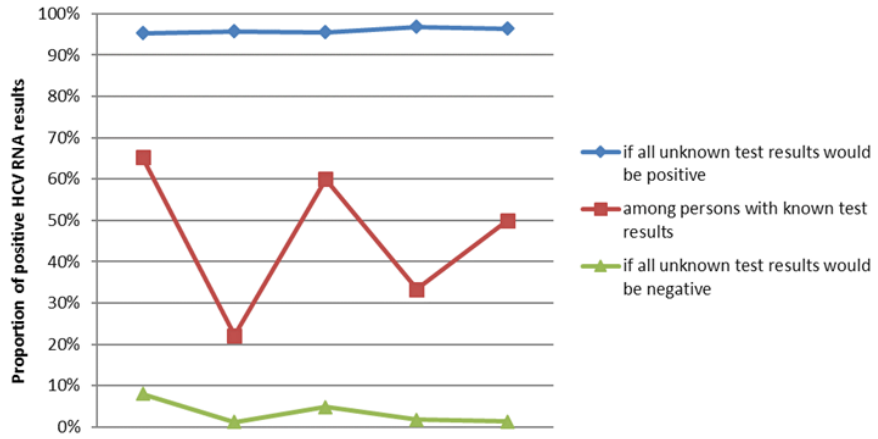
In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 12% in 2016 to 3% in 2020 (Figure 17).

Figure 17. Proportion of persons according to the result of previous HCV RNA test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2016–2020



Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76

Figure 18. Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of HCV RNA testing, national network of Centres for Prevention and Treatment of Illicit Drug Use, 2016–2020



Year of entering for the first time or re-entering treatment	2016	2017	2018	2019	2020
Number of PWIDs entering for the first time or re-entering treatment	187	157	125	110	76

Since a proportion of PWIDs with unknown test results of HCV RNA testing was very high, the real proportion of HCV-infected PWIDs could be very underestimated or very overestimated. Figure 18 shows the various possible estimates of the proportions of HCV-infected among PWIDs entering for the first time or re-entering treatment regarding to known or unknown test results. In addition to the estimates of the proportion of persons infected with HCV among those with known test results, estimates of the proportions of infected persons are presented under assumption that all PWIDs with unknown results on HCV RNA testing would have positive results and under assumption that all PWIDs with unknown test results on HCV RNA would have negative results.

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation of proportion of persons with active HCV infection among PWIDs. For example, among two persons with known HCV RNA test results entering for the first time or re-entering treatment within national network of Centres for Prevention and Treatment of Illicit Drug Use in 2020, one of results was from 2020, and one from 2019.

2016 to 2020, to the NIJZ reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from the highest 7.1/100,000 population in 2019 to the lowest 3.8/100,000 population in 2020. 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.

1.4 Harm reduction interventions

1.4.1 Drug policy and main harm reduction objectives

The fundamental goal of drug-harm reduction, arising from the Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the National Social Security Programme 2013–2020 (Official Gazette of the Republic of Slovenia [Ur. l RS] No. 39, 2013) is to develop networks of harm reduction programmes to further reduce the number of HIV, hepatitis B and C infections and deaths due to overdose, as well as to reduce the psychological and social distress and visible consequences of drug use in the community (e.g. open scenes).

Measures to reduce the health and social consequences of drug use and in the field of including drug users in society are necessary to achieve the aforementioned goals and are further determined in the Action Plan for Illicit Drugs in Slovenia (Action plan 2019–2020).

To reduce the consequences of drug use, the network of various harm reduction programmes should be further developed and upgraded, including programmes for users of cannabis, synthetic drugs and stimulants. Various programmes should be developed and quality field work with drug users should be

ensured. Drug users should be continuously educated of the hazards of drug use and less risky methods of using them. A needle replacement programme should be introduced in pharmacies, especially in environments where no such programmes exist. A safe room's network should be established, and night and day shelters for drug users on the streets as well as safe and permanent residences for homeless drug users should be introduced. Free vaccination against contagious diseases for drug addicts should be ensured. System for testing a limited quantity of drug samples whereby users could anonymously send samples for drug testing free of charge or otherwise should be introduced into all regions. Public services or other forms of employment must be introduced for the purpose of including illicit drug users into society; drug users should be encouraged to become active in self-help, self-organisation, in expressing their views and needs, as well as in mutual cooperation.

1.4.2 Organisation and funding of Harm reduction services

According to the Resolution on the National Social Assistance Programme 2006-2010, harm reduction programmes are integrated into the network of public social assistance programmes (Official Gazette of the Republic of Slovenia [Ur.l. RS] No. 39/2006). The aforementioned programmes are intended to complement social assistance services and for the prevention and resolution of social hardships of individual vulnerable groups. No technical, staff or substantive standards are laid down for the functioning of these programmes. The programmes will be implemented based on the verification or guidelines published in public calls for proposals for their (co)financing; they are designed to take into account the characteristics and needs of individual target groups of users, and are derived from particular features of the environment and area of implementation.

Slovenia is well covered with harm reduction programmes in the field of drugs, i.e. in the form of day centres, mobile units and field work. In regions with no day centres, mobile exchanges of sterile injection kits are implemented through field work, i.e. by primary or secondary exchanges of kits or through field work with a mobile unit (the Goriška region, part of the Central Slovenian region and part of SE Slovenia, parts of Koroška, and the Pomurje region). Some parts of SE Slovenia are still not covered by such programmes, in particular, the Pomurje region (north-east part of Slovenia), with the exception of mobile units, is poorly covered by programs from the rest of Slovenia. Although mobile units cover most of the territory of Slovenia and there are exchanging sterile accessories there, they do not, however, satisfy the needs of users who need continuous treatment and daily contact with the services. Experts and users of harm reduction programs have for many years pointed to the need to open daily centers to the north east and south east of Slovenia.

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

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

The sterile injection kit exchange programme represents the basic starting point for all other approaches to harm reduction; they are intended for persons who inject drugs, because access to sterile kits is important to prevent the spread of contagious diseases, as well as for increasing access to the hidden

population of drug users. The Health Insurance Institute of Slovenia finances sterile equipment for safe injection. Sterile equipment exchange programmes are taking place in day centres and in the field, on locations where users congregate. In addition to needle and injection exchange and distribution of drug use paraphernalia (alcohol swabs, “spoons” for drug preparation, ascorbic acid and pocket containers for waste needles etc.), field workers and workers in day centres also distribute information about communicable diseases and low-risk injection methods.

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

1.4.3 Provision of harm reduction services

a) Infectious diseases testing

Hepatitis C Testing

At Stigma organisation, with the support from the Ministry of Health, we decided to join the European Hepatitis C Testing Week in 2018. The Slovenian testing project was organised by the Clinic for Infectious Diseases and Febrile Illnesses of the UMC Ljubljana in collaboration with the Association Slovenia HEP and with expert and substantive support by the Clinic for Infectious Diseases and Febrile Illnesses of the UMC Ljubljana and the Institute of Microbiology of the Ljubljana Faculty of Medicine. We conducted anonymous hepatitis C testing and FibroScan examinations in drug harm reduction programs in Slovenia. Helping us to carry out the campaign were also donations by the pharmaceutical companies Abbvie, Medicopharmacia and MSD.

b) Sterile injection kit exchange services

NIJZ OE Koper supplies sterile materials to 12 harm reduction programs in the entire territory of Slovenia, which all, except one, provide the service of sterile injection kit exchange services. In regions without day centres, sterile injection kit exchange is carried out with 5 mobile units (vans) or classical field work (2 locations). In 2020, the field work of these programmes was carried out in 58towns on 115 locations: Društvo PO MOČ Sežana (day center in Sežana and needles providing in the lobbies of 3 pharmacies in Sežana, Komen and Divača, Društvo Pot Ilirska Bistrica (2 day centers; in Ilirska Bistrica and Pivka), Društvo Stigma Ljubljana (2 day centers; Petkovškovo nabrežje and Župančičeva jama, field work with van in Osrednjeslovenska, Notranjsko-kraška, Zasavska and Gorenjska region and in Southeast Slovenia, and safe house for female drug users), Društvo Svit Koper (day center in Koper and field work with van in 3 municipalities in Primorska region), Društvo Zdrava pot (day center in Maribor and field work with van in Podravska, Pomurska and Koroška region), Socio Celje (only field work in Savinjska and Spodnjeposavska region), Društvo Kralji ulice (Day center Ljubljana), ŠENT – unit Day center for drug users Nova Gorica (day center in Nova Gorica and filed work with van in Goriška regioni), 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 on Metelkova street).

The total number of drug users within these programmes in 2020 was 2,060 and 480,547 needles and injections were distributed. Users return waste needles to the programme collection points (see Drugs Workbook 2020).

c) Equipment and drug use paraphernalia provided in harm reduction programmes

Table 9. Equipment and drug use paraphernalia (beyond syringes/needles) provided in harm reduction programmes, 2020

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

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

d) Public health intervention "take-home naloxone"

Naloxone is an opioid antagonist used to counteract the effects of opioids in overdose. The “naloxone for home” intervention is a public health intervention that solves the problem of mortality due to opioid overdose by educating users and potential witnesses on how to prevent, recognize and respond in case of overdose.

"Take-home naloxone" distribution programs are being implemented in Europe and elsewhere in the world. The most important part of the intervention is education on overdose and distribution of naloxone to opioid users and potential witnesses. Participants in the programs are trained to identify after completing their education signs of overdose, they know that it is necessary to call the emergency medical service immediately, are proficient in basic resuscitation procedures and how to apply naloxone and stay with a person who has experienced overdose.

In Slovenia, nasal naloxone (in the form of a nasal spray) is registered and available from March 2021 in all Centers for the prevention and treatment of drug addiction and their pharmacies that supply medicines. More detailed information on the use of the drug is available to healthcare professionals, as well as patients and caregivers at the web address: www.jazmp.si/dokumenti/.

Further information on naloxone can also be found on the website of National Institute of Public Health: https://www.nijz.si/sites/www.nijz.si/files/uploaded/javnozdravstveni_ukrep_nalokson_za_domov_pr_24.3.2021.pdf
and of the European Monitoring Center drugs and drug addiction:
https://www.emcdda.europa.eu/publications/topic-overviews/take-home-naloxone

Training is delivered by a physician at the Center for the prevention and treatment of drug addiction; after the successful completion of the training, participants (people who use drugs) receive a naloxone. Centers for the prevention and treatment of drug addiction order the medication at the pharmacy that is part of the Center according to the purchase order.

At the moments no training for partners, family members or close friends is available yet. Training for staff members of specific facilities (e.g. mobile units, nurses, prison stuff) is offered if requested. Naloxone is available also in pharmacies with a prescription, but it needs to be paid for.

Coordinator of the intervention evaluation is National Institute of Public Health. Documentation of the evaluation will contain: • age, date of issuance; date of training • Use of naloxone (location, time, situation, form of administration – number of doses of naloxone) • Administering person (witness) • Information about the person who overdosed: gender, age, status (after prison release, after treatment, OST etc.); • Presumed polydrug use (substance, amount, time, route of administration; • Open question regarding problems in the administration of naloxone; • First aid required • Post administration data: Emergency call: yes/no (if no: why?)

After an implementation period of one year, it is planned to organise discussion with the physicians that offer trainings in order to receive their feedback on situation. Civil society we are working with will be conducting the monitoring activity in an informal setting - aiming at encouraging the exchange of specific user experiences as well as at gaining information on the overdose cases themselves (for documentation and evaluation).

e) Other types of harm reduction services

DrogArt centre for counselling and psychotherapy

In 2019, 94 users were included in the personal counselling programme, of which 18 only sought one-time advice and did not choose to enrol in the continuous counselling programme. The remaining 76 entered the counselling/therapy programme; 68 were men, 26 were women.. This amounts to 2/3 men and 1/3 women. The youngest user was 15 and the oldest 546 years old. The average age of users is 30 years.

64 people was included in online counselling (through email, onetime advice) and 81 people sought telephone counselling

In 2019, 30 individuals enrolled in the counselling programme for cocaine. This is followed by enrolment due to cannabis (12) and cannabis in combination with another drug (alcohol in two cases and amphetamine in one). Nine users were included because of amphetamine. 11 users were included for alcohol use, including one in combination with cocaine and one in combination with benzodiazepines. Three users were included because of heroin (including one in combination with benzodiazepines), 8 for the use of opiates in combination with stimulants, one because of benzodiazepines and one for the use of heroin in combination with cocaine. 10 users came as a result of psychedelics use or because of a difficult psychedelic experience, three for the use of GHB/GBL, 1 had issues due to use of ketamine, 5 had issues with NPS. Of all those involved in continuing counselling, 36 were employed, 29 were still at school, 19 were without any income, and 10 had some income despite unemployment..

In the first half of 2020, 83 users were included in the personal continuous counselling program. At the time of the COVID 19 epidemic, all personal counselling took place online (on Skype or Zoom). Almost all users continued with therapies or counseling throughout the whole lock-down period. For some users, this method was even more convinient, as they were at home, in a safe environment, and some found it easier to relax because they were less exposed to social contacts. For others, this period was a greater stress and burden, especially for those living in unsettled family conditions, or for those who lost their income during this period.

Open scene challenges: needs and considerations of users of public places

The campaign Izzivi odprte scene (Open scene challenges) began in May 2017 as a response to the initiatives of citizens, the municipality and other local actors calling for regulation of disruptive use of public places by users of different organisations working in the field of drugs and homelessness (not all of these users actually utilise any of the NGOs services). This campaign can also be seen as a response to the needs of users who occupy these locations; NGO workers have been finding out for some time that the existing programmes and methods of dealing with drug use, addiction, homelessness and other issues do not adequately respond to the needs of drug users and residents who live in a neighbourhood. In their work, they indirectly encounter users, their problems and systemic barriers to solving the problems of both the individuals and the community. At the same time, NGO workers are often the ones who listen to the issues of residents of the neighbourhoods where open use of drugs takes place, as well as other disruptive behaviours and types of socialising that drug users exhibit. The non-governmental sector is unable to respond to these issues with currently available programmes alone. The purpose of the campaign is therefore to establish dialogue between all stakeholders (on national and local level) involved in the issue of open drug use in the local community. Through meetings taking place several times a year the campaign seeks to highlight the problems from the viewpoint of different stakeholders and users of public places and jointly look for suitable solutions (e.g. based on foreign good practice, adapted to local specifics), the possibilities for implementing the proposals, as well as monitoring the implementation of agreements arrived at at the meetings. The campaign takes into account the fact that this is very complex issue—both from the perspective of the diverse needs of different groups of drug users associating in open public spaces (older users, younger users…) and because of the likewise diverse needs of other users of public places. Furthermore, communication and solution finding is often hindered by various fears and prejudices, which is why suitable ways of communication and cooperation between all involved persons should be established (on national and local level). In addition, this process should also involve the relevant decision makers.

