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**REPORT ON THE DRUG
SITUATION 2018 OF THE
REPUBLIC OF SLOVENIA**

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National Institute
of **Public Health**

2018 NATIONAL REPORT (2017 DATA)
TO THE EMCDDA
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SLOVENIA

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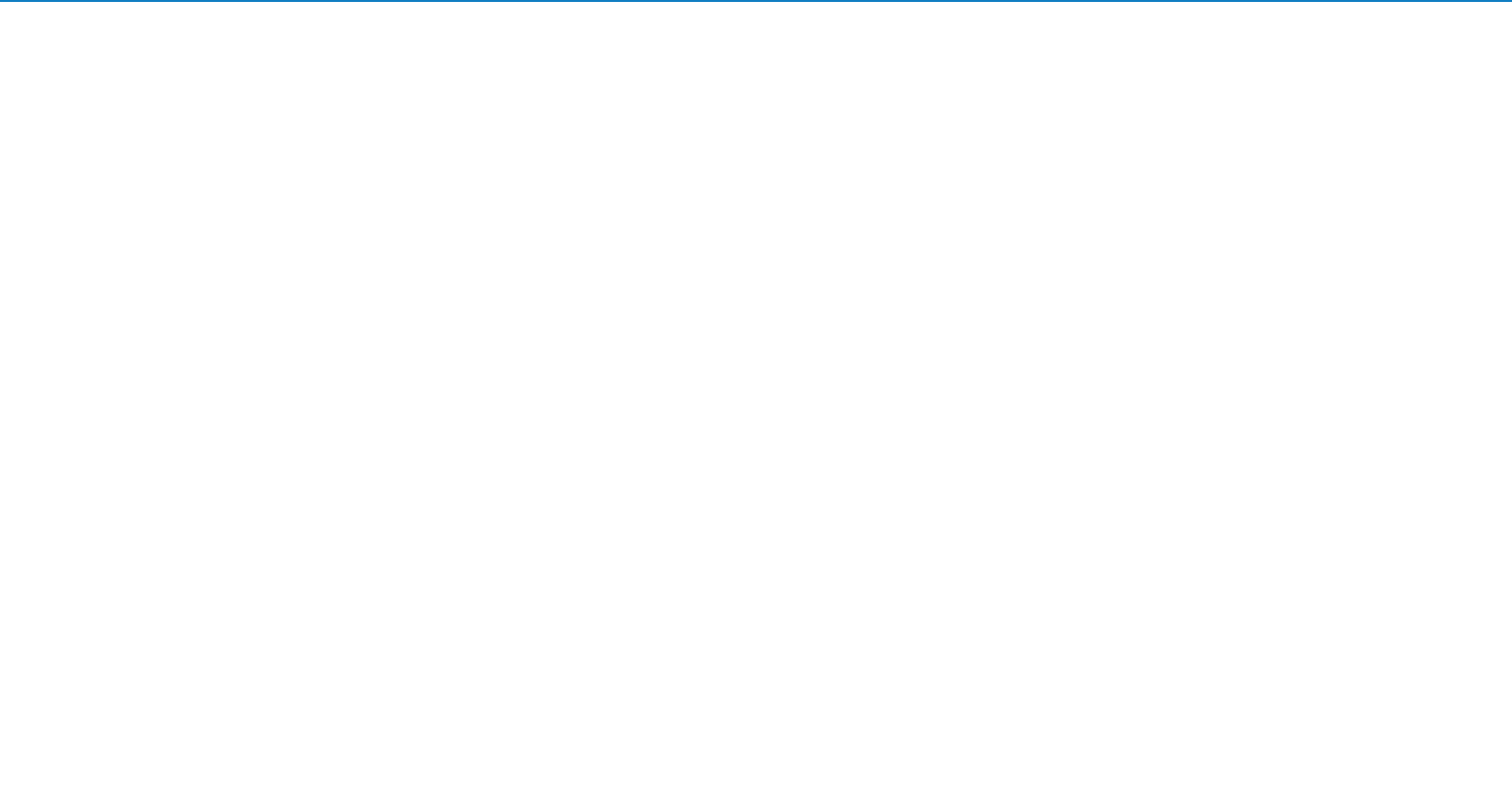


