National Institute of Public Health

REPORT ON THE DRUG SITUATION 2017 OF THE REPUBLIC OF SLOVENIA

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SLOVENIA

REITOX

Table of Contents

Drug policy workbook

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Table of Contents

Summary

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 currently in force is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. The national programme with its implementation action plan 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 action plan is closely tied to the adopted crime prevention and control strategies and social protection strategies. The action plan was drawn up by a working group made up of representatives from all ministries with authority over drug-related matters, as well as representatives from the research community and NGOs. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia monitored the action plan development process and approved the finalized action plan.

Action plan implementation monitoring is the responsibility of the Ministry of Health as the competent authority for dealing with illicit drug issues, which has set up a dedicated working group in charge of monitoring the implementation of this action plan. The dedicated working group reports regularly to the Commission on Narcotic Drugs of the Government of the Republic of Slovenia on the implementation process of the action plan, prepares an implementation report and a proposal for a new action plan. This entire process also involves the cooperation of a National Focal Point on Illicit Drugs, whose input and collected data provide considerable value added in identifying and developing effective solutions.

The Ministry of Health commissioned the Faculty of Social Work, as an independent scientific institution, to carry out an assessment of the implementation of the the previous Resolution on the National Programme on Illicit Drugs. Additionally, the Ministry of Health commissioned the Association of Non-governmental Organisations Working in the Area of Drugs to conduct an analysis to ascertain NGO's positions on the previous Resolution. A closer look into the implementation of the previous Resolution (ReNPPD) revealed there is too little interaction and communication among ministerial sectors and vertically between ministries on the one hand and program providers and users on the other, which causes problems in implementing projects, particularly cross-sectoral ones. Also, collaboration among ministries should be strengthened in introducing changes into legislation. Collaboration among ministries is also needed at the local community level and in addiction research. Also identified at the national and local levels was a lack of up-to-date information and insufficient exchange of information about the prevalence of the drug issue in all its many forms and shapes.

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 10,363,172.18 was allocated to the issue of illicit drugs in Slovenia in 2016.

1. National profile

1.1 National drugs strategies

1.1.1 Summary of national drug strategy document

The main focus of Slovenia's drug policy is to ensure a comprehensive, balanced and ongoing development of all measures, programs and activities that address and help tackle the problem of illicit drugs in the country. Since the drug problem is addressed using a distinctly intersectoral and multidisciplinary approach, various measures and activities cover different areas, from stemming the supply of illicit drugs to prevention, treatment and social rehabilitation. The first National programme on illicit drugs was launched as early as 1992 and marked the beginning of a comprehensive effort to tackle the country's illicit drug problem.

In 1999 and 2000, Slovenia passed two fundamental laws governing the area of illicit drugs, namely: the Act Regulating the Prevention of the Use of Illicit Drugs and on the Treatment of Drug Users (Official Gazette of the RS, Nos. 98/8 and 2/04 – ZPNNVSM; ZPUPD) and the Production of and Trade in Illicit Drugs Act (Official Gazette of the RS, Nos. 108/99, 44/00, 2/04 - ZZdrl-A, 47/o4 – ZdZPZ; ZPPPD).

The ZPUPD, in effect, lays down measures and activities aiming to help reduce the demand for illicit drugs. The measures and activities include various information campaigns and prevention programs, healthcare and social activities, harm reduction programs and activities associated with monitoring and analysing the issue of drug use. The Act also laid down the organizational structure and funding for the treatment of drug addicts.

In practice, the ZPPPD aims to curb the supply of illicit drugs. The Act sets out conditions allowing the production of and trading in illicit drugs and the possession of illicit drugs, as well as sanctions for those who violate the provisions of the law.

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 currently in force, is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. Covering the period from 2014 to 2020, the Resolution on the National Programme on Illicit Drugs is composed of two parts, the National Strategy and Action Plan. 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).

The new National Programme on Illicit Drugs has been developed based on the needs identified across the relevant sectors, results of assessing the implementation of the previous strategy, latest research and the existing legislation in this area. It forms a strategic framework for the state's uniform, comprehensive and balanced approach to addressing the issue of drugs. The overarching goal of the National Programme on Illicit Drugs 2014–2020 is to reduce and contain the harm that illicit drug use causes to individuals, their families, and society. Of all the goals and missions, the following should be pointed out:

- Seeking to promote illicit drug use prevention programs in order to reduce the number of new drug users among the younger generation and to reduce the number of minor and criminal offences involving illicit drugs.
- Seeking to support the development of programs to help stabilize or reduce the number of people infected with HIV, HBV and HCV, and deaths due to overdose.
- Seeking to develop and upgrade all coordinating structures working in the area of drugs at the local and national levels.

All the goals and activities described above help achieve broader social objectives, such as efforts to combat organized crime, illicit drug trade, money laundering and other forms of drug-related crime.

At the operational level, the strategy is being implemented through two-year action plans with detailed priorities, implementation providers and timeline. At the same time, the action plan is a well-structured instrument that allows in-depth implementation monitoring and making ongoing adjustments to activities in response to pending issues and needs relating to drugs. 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). This document contains numerous measures from all relevant subject matters that are designed to strengthen cooperation in countering harmful effects of drug use and reducing drug-related crime. The action plan faithfully reflects the structure and goals of the strategy and focuses on tangible results obtained in the context of the goals and missions described above.

The Ministry of Health is responsible for shaping the legislation and policy and for policy implementation coordination in the area of illicit drugs in Slovenia. The illicit drug legislation and policy remain limited to illicit substances despite past discussions about the possibilities of shaping a so-called Coherent Policy, which would cover the various forms of addiction in general or at least include alcohol and tobacco in addition to illicit drugs. Its implementation was hampered, however, by the legal distinction between individual areas, with each individual policy requiring a separate legal basis.

The area of illicit drugs is 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.

1.2 Evaluation of national drugs strategies

1.2.2 Results of the latest evaluation

The new Resolution on the National Programme on Illicit Drugs 2014–2020 also takes into account reports on the implementation of the previous Resolution on the National Programme on Illicit Drugs prepared by all the competent ministerial sectors, as well as all relevant epidemiological and criminological data. The Ministry of Health commissioned the Faculty of Social Work, as an independent scientific institution, to carry out an assessment of the implementation of the Resolution on the National Programme on Illicit Drugs. Additionally, the Ministry of Health commissioned the Association of Non-governmental Organisations Working in the Area of Drugs to conduct an analysis to ascertain NGO's positions on the previous Resolution and, above all, expectations regarding the new document. The main findings and recommendations of the assessment and analysis are given below.

A closer look into the implementation of the previous Resolution (ReNPPD) revealed a number of weaknesses. There is too little interaction and communication among ministerial sectors and vertically between ministries on the one hand and program providers and users on the other, which causes problems in implementing projects, particularly cross-sectoral ones. Also, collaboration among ministries should be strengthened in introducing changes into legislation, for example the Act Regulating the Prevention of the Use of Illicit Drugs and on the Treatment of Drug Users. Collaboration among ministries is also needed at the local community level and in addiction research. And what's more, collaboration is critical to the planning and steering of specific programs. Also identified at the national and local levels was a lack of up-to-date information and insufficient exchange of information about the prevalence of the drug issue in all its many forms and shapes.

According to program providers, the value of the ReNPPD resolution as a document was first and foremost rhetorical, in the sense that it was used as a reference, while the action plan was the one expected to have an applicable value. The Resolution has spurred the creation of new programs, but these were often left to fend for themselves and faced with staffing and financial problems. Program providers would have liked to see discussion and arrangements at the level of competent ministries, a higher degree of engagement in laying down substantive criteria with regard to work quality and a deeper level of commitment to support the programs. They also would have liked to see a single coordinating body or at least prominent counterparts at the competent ministries who are responsible for public relations with the professional community and the general public. Program providers further note that program funding is still not balanced and that criteria for assessing the programs' quality and performance are vague. According to users, drug-related services are quite easily accessible, yet some of the programs envisaged in the ReNPPD, such as safe injection rooms and needle dispensing machines, failed to achieve their potential, and programs in smaller communities are underdeveloped.

At the moment, we do not have an evaluation plan for the current national strategy. We are planning to execute this evaluation near the end of the validity of the strategy.

1.3 Drug policy coordination

1.3.1 Coordination bodies involved in drug policy

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.

Among other things, the Commission reviews national annual reports on the drug situation in the country along with all other current topics related to illicit drugs, including any legislative proposals and initiatives. The Ministry of Health administers to the operational needs of the Commission on Narcotic Drugs by

drawing up documentation and materials for meetings and by making sure, together with other competent ministerial sectors and institutions, that all resolutions passed by the Commission's sessions are implemented.

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

1.4 Drug related public expenditure

1.4.1 Data on drug-related expenditure

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

In 2016 the *Ministry of Labour, Family, Social Affairs and Equal Opportunities* allocated EUR 3,106,617.00 to programmes pertaining to the issues of illicit drugs, of which EUR 2,074,217.20 was allocated for high-threshold and EUR 1,032,400.00 for low-threshold programmes. The Ministry of Labour, Family, Social Affairs and Equal Opportunities was 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 85,000.00 in 2016 for resolving drug-related issues.
The Health Insurance Institute of Slovenia allocated EUR 4,845,000.00 in 2016 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 150,000.00 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 2016, The Office for Youth contributed a total of EUR 44,199.00 to such programmes.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 254,483.40 for helping addicts within the scope of various humanitarian organisations in 2016.

Out of all 212 Slovenian municipalities, 115 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. These local communities spent a total of EUR 1,053,687.99 on solving drug-related issues in 2016.

In 2016, the Slovenian Police police spent a total of EUR 824,184.79 on combating illicit drugs.

Drawing from available data, an estimated sum of EUR 10,363,172.18 was allocated to the issue of illicit drugs in Slovenia in 2016.

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.

1.4.2 Break-down of drug related expenditure

Table 1. Break-down of drug related public expenditure.

Expenditure (€)	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programes in the area of illicit drug addiction (MDDSZEM) **3.106.617,00**	2016	Social protection		Labelled	
Tackling the drug issue (MZ) **85.000,00**	2016	Health		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications **4.845.000,00**	2016	Health		Labelled	
Purchase of safe injection equipment (ZZZS) **150.000,00**	2016	Health		Labelled	
Programs of organizations in the area of youth work (Office for Youth) **44.199,00**	2016	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) **254.483,40**	2016				FIHO is a part of the public sector but not part of the General Government Sector, therefore The Classification of Functions of Government (COFOG) is not listed.
Co-financing of drug-related programs (115 out of 212 municipalities) **1.053.687,99**	2016	Social protection		Unlabelled	
Implementation of investigative measures and material and technical equipment of the police (MNZ) **824.184,79**	2016	Public order and safety		Unlabelled	

2. New developments

Transfer of cannabis from group I to group II on the list of illicit drugs

The Decree on the classification of illicit drugs (Official Gazette of the Republic of Slovenia, no. 45/14, 22/16 and 14/17), hereinafter referred to as the decree) enables the medical practitioner to prescribe drugs made on the basis of cannabinoids (synthetic, natural and the so-called medicinal cannabis) to patients with an indication for the use of such medicines. The decree stipulates that the use of cannabis for medicinal purposes is permitted in medicines in accordance with the Medicinal Products Act (Official Gazette of the Republic of Slovenia, no. 17/14) and the Pharmacy Practice Act (Official Gazette of the Republic of Slovenia, no. 85/16) and in accordance with the regulations and guidelines governing their prescription. Besides medicines on the basis of synthetic and natural cannabinoids, the use of standardised buds or fertile tips of cannabis (medical cannabis) is enabled but not yet entirely realised in Slovenia.

By transferring cannabis from group I to group II on the list of illicit drugs, the legal basis for the use of this plant for medical purposes has been established, since in accordance with Article 3 of the Production of and Trade in Illicit Drugs Act only illicit drugs that are categorised in group II or III of the list can be used for such purposes. The entire plant, its extracts and resin have been transferred to group II, whereas the main purpose of the modification is to enable the use of standardised buds or fertile tips of cannabis, where resin has not been extracted, i.e. for medical purposes. The initiative for enabling the prescription of such products for treatment with certain indications was provided by the Medical Chamber in its report as of 21 September 2016. On the basis of the mentioned report and a wider discussion, the Health Care Committee of the National Assembly tasked the Ministry of Health to prepare appropriate legal bases for prescribing such products to patients.

In August 2017, the published monograph for the cannabis bud was included in the Slovenian appendix to the European pharmacopoeia – Formularium Slovenicum, which holds the status of Slovenian pharmacopoeia. This satisfied the demands of the Pharmacy Practice Act. The Slovenian text of the monograph is published on http://www.jazmp.si/obvestilo/news/detail/News/objavljeno-je-prvo-dopolnilo-k-tretjemu-dopolnilu-k-tretji-izdaji-formulariuma-slovenicuma-fs-331/ in http://www.formularium.si/index.php?id=5108.

Professional recommendations for prescribing medical cannabis in various medical fields are also being prepared and harmonised (the proposal for recommendations for oncology patients is in the final harmonisation stage). The monograph and recommendations will fulfil the conditions for prescribing medical cannabis, which will be available to patients who need it, i.e. upon prescriptions in pharmacies.

Consultation on medical cannabis

On 5 April 2017, the Ministry of Health organised a professional consultation in Ljubljana entitled "Risks, Opportunities and Challenges Related to Regulating Medical Cannabis".

The event was attended by experts of the World Health Organisation, the UN Office on Drugs and Crime, the European Monitoring Centre for Drugs and Drug Addiction, as well as experts from three EU countries (Austria, Czech Republic, the Netherlands). Lecturers presented their experience and knowledge with regard to cannabis regulation within the scope of the legal system of the UN Drug Convention. The purpose of the meeting was to present the models of medical cannabis production and its prescription and the presentation of other relevant contents in this area in the EU and elsewhere. An important goal of the meeting was a discussion on potential risks and harm (in health care, security, social and mental areas) to which society can be exposed due to further deregulation of cannabis.

The consultation was intended for Slovenian experts and decision-makers on various levels for obtaining information on the wider international legal and other contexts, within the scope of which Slovenia is introducing medical cannabis among drugs and is preparing the proposal for the regulation that would enable the cultivation of cannabis.

Discussions on the use of cannabis for medical and recreational purposes have been held in Slovenia for quite some time. In 2012, the Act on Cannabis was submitted for parliamentary procedure as a civil initiative. An identical civil initiative was also submitted for discussion at the National Assembly the following year, i.e. on the Act on Cannabis and the related Self-Treatment Act. The government rejected both bills and the Ministry of Health since than enabled the prescription of a wide-spectrum of drugs on the basis of cannabis in Slovenia by modifying the regulation on the categorisation of illicit drugs.

The Government of the Republic of Slovenia this year issued an amendment to the Decree on the classification of illicit drugs to enable the use of all medicines made from cannabis that apply to the standards for medicines. This does not mean that all medicines are already available at our pharmacies, but they can be provided for the requirements of treatment of individual patients within the scope of their health treatment. Cannabis-based medicines must be considered with the same strictness that applies to other medicines prescribed by medical practitioners. This means that they are safe, effective and beneficial for the patient. They must be prescribed with special care and by considering all potential risks.

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Legal framework workbook

Table of Contents

Summary

The area of drug-related crime in Slovenia is regulated by the Criminal Code and the Production of and Trade in Illicit Drugs Act. The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia. Offences related to the production of illicit drugs, illicit drug trade and possession of illicit drugs are set forth in the Production of and Trade in Illicit Drugs Act[1] ("ZPPPD"). This area is broken down further by the Decree on the Classification of Illicit Drugs[2], 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[3]. 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. 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. The 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. 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.

[1] Official Gazette of the Republic of Slovenia, Nos. 108/99, 44/00, 2/04 – ZZdrI-A and 47/04 – ZdZPZ)
[2] Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16
[3] (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)

1. National profile

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1.1 Legal framework

1.1.1 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[4] and the Production of and Trade in Illicit Drugs Act[5]. The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia.

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.

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.

[4] Official Gazette of the Republic of Slovenia, No. 50/2012
[5] Official Gazette of the Republic of Slovenia, No. 108/1999

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.

Slovenian criminal laws differentiate between minor and criminal offences.

Article 6 of the Minor Offences Act[6] 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. A criminal offence, on the other hand, is set forth in the 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. 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.

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.

[6] Minor Offences Act

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.

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")[7]. The latter Act, in effect, lays down measures and activities aiming to help reduce the demand for drugs. The measures and activities include various information campaigns and prevention programmes, healthcare and social activities, harm reduction programmes and activities associated with monitoring and 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.

1.1.2 The scope of penalties

As described under Section 1.1.1, the scope of criminal sanctions in connection to illicit drugs varies from a minor offence that is subject to one of the above mentioned penalties, to a criminal offence that is the most severe form of unlawful behaviour, which may carry a prison sentence. 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).

1.1.3 Legislation designed to control new psychoactive substances

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.

The Government of the Republic of Slovenia amended the Decree on the Classification of Illicit Drugs by adding 47 new psychoactive substances that were identified in the year before and published the amended version in the Official Gazette of the Republic of Slovenia on 25 March 2016[8] .

In addition the amended Decree on the Classification of Illicit Drugs allows medical use of cannabis extracts. With this document, Slovenia opened regulated access to all regulated cannabis-based (extracts) medicinal products available across the European Union.

[7] Official Gazette of the Republic of Slovenia, No. 98/1999
[8] Official Gazette of the Republic o Slovenia, No. 22/2016

1.2 Implementation of the law

1.2.1 Data on sentencing practice related to drug legislation

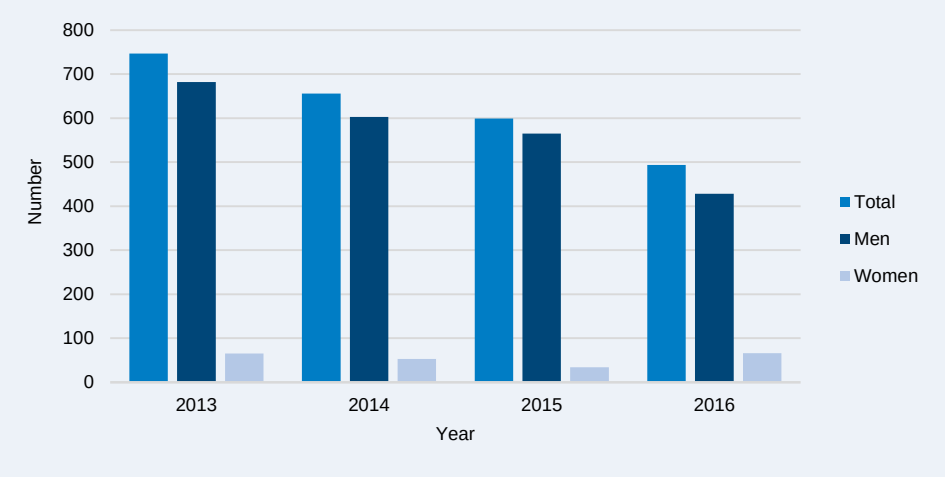
Table 1 and Figure 1 give an overview of the number of prison sentences for adult offenders in Slovenia in the past four years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code[9].

Table 1. Prison sentences for drug-related criminal offences – convicted adults

	2013	2014	2015	2016
Men	682	603	565	428
Women	65	53	34	66
Total	**747**	**656**	**599**	**494**

Source: Statistical Office of the Republic of Slovenia

Figure 1. Prison sentences for drug-related criminal offences – convicted adults



Source: Statistical Office of the Republic of Slovenia

The table 2 and figure 2 give an overview of the total number of main sentences imposed on juvenile offenders in Slovenia over the last three years for committing criminal offences involving drugs pursuant to Articles 186 and 187 of the Criminal Code.

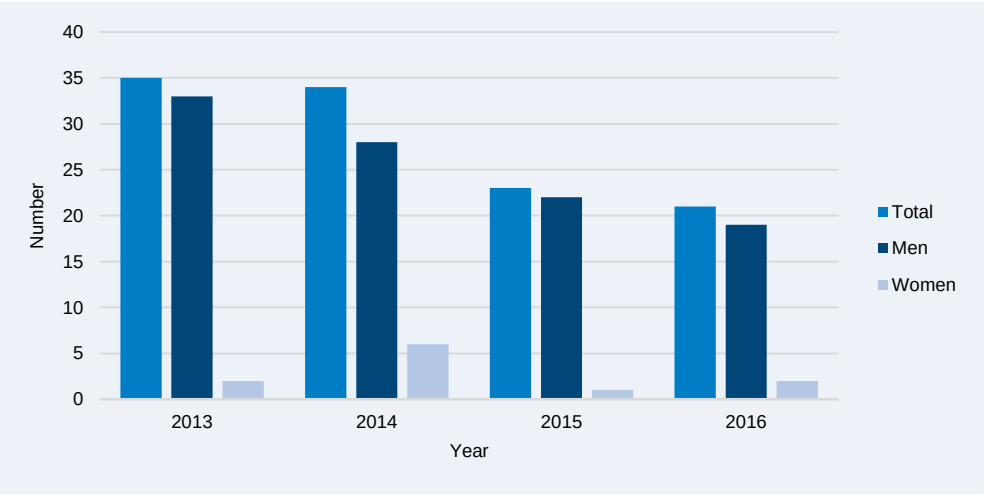
Table 2. Main sentences for drug-related criminal offences – convicted minors

	2013	2014	2015	2016
Men	33	28	22	19
Women	2	6	1	2
Total	**35**	**34**	**23**	**21**

Source: Statistical Office of the Republic of Slovenia

[9] Source: Statistical Office of the Republic of Slovenia (SURS). Since data on the decisions of judges were corrected at the data source (Supreme Court of the Republic of Slovenia, IT criminal records of the Supreme Court of the Republic of Slovenia) for adults and minors, data for 2015 have also been corrected in the SI-STAT database and are presented in this chapter as such.

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



Source: Statistical Office of the Republic of Slovenia

For a correct interpretation of the trends in sentences imposed both on adult and juvenile offenders, please note that two different amended versions of the Criminal Code have been taken into account. The data for 2013 has been provided under the Criminal Code version KZ-1, for 2014 and 2015 under the Criminal Code version KZ-1 and its amended version KZ-1B – the latter has been in force since 2012. More information is available on the website:
http://www.stat.si/StatWeb/pregled-podrocja?idp=60&headerbar=8

1.2.2 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.

1.2.3. Why implementation might differ from the text of laws

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, Špela Struna

2.1 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.

2.2 How the implementation of the law has changed since 2000. If possible discuss the possible reasons for change (e.g. new guidelines, availability of alternatives to punishment)

Same as the above.

3. New developments

Probation act

Simona Svetin Jakopič

The Probation Act has been adopted in Slovenia and entered into force on 17 July 2017 (Official Gazette of the Republic of Slovenia, no. 27/17). Probation as a term is yet to be established in Slovenia, and the act itself will contribute to the promotion of the term and its recognition. 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 fulfilled.

This act establishes a common national authority that will implement 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 Slovenian Probation Administration as a body within the Ministry of Justice will have a central unit headquartered in Ljubljana, and five probation units in Ljubljana, Maribor, Celje, Koper and Novo mesto. It will become operational on 1 April 2018. The probation officers will be professionals coming from fields of social work, social pedagogy, psychology and other social sciences. Based on the judgement or the final decision of the court, the conditional release commission (within the ministry of justice) or the state's prosecution office, the probation officer will invite the person to the probation unit and present the professional treatment (management) process, to jointly prepare a personal plan of executing (implementing) the imposed sentence and/or alternative sanction. If the decision includes additional mandatory probation measure (e.g. obligations or instructions such social skills training, treatment), the probation officer assists in finding an appropriate programme and the provider). The probation officers shall regularly inform the imposing authority on the implementation of the imposed sentence and/or alternative sanction.

Therefore, probation units will also manage or deal with criminal offenders (or suspects) such as drug users. They will be sent to the probation system by decision of courts or state's prosecution office, and by prisons if such person is subject to an early release under probation-type supervision. The treatment of drug users orders consequently imposes obligation to probation service to accordingly train/educate probation officers, to establish good knowledge of drug users' programmes network, to connect with existing programmes and public services, to develop new customized work methods and treatments, to analytically monitor this sensitive area etc.

Professional treatment of people in the probation, i.e. also drug users, includes assisting to identify the causes leading to criminal offence execution, to eliminate these causes, to resolute personal distress and problems, to arrange living circumstances and (re)establishing acceptable forms of behaviour. Probation strives to deter criminal wrongdoing, to consequently reduce the level of recidivism and to enhance the prospects of the sentenced person being reintegrated into society.

Source: https://www.uradni-list.si/glasilo-uradni-list-rs/celotno-kazalo/201727

Tobacco

Helena Koprivnikar

On 15th of February 2017 the new Law on restricting the use of tobacco and related products was passed in Slovenia (Official Gazette of the Republic of Slovenia, No. 9/2017). It includes provisions from the new European Directive and additional national tobacco control measures which together form a comprehensive tobacco control program containing progressive tobacco control measures. Taxation of tobacco products is not regulated by the new law, but in Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016) which is under Ministry of Finance.

The most important tobacco control measures in the new law are large pictorial health warnings on packs of tobacco products for smoking, complete ban on advertising, promotion and display of tobacco products, plain packaging for cigarettes and roll-your-own tobacco packets, licences for selling tobacco products and ban on cigarette and roll-your-own tobacco with characterising flavours. 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 these products. Smoking/use of tobacco and related

products is also banned in cars in the presence of minors. In the case of noncompliance higher penalties are determined compared to previous laws.

Most of the measures entered into force till 20th of May 2017 and ban on advertising on 11th of June 2017. Others will enter into force in the following years, display ban in March 2018, licences for sale in November 2018 and the last two measures, plain packaging and ban on menthol characterising flavour, on 1st of January 2020.

Soon after the new law was passed it was amended (Official Gazette of the Republic of Slovenia, No. 29/2017) to allow smoking herbal as part of the show in the field of performing arts. Smoking is permitted to performers on stage and during the show.

Source: The law on restricting the use of tobacco and related products (Official Gazette of RS, Nos. 9/17 and 29/17, http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6717)

Act restricting the use of alcohol and Excise duty act

Maja Roškar, Nataša Blažko, Mercedes Lovrečič, Barbara Lovrečič, Sandra Radoš Krnel

In the past two 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 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. The act also stipulates the introduction of a new excise duty subject, i.e. small beer producer, who will pay a 50% lower excise duty for beer production up to a max. 20,000 hectolitres. The amounts of excise duties for individual alcoholic beverages did not change in this period. The zero excise duty level for wine has also been preserved.

3.1 The list of implemented law and summary of changes

The changes are stated in the chapter 3.1 and in the table below.

Table 3. The list of Implemented law

The regulatory document subjected to amendments / Initial version of the text	The amended regulatory document / Current version of the text		
Title. Hyperlink	**Title. Hyperlink**	**Summary of change**	**Comments**
Restrictions on the Use of Alcohol Act (ZOPA) (Official Gazette of the Republic of Slovenia, No. 15/03)	Restrictions on the Use of Alcohol Act (ZOPA-A) (Official Gazette of the Republic of Slovenia, No. 27/17)	The ZOPA-A permitted the sale and offer of alcohol beverages containing less than 15 volume percent of alcohol (e.g. beer and wine, not spirits) at sport facilities and functional land one hour before the start and during a public sport event. The organiser must acquire a permit issued by the administrative unit to sell or offer alcoholic beverages at public events. The ZOPA-A also introduced a doubling of the fines for violating legal provisions, i.e. for the sale of alcohol to minors or intoxicated people.	Various stakeholders opposed to the introduction of modifications and 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 a positive relationship between drinking alcohol and sport.
The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 84/98)	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. 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. The act also stipulates the introduction of a new excise duty subject, i.e. small beer producer, who will pay a 50% lower excise duty for beer production up to a max. 20,000 hectolitres.	

4. Sources

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

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

Decree on the Classification of the illicit Drugs. Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16

Minor offences Act. Official Gazette of the Republic of Slovenia, Nos. 29/11 – official consolidated text, 21/13, 111/13, 74/14 – judicial decision of the Constitutional Court and 92/14 – judicial decision of the Constitutional Court.

Production of and trade in Illicit Drugs Act. Official Gazette of the Republic of Slovenia, Nos. 108/99, 44/00, 2/04 – ZZdrI-A and 47/04 – ZdZPZ.

Restrictions on the Use of Alcohol Act (ZOPA). Official Gazette of the Republic of Slovenia, No. 15/03.

Restrictions on the Use of Alcohol Act (ZOPA-A). Official Gazette of the Republic of Slovenia, No. 27/17.

Statistical Office of the Republic of Slovenia. Data on prison sentences for criminal offences involving drugs. Available at: http://www.stat.si/StatWeb/pregled-podrocja?idp=60&headerbar=8

The Excise Duty Act. Official Gazette of the Republic of Slovenia, No. 47/16.

The law on restricting the use of tobacco and related products (Official Gazette of RS, Nos. 9/17 and 29/17.

The Probation Act. Official Gazette of the Republic of Slovenia 27/2017.

Drugs

Table of Contents

Summary

Summary of the Drugs workbook

1.1 The main illicit drugs and polydrug use

Andreja Drev

According to the Survey on the Use of Tobacco, Alcohol and Other Drugs, performed by the National Institute of Public Health in 2011 and 2012 on a representative sample of inhabitants of Slovenia, 16.1% inhabitants of Slovenia aged between 15 and 64 have used illicit drug in their lifetime. The use of illicit drugs is higher in man than in women, and in the age groups 15–24 years and 25–34 years the prevalence of illicit drug use is higher than in all other age groups. 6.4% inhabitants of Slovenia reported polydrug use at least once in their lifetime (Drev et al., 2015). According to ESPAD 2015 survey data, 26% of 15-16-year-old students have used illicit drugs at least once in their lifetime (EMCDDA 2016). Research conducted among convicted people aged 19 years and more, showed that 34.5% of convicts had used illicit drugs at least once in their lifetime (Drev et al. 2017).

The data from Survey on the Use of Tobacco, Alcohol and Other Drugs (2011-2012) show that cannabis is the most prevalent illicit drug among inhabitants of Slovenia aged 15–64. In the past 12 months, cannabis was used by 4.4% of inhabitants of Slovenia aged 15–64, a higher proportion of men than women. In the age group 15–34-years, the percentage of cannabis use in the past 12 months was 10.3% (Drev et al., 2015). Cannabis is also the most prevalent drug among students 15–16 years of age, whereas in the ESPAD 2015 survey, 25% of them reported using cannabis at least once in their lifetime. Boys reported cannabis use to a larger extent than girls (Urdih Lazar and Stergar 2016). Cannabis is the most prevalent illicit drug also in prisons. Data from the survey on the use of illicit drug, tobacco and alcohol in a prison show that, 13.6% of convicts aged 19 years and more used this drug in the past 12 months during imprisonment (Drev et al., 2017). Research implemented among night-time party goers and users of new psychoactive substances shows that the use of cannabis or marijuana is quite prevalent in these groups, and is frequently used in combination with other drugs (Sande 2017, Sande et al. 2015). The demand for treatment due to cannabis use as well as number of cannabis poisoning increased until 2015. In 2015 and in 2016, two cannabis related deaths were recorded.

Cocaine has been used in their lifetime by 2.1% of inhabitants of Slovenia aged between 15 and 64, the same as ecstasy, while amphetamines have been used by 0.9%. According to the data from the ESPAD 2015 study, 2.3% of 16-year-olds have tried metamphetamine, while 2.2% of 16-year-olds reported trying cocaine and ecstasy. The data from the Survey on the evaluation of drug checking services revealed that cocaine, amphetamine, ecstasy and methamphetamine are the stimulants used most often in nightlife. Also in prisons, the most prevalent stimulant drug is cocaine, and according to data from the Survey on Use of Illicit Drugs, Tobacco and Alcohol Use in Prison 4.4 % of convicts aged 19 years and more used this drug in the past 12 months during imprisonment (Drev et al., 2017).

Both the web survey on the use of new psychoactive substances among the students of the University of Ljubljana as well as the study conducted among the users of new psychoactive substances revealed that 3-MMC was the most widely used synthetic cathinone in these two target groups. The stimulant due to which users seek help most often and enter treatment at Centres for the Prevention and Treatment of Drug Addiction is cocaine. After a stable 3-year period, the Centre for Poisoning recorded a growth in the number of cocaine poisonings in 2014, in 2015 and in 2016. In 2016, the number of cocaine poisonings even exceeded the number of heroin poisonings. The number of poisonings with amphetamine-type stimulants also increased. In the same year, the number of cocaine-related deaths also sharply increased.

According to the 2011-2012 Survey on the Use of Tobacco, Alcohol and Other Drugs heroin has been used in their lifetime by 0.5% of inhabitants of Slovenia aged between 15 and 64. In recent years, the

prevalence of high-risk opioid use in Slovenia has ranged between 3.2 and 4.9 users per 1000 inhabitants aged between 15 and 64. Among high-risk opioid users, injecting remains the most frequent risk behaviour, and this type of administration in this group also increased in 2016. Furthermore, high-risk opioid users have transferred to the use of cocaine and prescription drugs. However, heroin is one of the most prevalent drugs in prison, 4.4 % of convicts aged 19 years and more used this drug in the past 12 months during imprisonment (Drev et al., 2017). Although fewer people have recently entered the treatment programme due to problems related with opioid use, opioids or, rather, heroin still remain the main cause for seeking help and entering a treatment programme in the network of Centres for the Prevention and Treatment of Drug Addiction. After a 6-year period of a decreasing number of heroin poisonings, the Centre for Poisoning again recorded an increased number of poisonings by this illicit drug in 2013, 2014 and in 2015. In 2016, the situation had stabilised.

SECTION A. CANNABIS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different types of cannabis

Andreja Drev

According to research implemented among the general population (Lavtar et al., 2014, Drev et al., 2015), among secondary school students (Jeriček Klanšček et al., 2015, Urdih Lazar and Stergar 2016) and among prisoners (Drev et al., 2017), cannabis is one of the most prevalent illicit drugs in these groups. Researches on night life (Sande 2017, Sande et al., 2016) and among users of low-threshold programmes (Sande 2017) has shown the presence of cannabis use. Police data on seizures reveal that the largest quantities of cannabis seized in Slovenia were in the form of marijuana. In the survey on the evaluation of drug-checking services (Sande 2017), users reported on using marijuana. The research on the use of new psychoactive substances (NPS) (Sande et al., 2016) has shown that users most frequently combine NPS with marijuana. The available data lead us to conclude that marijuana is the most prevalently used form of cannabis, which is also available in Slovenia to the greatest extent. The Poison Control Centre also reports on individual poisonings with hashish oil; however, they explain that mostly older people with associated diseases were poisoned (see also the Harms and Harm Reduction Workbook). According to data collected under the National Early Warning System on appearance of NPS, the police also occasionally seize synthetic cannabinoids. Most seizures of synthetic cannabinoids occur in prisons (see also the Prison Workbook), from which it is possible to deduct that their use is prevalent mainly among prisoners.

1.1.2 Cannabis use in the general population

Andreja Drev

Lifetime prevalence of cannabis use

According to the data from the Survey on the Use of Tobacco, Alcohol and Other Drugs, conducted in 2011 and 2012 by the National Institute of Public Health on a representative sample of Slovenian population, cannabis has been used in their lifetime by 15.8% of inhabitants of Slovenia aged between 15 and 64. The lifetime prevalence of cannabis use is statistically significantly higher among men (19.5%) than women (11.8%). In age groups 15-24 years (27.3%) and 25-34 years (29.7%), the lifetime prevalence of cannabis use is statistically significantly higher than in all other age groups (35-44 years 14.5%, 45-54 years 7.5% and 55-64 years 2.5%). In view of education and activity status, the share of cannabis use is the highest among persons with higher or postgraduate education (19.8% compared to 14.8% among persons with secondary education, 11.1 % among persons with elementary education or less) and among inhabitants included in the education process (29.3% compared to 19.9% among the unemployed, 15.5% among employed persons and 1.5% among retired persons) (Lavtar et al. 2014).