Stakeholder meetings in Ljubljana continued in 2018 (organised in May by the Ministry of Health), with individual actors carrying out the planned activities on the basis of the decisions adopted at the meetings. In August, the NGO Association prepared an assessment of the situation and of the needs for further development of the existing and the establishment of new programmes for different target groups. Together with the Faculty of Social Work and the Faculty of Education, the association organised an international conference in December, entitled Healthcare and Social Care Hand in Hand in Tackling the Challenges of the “Open Scene.” In the first part of the conference, representatives of NGOs from different local environments presented the good experiences, as well as the obstacles encountered in the cooperation of healthcare and social services in the area of managing drug use in open public spaces. Examples of good practices from abroad were also presented; this was followed by a round table on the possibilities for improving cooperation, which involved representatives of the decision-makers, the non-governmental sector and the faculties. In May, the Ministry of Health organised a meeting of the core group that dealt with the problem of high concentration of users of the Centre for Prevention and Treatment of Illicit Drug Addiction in the vicinity of the Community Health Centre Ljubljana-Center. In July, the Municipality of Ljubljana organised a round table entitled Tackling Illicit Drugs in Ljubljana and established a working group on dealing with the issue of illicit drug use in Ljubljana in January 2019. Representatives of non-governmental organisations participated in all the aforementioned activities.

The Chemsex Programme

"Chemsex" is a slang term originating in the gay community that denotes the use of psychoactive substances in sex.

The Kemseks programme was created on the initiative of three organisations, the ŠKUC Association, the Legebitra Information Centre Society and the Drogart Association, who in recent years have noted an increase in risky behaviour in the group of men who have sex with men (MSM) and use drugs in sex. The programme is unique in the field of harm reduction in Slovenia and represents a combination of two approaches that, in practice, did not individually meet the needs of the target group, but when combined co-create a new quality, providing the services with an integrated framework; the programme combines and builds upon the approaches of LGBT organisations that focus on the sexual aspect of prevention and those of the organisation engaged in drug-related prevention.

Within the programme, activities aimed at the MSM population are carried out (informing "in the field", in spaces where MSM socialise; raising awareness and informing online, conversation evenings with chemsex users, an SOS telephone line and individual counselling by professionals), as well as activities for increasing competences in the programme partnership (education of professional workers, training of peer workers) and research activities (taking two periodical "snapshots" of the situation, preparation of a cultural-historical and subcultural study that puts the chemsex phenomenon in the social context).

Since the program began in 2017, we have established contact with more than 2,000 users by holding more than 130 information sessions at the Tiffany and K4 nightclubs, as well as at the men's sauna District35. Over that period, we have distributed more than 13,000 pieces of informational material, 10,000 condoms and 5,000 lubricants.

In 2019, we took a snapshot of the situation; participating were 114 men who have sex with men and who use psychoactive substances in sex. The main reasons for the use of drugs in sex are: increased pleasure, longer lasting and more intense sex, avoidance of discomfort during sex, escape from personal problems.

In the context of chemsex, the most commonly used drugs are GHB/GBL, ecstasy (MDMA), amphetamine, cocaine and "ice-cream" (3-MMC), followed by mephedrone (4-MMC), methamphetamine and methylone and ketamine. The use of poppers is also common. As many as a third of GHB/GBL users have ever overdosed in the past 12 months.

Partners most often meet through social apps (Grindr, Planet Romeo, Scruff...) and the average number of sexual partners in a year is approximately twice higher in chemsex users compared to those who do not practice chemsex.

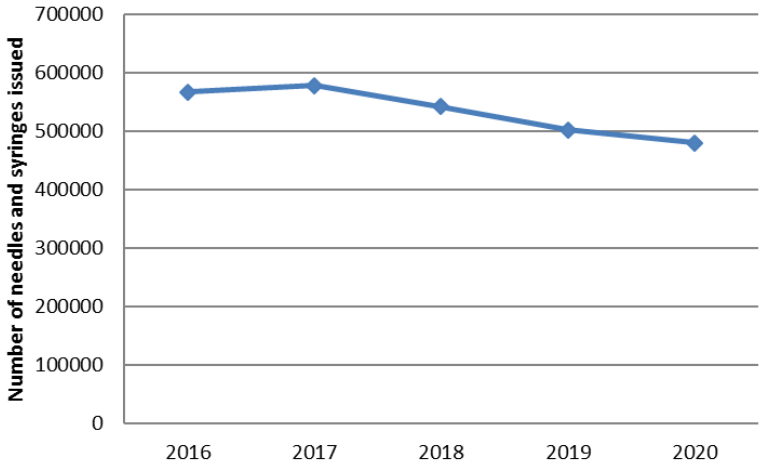
Financing and implementation of the Kemseks program: Reducing the risks associated with drug use and sexuality among MSM, funded by the Ministry of Health and the City of Ljubljana, was completed in October 2019.

The implementation of certain activities aimed at the MSM population that practices sex under the influence of psychoactive substances (field information, which takes place in MSM socializing rooms, online awareness and information through a communication campaign and distribution of free information materials) is since November 2019 running as part of the SPO program in nightlife.

1.4.4 Harm reduction services: availability, access and trends

The programme of sterile equipment exchange within harm reduction programs recorded 17,462 contacts with 2,060 different drug users in 2020. 264 were recognized as new users. Figure 19 indicates that the use of needles and syringes among the harm reduction programs has been increasing until 2017 and decreased in 2018 and again in 2019.

Figure 19. Number of needles and syringes issued among the harm reduction programmes, 2016–2020



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

After 2017, the programs recorded a decline in the distribution of syringes and needles, and after 2018, a decline in contacts at the service of replacing sterile injecting equipment. In 2020, however, the number of contacts decreased further as a result of general measures to curb the epidemic, such as: closure of day centers (limitation of the number of persons according to the enclosed area), termination of public transport and limited movement to the municipality of residence (see Table 13)

The cause of injection reduction is probably the aging user population, which is mostly using substitution drugs, hypnotics and sedatives and switching to other ways of drug use (smoking, snuffing) (see Drugs workbook 2020). At the same time, we also notice that the share of users who use the same needle several times is quite high at 40.1%.

Table 10. Data on the exchange of sterile injection equipment in harm reduction programs, 2016–2020

	2016	2017	2018	2019	2020
Number of needles and syringes issued	567,233	578,926	542,440	502,369	480547
Number of contacts	25,384	23,382	26,155	23,366	17462
Users	1859	2250	2144	2254	2060
New users	151	137	164	281	264

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

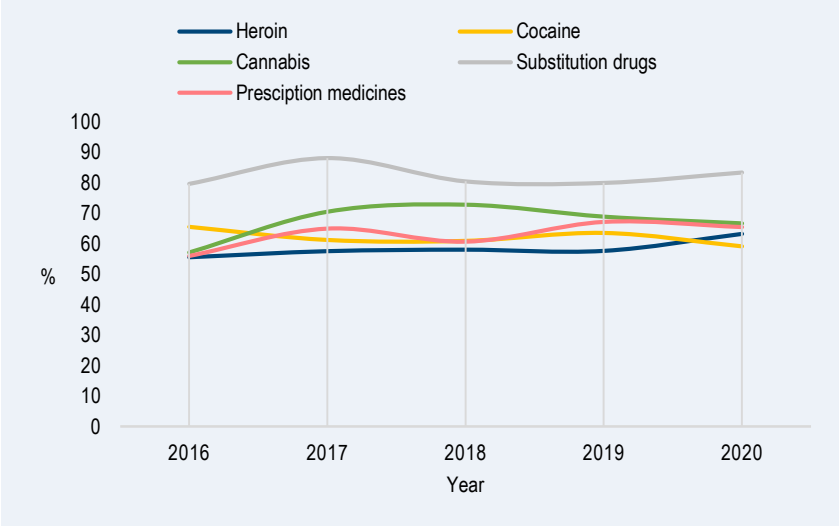
Although users of harm reduction programs use several types of drugs at the same time, opiates are still the most commonly used (91.7% of respondents use opiates - heroin and substitution drugs). In 2020, we notice a decrease in the use of stimulants (cocaine, amphetamines/metaamphetamines and ecstasy) by slightly less than 4% compared to 2019. We still observe high cannabis use (66.7%) (see Drugs workbook 2020) (Table 11, Figure 19).

Table 11. Proportion of illicit drugs and medicines used among the harm reduction programmes, 2016–2020

	2016	2017	2018	2019	2020
Heroin	55.6	57.6	58.1	57.7	63.3
Cocaine	65.6	61.3	61	63.6	59.2
Cannabis	57.2	70.5	72.8	68.9	66.7
Substitution drugs	79.7	88.1	80.5	80	83.4
Prescription medicines	56	65	60.7	67.2	65.5
Ecstasy	26.7	17.5	18.7	24.5	15.9
Amphetamines/Methamphetamines	26.5	18.9	17.1	22.9	22.1
Hallucinogens	16.3	11.8	13	14	12.4
NPS	14.8	5.3	5.8	13.4	12.8

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

Figure 19. Proportion of of heroin, cocaine, cannabis and substitution medicines used among the harm reduction programmes, 2016–2020



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programs

More than half of the respondents stated that they had injected drugs in the last year (56.5%). Among the respondents who stated that they use heroin, 47.1% only inject, and 23.5% combine injection with other uses. Among those who stated that they use cocaine, 46.2% only inject, and 22.1% combine injection with other uses. 8.7% of respondents stated that substitution drugs are injected, of which 5.6% only inject, and 3.1% combine injection with other uses.

More than half of the respondents (56.3%) reported health problems. Most of them have mental diseases (depression, anxiety and suicidal thoughts), headache, hepatitis C, skeletal pain, insomnia and others. In 2020, 21 respondents experienced an overdose, and 63 reported “out” or risky applications.

Users can return infectious waste to harm reduction programs. 67.4% of them stated that they return used needles to the program; however, in 2020 we observe an increased number of locations with discarded needles in the local environment.

Context information

Precautions to contain the Covid-19 epidemic have also affected the involvement of drug users in harm reduction programs. Thus, compared to 2019, in 2020, fewer different drug users were included in harm reduction programs, fewer contacts with users were reported and fewer needles and syringes were issued. Employees reported that users are more orderly, calm, that there are fewer conflicts between them. The use of marijuana and alcohol and sedatives and hypnotics increased, the use of heroin and cocaine remained stable, and the use of ecstasy and amphetamines decreased. The need for inclusion in addiction treatment and social rehabilitation programs and in accommodation support programs has increased. Health problems, especially mental and social distress, deepened. In Ljubljana, Koper and Velenje, the number of sites with discarded infectious material for injection increased. In urban centers, especially in Ljubljana, the number of homeless people, especially young people, who sought help in harm reduction programs, has increased.

In the first wave of the epidemic, harm reduction programs faced a lack of protective equipment for employees and users. Measures aimed at the general population have proved inappropriate for the population of addicted and homeless people. The abolition of public transport has prevented access to treatment programs, and the closure of public toilets has prevented the implementation of basic hygiene measures. By limiting contacts, the mental distress and social isolation of this target group of users only deepened. The closure or limited operation of the day centers resulted in users spending all their time on the street, thus preventing them from accessing hot meals and drinks, laundry, computers and counselling services. In Koper, the day center of the Svit Koper Association was closed for a year due to the need for additional premises for testing for coronavirus infection.

For some time, the programs carried out their activities in an adapted manner. In the first wave of the epidemic, mostly online and telephone contacts (counselling, information), personal contacts were made only in case of emergencie (replacement of injection equipment, distribution of cold meals, transport of substitution to drug users, taking samples for testing, psychosocial assistance) . During this period, fieldwork intensified and the range of services expanded. In the field, they performed the replacement of injection equipment, delivered substitution to the home, distributed dry food packages, provided practical assistance and basic medical care, and accompanied users to other services and treatments they needed.

In the second wave of the Covid-19 epidemic, programs re-established and made regular personal contacts with users. The supply of sterile accessories for drug use was also carried out continuously, shelters, accommodation programs in apartments and a safe house program for drug users operated smoothly. Addicted and homeless people were placed in the Covid-19 vaccination priority group. Employees in the programs also reported a smaller number of users infected with coronavirus. In Ljubljana, harm reduction programs observed greater hardships among young people related to isolation (greater loneliness), distance learning (more difficult to follow classes, lack of contact with classmates), and poorer access to assistance programs. For these needs, the DrogArt Association set up an online day center, which included young people who would not be able to reach them in the current context with the existing implementation of the programmes.

In the survey "Characteristics of harm reduction users", we also asked some questions about access to the assistance program during the epidemic. Among users who needed substitution therapy, 81.1% answered that they had access to this therapy without interruption. In addition, 85.3% stated that they had uninterrupted access to the service of replacing sterile accessories. While only 55.4% indicated that, they were able to access their personal physician.

1.5 Quality assurance of harm reduction services

1.5.1 Quality assurance for harm reduction services

The Social Protection Institute of the Republic of Slovenia monitors social programmes in the field of preventing addiction, including harm reduction programmes in the field of drugs (see Harms and harm reduction 2020).