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Drug policy workbook

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

An evaluation of the action plan for 2015–2016 has been carried out. An evaluation team was created by a core group of representatives from different Ministries that constitute the Republic of Slovenia Government Commission for Drugs, a representative of the NGOs and representatives from the National Institute of Public Health. The team's work was coordinated by the Ministry of Health. The realisation of a concrete task or its effect/result was treated as an evaluation criterion. It was established that the majority of measures from the document were realised to a large degree and a considerable advance in resolution goals was achieved simultaneously. The problem of new psychoactive substances remains a future challenge as well as prevention of all forms of illicit drug trade (including over the internet) and discussions on cannabis regulation reform. Intensive international cooperation and coordination at the EU- and UN-level is necessary for tackling all three challenges. These problems are too great to be tackled only on a national level which means that bilateral and regional collaboration must be reinforced in the future.

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 10,420,376.85 was allocated to the issue of illicit drugs in Slovenia in 2017.

1. National profile

1.1 National drugs strategies

Jože Hren, Andreja Belščak Čolaković, Helena Koprivnikar, Maja Roškar, Nataša Blažko, Mercedes Lovrečič, Barbara Lovrečič, Sandra Radoš Krnel

1.1.1 Titles and dates of all past national drug strategies and supporting action plans

Timeframe	Title and web link	Scope (main substances / addictions addressed)
The first National Programme on illicit drugs was started in 1992. Besides the illicit drugs legislation which was adopted in 1999 and 2000 this was the basic document to carry out different activities in this field. It was valid until the next National Programme was adopted in 2004.	National Programme on illicit drugs. 1992. Journal for Critique of Science, 146-147 (20): 153-155	The National Programme included only illicit drugs. The defined tasks include the aforementioned preventive activities, treatment and social rehabilitation programmes and enforcement bodies activities and coordination.
2004–2009	Resolution on the National Programme on Illicit Drugs 2004–2009 https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/47846	Illicit drugs
2014–2020	Resolution on the National Programme on Illicit Drugs 2014–2020 http://pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915	Illicit drugs

1.1.2 Summary of current national drugs strategy document

– **Time frame:** 2014–2020

– **Responsible ministries:**

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

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

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

National Programme goals are defined for the complete planned period of the National Programme on illicit drugs activities. Priority tasks to achieve the goals are defined in two-year action plans, adopted by the Government of the Republic of Slovenia. The first action plan was passed by the Government of the Republic of Slovenia in April 2015 (available at:

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

The subsequent action plan for years 2017-2018 was passed in September 2017 and is available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/droge/zakonodaja/_Akcijski_nacrt_na_podrocju_drog_za_obdobje_2017-2018_.pdf. This document continues to reflect the

structure and goals of the strategy and focuses on tangible results obtained in the context of the goals and missions described above.

The 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 Strategy lays down areas of activity, development trends and implementation mechanisms. It was passed by the National Assembly of the Republic of Slovenia in April 2014 (available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915>).

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

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

– **Its structure (i.e. pillars and cross-cutting themes):**

- Information system
- Lower drug demand with the help of:
 - a. Preventive measures
 - b. reducing harm caused by drug usage
 - c. Medical and social treatment of illicit drug users
 - d. Activities of the civil society

- Prevention of drug supply using:
 - a. Punitive policies
 - b. The cooperation of the Police, Customs and Judiciary in the field of drug-related organised crime
 - c. Anti money laundering practices
 - d. Activities to fight organised crime
- International cooperation
- Coordination and alignment on national and local levels
- Programme evaluation, research work and education.

- **The main substances and addictions addressed:**

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

1.1.3 Other national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement in your country

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

The subsequent resolution will be valid through years 2018-2022 and is still being presented for adoption by the Parliament: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO119>

1.1.4 National strategy or action plan documents for other substances and addictions

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	Alcohol action plan 2018-2019
Web address	In preparation
Short description	<p>Slovenia is currently without a Strategy or Action plan specifically intended for the field of Alcohol, but this field is included in the Resolution on the National Programme on healthcare 2016-2025 "Together for a healthy society" and in the Resolution on the National Programme on healthcare 2008–2013. The field of alcohol is also partly included in the Resolution on the National Programme on mental health 2018–2028 (ReNPDZ18–28).</p> <p>Accessible at: https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2018-01-1046/resolucija-o-nacionalnem-programu-dusevnege-zdravja-2018-2028-renpdz18-28</p> <p>The Resolution on the National Programme on mental health 2018–2028 also partly includes the field of alcohol.</p> <p>The strategic goals of the resolution also aim to decrease the number of suicides and alcohol-related mental disorders.</p> <p>One of the indicators of this goal is: to increase the number of alcohol addicts who undergo treatment and then actively re-integrate into social life by 20% over a 10-year period.</p>