Last year prevalence of cannabis use

Cannabis has been used in the last year by 4.4% of inhabitants of Slovenia aged between 15 and 64. The 12-month prevalence of cannabis use is statistically significantly higher among men (5.9%) than women (4.4%). In age group 15-24 years (15.0%), the 12-month prevalence of cannabis use is statistically significantly higher than in all other age groups (25-34 years 6.9%, 35-44 years 1.7%, 45-54 years 0.8%, and 55-64 years 0.2%).

Last month prevalence of cannabis use

Cannabis has been used in the last month by 2.3% of inhabitants of Slovenia aged between 15 and 64. The 30-day prevalence of cannabis use is statistically significantly higher among men (3.3%) than women (1.2%). In age group 15-24 years (7.5%), the 30-day prevalence of cannabis use is statistically significantly higher than in all other age groups (25-34 years 3.7%, 35-44 years 1.0%, 45-54 years 0.4%, and 55-64 years 0.1%).

1.1.3 Cannabis use in schools and other sub-populations

Data on drug use in the Slovenian school environment are obtained using two international studies, i.e. the European School Survey Project on Alcohol and Other Drugs (hereinafter ESPAD) and the Health Behaviour in School-Aged Children Survey (hereinafter HBSC). The data of HBSC 2014 survey are presented in the 2015 and 2016 Drugs Workbook, thus only the data of ESPAD 2015 survey are presented below.

ESPAD 2015

Tanja Urdih Lazar, Eva Stergar

As shown by the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD), ever since 1995, the first year of the survey, cannabis has been and continues to be the most widely used illicit drug both among Slovenia's adult population as well as 15- to 16-year-olds. In the last edition of the survey, in 2015, one-fourth of the participating secondary school students aged 15 to 16 reported using cannabis at least once in their lifetime, with boys (25.9%) making up a slightly larger share to girls (23.8%). The gender difference is statistically significant (χ^2=14.578, df=6, p<0.02), albeit small (V=0.07, p<0.02). Based on this data, Slovenia ranks high above the average among the countries taking part in the ESPAD project, where the lifetime use of cannabis in 2015 averaged 16%, 19% among boys and

14% among girls. 4% of Slovenian secondary school students use cannabis regularly[10], 2.8% are girls and 5.2% boys.

In Slovenia, one in five respondents used cannabis in the last 12 months, whereas the average for the ESPAD countries is one in eight. 12% of the participating secondary school students used cannabis in the last 30 days before the survey, with boys slightly outnumbering girls, while the average for the ESPAD countries was much lower, a mere 7%.

Changes in the lifetime use of cannabis in the period from 1995 to 2015 are statistically significant (χ^2=251.058, df=30, p<0.0001, V=0.05). The marked increase between the years 1995 and 1999 was followed by a steady upward trend until 2003 and later a significant drop in 2007; since then the figure has been found to increase again (Table 1). In 2015, fewer participants than would have been expected by chance reported not having used cannabis during their lifetime.

Table 1. Lifetime cannabis use in the years 1995, 1999, 2003, 2007, 2011 and 2015, ESPAD, Slovenia

Year	**Lifetime**		
	Male	Female	**Total**
1995	14.4	11.8	**13.2**
1999	26.7	22.7	**24.9**
2003	30.7	26.1	**28.4**
2007	24.0	19.9	**22.0**
2011	26.0	20.9	**23.4**
2015	25.9	23.8	**24.8**

Source: University Medical Centre Ljubljana, Institute of Occupational, Traffic and Sports Medicine, ESPAD 2015

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of cannabis use

Tanja Urdih Lazar, Eva Stergar

Based on the findings of the ESPAD project, a lower proportion of Slovenian secondary school students aged 15 to 16 perceive regular cannabis use as a risk compared to their counterparts in most of the other participating countries. Only in four ESPAD countries is this proportion lower than it is in Slovenia. Regular cannabis use being very risky was reported by 55.4% of Slovenian secondary school students, with girls (63.7%) considerably outnumbering boys (46.3%), and the gender difference is statistically significant (χ^2=135.271, df=4, p<0.0001, V=0.198). Across the ESPAD countries the average proportion of secondary school students who felt the same was 65% (58% boys and 73% girls).

Slovenian adolescents also rank high above the average among the ESPAD countries in terms of perceived availability of cannabis; in 2015, as many as 45% of them believed that cannabis was fairly or very easy to obtain, while this view was shared by only one-third of the secondary school students across the ESPAD countries on average. As a result, Slovenia ranks second among the countries participating in the ESPAD project, with higher availability of cannabis being reported only by Czech secondary school students. There is a statistically significant link between the reported perceived

[10] Regular use: regular users are respondents who reported using any illicit drug 40 times or more during their lifetime.

availability of cannabis and the frequency of lifetime cannabis use – those who said that cannabis was impossible, very difficult or fairly difficult to obtain, were more likely to report never using it during their lifetime (χ^2=970.579, df=30, p<0.0001, V=0.24).

1.2.2 Reducing the demand for cannabis

Since 2006 until 2015 the share of those seeking help due to cannabis use at Centres for the Prevention and Treatment of Drug Addiction (hereinafter CPTDA) has increased both among those entering a treatment programme for the first time as well as among those re-entering the treatment programme. In 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA for the first time. In 2016, the proportion of people who sought help due to cannabis use equalled the share of those seeking help due to cocaine use (more in the Treatment workbook).

Cannabis users can seek help in all drug treatment programmes: CPTDA, in harm reduction (hereinafter HR) programmes and social rehabilitation programmes. The mentioned programmes offer various forms of treatment: counselling, quick interventions, treatment and social rehabilitation.

A specific counselling programme in harm reduction intended for cannabis users is carried out by the DrogArt Association with its Reduser application.[11]

1.2.3 High risk cannabis use

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. Since 2010, cannabinoids have been the most frequent illicit drugs detected in adults poisoned by drugs in Ljubljana. 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 2016, the increase in the number of THC poisonings stopped. 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 (more in the Harms and Harm Reduction Workbook).

1.2.4 Synthetic cannabinoids

Edina Mulalić, Marija Sollner Dolenc

In the first half of 2015, a survey was conducted on the use of new psychoactive substances among the students of the University of Ljubljana. Among other, the questionnaire included questions on the knowledge of synthetic cannabinoids. The target population were young adults – the average age amounted to 21.9 years (the youngest was 18 and the oldest was 37) – from all over Slovenia studying actively at any faculty of the University of Ljubljana. Using web surveying, carried out from January to May 2015, 1133 questionnaires were collected, 26% of which were completed by men and 74% by women.

The selected synthetic cannabinoids listed in Table 2 were known by around 3% of respondents on average, most of whom were familiar with the synthetic cannabinoid JWH-018. The use of the synthetic cannabinoids listed was reported by 0.5% of respondents on average. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 17.5 years (17.6 for women and 17.5 for men). The lowest reported age upon first use of these drugs in men was 13 and the highest was 23, while in women these were 14 and 23, respectively.

[11] The Reduser application is an anonymous web application that may assist in cutting down or discontinuing drug use.

When questioned how they came into contact with synthetic cannabinoids, 2.8% of respondents answered that they got them from their friends, 1.1% answered that they got them at a party, 0.9% bought them from a dealer and 0.5% bought them online. Positive and negative experiences with the drug were reported by 1.9% of respondents, 1.4% reported only positive experiences and 0.4% reported only negative experiences.

2.2% of respondents reported having used the drug for less than a month, 1.2% reported having used it for 2 years or more, while 0.7% reported that they still used the drug.

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 35% assessing their knowledge with 1 and 5.6% believing that they were well informed (5). The average amounted to 2.3% and showed that the general knowledge of this type of drug is rather poor.

Table 2. The share (in %) of identification and lifetime prevalence of synthetic cannabinoid use

Synthetic cannabinoid	Identification (%)	Lifetime prevalence (%)
JWH-018	4.1	0.8
JWH-073	2.9	0.5
JWH-081	2.5	0
JWH-210	3.2	0.4
AM-2210	2.4	0.3
UR-144	1.8	0.1
CP-47/497	3.1	0.2
AH-7921	1.5	0.1
HU-210	2.4	0.5

Source: Faculty of Pharmacy, Survey on the use of new psychoactive substances among the students of the University of Ljubljana, 2015

2. New developments

2.1 New developments in the use of cannabis

In 2014, there were several initiatives to regulate cannabis use for medicinal purposes, both by state institutions as well as the civil society. State institutions strived to regulate the use of active substances from cannabis for medicinal purposes by amending the existing legislation, i.e. by reclassifying the active substance THC in the Decree on the classification of illicit drugs from the Class 1 of illicit drugs into Class 2 of substances that can be used in medicine. The civil society initiative, however, prepared a draft cannabis act permitting the growing of a limited amount of cannabis for own needs or self-medication. The draft cannabis act was rejected by the Committee on Health of the National Assembly, which supported the regulation of cannabis for medicinal purposes through the amendment of the existing legislation.

In March 2017, cannabis was transferred from Class 1 to Class 2 on the list of illicit drugs, thus establishing a legal basis for the use of this plant for medical purposes. The entire plant, its extracts and resin have been transferred to Class 2, whereby the main purpose of the modification is to enable the use of standardised buds or fertile tips of cannabis from which resin has not been extracted for medical purposes. The initiative for enabling the prescription of such products for treatment with certain

indications was provided by the Medical Chamber in its report as of 21 September 2016). In addition to medicinal products based on synthetic and natural cannabinoids, the use of standardised buds or fertile tips of cannabis (medical cannabis) has been enabled, but not entirely realised in Slovenia (see the Drug Policy Workbook for more information).

3. Additional information

3.1 Additional sources of information

Data from the Prison Administration of the Republic of Slovenia show that the use of synthetic cannabinoids is present in some prisons. Compared to 2015, when there were 38 seizures of synthetic cannabinoids, the number of seizures of synthetic cannabinoids rose to 144 in 2016. Synthetic cannabinoid AKB-48F is the most prevalent among those cannabinoids. This drug is used as a black paste that is mixed with tobacco. Synthetic cannabinoids were used mostly in prisons in the eastern part of Slovenia.

For the purpose of raising awareness and providing information with regard to the complications and adverse consequences of using new synthetic drugs, the Prison Administration of the Republic of Slovenia prepared several workshops in 2016 for prisoners in all prisons and several training sessions for employees working directly with prisoners (see also the Prison Workbook).

3.2 Further aspects of cannabis use

Two cases of cannabis related deaths were registered for the first time in Slovenia in 2015 and another two in 2016 (see also the Harms and Harm Reduction Workbook).

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different stimulant drugs

Andreja Drev

According to the data from the 2011-2012 Survey on the Use of Tobacco, Alcohol and Other Drugs, cocaine is the most widely used stimulant among inhabitants of Slovenia aged between 15 and 64. The latest, 2015 edition of the ESPAD survey, however, showed that methamphetamine has become as prevalent as cocaine and ecstasy among 16-year-olds.

Considering prevalence in the general population and among secondary school students, cocaine use is followed by ecstasy, amphetamine and methamphetamine. The studies on drug checking services evaluation 2017 and on the use of new psychoactive substances from 2014 revealed that cocaine was, in addition to amphetamine and ecstasy, also present in night life settings as well as among users of new psychoactive substances. Cocaine use has also been detected among high-risk opioid users who frequently inject cocaine. In 2015 and 2016, the occurrence of methamphetamine was detected among night-time party-goers and users of low-threshold programmes. Among stimulants, cocaine is the leading cause to enter a treatment programme at Centres for the Prevention and Treatment of Drug

Addiction (see also Treatment workbook). Considering the number of poisoning cases recorded by the Centre for Poisoning, the leading stimulant is cocaine, followed by amphetamine-type stimulants; in 2016, there were also some cases of poisoning by the synthetic cathinones (3-MMC, methylone, mephedrone). In 2016, the number of cocaine poisonings and the number of poisonings with amphetamine-type stimulants increased significantly if compared to previous years. Furthermore, data on illicit drug-related deaths show that the number of deaths caused by cocaine poisoning also increased in 2016 (see also the Harms and Harm Reduction Workbook). The analysis of samples collected within the scope of the early warning system on appearance of NPS showed that very pure cocaine (90 to 95%) and ecstasy with a high level of MDMA content occasionally emerged on the black market. In the last 3 years, the police detected increased quantities of seized amphetamine, methamphetamine and ecstasy, while the quantities of seized cocaine fluctuated.

1.1.2 Stimulant use in the general population

Andreja Drev

The data on the use of stimulants in the general population were obtained from the 2011–2012 Survey on the Use of Tobacco, Alcohol and Illicit Drugs.

The prevalence of cocaine use

Cocaine has been used in their lifetime by 2.1% of inhabitants of Slovenia aged between 15 and 64; 0.5% used the illicit drug in the last year and 0.1% used it in the last month. The lifetime prevalence of cocaine use is statistically significantly higher among men (2.8%) than women (1.2%). In age groups 15-24 years (3.9%) and 25-34 years (4.4%), the lifetime prevalence of cocaine use is statistically significantly higher than in all other age groups (35-44 years 1.7%, 45-54 years 0.5% and 55-64 years 0.1%). Considering the status, the lifetime prevalence of cocaine use was higher among persons included in the education process (3.9%) and the unemployed (4.7%) than among employed persons (1.7%) (Lavtar et al. 2014).

The 12-month prevalence of cocaine use is statistically significantly higher among men (0.7%) than women (0.3%), and in the youngest age group of 15-24 years (1.9%), compared to other age groups (25-34 years 0.6 %, 35-44 years 0.3%, 45-54 years 0.1%, and 55-64 years 0.0%) (Lavtar et al. 2014).

The prevalence of ecstasy use

Ecstasy has been used in their lifetime by 2.1% of inhabitants of Slovenia aged between 15 and 64, 0.3% used the illicit drug in the last year and 0.1% in the last month. The lifetime prevalence of ecstasy use is statistically significantly higher among men (2.7%) than women (1.4%). In age groups 15-24 years (3.5%) and 25-34 years (5.4%), the lifetime prevalence of ecstasy use is statistically significantly higher than in other age groups (35-44 years 1.5%, 45-54 years 0.2%, and 55-64 years 0.1%). Considering the status, the lifetime prevalence of ecstasy use is higher among unemployed persons (4.6%) and persons attending school (3.5%) than among employed persons (1.8%) (Lavtar et al. 2014).

The prevalence of amphetamine use

Amphetamine has been used in their lifetime by 0.9% of inhabitants of Slovenia aged between 15 and 64, 0.3% used the illicit drug in the last year and 0.1% in the last month. The share of amphetamine use is statistically significantly higher among men (1.4%) than women (0.5%). In age groups 15-24 years (1.9%) and 25-34 years (2.3%), the lifetime prevalence of amphetamine use is statistically significantly higher than in age groups 35-44 years (0.5%) and 45-54 years (0.2%). Considering the status, the lifetime prevalence of amphetamine use is statistically significantly higher among persons attending school (2.3%) and the unemployed (2.0%) than among employed persons (0.7%) (Lavtar et al. 2014).

1.1.3 Stimulant use in schools and other sub-populations

ESPAD 2015
Tanja Urdih Lazar, Eva Stergar

The ESPAD project includes questions on the use of the following stimulants: ecstasy, amphetamines, methamphetamines, cocaine, and crack in particular. 4.9% of the 15- to 16-year-olds have reported using one of these stimulants at least once in their lifetime. Ecstasy was used by 2.2% of the respondents, amphetamines by 0.9%, methamphetamines by 2.3%, cocaine by 2.2% and crack by 1.2%. There are small differences between the genders, with the only statistically significant difference observed in cocaine use: 1.7% of boys and 2.6% of girls reported using this illicit drug at least once in their lifetime (χ^2=18.649, df=4, p<0.001, V=0.073). In the last 12 months prior to the survey, less than 2% of the participating adolescents used ecstasy, methamphetamines or cocaine, and less than 1% of them used amphetamines or crack. Much like the previous editions, the 2015 edition of the ESPAD project found that the use of stimulants in the survey group was a relatively rare occurrence, which applies to all the other illicit drugs as well except for cannabis.

The research on cocaine use in night-life settings is described in the 2015 and 2016 Drugs Workbook.

Research drug checking services evaluation
Matej Sande

In the research on drug checking services evaluation, we also checked the prevalence of the use of stimulant drugs in an online sample of drug users in nightlife (n = 554). The sample included 56.2% men and 43.8% women with an average age of 24 years. The research also studied the use of drugs in the month before the research and at the last occasion or "party".

The web sample showed that the majority of respondents used drugs several times a year (22.0%) and several times per month, but less than once a week (21.8%). 19.7% of respondents used drugs once a month, 12.3% several times per week and 10.0% once a week; 6.6% of respondents used drugs on a regular, daily basis; 7.7% of respondents had stopped using drugs (n = 519).

In a web survey, the respondents in the last month had mostly used marijuana (83.4%), MDMA (54.2%), cocaine (38.0%) and amphetamines (31.8%). They had also used hallucinogen drugs (11.9%), sedatives (8.9%), 3-MMC (6.8%), GHB/GBL (7.5%), methamphetamine (5.6%) and ketamine (5.1%); 2.4% of respondents had tried heroin. Other NPS or substances that were recently considered as NPS were used by a relatively small number of respondents. 2.1% respondents had tried methylone, 4-cmc/3-cmc (1.5%), NBOMe (1.1%) (n = 531).

At an "average" party, the respondents to the web survey had mostly used marijuana (63.0%), MDMA (59.3%), amphetamine (32.9%) and cocaine (27.7%). They also used 3-MMC (4.9%), GHB/GBL (4.3%) and methamphetamine (3.6%) (n = 535).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of stimulant use

According to data collected within the scope of the TDI indicator, users who seek help at centres for prevention and treatment of drug addiction mostly sniff cocaine and to a lesser extent smoke or inject it; they orally ingest, sniff and inject amphetamine, and inject methamphetamine (see also Treatment workbook).

The 2015 research on chemsex among men who have sex with men shows that they use amphetamine, 3-MMC, methylone and ecstasy. The respondents reported on different ruts of administration; they combine one, two or three ruts of administration of various drugs; they usually take drugs by nasal inhalation or orally.

The study on the use of new psychoactive substances from 2014 showed that of all NPS, respondents mostly tried 3-MMC and also used it most often. 3-MMC had been used for over a year by slightly more than a quarter of respondents in the sample, while a third had used it for less than a month prior to the study . Most respondents used 3-MMC once or twice (28.4%), and 40 or more times (20.7%)

1.2.2 Treatment for stimulants

Data on treatment demand reveal that, in 2016, 8.9% of users who sought help at CPTDA (including CTDA) for the first time or again, sought help due to stimulant use. Among stimulants, cocaine is the leading drug due to which users seek help.

Among users seeking help for the first time or again due to problems related to the use of any drug, cocaine took the second place as the leading cause to seek help (more in the Treatment Workbook).

In Slovenia, users of stimulant drugs can enter a drug addiction treatment programme at CPTDA or seek help within the scope of the harm reduction programmes for stimulant drugs carried out by the DrogArt Association.

1.2.3 Synthetic cathinones

Matej Sande

The study on mephedrone was presented in 2015 and 2016 Drugs Workbook.

The study on the use of new psychoactive substances (hereinafter NPS) was carried out in 2014 with the main purpose to research the characteristics of the use of new synthetic drugs among young persons and to develop suitable interventions within the existing aid programmes (Sande 2015). The study sample included only NPS users (or ex-users) who completed an online questionnaire between May and October 2014. Respondents were sought on different websites and portals, social networks and online forums.

Most respondents in the sample had tried 3-MMC (67.9%), followed by methylone (43.0%) and mephedrone (37.3%). During the study, all three NPS were included in the list of illicit drug and only 3-MMC and limited amounts of methylone were available from dealers in 2014.

Of all NPS, respondents mostly tried 3-MMC (67.9%) and also used it most often. 3-MMC had been used for over a year by slightly more than a quarter of respondents (26.8%) in the sample, while a third had used it for less than a month prior to the study (n = 168). Most respondents used 3-MMC once or twice (28.4%), and 40 or more times (20.7%) (n = 169).

Run in parallel with the quantitative part of the survey, the qualitative part (Nahtigal, Šabić & Paš, 2016) aimed to provide an in-depth insight into the characteristics of NPS use and the problems users faced. Comprehensive interviews were held with 25 NPS users (18 men and 7 women, average age 22 years) from December 2013 through October 2014. The results complement the findings of the quantitative part, both in terms of the popularity of using synthetic cathinones in Slovenia and in terms of signs of addiction. Users reported what is known as binge use as well as craving. They also reported withdrawal symptoms after stopping using 3-MMC. Apart from these problems identified in the quantitative part, the following conditions were also observed: brain zaps, introversion, anxiety, epileptic fits, mental changes and sexual problems. One of the survey's key findings was the identification of NPS use patterns. By analysing the interviews, we managed to pinpoint four principal use patterns based on the

characteristics of use: unplanned use, planned use, experimenting with different NPS, and using NPS during the week.

The findings regarding the ways to reduce the risks the users in the survey sample were exposed to, are important for the planning of assistance measures in the area of NPS. Observations that the users search for relevant information online before using, that they take smaller doses before using for the first time, and that they test the substances before using may serve as a guide for us in determining the focus and direction of our activity concerning new drugs.

The use of synthetic cathinones among the students of the University of Ljubljana
Edina Mulalić, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Ljubljana revealed that more students know synthetic cathinones than synthetic cannabinoids. The most widely known was 3-MMC (called 'sladoled' or *ice cream* on the streets of Slovenia), followed by 4-MMC and methylone (Table 3). The use of synthetic cathinones was reported by 3.2% of respondents, most of them reporting the use of 3-MMC. The average age of respondents who came into contact with the mentioned group of drugs (n = 74; 6.5%) was 18.9 years (18.4 in women and 19.5 in men). The lowest age upon first use was 13, while the highest was 26 (for women 13 and 26 years, for men 15 and 26 years).

When questioned how they came into contact with synthetic cathinones, 3.7% of respondents answered that they bought a synthetic cathinone from a friend, 2.2% bought the drug at a party, 1.8% from a dealer and 0.4% bought it online.

2.6% of respondents reported having used cathinones for less than a month, while 1.6% used them for over 2 years. When questioned about the effects of the drugs, 2.7% of respondents reported positive effects, 2.6% reported mixed effects, i.e. both positive and negative, and 0.6% of respondents reported only negative effects. Negative effects were described primarily as a constant need for a new dose, feeling unwell, depression and fatigue after the use. Positive feelings upon use were described as a feeling of well-being and bursting with energy. With respect to the assessment of knowledge about the dangers involved in the use of synthetic cathinones, 52.5% of respondents chose 1 (complete lack of awareness), while the average grade was 2.

Table 3. The share (in %) of identification and lifetime prevalence of synthetic cathinone use

Synthetic cathinone	Identification (%)	Lifetime prevalence (%)
4-MMC	27.2	3.9
3-MMC	29.2	6.6
4-MEC	8.0	2.1
Ethcathinone	5.8	0.7
Pentedrone	6.3	1.4
Methylone	18.5	4.1
α-PVP	3.8	0.4

Source: Faculty of Pharmacy. Survey on NPS use among the students of the University of Ljubljana, 2015

1.2.4 Injecting and other routes of administration

Injecting remains the most frequent method of using drugs among users in harm-reduction programmes. In 2016, we noticed an increased issue of sterile injecting paraphernalia (especially needles and syringes) and increased percentage of injecting drugs compared to 2015[12]. One of the reasons for the increased use of equipment is the higher percentage of cocaine users, among which the frequency of use and use of sterile equipment is higher than among users of other drugs[13].

2. New developments

2.1 New developments in the use of stimulants

Compared to previous years, the number of poisonings and deaths due to cocaine increased in 2016, and in comparison with previous years, the number of poisonings with amphetamine-type stimulants also increased significantly.

According to non-governmental organisations reports after some years when good cocaine was in short supply, the latter is became available again.

3. Additional information

3.1 Additional sources of information

Chemsex among MSM population in Slovenia
Mina Paš, Jernej Škof, Miran Šolinc

An increase in new HIV infections has been reported among men who have sex with men (MSM) in Slovenia since 2006. In the last years a new phenomenon was noticed, namely chemsex as a new sexual practice. The aim of the study was to evaluate the extent of chemsex phenomenon in Slovenija and to evaluate the patterns of chemsex and risk factors. Our aim was also to establish a connection with chemsex users, which would open them access to community based services.

Methodology:
Selection criteria for enrolment was at least 18 years of age and having been involved in sexual contact with another man and practiced chemsex in the last 12 months. Semi-structured interviews were conducted and a consensus agreement was given. Interviews were recorded when agreed and transcripts were made, when not agreed notes were made during the interview. (n=27). Collected data was analyzed qualitatively and statistically.

An online questionnaire was distributed through the mail web channels, targeting MSM population in October and November 2015. 79 respondents filled in the questionnaire completely.

Results:
All respondents used more than one drug before or during the last sexual intercourse when practicing chemsex. Most frequently used drugs were Amphetamines and GHB/GBL (80%) followed by 3MMC (67%), Methylone (60%) and Ecstasy (53%). Less frequently used drugs, by less than half of respondents were Cannabis (47%), and followed by Viagra/Cialis/Kamagra and Poppers both (33%),

[12] NIPH, Koper Regional Unit, Svit Koper Association. Data on sterile injecting paraphernalia exchange in harm-reduction programmes. The use of drugs among harm-reduction programme users in Slovenia, 2016.
[13] NIPH, Koper Regional Unit and Svit Koper Association. Database on the sterile injecting paraphernalia exchange for safer injecting in harm-reduction programmes, 2014-2016.

and Cocaine as least with (13%). The users were reporting taking drug by different modes. They are combining one, two or three modes of taking three different drugs, namely sniffing and taking drugs orally, which are two most common ways (80%). It is understand that all were consuming poppers by inhaling (33%) and smoking Cannabis by (47%). 20% were reporting taking drug also anally. Almost 7% were reporting injecting the drug before or during chemsex.

Conclusions:
The study revealed high levels of drug use when practicing chemsex which lead to unprotected sex. Chemsex is happening almost exclusively in home environment and the group of chemsex users is quite a closed group, which complicates accessibility for harm reduction and other prevention approaches. Chemsex population is very at home in using apps (Grinder and similar), which can be a useful channel for interventions. Taking into account a very low prevalence in condom use during chemsex, combined with high risk sexual practices (fisting, multiple partners), we can consider this population as high risk population for STD transmission and therefore PrEP would be a very suitable prevention strategy, combined with targeted harm reduction interventions and further promotion of STD testing.

SECTION C. HEROIN AND OTHER OPIOIDS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different opioid drugs

Andreja Drev

The most widespread illicit drug from the opioid group is heroin. Data on the lifetime prevalence of heroin use have been taken from the Survey on the Use of Tobacco, Alcohol and Illicit Drugs. Heroin has been used in their lifetime by 0.5% of inhabitants of Slovenia aged between 15 and 64, while 0.1% used it in the last year. The lifetime prevalence of heroin use is statistically significantly higher in men (0.7%) than women (0.3%). In age groups 25-34 years (0.8%) and 35-44 years (0.7%), the lifetime prevalence of heroin use is statistically significantly higher than in age group 55-64 years (0.1%). Considering the status, the lifetime prevalence of heroin use is statistically significantly higher among unemployed (1.9%) than employed persons (0.3%) (Lavtar et al. 2014).

Heroin was the only opioid addressed in the ESPAD project. 0.9% of the 15- and 16-year-olds (0.7% boys and 1.0% girls) have reported using it at least once in their lifetime, which ranks us slightly below the average among the countries participating in the ESPAD project.

Among high-risk users of harm reduction programmes, heroin is the most widespread drug from the group of opioids. In the opioid group and among all other drugs, heroin is the principal cause to seek help and enter a treatment programme at Centres for the Prevention and Treatment of Drug Addiction. Heroin is also the opioid on account of which the largest number of poisonings has been recorded by the Centre for Poisoning. The number of deaths caused by heroin poisoning fell in 2016 compared to 2015, but heroin remains the opioid with which most lethal poisonings are related.

1.1.2 Estimates of opioid use in the general population

Ines Kvaternik, Samo Novakovič

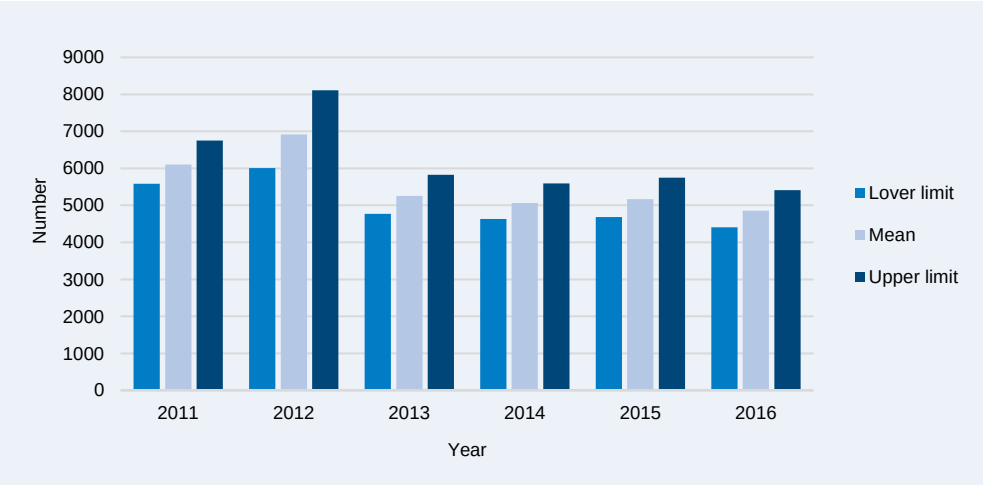
The prevalence of high-risk opioid use (hereinafter referred to as HROU) has not changed in recent years. The estimation for 2016 is slightly lower than the estimation of previous years, and ranges from 3.2 to 3.9 users per 1000 inhabitants in the group of inhabitants from 15 to 64 years (table 4).

Table 4. Estimation of the number of HROU by using the hidden population coefficient and the capture-recapture method in 2016

	Lower limit	Mean	Upper limit
Evaluation	4405	4853	5408
15–64 / 1000 inhabitants	3.21	3.54	3.94

Source: Calculation by Kvaternik and Novakovič on the basis of data from the Statistical Office of the Republic of Slovenia on basic groups by gender (2012) and the hidden population coefficient in 2016

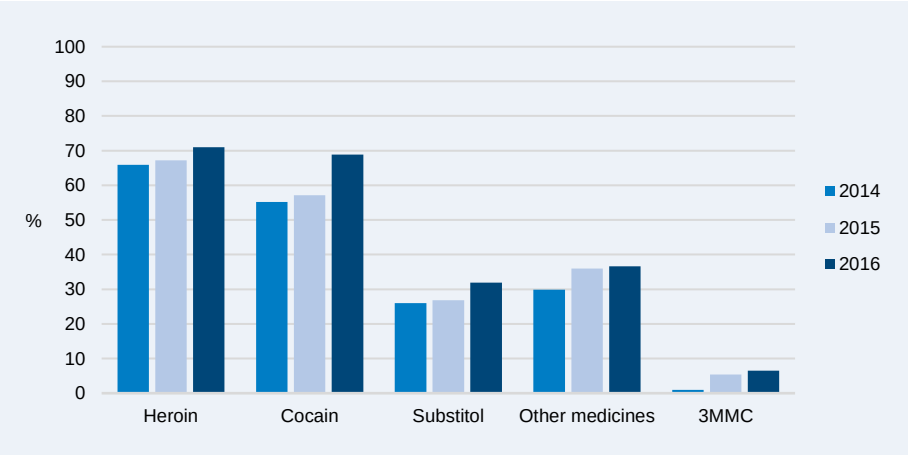
Figure 1. The prevalence trend of high-risk opioid use, 2012–2016



Source: Calculation by Kvaternik and Novakovič (2016) on the basis of the hidden population and capture- recapture method, 2012–2016

There were 6917 HROU in 2012 in Slovenia (within a 95-per-cent reliability interval from 6011 to 8114), and 5252 HROU in 2013 (within the 95-per-cent reliability interval from 4772 to 5832). There were 5064 HROU in 2014 in Slovenia (within the 95-per - cent reliability interval from 4629 to 5592), and 5172 HROU in 2015 (within the 95-per-cent reliability interval from 4686 to 5751) and 4853 in 2016 (within the 95-per-cent reliability interval from 4405 to 5408).

Figure 2. Injecting drugs among users of the sterile injecting paraphernalia programme, 2014–2016



Source: NIPH, Koper Regional Unit and Svit Koper Association, 2014–2016

Data acquired from the sterile paraphernalia exchange programme show that injecting of drugs as a route of administration increased again in 2016. Some 71% of HROU injected heroin, 69% cocaine, 32% Substitol, 37% other medicines, 6% injected 3-MMC (figure 2). The average age of users in the aforementioned programmes was 38 years; 83% of were men, and almost 77% were simultaneously on substitution treatment.

1.1.3 Estimates of opioid use in sub-populations

Matej Sande

In the research on drug checking services evaluation, we also checked the characteristics of drug use in a sample of 102 users of seven harm-reduction programmes in Slovenia. The sample included 71.7% men and 28.3% women. The age of users in programmes ranged from 17 to 58 years (M = 35).

Most respondents replied that they were using drugs regularly every day (41.0%). A smaller number (12.0%) indicated that they took drugs several times a week and several times a year. 11.0% of respondents used drugs several times in a month, but less than once per week. 14.0% of respondents in the harm-reduction sample had stopped using drugs (n = 100).

Most users in harm reduction programmes during the preceding last month had used methadone (63.7%), sedatives (52.0%), heroin (49.0%), marijuana (47.1%), substitution medicines (44.1%) and cocaine (41.2%). In addition to cocaine, lower percentages of other stimulants were used: MDMA (11.8%), amphetamine (8.8%), 3-MMC (3.9%) (n = 102).

Regarding the last occasion on which they had used drugs, respondents in harm-reduction programmes reporting using primarily methadone (49.0%), sedatives (43.1%), marijuana (34.3%), heroin (33.3%), substitution medicines (31.4%) and cocaine (21.6%) (n = 102).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of heroin/opioid use

Ines Kvaternik, Živa Žerjal

Data acquired from the sterile paraphernalia exchange programme show that injecting of drugs as a route of administration increased again in 2016. Some 71% of HROU injected heroin, 69% cocaine, 32% Substitol, 37% other medicines, 6% injected 3-MMC (figure 2). The average age of users in the

aforementioned programmes was 38 years; 83% of were men, and almost 77% were simultaneously on substitution treatment.

Data on users who seek help in harm-reduction programmes in the field of drugs are collected by an anonymous questionnaire on drug use, which is implemented once a year. In 2016, 223 users in eleven harm-reduction programmes in Slovenia were included in the research (Stigma Association, Svit Association, Pomoč Association, Pot Association, Zdrava pot Association, DrogArt Association, Kralji ulice Association, Socio Celje Public Institute, Šent – shelter in Ljubljana, Šent Velenje and Šent Nova Gorica).