2. New developments

Ada Hočevar Grom, Mateja Jandl, Maša Serec

2.1 New developments in drug-related deaths and emergencies

Today in Slovenia we use only one indicator to monitor drug-related deaths or drug-related death trends. Drug-related deaths have been monitored in Slovenia in accordance with the recommendations of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) since 2003. We monitor so-called direct deaths, ie deaths due to the direct action of illicit drugs in the body (this includes intentional poisoning or overdose, unintentional poisoning, and deaths where the purpose has not been determined). For direct deaths, we analyzed the data collected on the Medical Death Certificate and the Cause of Death Report (death certificate). The National Institute of Public Health (NIJZ) analyzes and maintains these certificates in the Database of Deaths - General Mortality Register (GMR) that is based on determining the cause of death, where the causes of death are classified according to the English version of the International Classification of Diseases, tenth revision (ICD-10), including official updates published on the World Health Organization (WHO) website. The majority of drug-related deaths are subject to forensic medical examinations, including toxicological analyzes, and are thus the basis for a report on drug-related deaths in Slovenia. Indirect deaths are monitored by so-called periodic cohort studies.

The EMCDDA methodology following the introduction of ICD-10 (often referred to as selection B) includes deaths that meet one of the following criteria:

- Mental and behavioral disorders due to substance use, harmful use, addiction and other mental and behavioral disorders due to opioids (F11), cannabinoids (F12), cocaine (F14), other stimulants (F15), hallucinogens (F16) or poly-drug use (F19) or
- Poisoning (codes X and Y) which is accidental (X41, X42), intentional (X61, X62) or indefinite intent (Y11, Y12) due to a substance called narcotics (T40.0-T40.9) or psychostimulants (T43 .6). T-codes are thus selected in combination with X- or Y-codes.

From 2021, the NIJZ will also start regularly monitoring deaths, where forensic toxicological analyzes show the presence of illicit drugs or various psychoactive medicinal drugs (deaths with the presence of drugs) and cannot be included in the annual report according to the EMCDDA methodology. This could be an important complementary information to drug-related death statistics monitored according to the EMCDDA methodology. Autopsy results of forensic medicine data sheets with positive toxicological results represent another important source of information on the occurrence of drug-related deaths, where most deaths are due to accidents (especially traffic), suicide and deaths where other psychoactive medicinal drugs are present (sedatives, antipsychotics, antidepressants, antiepileptics…).

In 2020, there were 42 deaths where an autopsy and toxicological examination revealed that a person had illicit drugs or various psychoactive medicinal drugs present (Table: 12). Alcohol was present in 12 deaths.

Table 12. Deaths with the presence of drugs detected by forensic medicine departments in Slovenia in 2020, by selected groups of drugs and causes of death

Drugs	Illness	Accident	Suicide	Manslaughter/ murder	Other	Total
Benzodiazepines	1		4		6	**11**
Amphetamines	1					**1**
THC	1					**1**
Other psychoactive medications	1	2	8		14	**25**
Opioids, including opioid analgesic medications	1					**1**
Cocaine		1			2	**3**
MDMA and other synthetic drugs						**0**
Total	**5**	**3**	**12**	**0**	**22**	**42**

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

2.2 New developments in harm reduction interventions

Mobile unit programmes in Slovenia

The Ministry of Health (hereafter the Ministry) has been carrying out the Programme for harm reduction using vehicles specialized for field work since June 2007. During this time, NGO field workers carried out their services for at least 1,000 users yearly and travelled more than 1.6 million kilometres across Slovenia. The need for new vehicles and additional services was evident. In 2017, the Ministry acquired funds within the Priority axis 9 “Social inclusion and reduction of the risk of poverty”, Investment priority 9.1. “Active integration including promotion of equal opportunities and active cooperation and improving employability”, specific objective 9.1.2 "Empowering target groups to enter the labour market” of the Operative programme for implementing European cohesion policy in the period 2014–2020 (in total with the equipment EUR 3,303,324.00) for the implementation of the programme “Development and upgrade of mobile units for the implementation of preventive programmes and harm reduction programmes in the field of illicit drugs”. The purpose of the programme was to enable full implementation of preventive programmes and harm reduction programmes in the field of illicit drugs and new psychoactive substances. Within the implementation of the programme, the existing network of mobile units was supplemented and upgraded by replacing vehicles, enhancing the staffing of mobile units (including health care workers, nurses and a chemist) and developing new services and programmes in mobile units. Conditions were established for better collaboration and a greater coherence among social and healthcare services that treat users within the programme which is improving the effectiveness of services and ensuring a more comprehensive treatment for users. Important highlights are activities which help users to enter the labour market. According to some NGOs, employing a health care worker presented a welcome assistance to the existing work force and they were also warmly welcomed by users. The programme began on 1 October 2018 and will end on 31 October 2022.

Since the beginning of the project all the planned project activities are well established and implemented at a high quality level. Additionally, a strong cooperation between the Ministry of Health with the Ministry of Labour, Family and Social Affairs, the Ministry of the Interior and the Police and the National Institute of Public Health has been established. Each of these entities contributes significantly to the efficient implementation of the program.

In the 6 low-threshold programs, due to health personnel inclusion in already existing social care teams, the service users have been now receiving comprehensive psychosocial and medical treatment. This is extremely valuable, as before, due to the heavy stigmatization, health care of drug-users was deficient or even lacking. In the mobile laboratory, testing of (new) psychoactive substances to prevent health and other risks related to drug-use in night life, has been successfully implemented. The service is operating on daily basis with the possibility of bringing the drug for testing to several info-points across Slovenia. Additionally, the field team has been present at major dance events where the drug-testing service is done immediately. The interest in this service is ever-growing. In both of the 2 field drug addiction treatment programs the number of users has been growing from month to month. The key result of both treatment programs are stable users with more opportunities to enter the labour market and a higher quality of life. The health and social rehabilitation program for users who have successfully completed drug treatment programs is reaping great success in promoting the resocialization and employment reintegration of former users and preventing the risk of slipping back into addiction.

The exceptional importance and usefulness of out-reach programs for drug users was particularly evident in 2020, marked by the COVID-19 epidemic, when attempts to prevent the spread of the virus temporarily suspended the activities of most social and health services. During this time, only mobile units were operating, and in addition to performing their regular tasks, they also took over some activities of other services. In harm reduction programs, in cooperation with health clinics, they distributed substitution therapy to users in treatment, took over the distribution of clothing and food from humanitarian associations, and provided all other necessary support. The medical staff employed in the out-reach programs engaged in the activities of temporary shelters for the homeless. Uninterrupted activities of these out-reach programs in this extremely critical situation undoubtedly prevented many adverse health and social consequences (such as prevention of deaths, health deterioration, relapses and social exclusion in users, and prevention of spreading of viral diseases (COVID-19, HIV, hepatitis), criminality and other negative effects for the society).

3. Sources and methodology

Ada Hočevar Grom, Mateja Jandl, Irena Klavs, Tanja Kustec, Lina Berlot, Miran Brvar, Ines Kvaternik, Živa Žerjal

3.1 Sources

Sources and methodology in Drug Related Deaths

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Monitoring Centre for Drugs and Drug Addiction (hereinafter EMCDDA). Monitoring data include direct deaths, i.e. deaths directly caused by the effects of illicit drugs on the body (these include intentional poisoning or overdoses, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the cause of death; these data have been taken from a cohort study. The NIPH manages the national General Mortality Register in accordance with the Health Care Databases Act. The register contains data on medical death certificates and cause-of-death reports (death certificate). The causes of death are categorised in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

References:

1. EMCDDA (2019) Evropsko poročilo o drogah, Trendi in razvoj, 2019
2. NIJZ (2019), Report on the drug situation 2019 of the Republic of Slovenia
3. EMCDDA (2007) Cocaine and crack cocaine: a growing public health issue, Selected issue
4. Corkery, J.M. (2012), 'Analysis of the data sources, numbers and characteristics of cocaine-related DRD cases reported in special mortality registries, or eventually in general mortality registries (GMR) when necessary', European Monitoring Centre for Drugs and Drug Addiction, Lisbon and University of Hertfordshire, Hatfield
5. EMCDDA (2014), Emergency health consequences of cocaine use in Europe: A review of the monitoring of drug-related acute emergencies in 30 European countries

Sources and methodology in drug related emergencies

The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

The registration of a case of illicit drug poisoning may be sent by doctors to the Slovenian Register of Intoxications on a printed or online 'Intoxication Registration Form' (http://kt.kclj.si). The Centre for Poisoning also carries out 24/7 information consultation service in clinical toxicology providing information about the treatment of drug-related cases of poisoning. The toxicologists on duty warn doctors treating patients poisoned by drugs that they are required to report all cases of poisoning to the Slovenian Register of Intoxications. In cases of interesting or serious drug poisoning, e.g. by NPS, the course and outcome of poisoning is followed up and all relevant data on the poisoning are collected upon the completion of treatment. The largest deficiency of the mentioned data collection on illicit drug poisoning lies in deficient toxicology analytics, which applies primarily to medical centres and secondary hospitals.

The Centre for Poisoning also collects data on the treatment of poisoned patients at an emergency unit, toxicology department and UMCL intensive care unit; this provides an overview of illicit drug poisonings in Central Slovenia, as emergency medical units at UMCL cover approximately 600,000 inhabitants of Central Slovenia. Emergency medical units' treat referred patients poisoned by illicit drugs who require at least several hours of treatment and/or admission to a hospital. The most frequent causes for referring such patients to emergency medical units are disturbances in consciousness, respiratory failure, low blood pressure, cardiac arrhythmia, chest pain, epileptic seizures, aggressive behaviour, etc. Biological samples (blood and urine) are taken from all persons poisoned by illicit drugs, particularly NPS, for a toxicology analysis at the Institute of Forensic Medicine at the University of Ljubljana and are stored. The frequency and course of poisonings by illicit drugs at a UMCL emergency medical unit or hospital department are monitored using the data provided by the toxicology consultation service (phone calls) and the hospital computer system, which provides an overview of diagnoses and search by key words. Furthermore, cases of poisoning by illicit drugs are verified by inspecting the record of examined patients, in which all examined patients with any diagnosis are hand recorded, and by analysing all

medical documents referring to patients poisoned by illicit drugs. Currently, such approach provides a good overview of drug-related poisonings but only in the Ljubljana region.

Sources and methodology in drug related Infectious diseases

Methodology is described under 3.2

References:

1. Gregorčič S, Poljak M, Seme K, Baklan Z, Selič-Kurinčič T, Remec T, Pal E, Matičič M. 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.
2. 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.
3. Klavs I, Kustec T (ed.). HIV infection in Slovenia in 2019 (In Slovene). Ljubljana: National Institute of Public Health, Slovenia, 2020. Available at: https://www.nijz.si/sites/www.nijz.si/files/uploaded/hiv_letno_porocilo_2019.pdf.
4. Klavs I, Milavec M, Kustec T, Kastelic Z, Kosmač S, Grgič Vitek M HIV infection, other STIs and hepatitis. In: Sočan M et al. (ed.). Epidemiological surveillance of communicable diseases in Slovenia in 2017 (In Slovene). Ljubljana: National Institute of Public Health, Slovenia, 2017. Available at: https://www.nijz.si/sites/www.nijz.si/files/uploaded/epidemiolosko_spremljanje_nalezljivih_bolezni_v_sloveniji_v_letu_2018.pdf.

Sources and methodology in harm reduction

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

Harm reduction: Data on drug user profiles in harm reduction programmes in the period –2016 – 2020 were acquired with a “Questionnaire on drug use” among harm reduction programme users within Slovenia. The questionnaire was filled out by users who visit programmes in stationary locations and users reached by expert programme workers in the field between 1.12.220 and 28.2.2020. Due to the epidemic, we extended the data collection period from one to three months. Cooperation in the survey was voluntary and anonymous.

In 75% male and 25% female. The average age of the respondents was 40.4 years. The youngest respondent was 18 and the oldest 64 years of age. The majority of the respondents had completed vocational or secondary education (59.8%), 31.5% had only primary school level education and 3.2% had higher education or university degrees. 5.6% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (85.0%); 7.9% of them were employed and 4.3% retired and 2.8% were still in school (student).

The largest percentage of the respondents (37.1%) lived alone, a slightly smaller percentage (25.5%) still lived with their parents or relatives, 12.7% lived together with their partner, 3.2 % with friends, 3.2% in shelters and 18.3 % outside (in the park, street, abandoned buildings).

A total of 83.1% of respondents had been involved in various programmes of help and assistance in the last year, while 80.8% of users had been involved in a substitution programme, 5.5% had attended a drug dependency treatment centre, 10.6% had been treated at a psychiatric hospital, 7.1% had received substitution therapy at a correctional facility, 3.5% had received treatment at a rehabilitation centre in Slovenia, and one respondent (0.4%) had received treatment at a rehabilitation centre abroad.

The police dealt with 29.6% of the respondents in 2020.

References:

1. NIJZ OE Koper. Podatkovna baza o porabi materialov za varnejše injiciranje v programih zmanjševanja škode, 2015–2019.

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3.2 Methodology in Drug Related Infectious Diseases

We monitor prevalence estimates for HIV, HCV and HBV infections by collecting data about previous voluntary confidential diagnostic testing for HIV, HBV and HCV infections among PWIDs who enter for the first time or re-enter treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIJZ within annual monitoring of Treatment Demand Indicator. The strengths of such an approach is the nationwide coverage and the sustainability of such a surveillance system. The limitations are the non-representativeness of such estimates for all PWIDs in Slovenia, the fact that estimated proportions do not represent the prevalence of infections among those entering for the first time or re-entering treatment, but rather the proportion among those who had known results of previous tests at the time of entering or re-entering the treatment available in their medical documentation. During the period from 2016 to 2020 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 655 PWIDs who entered for the first time or re-entered treatment, 187 in the year 2016 (11 for the first time), 157 in 2017 (24 for the first time), 125 in 2018 (five for the first time), 110 in 2019 (seven for the first time) and 76 in 2020 (seven 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 44% in year 2016 to the lowest of 22% in year 2020.

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 four years, the period of sampling was shortened to one month.

In addition, the NIJZ collects information on newly diagnosed cases of HIV, HBV and HCV infections, which may include information on the transmission routes. All three diagnoses must be reported according to the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06) and Healthcare Databases Act (Official Gazette of the Republic of Slovenia, No. 65/00 and 47/15). To ensure comparability of data surveillance case definitions are used. Nearly all of the newly diagnosed HIV infection cases reports contain information on the transmission route. In contrast, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Therefore, we can not estimate the proportion of notified cases of new diagnoses of HBV and HCV which is related to injecting drug use. Surveillance reports that include information on HIV, HBV and

HCV newly diagnosed cases reporting are published annually (Klavs and Kustec (ed.) 2019, Sočan et al. (ed.) 2019).