Tobacco	
Strategy title	Resolution on the National Health Care Plan 2016-2025
Web address	http://pisrs.si/Pis.web/pregledPredpisa?id=RESO102
Short description	Currently in Slovenia we have no tobacco control strategy. Strategy for tobacco control for the period of 10 years as a stand-alone policy is planned to be prepared in 2018 (as specified in the new Restriction on the Use of Tobacco and Related Products Act which prescribes that strategy and implementation plans are to be prepared by the Ministry of Health). First activities for strategy preparation are ongoing. Tobacco control objectives are otherwise integrated into Resolution on the National Health Care Plan 2016-2025. Resolution on the National Health Care Plan 2016-2025 includes two objectives for tobacco control in selected indicators of achievement of results at priority areas (30% decrease in sales of cigarettes and 30% decrease in sales of loose tobacco) and two objectives in indicators of results (decrease in prevalence of daily smoking among inhabitants 15+ from 18.9% to 15% and preserve the gap between the highest and lowest income class in prevalence of daily smoking below 5%).
Image and performance enhancing drugs	
Strategy title	/
Web address	/
Gambling	
Strategy title	Development of gambling strategy in Slovenia 2010, chapter 12.7.1.: Limiting pathological and problematic gambling
Web address	https://www.slovenia.info/uploads/dokumenti/turisticni-produkti/40534131342.pdf
Short description	This chapter of the Strategy indicates that we need to monitor the negative consequences of gambling and study the effectiveness of preventive programmes and addiction treatment. Addiction treatment must be free of charge and covered by compulsory health care insurance. Gamblers need to be informed and limits and control over gambling should be implemented. Important measures to limit problematic gambling also include public education about the lawfulness of gambling and probability of profit, penalisation of misleading advertising: advertising must not be targeted at minors or vulnerable persons and the minimum age for playing the lottery and sports betting should be at least 18 years.
Gaming	
Strategy title	/
Web address	/
Internet	
Strategy title	/
Web address	/
Other addictions	
Strategy title	/
Web address	/

1.1.5 Drug strategy/action plan of the capital city

Ljubljana, the capital city of Slovenia, does not have a strategy for the field of illicit drugs, but services or programmes for people with usage issues and/or illicit drug addiction are mentioned in the Development strategy on social care of the Municipality of Ljubljana from 2013 to 2020 (accessible at: <https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/strategija-socialnega-varstva/>).

The strategy was formed on the basis of the evaluation of previous strategies and the needs of different inhabitant groups. Among programmes for people with illicit drug usage issues, two approaches were established: the first, high-threshold approach, demands abstinence while the second, low-threshold approach is based on the principle of harm reduction and active drug usage consequences. The goal of the Strategy in the field of drugs is to support and monitor the activities and/or services of social care programmes, intended for people who use illicit drugs and/or are addicted, which will be carried out by spreading the network of daily centres for illicit drug users in the Municipality of Ljubljana, by stimulating additional field work with illicit drug users in the Municipality of Ljubljana and with the general support for different (existing or new) social care programmes, intended for people who use illicit drugs and/or are addicted, and a programme to increase public awareness on the topic of illicit drug usage.

1.1.6 What elements of content (objectives, priorities, actions) of the latest EU drug strategy 2013—2020 and of the EU drug action plans (2013–16 and 2017–20) were directly reflected in your most recent national drug strategy or action plan?

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

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

1.2 Evaluation of national drugs strategies

Jože Hren

1.2.1 Titles and timeframes of recent national drug strategy and action plan evaluations

A REPORT ON THE IMPLEMENTATION OF THE ACTION PLAN IN THE FIELD OF DRUGS FOR 2015–2016

From the report on the realisation of the action plan for 2015–2016, we established that the majority of measures from this document were realised to a large degree and that simultaneously, a considerable advance in resolution goals was achieved. The action plan in the field of drugs is also harmonised with the goals of other relevant policies and strategies to a large degree in the field of crime prevention, social care and youth.