Out of 223 respondents, 172 were men (79.3% of respondents), and 45 were women (20.7% of respondents). The structure by gender did not significantly change in the five-year period. The average age of respondents has changed, i.e. it is higher every year. In 2012, the average age of respondents was 33.24 years, and in 2016 the average age was 36.64 years. We have also noticed that none of the respondents in 2015 and 2016 was under the age of 20. The youngest respondent was 22 years old; and we also recorded the highest age, i.e. 59 years.

Most respondents have a vocational or secondary school education, i.e. 63%, 28% of them had finished primary school, and 7% have a higher, university or high level of education. Two per cent of respondents had not finished primary school. Most of the respondents are unemployed (80%); 15% of them are regularly employed, 3% are retired; 2% indicated that they were still in school.

The highest number (38%) of respondents live alone, and slightly less (34%) with their parents or relatives; 12% live with partners, 5% with partners and children, 6% live in shelters, and 2% are homeless (parks, streets, abandoned buildings).

Some 75.3% of respondents among the harm-reduction programme users were in the past year also treated in other programmes intended for illicit drug users. 86% of them were in substitution programmes, 4.8% in abstinence programmes; only one respondent indicated that they had undergone hospitalised detoxification. 6% of respondents indicated that they were included in a combination of substitution and other treatment programmes in the past year. 24% of the respondents were not being treated in any other programme.

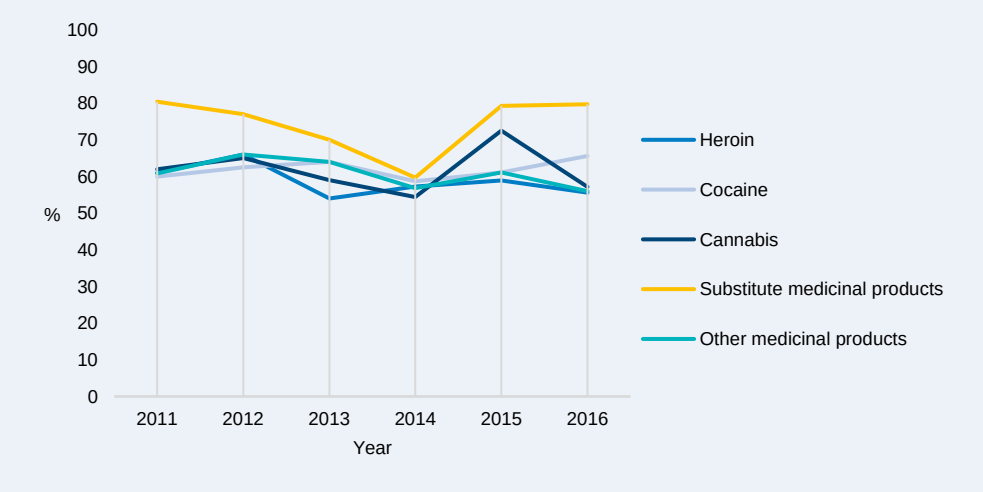
In 2016, 26% of respondents were prosecuted for drug offences.

Data on the profiles of drug users who seek help in harm-reduction programmes due to drug use show that the proportion of the use of various types of drugs (figure 1) changed from 2012 to 2016. In that period, we noticed a drop in the use of heroin and an increase in the use of cocaine. The use of cocaine in 2014 achieved or even exceeded the use of heroin, which, according to the reports of expert workers in harm-reduction programmes, may be ascribed to the reduced availability of heroin which occasionally emerges on the streets, but is of very poor quality.

Harm-reduction programmes in the field of drugs in the past few years have reported about the increased use of easily accessible opioid substances, and especially about the increased use of alcohol and abuse of substitution drugs (especially Substitol) as well as prescription drugs (Apaurin, Dormikum, Helex, Sanval ...). In 2014, the use of substitution and other prescription drugs among users who inject illicit drugs fell, mostly due to the upgrade of doctrine concerning the treatment of illicit drugs and the adoption of recommendations on the use of, and abolition of use of, benzodiazepines in patients who are included in substitution programmes of opioid addiction treatment programmes in Slovenia (Kastelic and Šegrec 2013). This does not change the fact that many harm-reduction programmes users inject the aforementioned drugs, which is evident in the increased use of longer and shorter syringe parts.

Figure 3 shows that the use of heroin among harm-reduction programme users is declining. In 2014, the proportion of the use of heroin slightly increased, which can be ascribed to the short-term appearance of higher quality heroin on the market. There were no major changes with regard to cocaine use, while the use of cannabis is decreasing. Approximately one fourth of respondents use amphetamines and ecstasy, while the use of new drugs is not very popular among harm-reduction programme users. In the past 12 months, slightly less than 15% of respondents had used new drugs at least once in 2016. This does not apply to the use of substitution drugs, since data have always shown high usage percentages. A reduction was recorded only in 2014, which is mostly the result of the aforementioned limitation on prescribing certain substances. In 2016, a decrease in the use of other medicinal products (sedatives and hypnotics) was notices in compared to 2015. The proportion of use of other medicinal products was even lower than in 2014 when the lowest use of all drugs was recorded.

Figure 3. The type of drug injected by users of harm reduction programmes, 2012–2016



Source: NIPH, Koper Regional Unit, Survey on drug use among harm-reduction programme users 2012–2016

1.2.2 Treatment for heroin and other opioids

In 2016, opioids continue to be the chief cause for seeking help and entering treatment at the CPTDA network. In the same year, 82% of users sought help at CPTDA (including CTDA) for the first time or again due to opioids as the main drug. Among users seeking help due to opioids at CPTDA, those seeking help due to heroin as the main drug prevail (83.7%) over those seeking help due to the methadone bought on the black market (8.1%) and buprenorphine (7.2%).

Among users seeking help for the first time at CPTDA, a good half (55.3%) sought help due to opioid problems and most of them 76.9% sought help due to heroin as the main drug.

Most of the users seeking help again at CPTDA (88.2%) sought help due to opioids and most of them (84.6%) sought help due to heroin as the main drug (see also the Treatment Workbook).

Accessibility of harm-reduction programmes

Harm-reduction programmes concerning drug use, which also operate sterile injecting paraphernalia exchange services, are relatively accessible in Slovenia. In regions with no day centres, mobile exchanges of sterile injecting paraphernalia are implemented via field work, i.e. by primary or secondary exchanges of equipment or via field work with a mobile unit (Gorica area, part of the central Slovenian region and part of SE Slovenia, part of Koroška, part of Notranjska and Pomurje region). Some parts in SE Slovenia and a part of the Koroška region have no such programmes. Ten of the above-mentioned programmes were operating in 2016 in Slovenia. Six programmes involved field work, of which five were

equipped with mobile units; one programme implemented classic field work in two locations. Day centres were established in 8 programmes, and these operate at several sites in some regions. The exchange of injection equipment is also implemented at the night accommodation centre and three pharmacies. The programmes implemented field work in 74 places, i.e. at 90 locations (more in the Harms and Harm Reduction Workbook).

1.2.3 High risk opioid use

According to the Centre for Poisoning at Ljubljana University Medical Centre, which covers the area of Ljubljana with around 600,000 inhabitants, the number of heroin poisonings from 2007 (58 poisonings) until 2012 (8 poisonings) gradually decreased, in 2013, the number of heroin poisonings again increased and in 2015 (44 poisonings) and 2016 (42 poisonings) poisonings reached the same level as at the beginning of this decade (see Harms and Harm Reduction Workbook).

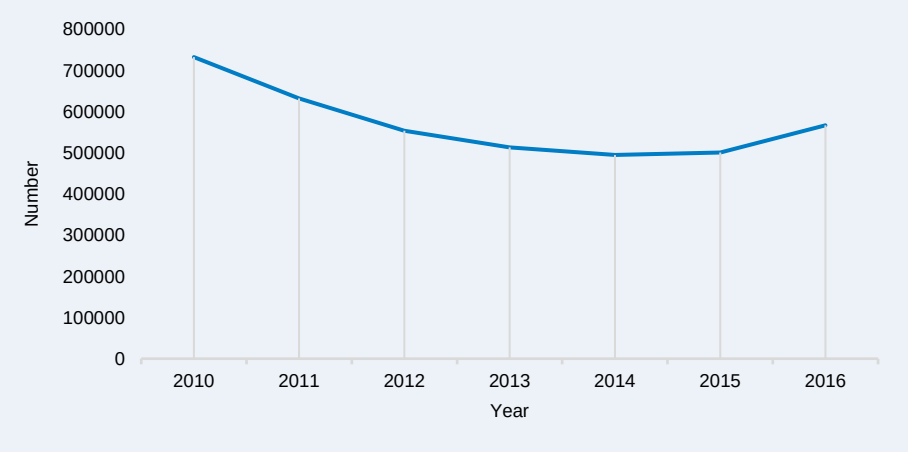
1.2.4 Synthetic opioids

In 2016, the Institute of Forensic Medicine analysed a biological sample of a person who died due to illicit drug poisoning and found the traces of the synthetic opioid fluorofentanyl. According to the criminal police department, the deceased had probably bought the synthetic opioid online. Among the NPS samples that are anonymously collected from users at info points established under EWS, a sample of 4-fluorobutirfentanyl was collected in 2016. The DrogArt non-governmental organisation occasionally detected users on its web forum who were searching for information about individual synthetic opioids.

1.2.5 Injecting and other routes of administration

Ines Kvaternik, Živa Žerjal

Figure 4. The number of needles and syringes issued to users of harm reduction programmes, 2012–2016



Source: NIPH, Koper Regional Unit, 2016

The number of needles and syringes issued in sterile injecting paraphernalia exchange programmes from 2012 to 2014 dropped, and then started increasing; in 2016 (567.233), it even exceeded the quantities in 2012 (553.426) (figure 4).

As already mentioned, in the past five years, the injecting as a route of administration has been decreasing in the mentioned target group of users, but still remains the most risky behaviour. In 2012, 84.8% of users indicated that they inject drugs, while in 2016 the share was significantly lower, i.e. 60.1%. Such a large difference in the proportion of users who inject drugs is also ascribed to a slightly modified collection of data.

Data show that harm-reduction programme users share needles and other injecting equipment at, but to a lesser extent. In 2016, 98.5% of them stated that in the past year they had used clean or sterile needles; 96.1% of them indicated that they had used clean or sterile equipment. These data show the effectiveness of harm-reduction measures and a change in user behaviour.

2. New developments

2.1 New developments in the use of heroin and other opioids

Employees in programmes who offer help to illicit drug users state that the population of high-risk users of opioids is constantly ageing, which is connected to a series of health, psychological, behavioural, social and economic problems. Alcohol and tobacco abuse problems are also very common. HROU also report on an increasing number of dangerous mixtures on the black market and the changed method of illicit drug purchase. They report that the dark web is more frequently used to buy drugs. Increasing numbers of users are using classic illicit drugs to a lesser extent (heroin and cocaine) due to their economic and social situation, and they mostly abuse substitution drugs and prescription drugs. In 2016, there was also an increase in the use of illicit drugs in public places in city centres, which was also connected to violence (Ljubljana, Koper).

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

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

1.1.1 Prevalence and trends in NPS use

Edina Mulalić, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Ljubljana also covered the use of new psychoactive substances that are not listed in the group of synthetic cannabinoids or cathinones. Respondents mostly recognised the new psychoactive substance GBL/GHB, followed by methoxetamine (MXE) and ethylphenidate (Table 5).

Table 5. The share (in %) of identification and lifetime prevalence of NPS use

NPS	Identification (%)	Lifetime prevalence (%)
25C-NBOMe	4.7	1.8
25I-NBOMe	4.8	1.3
25b-NBOMe	3.4	0.4
4,4'-DMAR	3.4	0.4
MT-45	2.4	0.0
2-FA	4.1	0.7
4-FA	4.8	1.7
2-FMA	3.6	0.3
5-APB	3.1	0.0
6-APB	2.3	0.0
5-MAPB	2.5	0.3
4-OH-MET	4.9	0.9
α-MT	2.6	0.5
4-ACO-DMT	3.7	0.5
3-meo-PCP	5.6	0.1
Methoxetamine (MXE)	14.7	0.5
Ethylphenidate	9.1	0.4
AL-LAD	3.8	0.4
LSZ	8.7	0.7
GBL/GHB	28.1	2.7

Source: Faculty of Pharmacy, Survey on NPS use among the students of the University of Ljubljana, 2015

62% of respondents had no experiences with other new psychoactive substances, while 6.3% reported experiencing both positive and negative effects. 2.6% of the respondents reported only positive effects and 2.4% reported only negative effects. Respondents mostly described good effects during the use and bad effects after the use, including feeling unwell, depression or a need for a new dose.

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 (48.3%) assessed the risk with grade 3. The mean value of the answers selected amounted to 3.5, 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. 48.4% of respondents answered that they would seek help from friends, 26.7% would go to their family and relatives, 24.3% would seek help from the anonymous forums dealing specifically with such issues, 22.2% would go to drug rehab clinics, 18.9% would see their personal physician, 17.1% would go to the DrogArt Association, 16.9% would call anonymous help

lines intended for drug users, while others would not seek help at all or would not know how to act in such a situation. Of all respondents, 0.6% already sought help in the past due to NPS.

ESPAD 2015

Tanja Urdih Lazar, Eva Stergar

2.9% of the ESPAD project respondents aged 15 to 16 reported having used new psychoactive substances which mimic the effects of illicit drugs and come in the form of herbal mixtures, powders, crystals or tablets. The most frequent form of these substances that the secondary school students used in the last 12 months was a herbal mixture for smoking, followed by substances in powder, crystal or tablet form, with the smallest proportion of the students using these substances in liquid or some other form.

1.5% of the secondary school students participating in the ESPAD project reported having used LSD or any other hallucinogenic substance at least once in their lifetime, with a somewhat higher proportion (3%) of those who reported using psychedelic ("magic") mushrooms. Just like in the previous years, the proportion of respondents that reported having used GHB at least once in their lifetime was low, at 0.3%.

Inhalants are among the more prevalent psychoactive substances among secondary school students. 14% of the ESPAD project respondents aged 15 to 16 reported having used an inhalant at least once in their lifetime, with girls (14.4%) slightly outnumbering boys (13.6%) and with a statistically significant difference between the genders (χ^2=13.958, df=5, p<0.05, V=0.063). Based on a comparison of all the project editions to date, lifetime use of inhalants was steadily increasing until 2007, when it stood at 14.9%, and soared to 19.7% in 2011. Despite a considerable decrease in this share in 2015, Slovenia ranks second among all ESPAD countries in terms of lifetime use of inhalants, outmatched only by Croatia, with 25%.

1.1.2 Harms related to NPS use

Matej Sande

The study on NPS use from 2014 examined the problems due to NPS use as perceived by users. Respondents attributed greater risk to new drugs. In traditional stimulants, users attributed the highest risk (high and very high) to cocaine (M = 4.09) and, in new stimulants, to 3-MMC (M = 4.20). In addition to insomnia, which is a common problem related to the use of stimulants, users indicate depression (55.2%), difficulties concentrating (44.0%), injuries of the nasal mucosa and throat (39.8%), feelings of fear and anxiety (39.4%), and numbness or tingling in arms and legs (34.4%). Also examined were the problems related to addiction. The use of larger amounts than planned was indicated by a third of users (34.4%), while an increasing and more frequent use was reported by 20.7% of respondents. Among problems in social relations, problems with parents or partner were the most expressed (31.4%), followed by problems with friends (25.8%). 6.4% of respondents reported having unwanted sex due to NPS, while 9.3% reported having unprotected sex. The most important reasons for quitting or cutting down NPS use were 'fear from health consequences', 'actual health consequences' and 'growing weary of using'.

A large share of the sample used NPS or 3-MMC relatively risky (by mixing them with other drugs and using large amounts at the same time). Almost half of the respondents in the sample sometimes mix NPS with illicit drugs, while 34.5% mix NPS frequently or always with other drugs. A minor share of the sample (17%) never mixes NPS with other drugs (n = 241). A relatively large share of users (a quarter) uses more than a gram and a half of the drug in a single evening, which most likely implies a higher risk for users considering that the risks per dose have not been investigated.

Help due to NPS use has already been sought by 7% of respondents, while 9.1% have considered it (n = 242). If they needed help, most respondents would turn to a friend or partner (69.0%), a medical institution (31.0%) and a non-governmental organisation (29.3%). The fewest would turn to other public institutions for help (n = 239) (Sande 2015).

2. New developments

2.1 New developments in the use of NPS and other drugs

According to the Poison Control Centre, in 2016, the number of poisonings with gamma hydroxybutyrate (GHB) again increased compared to 2014 and 2015, when the number of GHB poisonings was transitionally slightly lower than in 2013. In 2016, there were 10 poisonings with the new psychoactive substances, e.g. with 3-MMC, methylone, mephedrone, 2-oxo-PCE and 2-MeO-PCE. Synthetic cathinones prevailed among NPS (see also Harms and Harm-Reduction Workbook).

SECTION E. SOURCES AND METHODOLOGY

5. Sources and methodology

5.1 Sources

ESPAD 2015 Survey, Univerzitetni klinični center, Klinični inštitut za medicino dela, prometa in športa

Survey on the Use of Alcohol, Tobacco and Other Drugs, NIPH, 2011-2012

Web survey on NPS use among the students of the University of Ljubljana, Faculty of Pharmacy, 2015

Data by the Centre for Poisoning at UMC LJ, 2016

Record of Treatment of Drug Users – TDI database, NIPH, 2016

Study on the use of new psychoactive substances, DrogArt, 2014

The data collected within the scope of the Early Warning System for NPS

The drug checking services evaluation research, DrogArt 2017

NIJZ OE Koper in Društvo Svit Koper. Podatkovna baza o izmenjavi materialov za varnejše injiciranje v programih zmanjševanja škode, 2014-2016. . / Record on sterile injection exchange injecting paraphernalia in harm-reduction programmes, 2014-2016.

NIJZ OE Koper. Rezultati ankete o uživanju drog med uporabniki programov zmanjševanja škode, 2012-2016 / NIPH, Koper Regional Unit, Survey on drug use among harm-reduction programme users 2012-2016

NIJZ OE Koper, Društvo Svit Koper. Podatki o izmenjavi materiala za injiciranje v programih zmanjševanja škode. Uporaba drog med uporabniki programov zmanjševanja škode v Sloveniji, 2016. . / Record on sterile injection exchange injecting paraphernalia in harm-reduction programmes, 2014-2016.

Statistični urad Republike Slovenije, 2016. Osnovne skupine prebivalstva po spolu, Slovenija, četrtletno. Pridobljeno 18. 8. 2016 iz strani: http://www.stat.si/StatWebArhiv/pregled-podrocja?idp=17&headerbar=15. / Statistical Office of the Republic of Slovenia, 2016. Basic population groups by gender, Slovenia, quarterly report. Retrived 18.8. 2017 from: http://www.stat.si/StatWebArhiv/pregled-podrocja?idp=17&headerbar=15.

5.2 Methodology

Survey on the use of tobacco, alcohol and illicit drugs: The National Institute of Public Health conducted a survey on the use of tobacco, alcohol and other drugs in 2011 and 2012. The target population were Slovenian residents aged between 15 and 64, who live in private households. The bases for the sample frame were the survey districts and the Central population register. The Statistical Office RS prepared the sample according to the National Statistics Act, The sample is two-stage stratified. Each person included in the sample was marked with the name and surname.

The survey was conducted in two stages – in 2011 and 2012. In 2011 the sample included 7200 persons, whereas in 2012 8000 persons. A total of 15,200 inhabitants were included in the sample, aged between 15 and 64 years, 7514 people responded to the survey, which means that the response rate was 50 percent. There were 51.4% men and 48.6% women among the respondents. A third of the respondents (36.9%) were between 15 and 34 years old, whereas 63.1% between 35 and 64. 57.9% respondents had completed lower or secondary vocational education or secondary technical or secondary general school, 13.1% finished primary school or less and the remaining 28.9% persons completed at least higher education. Over a half (55.1%) of the respondents was employed, 13.9% were pupils or students, 13.3% retired, 9.1% unemployed and 4.7% self-employed. The remaining 3.9% persons were farmers, housewives, assisting family members or incapable for work due to age, sickness, disability.

The research was a mixed-mode survey and included online interviewing, telephone interviewing (this included all those respondents, who didn't complete the online survey and there was a phone number available), personal interviewing (this included all the respondents, who didn't complete the online survey and who weren't available by phone or a phone number wasn't available).

Selected persons were notified of the survey by a notification letter, sent by the National Institute of Public Health to alert them that they were receiving the questionnaire, the possibility of the online survey and the expected time of visit by the interviewer or phone call.

In preparing the questionnaire we took into account the EMCDDA recommendations: Handbook for surveys on drug use among the general population.[14] The questionnaire includes questions on smoking, illicit drugs (cannabis, ecstasy, amphetamines, cocaine, heroin, LSD, other drugs) and positions to drug use. Apart from questions on the use of tobacco and drugs we added a substantial set of questions on alcohol, namely on alcohol consumption (beer, wine, spirits) and positions towards alcohol use. For examining the prevalence of drug use in the general population we used the three standard time frames, that is lifetime drug use (use of drugs at any time in an individual's life), drug use in the final 12 months prior to research (last year drug use) and drug use in the last 30 days prior to research (last month drug use).

Web survey on NPS use among the students of the University of Ljubljana: The survey used the 1Ka web questionnaire, which can be completed free of charge and anonymously. The web link to the questionnaire was sent to representatives of individual years at different faculties, their web sites and social networks (FaceBook). This way, a targeted/convenient sample was provided. The survey was carried out from January to May 2015 and in that period 1133 properly completed questionnaires were

[14] Available at http://www.emcdda.europa.eu/html.cfm/index58052EN.html.

collected. The target population were young persons with a formal student status at any faculty of the University of Ljubljana.

ESPAD 2015

The European School Survey Project on Alcohol and Other Drugs (ESPAD) follows an internationally standardized methodology and has been conducted every four years since 1995. The principal goal of the project is to collect comparable data on the use of various psychoactive substances among 15- and 16-year-old secondary school students across Europe for the purposes of monitoring national and cross-national trends. Six data collection runs have been completed to date under the ESPAD project. The first survey, in 1995, involved 26 countries, and the data collection campaign carried out in 2015 targeted as many as 35 countries. Slovenia has participated in all six surveys completed to date.

Model

Data is collected in stratified random samples representative of secondary school students who turn 16 in the year of the survey, so the 2015 survey focused on school children born in 1999. A class is used as a sampling unit. Classes are randomly picked from complete lists of first-year divisions across Slovenian secondary schools for four different types of secondary school educational programmes. In 2015, the sample size was 199 first-year divisions with a combined total of 4,801 people, of which 4,062 completed the survey. In all, final data processing included 3,484 people (1,675 boys and 1,809 girls) born in 1999.

Questionnaire

The ESPAD questionnaire was developed by a group of ESPAD experts based on the Pompidou Questionnaire on drug use among students (Hibell et al., 2012). The questionnaire comprises core questions, optional questions and modules. Compulsory for all the countries, the core questions address selected demographic variables, frequency of using various drugs, the Internet, social networks and computer games during the lifetime, in the last year and the last month before the survey, age at initiation or the age at which regular drug use started, views on the use of drugs (availability, health risk) and the Internet, estimated frequency of drug use among peers and older siblings, family situation, success at school, spare-time activity, satisfaction with relationships (with parents, peers). Each country may also choose several optional questions and questions from not more than two modules. Aside from the core questions, Slovenia's questionnaire also includes questions about alcohol use and a module on "Integration".

Procedure

Data is collected in classes by the schools' education counsellors following specific instructions. The survey is completely anonymous for all participants. The questionnaire only has three personal questions – year and month of birth, and sex – the answers to which alone cannot be used to identify the person that completed the questionnaire. Each respondent is given an envelope in which to put the completed questionnaire, and the envelope is then sealed. The surveying takes one or maximum two weeks to complete, within a specific time frame with no school or bank holidays one month before the survey.

Data processing

Data is input into SPSS for processing.

Before the data is stored in a database, questionnaires are checked (whether the number of questionnaires matches the number of people from the school report, quality of responses) and encoded (country, school, class, person, type of school programme). Data cleaning is performed by the administrator of the international database in two phases. In phase one, unusable cases are removed,

in phase two, logical substitution of missing values is performed. National datasets are then sent to the research team for further processing.

Term definitions
Regular use: regular users are respondents who reported using any illicit drug 40 times or more during their lifetime.
Any illicit drug: this variable includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD and other hallucinogenic drugs, heroin and GHB.

ESPAD countries: countries that participated in the 2015 project and whose data is included in the international report for 2015: Albania, Austria, Belgium (Flanders), Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Georgia, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Macedonia, Malta, Moldavia, Monaco, Montenegro, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden, Ukraine and The Netherlands.

Study on the use of new psychoactive substances, DrogArt, 2014: Research on the use of new psychoactive substances includes both quantitative, as well as qualitative approach. The first was used for obtaining information on the characteristics of use of new psychoactive substances, risks and problems relating to the use of new psychoactive substances and the need for help, while the latter was used for obtaining more detailed information in terms of characteristics of use and insight in the legality and market development for new psychoactive substances.

The researched sample included users of new psychoactive substances (or former users), who completed the online survey from 28 May to 30 October 2014. The analysis on the characteristics of use of new psychoactive substances included 249 completed questionnaires. The research results are unrepresentative, because sampling was not done systematically and at a random base. Even more, it only achieved a fraction of the otherwise called hidden population of users of new psychoactive substances. In interpreting the results we must consider the fact that the research was focused on a specific population of users of new psychoactive substances (and other drugs). The sample only included users; therefore the prevalence of different drugs was relatively high. In the sample of 249 users of new psychoactive substances there were 51.8% men and 48.2% women. The age range in the sample was from 15 to 40 years and the mean age 23 years, with the age mode 19 years. The sample had 43.8% students, 23.7% pupils, 18.9% employed, 4.8% self-employed and 8.8% unemployed. Most respondents (67.1%) listed as the place of residence a larger city, a fifth (22.1%) a smaller town or place, whereas others a village or countryside.

The checking-services evaluation research within the scope of the I-SEE (1.1.3) project used a quantitative methodology with a relatively short two-page questionnaire with a designated five-minute fill-out time. Before we designed the questionnaires, we made a short situation assessment during the project with short interviews with employees in nine harm reduction programmes with designated reception points for drug checking. Interviews with experts helped us in the preparation of the questionnaire, and for some topics we used the answers to interpret the content of some results. The research was conducted from November 2016 to the start of January 2017. We included two different survey samples to evaluate the testing service and the opinions of users on drug testing in 2016 in Slovenia. In the first sample, we included 104 users in seven harm-reduction programmes in Slovenia. In this way, we collected 102 appropriately completed questionnaires.

The second sample (web survey) included 610 users of drugs in the context of night-life, and for analysis needs and after the exclusion of partially completed questionnaires, we retained 554 completed questionnaires in the finally designed sample.

High-risk use of opioids: We used capture- recapture method to estimate the HROU, i.e. by comparing the known HROU population included in the Records of Drug Users Treatment and the 2016 Annual Report of the Ministry of Justice, Prison Administration to data we acquired with an anonymous survey among harm-reduction programme users (henceforth referred to as HR).

The method of estimating the prevalence of high-risk opioid use is limited by incomplete data sources from Centres for the Prevention and Treatment of Drug Addiction (henceforth referred to as CPTDA). The data are deficient, because the database did not contain CPTDA data from all regions and because of different methods of data entry. Data acquired by surveys in HR programmes are satisfactory for monitoring trends in the HROU population who seek help in these programmes; a more representative sample would be required for a better assessment of HROU incidence. The entire HROU population was calculated on the basis of the relative frequency of respondents from harm-reduction programmes who indicated that they were currently included in substitution therapy at CPTDA. We extrapolated the share of hidden population from the share of the remaining respondents to acquire the hidden population coefficient. While searching for the hidden population that comprises the share of high-risk opioid users we used data on users who are currently included in substitution therapy in the community and prison, and their age structure.

Sample
The number of drug users included in substitution therapy in 2016 in the community and in prison was 3476. The most important part of the calculation was based on the statistical assumption that the frequency of users in HR programmes who participated in the survey and who were at that time not included in a CPTDA was typical of the entire HROU population. The hidden HROU population coefficient was acquired from a survey conducted among the HR programmes. 74% of respondents in the survey indicated that they were included in the substitution therapy.

We verified the applicability of the sample of respondents on the basis of data on the age structure of HROU included in the substitution therapy. The data showed that the average age of respondents included in the aforementioned therapy was 37.64 years, which is approximately 7.38 years older than the share of newly included respondents, among whom the average age was 30.36 years. The average age of respondents in NGO programmes was 36.64 years. The differences in age structure helped us to balance the hidden population coefficient.

Record on sterile injection exchange injecting paraphernalia in harm-reduction programmes: Data were acquired with questionnaires used to extend the recording of the issue of sterile equipment for injecting in programmes that implement a sterile injecting equipment exchange service. Data were processed with binary and multi-variant logical regression.

Sample
In December 2016, harm-reduction programmes recorded 241 various users of the sterile injection equipment exchange. Data were acquired from eight programmes that implement the sterile injection equipment exchange at 26 different locations.

Survey on the characteristics of harm-reduction programme users: The survey was conducted between 1 and 31 December 2016 in all harm-reduction programmes across Slovenia. The survey questionnaire "Drug use questionnaire" among harm-reduction programme users (HR) was completed by users of 11 associations (Stigma Association, Svit Association, Po moč Association, Pot Association, Zdrava pot Association, DrogArt Association, Kralji ulice Association, Socio Celje Public Institute, Šent – shelter in Ljubljana, Šent Velenje and Šent Nova Gorica). The questionnaires were also completed by users who visit programmes at stationary sites and users who are reached by programme expert workers during their work in the field. The respondents collaborated in the research voluntarily and

anonymously. Data were entered in the NIPH, Koper Branch Unit database and processed with IBM SPSS programme. Most questions were fixed-answer questions, and some enabled respondents to add their own replies (like e.g. "Please, indicate your health problems").

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Prevention workbook

Table of Contents

Summary

National profile

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.

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 "Amazing Years" programme, have been developed. 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 (Education for Health, 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.

In general, abandonment of prevention practices that do not work or can even cause damage to target populations is observed on all prevention levels. Several publications with descriptions of quality standards were issued in the previous years, as well as guidelines for quality work in prevention.

In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated. 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.

In 2017, the amended Restrictions on the Use of Alcohol Act was adopted, according to which alcohol can be sold or offered at sport facilities and functional land one hour before the start and during a public sport event.

The Utrip Institute has, since the beginning of 2017, cooperated in a European project whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention

1. National profile

1.1 Policy and organization

1.1.1 The main prevention-related objectives of key drug policy document

Branka Božank

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 and Policy workbook).

1.1.2 Organisational structure responsible for the development and implemention of prevention interventions

Branka Božank

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. Schools must also adhere to the Rules on the School Order in Secondary Schools and the Rules on Elementary School Student's Rights and Duties; 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.

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 underlying prevention interventions

The Ministry of Health provides funds via public tenders (2- or 3-year period for co-financing programmes implemented by NGOs and other non-profit legal entities), via public procurement and the public services of the NIPH. The Ministry of Health, Family, Social Affairs and Equal Opportunities publishes public tenders to co-finance social assistance programmes to a max. 80%, i.e. for verified social assistance programmes for a 5-year period and other programmes for 1-year period. The remaining share of funds is acquired by NGOs and other non-profit legal entities from other sources such as municipalities, European funds, private funds, etc.

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

Alcohol

Maja Roškar, Maša Serec, Mercedes Lovrečič, Barbara Lovrečič, Sandra Radoš Krnel, Nataša Blažko

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).

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 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).

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.

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 reference clinics (2011), and different projects, including 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.

Tobacco

Helena Koprivnikar

Tobacco control measures in Slovenia are set out in two separate laws: The law on restricting the use of tobacco and related products (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), under the responsibility of the Ministry of Finance. The former includes a large majority of government measures for tobacco control, except for taxation of tobacco 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 2015 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, such as a complete ban on advertising and display of tobacco and related products, plain packaging, licences for selling tobacco products and regulation of electronic cigarettes and related products. The new law is described in more detail in the Legal Framework Workbook.

The tax rate and structure for tobacco products changed over the last decade, causing the prices of tobacco products to go up; still, prices of tobacco products in Slovenia are among lower in the European Union. As at 27 July 2016, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.03 to EUR 4.30. 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, which came into force in August 2016, introduced excise duties for electronic cigarettes and heat-not-burn tobacco products.

1.2.2 Universal prevention interventions

Branka Božank, Kristian Majcen, Vesna Pucelj, Matej Košir, Mojca Bevc

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.

Also, there has been a strong focus on programmes aimed at parents in recent years. 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, which is also available in individual select local communities outside of major cities and towns, is the Amazing Years (originally, "*Neverjetna leta*") programme developed by the University Medical Centre Ljubljana. One of the aims of the project is to monitor the effectiveness of parenting courses offered in Slovenia, which is why every group of parents also takes part in evaluating the programme. The evaluation is used to collect personal impressions about the course and also includes questionnaires on the child's behaviour and the parenting style before and after participating in the Amazing Years programme. In 2016, the programme was implemented at seven different locations across Slovenia, and it included 173 parents. According to the data of the implemented evaluation, parents gave the highest level of evaluation to the effect of the

programme in improving the connection to their children, followed by improvement in behavioural problems as well as other personality or family problems.

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 which was rather uncoordinated across different parts of the country until 2015; the program did better at some places and poorer at others, or was not available at all. 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, 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.

In 2015 the National Institute of Public Health, in liaison with all its regional branches, produced a reference manual with lesson plans for individual classes or age groups of primary-school-age children for all Health Education facilitators. The programmed learning approach to health education in primary schools came to life nationwide with the signing of a General Agreement with the Health Insurance Institute of Slovenia ("ZZZS") for the contract year 2015 and after providing all facilitators with proper training for giving lessons on prevention independently. 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. Health education is also provided to secondary school students, but the lesson content and guidelines as to which health topics are relevant to this particular target population have not yet been finalized. Lessons for secondary school students will address, among others, psychoactive substances (with a focus on new psychoactive substances) and non-chemical addictions, particularly to modern communication technologies.

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. After the expansion in the school year 2015/16 (Round 5), the Slovenian Network of Health Promoting Schools (SNHPS) totalled as many as 375 institutions. 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. The school year 2016/17, for the third year running, was dedicated to strengthening mental health as the basis of preventive efforts. In early 2016, based on a manual entitled "Health Through Art – Guidelines for Teachers on Discussing Select Health Topics," the NIPH, through its regional coordinators, started training school team leads in the Health Promoting Schools (and others that expressed interest). The manual sets out expert guidelines on how to address

and discuss typically sensitive health topics such as mental health, eating disorders, healthy sexuality, and issues involving alcohol, tobacco and drugs.

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 loyalty to the programme, meaning that the teachers implement the programme as envisaged. In 2015/2016 and 2016/2017 school years the "Izštekani" programme comprised approximately 1,200 students from 23 elementary schools. In the 2015-2016 period 3 training courses were implemented for programme carriers, and 48 new teachers from 23 elementary schools attended the training. The "Effekt" programme has also been implemented since 2014 by the Utrip Institute, focusing on the maintenance of stricter rules of parents with regard to alcohol use among their children and youngsters. Two meetings with parents were implemented in 2016/2017 school year, i.e. at 7 elementary schools in Kočevje, Ljubljana, Laško and Slivnica pri Celju.

The No Excuse Youth Association (originally, "*Brez izgovora*") has been running tobacco and alcohol abuse prevention programmes in schools for the last nine years, with cannabis abuse and other additions added in this past year as well. They have raised awareness among more than 10 thousand primary and secondary schools students in 2015 alone and more than 150 thousand over the span of nine years. In 2016, their programmes included more than 7 thousand pupils and secondary school students. Workshops on the prevention of peer violence were also implemented as a pilot project.