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

Table of Contents

Summary

- **Domestic drug market**

Slovenia is self-sufficient in the production of the illicit drug cannabis, which is produced in specially modified facilities. The number of those facilities remains approximately the same and the number of seized plants do not increase. This means that the facilities intended for cannabis production are smaller, but the equipment and methods for the production of cannabis being improved for having more harvest per year. One of the biggest outdoor plantation for cannabis production and few smaller were dismantled. Police estimate that cannabis marijuana would be for Slovenian and Austrian market.

Illicit drugs are still smuggled along the traditional Balkan route. Primarily cannabis, as well as heroin, is smuggled through the Balkan route from Albania, Kosovo and Serbia. Otherwise, the leading supplier of heroin is Turkey. International criminal groups often replaced heroin for acetic anhydride, which comes to Slovenia mainly from Poland. But in year 2020 Slovenian police had no information regarding transportation and storing acetic anhydride in Slovenia. MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands; smaller amounts of cocaine are smuggled to Slovenia from Spain. Laboratory for amphetamine production mainly for domestic market was dismantled.

The most widespread way of smuggling among criminal groups in Slovenia or members of international criminal groups from Slovenia is still smuggling large quantities different illicit drugs using heavy goods vehicles or vans, while smaller quantities of illicit drugs are most commonly smuggled hidden in specially modified passenger vehicles or in luggage on buses.

- **National drug law offences**

In 2020, the police recorded 1496 drug-related criminal offences. Pursuant to the Criminal Code of the Republic of Slovenia, such criminal offences include the unjustified manufacture and trafficking of illicit drugs and facilitating the consumption of illicit drugs. In 2020, the police also detected 3791 violations of the Production of and Trade in Illicit Drugs Act.

- **Key drug supply activities**

The key documents for the police in the field of reducing the supply of drugs are the Resolution on the National Programme on Illicit Drugs 2014-2020 and the related two-year Action Plan 2019-2020. The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The priority list of the Slovenian police includes the illicit drugs as heroin, cocaine and, increasingly, synthetic drugs. The police intensively gather data on any functioning cannabis cultivation facilities and working laboratories for the production of synthetic drugs, and analyse large seizures of these.

Active smuggling along the Balkan route needs to be stopped, so the goal and activities of the police are to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the borders, in the ports, on the airport and inside Slovenia. In addition, the police also strengthening good international cooperation with the police forces of other countries and international organisations. They work with the goal of discovering organisers of drugs smuggling, not only couriers and discovering members of (international) criminal groups.

The aim of the police is also focusing activity on conducting financial investigations and uncovering money laundering, confiscating proceeds and asset recovery originating from illicit drug trafficking. The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

1. National profile

1.1 Drug market

National drug unit

Domestic production of drugs

Depending on the number of adapted cultivated areas discovered cannabis under artificial conditions and illegal cannabis plantations - in 2020 recorded 70 - the police estimate that Slovenia is already one of the self-sufficient countries. Number of specially modified facilities do not increase, but police estimating that conditions are being improved to produce more harvest per year.

Police discovered and dismantled first one of the biggest plantation for production cannabis on the island of the river Mura in North East part of Slovenia in year 2020. With cultivation of 2650 cannabis plants could be produced approximately 600 kg cannabis for further selling mostly on Slovenian and Austrian market. Organised criminal group could get profit of approximately 2 mio EUR with selling cannabis. Later on police found with helicopter overflights around river Mura and the swamps areas another 6 plantations of cannabis with additional 836 cannabis plants.

Police discovered and dismantled in year 2020 one laboratory for amphetamine production. According to the results of the National forensic laboratory analysis of the seized amphetamine and the devices found, it was a process of obtaining amphetamine sulphate from a liquid amphetamine base. Members of organised criminal group could produce unlimited amounts of amphetamine based on drug demand mainly for the Slovenian market, but also for Croatian and Austrian market

Routes of trafficking

The traditional two-way Balkan route is still the main route for smuggling illicit drugs, and police estimate that the scope of smuggling is still increasing. Primarily cannabis and heroin is smuggled through the Balkan route from Albania, Kosovo and Serbia. Heroin is smuggled into Slovenia and further to the Western European countries primarily from Turkey. WEven there was no acetic anhydride seized in 2020, Slovenian police estimate that international criminal groups probably still exchange heroin for acetic anhydride in Slovenia or in nearby countries Acetic anhydride was brought to Slovenia in recent year, mainly from Poland. Slovenia was used only as a country for storing large quantities of acetic anhydride before it was transported to the producing countries, or countries on the way to Afghanistan.

Police note that MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands. For Slovenia and the rest of the Western Balkan countries, Spain remains the main supplier of cocaine.

Criminal groups in Slovenia, or members of criminal groups from Slovenia, often smuggle larger volumes of various illicit drugs by freight transport. The high volumes of freight traffic on European roads reduce the chance of uncovering and seizing illicit drugs, and with the successful transport of illicit drugs to the final location, profits are even higher. Smaller quantities are most often smuggled hidden in specially adapted passenger vehicles or in luggage on buses or in vans.

Contextual information on trafficking

Smaller amounts of smuggled illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave Slovenia. Cannabis, which is produced in specially modified facilities in Slovenia, mostly remains in Slovenia and is sold by members of criminal groups to dealers.

Both in quantities large and small, illicit drugs seem to be easier to come by in Slovenia's larger urban areas. Members of criminal groups then resell smaller volumes of illicit drugs to other members outside these urban areas. The most common method of smuggling within the country is the use of private passenger vehicles, small trucks or vans, or as passengers in buses or taxis.

Wholesale drug and precursor market

Police note that illicit drugs (amphetamine, cocaine, MDMA, heroin) in larger volumes are more easily accessible in the areas of larger cities. Cannabis - marijuana, which is produced in specially modified facilities, is available in large quantities irrespective of the location and size of the city. Production is carried out throughout Slovenia, since it only requires favourable conditions for growing cannabis - e.g. larger warehouses which are empty and looking old, where is possibility to steal electricity, vacant apartments. Sometimes the owners who rent out those warehouses, apartments, etc. know that they are being used for criminal activities, but profits prevail over the risk that the activity will be uncovered by the police.

In year 2020 police didn’t notice wholesale activities on precursor market.

There are internationally linked criminal groups operating in Slovenia, with Slovenian citizens acting as organisers, providers of logistical support and also perpetrators of the criminal offences of supplying the European market with illicit drugs. Police estimate that these are medium-size criminal groups whose members have links with criminal groups from other countries, both in the Western Balkans and the EU. Still, international criminal groups operating in Slovenia continue to exactly follow the illicit drug supply and demand trends.

The information on wholesale price of drugs, meaning price per kilogram or 1000 tablet. Table 1 below includes the prices for the most common illicit drugs in Slovenia.

Table 1. Wholesale prices for illicit drugs, 2020

Type of illicit drugs		Price in EUR
Cocaine (kg)	min.	35.000
	max.	50.000
	Typ.	40.000
Amphetamine (kg)	min.	1.500
	max.	3.500
	Typ.	2.500
Cannabis	min.	1.500
	max.	2.000
	Typ.	1.500
Cannabis (indoor)	min.	3.000
	max.	4.500
	Typ.	4.500
MDMA ecstasy (1000 tbl)	min.	1.500
	max.	2.000
	Typ.	2.000
Heroin (kg)	min.	16.000
	max.	25.000
	Typ.	25.000

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

Information on the retail drug market

Marko Verdenik, Roman Kranvogl

The illicit drug market in Slovenia is very varied and diverse. According to police estimates, cannabis and cocaine are widely available, even the supply and demand for synthetic drugs are high as well.

The retail market has a clear hierarchical structure. Larger volumes of certain illicit drugs are broken up into smaller packages and resold to middlemen. The middlemen break up the packages even further and also cut the illicit drug, which is then made available to street pushers and users. Illicit drugs prepared in this way are available in all parts of the country. There is no evidence indicating that other psychoactive substances are being mixed with heroin or cocaine.

The information on the street ("retail") price of drugs, meaning price per gram, blotter, or pill, are also collected as part of the receipt of psychoactive substances submitted for anonymous drug checking. Table 2 below includes the prices for the most common illicit drugs in Slovenia.

Table2. Retail prices for illicit drugs, 2020

Type of PAS		Price in EUR
Cocaine (g)	min.	15
	max.	100
	Typ.	60-80
Amphetamine (g)	min.	1
	max.	30
	Typ.	5-10
MDMA chrystals (g)	min.	2
	max.	50
	Typ.	30
MDMA ecstasy (tab)	min.	1
	max.	10
	Typ.	5
LSD	min.	1
	max.	12
	Typ.	5-10
Heroin (g)	min.	10
	max.	60
	Typ.	20-40
Ketamine (g)	min.	15
	max.	50
	Typ.	20-40
Benzodiazepins - xanax	min.	0,5
	max.	5
	Typ.	0,5 – 2

Source: Association DrogArt

1.2 Drug related crime

Drug law offences data

In 2020, the police recorded 234 criminal offences related to the unlawful manufacture and trade of illicit drugs, illicit substances in sport, and precursors, which met the criteria to qualify for organised crime.

With regard to the abuse of illicit drugs, 1496 (1368 in year 2019) criminal offences were recorded (1369 criminal offences of unlawful manufacture and trade of illicit drugs, illicit substances in sport, and precursors for the production of illicit drugs, and 127 criminal offences of enabling the use of illicit drugs or illicit substances in sport).

In addition, in 2020, the police recorded 3791 instances of the violation of the Production of and Trade in Illicit Drugs Act, including the possession of illicit drugs which is approximately 17% less than in year 2019 (4577). Less police records of violations could be result of impact of COVID-19. During the year 2020 was less public organised parties especially for younger population and it means less possibility for police specifically targeted activities.

Data on drug related crime outside of drug law offences

In 2020, the police ordered 1,673 expert examinations to identify the presence of illicit drugs, psychoactive medications, or other psychoactive substances with drivers. This is slightly more compared to 2019, when they ordered 1,623 such examinations.

Despite the fact that more expert examinations were conducted in 2020, the number of instances with determined presence of illicit substances with drivers that were subjected to examination was lower compared to 2019. In 2020, 262 examinations returned positive for blood/saliva and 218 returned positive for urine, while in 2019 286 returned positive for blood/saliva and 223 for urine.

In 2020 there were also less refused examinations (1022 refused examinations for blood/saliva and 672 refused examinations for urine) compared to 2019 (935 refused tests for blood/saliva and 503 refused tests for urine).

1.3 Drug supply reduction activities

Drug supply reduction activities

In 2020, the police in Slovenia operated in accordance with the stated goals and activities in the field of reducing the supply of illicit drugs, which were set out in the two-year Action Plan 2019-2020 on the basis of the Resolution on the National Programme on Illicit Drugs 2014-2020.

The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The illicit drugs heroin, cocaine, cannabis and, increasingly, synthetic drugs remain the priorities of the work of the Slovenian police. The police intensively gather data on any functioning cannabis growing facilities and working laboratories for the production of synthetic drugs, and analyse the seizures of large quantities of these, which is also one of the objectives of the Action Plan and thus-related police activities.

Active drugs smuggling route along the Balkan countries needs to be stopped, so the goal and activity of the police is to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the borders, in the ports, on the airport and inside Slovenia. In addition, police also strengthening good international cooperation with foreign police forces and international organisations (Europol, Interpol, EMCDDA, US DEA, UNODC, etc.), which contributes to an even greater reduction in the supply of illicit drugs in the wider market, not only in Slovenia. Goal of

Slovenian police is discovering organisers of smuggling illicit drugs, not only couriers and discovering members of (international) criminal groups.

The aim of the police is also focusingactivity on conducting financial investigations and uncovering money laundering, confiscating proceeds and asset recovery originating from illicit drug trafficking.

The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

Preventive police work in the area of criminal acts involving illicit drugs is based on collaboration with competent governmental institutions, non-governmental organisations, municipal security panels, education institutions and all others working in the field of illicit drug supply reduction. Most often police participate in lectures, in the form of consultation services to various national institutions, present police activities at various events, prepare various information materials (answers to journalistic questions, articles in certain magazines and newspapers, etc.), and thus raise awareness among target groups about the harmful consequences of illicit drug abuse.

2. Trends

National drug unit

Short-term trends (5 years) and/or long-term trends (greater than 5 years)

In the last five years, the number of discovered facilities adapted specifically to grow cannabis has dropped comparable to years before 2016 (Table 3). Number of seized and dismantled cannabis plants, which increased significantly in 2017, decreased since 2018. (Table 4). Number of seized cannabis plants are comparable to decreased number of facilities adapted specifically to grow cannabis.

Table 3. Number of facilities modified for cannabis cultivation, 2014–2020

	2014	2015	2016	2017	2018	2019	2020
Number of facilities modified for cannabis cultivation	118	80	81	78	75	62	70

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

Table 4. Number of cannabis plants seized and the amount of dried cannabis seized in facilities modified for cannabis cultivation, 2015–2020

	2015	2016	2017	2018	2019	2020
Cannabis plant	4,659	6,002	10,259	8,393	5393	5121
Dried cannabis (kg)	86.6	25.6	88.7	58,2	58.4	42.8

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The number of hashish seizures has doubled over the past 5 years in violations of the Production of and Trade in Illicit Drugs Act, while the number of seizures in criminal offences remains approximately the same. This points to the fact that the number of hashish users could increasing. The largest quantity of hashish was seized in 2017, i.e. 19.78 kg and then larger again 2019, i.e 8.78 kg. Since 2016 police seizing cannabis resin oil, amount are very variable, but the largest quantity of oil was seized in 2020. Cannabis resin oil is mainly smuggled from the Netherlands.