1.2.2 Summary of the results of the latest strategy evaluation

– **Evaluation team (internal / external / mixed evaluation team)**

The team was created by a core group of representatives from different Ministries that constitute the Republic of Slovenia Government Commission for Drugs, a representative of the NGOs and representatives from the National Institute of Public Health. The team's work was coordinated by the Ministry of Health.

– **Its timing (before, during, after the timeframe of the current strategy)**

The report on the execution of the action plan.

– **Its scope (whole strategy or certain pillars, issues, or actions)**

The complete action plan for 2015–2016.

– **Assessment criteria (e.g. relevance, implementation, outcome etc.)**

The realisation of a concrete task or its effect/result was treated as a criterion.

– **The method (qualitative / quantitative / mixed)**

A mixed qualitative method of process, outcome and summative assessment was carried out.

– **Main findings and limitations**

Despite the successful realisation of goals and concrete tasks, written in the action plan and the harmonisation of different national strategic documents it is still possible to improve the operative activities, the connectedness and networking between the divisions and other participants. Ensuring the required funds for a proactive functioning of the whole network of programmes remains a special challenge, from drug usage prevention and drug treatment to effective law enforcement activities.

– **Recommendations and how they were or will be used in drug strategy revision**

The problem of new psychoactive substances remains a future challenge as well as the prevention of all forms of illicit drug trade (including over the internet) and discussions on cannabis regulation reform. Intensive international cooperation and coordination at the EU- and UN-levels is necessary for tackling all three challenges. These problems exceed the possibilities of taking action only on a national level which means that bilateral and regional collaboration must be reinforced in the future.

1.2.3 Planned evaluations, annual progress reviews, mid-term, or final evaluations of current national strategy

Evaluation of the Action plan for years 2017–2018 is planned and will be carried out by the National Institute of Public Health in the beginning of year 2018.

The Resolution on the National Programme on Illicit Drugs 2014–2020 presents a foundation for preparing three two-year action plans. An evaluation of this document is planned after the end of the period of validity of this National plan.

1.3 Drug policy coordination

Jože Hren

1.3.1 National drug policy coordination bodies

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

Andreja Belščak Čolaković

1.4.1 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 2017 the *Ministry of Labour, Family, Social Affairs and Equal Opportunities* allocated EUR 3,264,467.70 to programmes pertaining to the issues of illicit drugs, of which EUR 2,112,167.70 was allocated for high-threshold and EUR 1,152,300.00 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 426,428.00 in 2017 for resolving drug-related issues.

The Health Insurance Institute of Slovenia allocated EUR 4,942,000.00 in 2017 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 149,000.00 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 2017, The Office for Youth contributed a total of EUR 55,687.00 to such programmes.

The Foundation for Funding Disability and Humanitarian Organisations allocated EUR 225,865.30 for helping addicts within the scope of various humanitarian organisations in 2017.

Out of all 212 Slovenian municipalities, 150 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. These local communities spent a total of EUR 1,119,854.87 on solving drug-related issues in 2017.

In 2017, the Slovenian Police spent a total of EUR 237,073.98 on combating illicit drugs.

Drawing from available data, an estimated sum of EUR 10,420,376.85 was allocated to the issue of illicit drugs in Slovenia in 2017.

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 Breakdown the estimates of drug related public expenditure

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

	Year	COFOG or Reuter's classifications	National accounting classification	Trace (Labelled, Unlabelled)	Comments
Social welfare programmes in the area of illicit drug addiction (MDDSZEM) 3,264,467.70	2017	Social protection		Labelled	
Tackling the drug issue (MZ) 426,428.00	2017	Health		Labelled	
Activity of Centres for the Prevention and Treatment of Illicit Drug Addiction (ZZZS), including costs of substitute medications 4,942,000.00	2017	Health		Labelled	
Purchase of safe injection equipment (ZZZS) 149,000,00	2017	Health		Labelled	
Programs of organizations in the area of youth work (Office for Youth) 55,687.00	2017	Social protection		Unlabelled	
Anti-addiction activity and provision of assistance to drug addicts (FIHO) 225,865.30	2017				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 (150 out of 212 municipalities) 1,119,854.87	2017	Social protection		Unlabelled	
Implementation of investigative measures and material and technical equipment of the police (MNZ) 237,073.98	2017	Public order and safety		Unlabelled	

2. Sources and methodology

Action plan 2015-2016 to the Resolution on the National Programme on Illicit Drugs 2014-2020. Available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf. Accessed 29. August 2017.