The primary objective of school-based prevention programmes, however, is not to impart information but to strengthen various life skills, providing only limited information on drugs; interactive techniques are increasingly being used.

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. 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 2014-2017 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 "Family Strengthening") into its environment. The programme was successfully implemented in 2017 with the second generation of families at risk. They also implemented some training of local stakeholders, i.e. with regard to action plan, school prevention and general training preparation related to quality prevention.

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 Belščak

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 from 15 to 26 years of age who dropped out of school due to various reasons and are not employed, as well as for pupils who attend regular schooling but face the possibility that they will drop out of school. The main goals of the programmes are promoting personal growth, overcoming social exclusion, education and shaping professional, social and cultural identity. All programme participants are guided by mentors who help them prepare starting points for personal career plans where they determine the purpose of candidates' cooperation (vision) and goals that will be followed by the candidates. With the help of mentors, young people also resolve problems that have contributed to their dropping out of school. Candidates are included in the programme after consulting mentors or after talking with experts from other institutions. Some are included in the programmes upon the recommendation of their peers or are sent to the programme by their parents. Inclusion in the programme 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, 2016). From May 2016 until the end of April 2017, 574 people were included in the PUM-O programme.

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, 26 programmes for children and youngsters functioned in 2016, including one telephone counselling programme. These programmes contribute to inclusion of children and youngsters who are in distress due to various reasons. 8,987 users were included in counselling and daily centres in 2016. 44,448 phone conversations and 2,160 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 (244 users in 2016), Škrlovec day centre for the youth and families (there were 172 users of the programme in 2016, of which 149 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 2016 was 350), and the Korak programme, which is a part of the community programmes for the youth of the Social Work Centre Ljubljana Moste-Polje (146 users aged 16 to 30 were included in the activities of this programme; 133 pupils attended preventive workshops connected to illicit drugs).

With the purpose of improving the social inclusion of the Roma, the following programmes were implemented: 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 and the Hand in Hand programme under the Mozaik Association in the Ljubljana City Municipality. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 383 users in 2016, of which 260 users were under 18 and 123 were adults.

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. 40 juveniles were handled in 2016, two of which were minors. Most of them had already abused various psychoactive substances while at liberty. According to the report of Radeče Juvenile Correctional Facility, in the first half of 2016 the consumption of synthetic psychoactive substances that were not detected by classic urine tests was still a big problem with minors. The institute has assessed that various minor health problems were the consequence of taking the aforementioned drugs. A decrease in the use of synthetic drugs and an increase in marijuana use were detected in the second half of 2016.

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. In the 2016/2017 school year, one institution less was operating, because the Slivnica pri Mariboru Residential Treatment Institution joined the Maribor Youth Facility. These institutions had 407 children in the 2015/2016 school year, and 426 children in the 2016/2017 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 2016 co-financed 15 providers of family centre content. 9310 children, 2428 youngsters, 5248 individuals, 5023 families, 412 extended families and 128 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. 815 adults and 63 children were included in this programme in 2016.

Utrip Institute has been running the Strengthening Families Program (originally, "*Krepitev družin*") since 2011; the program 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 program 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 2015-2016 period, the Utrip Institute implemented a pilot programme in two regions, i.e. in Koroška and in Ljubljana; in November 2016, it also implemented the training for future programme providers. The institute also set up the programme's Facebook profile for the needs of providing information about the programme, training and other accompanying activities.

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 SVIT Koper 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.

40 children were reached in average per months from April to October 2016 – they were mostly elementary school pupils. 242 hours of field work were carried out within the programme. For the second year in a row, they were also present during summer school holidays. In July and August, 32 children joined the programme on public areas. Towards the end of the summner holidays, they also performed a minor field survey among random people or among parents who participated in activities, and this survey showed that 77.8% of those interviewed thought that such programmes should be executed also during summer school holidays. In neighbourhoods where risk factors are increased, the above mentioned day centre operates in Jesenice (The Youth Should Not Be Brought Up by the Street).

The DrogArt Association carries out the major share of work in night life. The main areas of work are providing information and advice (especially in Ljubljana and Maribor, fieldwork in other cities as well), fieldwork at electronic music events, counselling and therapeutic programme implementation for drug users at the DA counselling office, daily field work, running the "Izberi sam" (Choose by Yourself) workshops designed to reduce alcohol-related harm among youth, ensuring the so-called chill-out rooms, at places where the Association comes as field teams, publishing activity and research. They also run the "After taxi" project with the purpose of preventing driving under the influence of alcohol. Awareness-raising activities were implemented under this project in 2016 in Slovenia. People who go to night parties in Ljubljana were given EUR 5 coupons for safe taxi rides. Coupon distribution took place in the field during the entire year. At the end of the year, when there is an increase in parties and alcohol consumption, coupons were also available at DrogArt info point and at selected bars and clubs.

Higher-risk events are under police supervision at least once a month.

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 (Krnel Radoš et al. 2017).

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 with 226 pupils was implemented in 2016. There were 15 classes in 2016. The average age of participants was around 15 years.

The Take Care Programme, launched as an European pilot project in 2010, was carried out in the pilot stage by 10 EU Member States; after completion, the programme continued to be run in Slovenia's Drava River Region until the end of 2014. Further details about the programme are presented in the Prevention Workbook.

1.2.4 Indicated prevention interventions

Maša Serec

Within the public health care system (typically at mental health clinics inside health care centres), children and adolescents with mental problems are dealt with by a team made up of a child and adolescent psychiatrist, clinical psychologist, specialized education instructor or 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 provided by clinical psychologists, psychotherapists and child and adolescent psychiatrists within the framework of the public health care system, 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.

1.3 Quality assurance of prevention interventions

Vesna Pucelj, Mojca Bevc, Matej Košir, Katja Rostohar

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 Education for Health 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 Education for Health programme (orig. Vzgoja za zdravje) for children and youngsters within the scope of primary health care, i.e. for all key age groups: pregnant women, 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 education for health 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. Within the Together for Health project, the NIPH in 2016 monitored the accessibility and integration of education for health for children and youngsters in education institutions. 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. Website: 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. Website:: 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. Website: http://www.preventivna-platforma.si/docs/Utrip-Smernice-in-priporocila-za-preventivno-delo-na-podrocju-voznje-pod-vplivom-alkohola.pdf.

2. Trends

2.1 Changes in prevention interventions in the last 10 years

Alcohol

Maša Serec, Tanja Kamin, Urška Kolar, Maja Roškar

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 69 programmes, around 40 programmes are currently being run. The number of such programmes has clearly increased after 2006, most likely, among others, as a result of legislative restrictions introduced with the passing of the Act Restricting the Use of Alcohol in 2003. Most programmes target adolescents and adults (there is a lack of programmes for students and elderly) and mainly include informing about the harmful implications of alcohol use and about safe driving. In recent years, alcohol-related prevention activities have increased in coverage and scope, for example through the development of programmes for the responsible serving of alcohol, raising awareness about alcohol use during pregnancy, and interdisciplinary and comprehensive treatment of hazardous and harmful drinkers.

Tobacco

Helena Koprivnikar

Tobacco use prevention programmes have gained momentum over the last decade, particularly in schools. 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. NGOs intensively supported adoption of the new law in media, by lobbying and studies such as the one that showed that over 90% of schools have a point of sale of tobacco products within 250 m where advertising of tobacco products is present. 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 and on media.

Universal and selective prevention

Branka Božank

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.

3. New developments

Matej Košir

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 purpose of which was to offer education workers (especially teachers and youth workers) from various educational institutions an assessed programme in health promotion for the target population of 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 appropriately 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). In 2018, the Utrip Institute plans a partial programme adaptation, since they assessed during the pilot implementation phase with incorporated teachers that some video content is not suitable for a younger target group of pupils.

The Utrip Institute has, since the beginning of 2017, cooperated in a European project whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention (see Best Practice Workbook).

4. Additional information

The Government of the Republic of Slovenia at its 112th regular session on 1 December 2016 adopted a decision that additional funds in the amount of min. EUR 4 million per year are to be provided to the Ministry of Health on the basis of its programme of measures for implementing prevention activities in the health care area, i.e. in 2017 and 2018. The additionally acquired funds were intended for the 2017-2019 public tender and also for other methods of financing the aforementioned activities.

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Treatment workbook

Author: Milan Krek

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 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 prevetion and tretamnet 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 2016, the share of programme users entering the programme implemented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and whose main problem was opioid use increased again to 82.1%. Among these, 13.3 percentage points refer to problems with opioid medications. In 2016, the share of patients entering the programme due to the consequences of cannabis use, including both first entry and re-entry into the programme, declined again. The number of cannabis intoxications declined, and the number of hospitalisations due to cannabis also fell slightly. An increasing 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. Since then, the number of persons included in the maintenance programme has decreased, amounting to 3190 persons in 2014, and 2015 it was 3261 such persons and in 2016 there were 3042 persons involved in substitution treatment. In Slovenian prisons there were additional 583 clients who were involved in substitution treatment. More users entered programmes run by NGOs compared to 2015.

Last year, the largest 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.The demand for the treatment of addiction to cannabis was decrised in 2016. The use of new drugs and, as a result, increasing needs for the treatment of problems related to new drugs have come to the fore, which is why the first psychotherapy programme in this field has been developed in 2016.. Due to financial problems, the Health Insurance Institute of Slovenia has preparing a new method for financing and monitoring programmes that would enable better control over the funds spent. Supervision of the work of the centres for the prevention and treatment of illicit drug addiction was performed and proposals for improving the operations of this network were provided.

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

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.

1.1.2 Governance and coordination of drug treatment implementation

Within the public healthcare system, the 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. Patients addicted to illicit drugs are also treated at psychiatric hospitals and psychiatric outpatient units at medical centres and concession operators.

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. 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 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. 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 2015, which included a thorough review of the centres' operations. The Commission is going to release 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 2017 conference focused on the following; epidemiological data on drug use among the young; the advantages of the community-oriented approach in managing risky lifestyles; specific interventions intended for the young in night-life settings; counselling and motivational services; psychiatric treatment of children and adolescents with emotional and behavioural problems, and multi-dimensional family therapy.

In 2016, there were 22,965 users of social-oriented programmes. Their attendance is shown in the table. It is evident that the majority (66.2%) of programme users made only one visit annually or used programme services only once a year. Only 378 (1.4%) patients attended the programme every day (Table 1).

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

Synthetic cathinone	Number	Share
Every day	378	1.4
Several times a week	1,945	7.4
Several times a month	1,791	6.8
Once a month	1,230	4.8
Once a year	17,486	66.2
Not known	1,492	5.6

Source: Social Protection Institute of the Republic of Slovenia, 2016

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 2014, there were 18 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 513 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.

In Slovenia, there are 9 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 13 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 (62), the issue of illicit drugs is largely (in 62% of cases) dealt with as a part of first social aid. Evidently, the issue of illicit drug is not very common at Centres for Social Work. Between 2009 and 2013, there were between 220 and 356 cases per year. In 2013, the number of cases was the same as in 2009 that is 275 (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

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	**18**	Network of centres for prevention and treatment of drug users	**3608**
Low-threshold agencies	**9**	NGO organisation for harm reduction activities. Low-treshold programmes carrying out day centres, field work and prevention.	**10281**
General primary health care (e.g. GPs)		General practicioner and other medical doctors on primary level	**1254**
General mental health care	**46 psychiatrist**	Psychiatric out patients units located in local health centers in local community	**2676**
Prisons (in-reach or transferred)	**7**	Outpatient clinics for the treatment of addiction in prisons belong to local health center out of prison autority	**789**
Other outpatient units secundar medical level		Units who is not on primary level of health system and people need to be transfer from general practicioner	**2798**
Other outpatient units in social care field	**13**	Units in which client can get advice and treatment and they are not day care or 24 hours care center	**2237**
Outpatient center for tretmant NPS addiction	**1**	Councelling center with psihoterapy.	**120**

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 2016, these programmes included 3608 persons, les than 2015 (3719

clients) (Tables 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.

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 annual report delivered by the Social Protection Institute of the Republic of Slovenia, 2186 persons were included in low-treshold programmes (day centres and field work) in lower than in 2015 (2204 persons). If the number of users who were offered assistance at special events and night parties by DrogArt (an NGO) is also taken into account, 10,281 people were dealt with in the field of harm reduction in 2016. In 2016, DrogArt dealt with many more people (8,095) than in 2015 (5,995) (Table 1). DrogArt is a programme which focuses primarily on users of new psychoactive substances. 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 that is still in the trial stage.

In the framework of low–teshold programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 93 persons were included in these programmes in 2016 and 86 in the year 2015 . Further, low–treshold programmes also included approximately 2700 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information etc in 2016 and 1600 persons in 2015.

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 are not 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 are working in these programmes at the primary health-care level, but they are included in several programmes at a time. 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.

They also direct patients to other programmes of assistance for persons addicted to drugs. Patients suspected of using drugs are often referred to these outpatient units by general practitioners and paediatricians as well as school doctors. Treatment in these outpatient units is free of charge for insured persons, while the services have to be paid by persons who are not insured. Importantly, there is a waiting list for the first check-up by a psychiatrist, which is usually very long. In 2016, 2676 persons in whom drug-related problems were identified attended these programmes, in 2015, 1480 persons (NIPH database. It is essential to have health insurance at the only health insurance institute in Slovenia, otherwise patients are obliged to pay for the services, unless they are urgent. More importantly, patients should also have supplementary insurance. Namely, only the combination of basic and supplementary insurance provides full coverage of costs in healthcare by the health insurance system. Substitution treatment is usually not offered at these out-patient clinics. Substitution treatment can be performed only at centres for the prevention and treatment of illicit drug addiction and in prisons.

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 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.

Other outpatient units secundar medical level:

They include programmes of different specialists for which patients usually need a referral from their physician. E.g. neurologists, internal medicine specialists, surgeons working in special out-patient clinics with the appropriate equipment. In 2016, according to the central database of first visits, physicians in this network dealt with 2,798 persons, who, in addition to an underlying disease (e.g. fractures) were also suffering from illicit drug addiction.

The programmes implemented involve counselling, discussions, group therapy and other forms of managing drug-addicted people. These are out-patient programmes; the users live at home and go there for therapy. In 2016, 2,237 persons were dealt with in such social-oriented programmes.

The last two years we have also the special program in Ljubljana, for persons addicted on NPS. Mostly they use councelling methods and psychotherapy methods. They are working under DogArt NGO organization. Last year (2016) they have 120 clients.

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.

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.

In future, programmes will have to adjust continuously follow to the needs of drug users in the field. Presently, the share of persons in the system who are addicted to opiates has notably decreased, in 2015, the share of opioid patients on first admission slightly increased; however, the shareof patients in need of help due to addiction to cannabis and new drugs has increased, but in 2016, this share fell sharply, but the reason is not known. It seems that outreach programmes, which approach drug users at the place of drug use in an attempt to, firstly, establish safe drug use and, secondly, abstinence, are gaining importance.

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.

Inpatient network

1.2.4 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.

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

	Total number of units	National Definition (Characteristics/Types of centre included within your country	Total number of clients
Specialised drug treatment hospital within the scope of the Centre for the Treatment of illicit Drug Addiction	1	Hospital ward for hospital treatment of addiction	179
Specialised drug treatment hospital within the scope of the Centre for the Treatment of illicit Drug Addiction – day hospital	1	Day hospital attended by patients on a daily basis; the night is spent at home	98
Hospital-based residential drug treatment		Whole-day hospitalisation for the treatment of drug addiction	1534
Residential drug treatment (non-hospital based)	11	24-hour rehabilitation programmes with residential groups	199
Therapeutic communities	3	Therapeutic community in which patients spend up to 3 years, 24 hours a day	57
hospital in prison	1	Hospital for patients sentenced to prison at the University Clinical Centre Maribor	126
Other inpatient units – shelter for the homeless drug users	3	Various programmes providing whole-day care to the homeless	93
Other inpatient units	13	Various programmes providing day care to different user groups	2237

Source: National Institute of Public Health, Standard table 24

1.2.5 Further aspects of inpatient drug treatment provision and utilisation

Admission to Slovenian psychiatric hospitals 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.

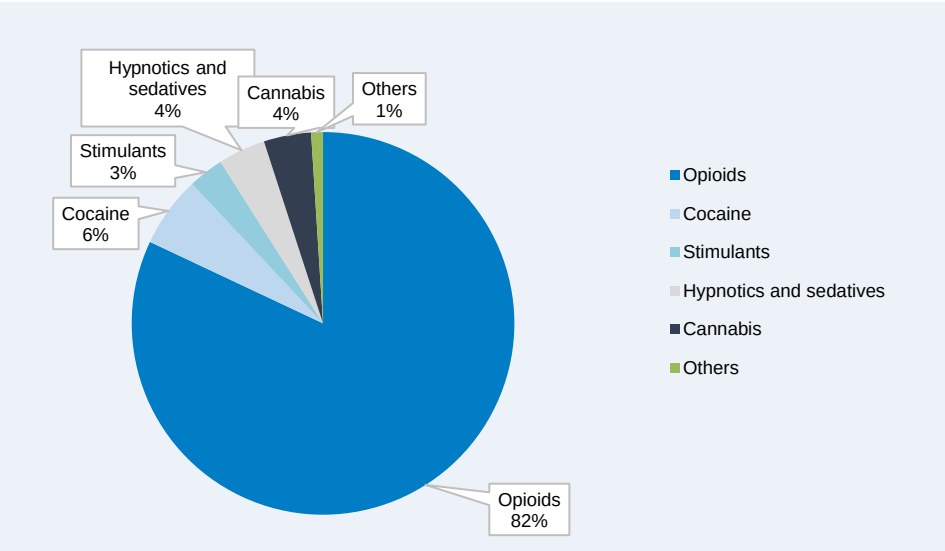
Admission to a specialised drug treatment hospital within the scope of the Centre for the Treatment of illicit Drug Addiction is always a matter of agreement between the doctor working at a Centre for the Prevention and Treatment of illicit Drug Addiction and the doctor working at the specialised hospital, 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.

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 2016, 269 persons were monitored who entered or re-entered a drug treatment programme in 2016. 221 of them (82%) entered or re-entered programmes due to opiate problems. 17 (6%) of those indicating why they entered a programme reported having a cocaine problems, 11 (4%) had cannabis problems, 11(4%) hypnotics and seadtives problems, 7 (3%) had stimulant problems and 2(1%) had problems with other drugs (Figure 1).

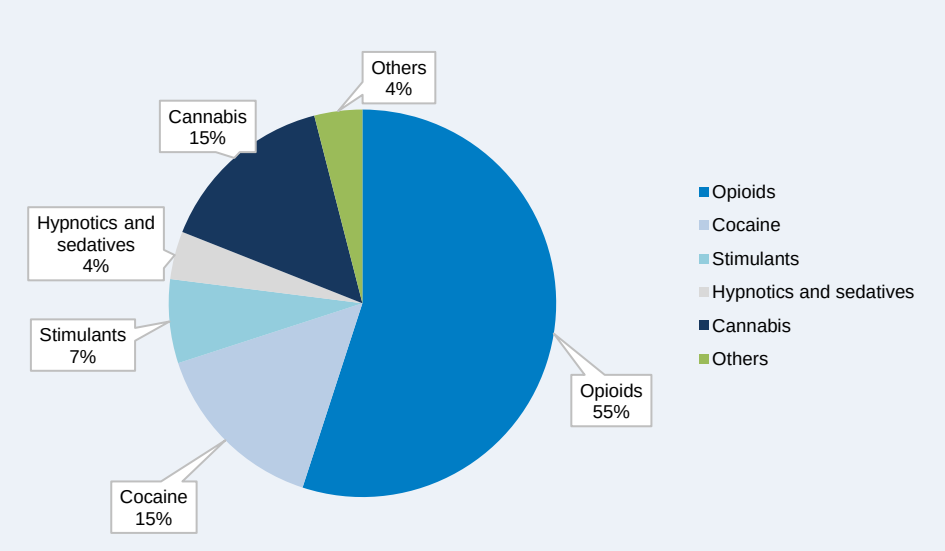
Figure 1. Proportion of treatment demands by primary drug – all entrants in 2016



Source: National Institute of Public Health, TDI

Among those entering the programmes for the first time, most had problems with opioid use (26, i.e. 55%). Seven (15%) persons had problems with cocaine, 3 (7%) with stimulants, 2 (4%) with hypnotics and sedatives, 7 (15%) with cannabis, and 2 (4%) with other substances (Figure 2).

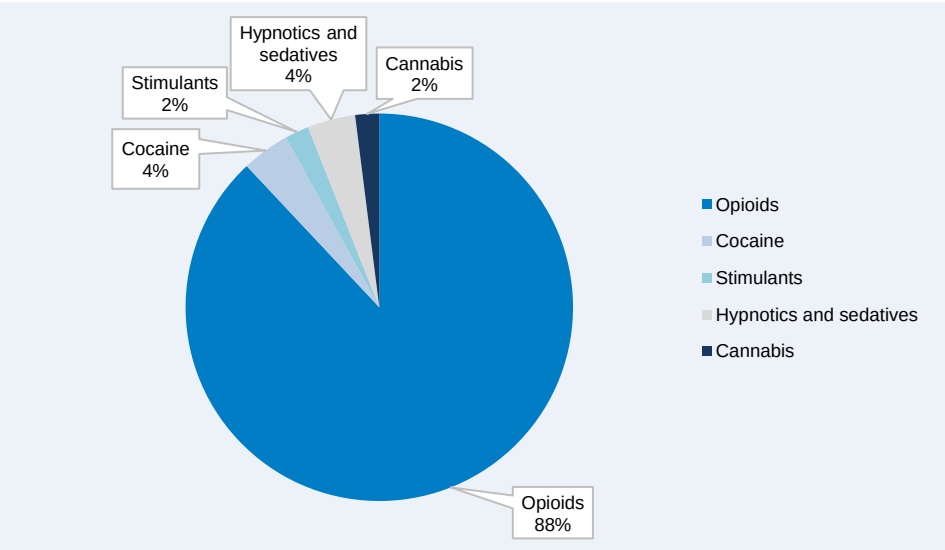
Figure 2. Proportion of treatment demands by primary drug – first admission in 2016



Source: National Institute of Public Health, TDI

Among those re-admitted, the number and share of persons having problems with opioids was significantly higher (195, i.e. 88%). Ten (4%) persons had problems with cocaine, 4 (2%) with stimulants, 8 (4%) with hypnotics and sedatives, and only 4 (2%) with cannabis (Figure 3).

Figure 3. Proportion of treatment demands by primary drug – re admission in 2016



Source: National Institute of Public Health, TDI

In conclusion, among those entering the programme for the first time in 2016, the share of persons with cannabis use problems was considerably higher compared to the patient group re-entering the programme in the same year, but lower than in 2015.

When examining which drug is the patient's second biggest problem, the figures prove to be completely different. In 37%, they have issues with hypnotic and stimulant abuse, with cocaine in 30%, with cannabis in 24%, with heroin in only 7%, and with stimulants in 2%. In 2016, 479 of 2,613 (18.3%) patients had problems with alcoholism. Despite being in the programme for more than a year, 16% of 2,613 persons had injected drugs within the last 30 days.

1.3.2 Distribution of primary drug in the total population in treatment

Out of 2,613 persons, 78.9% were men and 21.1% women. Their average age was 37.99 years. The youngest was 17 and the oldest 73. 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.

1.3.3 Further methodological comments on the Key treatment-related data

The data come from centres for the prevention and treatment of illicit drug addiction. Therefore, the 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.

1.3.4 Characteristics of clients in treatment

Look 1.3.2.

1.3.5 Further top level treatment-related statistics

Table 4. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	**24661**
Total OST clients	**3625**
Total All clients entering treatment	**28286**

Source: National Institute of Public Health, ST24 and TDI

1.4 Treatment modalities

Outpatient and Inpatient services

1.4.1 Outpatient drug treatment services

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.

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 acquireexpertise which can be used in developing therapeutic approaches for other types of addiction.

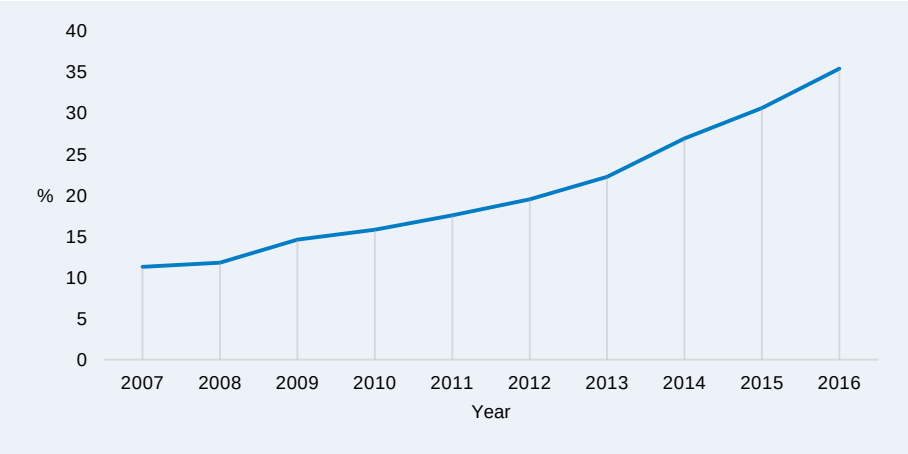
Homeless drug users:
Day centres are available for homeless drug users, where they can stay, receive food and counselling. For some homeless people, residential units and residential groups are provided, which operate under the framework of NGOs. Night shelters have also been established, allowing for 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. Specialised hospital for addiction treatment: in 2016, 39 persons with a psychiatric comorbidity were 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. There is also a day hospital and an out-patient ward where 4,472 examinations were made in 2016, with 228 persons being handled for the first time. 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 9 years, this share has increased from 11.3% to 35.4%, with a linear increase each year. (Figure 4)

Figure 4. Share of elderly patients included in the treatment programme for over a year, 2007–2016



Source: National Institute of Public Health, 2016

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 (2).

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 it will be much more older drug users, who will need special programmes. Much more attention we should give to the minorities (womens, pregnanat womens, older drug users, young drug users). Each of them need more specific approach.

1.4.3 Inpatient drug treatment services

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.

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 5).

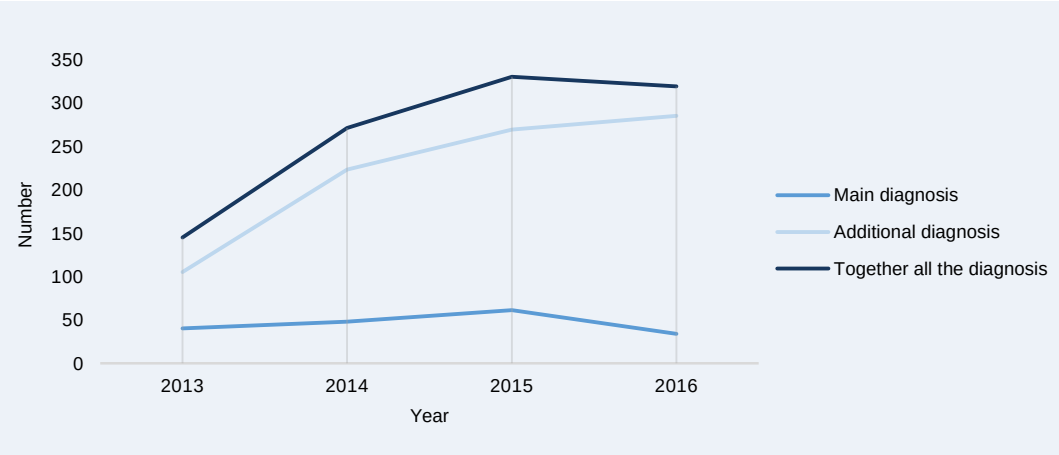
Table 5. Overview of the number of hospitalisation by basic diagnosis for each drug and by secondary diagnosis between 2013–2016 in Slovenia

	Drugs	Primary diagnosis	Additional diagnosis	Total	Share among all (%)
1	Multiple drugs	1758	1572	**3330**	44.8
2	Sedatives and hypnotics	386	1364	**1750**	23.53
3	Cannabis	183	882	**1065**	14.32
4	Opioids	183	870	**1053**	14.15
5	Cocaine	36	96	**132**	1.77
6	Other stimulants	14	75	**89**	1.19
7	Hallucinogens	4	14	**18**	0.24
8		**2564**	**4873**	**7437**	100

Source: National Institute of Public Health, 2016

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

Figure 5. Number of primary and additional diagnoses associated with patient hospitalisation due to the consequences of cannabis use, 2013–2016



Source: National Institute of Public Health, 2016

The total number of hospitalisations due to the consequences of cannabis use in 2016 was reduced mainly due to primary hospitalisation diagnoses, the number of which declined.

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. In 2016, 98 persons were included in this form of care. 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).

1.4.5 Treatment outcomes and recovery from problem drug use

The survey conducted 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%).

1.4.6 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)

1.4.7 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. Between 3000 and 4000 persons per year receive substitution treatment. (see graphicon) In 2016, 3042 patients were included in the substitution programme within the network of centres. Among them, 1842 patients received methadone, 484 buprenorphine, 381 a buprenorphine/naloxone combination, and 333 SR morphine. Some 583 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 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.

1.4.8 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 2016, 3042 patients were included in the substitution programme within the network of centres. Among them, 1842 patients received methadone, 484 buprenorphine, 381 buprenorphine/naloxone combination and 333 SR morphine. Some 583 persons were included in substitution treatment in Slovenian prisons. No detailed information is available on which medication they used.

1.4.9 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 2015, the average age of patients in the short-term substitution programme was 36.7 years, and 38.33 years in the long-term programme. The short-term detoxification group was comprised of 68% men and 32% women. The percentage of men in the long-term maintenance programme was higher, i.e. 80%, and 20% were women. Some 14% of users had alcohol problems in the short-term substitution treatment, and 19% in the long-term substitution treatment. In the short-term substitution treatment, 11% of people had injected drugs within the last month, and 16% from the long-term group. More information is not available because it is not collected.

1.4.10 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 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.

Establishing a mobile unit for dispensing substitution treatment is planned. 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.

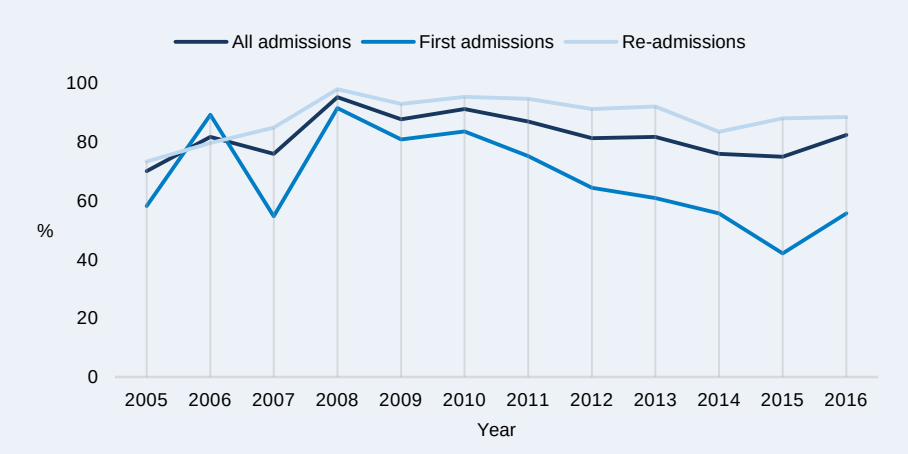
2. Trends

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

The number of entries in NGO programmes in 2016 increased; This involves mainly one-time patients. It is commendable that the number of people entering the programmes is increasing, because this means we are 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 are 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 2016, 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 (Figure 6).

Figure 6. Share of patients entering or re-entering the programme of the centres for the prevention and treatment of illicit drug addiction due to problems with opioids, 2005–2016

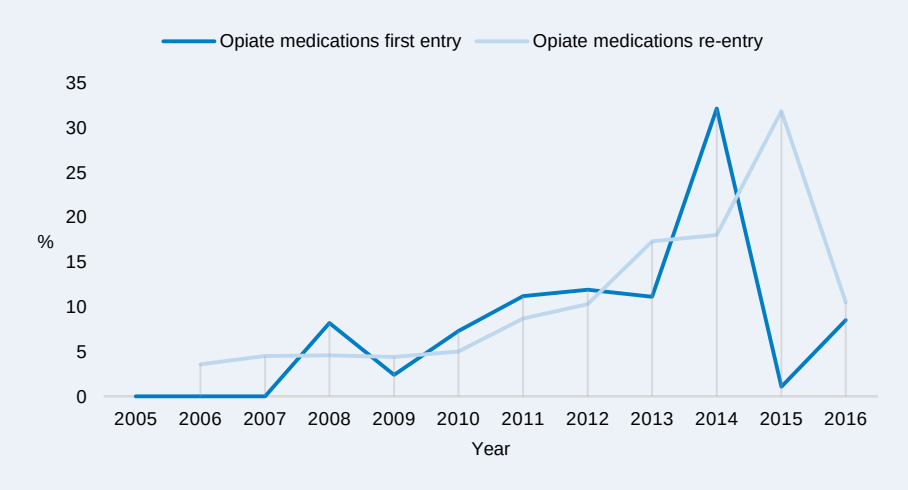


Source: National Institute of Public Health, TDI

Additional trend

In recent years, it has been observed that the programmes include an increasing share of persons who have been abusing prescription medicines and need help. This trend was apparent both for first entries and re-entries to the system. The trend changed in 2015 and 2016. It is difficult to understand why (maybe lack of heroin on market), but such trends should be carefully monitored and appropriate actions taken (Figure 7).

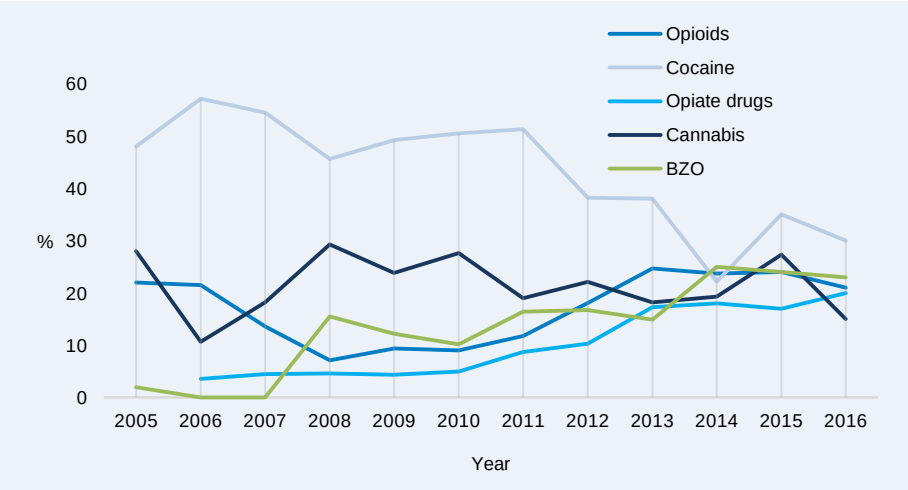
Figure 7. Share of patients entering or re-entering treatment programme for opiate medications missuse, 2005–2016



Source: National Institute of Public Health, TDI

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

Figure 8. Share of patients on re-entry into the programme in centres for the prevention and treatment of illicit drug addiction by the second drug they entered the programme, 2005-2016



Source: National Institute of Public Health, TDI

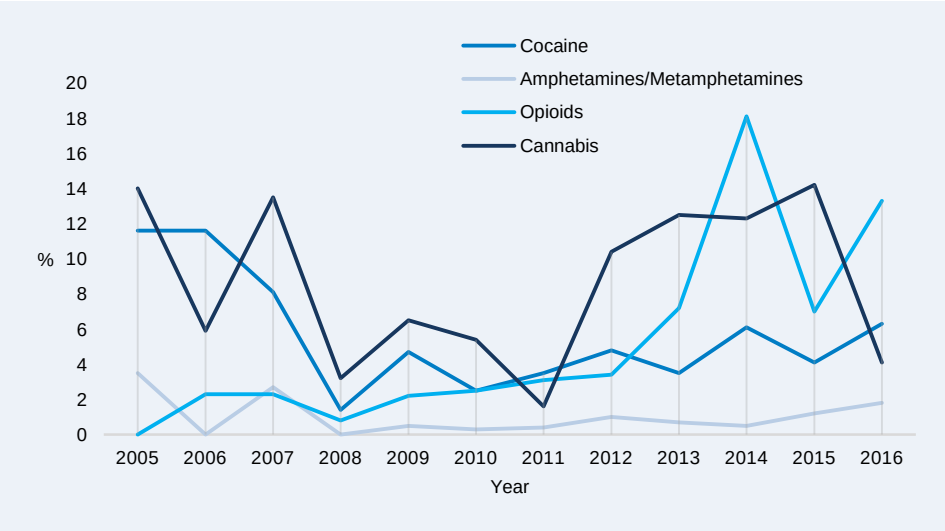
Figure 8 shows that an increasing share of patients enter the programme and purchase opioid substitution medications on the black market because they are addicted to them. In this group, cannabis accounts for a significant share of causes of inclusion in the programme. The share of patients who have problems due to cocaine as a secondary drug on re-entry has been declining, but still constituted

an important share in 2016. When assessing trends and the current situation, problems that the patients have with the additional drug should be taken into account.