Cannabis, which is grown in specially modified facilities in Slovenia, is available on the market of neighbouring countries - Austria, Italy, Croatia, and also Germany, with higher selling prices and yielding higher sales profits compared to Slovenia. The amount of cannabis grown in specially modified facilities is usually higher; therefore, cannabis is usually sold on the wholesale market in kilograms. In 2017, the

police seized much more cannabis than during 2014-2016. Most of this cannabis was smuggled in trucks and specially modified passenger vehicles by foreign citizens from Albania, Montenegro and Serbia. Cannabis was not intended for the Slovenian market, but for the market in other EU and European countries. In 2018 seized quantity of cannabis extremely decreased, but in year 2019increased again. The biggest number of seized cannabis marijuana was in year 2020 based on dismantled big outdoor plantations. Police activities were again more focused on smuggling cannabis on the Balkan route.

Police estimate that the situation on the cocaine market over the past 5 years is comparable. Individual seizure of larger quantity in 2016 stand out. In 2017, police also recorded one random seizure of 10 kg during a road traffic check. These larger amount of seized cocaine were probably not intended for the Slovenian market.

In the field of heroin, the total number of criminal offences and minor offences and related seizures is almost the same over 5 years. Even there was extremely bigger amount of seized heroin in 2019 which is related to one big seizure of 730 kg in Port Koper. This heroin was smuggled in container coming from Iran and should be smuggled to Hungary. According to the findings it should not be for Slovenian market. Despite a smaller quantity of heroin being seized in 2020, we cannot talk about a reduced market in Slovenia.

The quantities of seized methamphetamine have been comparable and small over the last 5 years, with exemption of 2019 when the largest seizure was. The quantity in 2020 decreased again.

In 2020 even larger amount of MDMA tablets was seized than in 2019. However, police estimate that this is an extremely varied market with different logos on tablets and with different MDMA content. The fluctuation in the number of tablets seized over the last 5 years is extremely variable and depends mainly on the operational activities of the police in the field of synthetic drugs. Most and more targeted police operational activities were carried out in 2019 and 2020.

Table 5. Total amount of seized illicit drugs by type

Type of illicit drug	Unit	2014	2015	2016	2017	2018	2019	2020
Heroin	kg	4.87	6.47	47.62	10.71	41.45	758.52	4,89
Cocaine	kg	181.99	2.77	104.61	12.25	14.22	4.06	8,57
Ecstasy	tablets	218	2,908	499	1,636	511	9.763	13.029
	kg	0.11	1.98	0.36	1.21	0.28	0.2	0,49
Amphetamine	tablets	737	95	232	312	58	79	20
	kg	21.39	2.11	3.11	6.08	5.7	18.31	107.81
Cannabis – plant	pcs	11,067	14,006	14,717	13,594	29,683	8.810	23.344
Cannabis – marijuana	kg	535.06	487.54	515.96	837.91	398.06	703.61	1.412.918,6
Cannabis resin - hashish	kg	2.32	2.54	0.94	19.78	0.78	8.78	0.70
	ml			2,888.00	137.7	315.4	1,021.9	3.294,8
Benzodiazepines	tablets	5,292	10,503	5,608	14,177	17,734	4,819,5	8.720,5
Methadone	ml	1,572.9	2.80	3,137.8	1,501.5	2,282.9	1,884	2.122,4
Methamphetamine	kg	0.08	0.41	0.07	0.03	0.16	9.41	0.08
	tablets	53	324	138	137	82	203,5	977
Synthetic cathinons	g							0.01
Cannabis extract	ml						9.391	5.926,5
LSD	pcs						63	64
Synthetic cannabinoids	g						18.2	7,3

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The monitoring of illicit drugs, conducted by the National Forensic Laboratory, revealed that the average content in heroin samples have stabilised in the last two years. Detailed analysis shows that heroin samples of high quality as well samples that were significantly cut are found in Slovenia (National Forensic Laboratory, 2019). The average contents of cocaine have increased in the recent years and remained high in 2018 as well. In 2018, the average concentration of the total amount of THC in the plant was 6.3% in and in hashish 9.4%, which is slightly less compared to previous years. The average amount of amphetamine in dry samples amounts to 27%, which is considerably higher compared to previous years (Picture 1).

No data for 2020 available yet.

Picture 1. Average concentrations of individual illicit drugs, 2014–2019

Source: MNZ, GPU, National Forensic Laboratory

DrogArt

Marko Verdenik, Roman Kranvogl

As part of the anonymous drug testing service, the organization DrogArt, with eight other reception points across Slovenia, accepted 1103 samples (January 2020 - June 2021). The analyzes were performed at the National Laboratory for Health, Environment and Food (NLZOH). Of all the samples accepted, most were accepted as cocaine (n = 322), followed by amphetamine (n = 127), MDMA in ecstasy tablets (n = 71), MDMA in crystals (n = 86), LSD (n = 108), heroin (n = 105), various benzodiazepines (n = 45), ketamine (n = 32), 2C-B (n = 27).

Of the 327 samples brought as cocaine hydrochloride, 160 (49.7%) contained only cocaine and cocaine-derived concomitant compounds, 154 samples (47.9%) contained cocaine and at least one other substance - most commonly levamisole (111 samples), and in 8 samples (2.5%) the sample contained

one or more other substances instead of cocaine. The average cocaine concentration calculated on 314 samples was 73.8%. The lowest cocaine content was 0.8% and the highest 96.3%.

In samples delivered as amphetamine sulphate, 31 samples (24.4%) containing amphetamine alone were detected, 89 samples (70%) contained amphetamine and at least one other substance - most commonly caffeine, 1 sample (0.8%) did not contain amphetamine but methamphetamine. The mean amphetamine concentration calculated on 126 samples was 22.2%. The lowest amphetamine content was 0.7%, the highest 97%.

157 samples were delivered as MDMA, of which 71 in the form of an ecstasy pill and 86 in the form of a crystalline substance. 131 samples (83.4%) contained only MDMA, 9 samples (5.7%) contained at least one substance in addition to MDMA, and 17 samples (10.8%) did not contain MDMA but one or more other substances. The mean MDMA content in ecstasy tablets calculated on 60 samples was 157.4 mg, the lowest content 14.4 mg and the highest 278 mg. The mean concentration of MDMA as crystalline substance calculated on 73 samples was 83.7%, the lowest concentration 18.2% and the highest 95.7%.

A total of 108 samples were brought as lysergic acid (LSD tartar) of which 103 in the form of beer and 5 samples as liquid. 96 samples (88.9%) contained only LSD and the usual accompanying inactive compounds. 3 samples (2.8%) contained at least one active substance in addition to LSD, and 9 samples (8.3%) did not contain LSD, but one or more other psychoactive substances, most often 1P-LSD (6 samples). The average beer LSD content calculated on 94 samples was 58.4 µg. The lowest content was 6.8 µg and the highest 211 µg of LSD in the pub.

Of the 105 samples brought as heroin in the form of a base, 102 (97.8%) contained at least one or more other substances in addition to heroin - most commonly caffeine and paracetamol, and the usual accompanying compounds derived from heroin. Three samples (2.2%) contained another substance instead of heroin. The average heroin concentration calculated on 101 samples was 26.5%. Lowest concentration 3.2% and highest 60.7%.

Of the 32 samples delivered as ketamine, 30 (93.8%) contained only ketamine, 1 sample (3.1%) contained another substance in addition to ketamine, 1 sample (3.1%) did not contain ketamine but 2-DFCK. The average ketamine content calculated on 31 samples was 84.7%. The lowest calculated content was 60.9% and the highest 95.9%.

As benzodiazepines, alprazolam (28 samples) was most commonly administered, followed by etizolam (5), midazolam (4), flubromazolam (3), flualprazolam (2), and one sample each of clonazolam, diazepam, and clonazepam. 15 samples (33.3%) contained the same benzodiazepine as reported by users when receiving the sample, 28 samples (62.2%) contained another benzodiazepine, most commonly clonazolam, and 2 samples (4.5%) they contained another psychoactive substance (metonitazene and sertraline).

As part of anonymous testing of psychoactive substances, we detected the following new psychoactive substances (NPS) that were purchased and delivered as NPS, or were detected instead of classic drugs or as impurities in classic drugs: 1CP-LSD, 1P-LSD, 2 , 3,4-FEA, 2-FDCK, 3-FPM, 3-MMC, 4-CDC, 4-CMC, 4F-3-methyl-alpha-pvp, 4F-MPH, 4-FMPH, 4-MMC, 5 or 6-MAPB, 5-HO-MET, 5-MeO-DMT, 6-APB, Adinazolam, ALD-52, Alpha-PVP, Alpha-PiHP, AP-238, bk-2C-B, Clonazepam, Clonazolam, Diampromid , Dipentilone, Diphenidine, DMT, DOC, Etazene, ETH-LAD, Ethylmethcathinone, Etizolam, Euthylone, Flualprazolam, Flubromazepam, Flubromazolam, MDBM-4en-PINACA, Meklonazepam, Mephedrone, Hefininitazen, Methonitazen -Ethyl-Pentedrone, Noopept, NSI-189, α-PHP.

Notable trends

Changes in more specifically targeted police activities in the field of reducing the supply of illicit drugs, especially in the field of synthetic drugs, are mainly reflected in the increase in the quantities of the seized illegal drugs MDMA and amphetamine.

3. Sources and methodology

https://www.policija.si/images/stories/Statistika/LetnaPorocila/PDF/LetnoPorocilo2020.pdf

Prison workbook

Table of Contents

Summary

Mateja Jandl

The Prison Administration, under the responsibility of the Ministry of Justice of the Republic of Slovenia, is an authority in charge of enforcing criminal sanctions and organising and operating the correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities at thirteen locations, and one juvenile correctional facility. Prisons enforce three sentencing regimes, i.e. open, semi-open and closed regime, which mostly differ by the degree of freedom restriction. There are five key categories of prisoners, i.e. convict (a person found criminally liable by a final court judgement), remand prisoner (a person temporarily remanded in custody due to ongoing criminal proceedings),persons serving substitute imprisonment (substitute imprisonment is a form of enforcement of unpaid or uncollectible fines), convicted juvenile delinquent (a person under 18 years of age who has been found criminally liable by a final court judgement), and a juvenile placed in a correctional facility (young adolescents of both sexes aged 14 to 21 who have been sentenced to the correctional measure of placement in a correctional facility, where they can be held up to the age of 23). In 2020, Slovenian prisons held 2.194 convicted prisoners (note that this figure only applies to convicted prisoners and persons serving substitute imprisonment, not the entire prison population), predominantly (94.5%) men, with the highest proportion aged between 28 and 39 years.

The development of programmes for reducing the demand for drugs in prisons is determined in the Resolution on the National Programme on Illicit Drugs 2014–2020. Otherwise, the treatment of prisoners with drug problems in prisons is implemented in accordance with the treatment plan for prisoners with drug problems in the Republic of Slovenia. The authority that proposes the addiction treatment plan and verifies it is the Coordination of Centres for the Prevention and Treatment of Drug Addiction.

Around one-quarter of the country's entire prison population had a drug problem in 2020. Among 866 prisoners with illicit drug use problems in 2020, 569 of them or 66% of all prisoners with drug use problems received substitution therapy.

According to available data on testing results acquired at clinics and organised under the coordination of competent regional Health care centre, 244 prisoners decided to get tested for HIV and hepatitis in 2020. Among all the people tested, HIV and hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in seventeen and hepatitis C in twenty-seven prisoners.

Prisoners addicted to drugs are provided with equal access and quality of health services as people outside prison. Upon admission to the prison every person is examined at the prison clinic. If they have addiction problems, the medical practitioner assesses whether the person requires medication for overcoming abstinence crisis and/or prescribes a substitution therapy. Health care clinics with psychiatrists or medical practitioners from centres for the prevention and treatment of drug addiction provide treatment for addictions in prisons. Besides the health care aspect, the treatment of addictions also encompasses individual and group consultations, psycho-social help programmes that are executed by prison professional workers at institutions. Prisoners with drug problems can join low threshold, higher threshold and high threshold programmes during their imprisonment. All prisoners are also entitled to free, voluntary and anonymous testing and treatment of hepatitis and HIV. They are also provided access to condoms, latex gloves and disinfectants.

1. National profile

Eva Salecl Božič

1.1 Organization

The Prison Administration, under the responsibility of the Ministry of Justice of the Republic of Slovenia, is an authority in charge of enforcing criminal sanctions and organizing and operating the country's prison system, which comprises correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities in 13 locations, and one juvenile correctional facility:

Central prisons
Dob Prison, for male convicts serving a term longer than 18 months; Dob Prison also includes the semi-open unit Slovenska vas and the open unit Puščava. Prisoner accommodation capacity: Dob Prison: 449, Slovenska vas semi-open unit: 70, and Puščava open unit: 21.

Ig Prison, for women convicts regardless of the length of the prison term, women prisoners in custody, women serving substitute imprisonment and female juvenile delinquents sentenced to juvenile detention. Prisoner accommodation capacity: 103.

Celje Prison and Juvenile Prison for convicts, remand prisoners, persons serving substitute imprisonment and minors sentenced to juvenile detention. Prisoner accommodation capacity: 97.

Regional prisons (for prison terms of up to 1 year and 6 months) with branch units
Koper Prison for convicts serving a term of more than 1 year and remand prisoners; Koper Prison also includes the Nova Gorica unit for convicts serving a term of up to 6 months, for remand prisoners and persons serving substitute imprisonment. Prisoner accommodation capacity: Koper Prison: 106, Nova Gorica unit: 32.

Ljubljana Prison and the Novo mesto unit for convicts, remand prisoners and persons serving substitute imprisonment; the Ig open unit for convicts, operating as part of Ljubljana Prison. Ljubljana Prison and its Novo mesto unit house convicted prisoners serving up to one year and up to six months respectively. Prisoner accommodation capacity: Ljubljana Prison: 135, Novo mesto unit: 35, Ig open unit: 27.

Maribor Prison and its Murska Sobota unit house for convicted prisoners serving more than six months and up to six months respectively, remand prisoners and persons serving substitute imprisonment. Prisoner accommodation capacity: Maribor Prison: 140, Murska Sobota unit: 32, Rogoza open unit: 36.

Radeče Correctional Facility for juveniles of both sexes sentenced to the correctional measure of placement in a correctional facility. Juvenile accommodation capacity: 47.