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. This share declined slightly in 2015 and then increased in 2016 again to 13.3%. It is worth noting the initial trend of a declining share of cocaine users, which subsequently grew and stood at 6.3% in 2016 (Figure 9).

Figure 9. Share of admission in each year by the principal drug due to which drug users were admitted into the programme, 2005–2016



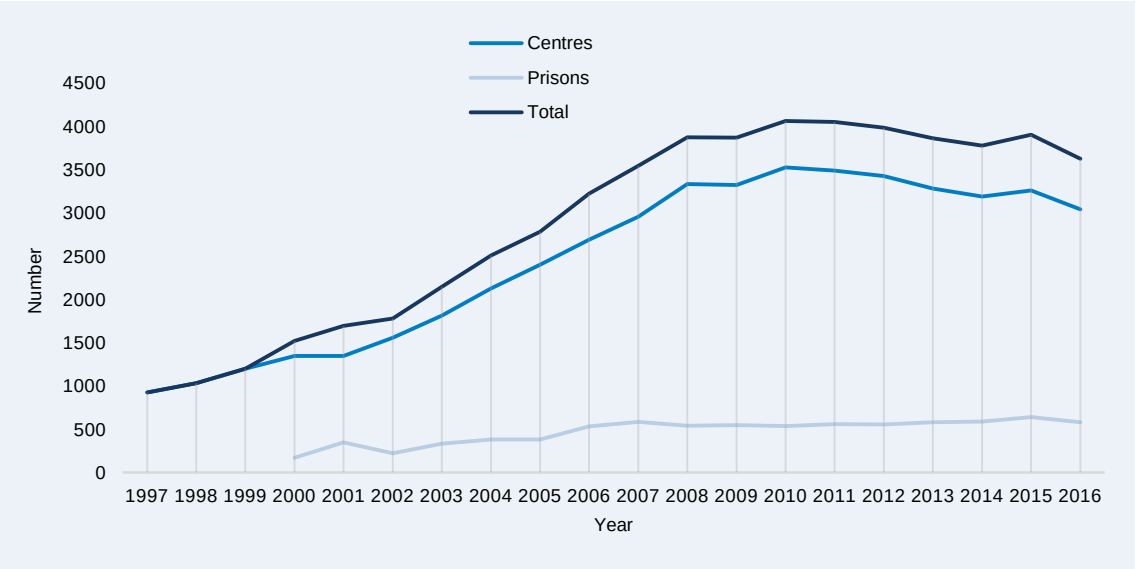
Source: National Institute of Public Health, TDI

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.

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 10. Number of patients on substitution treatment in the centres for the prevention and treatment of illicit drug addiction, in prisons, and total number, 1997–2016

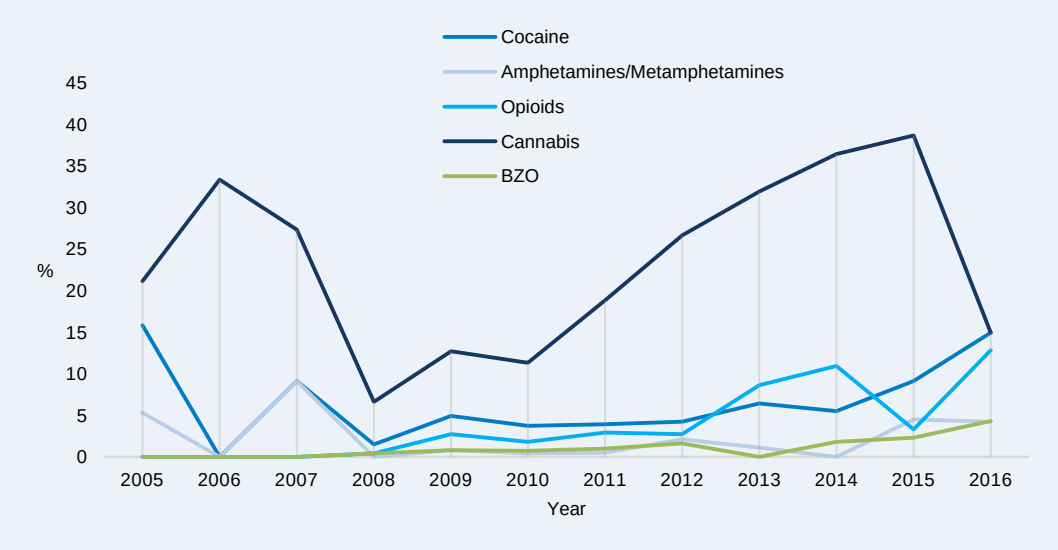


Source: Coordination of Centres for prevention and treatment of illicit drug addiction, Prison administration of RS

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. We will probably have to resort to safe house programmes and to prescribing naloxone (opioid antidote) to opioid users and their relatives. The direction of cannabis use remains unknown. Will be 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 11: Share of first admissions per year by primary drug due to which drug users were admitted in the programme, 2005–2016



Source: National Institute of Public Health, TDI

3. New developments

3.1 New developments

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.

4. Additional information

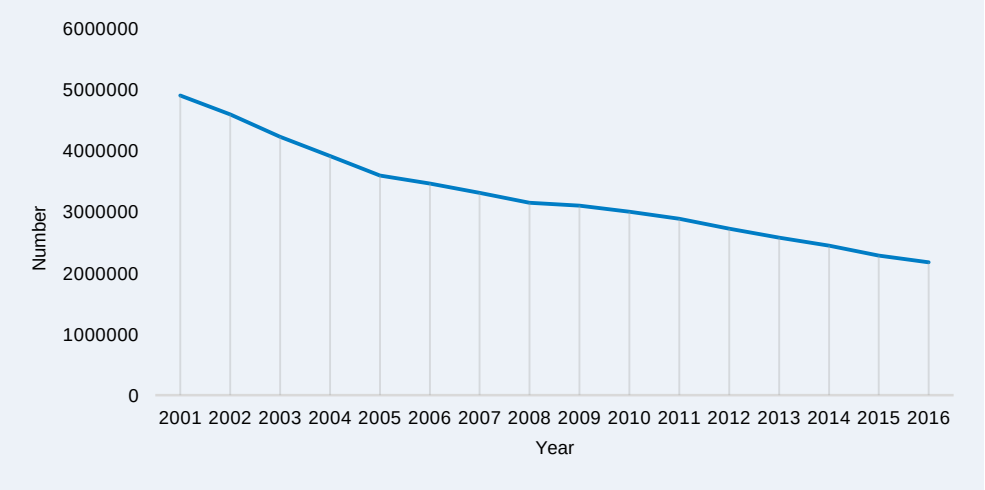
4.1 Additional Sources of Information

Prescription of different medicine

a. Benzodiazepines, oksazepam and medazepam

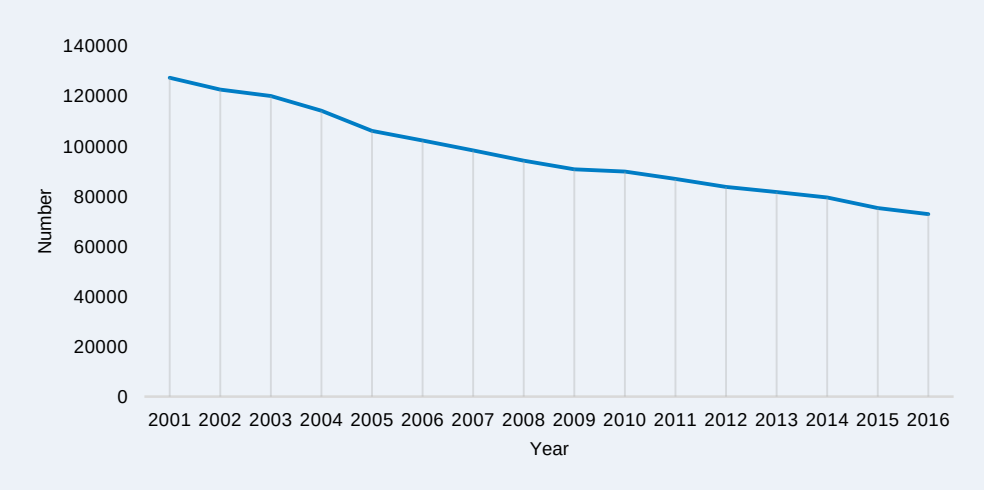
Benzodiazepines, oksazepam and medazepam were frequently prescribes in general population the past and also for treatment of drug addiction. An overview of the defined daily dose (DDD) for benzodiazepines, medazepam and Oxyzepam in Slovenia shows us, that DDD decreases with years (1). The number of prescriptions for these drugs was also reduced from 2001 to the 2016 (Chart 12, 13, 14). In the field of treatment of dependence, special guidelines have been developed to reduce the prescription of benzodiazepines - patients in the substitution program (2). Thus, the prescription of benzodiazepines has been significantly reduced in recent years.

Figure 12. The number of defined daily dose of benzodiazepine in Slovenia, 2001–2016



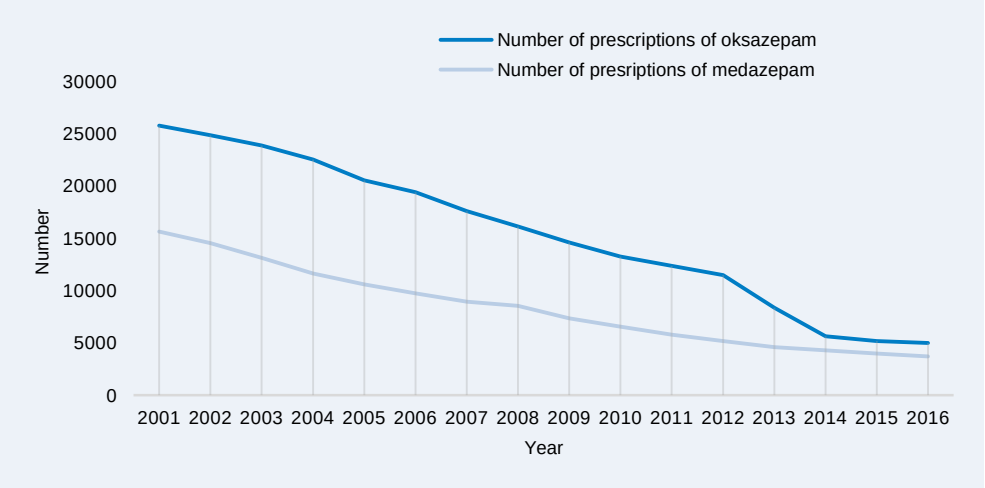
Source: National Institute of Public Health, Data portal

Figure 13. The numbers of prescriptions of benzodiazepines in Slovenia, 2001–2016



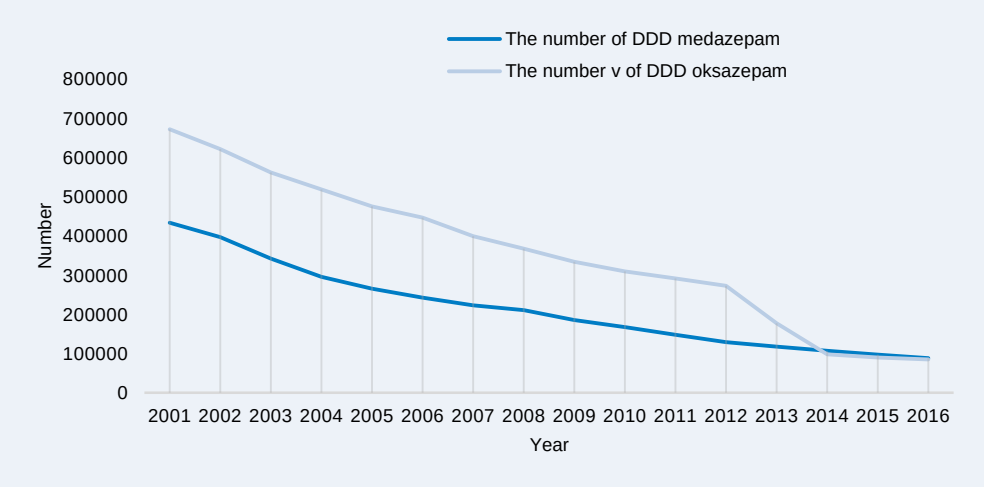
Source: National Institute of Public Health, Data portal

Figure 14. The number of prescriptions of oksazepam and medazepam in Slovenia, 2001–2016



Source: National Institute of Public Health, Data portal

Figure 15. The number of DDD for medazepam and oksazepam in Slovenia, 2001–2016

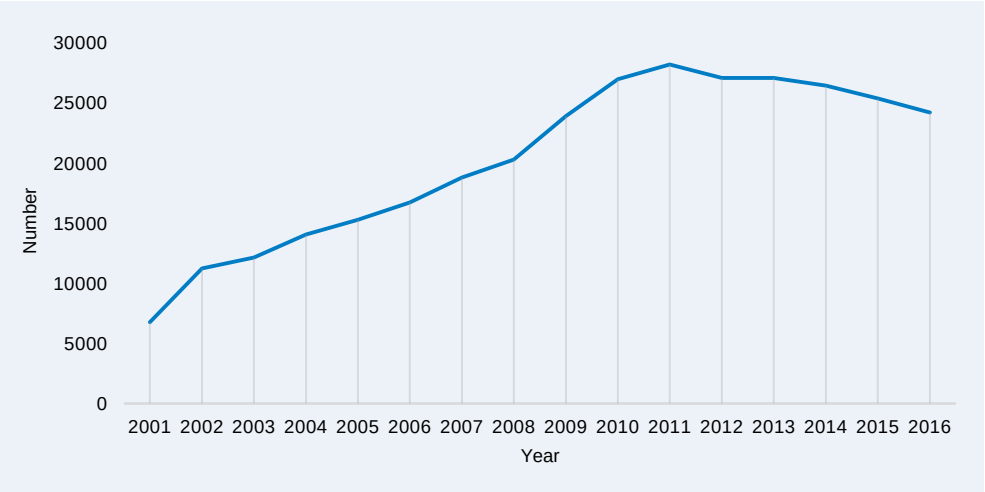


Source: National Institute of Public Health, Data portal

b. Presription of opioids

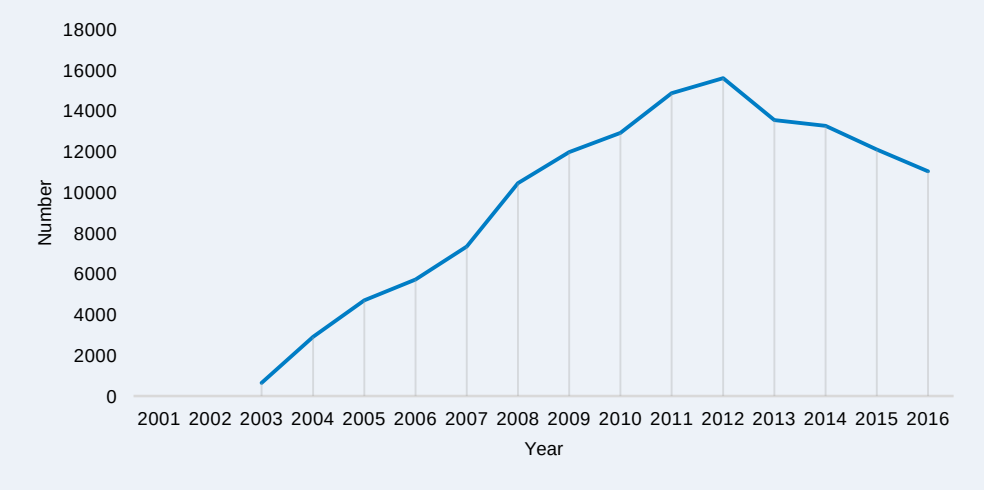
The prescription of opioids in Slovenia is in decreasing faze. Official data from the NIJZ data base, which monitors also the prescription of fentanyl, show us that the numbers of prescription of fentanils are constantly reducing in recent years from 28198 in the year 2011 to 24221 in the year 2016. It is also the consequences of strictly control of prescription of opioids in Slovenia (3). The same trends we can se also for oxycodone.

Figure 16. The number of prescription of fentanils in Slovenia, 2001–2016



Source: National Institute of Public Health, Data portal

Figure 17. The number of prescription of oxycodone in Slovenia, 2001–2016



Source: National Institute of Public Health, Data portal

4.3 Psychiatric comorbidity

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.

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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 National Social Care 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 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 study, 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 drug abuse reduction. In 2017, the Utrip Institute in collaboration with the Faculty of Health Care in Ljubljana started preparing a five-day informal training course that is intended for decision makers and providers of prevention interventions on all levels.

1. National profile

1.1 Policies and coordination

1.1.1 Quality assurance-related objectives of national drug related strategy

Prevention
Marijana Kašnik

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.

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

Milan Krek

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.

Social rehabilitation
Simona Smolej Jež

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 Benefits Act (Official Gazette of the Republic of Slovenia, No. 61/2010 and subsequent issues) and the Exercise of Rights to 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 Care 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 62 Centres for Social Work 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 care programmes (Official Gazette of the Republic of Slovenia, No. 70/16) 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.

1.2 Organisation and functioning of best practice promotion

1.2.1 National organizations/institutions promoting quality assurance of drug demand reduction intervention

Prevention
Marijana Kašnik

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.

Treatment
Milan Krek

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.

Social rehabilitation
Simona Smolej Jež

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.

Tasks and services performed and public authorizations exercised at centres for social work are entered locally into the social database ("BSP"), which forms part of the Information System for Social Work Centres ("ISCSD"). These databases are managed and maintained by the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

1.2.2 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 Rule on procedure of professional verification of social care programmes (all the criteria is listed in the Rule) (Official Gazette of RS, No. 96/07 in 79/13). 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 5-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 5 years but for one or two years as experimental and developmental social care programmes.

1.2.3 Education systems for professionals working in the field of demand reduction

As part of the undergraduate study, 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
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: Ethnography of licit and illicit drug consumption
The subject is focused on the following contents: licit and illicit drugs, drug use methods, drug use-related phenomena, types and forms of treatments, needs of various groups and local knowledge.

2. New developments

2.1 New or topical developments observed in best practice promotion

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).

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) entered into force (a short description of the rules is provided under section 1.1.1).

3. Additional information

3.1 Additional sources of information

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 Utrip Institute has, since the beginning of 2017, cooperated in a European project 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 June 2017, two focus groups were implemented in Slovenia with the purpose of further studying the existing content of UPC and acquiring important feedback from participants with regard to the adaptation of the curriculum to the European (and Slovenian) situation and needs. The results of focus groups showed that prevention is a very complex field of work, and that education and training are of exceptional importance. The needs for informal training and professional education on various under- and post-graduate studies have also been proved. The results of focus groups will significantly contribute to designing a short five-day informal training course intended for decision-makers and providers of prevention interventions on all levels.

To test the efficacy of the mentioned training, a multiple-day pilot training course for selected participants is planned for the beginning of 2018, and this training will also be appropriately assessed. Within the scope of the Slovenian part of the project, the Utrip Institute signed a cooperation agreement with the Faculty of Health Care 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.

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Harms and harm reduction workbook

Table of Contents

Summary

National profile and trends harms

Illicit drug-related health harms are constantly and systematically monitored in Slovenia, including data on mortality related to illicit drugs, on acute poisonings (currently only in the Ljubljana region) and on the incidence of infection diseases among persons who inject illicit drugs. The reduction of drug-related harm is an important goal of the National Programme on Drugs 2014–2020 and its Action Plan 2017–2018.

In 2016, 40 deaths related to the direct effect of illicit drugs were reported in Slovenia, the highest number since 2007, and 8 deaths more than in 2015. Of those who died, 35 were men and 5 women, meaning that the gender ratio has remained approximately the same over the years. Most of the deceased were in the age group 30 to 34 years. From 2012 to 2016, the increasing trend in the number of the fatalities was most pronounced among the 45+ age group; the trend then levelled off, and in 2016 for the first time since 2011, fatalities occurred again among young people, i.e. in the age group from 15 to 19. The most frequent causes of death were related to the use of cocaine (18), followed by heroin (10). In previous years, 2 to 5 reported deaths were caused by cocaine, so 18 deaths in 2016 is quite a high increase. In 2015, two deaths related to cannabis use were reported (for the first time in Slovenia), and two deaths were also reported in 2016. This is undoubtedly an issue that require greater attention at the national and international level with regard to monitoring, and also an agreement on a common reporting methodology.

In the observed year, 157 people were treated for illicit drug-related acute emergencies, which is also slightly more than in the previous year. We noticed a sharp increase in acute emergency cases after 2010, when only 51 people were treated. The incidence rate of illicit drug poisonings in the Ljubljana region in 2016 was 24 per 100,000 inhabitants. As observed increase with the number of deaths, there was also an increase in the number of cocaine poisonings. The number of GHB poisonings and poisonings with amphetamine type-stimulants is still rising. The number of heroin and cannabis poisonings has not significantly changed in the past three years. In the last months of 2016, we started to monitor poisonings with new psychoactive substances (NPS) and expanded monitoring across the entire country, through the project “Detection System for Poisoning by New Psychoactive Substances in Slovenia (hereinafter SONDA); however, the first biological samples for NPS presence analysis were received at the beginning of 2017.

The situation in infectious diseases among drug users remained relatively stable in 2016. The prevalence of HIV, hepatitis C (HCV) and hepatitis B (HBV) infections is monitored by collecting data on previous voluntary diagnostic tests for HIV, HCV and HBV infections among injecting drug users entering for the first time or re-entering a treatment programme within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which covers the entire country. In addition, unlinked anonymous testing for surveillance purposes is conducted among persons who inject drugs (hereinafter PWID) requesting treatment for the first time in Centre for the Preventing and Treatment of Illicit Drug Addiction in Ljubljana and among clients of non-governmental harm reduction programmes for the first time. All diagnoses of infections with the mentioned viruses must be reported according to the legislation to the National Institute of Public Health. In 2016, one case of new diagnosis of HIV infection with a history of injecting drug use was reported. During the period from 2012 to 2016, HBV infection prevalence estimates of 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 ranged from the lowest 2.2% in 2012 to the highest 7.6% in 2014 and was 2.8% in 2016. Respective HCV infection prevalence estimates ranged from the lowest 30.9% in 2012 to the highest 48.2% in 2016. According to the available surveillance data, extensive HIV infection has not started spreading extensively among PWID in

Slovenia. Due to underdiagnoses of infections and underreporting of identified cases, data on HBV and HCV infection incidence rates underestimate the burden of these infections.

National profile and trends harm reduction

In addition to introducing injection rooms, one of Slovenia's recent harm reduction challenges has also been to reduce harm induced by new psychoactive substances (hereinafter NPS). Due to excessive use of NPS (primarily 3-MMC), the number of users seeking help at the DrogArt Counselling Centres increasing. These users represent a very heterogeneous group in terms of age (aged between 14 and 35) and have problems with psychological addiction, while a correlation between the use of 3-MMC and suicidality has also been observed.

According to experts, the network of low-threshold programmes should be reinforced and extended to new areas, despite numerous harm reduction programmes already being carried out in Slovenia. The programme for the exchange of sterile kits for drug injection represents the basic starting point for all other approaches within the frame of drug-related harm reduction, as it facilitates access to a sterile kit as well as to the hidden population of drug users. In 2016, there have been 10 harm reduction programmes with implemented sterile injection kit exchange services in Slovenia. Six programmes carried out field work, of which five were equipped with mobile units; one programme carried out classic field work in two locations. Day centres were established in 8 programmes, which operate at several sites in some regions. A total of 10 day centres are active. The exchange of injection kits is also implemented at the night accommodation centre and in three pharmacies. The programmes carried out field work in 74 places, i.e. at 90 locations. These programmes included 1,859 persons who inject drugs, including 151 users who were registered for the first time. The harm reduction programme in 2016 recorded 25,384 contacts with persons who inject drugs, and they distributed 567,233 needles and syringes.

New developments

In 2015 and 2016 we established in different parts of the country 8 new collection points accepting samples of substances believed to contain new psychoactive substances (NPS). All the organizations collecting samples have been incorporated into the Early Warning System on New Psychoactive Substances. The purpose of establishing testing points was to gain a better insight into the emergence of NPS and into NPS use patterns in other parts of the country so as to enable professionals working in this field to be better informed about NPS use trends and to be quick to respond to the emergence of NPS.

1. National profile and trends

1.1 Drug-related deaths

1.1.1 Overdose deaths

Drug-related deaths have been monitored in Slovenia in line with the recommendations provided by the European Monitoring Centre for Drugs and Drug Addiction (hereinafter EMCDDA) since 2003. Monitoring data include direct deaths, i.e. deaths directly caused by the effects of illicit drugs on the body (these include intentional poisoning or overdoses, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the cause of death; these data were taken from a cohort study.

The data on indirect deaths collected on death certificates and cause-of-death reports were analysed. The NIPH analyses and keeps these certificates in its General Mortality Register.

In 2016, Slovenia 40 deaths due to the direct effects of illicit drugs were reported, including intentional poisonings (suicide), unintentional poisonings (overdose) or overdoses of undetermined intent. These included 35 men and 5 women; the average age of the men was 37.6 years, and the average age of the women was 33.5 years, while most of the deceased were aged between 30 and 34 years. Of the 40 cases of poisoning, 35 were toxicologically confirmed (Table 1). Most of the fatalities occurred at home, in 5 cases no autopsy were performed.

Table 1. Overdose deaths in the Republic of Slovenia by drug group, age group and gender, 2016

	Age group												Total		
Drug	< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	> 65	Men	Women	Total
Heroin	0	1	1	1	1	3	1	0	2	0	0	0	6	4	**10**
Methadone	0	0	0	1	1	1	1	0	1	0	0	0	4	1	**5**
Other opioids/unidentified narcotics	0	0	1	0	1	0	1	0	0	0	0	0	3	0	**3**
Cocaine	0	0	0	2	5	4	4	1	1	0	1	0	18	0	**18**
Cannabis	0	1	0	0	1	0	0	0	0	0	0	0	2	0	**2**
Addiction	0	0	0	1	0	0	0	0	1	0	0	0	2	0	**2**
Total	**0**	**2**	**2**	**5**	**9**	**8**	**7**	**1**	**5**	**0**	**1**	**0**	**35**	**5**	**40**

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

1.1.2 Toxicology of overdose deaths

Most deaths in 2016 were caused by cocaine (18) and heroin poisoning (10). Two thirds of deaths were caused by unintentional poisoning (26), two deaths occurred due to intentional poisonings (suicide), while in 12 cases it was not determined whether the poisoning was intentional or not (Table 2). In Slovenia, no other information regarding substances (other associated illicit drugs and/or alcohol) that caused an overdose death is currently analysed.

Table 2. The number of overdose deaths by external cause and type of drug used, 2016

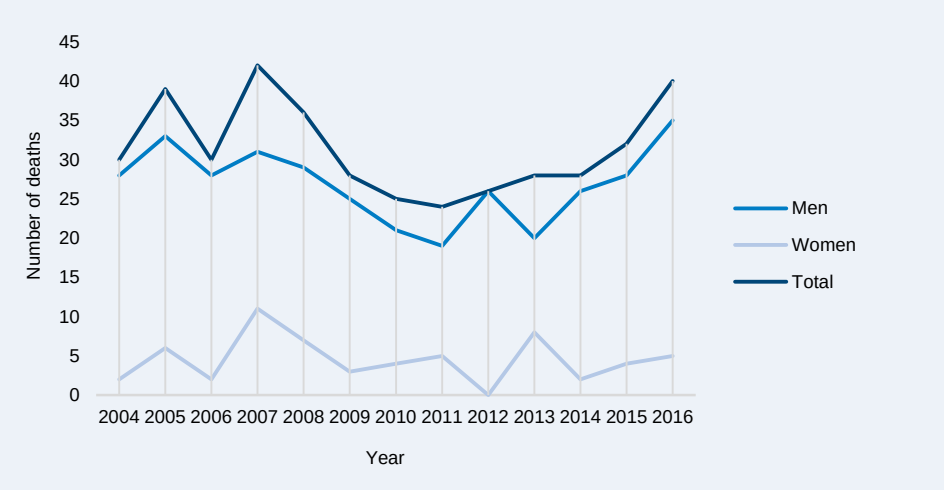
	External cause of death			Total
Drug	Unintentional poisonings	Intentional poisonings	Undetermined intent	
Heroin	6	0	4	**10**
Methadone	2	2	1	**5**
Other opioids/unidentified narcotics	2	0	1	**3**
Cocaine	13	0	5	**18**
Cannabis	1	0	1	**2**
Addiction	2	0	0	**2**
Total	**26**	**2**	**12**	**40**

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

1.1.3 Trends

In the 2004-2011 period, the number of direct deaths (intentional, unintentional or undetermined intent) caused by drug poisoning further decreased, in 2012 and from 2014, the number started to increase among men and in 2013 also among women. In the 2004-2016 period, the number of direct deaths was almost seven times higher among men than among women (Figure 1).

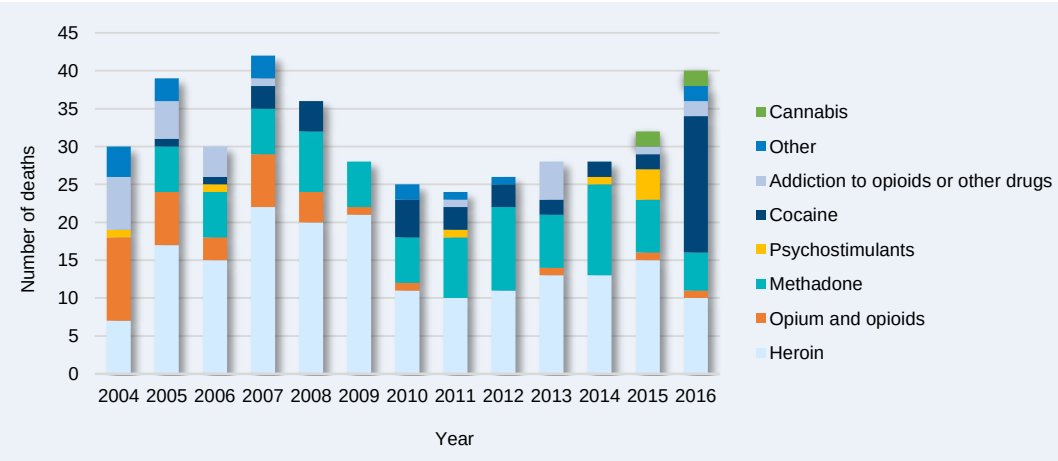
Figure 1. Number of illicit drug-use related deaths, total and by gender, 2004–2016



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

In the 2004-2015 period, the number of deaths caused by heroin poisoning reached its highest point so far, and in 2012 it was the same as the number of deaths from methadone poisoning. The number of deaths caused by methadone, which was the second most frequent cause of death, rose from 2010, and slightly dropped in 2013; in 2014, it rose again and almost equalled the number of deaths due to heroin poisonings (Figure 2). For the last two years, the number of deaths due to methadone poisoning decreased and remained unchanged. Since 2007, there have been from 3 to 5 cocaine-related deaths. In 2009, no deaths were caused by cocaine poisoning. Two people died from cocaine poisoning in 2014 and 2015 and in 2016, the number of deaths rose to 18. Deaths caused by other types of drugs occur occasionally (opium and opioids, psychostimulants, other). Two deaths related to cannabis use were reported in 2015 – the first cases in Slovenia – and another two were reported in 2016.

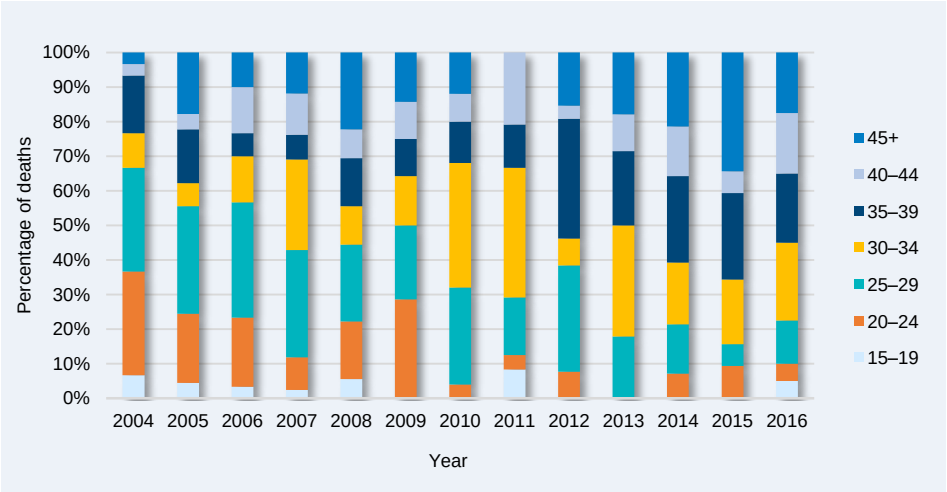
Figure 2. Lethal drug poisoning (intentional, unintentional, undetermined intent) by type of drug, 2004–2016



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

Data monitoring in the past ten years has shown that the age of addicted persons who die due to drug use is rising. The number of deaths in the 25-29 age group was highest in 2005 (Figure 3). In the following years, the highest number of deaths occurred among older age groups. Most deaths in 2012 and 2014 were recorded in the 35-39 age group. Since 2012, we have also recorded a rising trend in the number of deaths in the oldest age group, i.e. people over 45 years old. This trend levelled out in 2016, when, for the first time since 2011, we again recorded deaths in the 15–10 age group.