The prison regimes come in three varieties – open, semi-open, and closed – with varying degrees of restrictions being the main difference between them.

Prisoners are categorized as follows:

- Convict: a person found criminally liable by a final (res judicata) court judgment.
- Remand prisoner: a person temporarily remanded in custody due to ongoing criminal proceedings.

- Persons serving substitute imprisonment9: a form of enforcement of unpaid or uncollectible fines.
- Convicted juvenile delinquent: a person under 18 who has been found criminally liable by a final (res judicata) court judgment.

In 2020, Slovenian prisons held 2.194 convicted prisoners (note that this figure only applies to convicted prisoners and persons serving substitute imprisonment, not the entire prison population), predominantly (94.5%) men, with the highest proportion aged between 28 and 39 years (Table 1)..

Table 1. Convicted prisoners and persons serving substitute imprisonment by gender and age, 2019

	M	F	All	Proportion (%)
up to 18 years	1	0	1	**0.0**
18+ to 23 years	93	6	99	**4,8**
23+ to 27 years	187	6	193	**9,3**
27+ to 39 years	824	39	863	**41.5**
39+ to 49 years	504	38	542	**26.1**
49+ to 59 years	222	18	240	**11.6**
59+ to 69 years	108	7	115	**5.5**
69+ years	24	1	25	**1.2**
Total	**1963**	**115**	**2078**	**100**

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

In 2015 the National Institute of Public Health (NIPH) conducted a Survey on the Use of Drugs, Tobacco and Alcohol in prison settings. The survey was taken by convicted prisoners from all Slovenian prisons and their units. Data on the use of drugs, tobacco and alcohol in prisons were collected in March and April of 2015. Convicted prisoners completed printed questionnaires by themselves (self-administered survey). Questions regarding illicit drug use inquired about two distinct time periods: before and during the current prison term.

The target population of the survey included all convicted prisoners serving a prison term on the day of the survey: on 14 April 2015, all the country's prisons held a total of 1,225 convicted prisoners. All convicted prisoners were included in the sample, and the questionnaire was completed by 688 of them, so the response rate stood at 56

Illicit drug use among Slovenia's convicted prisoners prior to imprisonment

Prior to imprisonment, 38.4% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 21.7% of them used an illicit drug in the last 12 months, and 15.7% in the last 30 days. The most commonly used drug among the convicts prior to imprisonment was cannabis (34.5% reported using it at some point in life, 17.1% in the last 12 months, and 10.9% in the last 30 days), followed by cocaine (26.3%, 12.7% and 8.2% respectively), heroin (18.7%, 9.7% and 6.6%), ecstasy (18.7%, 4.9% and 2.2%) and amphetamine (14.0%, 4.9% and 2.3%).

[9]Act Amending the Minor Offences Act (ZP-1J), Official Gazette of the Republic of Slovenia no. 32/16, applicable from 6 November 2016.

- Regular use of illicit drugs[10]

Prior to imprisonment, 12.1% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 7.3% of the convicts used cannabis regularly prior to imprisonment, 4.7% of them regularly used heroin and 4.2% cocaine, with amphetamines (0.9%) and ecstasy (0.4%) being used by less than one percent of them.

- Drug use by injection

8.5% of the convicted prisoners aged 19 and over reported having injected an illicit drug prior to imprisonment. 7.3% of them injected heroin, 6.9% cocaine and 1% amphetamines. None of them reported injecting ecstasy.

Table 2. Proportion (%) of drug use among convicted prisoners prior and during imprisonment

Prevalence of drug use prior to imprisonment	Cannabis	Cocaine	Heroin	Amphetamines	Ecstasy	Any illicit drug
Lifetime	34.5	26.3	19.9	14.0	18.7	38.4
Last year	17.1	12.7	9.7	4.9	4.9	21.7
Last month	10.9	8.2	6.6	2.3	2.2	15.7
Regular use	5.9	3.6	4.3	0.8	0.3	10.1
Injecting drug use	--	6.9	7.3	1.0	0.0	8.5
Prevalence of drug use during imprisonment						
Lifetime	20.7	8.2	8.9	3.3	4.6	23.6
Last year	13.4	4.0	4.7	1.2	1.4	15.1
Last month	5.6	1.7	1.9	0.6	0.8	6.8
Regular use	1.7	0.8	0.6	0.3	0.2	2.3
Injecting drug use	--	1.3	1.1	0.2	0.0	1.9

Source: Survey on the Use of Drugs, Tobacco and Alcohol in Prisons 2015, NIPH, 2015

Illicit drug use among Slovenia's convicted prisoners during imprisonment

During imprisonment, 23.6% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 15.1% of them used an illicit drug in the last 12 months, and 6.8% in the last 30 days. The most commonly used drug among the convicts during imprisonment was cannabis (20.7% reported using it at some point in life, 13.4% in the last 12 months, and 5.6% in the last 30 days), followed by heroin (8.9%, 4.7% and 1.9% respectively), cocaine (8.2%, 4.0% and 1.7%), ecstasy (4.6%, 1.4% and 0.8%) and amphetamine (3.3%, 1.2% and 0.6%).

- Regular use of illicit drugs

During imprisonment, 2.7% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 2.0% of the convicts reported regularly using cannabis, 0.8% regularly use cocaine, 0.7% heroin, 0.3% amphetamine, and 0.2% ecstasy.

- Drug use by injection

1.9% of the convicted prisoners aged 19 and over reported having injected an illicit drug during imprisonment. While incarcerated, 1.3% of them injected cocaine and 1.1% heroin. 0.2% of them reported having injected amphetamine, none reported ecstasy.

[10] By definition, regular use of cannabis means using it for 20 days or more in the last 30 days, while with the rest of illicit drugs, this frequency of use is 14 days or more in the last 30 days.

According to the survey results, cannabis is the most commonly used illicit drug among convicted prisoners aged 19 and over in Slovenia judging from all three drug use indicators and the two time periods observed, that is, prior to and during imprisonment. This coincides with the findings of the Slovenian population survey (Lavtar et al., 2014), which revealed that cannabis was the most widely used illicit drug in Slovenia's adult population (15.8%). It should be noted, however, that the prevalence of cannabis and other illicit drugs is higher among convicted prisoners than it is in the general population. Furthermore, Slovenian police data show that for a number of years now cannabis has been associated with the largest number of drug-related criminal offences (Šavelj, 2015) and that cannabis is also the most frequently seized illicit drug in the country's prisons (Salecl Božič, 2015).

Judging from a comparison of the prevalence of use of individual drugs prior to and during incarceration, the percentage of convicts using drugs while serving time is lower than the percentage of convicts that used drugs prior to imprisonment. We also observed that the second most commonly used drug among convicts prior to imprisonment was cocaine, whereas during imprisonment this was heroin. This probably has to do with the availability of individual drugs, as well as the effects of an individual drug because drugs like heroin produce effects that are more suited to the prison setting compared to the effects of cocaine (Boys et al., 2002).

As expected, regular use of each individual illicit drug among convicts during imprisonment decreases as well due to limited availability of drugs on the one hand and increased participation in various drug user support programs on the other.

According to the available data, drug use by injection during imprisonment is lower than compared to the "prior to" period but is nonetheless present, with drugs being injected by almost 2% of the convicted prisoners. We assume that since sterile drug injection equipment exchange programs are not being offered in prisons like they are elsewhere, drugs are being injected using very risky methods and various paraphernalia.

Curiously, the survey found a low percentage of convicts using new psychoactive substances (NPS) in both time periods observed, whereas the data collected as part of the national Early Warning System show that there were quite a few cases of NPS seizures and poisonings registered in prisons in 2015 and 2016, mostly synthetic cannabinoids (EWS Final Report 2015, EWS Progress Report 2016). A likely reason for this may be that at the time of our survey, NPS use in prisons was not as widespread as in the months that followed, but it could also be that prisoners refused to report using NPS because contrary to conventional drugs, the presence of NPS in the body is much more difficult to detect using the testing facilities available in prisons.

Estimation of drug-related problems among the prison population

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as they would get outside of prison. Upon admission to a correctional facility, every person undergoes a medical examination at a prison clinic. If a drug addiction is identified, the physician determines whether a medication therapy is needed to ease withdrawal symptoms and/or prescribes a substitution, or replacement, therapy. Around one-quarter of the country's entire prison population had a drug problem in 2020 (Table 3).

A smaller survey conducted in 2013 on a sample of 58 prisoners using illicit drugs (Madjar, 2014) showed that a little over 30% of them had overdosed in the past and that 63% of them had prior prison records. A little over one-fifth of them showed signs of mild depression, and more than a half reported having contemplated suicide. They also faced major social problems and were, in most cases, less sociable, unsystematic, emotionally unstable, full of fear and concern, and had a harder time adjusting to social norms, as compared to the general population.

Table 3. Inmates with a drug problem among the entire prison population, 2016–2020

Year	2016	2017	2018	2019	2020
Prison population	3555	3380	3501	3902	3401
Inmates with a drug problem	917	929	977	964	866
Proportion in %	25.8	27.5	27.9	24.7	25.5

Source: Prison Administration of the Republic of Slovenia, Annual Report 2020

The number of prisoners increased significantly in 2019 compared to previous years, which is largely due to the increase in the number of detainees, especially those detained on suspicion of committing the crime of illegal crossing of the state border. There are many foreign nationals among them, but there is no significant number of those with problems due to drug use. Therefore, despite the increase in the number of inmates, we do not detect an increase in people addicted to drugs or those with problems due to harmful drug use.

According to available data on testing results acquired at clinics and organised under the coordination of competent regional Health care centre, 244 prisoners decided to get tested for HIV and hepatitis in 2020. Among all the people tested, HIV and hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in seventeen and hepatitis C in twenty-seven prisoners (Table 4).

Of all those tested for HIV and hepatitis, 188 were tested at Maribor Prison, where the medical team systematically encourages inmates to perform for voluntary testing.We strive to promote this good practice on various educational events.

Tests are free, anonymous and voluntary. Patients can seek advice at infectious diseases specialists, HIV clinics and clinics for other sexually transmitted diseases. Health care staff have individual consultations with every prisoner before and after testing. They are also provided access to condoms, latex gloves and disinfectants.

Table 4. The results of voluntary confidential testing for hepatitis and HIV, 2016–2020

Year	2016	2017	2018	2019	2020
Persons tested for HIV and hepatitis	136	269	292	359	244
HIV	3	2	0	2	0
Hepatitis A	0	0	0	1	0
Hepatitis B	3	23	31	26	17
Hepatitis C	61	27	40	37	27

Source: Prison Administration of the Republic of Slovenia, Annual Report 2020

Each prison has implemented an Infection Prevention and Control Programme, which, under the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 69/95) sets forth minimum subject matter, organizational and technical requirements for developing and implementing the infection prevention and control programme. Infection prevention is part of a comprehensive and cohesive drug control strategy. It revolves around counselling, education and awareness-raising activities offered to prisoners and staff on the topics of risk behaviour and communicable diseases, possible ways of becoming infected, protective measures against infection, infection signs and treatment, the course of the disease, and treatment options.

Recent data or report that provide information on drug supply in prison

Illicit drug traffic is also a problem during imprisonment. Prisoners bring drugs to prison in various ways and are always looking for new ways to hide them. They often hide drugs in their bodies or clothes, throw them over the wall and bring them to prison in packages, mostly factory-packed food. It can be presumed that prisoners most frequently hide drugs in their bodies, which can be difficult to discover, because interventions in the human body are not permitted. When smuggled drugs are discovered, they are mostly found in small quantities.

Thorough control at entry to prison, regular checks of premises and people, and finding drugs with trained dogs further force prisoners to find other ways to smuggle drugs into prisons. Therefore, we must also ensure that prisoners do not attempt to misuse the staff. If there are signs or suspicions of such events, we examine them in collaboration with the police.

There were 412 finds/events (tablets, alcohol, drug use tools, etc.) in 2020. Total finds encompassed, 685.55 g of cannabis, 4.98 g of heroin, 53.50 l of alcohol, 22.284 pieces of tablets, 75.58 g of "afgana" and 159.97 g of other synthetic drugs or 44 seizures of synthetic drugs and minor quantities of substitution therapy drugs. The number of seized tablets increased sharply last year due to four major seizures of tablets that they wanted (from the outside) to bring into our central prison for men.

The mentioned quantities are gross quantities. The discovered drugs are, with packaging, handed over to the police.

1.3 Drug-related health responses in prisons

The Resolution on the National Programme on Illicit Drugs 2014–2020 (Official Gazette of the Republic of Slovenia, No. 25/2014) states that suitable in-prison programmes for reducing the demand for illicit drugs need to be developed further. On the whole, inmates with a drug problem in the prisons and the juvenile correctional facility are being treated in accordance with the country's addiction treatment doctrine. Treatment of prisoners with a drug problem is carried out in line with the Treatment Plan for Inmates with Drug Problems in Prisons and Juvenile Correctional Facility (internal documentation) and the Guide for Taking Urine Samples and Follow-up Testing (internal documentation). Both documents have been approved by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the body responsible for developing and monitoring the addiction treatment doctrine (for more see workbooks Policy, section 1.1.2,Treatment, sections 1.1.1 and 1.1.2 and Best Practice, sections 1.1.1 and 1.2.1).