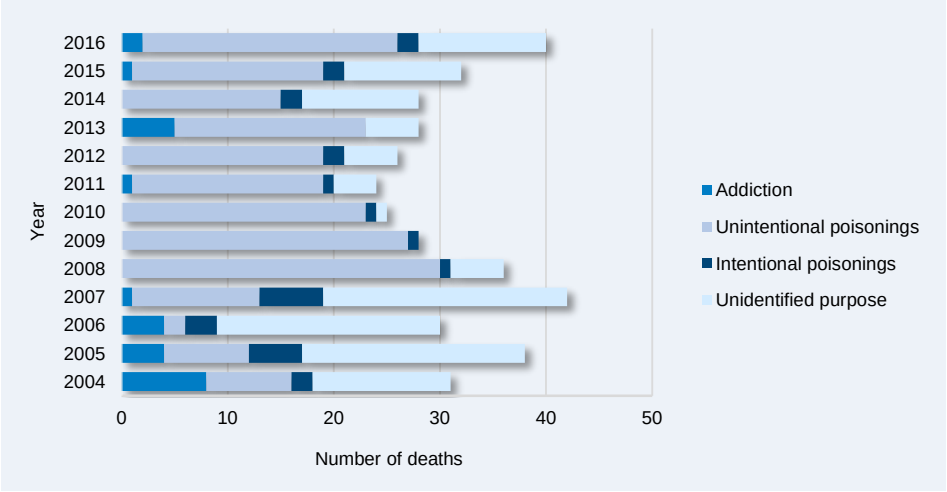
Figure 3. Age distribution of direct deaths (drug poisonings – intentional, unintentional, undetermined intent), 2004–2016



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

The high number of deaths with undetermined intent also prevents us from obtaining a clear image of mortality caused by intentional or unintentional poisonings. This number started to fall in 2008; however, in 2014, it began to rise again (Figure 4). Due to this reduction and at the same time the increase in the number of unintentional poisonings, we can assume that the share of unintentional poisonings was higher than the share of suicides. We can also assume that the quality of data is improving, since the share of deaths with undetermined intent is decreasing.

Figure 4. Lethal drug poisoning by cause (addiction, intentional, unintentional, undetermined intent), 2004–2016



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

Cannabis-related deaths

Two cases of cannabis-related deaths were reported for the first time in Slovenia in 2015. Both cases, for which autopsy results were also obtained, are briefly outlined below.

Case 1: a 36-year-old man died at home. The most probable cause of death of the man, whose blood and urine tested positive for tetrahydrocannabinol (THC), or rather its metabolites, during autopsy, is a sudden cardiac arrest. This cause is underpinned by records in the literature stating cases of sudden cardiac death following the consumption of tetrahydrocannabinol. What's more, the autopsy did not show any changes to the myocardium or coronary arteries that could have caused the sudden cardiac arrest.

Case 2: after smoking marijuana and drinking Red Bull the night before, a 20-year-old girl, an asthmatic, collapsed in the morning, suffered a cardiac arrest and hit her head. After 8 days in hospital, she died of cerebral edema coupled with brain herniation. She had trouble ventilating her entire time in hospital, which eventually led to bilateral aspiration pneumonia, increased intracranial pressure, cerebral edema; brain death occurred after 8 days.

The cases attracted a lot of attention among the experts and some other public in Slovenia and in the wider area. The National Group for DRD met several times to acquire additional available information in relation to both cases. They consulted experts from the Institute of Forensic Medicine, acquire information from hospital and studied literature on cannabis-related deaths. There has been a lot of discussion about the terminology itself concerning whether these deaths are to be considered the result of "overdoses" or as cannabis-related death cases. The issue was also presented at the EMCDDA DRD meeting.

Two cannabis-related deaths were also reported in 2016, for which autopsy results and some other data were obtained. They are briefly outlined below

Case 1: 18-year old man died at home in February 2016. The most probable cause of death was heart rhythm disorder, disseminated ischemic heart lesions and cardiac hypertrophy. Toxicological analysis was positive for tetrahydrocannabinol (THC) in blood and alcohol in blood and brain fluid in non-lethal concentrations.

Case 2: 31-year old man was found in public place (near sport centre) in February 2016. The most probable cause of death was pulmonary and cerebral oedema due to hypothermia. Toxicological analysis was positive only for tetrahydrocannabinol (THC).

We are aware that the cause of death in above cases could be something else for instance another psychoactive substance that was not identified by the toxicological analysis but still this cases are strongly related to cannabis use. Because of that the National group for DRD decided to report this cases as cannabis related deaths. Also because of the fact that this is an issue which will require greater attention at the national and international level, more accurate monitoring and broader agreement on a common reporting methodology is needed.

Considering the probability that similar cases will emerge in Slovenia in the future, the NIPH founded a broader group for DRD that meets once per month and reviews all reports of deaths connected to illicit drugs.

Take Home Naloxone programme in Slovenia

Naloxone is an opioid antagonist that is used to block the effects of opioids, especially opioid overdoses. The "Take Home Naloxone" is a public health-care measure to provide naloxone, accompanied by appropriate training for people who inject drugs, and their family members if there is a high probability that they will witness an overdose. Currently, "Take Home Naloxone" programmes are implemented

regularly or as pilot projects in various EU countries and around the world. The findings of these programmes and scientific evidence support the introduction of "Take Home Naloxone" as an effective measure for preventing deaths from opioid overdose. Most countries will continue to implement the programmes, because users, their relatives, peers and other stakeholders consider this a beneficial measure.

The World Health Organisation has also recognised that the measure is effective. The WHO issued guidelines in 2014 recommending that countries expand the accessibility of naloxone for people for whom there is a probability that they will encounter an overdose in their communities. We have assessed that now is the appropriate time for the guidelines to be considered in Slovenia.

The opioid overdose mortality rate in Slovenia is comparable to that of other European countries. Around 25 deaths per year are recorded in Slovenia. We assess that by introducing the Take Home Naloxone measure we could prevent from 15 to 25 deaths due to overdose in a five-year period. We have established that the measure is highly cost effective in comparison with similar programmes in drug prevention programmes. The estimated costs of preventing an individual death are from EUR 4,088 to EUR 6,815. The measure would be introduced via a network of existing low-threshold programmes in which naloxone training and distribution would be implemented.

We have suggested initiating the pilot version of the Take Home Naloxone programme in Slovenia. The current European regulations and Slovenian legislation do not enable the administration of naloxone by people who are not medically trained. Therefore, the legislation should be adapted to make the measure feasible. Experience abroad shows that the parenteral form of naloxone administration by people without medical training can be risky, so countries prefer to use nasal administration in the implementation of the Take Home Naloxone measure. This form of the drug is already registered in the USA, but registration procedures have not been initiated in Europe yet.

The 2017-2018 Action Plan for Illicit Drugs in Slovenia determines that the distribution of the "Take Home Naloxone" measure as a concrete goal in this time period. The coordination of the Centres for the Prevention and Treatment of Drug Addiction (CPTDA) will be the providers of the activity, and Ljubljana Psychiatric Hospital as a participating institution.

1.2 Drug related acute emergencies

Miran Brvar

1.2.1 Drug-related acute emergencies

In Slovenia the information on drug-related acute emergences/poisonings are available, but not yet for a whole country. 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 6.1 (Sources and methodology)

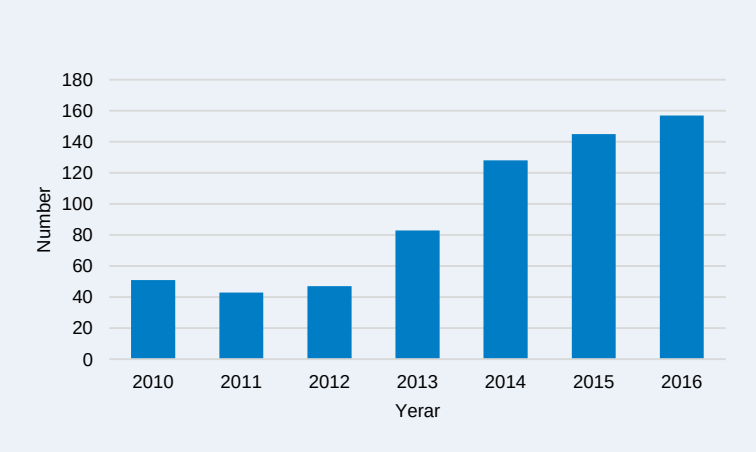
1.2.2 Toxicology of drug-related acute emergencies

Below we presents the statistics on adult patients examined and treated for illicit drug poisoning at Ljubljana University Medical Centre (UMCL), which is the secondary hospital for the Ljubljana region, which has approx. 600,000 inhabitants.

In 2016, internal medicine emergency medical units of the UMCL performed 24,702 patient examinations. According to data from the hospital's computer-based patient information system in 2016, the internal medicine emergency units of the UMCL treated 157 patients (73% were male) for emergencies due to the use of illicit drugs, which is more than in previous years. Only 51 such cases were recorded in 2010, 43 in 2011, 47 in 2012, 83 in 2013, 128 in 2014 and 145 in 2015 (Figure 5). In 2016, the number of such emergencies accounted for 0.64% of all emergencies handled by internal medicine emergency units, whereas in 2010, 2011, 2012, 2013, 2014 and 2015, this proportion was 0.24%, 0.19%, 0.20%, 0.36%, 0.54% and 0.61% respectively (Figure 6).

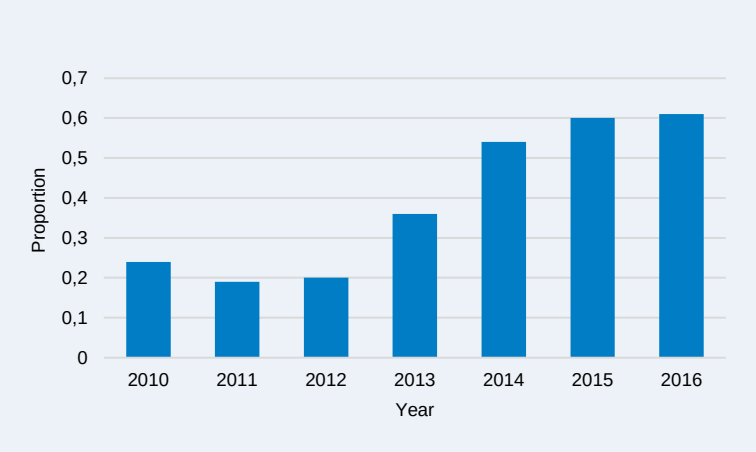
In 2015, the incidence of emergencies due to the use of illicit drugs in the Ljubljana area was around 24 in 100,000 people.

Figure 5. Number of patients treated for illicit drug poisoning at the Division of Internal Medicine at the UMCL, 2010–2016



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

Figure 6. Proportion of patients treated for illicit drug poisoning at emergency units at the Division of Internal medicine at the UMCL, compared to all patients treated, 2010–2016



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

Table 3 shows the illicit drugs that caused acute emergencies in adult patients treated at the UMCL Division of Internal Medicine. As expected, the number of drugs used as shown in Table 3 is higher than the number of patients with drug-related acute emergencies given in Figure 5, since users frequently take several different drugs.

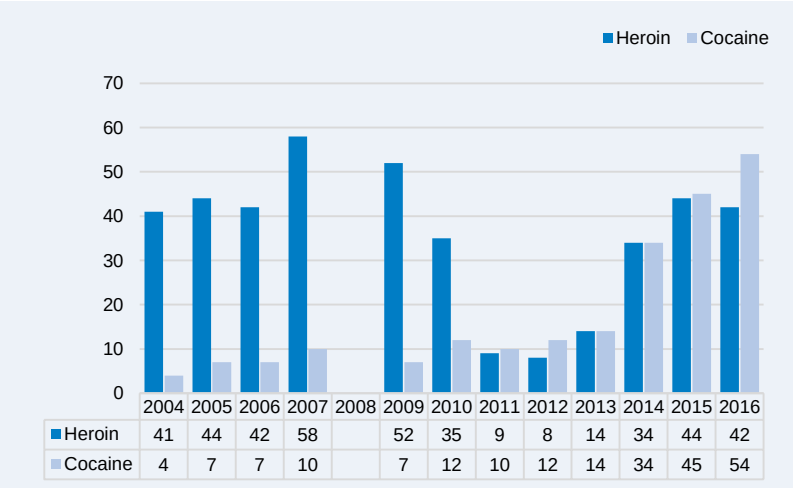
Table 3. Number of illicit drugs that caused acute emergencies in patients treated at the Division of Internal medicine at the UMCL, 2010 to 2016

Illicit drugs	Number of drugs						
	2010 (n = 61)	2011 (n = 55)	2012 (n = 60)	2013 (n = 105)	2014 (n = 163)	2015 (n = 193)	2016 (n =226)
Heroin	35	9	8	14	34	44	42
Cocaine	12	10	12	14	34	45	54
Cannabis	6	16	23	27	53	64	59
LSD	0	0	1	1	1	1	3
GHB, GBL, BD	2	2	5	31	19	17	31
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27
New psychoactive substances (NPS)	3	1	0	2	10	5	10
• Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7
• Synthetic cannabinoids	0	0	0	0	3	0	0
• Other NPS (2CI, 2-CP, NBOMe, DTM, 2-oxo-PCE, 2-MeO-PCE, unidentified tryptamine)	1	1	0	0	4	2	3

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

The incidence of acute emergencies related to illicit drugs has been monitored by the UMCL for a number of years. Figure 7 shows the number of patients with acute heroin and cocaine-induced emergencies over the last decade.

Figure 7. Number of patients with acute heroin and cocaine-induced emergencies treated at UMCL Internal medicine emergency units, 2004–2016



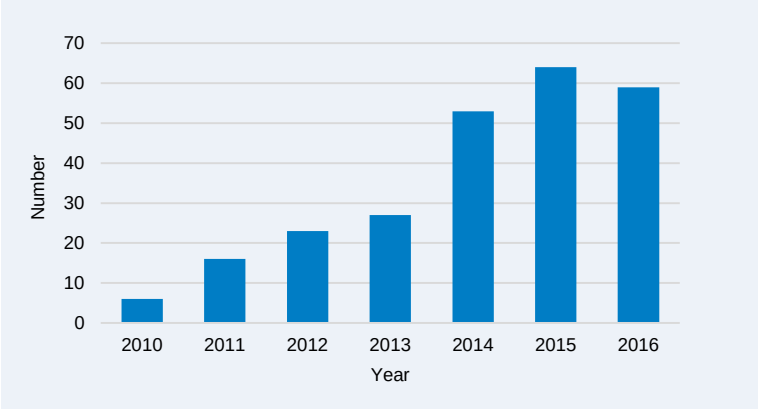
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Heroin	41	44	42	58		52	35	9	8	14	34	44	42
Cocaine	4	7	7	10		7	12	10	12	14	34	45	54

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

According to Figure 7, the number of acute heroin-induced emergencies gradually declined from 2007 to 2012, then began to rise unexpectedly in 2013, and in 2015 and 2016 reached the same level as at the start of this decade. The number of acute cocaine-induced emergencies was similar in the period from 2010 to 2013, but more than doubled in 2014 in Ljubljana; in 2016, this number was 54 patients, topping the number of acute emergencies induced by heroin.

Also, the number of acute emergencies induced by cannabis, or rather THC, an ingredient found in the cannabis plant, has steadily increased in recent years. Since 2014, cannabinoids have been the most commonly found illicit drug in adult patients in acute drug-related emergencies in Ljubljana. The number of THC-induced emergencies saw a marked increase in 2014, when it doubled compared to the previous year. As many as 64 such patients were treated in 2015; in 2016, the increase in TCH poisonings stopped (Figure 8). There are also individual cases of acute emergencies induced by hash oil, which is extracted from cannabis, in patients who are typically older people with other medical conditions.

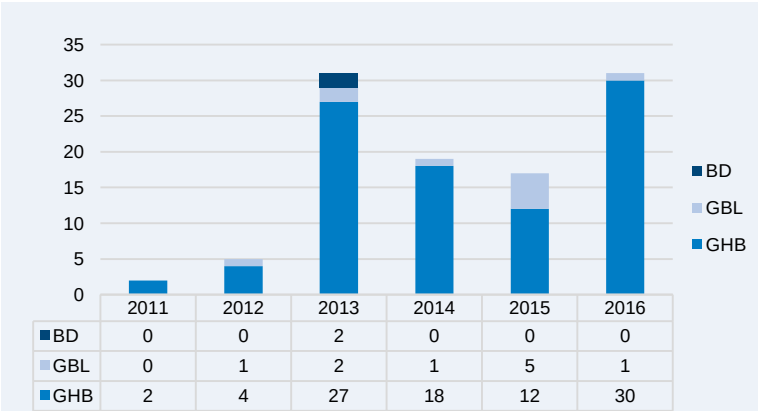
Figure 8. Number of acute cannabis-induced emergencies treated at the UMCL, 2010-2016



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

In 2016, the number of poisonings with gamma hydroxybutyrate (GHB) increased again in 2016 compared to 2014 and 2015, when the number of such poisonings was transitionally slightly lower than in 2013. In 2013, GHB was the most common cause of acute illicit drug-related emergencies; as many as 27 patients with acute GHB-induced emergencies were treated in 2013, along with 2 patients with GBL and 2 patients with acute BD-induced emergencies (Figure 9). In 2016, there were also 31 GHB and GBL poisonings, but GHB-induced acute emergencies ranked fourth according to the frequency of emergencies.

Figure 9. Number of patients treated for acute intoxication with GHB, GBL and BD at the UMCL internal medicine emergency units, 2010–2016



	2011	2012	2013	2014	2015	2016
BD	0	0	2	0	0	0
GBL	0	1	2	1	5	1
GHB	2	4	27	18	12	30

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

The number of acute emergencies involving "conventional" amphetamine-type stimulants, which include amphetamines, methamphetamines, MDMA and similar phenethylamines, increased significantly in 2016 compared to the previous five years (Table 3).

In 2016, there were 10 poisonings with the new psychoactive substances, e.g. 3-MMC, methylone, mephedrone, 2-oxo-PCE and 2-MeO-PCE. Synthetic cathinones predominated among NPS (3-mmc: 5, methylone, mephedrone).

We can conclude that acute emergencies induced by new illicit drugs accounted for 0.64% of all emergencies at internal medicine medical units in Ljubljana in 2016, which is once again slightly more than in the previous year. In 2016, we observed an increase in cocaine poisonings and an increasing trend in the number of GBC and amphetamine-type stimulant poisonings. The number of Indian hemp poisonings did not significantly change with regard to the previous year. In 2016, we also treated individual acute emergencies involving poisoning with new psychoactive substances, e.g. 3-MMC and PCE. In the last months of 2016, we started specifically monitoring poisoning with new psychoactive substances and expanded monitoring across the entire country, i.e. with the help of the early-warning system for NPS poisonings in Slovenia (SONDA); however, the first biological samples for analysing NPS presence were received at the beginning of 2017.

1.2.4 Additional information on drug-related acute emergencies

In 2016, we observed an increase in cocaine poisonings, as well as an increase in cocaine-related deaths, confirming the fact that very clean cocaine was available on the market in Slovenia that year.

Since the last months of 2016, we have been specifically monitoring poisoning with new psychoactive substances, and expanded monitoring across the entire country, i.e. with the help of the early-warning system for NPS poisoning in Slovenia (SONDA), we can expect an increase in the number of poisonings in the future.

1.3 Drug related infectious diseases

Irena Klavs, Maja Milavec, Tanja Kustec, Zdenka Kastelic, Sandra Kosmač, Edita Eberl-Gregorič

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

Drug-related infectious diseases among persons who inject drugs (PWIDs) that are transmitted through exposure to infected blood, often 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 vertically (from infected mother to the new-born child). Hepatitis B infection can be prevented by vaccination. Since there is no vaccine for HIV and HCV, the prevention is based on prevention of risk behaviour, promoting behavioural changes, harm reduction programs and early diagnosis and treatment of those infected.

HIV, HBV and HCV surveillance is coordinated by NIPH. It is based on regular collecting, analysing and interpretation of data about diagnosed cases. All three diagnoses must be reported according to the Contagious Diseases Act and Healthcare Databases Act. To ensure comparability of data 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 cases. Therefore, we cannot 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 among voluntary confidentially tested clients of Centres for the Prevention and Treatment of

Illicit Drug Addiction who are entering for the first time or re-entering treatment. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIPH 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 who had known results of previous tests at the time of entering or re-entering the treatment.

During the period from 2012 to 2016 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 1134 PWIDs who entered for the first time or re-entered treatment (317 in year 2012, 178 in year 2013, 263 in year 2014, 189 in year 2015 and 187 in year 2016). Proportion of PWIDs with any result of tests for HIV, HBV or HCV infections reported to NIPH ranged from the lowest of 43.3% to highest 55.1%.

Since 1995, the prevalence of HIV is monitored also in convenience samples of PWIDs. During the period from 2012 to 2016, the convenience samples of PWIDs were among those, who entered treatment for the first time in the Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana (2012, 2014) and clients of three nongovernmental harm reduction programmes - in Ljubljana (2012-2016), Koper (2012-2016) and Maribor (2012-2014, 2016). Saliva specimens for unlinked anonymous HIV testing were voluntarily provided by PWIDs entering the treatment for the first time at the Centre for Prevention and Treatment of Illicit Drug Addiction in Ljubljana, and by clients of the aforementioned needle-exchange programmes for the first time during the period of sampling, which was one month.

HIV Infection

For the period from 2012 to 2016 the NIPH received the data for a total of 510 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use for whom the results of previous voluntary confidential testing for HIV infection were known. In the year 2012 for 142 PWIDs, in the year 2013 for the 95 PWIDs, in the 2014 for the 107 PWIDs, in the year 2015 for the 87 PWIDs and in the year 2016 for the 79 PWIDs. When calculating the number of PWIDs with diagnosed HIV infection we took into account results of screening and/or confirmation tests for HIV antibodies (anti-HIV) – screening tests of third and fourth generation and confirmation tests Western blot and Imunoblot. The number of PWIDs with diagnosed HIV infection before treatment demand ranged from 0 among PWIDs who entered or re-entered the program in years 2012 and 2015 to the highest of 3 among PWIDs who entered or re-entered the program in 2014. In 2016, there was one PWID who re-entered the program and was diagnosed with HIV infection before treatment demand. Respective HIV prevalence estimates ranged from the lowest 0% in 2012 and 2015 to the highest 2.8% in 2014. In 2016, the estimated prevalence was 1.3%. When interpreting these results, it is important to take into consideration that these estimates 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, which has been conducted for HIV surveillance purposes in the largest Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana and three harm reduction programmes by NGOs in Ljubljana, Koper and Maribor (Table 4).

Table 4. Proportion of HIV infected among clients of one Centre for Prevention and Treatment of Illicit Drug Addiction and 3 harm reduction programmes, 2012–2016

	Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
			Male	Female	Male	Female	Male	Female
PWID	2012	4	132	41	1	0	0.8	0
	2013	3	84	30	0	0	0	0
	2014	4	139	29	0	0	0	0
	2015	2	67	11	0	0	0	0
	2016	3	80	57	0	0	0	0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2012–2016

During the period from 2012 to 2016, the reported HIV infection incidence rate in the Slovenian population ranged from to the lowest 2.2/100,000 inhabitants in 2012 and 2013 to the highest 2.8/100,000 inhabitants in 2016. During the last five years (2012–2016), seven cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2012, 2015 and in 2016 and two in 2013 as well as in 2014. At least four of these individuals had a history of injecting drug use abroad. Before that, the last HIV infection in a PWID was reported to the NIPH in 2001. However, since 1986, when the national HIV surveillance, based on mandatory notification of all diagnosed HIV infection cases was initiated, a cumulative total of 20 new HIV diagnoses were reported among PWIDs. Majority of these individuals had a history of injecting illegal drugs abroad.

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 2012 to 2016, the NIPH received the data for a total of 313 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use and for whom the results of previous voluntary confidential testing for HBV infection were known (in the year 2012 for 135 PWIDs, in the year 2013 for the 42 PWIDs, in the 2014 for the 66 PWIDs, in the year 2015 for the 34 PWIDs and in the year 2016 for the 36 PWIDs). When calculating the number of PWIDs with diagnosed HBV infection we took into account results of tests for antibodies to HBVc (anti-HBc). The number of PWIDs with diagnosed HBV infection before treatment demand ranged from 1 among PWIDs who entered the program in year 2016 to the highest of 5 among PWIDs who entered the program in 2014. Respective HBV prevalence estimates ranged from the lowest 2.2% in 2012 to the highest 7.6% in 2014. In 2016, the estimated prevalence was 2.8%. When interpreting these results it is important to take into consideration that the estimates were based on the results of tests conducted before entering for the first time or re-entering treatment.

During the period from 2012 to 2016, the reported HBV infection incidence rate in the Slovenian population ranged from to the lowest 1.9/100,000 inhabitants in 2014 and 2016 to the highest 2.5/100,000 inhabitants in 2013. Due to under-ascertainment and underreporting, HCV reported incidence rates greatly 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.

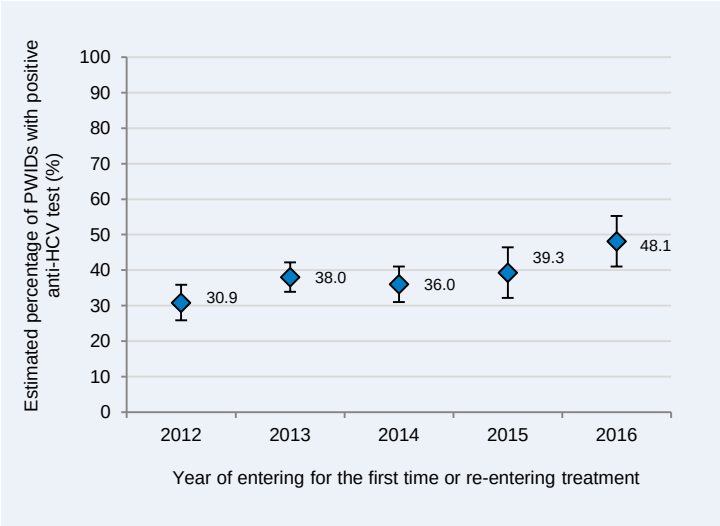
HCV infection

For the period from 2012 to 2016, the NIPH received the data for a total of 509 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment

of Illicit Drug Use for whom the results of previous voluntary confidential testing for HCV infection were known. In the year 2012 for 136 PWIDs, in the year 2013 for the 92 PWIDs, in the 2014 for the 111 PWIDs, in the year 2015 for the 89 PWIDs and in the year 2016 for the 81 PWIDs. When calculating 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 35 among PWIDs who entered or re-entered the program in years 2013 and 2015 to the highest of 42 among PWIDs who entered or re-entered the program in 2012. In 2016, there were 39 PWID who entered or re-entered the program and were diagnosed with HCV infection before treatment demand. Respective HCV prevalence estimates ranged from the lowest 30.9% in 2012 to the highest 48.2% in 2016. When interpreting these results it is important to take into consideration that the estimates were based on the results of tests conducted before entering treatment for the first time or re-entering treatment.

Figure 10 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 Preventions and Treatment of Illicit Drug Use and for whom the results of previous voluntary confidential testing for HCV infection were known. Even though (based on the received data) there is some indication for a positive trend, the limitations of data should be taken into consideration. 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 number of PWIDs who are entering for the first time or re-entering treatment (and alongside the number of PWIDs with known results of tests) is decreasing, resulting in wider confidence intervals. The data also includes results of tests conducted before entering for the first time or re-entering treatment.

Figure 10. Estimated proportion of persons (with 95% confidence intervals) with known positive result of previously conducted anti-HCV test among PWIDs, entering the for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use, 2012–2016



Number of PWIDs with positive anti-HCV test result	42	35	40	35	39
Number of PWIDs with known anti-HCV test result	136	92	111	89	81
Number of PWIDs entering program for the first time or re-entering treatment	317	178	263	189	187

During the period from 2012 to 2016, the reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from to the lowest 3.1/100,000 inhabitants in 2014 to the highest 5.6/100,000 inhabitants in 2016. Due to under-ascertainment and underreporting, HCV reported incidence rates greatly 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.

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 Other drug-related health harms

1.4.1 Other drug-related health harms

Comorbid mental disorders
Andrej Kastelic, Nuša Šegrec

A Slovenian study including almost 230 patients revealed the presence of comorbidity in patients treated within the network of Centres for the Treatment of Illicit Drug Addiction (Šegrec et al. 2014). The group of patients with comorbidity showed significantly more suicidal behaviour, previous suicide attempts, overdoses and prison sentences in terms of statistics, when compared to patients with no comorbid mental disorder.

The working group of each of the 18 regional centres for the treatment of persons addicted to illicit drugs, as a rule, employs a psychiatrist who treats patients with comorbid mental disorders. A patient needs no special referral note to be treated by a psychiatrist and may be referred to an examination by a personal physician or may decide on it alone or at the proposal of close ones. The Centre for the Treatment of Drug Addiction at the Ljubljana University Psychiatric Clinic (hereinafter “LUPC”) has held a day hospital for patients with comorbid mental disorders for 6 years. Patients who need hospital treatment due to a deteriorated mental illness are treated at one of the five psychiatric hospitals and are occasionally also admitted to one of the hospital departments of the LUPC Centre for the Treatment of Drug Addiction, which otherwise does not specialise in the treatment of comorbid mental disorders. The opening of such a department is planned in the short term. It is also planned to open a therapy community for patients with comorbid and other mental disorders within the scope of LUPC. There are also some therapy communities for patients with the so-called double diagnosis outside the public healthcare system who are faced with a lack of medical staff essential for the treatment of such patients. Residential groups existing within the frame of the treatment of persons with mental disorders typically do not accept patients undergoing substitution therapy. This represents an important obstacle in the treatment of certain patients with severe mental disorders who have problems with accommodation and are unable to function without a substitution therapy.

New psychoactive substances
Matej Sande, Mina Paš

In addition to injection rooms, one of Slovenia's recent challenges in harm reduction has also been to reduce harm induced by NPS, as the use of synthetic cathinones has become relatively popular among the youth with respect to the recent research and reports by field workers. Considering the research conducted in Slovenia and presented in this report, adverse effects of NPS use on users have already been revealed and may also be detected in consultations with adolescents using NPS. A large share of the sample in the research on NPS use used new drugs relatively risky (mixing them with other drugs and using large amounts at the same time). A large share of the sample used large quantities of NPS; for example, a quarter of them used over a gram and a half of synthetic cathinones per night (Source: Study on the use of new psychoactive substances, DrogArt, 2014)

As reported by users, chemsex has been detected in the gay and bisexual population in Slovenia, as it was shown that chemsex binges in men using 3-MMC in sexual intercourses last longer and make sex more disinhibited than in men using other stimulants for sex (e.g. amphetamines and MDMA) (Source: Chemsex among MSM population in Slovenia, DrogArt, LeGeBiTra and Skuc, 2015).

NPS users mostly sniff or use it orally and, in 2015, extended use of 3-MMC was detected among intravenous opioid users who inject it as a substitute for cocaine. The risks described are soft tissue injuries during 'outs', rashes, limbs turning blue, depression and disinhibition of sexual behaviour.

Harm reduction programmes
Ines Kvaternik

As indicated by the professional associates employed in drug-related harm reduction and social rehabilitation programmes, most high-risk drug users are faced with many health and social consequences of drug use. The resulting health issues are notably vascular injuries and mental health issues, while social issues include homelessness, which is spread mostly in the regions of Central Slovenia and the Coast and Karst, and frequent consideration by law enforcement institutions due to drug trafficking or theft or other criminal offences.

1.5 Harm reduction interventions

Ines Kvaternik, Živa Žerjal

1.5.1 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) are 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 2015–2016 Action Plan for Illicit Drugs in Slovenia.

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.

1.5.2 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 relatively 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.

These programmes offer day centres where users can stay, exchange experience, talk to counsellors about accommodation, medical practitioners, potential employment and other official matters. They can also obtain sterile injection kits, condoms, food and clothing and attend to their basic personal hygiene; the programmes implement monitoring in critical situations, work in the field, distribute sterile injection kits, and provide information and advice.

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. Soon, health-care workers will also be 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 free distribution of sterile injection kits and counselling are also implemented within harm reduction programmes. Needle exchange programmes are implemented in day centres and in the field, i.e. at sites where drug users are located. As well as needle exchanges and the distribution of other injection kits (alcohol tissues, "spoons" for drug preparation, ascorbic acid, and pocket containers for waste needles etc.) field workers and workers in day centres distribute informative material about contagious diseases and less risky injection methods.

1.5.3 Types of harm reduction services

Sterile injection kit exchange services
Ines Kvaternik

In 2016, Slovenia had 10 programmes for reducing the harmful effects of illicit drugs; they implemented sterile injection kit exchange services. Six programmes involved field work, five of which were equipped with mobile units; one programme implemented classic field work in two locations. Day centres were established in 8 programmes, which operate at several sites in some regions. A total of 10 day centres are active. The exchange of injection kits is also implemented at the night accommodation centre and three pharmacies.

The programmes implemented field work in 74 places, i.e. at 90 locations. These programmes included 1,859 persons who inject drugs, including 151 users who were registered for the first time. The harm reduction programme in 2016 recorded 25,384 contacts with persons who inject drugs. In 2016, the sterile injection kit exchange programmes distributed 567,233 needles and syringes.

The collection of infectious waste was implemented in all programmes that offer sterile kit exchange services. According to the Decree on the management of waste generated by health and veterinary services and related research activities (Official Gazette of the Republic of Slovenia [Uradni list RS], No. 89/2008), used needles are defined as waste that for the purposes of preventing infection require special handling upon collection and disposal.

DrogArt centre for counselling and psychotherapy
Anja Mihevc

The DrogArt centre for counselling and psychotherapy is intended for people with problems caused by the use of club drugs and for their relatives of such people. Counselling can be provided to users with occasional or permanent health or psychological problems connected to the use of club drugs. Counselling approaches are based on the harm reduction concept, so the programmes focus not only on abstinence, but by researching and co-creating solutions, we help users reduce the harm caused by drug use. We teach users to quickly recognise the triggers for using drugs, and techniques that contribute to reducing use or to abstinence. The counselling and therapeutic process also considers the causes that led to the harmful use of drugs. Psychotherapy is intended for those who have already stopped using drugs or those who have had disturbing psychedelic experiences.

In addition to continuous counselling, we also enable one-time counselling and the provision of information intended for drug users, parents of youngsters, pedagogues and other expert workers who work with drug users and need information or instructions about further behaviour.

The programme is implemented by qualified counsellors or psychotherapists. The programme's employees also include qualified social workers. They are all subject to regular supervision and internal review, which are implemented twice a month.

Counselling and therapeutic work with clients is implemented in accordance with the social workers' code of ethics and the code of ethics of the Slovenian umbrella association for psychotherapy.

Evaluation of programme performance
The criterion for the performance of the programme is the achievement of users' goals upon the conclusion of the first level of the programme and the rate of retention in the programme. We keep internal personal files on every user, in which the therapist or counsellor continuously evaluates the progress of each individual client. In 2016, 73 people were in the personal counselling programme, 15 of whom were given personal counselling on one occasion, but did not want continuous inclusion. The

remaining 58 users entered the therapeutic and counselling programme. From January until the end of August 2017, 50 users were undergoing personal counselling/therapy; 12 of them received a personal counselling session, showing that the number of users is increasing.

Evaluation of the programme's contribution in the wider context of prevention or harm reduction

The programme is anonymous, which is a very important factor for socially included users who are regularly employed and who, due to the fear of disclosure of their addiction, do not want to be included in other programmes offered within the health and social assistance system.