Structure of drug-related prison health responses

Since 1 January 2009, medical services in correctional facilities in Slovenia are provided by healthcare service providers under the authority of the Ministry of Health. Healthcare services for prison inmates are provided by primary health care centres operating in the areas where prisons are located, based on an agreement signed between a prison and a health care centre. In the prisons, health care centres establish suitable working hours of general medicine physicians and other medical staff, a psychiatry specialist, addiction specialists in the Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

Table Drug related interventions in prison

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
Assessment of drug use and drug related problems at prison entry		YES	In all prisons	
Counselling on drug related problems			In all prisons	
	Individual counselling	YES	In all prisons	
	Group counselling	YES	Implemented on a continuous basis in the central facility Dob Prison. On other locations, counselling is implemented occasionally, depending on the staff and the workload of expert workers.	
Residential drug treatment				
	Drug free units/Drug free wings	YES	Prisoners are assigned to units and wings with convicts without problematic personality traits and no identified issues with the use of PAS.	
	Therapeutic community /residential drug treatment	NO		For considerable time, the Prison Administration of the Republic of Slovenia (URKSIS) has striven to obtain funds to establish a therapeutic community and additional employments.
Pharmacologically assisted treatment				
	Detoxification	YES	Implemented at the Forensic Psychiatry Unit of the University Medical Centre Maribor.	
	OST continuation from the community to prison	YES	In all prisons	
	OST initiation in prison	YES	In all prisons	
	OST continuation from prison to the community	YES	In all prisons	
	Other pharmacological treatment targeting drug related problems	NO		
Preparation for release				
	Referrals to external services on release	YES	In all prisons	
	Social reintegration interventions	YES	In all prisons	
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)	YES	In all prisons	Prior to release, prisoners who use drugs are warned that their tolerance to drugs has been strongly reduced, which means that small quantities of drugs or a combination of different drugs, alcohol, and medicines can be life-threatening for them.

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
	Naloxone distribution	NO		Nasal naloxone is available from March 2021 in Slovenia. The training was not attended by prison staff, with the exception of a few nurses who are employed by Prison Administration of the Republic of Slovenia. The implementation of the intervention is still in a process.
Infectious diseases interventions				
	HIV testing	YES	In all prisons	HIV testing, HBV testing and HCV testing are conducted in external health institutions.
	HBV testing	YES	In all prisons	
	HCV testing	YES	In all prisons	
	Hepatitis B vaccination	YES	In all prisons	Vaccination is voluntarily.
	Hepatitis C treatment with interferone		The treatment is conducted in external health institutions in lines with health guidelines that apply in the Republic of Slovenia.	
	Hepatitis C treatment with DAA	YES	Conducted in external health institutions.	
	ART therapy for HIV	YES	Conducted in external health institutions.	
Needles and syringe exchange		NO		
Condom distribution		YES	In all prisons	
Others (specify)				

The work with prisoners in Slovenian prisons is focused and organised with the purpose of preventing recidivism and to simplify reintegration of prisoners into society. The professional doctrine is based on a team interdisciplinary approach where prison expert workers (pedagogues, social workers and psychologists) play the key role in addition to the prison's health care team (psychiatrist, medical practitioner, nurse) and other external experts with whom prisons do not have concluded formal contracts. Each profession tackles the treatment of prisoners with drug problems with their specific professional knowledge.

At each prison is a prison expert worker who is responsible for implementing the programme for treatment of prisoners with drug and alcohol abuse problems and coordinates the cooperation among individual prison expert workers, health care staff at the prison and external institutions and in addition to this the expert worker is also counsellor to the group of convicts. The exception is the central prison for men, where two prison expert workers deal only with treatment of prisoners with drug and alcohol abuse problems.

When making the evaluation of problems caused by drug use, the medical diagnosis is also accompanied by data from the judgement (criminal offence, committed under the influence of psychoactive substances), expert opinion, social work centre report, findings of the expert worker on the basis of interviews, the statements of the prisoner, whether the prisoners start their sentence under the

influence of drugs, and findings regarding whether the prisoner during imprisonment takes psychoactive substances that are not included in the medical treatment.

Upon entry to prison expert workers prepare the plan for imprisonment for each convict on the basis of the needs and risk assessments, where other needs and the goals of sentencing are defined besides the set assessment on drug use problems. Every person is subject to the treatment that they need (e.g. treatment of prisoners with drug and alcohol abuse problems…). The personal treatment plan is supplemented, evaluated and coordinated if necessary with consideration of the convict's imprisonment.

If a prisoner has opioid addiction problems, the medical practitioner assesses whether substitution therapy must be prescribed. The patient takes substitution therapy under supervision. If the medicine is methadone, it is administered in a solution mixed with fruit juice. According to head of Coordination of Centres for prevention and treatment of drug addiction (CPTDA) Andrej Kastelic methadone is most commonly prescribed, followed by buprenorphine with naloxone and exceptionally buprenorphine and almost never sr-morphine. Medical practitioners can also decide otherwise if they believe that the beneficial effects could overweigh the guidelines and if they can also appropriately argue this fact. Here, team consultation is advised to weight the arguments and consider the patient's benefit and also the effect on public health.

Among 866 prisoners with illicit drug use problems, 569 of them or 66% of all prisoners with drug use problems received substitution therapy (see also Treatment Workbook, section T1.4.8). Personal substitution therapy is enabled in all prisons. With prisoners who are addicted to opioids and who are, prior to imprisonment, included in a substitution programme, substitution therapy can continued during imprisonment. Prisoners who were not included in substitution therapy before the penalty can also have it prescribed while in prison. The needs of the prisoner are considered. After imprisonment, the treatment can be appropriately continued. Prior to release from prison, it is advisable to direct the drug user upon their consent to treatment programmes in the community, and it is obligatory that the person is included in substitution therapy at the competent centre specialising in the prevention and treatment of drug addiction (CPTDA). Prior to release, the medical practitioner must send the competent CPTDA or other institution where the released person will continue treatment, information in written form on the use of medical therapy during imprisonment, when and for how long in advance the prisoner received therapy and/or whether appropriate medical prescriptions have been issued.

Prior to release, prisoners who use drugs are warned that their tolerance to drugs has been strongly reduced, due to which small quantities of drugs or a combination of different drugs, alcohol and medicines can be life-threatening.

Besides the health care aspect, the treatment of addictions also encompasses individual and group consultations, psycho-social help programmes that are executed by prison expert workers at institutions. Prisoners with drug problems can join low threshold, higher threshold and high threshold programmes (Table 5) during their imprisonment.

A low-threshold programme is intended for reducing damage and counselling on reducing damage due to drug use. The aim of the programme is to provide information on adverse consequences of drug use, raising the awareness on risk behaviours and transmitted diseases, motivating testing for various viruses (HIV, hepatitis) and providing help at re-integration in the social network. Therefore, activities within the scope of the programme are focused on counselling, access to important information and the provision of a substitution therapy programme.

In April 2018, the Rules on the Vaccination and Chemoprophylactic Programme for 2018 were adopted. Thanks to these rules and the Instructions for the Vaccination and Chemoprophylactic Programme for 2018, also persons in prisons and correctional facilities have access to free-of-charge vaccination

against hepatitis B. The Prison Administration of the Republic of Slovenia updated the prisons and the correction facility on this novelty. In 2018 and 2019, the Prison Administration also submitted an initiative to the health centres providing health services in prisons and the Ministry of Health to actively approach these issues with the aim to prevent the occurrence and spreading of infectious diseases in prisons by fostering prisoners to get hepatitis B vaccination.

Due to problems related to preserving abstinence in the prison environment, prisoners are encouraged towards integration in a higher-threshold programme in which they maintain stability using substitution therapy. They are also encouraged to join the high-threshold programme and the treatment of drug addiction with the aim to completely stop using drugs. Abstinence maintenance is required in the high-threshold programme. The aim is to strengthen knowledge and skills on establishing a critical relationship to the abuse of psychoactive substances, recognising behaviour patterns and learning to solve problems in a socially acceptable manner, strengthening work habits and responsibilities and strengthening the social network. Convicts who wish to maintain stability on substitution therapy or completely give up drugs, are assigned to units intended for convicts for which drug issues have not been identified or are assessed as having no problematic personality traits.

Table 5. The number of prisoners with illicit drug use problems, who are included in treatment programmes, 2020

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
379	137	79

Source: Prison Administration of the Republic of Slovenia, 2020 Annual Report

The treatment is part of a wider-scope advisory work that motivates prisoners to join daily activities in prison. This means that they are encouraged to establish a daily rhythm with work, education and active leisure time. Prisoners who, during imprisonment, are included in various treatment programmes, receive individual and group treatment in prisons provided by prison expert workers. Prisoners are also enabled treatment in external health institutions and in non-governmental organisation programmes (psychiatric hospitals, Centre for Treatment of Drug Addiction in Ljubljana and other centres for the prevention and treatment of drug addiction, Karitas – Pelikan Institute, Projekt Človek Association, Zdrava pot Association, Izberi pravo pot Association, Stigma Association, Reintegracijski center Vincenca Drakslerja, Šent, etc.). In 2020, a total of 56 prisoners joined treatment programmes outside prison during imprisonment. After being released, 12 prisoners joined treatment programmes at external institutions.

The preparation for release commences already at the beginning of imprisonment when a social reintegration plan is drafted as part of the personal plan. With consent from the convict, the prison expert workers together with expert social workers, prepare a programme which includes support measures to be observed after the release and further aid in the local community. In the period prior to the release, the entire treatment programme is focused on specific preparation for release which involves housing, employment, material conditions etc. For this purpose, prisons collaborate with employment services, workers' hostels, homeless shelters, humanitarian organisations, and other government and non-governmental organisation.

In collaboration with convicts and after obtaining their consent, plans are also made for further general and addiction treatment after their release. In some cases, convicts continue to collaborate with the non-governmental organisation which offered them support during imprisonment.

Contextual information to understand the estimates of opioid substitution treatment clients in prison

All prisoners included in the treatment can get OST. In 2020, 66% of prisoners recognised as having a drug usage problem were receiving substitution therapy. Annual reports from the Prison administration show that the percentage of persons recognised as having a drug usage problem included in substitution therapy is between 60 and 70%.

OST receivers are not being stigmatised because they are receiving the therapy but are rather motivated to spend their time actively and participate in different educational, working and other activities, organised in institutions. They are being stimulated to maintain stability in substitution therapy and strengthen their skills to quit drug usage. If the prisoners in substitution therapy are stable and fulfil other obligations of the institution, they can also benefit from activities outside the institution and be allowed to go home during the weekends and have an annual vacation, that can be spent outside prison.

1.4 Quality assurance of drug-related health prison responses

The principal law governing the treatment of illicit drug addicts, which also addresses the topic of programme quality, is the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). Under this Act, the Ministry responsible for health-related matters monitors the situation in preventing illicit drug use, reducing the demand for illicit drugs, reducing the harm caused by illicit drug use, as well as in the treatment and remediation of social problems associated with illicit drug use. The Act authorizes the Ministry of Health to steer the interdepartmental coordination in setting programme priorities and to supervise and coordinate the implementation and development of programmes (see also legal Framework Workbook, section 1.1.1).

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 (for more see Best Practice Workbook, section 1.2.1).

2. Trends

Eva Salecl Božič

Since 2012, we have been detecting new psychoactive substances (especially synthetic cannabinoids) that appeared among the juveniles in the re-education facility and the younger prison population. In the following years, the usage of new psychoactive substances also spread to the older prison population.

During 2012 and 2014 we recorded a higher number of poisonings with new psychoactive substances but this decreased to just a few individual cases in the following years. According to our predictions, the decline in poisonings with new psychoactive substances is a consequence of mixing/preparing the synthetic drug and/or a better knowledge of usage dosing by drug users.

In 2016, we organised workshops for prisoners in all institutions to raise awareness and inform them about complications and the harmful consequences of new psychoactive substances usage. At the same time, we carried out several training sessions for employees who work directly with prisoners. We also organised workshops for prisoners in 2018.

In 2020, we detected an increase in seizures of cannabis and, in part, synthetic drugs compared to previous years, while the amount of seizures of heroin decreased sharply. Based on drug seizures, we anticipate that in addition to tablets, cannabis and synthetic drugs remain the most commonly abused psychoactive substances.

3. New developments

In May 2021 we started piloting e-TDI questionnaire in one prison in Slovenia

4. Additional information

Eva Salecl Božič

The Slovene Prison Administration organised a new workshop cycle together with a non-governmental organisation DrogArt in 2018 for prisoners in all institutions to raise awareness and inform them about the possible complications and harmful consequences of new psychoactive substance usage. The Prison Administration also prepared a brochure in 2018 about the harmful consequences of synthetic cannabinoids that is being made available in visitor reception areas too.

In March 2019, the Forensic Psychiatry Unit of the University Medical Centre Maribor organised a consultation meeting on the issue of illicit drugs addiction during and after imprisonment. The main emphasis of the consultation was placed on the establishment of new forms of support for those addicted to drugs, such as for example therapeutic communities. Only the biggest prison was identified as fit to provide such support. The reason for this is, that this facility accommodates a larger number of persons with addiction issues who are serving longer prison sentences. One of the main obstacles to providing such support are sustainable forms of funding.

Measures during the coronavirus epidemic

During the coronavirus epidemic (declared on 12 March 2020), the Prisons Administration of the Republic of Slovenia monitored conditions regarding incidences of coronavirus on a daily basis, and acted in accordance with the infection prevention recommendations of the National Institute of Public Health. Communication took place between the Administration and individual prisons on a daily basis. Each prison agreed on a protocol with a medical centre on how to act in response to a suspected case of infection.

Prison employees were apprised of the instructions of the National Institute of Public Health, and received information given at national level on a daily basis. Instructions on general preventive measures (maintaining hygiene, disinfection, ventilation of premises, social distancing, cough hygiene, etc.) were affixed to prison noticeboards accessible to inmates. Inmates were also apprised of the preventive measures by staff.

Soap, paper towels and single-use protective gloves were made available to inmates. Door handles, switches, work surfaces, tables and bathrooms were disinfected on a regular basis. All work and other areas were ventilated several times a day. Prison staff wore face masks and gloves whenever dealing with inmates. At some locations, protective face masks were made by inmates for their own use.

On 29 March 2020 the Act on Temporary Measures in Relation to Judicial, Administrative and Other Public Matters to Cope with the Spread of SARS-CoV-2 (Covid-19) came into force nationally. It included measures to reduce the number of prison inmates (suspension of imprisonment, conditional and early release).

New inmates were checked on a regular basis and prisoners provided with urgent healthcare services. As all visits and contacts with outside visitors were temporarily halted, we gave inmates a telephone card and allowed those without funds to make telephone calls as well. Additional TV sets were provided. Visits from lawyers and consular representatives took place behind glass screens. All working establishments were closed and outside work by inmates halted. Only urgent work necessary to keep a prison running smoothly (laundry, kitchen, etc.) continued to be performed.