- Part of the programme is specialised for users who have problems due to using new psychoactive substances. Therapists must be very familiar with NPS, which is very important for the aforementioned users, because the use of such substances gives rise to specific risks, which must be known to the therapist.
- Within the programme, we implement individually customised psychotherapeutic treatment for former drug users and people who are still using drugs. Psychotherapeutic treatment is necessary for the permanent rehabilitation of all drug users; however, many psychotherapists do not want to work with drug users because such psychotherapy demands special training on addiction.
- A part of the programme is intended for minor drug users who take NPS and other drugs and are motivated to stop using them or reduce the harm caused by such use. The counselling and psychotherapeutic method for these young people is based on a trusting and equal relationship between the young person and the therapist. We work together with the young person on assuming responsibilities; abstinence is not necessarily a condition of retention in the programme, but we adapt the therapeutic intervention, which enables youngsters to remain in the programme for as long as they need.
- This is a low-threshold programme, and the only condition for inclusion is the user's motivation to make a change to reduce harm.

Fieldwork with specific/risky groups of users
Anja Mihevc

The programme is intended for the group of at-risk young people who use drugs in a risky way and whom we have not managed to include in the programme with the usual approaches. The purpose of the programme is to include at-risk users of drugs (e.g. minors, young users suffering social hardship due to drug use), who need extended psychosocial treatment, and not only information on the less risky use of drugs, and to offer them appropriate information about reducing drug use or risks, the possibilities of counselling and the need for other programmes and services. We regularly implement daily field work in the Metelkova Street area. Two expert workers go to the Metelkova Street area three times per week in the afternoon; this is an area where young people meet; the expert workers talk to them, inform them about reducing the harm caused by drugs, distribute informative material, and if possible, offer counselling in the field. Continuous contact enables a more trusting relationship to be established with them, and also increases interest in being included in the DrogArt counselling organisation. Every Friday afternoon, the counsellors arrange a DrogArt counselling corner, where they put pillows and beanbags (depending on the weather), snacks and drinks; we also occasionally organise additional activities which can include young people (e.g. board games or creative activities). DrogArt information and other material (leaflets, condoms, and non-alcoholic drinks) are also available in a visible place.

We have also adapted the provision of information for club events which are attended by young visitors (club events where the minimum age for entrance is 16 years). We have been present for lengthy periods

at such events (6 hours on average), so it was possible for us to provide information and counselling for a longer period. In 2017, we started conducting field work at after parties, where we are still adapting the method of field work so that it is most appropriate for drug users at such parties.

1.5.4 Harm reduction services: availability, access and trends

Ines Kvaternik

Table 5 shows that contacts with persons who inject drugs and who receive sterile kits for safe injection within the scope of harm reduction programmes have been increasing in the past two years. Some harm reduction services explain that users come more often and take only small quantities of sterile material (1 or 2 needles) because of frequent body searches by the police.

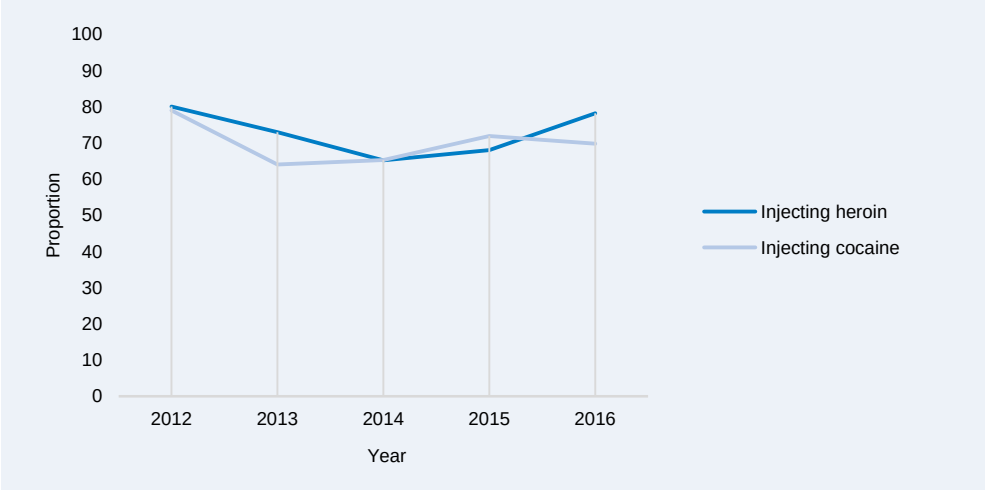
Table 5. Number of needles and syringes issued and contacts with persons who inject drugs, 2012–2016

	2012	2013	2014	2015	2016
Number of needles and syringes issued	553,426	513,272	494,890	500,757	567,233
Contacts with PWIDs	11,639	16,753	20,180	22,199	25,384

Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes, 2010–2014

The number of needles and syringes issued in sterile kit exchange programmes fell until 2014, and started to increase again in 2015 (Table 5), which also applies to trends in the field of drug injection. Figure 11 reveals that the injection of heroin and cocaine has increased among high-risk drug users since 2014.

Figure 11. The proportion of heroin and cocaine injection among users of harm reduction programmes, 2012–2016

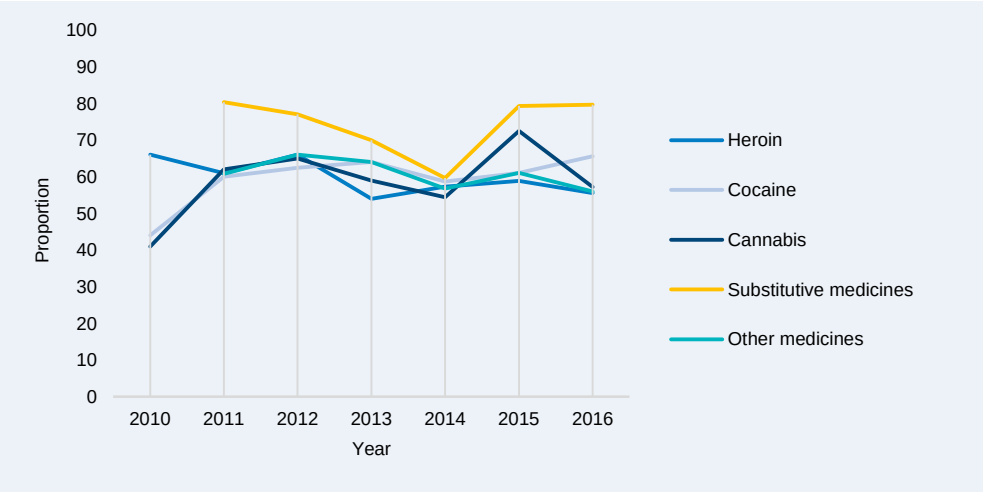


Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users 2012–2016

Figure 12 shows that in 2014, the use of cocaine, cannabis, substitute and other medicines declined, while the use of heroin slightly increased. Otherwise, the trend in heroin use has been quite stable since 2012. There have been no major changes with regard to cocaine use, while the use of cannabis in 2015, when the public discussion on cannabis regulation and cannabis use for medical purposes started, increased; it dropped again in 2016. The data show fairly high shares of the use of medicines from 2012

to 2013. In 2015, there was a drop in the use of medicines, which was most probably the consequence of a change in the treatment doctrine[15] and increased mortality rate among users of harm reduction programmes. The use of substitutive drugs increased in 2015.

Figure 12. Proportion of drug use among harm reduction programme users, 2012–2016



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users 2012–2016

1.6 Targeted interventions for other drug-related health harms

1.6.1 Targeted interventions for other drug-related health harms

Collection points for NPS samples
Simona Šabić

As part of the European project I-SEE, Project for strengthening information exchange between Italy and South East Europe neighbouring countries on New Psychoactive Substances, and in association with other Slovenian partners (the Police and the National Institute of Public Health), in 2015 and 2016 we opened – in different parts of the country – 8 new collection points accepting samples of substances believed to contain new psychoactive substances (NPS). The sample collection points were set up within organizations working to reduce drug-related harm, mostly by running programs for intravenous and socially excluded users; two of the organizations also started with additional activities designed to reach out to the youth and young adults from the local community who use drugs in nightlife settings. All the organizations have been incorporated into the Early Warning System on New Psychoactive Substances, which has helped improve the exchange of information on NPS both at the regional and national level. As a project result also “Guidelines for anonymous sample collecting procedure of psychoactive substances for laboratory analysis and informing users about testing results” were prepared.

The purpose of establishing testing points was to gain a better insight into the emergence of NPS and into NPS use patterns in other parts of the country so as to enable professionals working in this field to be better informed about NPS use trends and to be quick to respond to the emergence of NPS. Through the testing service, users can be provided with specific information on how to reduce risks associated with using psychoactive substances and information on their counselling options. What's more, the

[15] In 2013, the Recommendations for benzodiazepine use and detoxification of patients in medication-assisted (substitution) treatment programmes for opioid addiction in the Republic of Slovenia (Kastelic and Šegrec 2013: 629-634) were adopted.

testing service, which includes raising users' awareness of the emergence of NPS and dangerous admixtures, allows users to reduce the risk of complications and overdose in using unknown substances or dangerous admixtures.

For users, the sample submission process is anonymous and free of charge. Upon sample submission, a user takes part in a one-to-one counselling session employing the motivational interviewing method and also providing the user with information on how to reduce risks and what their options are in terms of follow-up counselling. In association with the Police, the received sample is then sent to the National Forensic Laboratory for analysis. After the analysis the result is reported back to user, with additional harm reduction consultation, if needed. All the results are reported also to the EWS. Based on the result and other gathered information about the sample, EWS alerts for other users are published (for example in case of dangerous adulterants in the analysed sample).

At the end of the project evaluation research was carried out. The main purpose of the research was to evaluate the service and the outreach of drug checking within the I-SEE project framework, and to obtain the views of injecting drug users, included in programmes of harm reduction, and nightlife drug users, on drug checking. During the two-year duration of the project we received 151 samples, four of which were NPSs, officially identified for the first time among users in Slovenia (3-MeO-PCP, clonazolam, flubromazolam, and 4-fluoro-butyr-fentanyl). 56 samples included one or more NPSs. 15 of these were collected for analysis as a “classic” drug. Apart from the service evaluation, we wished to obtain the users’ views on whether drug checking will encourage drug use, their view of drug checking, and their attitude towards adulterants in the drugs that they use.

1.7 Quality assurance of harm reduction services

1.7.1 Quality assurance for harm reduction services

Ines Kvaternik

The standards and norms for implementing harm reduction programmes in the field of drugs are determined in the Resolution on the National Social Assistance Programme (NPSV) for the 2013 to 2020 period. The operation of harm reduction programmes in the field of drugs is co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities on the basis of public tenders, which clearly determine the standards and norms[16].

The Health Insurance Institute of Slovenia finances the purchase of sterile kits for safe drug injection.

In 2016, the Social Protection Institute implemented an evaluation of social assistance programmes for addiction prevention, which also included two harm reduction programmes in the field of drugs (IRSSV, 2016). A formal evaluation was implemented to warn about potential deficiencies in the programme’s operation and recommendations for improving operations. Non-governmental organisations that implement public social assistance programmes follow the Standards of Quality of NGOs; public institutions follow the E-Qalin model. It has been established that both evaluated programmes have a long tradition of continuous operation, and professional programme providers are available to users at

[16] Labour costs for a maximum of 2 expert workers and 1 lay worker with a secondary education for a minimum of 15 users per month are envisaged for the programmes of reception centres and shelters for homeless users of illicit drugs; labour costs for 1 expert worker and 1 lay worker with secondary, higher and high education, but a maximum of 2 employees per unit (1 expert worker and 1 lay worker) for at least 30 continuously and 20 occasionally included users per week are envisaged for low-threshold programmes for drug users and the network of centres for counselling via field work for helping drug addicts who require daily treatment (day centres or field work), whereby the programme is regularly available to individual users every working day for a minimum of 6 hours. A continuous user is a user who is included in the programme for at least 3 hours per week (ReNPSV13-20).

least seven hours per day, and on envisaged dates they also do field work. The operation of programmes has been evaluated as good, highly professional and responsible to both users and funders (IRSSV, 2016).

2. New developments

2.1 New developments in drug-related deaths and emergencies

New developments in drug-related acute emergencies

Miran Brvar

The Centre for Poisoning will extend data collection to the entire country in order to monitor NPS poisonings in detail using:

- a web application of the Slovenian Register of Intoxications,
- 24/7 information consultation service,
- the early-warning system for NPS poisonings in Slovenia (SONDA).

The point of the SONDA project will hence be to join the data of the toxicology consultation service at the Centre for Poisoning (24/7), which takes calls from doctors throughout the country reporting persons poisoned by NPS, and the clinical data collected in the Slovenian Register of Intoxications as well as the results of toxicology analyses of the biological samples collected within the scope of the SONDA project from the persons poisoned by NPS from the entire country.

3. Additional information

Evaluation of testing services

Matej Sande

The research on the evaluation of testing services (the methodology is further described in the DRUGS (6.2) section, the opinions of users of drugs in seven harm reduction programmes (n=102) and users of drugs in the context of night-life (n=554) about drug testing were reviewed. As already mentioned, in 2015 and 2016 the existing EWS system was upgraded under the I-SEE project with seven new points for accepting samples, so that we now have a total of nine reception points (two for drug users in the context of night-life and seven in harm reduction programmes). The characteristics of the use of drugs are presented in the section DRUGS 1.1.3, where the key findings on drug testing or the opinions of users on drug-testing services are mentioned.

Users in help programmes as users of drugs in the context of night-life (web survey) evaluate the importance of drug testing's contribution to risk reduction. Some 32.7% (n=101) of users participating in help programmes agree and 47.6% (n=437) in the context of night-life agree. In combined answers (agree/agree very strongly), 80.2% of respondents from programmes agree and 87.6% in the context of night-life also agree.

It is very important to inform users in both samples about hazardous substances and foreign matter. This is very important in programmes for 60.4% (n=101) of respondents, and for 66.7% of respondents in the context of night-life (n=450). Most respondents in programmes (95.1%) and in the context of night-life (96.9%) find that the provision of information is important or very important. The accessibility of testing is very important for users in programmes (52.9%, n=102) and for users in the context of night-life (48.1%, n=455). Most respondents in programmes agree with this (89.2%) and in the context of

night-life (93.4%). Knowledge about the potentially hazardous substances they use is more important to users within the context of night-life (56.3%, n=455) as well as for users in help programmes (16.3%, n=98). The majority of the web sample (95.6%) and slightly less than one third of respondents in programmes (34.3%) agree with this under combined answers.

On the basis of the results presented and other analyses of the research, we can conclude that the development of testing services is important for users in the context of night-life, as well as for users who inject drugs. When improving testing services in the future, we have to promote the better accessibility of services, as well as promote shorter waiting times for results, the provision of information to users on testing services and the development of the provision of information, as well as potential counselling when samples are provided. Testing services can be the user's first contact with help programmes and reduce the risks connected to drug use.

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4.2 Methodology

Methodology in drug related diseases

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).

Methodology in emergencies

Milan Brvar

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. In 2016, the Centre for Poisoning started collecting biological samples of persons poisoned by NPS at the emergency medical units of medical centres and hospitals throughout Slovenia within the scope of the SONDA project, thus ensuring their toxicology analysis. The project will join the 24/7 information consultation service and the Register of Intoxications, and the toxicologist on duty will ensure that doctors or medical institutions regularly send biological samples and report cases of poisoning to the Slovenian Register of Intoxications using an online form.

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 in the Ljubljana region, which will be extended to the entire country with the SONDA project and online registration of poisonings to the Slovenian Register of Intoxications.

Methodology in drug related infectious diseases

Irena Klavs, Maja Milavec, Tanja Kustec, Zdenka Kastelic, Sandra Kosmač, Edita Eberl-Gregorič

We monitor prevalence estimates for HIV, HCV and HBV infections by collecting data about voluntary confidential diagnostic testing for HIV, HBV and HCV infections among PWIDs who are treated within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction. The strengths of such an approach is the nationwide coverage and the sustainability of such a surveillance system. The limitation is the non-representativeness of such estimates for all PWIDs in Slovenia.

In addition, unlinked anonymous HIV testing of PWIDs at first treatment demand is conducted for HIV surveillance purposes in the largest Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana since 1995. Since 2002, four non-governmental harm reduction programmes have also been included in the system. These programmes are needle exchange programmes: AIDS Foundation Robert (only in 2003 in Ljubljana), Stigma (in Ljubljana since 2005), Svit (in Koper since 2004) and Zdrava pot (in Maribor since 2010). Detailed descriptions of methods have already been published (Klavs and Poljak, 2003). Saliva specimens for unlinked anonymous HIV testing are voluntarily provided by PWIDs entering the treatment at the Centre for Prevention and Treatment of Illicit Drug Addiction in Ljubljana, and by injecting drug users already involved in the aforementioned needle-exchange programmes.

In addition, the NIPH 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 Infectious Diseases Law. Nearly all of the newly diagnosed HIV infection cases reports also 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. Surveillance reports that

include information on HIV, HBV and HCV newly diagnosed cases reporting are published annually (Klavs and Kustec (ed.) 2014, 2015 Kraigher et al. (ed.) 2014, 2015).

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 NIPH 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 under-ascertainment and 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.

Methodology in harm reduction
Ines Kvaternik, Živa Žerjal

The annual report on the use of materials for safer injection in harm reduction programmes is prepared by the NIPH Koper Regional Unit; this unit also manages records on material issued and inventories. Questionnaires on the use of drugs among users of harm reduction programmes are completed in programmes once per year and sent to the NIPH Koper Regional Unit, where they are entered in the database, and the data are duly processed.

Harm reduction: The data on the profiles of users of drugs in harm reduction programmes in the period from 2012 to 2016 were acquired with the "Questionnaire on drug use" among users of harm reduction programmes throughout Slovenia. The questionnaires were completed by users who visit programmes at stationary locations and users who are reached by professionals during their fieldwork. Participation in the survey was voluntary and anonymous.

Drug market and crime workbook

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Table of Contents

Summary

National profile

Domestic drug market

- Slovenia is self-sufficient in illicit cannabis production, which is produced in specially designed facilities. Slovenia is also considered a transit or stop-over country for illicit drug smuggling operations. However, some amounts of individual illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave the Slovenian territory.
- Illicit drugs are smuggled along the traditional two-way Balkan route. Primarily cannabis as well as heroin is smuggled through the Balkan route from Albania, Kosovo, Serbia and also Macedonia. The leading supplier of heroin is Turkey. Smuggling in the opposite direction involves mostly synthetic drugs and oftentimes cocaine. MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands. For Slovenia, Spain remains the main supplier of cocaine.
- 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 resell smaller volumes of the illicit drug to other members outside these urban areas. The most common method of smuggling illicit drugs within the country's borders is using private passenger vehicles, small goods vehicles, or as passengers in busses or taxis.

National drug law offences

- In 2015, Slovenian police registered 1872 drug-related criminal offences. Pursuant to the Criminal Code of the Republic of Slovenia, such criminal offences include unlawful manufacture of and trade in illicit drugs and rendering opportunity for consumption of illicit drugs. As many as two-thirds of the registered criminal offences fall into the unlawful manufacture of and trade in illicit drugs category, most commonly in the form of illicit drug purchases, production, offering to sell, and selling of illicit drugs. In 2015, the police also detected 3730 violations of the Production of and Trade in Illicit Drugs Act.
- Cannabis is the illicit drug associated with the highest number of drug-related criminal and minor offences, followed by heroin, amphetamine and cocaine. The largest increase in the number of violations has been seen with regard to hashish.

Key drug supply reduction activities

- In 2016, the police continued to focus on the goals and activities in the area of reducing the supply of illicit set out in Action Plan on Illicit Drugs for the period from 2015 through 2016 based on the Resolution on the National Programme on Illicit Drugs 2014–2020.
- Slovenian police is carrying out stronger and more narrowly focused activities for curbing the supply of illicit drugs at the national, regional and local levels. The priority list of Slovenian police includes heroin, cocaine and increasingly synthetic drugs and new psychoactive substances. The police is making every effort to gather data on any operational specially designed indoor facilities for growing cannabis and any working laboratories for the production of synthetic drugs and to analyse large seizures of synthetic drugs.
- Active smuggling along the Balkan route needs to be stopped, so the goal and activity of the police are focused on improving the cooperation with the security authorities of the Western Balkan countries and increasing the number of seizures both at the borders and inside the country.
- Criminal police focuses its activity mainly on detecting the ringleaders of illicit drug smuggling and trafficking operations.
- The police also focuses its activities on uncovering money laundering practices, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking.
- The police is monitoring the emergence of certain specific illicit drugs and of changes in the purity of illicit drugs in certain parts of the country in an effort to ascertain the source of supply.

1. National profile

1.1 Drug market

1.1.1 Domestic production of drugs within country

Judging from the available data, Slovenia is a self-sustaining country in terms of the illicit drug cannabis, which is grown in specially designed indoor facilities. In 2016, the police uncovered 81 specially designed indoor facilities for growing cannabis. Compared to the previous year, the uncovered designed facilities were larger and a much larger number of plants were grown inside such facilities. We are finding that the equipment and methods for growing cannabis indoors are getting increasingly better. Judging from the data, the equipment was bought in regular household article stores.

No single working laboratory for the production of synthetic drugs or cocaine and heroin was uncovered in Slovenia in 2016.

1.1.2 Routes of trafficking

Illicit drugs continue to be smuggled along the traditional two-way Balkan route, and we estimate that the scope of smuggling operations continues to be increased, just like the previous year. Primarily cannabis as well as heroin is smuggled through the Balkan route from Albania, Kosovo, Serbia and also Macedonia. The leading supplier of heroin is Turkey, and we have also observed the exchange of heroin for acetic anhydride, which is a precursor for heroin production. Smuggling in the opposite direction involves mostly synthetic drugs and oftentimes cocaine. We are still finding that MDMA, amphetamine and cocaine are being smuggled mainly from the Netherlands. For Slovenia and the rest of Western Balkan countries, the main supplier of cocaine remains Spain.

Criminal groups in Slovenia, or rather criminal group members from Slovenia, most often smuggle larger volumes of various illicit drugs by freight transport. The high volumes of freight traffic on European roads reduce the chances of uncovering and seizing illicit drugs. At the same time, if successfully executed, transporting larger volumes of illicit drugs stashed under or next to legal cargo makes it easier to maximize profits. Smaller quantities of illicit drugs are most often smuggled in specially adapted passenger vehicles.

1.1.3 Contextual information on trafficking within country

Based on the available data, Slovenia is a transit or stop-over country for illicit drug smuggling operations. Some amounts of individual illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave our country. According to the available data, Slovenia continues to be a self-sustaining country in terms of the illicit drug cannabis, particularly cannabis grown in specially designed indoor facilities.

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 the illicit drug to other members outside these urban areas. The most common method of smuggling illicit drugs within the country's borders is using private passenger vehicles, small goods vehicles, or as passengers in busses or taxis.

1.1.4 Wholesale drug and precursor market

Illicit drugs in larger volumes (amphetamine, cocaine, MDMA, heroin) are obtainable mainly in large urban areas such as the cities of Ljubljana, Koper and Maribor, while larger quantities of cannabis are obtainable regardless of the location and size of the town. Namely, cannabis is grown in convenient locations allowing the setting up of suitable conditions for growing cannabis – larger warehouses, vacant apartments, etc.).

Drug precursors, most notably acetic anhydride, are kept in storage somewhere in Slovenia, where they are either repackaged or no, and then moved on to Turkey. There is no data available that would indicate acetic anhydride is being used for heroin production in the Slovenian territory.

There are internationally linked criminal groups operating in Slovenia, with Slovenian citizens acting as organizers, providers of logistical support and also perpetrators of criminal offences of supplying the European market with illicit drugs. We 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.

Table 1 below lists prices for the most common illicit drugs found in Slovenia and their wholesale volumes. We are finding that the prices have not changed much over recent years.

With the exception of heroin and cocaine, where the typical and maximum price for one kg are practically the same.

Slovenian police methodically collects and analyses the prices of illicit drugs available in the market. Prices have been obtained through field operations carried out by criminal and uniformed police and by NGOs. On a yearly basis, data is provided by eight police directorates from all over Slovenia, by the National Bureau of Investigation and by at least two NGOs.

Table 1. Wholesale prices of illicit drugs in Slovenia, in EUR, 2016

Type of illicit drug		1 kg	1000 tablets
Heroin	Min.	14,000	
	Max.	25,000	
	Typ.	25,000	
Cocaine	Min.	35,000	
	Max.	43,000	
	Typ.	40,000	
Ecstasy	Min.		1,500
	Max.		3,500
	Typ.l		3,500
Amphetamine	Min.	1,500	
	Max.	3,500	
	Typ.	3,000	
Cannabis – marijuana	Min.	1,500	
	Max.	4,500	
	Typ.	4,000	

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

1.1.5 Retail drug market

The illicit drug market in Slovenia is very varied and diverse. According to police estimates, cannabis and cocaine are widely available, and 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. 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 this way are available in all parts of the country. There is no evidence indicating that other psychoactive substances are being mixed with the heroin and cocaine.

In 2016, 311 samples from 87 cases were included in heroin monitoring. All samples contained heroin in base form, typical accompanying opium-based heroin compounds, and cutting agents paracetamol and caffeine. The average concentration of heroin was 11.9%. The highest measured content was 45.9% and the lowest 1.6%.

172 samples from 54 seizures were included in cocaine monitoring. The average content of cocaine was 69.7%. The lowest content of cocaine was 9.2% and the highest 90.5%. Among cocaine adulterants, levamisole and lidocaine were most often proved.

Cannabis monitoring included 265 samples of plant material (cannabis leaves and tops) from 53 cases, and 6 hashish samples from two cases. The average concentration of the total THC in plant material was 15.8%, the minimum value was 3.5% and the maximum value was 20.9%. The average concentration of the total THC in hashish samples was 17.8%, the minimum value was 0.2% and the maximum value was 38.4%.

The average content of amphetamine in 41 samples from 17 cases was 9.9%. The minimum amphetamine content was 0.7% and the maximum 67.6%. The average content of MDMA in two seized samples (powdered substance) from two cases was 77.3%. The minimum MDMA concentration was 76.6% and the maximum 78.0%.

In 2016, the police seized 32 new types of ecstasy tablets (in view of the logo or active substance) in Slovenia. Most of the analysed tablets contained MDMA. Average, minimum and maximum MDMA content per tablet were: 119 mg, 78 mg in 201 mg.

Below (Table 2) is an overview of retail prices for the most accessible and top-selling illicit drugs, per 1 gram or 1 tablet.

Table 2. Retail prices of illicit drugs in Slovenia, in EUR, 2016

Type of illicit drug		1 gram	1 tablet
Heroin	Min.	20	
	Max.	50	
	Typ.	30	
Cocaine	Min.	40	
	Max.	100	
	Typ.	60	
Ecstasy	Min.		5
	Max.		10
	Typ.l		5
Amphetamine	Min.	10	
	Max.	30	
	Typ.	20	
Cannabis – marijuana	Min.	4	
	Max.	10	
	Typ.	4	

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

1.2 Drug related crime

1.2.1 Drug law offences data

In 2015, Slovenian police registered 1827 criminal offences. It also registered 3730 violations of the Production of and Trade in Illicit Drugs Act and 3393 offenders.

Table 3 shows criminal offences involving illicit drugs, both criminal offences of unlawful manufacture of and trade in illicit drugs as well as rendering opportunity for consumption of illicit drugs, as set out in the Criminal Code of the Republic of Slovenia. As many as two-thirds of the registered criminal offences fall into the unlawful manufacture of and trade in illicit drugs category, most commonly in the form of illicit drug purchases, production, offering to sell, and selling of illicit drugs.

Table 3. The total number of registered criminal offences, number of criminal offences involving illicit drugs, number of people suspected of committing a criminal offence, number of violations involving illicit drugs, and the number of violators of the Production of and Trade in Illicit Drugs Act, 2011–2015

	2011	2012	2013	2014	2015	2016
Total number of criminal offences	**88,722**	**91,430**	**93,833**	**87,474**	**68,810**	**na**
Number of criminal offences involving illicit drugs	1,925	1,969	2,191	1,867	1,872	na
Number of people suspected of committing criminal offences involving illicit drugs	2,229	2,235	2,428	2,089	2,126	na
Number of violations of the Production of and Trade in Illicit Drugs Act	3,691	3,423	4,197	4,069	3,730	na
Number of violators of the Production of and Trade in Illicit Drugs Act	3,690	3,421	3,898	3,780	3,393	na

na – no data available
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

In 2015, cannabis continued to be the illicit drug associated with the highest number of drug-related criminal and minor offences, followed by heroin, amphetamine and cocaine. The largest increase in the number of violations has been seen with regard to hashish (Table 4). The table only lists the illicit drugs most commonly associated with violations.

Table 4. The number of violations of the Production of and Trade in Illicit Drugs Act, by drug type, where a single violation may involve one or more types of illicit drugs, 2013–2016

Type of illicit drug	Number of violations 2013	Number of violations 2014	Number of violations 2015	Number of violations 2016
Cannabis – marijuana	2,958	2,924	2,592	na
Heroin	182	166	148	na
Amphetamine	167	130	133	na
Cannabis – plant	103	94	73	na
Cocaine	100	113	105	na
Benzodiazepines	62	26	43	na
Cannabis – hashish	56	77	92	na
Ecstasy	37	37	36	na
Methamphetamine	11	16	21	na

na – no data available
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

1.2.2 Drug related crime outside of drug law offences

The number of expert examinations ordered by the police in 2016 was 912. An expert examination involves the testing of drivers for illicit drugs, psychoactive medications or other psychoactive substances. Illicit substances were present in 236 cases (Table 5). The presence of cannabinoids, cocaine, opiates and amphetamine prevailed. Expert examination was refused in 315 cases.

Table 5. The number of ordered expert examinations for determining the presence of illicit drugs and other psychoactive substances, and the number of positive blood/saliva and urine tests, 2011–2016

	2011	2012	2013	2014	2015	2016
Total tests ordered	**1162**	**780**	**784**	**775**	**723**	**912**
Positive tests	648	280	276	246	143	236

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

In 2015, Slovenian police observed a large drop in the number of processed criminal offences with at least one criminal offence suspect intending to obtain funds for purchasing an illicit drug (Table 6).

Table 6. The number of criminal offences committed with the purpose of obtaining funds for purchasing an illicit drug (with at least one suspect intending to obtain funds), 2011–2015

	2011	2012	2013	2014	2015	2016
Total number of criminal offences	**210**	**123**	**73**	**34**	**15**	**na**

na – no data available

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

Table 7. The number of criminal offences, by type, committed with the purpose of obtaining funds for purchasing an illicit drug (with at least one suspect intending to obtain funds), 2013–2015

	2013	2014	2015
Unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs, Art. 186	22	27	6
Rendering opportunity for consumption of illicit drugs or banned substances in sport, Art. 187	1	1	0
Domestic violence, Art. 191	2	0	2
Larceny, Art. 204	10	1	0
Grand larceny, Art. 205	36	4	9
Forging documents, Art. 251	2	0	0
Giving bribes, Art. 262	0	1	0

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The structure of criminal offences committed under the influence of illicit drugs changes each year. The number of people suspected of committing a criminal offence of domestic violence is alarming because, compared to previous years, this type of criminal offence is increasingly committed under the influence of illicit drugs (4 cases registered by the police in 2014, but as many as 11 in 2015). The criminal offence of obstructing the performance of official acts or revenge upon an official has been attempted more times (4) than committed (2) in 2015; however, the total figure increased from 2014. This means that police officers (officials) continue to face dangers in enforcing security measures. This type of criminal offence is followed by grand larceny, manslaughter, murder, forging documents, audacious driving in road traffic, and others. (Table 8).

Table 8. The number of people suspected of committing a criminal offence under the influence of illicit drugs, by individual types of criminal offences pursuant to the Criminal Code, 2011–2016

Criminal offence as per Criminal Code	2011	2012	2013	2014	2015	2016
Larceny, Art. 204	19	1	0	1	0	na
Grand larceny, Art. 205	21	4	4	1	3	na
Unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs, Art. 186	11	14	17	3	4	na
Rendering opportunity for consumption of illicit drugs or banned substances in sport, Art. 187	7	5	15	2	3	na
Violent conduct, Art. 296	8	4	1	2	1	na
Robbery, Art. 206	2	1	0	3	0	na
Obstructing the performance of official acts or revenge upon an official, Art. 299	4	4	5	5	6	na
Actual bodily harm, Art. 122	11	1	1	0	1	na
Manslaughter, Art. 115	2	3	5	3	4	na
Damaging another's object, Art. 220	4	1	0	0	0	na
Domestic violence, Art. 191	9	6	2	4	11	na
Murder, Art. 116	na	na	1	3	2	na
Rape, Art. 170	na	na	1	1	1	na
Sexual abuse of a defenceless person, Art. 172	na	na	1	0	0	na
Aggravated bodily harm, Art. 123	na	na	1	0	0	na
Presentation, production, possession and distribution of pornographic material, Art. 176	na	na	1	0	0	na
Attack on an official exercising security tasks, Art. 300	na	na	2	0	1	na
Illegal manufacture of and trade in weapons or explosive materials, Art. 307	na	na	1	0	0	na
Causing public danger, Art. 314	na	na	2	0	1	na
Audacious driving in road traffic, Art. 324	na	na	2	1	3	na
Neglect and maltreatment of a child, Art. 192	na	na	5	2	0	na
Business fraud, Art. 228	na	na	na	1	0	na
False imprisonment, Art. 133	na	na	na	1	0	na
Sexual assault on a person under fifteen years of age, Art. 173	na	na	na	1	0	na
Violation of rights relating to social insurance, Art. 202	na	na	na	1	0	na
Audacious driving in road traffic, Art. 324	na	na	na	1	1	na
Violation of fundamental rights of employees, Art. 196	na	na	0	0	1	na
Undeclared employment, Art. 199	na	na	0	0	1	na
Forging documents, Art. 251	na	na	0	0	4	na
False reporting of crime, Art. 283	na	na	0	0	1	na

na – no data available

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

1.3 Drug supply reduction activities

1.3.1 Drug supply reduction activities within country

In 2016, the police continued to focus on the goals and activities in the area of reducing the supply of illicit set out in Action Plan on Illicit Drugs for the period from 2015 through 2016 based on the Resolution on the National Programme on Illicit Drugs 2014–2020.

Slovenian police continues to carry out stronger and more narrowly focused activities for curbing the supply of illicit drugs – at the national, regional and local levels. The priority list of Slovenian police remains the same, focusing on heroin, cocaine and increasingly on synthetic drugs and new psychoactive substances. We are making every effort to gather data on any operational specially designed indoor facilities for growing cannabis and any working laboratories for the production of synthetic drugs, and we also analyse large seizures of synthetic drugs. This is all one of the goals of the Action Plan and the planned police activity and operations.

Active smuggling along the Balkan route needs to be stopped, so the goal and activity are focused on improving the cooperation with security authorities of the Western Balkan countries and increasing the number of seizures both at the borders and inside the country. We are also strengthening our good cooperation with other foreign police forces and international organizations, which – through an increasing number of international investigations – helps to even further reduce the supply of illicit drugs in the wider market, not just Slovenia.

Criminal police focuses its activity mainly on exposing ringleaders of illicit drug smuggling and trafficking operations, which is one of the Action Plan's goals.

The police also focuses its activities on uncovering money laundering practices, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking.

The police continued monitoring the emergence of certain specific illicit drugs and of changes in the purity of illicit drugs in certain parts of the country in an effort to ascertain the source of supply.

Preventive police work in the area of criminal acts involving illicit drugs is based on collaboration with competent institutions whose primary role is to raise awareness of the harmful consequences of using illicit drugs among target groups and to teach them self-protective behaviour. The police work in liaison with competent governmental institutions, NGOs, municipal panels, education institutions and all other players engaged in tackling the illicit drug issue. Preventive work takes the following forms: lecture participation, provision of consultation services to state institutions, presentations of police work at various events, and production of various information materials.

2. Trends

2.1 Trends in seizures, price and purity

The range of illicit drugs on offer in Slovenia is diverse, and the police are methodically monitoring the situation using data on illicit drug seizures and the resulting discoveries of criminal offences and/or violations of the Production of and Trade in Illicit Drugs Act (see Table 9 below).

Table 9. Number of illicit drug seizures, by drug type, 2012–2015, broken down into minor offences (MO), criminal offences (CO) and total figures (T)

	2012			2013			2014			2015			2016		
	MO	CO	**T**	MO	CO	**T**	MO	CO	**T**	MO	CO	**T**	MO	CO	**T**
Heroin	245	194	**439**	174	165	**339**	172	117	**289**	153	120	**273**	na	na	**na**
Cocaine	142	109	**251**	102	94	**196**	114	65	**179**	106	72	**178**	na	na	**na**
Ecstasy	12	4	**16**	37	16	**53**	37	24	**61**	39	35	**64**	na	na	**na**
Amphetamine	146	44	**190**	167	74	**241**	136	64	**200**	143	46	**189**	na	na	**na**
Cannabis plant	80	94	**174**	97	115	**212**	101	104	**205**	77	90	**167**	na	na	**na**
Cannabis – marijuana	2,697	653	**3,350**	3,000	673	**3,673**	3,033	658	**3,691**	2,677	426	**3,103**	na	na	**na**
Cannabis – resin hashish	51	15	**66**	58	15	**73**	77	19	**96**	93	16	**109**	na	na	**na**
Benzodiazepines	54	32	**86**	84	52	**136**	29	84	**113**	46	66	**110**	na	na	**na**
Methadone	38	9	**47**	38	17	**55**	30	6	**36**	13	6	**19**	na	na	**na**
Methamphetamine	5	8	**13**	11	21	**32**	15	7	**22**	22	9	**31**	na	na	**na**
Total			**4,632**			**5,010**			**4,892**			**4,243**	na	na	**na**

na – no data available
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The total number of seizures of the most common illicit drugs involved in criminal and minor offences is lower than in the previous years, which, however, cannot be seen as a shrinking of the illicit drug market, as seizures of illicit drugs have not decreased substantially in terms of volumes; most seized quantities are comparable with the previous years, while some seized quantities have even increased. So it cannot be claimed that due to the lower number of seizures, there have been major changes on the illicit drug market.

Table 10. Number of illicit drug seizures, by type, 2011–2016

	2011	2012	2013	2014	2015	2016
Heroin	503	439	339	289	273	289
Cocaine	272	251	196	179	178	195
Ecstasy	14	16	53	61	64	46
Amphetamine	204	190	241	200	189	139
Cannabis – plant	178	174	212	205	167	195
Cannabis – marijuana	3,306	3,350	3,673	3,691	3,103	2,977
Cannabis – resin/hashish	89	66	73	96	109	119
Benzodiazepines	134	86	136	113	110	120
Methadone	40	47	55	36	19	31
Methamphetamine	18	13	32	22	31	22
Total	**4,758**	**4,632**	**5,010**	**4,892**	**4,243**	**4,133**

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

According to our estimates, the situation in the cocaine market is comparable to last year's; the weight of the cocaine seized in Slovenia remained the same. The 100kg shipment of cocaine was seized in a Brazilian container by chance as the ship's course suddenly changed and instead of through the

Hamburg port the shipment was brought directly to Koper port and then to a private company. Most probably this shipment of cocaine was not intended for the Slovenian market but was smuggled to Slovenia by accident.

Slovenian-grown cannabis can be found in the markets of our neighbouring countries Austria, Italy, Croatia and Germany, with higher selling prices and yielding higher sales profits compared to Slovenia. The cannabis grown in specially designed indoor facilities usually comes in larger quantities, which is why cannabis is generally being sold in kilograms on the wholesale market. Given that Slovenia's market for amphetamine, heroin and cocaine is not big, the wholesale volume of these illicit drugs is 500 grams.

As for heroin, the total number of criminal and minor offences and the associated seizures is comparable to last year's figures, even though the trend was steadily downward before that. Although a larger quantity of heroin was seized, this does not mean that the heroin market in Slovenia is on the increase. This 40kg seizure was made by chance in a passenger vehicle and the heroin was being smuggled from Serbia to Western Europe (France or Switzerland).

Acetic anhydride is most often legally bought by criminal group members in the Czech Republic. It is smuggled from the Czech Republic to Slovenia and most often kept in storage somewhere in Slovenia before being moved on to Turkey.

In 2016 the quantity of seized ecstasy tablets and benzodiazepine tablets was considerably lower. We believe that the lower quantities can be credited to increased police activity with a strong focus on synthetic drugs in 2015, contributing to a decreased synthetic drug use in 2016. Most probably, their use has been replaced by other psychoactive substances that are not on the list of illegal drugs in Slovenia.

Table 11. Total quantities of seized illicit drugs, by type, 2011–2016

Type of illicit drug	Unit	2011	2012	2013	2014	2015	2016
Heroin	kg	4.39	20.34	7.65	4.87	6.47	47.62
Cocaine	kg	1.7	26.82	3.31	181.99	2.77	104.61
Ecstasy	tablets	33.5	960	922	218	2908	499
	kg	0.007	0	0.85	0.11	1.98	0.36
Amphetamine	tablets	150	80	307	737	95	232
	kg	0.72	9.28	15.12	21.39	2.11	3.11
Cannabis – plant	pcs	12,836	11,166	9,515	11,067	14,006	14,717
Cannabis – marijuana	kg	613.05	706.06	809.59	535.06	487.54	515.96
Cannabis – resin/hashish	kg	4.24	2.56	0.52	2.32	2.54	0.94
	ml						2,888.00
Benzodiazepines	tablets	5,012	3,251	14,620	5,292	10,503	5,608
Methadone	ml	926.92	2,670.0	2,093.7	1,572.9	2.80	3,137.8
Methamphetamine	kg	0.124	0.05	0.54	0.08	0.41	0.07
	tablets	61	43	110	53	324	138

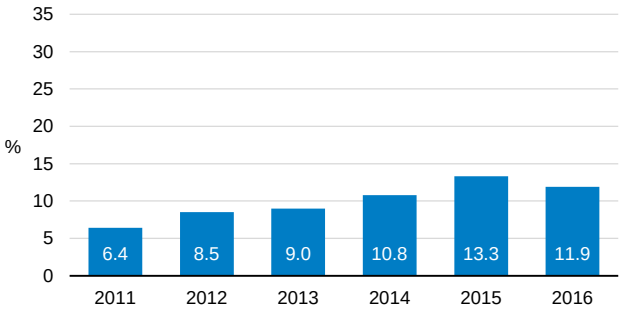
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

The prices of the top-selling illicit drugs in retail have not changed much over the last 5 years.

The biggest change was found in the wholesale price for heroin – the heroin in the market is increasingly more pure and is valued at around EUR 25,000 per kilogram. The price per gram remains the same. The purity of cocaine, however, is being increased and cocaine without cutting agents can already be bought at the same price.

According to the data of the National Forensic Laboratory regarding the purity and quality of certain specific drugs covered by the monitoring, the average concentration of heroin in the years 2011–2015 had been on the increase, while in 2016 it was lower than in the previous year (Figure 1).

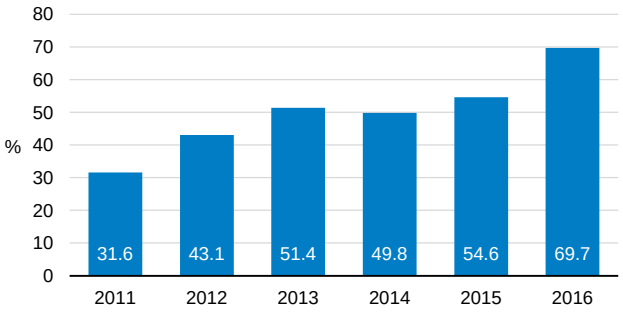
Figure 1. Average concentrations of heroin, 2011–2016



Source: National Forensic Laboratory

The average concentration of cocaine in the years 2011-2016 had been on the increase and in 2016 it reached the highest value, i.e. 69.7% (Figure2).

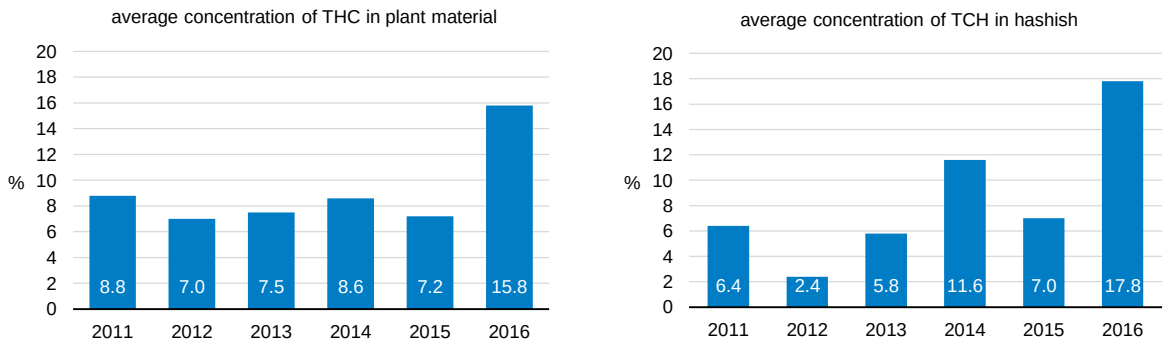
Figure 2. Average concentrations of cocaine, 2011–2016



Source: National Forensic Laboratory

Average concentrations of the total THC in plant material in 2016 were higher than in the previous years and the average concentration of the total THC in hashish samples was increased in 2016 as compared with the previous years as well. (Figure 3).

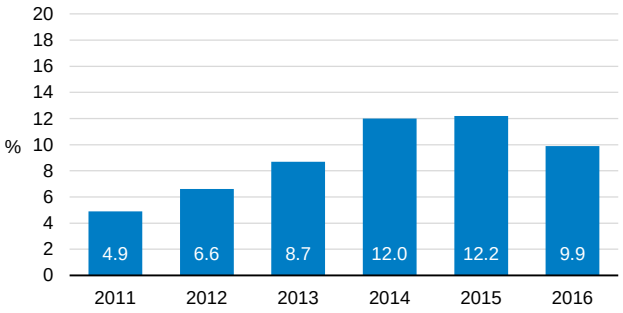
Figure 3. Average concentrations of total THC in cannabis samples, 2011–2016



Source: National Forensic Laboratory

The average content of amphetamine had been on the increase in the years 2011–2015, while in 2016 it was lower than in the previous year (Figure 4).

Figure 4. Average concentrations of amphetamine, 2011–2016



Source: National Forensic Laboratory

2.2 Trends in other drug market data

Although the number of specially designed indoor facilities for growing cannabis uncovered by the police in 2016 was practically the same as in the previous year (Table 12), the number of seized cannabis plants increased by 4.8% compared to 2015. This means that the uncovered specially designed facilities were much larger and a larger number of plants were grown inside them compared to the previous year. We are still finding that the equipment and methods for growing cannabis indoors are getting increasingly better.

Table 12: Number of specially designed indoor facilities for growing cannabis, 2010–2016

	2011	2012	2013	2014	2015	2016
Number of specially designed facilities for growing cannabis	52	75	70	118	80	81

Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate

2.3 Trends in drug law offences data

Changes in police activity, with more narrowly focused work with regard to curbing the supply of illicit drugs, synthetic drugs in particular, are manifested in decreased quantities of seized ecstasy and benzodiazepines. Lower quantities may also indicate a decreased supply in Slovenia, which always closely follows the demand. New psychoactive substances are indeed present in the Slovenian market, but their use remains limited to certain populations and individuals. There is no data available that would suggest there are organized criminal groups in Slovenia engaged in trafficking or production of new psychoactive substances. Most of these substances continue to be sold and bought online.

2.4 Trends in other drug related crime

The number of expert examinations ordered by the police in 2016 increased by approximately 20.7% as compared with 2015. An expert examination involves the testing of drivers for illicit drugs, psychoactive medications or other psychoactive substances. The presence of illicit substances among the drivers examined increased proportionally with the increased number of expert examinations. There were 236 positive tests, while in 2015, the number had been 143 (Table 5). The number of ordered expert examination refusals continues to rise, from 181 in 2014 to as many as 209 in 2015 and 315 in 2016, which means a 50% increase as compared with 2015.

3. New developments

3.1 New developments in the drug market and crime

Slovenia is increasingly seen as a country providing logistical support to other members of criminal groups in Europe and also beyond. Criminal group members establish transportation businesses in Slovenia, register heavy goods vehicles and recruit drivers to start smuggling large quantities of various illicit drugs. In a vast majority of cases, these drugs are not intended for the Slovenian market. Smaller quantities smuggled in passenger vehicles are the ones that are mostly intended for the Slovenian market.

4. Sources

All statistical data has been obtained from the General Police Directorate of the Ministry of the Interior of the Republic of Slovenia.

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf

https://www.policija.si/eng/images/stories/GPUNFL/PDF/2017/NFL_Porocilo2016_Issue-May-2017-ANG-final.pdf

Prison workbook

Table of Contents

Summary

National profile

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 four 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), 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). At the beginning of 2016, Slovenian prisons held 2,647 convicted prisoners, predominantly (93%) men. In comparison to 2015, the average number of prisoners decreased by 6.2%.

In accordance with the Survey on the Use of Drugs, Tobacco and Alcohol, which encompassed prisoners aged 19 and more, 38% of convicted prisoners used illicit drugs prior to imprisonment, and slightly less than one quarter of them used them during imprisonment. They mostly used cannabis, heroin and cocaine. 8.5% of prisoners reported on injecting illicit drugs prior to imprisonment, and 1.9% of them during imprisonment; they mostly injected cocaine and heroin.

According to Prison Administration data more than one quarter of all prisoners had problems with illicit drugs in 2016, and 64% of them received substitution therapy. 136 prisoners decided to get tested for HIV and hepatitis; hepatitis B was confirmed in three and hepatitis C in sixty-one prisoners. One sentenced person was also diagnosed with tuberculosis.

Prisoners bring drugs to prison in various ways: they often hide drugs on 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.

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.

Healthcare services under the jurisdiction of the Ministry of Health provide health care for prisoners. They provide suitable working hours of medical practitioners and other health care staff at general clinics and specialist psychiatric clinics, medical practitioners at the clinic of the Centre for Treatment of Drug Addiction, dentist for adults and a medical practitioner at the gynaecological clinic.

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 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.

New developments

In comparison to 2015, the number of seizures of synthetic cannabinoids, mostly AKB-48F, increased in 2016. Synthetic cannabinoids were used mostly in prisons in the eastern part of the country. The Prison Administration therefore prepared training for employees on new psychoactive substances, and more workshops on new psychoactive substances for prisoners.

The National Institute of Public Health issued a scientific monograph entitled Use of Illicit Drugs, Tobacco and Alcohol among Convicts in Slovenia.

1. National profile

1.1 Organization

1.1.1 Overview of prison services

Eva Salecl Božič

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, and female juvenile delinquents sentenced to juvenile detention. Prisoner accommodation capacity: 86.

Celje Prison and Juvenile Prison for convicts, remand prisoners and minors sentenced to juvenile detention. Prisoner accommodation capacity: 98.

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 and for remand prisoners. Prisoner accommodation capacity: Koper Prison: 110, Nova Gorica unit: 28.

Ljubljana Prison and the Novo mesto unit for convicts and remand prisoners; 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.

Ljubljana Prison and the Novo mesto unit for convicts and remand prisoners; the Ig open unit for convicts, operating as part of Ljubljana Prison. Maribor Prison and its Murska Sobota unit house convicted prisoners serving more than six months and up to six months respectively. Prisoner accommodation capacity: Maribor Prison: 146, Murska Sobota unit: 34, Rogoza open unit: 36.

Radeče Correctional Facility for juveniles of both sexes sentenced to the correctional measure of placement in a correctional facility. Prisoner 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.
- Convicted juvenile delinquent: a person under 18 who has been found criminally liable by a final (res judicata) court judgment.
- 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.

At the beginning of 2016, Slovenian prisons held 2,647 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (93%) men, with the highest proportion aged between 28 and 39 years (Table 1). In comparison to 2015, the average number of prisoners decreased by 6.2%.

Table 1. Convicted prisoners by gender and age, 2016

	At 1 Jan.		Newly admitted		All	Proportion (%)
	M	F	M	F		
18+ to 23 years	40	2	67	1	**110**	**4.1**
23+ to 27 years	103	4	139	9	**255**	**9.6**
27+ to 39 years	499	22	639	49	**1209**	**45.7**
39+ to 49 years	262	15	305	35	**617**	**23.3**
49+ to 59 years	138	13	159	20	**330**	**12.5**
59+ to 69 years	48	8	40	12	**108**	**4.1**
69+ years	11	2	3	2	**18**	**0.7**
Total	**1101**	**66**	**1352**	**128**	**2647**	**100.0**

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Recent studies on prevalence of drug use

Ines Kvaternik, Darja Lavtar, Andreja Drev

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%).

- Regular use of illicit drugs[17]

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 prior to 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

[17] 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.

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.

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.

1.2.2 Drug-related problems among prison population

Eva Salecl Božič

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. A little over one-quarter of the country's entire prison population had a drug problem in 2016 (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, 2012–2016

Year	2012	2013	2014	2015	2016
Prison population	5040	4543	4550	3905	3555
Inmates with a drug problem	1076	1078	997	841	917
Proportion in %	21.3	23.7	21.9	21.5	25.8

Source: Prison Administration of the Republic of Slovenia, Annual Report 2016

According to available data on testing results acquired at clinics and organised under the coordination of competent regional health clinics, 136 prisoners decided to get tested for HIV and hepatitis in 2016. Among all the people tested, three were HIV-positive. Hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in three and hepatitis C in sixty-one prisoners (Table 4). One prisoner started their sentence with a tuberculosis diagnosis and was hospitalised prior to imprisonment. However, isolation or other preventive measures were not required for this prisoner. The prisoner was regularly examined by a specialist during imprisonment.

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, 2012–2016

Year	2012	2013	2014	2015	2016
Persons tested for HIV and hepatitis	222	196	196	190	136
HIV	1	0	0	0	3
Hepatitis A	1	1	1	0	0
Hepatitis B	5	9	9	7	3
Hepatitis C	20	25	25	18	61

Source: Prison Administration of the Republic of Slovenia, Annual Report 2016

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.

1.2.3 Information on drug supply in prison

Eva Salecl Božič

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 485 finds/events (tablets, alcohol, drug use tools, etc.) in 2016. Total finds encompassed 16.88 g of heroin, 222.79 g of cannabis, 16.20 l of alcohol, 7114.25 pieces of tablets, 79.21 g of “afgana” or 144 seizures of synthetic cannabinoids and minor quantities of substitution therapy drugs. 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

1.3.1 Drug related prison health in a policy or strategy document at national level

Eva Salecl Božič

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 (see workbooks Treatment and Best Practice).

1.3.2 Structure of drug-related prison health responses

Eva Salecl Božič

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.

1.3.3 Types of drug-related health responses available in prisons

Eva Salecl Božič

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 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. On 31 December 2016 prisons employed 78 professional workers.

At each prison is an 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 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 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 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 illicit drug addiction (CPTDA) Andrej Kastelic methadone is most commonly prescribed, followed by buprenorphine with naloxone (Suboxone) and exceptionally buprenorphine and almost never sr-morphine (Substitol). 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 917 prisoners with illicit drug use problems, 583 of them or 63.3% of all prisoners with drug use problems received substitution therapy. 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. 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 professional 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.

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.

Table 5. The number of prisoners with illicit drug use problems, who are included in treatment programmes, 2016

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
482	256	121

Source: Prison Administration of the Republic of Slovenia, 2016 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. 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, Vir Institute, Projekt Človek Association, Zdrava pot Association, Izberi pravo pot Association, Srečanje Association, Stigma Association, etc.). In 2016, a total of 150 prisoners joined treatment programmes outside prison during imprisonment. After being released, 141 prisoners joined treatment programmes at external institutions.

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.

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).

2. New developments

Compared to 2015, when there were 38 seizures of synthetic cannabinoids, the number of seizures rose to 144 in 2016, especially the number of seizures of AKB-48F. This drug is used as a black paste that is mixed with tobacco. New psychoactive substances were used mostly in prisons in the eastern part of the country.

With the purpose of raising awareness and providing information with regard to the complications and adverse consequences of using new synthetic drugs, the Prison Administration of the Republic of Slovenia in 2016, in cooperation with the DrogArt non-governmental organisation, started organising workshops for prisoners in all prisons.

During 2016, in collaboration with the DrogArt non-governmental organisation, several training sessions were coordinated for employees who work with prisoners. The representatives of the NIPH and the Forensic Psychiatric Unit also cooperated with their presentations of new psychoactive substances.

3. Additional information

The National Institute of Public Health issued a scientific monograph entitled Use of Illicit Drugs, Tobacco and Alcohol among Convicts in Slovenia. This publication presents the prevalence of the use of psychoactive substances among prisoners in Slovenian prisons. Data are presented with regard to selected socio-demographic variables and also by considering the length of imprisonment, the consecutive time the prisoner is imprisoned, the criminal offence committed under the influence or due to psychoactive substances.

The publication is available on the website of the NIPH: http://www.nijz.si/sl/publikacije/uporaba-prepovedanih-drog-tobaka-in-alkohola-med-obsojenimi-osebami-v-sloveniji

The Probation Act was adopted in Slovenia and entered into force on 17 July 2017 (Official Gazette of the Republic of Slovenia, no. 27/17). This Act established a common authority that will implement community sanctions. The Probation Administration of the Republic of Slovenia as a body within the Ministry of Justice will start operating on 1 April 2018. Probation units will consider criminal offenders (or suspects) such as drug users. They will be sent to the probation unit by courts or prosecutor's offices and also by prisons, if they will be subject to preliminary release under protection. Professional treatment of people under probation, i.e. drug users, comprises assistance in identifying causes that affected the execution of a criminal offence, and also for their elimination, assistance at resolution of personal distress and problems, assistance at arranging living circumstances and establishing acceptable forms of behaviour. Probation strives to prevent recidivism and thus to achieve a lower level of recidivism and greater integration of people into the community (for more see Legal Framework Workbook).

4. Sources and methodology

4.1 Sources

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4.2 Methodology

Survey on the Use of Drugs, Tobacco and Alcohol in Prisons 2015, NIPH 2015:
Data on the use of drugs, tobacco and alcohol in prisons were acquired from convicts who are imprisoned in prisons in the Republic of Slovenia.

Expert workers invited convicts in prisons to fill out printed surveys. Convicts filled out the questionnaires as self-surveys in group rooms where the research workers were present and available for further questions, or the expert workers distributed the questionnaires in prisons and the convicts filled them out by themselves. All who participated in the survey received a small gift as a token of appreciation (e.g. coffee from the coffee machine).

The surveys were filled out from 25 March to 22 April 2015.

The target population were convicts who were imprisoned on the day of the survey. The pattern included convicts who were imprisoned on the day of the survey.

On 14 April 2015 there were 1225 convicts in prisons in the Republic of Slovenia. The answers in the survey were provided at a 56% response rate, because 688 convicts filled out the questionnaire, which is quite a good response with regard to the sensitivity of the topic under consideration.

The data collected on paper questionnaires were entered in the 1ka entry mask and data were managed with the SPSS version 21 programme.

Because the research included the entire population of convicts and the gender-age structure of participating convicts corresponded with the gender-age structure of the population, we decided that data weighing was not necessary.

Research workbook

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Table of Contents

Summary

- **National profile**

The new National Programme on Drugs for 2014-20 was adopted in 2014, and includes a chapter on research, evaluation and education, in which the priority areas of research are listed. On the basis of the aforementioned strategy, the Government of the Republic of Slovenia adopted two action plans, i.e. the first one for the 2015-2016 period and the second for the 2017-2018 period. The action plans further determine individual goals that are defined in the resolution/strategy, as well as the methods of realisation and concrete tasks of individual institutions. The 2017-2018 Action Plan contains the following goals related to research: research and planning of programmes on the basis of needs assessments (encouraging the inclusion of users and providers of programmes in research and development), 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.

The main institution undertaking research work in the field of drugs, i.e. within the scope of public health work, is the National Institute of Public Health (NIPH), which is by legislation also the authorised institution for the national health statistics, meaning that it manages various national databases. It also conducts 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. The NIPH also coordinates and collaborates in many national and international projects, e.g. the I-See Project, Project for strengthening information exchange between Italy and South East Europe neighbouring countries on New Psychoactive Substances".

The Ministry of Health finances data collection and most of surveys. The resources are provided mainly by annual NIPH work programme and also with additional financing for surveys. National and international projects are the second source of funding.

Data on the use of illicit drugs in target populations are drawn from researches of public organisations, non-governmental organisations (NGO) and individual faculties. The DrogArt Association (NGO) for instance is primarily focused on researching recreational drug use and use of new drugs. 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, the Health Insurance Institute, international projects and individual municipalities (to a minor extent).

The EMCDDA national focal point at the NIPH monitors research in Slovenia, as well as published reports and professional publications, but it is limited mostly to health and social sector. It is not responsible for implementation, execution or coordination of drug-related research activities.

There are several scientific and professional journals in Slovenia which publish also drug-related papers. These journals include the Slovenian Journal of Public Health, SJPH, the Slovenian Medical Journal, the journal published by the Medical Chamber ISIS and the Slovenian Nursing Review. Due to its influence, the Slovenian Journal of Public Health, SJPH, is probably the most important of the aforementioned journals.

1. Drug-related research[18]

1.1 The main drug-related research institutions/associations/bodies

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health and the DrogArt Association.

The National Institute of Public Health is an integrated organisation for implementing activities of public health as a public service, with key public service health functions which the state has to provide and are in the public interest, and defined as such by the World Health Organisation. It is actively involved in the problem area of drugs with a number of researches at the national 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 illicit drugs and draws attention to the use of illicit 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. In terms of comprehensive monitoring of the epidemiological situation and trends in the problem area of the use of drugs the data or data aggregation of different departments (ministries) are collected and analysed at the National Institute of Public Health. The NIPH is also an authorised institution for national health statistics, meaning that it has various databases, such as Hospital admission database, Mortality database, Drug prescription database etc. These databases enable the merging and analysis of different data. The NIPH also conduct 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. The NIPH, Koper Regional Unit, performs also 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 Institute also provides data for health research to other research institutions and international organisations and publish data and different publications to make them available to the general public. The Institute is also the focal point of European network for drugs (REITOX) at EMCDDA.

The University Medical Centre Ljubljana and the University Psychiatric Clinic Ljubljana are public health care institutions providing secondary and tertiary-level 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.

At the Faculty of Education, Faculty of Pharmacy, Faculty of Medicine, Faculty of Arts and Faculty of Social Work of the University of Ljubljana and also at the Faculty of Criminal Justice and Security of the University of Maribor different views of drug use in Slovenia are researched in theses, Master theses and Doctoral theses under the mentorship of experts.

Research implemented by non-governmental organisations is also very important. Below, we mention some of the most active organisations among them. The DrogArt Association is a private non-profit volunteer organisation 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, info point, field work at electronic music events, workshops and also 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

[18] "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)

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 research work in the area.

Links to websites:

- National Institute of Public Health of Slovenia: http://www.nijz.si,
- University Medical Center Ljubljana: http://www.kclj.si/,
- University Medical Center Maribor: http://www.ukc-mb.si/en/,
- University Psychiatric Clinic Ljubljana: http://www.psih-klinika.si/,
- The faculties of the University of Ljubljana and of the University of Maribor, where students work on drug-related research:
- Faculty of Education: https://www.pef.uni-lj.si/,
- Faculty of Pharmacy: http://www.ffa.uni-lj.si/en/,
- Faculty of Social Work: http://www.fsd.si/,
- Faculty of Criminal Justice and Security: http://www.fvv.um.si/en/,
- Faculty of Medicine: http://www.mf.uni-lj.si/en/index.html
- Faculty of Arts: http://www.ff.uni-lj.si/en,
- DrogArt: http://www.drogart.org/,
- No Excuse: http://www.noexcuse.si/about-us,

Institute for Research and Development "Utrip" (UTRIP): http://www.institut-utrip.si/en/

1.2 The main institutions/associations/bodies/programmes funding drug-related research

- Ministry of Health, Republic of Slovenia: http://www.mz.gov.si/en/,
- Health Insurance Institute of Slovenia: http://www.zzzs.si/indexeng.html,
- Slovenian Research Agency: https://www.arrs.gov.si/en/
- University of Ljubljana: students at some faculties perform drug-related research work,
- University of Maribor: students at some faculties perform drug-related research work.

Municipalities: occasionally individual municipalities fund drug-related research. City of Ljubljana municipalitiy bo v letu 2017 izdala publikacijo o uporabi drog:

https://www.ljubljana.si/en/municipality/city-of-ljubljana-publications/

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: http://www.fsd.uni-lj.si/sd_eng/	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
Zdravniški vestnik, Slovenian Medical Journal, website: http://vestnik.szd.si/index.php/ZdravVest	Case studies, clinical medicine, primary care, public health	Slovene	Slovene, English
Obzornik zdravstvene nege, Slovenian Nursing Review, website: http://www.obzornikzdravstvenenege.si/	Health care, midwifery and interdisciplinary areas of health and social sciences	Slovene, English	Slovene, English
Javno zdravje, Public health, website: http://www.nijz.si/sl/revijajavnozdravje	Public health	Slovene	Slovene, English

1.4 The list of drug-related research relevant websites/resources

- EHIS (European Health Interview Survey), report from the year 2007; https://www.stat.si/doc/pub/IVZ-angl.pdf EHIS 2015 is under development,
- The use of illicit drugs, tobacco and alcohol in Slovenia 2011–2012, published in 2014; http://www.dlib.si/details/URN:NBN:SI:doc-MCM1KYQK,
- HBSC (Health Behaviour in School-Aged Children), report from 2010; http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf,
- HBSC (Health Behaviour in School-Aged Children), report from 2014; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hbsc_2015_e_verzija30_06_2015.pdf,
- ESPAD (The European School Survey Project on Alcohol and other Drugs), report from 2011; http://www.espad.org/slovenia, report for 2015 is under development,
- Matej Sande, a book published in 2012; The use of cocaine in night life in Slovenia; http://www.dlib.si/details/URN:NBN:SI:doc-ZO2WNHXV.
- Koprivnikar H, Zorko M, Drev A, Hovnik Keršmac M, Kvaternik I, Macur M. (2015) Tobacco, Alcohol and Illicit drug use in Slovenian Population and Inequalities and Combinations of Use. Ljubljana: National Institute of Public Health; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/uporaba_tobaka_alkohola_in_drog.pdf

- Sande M, Paš M, Šabić S, Nahtigal K. A book published in 2016:The use of new psychoactive substances in Slovenia /Uporaba novih psihoaktivnih snovi v Sloveniji (see workbook Drugs)
- Radoš Krnel S, Budde A, van Dalen W et al (2016) Public awareness, school-based and early interventions to reduce alcohol related harm A tool kit for evidence-based good practices, National Institute of Public Health; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/rarha_e-publikacija_20.9.2016.pdf
- Hočevar Grom A, Zaletel M, Kvaternik I (2017) Use of illicit drugs, tobacco and alcohol among convicted persons in Slovenia, National Institute of Public Health; http://www.nijz.si/sl/publikacije/uporaba-prepovedanih-drog-tobaka-in-alkohola-med-obsojenimi-osebami-v-sloveniji

2. New developments

2.1 The list of the main drug-related studies/research projects

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Sande M (2013). Cocaine use in nightlife settings in Slovenia and Italy. In: Drev A (ed). Report on the Drug Situation 2013 of the Republic of Slovenia. Ljubljana: National Institute of Public Health, 2013.

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Hočevar A, Mažgon J, Kovač Šerbat M. (2015) Perceived knowledge of Slovenian elementary school students, teachers and head teachers about drug issues. Hrvatska revija za rehabilitacijska istraživanja: 51 (2):31-40.

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Lavtar D, Drev A, Koprivnikar H, Zorko M, Rostohar K, Štokelj R (2015). The Use of Illicit Drugs, Tobacco and Alcohol in Slovenia 2011-2012 Ljubljana: National Institute of Public Health, 2015.

Leban V, Grenc D, Brvar M **(**2015) 3-MMC related intoxications. 22nd International Symposium on Emergency Medicine, Portorož, Slovenia, 18.-20. June 2015. Ljubljana: Slovenian Society for Emergency Medicine.

Leban V, Brvar M (2015) Hashish oil - from self-treatment to poisoning. 22nd International Symposium on Emergency Medicine, Portorož, Slovenia, 18.-20. June, 2015. Ljubljana: Slovenian Society for Emergency Medicine.

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3. Additional information

3.1 Additional sources of information

Population based epidemiology

Two major surveys were completed in 2016: the European School Survey Project on Alcohol and Other Drugs (Slovene report is not published yet) and the Survey on Tobacco, Alcohol and Illicit Drug Use in Prisons (publication was published in 2017 – see 3.1

In October 2017, NIPH will start the pilot phase of the second wave of the General Population Survey on tobacco, alcohol and illicit drugs use. The main research will be implemented in 2018.

In 2018 NIPH will conduct the Health Behaviour Survey in School-Aged Childreb (HBSC) in Slovenia for the six time in a row. The questionnaire will include also questions on canabis use among 15-year olds and some questions about using new media.

Summary of the scientific monography Tobacco, Alcohol and Illicit drug use in Slovenian Population and Inequalities and Combinations of use was published in Slovene and English.
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/tobacco_alcohol_and_illicit_drug_use_slovenia_p.pdf

The DrogArt Association was conducted an online survey among users of new psychoactive substances on the use of new psychoactive substances, its characteristics and consequences of use. The results of the study has been published (link to the publication is in 1.4).

Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research):

Drug Prevention Programmes Quality Standards (in Slovene) was published
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/standardi_kakovosti_prirocnik_2016_obl.pdf

Manual for training staff responsible for serving alcohol (in Slovene) was published
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/odgovorna_strezba_alkohola.pdf

Drug policy (including laws, economic issues and strategies):

The Resolution on the National Programme on Illicit drugs 2014-2020

The new 2017-2018 Action Plan for Illicit Drugs based on above strategy contains the following goals related to research: research and planning of programmes on the basis of needs research (encouraging the inclusion of users and providers of programmes in research and development), the research of priority areas by planning training, assessing various policies, programmes, approaches, and procedures, and connecting practice, research, education and policy-making.

I-SEE Project

In January 2017 the DJ Justice project „*I-See. Project for strengthening information exchange between Italy and South East Europe neighboring countries on New Psychoactive Substances"* has been finished. The project involved 6 partners: from Italy, the University of Florence, as coordinator; from Croatia, the Office for Combating Drug Abuse and the University of Split School of Medicine; from Slovenia, the National Institute of Public Health, the Ministry of Interior Police and the Association DrogArt.The main objective of the I-SEE project, which involved the National Early Warning Systems (EWS) on drugs of Italy, Slovenia and Croatia, was to strengthen information exchange on NPS between Italy and South East Europe neighbouring countries. The I-SEE project allowed reaching several results at national and EU level. In Slovenia, the National Institute of Public Health, the Ministry of Interior Police and the Association DrogArt enlarged our national Early Warning System networks, including health professionals, law enforcement and NGOs, reaching a network of 35 collaborations. Eight regional EWS networks and seven info points where anonymous collecting of NPS samples is available have been established during the project. As a result, we have a good overview of NPS appearance in the country and in individual regions, including the regions neighbouring Italy and Croatia. Therefore, we are able to share useful information with our project partners.

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These are mainly international studies with defined methodology used.

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