During this period, no group forms of work were performed, so greater focus was placed on one-to-one provision and on talks with inmates to help relieve the pressures they were facing. On the expectation that there could be reduced access to drugs (which arrive in prison via visitors and inmates themselves), prisons contacted clinics and warned them of the possible security and health-related consequences of a sudden fall in the availability of drugs in prison. Prison staff reported no perceptible increase in problems because of limited access to drugs, nor any major violations or violence connected with drug consumption. On the contrary, some prisons found that inmates were less irritable and more motivated to talk.

5. Sources and methodology

Uprava Republike Slovenije za izvrševanje kazenskih sankcij. Letno poročilo 2020. Ljubljana: Uprava Republike Slovenije za izvrševanje kazenskih sankcij, 2020. E-gradivo. Pridobljeno 18. 10. 2020 s spletne strani: / The Prison Administration of the Republic of Slovenia. Annual Report 2020. Ljubljana: The Prison Administration of the Republic of Slovenia, 2020. Electronic source material. Available at:
https://www.gov.si/assets/organi-v-sestavi/URSIKS/Dokumenti/Letna-porocila-/Letno-porocilo-2020.pdf

Research workbook

Table of Contents

Summary

Ada Hočevar Grom, Tajda Šter

National profile

Slovene National Programme on Drugs for 2014-2020 includes a specific chapter on research, evaluation and education, in which the priority areas of research are listed. Action plan for the period 2019–2020 contains the following goals related to research: research and planning of programmes on the basis of needs assessments, research of priority areas by planning training, assessing various policies, programmes, approaches and procedures, and connecting practice, research, education and policy-making. Drug-related research is therefore an important component of the national strategy, since it ensures the further development of the area on the one hand, and also determines its financing on the other hand. Main entities financing research on drugs are Ministry of health and Ministry of Labour, Family, Social Affairs and Equal Opportunities and Slovene Research Agency.

The main institution undertaking research work in the field of drugs 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 (2019) = 1,097), 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. The second wave of General Population Survey on tobacco, alcohol and drug use was completed in 2018 and the results has been publishedin 2021. Prevalence and long-term effects of adverse childhood experiences on adult functioning study (ACE Study) has been completed and some findings have already been published. We also joined the EMCDDA Mini European Web Survey Impact of COVID-19 on patterns of drug use, harms and availability in the European Union. Slovene results has been published at the end of 2020. In May 2020, DrogArt conducted a survey Changing patterns of drug use and drug market during the COVID-19 epidemic in Slovenia. Survey was funded by the Ministry of Health and final report have been published in 2020

1. Drug-related research[11]

Ada Hočevar Grom, Tajda Šter

Main drug-related research institutions/associations/bodies in Slovenia

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health (NIJZ) which is the central national public health institution in Slovenia. With its Expert group on illicit drugs is actively involved in the area of illegal and legal drugs and addiction. It collaborates with a number of researches from other governmental and academic institutions and also with NGOs at the national and local level. It actively publishes the findings of in-house researches, which are available to the general public online, determines the trends in the use of drugs and draws attention to the use of drugs in Republic of Slovenia of both the general public and government organisations. It also enforces the prevention programmes for the prevention of drug use at the most vulnerable part of the population and lot of focus is also in reducing health inequalities. In terms of comprehensive monitoring of the epidemiological situation and trends in the problem area of the use of different drugs the data or data aggregation of different departments (ministries) are collected and analysed. The NIJZ is an authorised institution for national health statistics, meaning that it has various health databases, such as Hospital admission database, Mortality database, Drug prescription database etc. These databases enable the merging and analysis of different data. The NIJZ also conduct national surveys such as the European Health Interview Survey (EHIS), Health Behaviour in School-Aged Children (HBSC) and the General Population Survey on tobacco, alcohol and drug use (ATADD). The NIJZ, Koper Regional Unit, performs an annual survey on the profile of users of harm reduction programme, which obtains data on usage and risky behaviours related to drug use in the target group. The NIJZ also provides data to other research institutions and international organisations and is the contact focal point of the European network for drugs (REITOX) at the EMCDDA. It is not responsible for implementation, execution or coordination of drug-related research activities in the country but plays an important role in advocating research in the field of drugs. Whit its regional network it provides fast and efficient national early warning system.

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

[11] "Drug-related research involves performing a study on illicit drugs, which may involve a range of disciplines, through the use of scientifically accepted methods and procedures, in order to test a hypothesis or answer a specific question." (EMCDDA, 2012 Drug-related research in Europe: recent developments and future perspectives)

Research implemented by non-governmental organisations is also very important. Below, we mention some of the most active organisations among them which carry out also research. The DrogArt is a private non-profit volunteer organisation founded in 1999 with the main purpose of reducing the harmful consequences of drug and alcohol use among young people. Its main areas of operation are informing and consulting, providing info point for users, carrying field work at electronic music events, providing different, publishing activity and research. The No Excuse Slovenia is a national public youth organisation that strives to achieve positive social changes and personal growth among young people. The organisation is active in public health and sustainable development, especially in the fields of tobacco, alcohol and cannabis use. The UTRIP Research and Development Institute is a private non-profit institution that collaborates on numerous European and national projects concerning alcohol, drugs and prevention. In local communities some NGO's, municipal organisations and institutions also perform some research work in the area at the smaller scale limited to the local environment or sub-populations.

With the national project about assessing illicit drugs in wastewater Jožef Stefan Institute (IJS) joined to the illicit drug research in 2017. The Institute cooperates with many renowned institutions around the world, organizes international conferences, participates in international exhibitions. In addition, it is in the best interests of the international exchange of experts. Many research achievements have received international recognitions, while many IJS collaborators are internationally renowned scientists.

Research on prevalence and long-term effects of childhood trauma (ACE studies) is very important also in the field of addiction as unresolved trauma can lead to mental health issues and addiction later in life. ACE study is being carried out in 2018 for the first time in Slovenia and gave an important insight into the situation in this area. Coordinator of the study is University of Ljubljana, Faculty for Social Sciences and NIJZ is a partner.

The main drug related research institutions are:

National Institute of Public Health

- National Institute of Public Health of Slovenia: https://www.nijz.si/

Medical Centers

- University Medical Center Ljubljana: https://www.kclj.si/index.php?dir=/about_us
- University Medical Center Maribor: https://www.ukc-mb.si/
- University Psychiatric Clinic Ljubljana: http://www.psih-klinika.si/

Faculties

- University of Ljubljana, Faculty for Social Sciences: https://www.fdv.uni-lj.si/
- University of Ljubljana, Faculty of Education: https://www.pef.uni-lj.si/
- University of Ljubljana, Faculty of Pharmacy: http://www.ffa.uni-lj.si/
- University of Ljubljana, Faculty of Social Work: https://www.fsd.uni-lj.si/
- University of Ljubljana, Faculty of Medicine: https://www.mf.uni-lj.si/
- University of Ljubljana, Faculty of Arts: http://www.ff.uni-lj.si/
- University of Maribor, Faculty of Medicine: https://mf.um.si/si/
- University of Maribor, Faculty of Criminal Justice and Security: https://www.fvv.um.si/
- University of Primorska, Faculty of Education: https://www.upr.si
- University of Primorska, Faculty of Health Sciences: https://fvz.upr.si/
- University of Primorska, Andrej Marušič Institute: https://www.iam.upr.si/sl/

Research Institute

- Jožef Stefan Institute: https://www.ijs.si/ijsw
- National Institute of Biology: http://www.nib.si/

Research Agency

- Slovenian Research Agency: http://www.arrs.si/sl/
- Slovenian Academy of Sciences and Arts http://www.sazu.si/

NGOs

- DrogArt: http://www.drogart.org/
- No Excuse: https://www.noexcuse.si/
- Institute for Research and Development »UTRIP«: http://www.institut-utrip.si

The main institutions funding drug-related research

The main institutions funding drug-related research are:

- Ministry of Health, Republic of Slovenia: https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/
- 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/
- Slovenian Research Agency: http://www.arrs.si/sl/
- University of Ljubljana: https://repozitorij.uni-lj.si/info/index.php/slo/
- University of Maribor: https://dk.um.si/info/index.php/slo/
- University of Primorska: https://repozitorij.upr.si/info/index.php/slo/
- Angela Boškin Faculy of Health Care: https://www.fzab.si/en/
- Municipalities, among which Ljubljana municipality is the most important: https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/socialnovarstveni-programi-podpore-in-pomoci/zasvojenosti/

1.3 The main national scientific journals where drug-related research is published

Name	Topics	Language	Abstracts
Slovenian Journal of Public Health website: http://www.degruyter.com/view/j/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.fsd.uni-lj.si/en/	social work	Slovene	Slovene, English
Journal of Criminal Investigation and Criminology website: http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology	criminology, criminal investigation, criminal law	Slovene	Slovene, English
Social Pedagogy Journal website: http://www.revija.zzsp.org/	social pedagogy, psychology, sociology	Slovene	Slovene, English
Journal for Critique of Science website: http://www.ckz.si/english	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: http://www.obzornikzdravstvenenege.si/	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

List of drug-related research relevant websites/resources

- Drev A, Hočevar Grom A, Jandl M. Report on the drug situation 2019 of the republic of Slovenia. Ljubljana: NIJZ, 2019. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np_2019_ang_final.pdf
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2. New developments

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New topics in drug related research

1. Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research):

- Prevalence and long-term effects of adverse childhood experiences on adult functioning in Slovenian population study (ACE Study) is in the final stage and some findings have already been published. Study aims is to acquire data on the prevalence of adverse experiences in childhood, most frequent adverse experiences in childhood, their correlation with health and psychosocial outcomes in adulthood as well as on risk factors and protective factors in childhood and adulthood. In the second part of the project the focus groups with preschool teachers, school teachers and school consultants will be conducted, with focus on their recognition of adverse experiences in children, understanding potential consequences and existing response strategies. The survey was conducted using a sample of Slovenian adult population (18–75 years).

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

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- Kolenc Miklavec T. Vpliv kanabidiola in kanabigerola na invazivnost diferenciranih glioblastomskih celic in matičnih rakavih celic glioblastoma [diplomsko delo]. Ljubljana: Univerza v Ljubljani. Available from: https://repozitorij.uni-lj.si/Dokument.php?id=133803&lang=slv

2. Population based and clinical epidemiology (including site surveys, ethnographic studies and acute toxicity studies):

In 2017, the Jožef Stefan Institute joined the European project COST SCORE Action, and in 2018 it started implementing the ARRS project "L1-9191 - Illicit drugs, alcohol and tobacco: wastewater based epidemiology, treatment efficiency and vulnerability assessment of water catchments". The project is still ongoing. Some results have been published already.

- EMCDDA. Perspectives on drugs: Wastewater analysis and drugs: a European multi-city study. 2021. Available from: https://www.emcdda.europa.eu/system/files/publications/2757/Wastewater-analysis-POD_update-2021.pdf

- Heath, E. Reka ve, kaj ste počeli prejšnji četrtek. Delo, 2019. Available from: http://www.environment.si/assets/Uploads/Znanost-objava-L1-9192.pdf

- González-Mariño, I., Baz-Lomba, J. A., Alygizakis, et all. (2020) Spatio-temporal assessment of illicit drug use at large scale: evidence from 7 years of international wastewater monitoring. Addiction, 115: 109– 120. https://doi.org/10.1111/add.14767.

- Australian Criminal Intelligence Commission. National Wastewater Drug Monitoring Program—Report 10, 2020. Available from: https://www.acic.gov.au/sites/default/files/2020-08/national_wastewater_drug_monitoring_program_report_10_2020.pdf

3. Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research):

In May 2020, DrogArt conducted a survey Changing patterns of drug use and drug market during the COVID-19 epidemic in Slovenia. Survey was funded by the Ministry of Health

Some other published articles:

- Kastelic, A., Kostnapfel, T. 7. Slovenska konferenca o zdravljenju odvisnosti in 8. Slovenksi simpozij o okužbi z virusom hepatitis C pri osebah, ki uporabljajo droge. Zbornik. Ljubljana: Prohealth, 2019. Available form: https://plus.si.cobiss.net/opac7/bib/4419813

- Kastelic, A., Kostnapfel, T. 19. SEEAnet simpozij in 8. Slovenska konferenca o zdravljenju o odvisnosti v času epidemije COVID-19: simpozij o okužbi z virusom hepatitis C pri osebah, ki jemljejo droge: virtualna srečanja/on-line. Ljubljana: Prohealth, 2020. Available from: https://plus.si.cobiss.net/opac7/bib/41843459

4. Supply, supply reduction and crime:

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- Ministrstvo za pravosodje RS, Uprava Republike Slovenije za izvrševanje kazenskih sankcij. Letno poročilo 2019. Ljubljana: Uprava Republike Slovenije za izvrševanje kazenskih sankcij, 2020. Available from: https://www.gov.si/assets/organi-v-sestavi/URSIKS/Dokumenti/Letna-porocila-/Letno-porocilo-2019.pdf

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5. Drug policy (including laws, economic issues and strategies):

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6. Other topics:

- Hočevar Grom, A., Drev, A., Lavtar, D., Rostohar, K., Jandl. Vpliv prvega vala pandemije COVID-19 na uporabnike drog in ponudnike storitev obravnave v Sloveniji. NIJZ, 2021. Available from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/publikacija_covid_droge_novo.pdf

3. Additional information

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In the first part of 2020 NIJZ joined European Web Survey on Drugs: COVID-19 (EWSD-COVID-19). The purpose of the research was to gain insight into the first wave of the COVID-19 in the limited measures of the provider in the use of drugs services in the field of drugs since the beginning of the outbreak in Slovenia.

- Hočevar Grom, A., Drev, A., Lavtar, D., Rostohar, K., Jandl, M. Vpliv prvega vala pandemije COVID-19 na uporabnike drog in ponudnike storitev obravnave v Sloveniji. NIJZ, 2020. Avaiable from: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/publikacija_covid_droge_novo.pdf

4. Sources and methodology

Ada Hočevar Grom, Tajda Šter

All the references and bibliography including brief descriptions of studies and their methodology have been provided in above sections already.

National Institute of **Public Health**

Trubarjeva 2, 1000 Ljubljana

Telephone: + 386 1 2441 400

E-mail: info@nijz.si

Website: http://www.nijz.si