Action plan 2017-2018 to the Resolution on the National Programme on Illicit Drugs 2014-2020. http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/droge/zakonodaja/_Akcijski_nacrt_na_podrocju_drog_za_obdobje_2017-2018_.pdf. Accessed 6. September 2018.

Monograph Cvet konoplje. Formularium Slovenicum 3.3.1. Available at: <http://www.formularium.si/index.php?id=5108>. Accessed 4. September 2017.

Resolution on the National Programme on Illicit Drugs 2014–2020 Official Gazette of the Republic of Slovenia, No. 25/2014. Available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915>. Accessed 29. August 2017.

Resolution on the National Plan of the Prevention and Combating of Crime 2018-2022. Available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO119>. Accessed 6. September 2018.

Strategy for Social Care Development in the City of Ljubljana from 2013 to 2020. Available at: <https://www.ljubljana.si/sl/moja-ljubljana/zdravje-in-socialno-varstvo/strategija-socialnega-varstva/>. Accessed 6. September 2018.

Legal framework workbook

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Summary

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

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

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

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

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

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

1. National profile

Jože Hren, Andreja Belščak Čolaković, Špela Struna

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 Code¹ and the Production of and Trade in Illicit Drugs Act (»ZPPPD«)². The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia. This area is broken down further by the [Decree on the Classification of Illicit Drugs](#)³, which provides a detailed specification of illicit drugs in Slovenia and classifies them into 3 categories based on the severity of health hazard that may result from drug abuse.

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

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

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

Slovenian criminal laws differentiate between minor and criminal offences:

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

The adjudication procedure for minor offences is set forth in the [Minor Offences Act](#)⁴. Article 6 of the Minor Offences Act defines a minor offence, or misdemeanour, as any act which represents a violation of the law, regulation adopted by the Government, decree adopted by a locally governed community, any act as such which has been defined as a misdemeanour and for which a sanction has been

¹ [Official Gazette of the Republic of Slovenia, No. 50/2012](#)

² [Official Gazette of the Republic of Slovenia, No. 108/1999](#)

³ [Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16](#)

⁴ (Official Gazette of the Republic of Slovenia, Nos. [29/11](#) – official consolidated text, [21/13](#), [111/13](#), [74/14](#) – judicial decision of the Constitutional Court and [92/14](#) – judicial decision of the Constitutional Court)

prescribed. Article 4 of the Minor Offences Act lays down sanctions for committing minor offences. The following sanctions are prescribed: fine, reprimand, penalty points added to the driver record with revocation of the driving licence and prohibition against using the driving licence, prohibition against operating a motor vehicle, deportation of an foreigner, seizure of items, forfeiture or limitation of the right to receive funding from the budget of the Republic of Slovenia and budgets of self-governed local communities, exclusion from public procurement procedures, and correctional measures. If certain conditions are met, the fine can be substituted for community service for the benefit of the general society or for the benefit of a self-governing local community.

It should be highlighted here that in 1999 the National Assembly passed not only the aforementioned Production of and Trade in Illicit Drugs Act ("ZPPPD") but also the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users ("ZPUPD")⁵. The latter Act, in effect, lays down measures and activities aiming to help reduce the demand for drugs. The measures and activities include various information campaigns and prevention programmes, healthcare and social activities, harm reduction programmes and activities associated with monitoring and 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 How do the penalties vary by drug / quantity / addiction/ recidivism

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

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

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

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

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

Offences Act, meaning that fast-track procedures are generally used in cases involving minor offences, unless the Minor Offences Act provides otherwise.

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

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

Under Article 33 paragraph 1 of the Production of and Trade in Illicit Drugs Act, a minor offence involving the possession of illicit drugs in violation of this Act is punishable by a fine of anywhere between EUR 208.64 and EUR 625.93. A minor offence involving the possession of a small amount of illicit drugs for one-time personal use results in a fine of anywhere between EUR 41.72 and EUR 208.64. In line with the provisions of the foregoing Act, a perpetrator of an offence listed under paragraph 1 of this Article who is found in possession of a small amount of illicit drug for one-time personal use and a perpetrator of an offence listed under paragraph 2 may receive a lighter penalty if they choose to enroll in a treatment programme for illicit drug users or in social care programmes approved by either the Health Council or the Council on Drugs.

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

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

1.1.3 Legislation 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.

2.2 Implementation of the law

2.2.1 Data on sentencing practice related to drug legislation

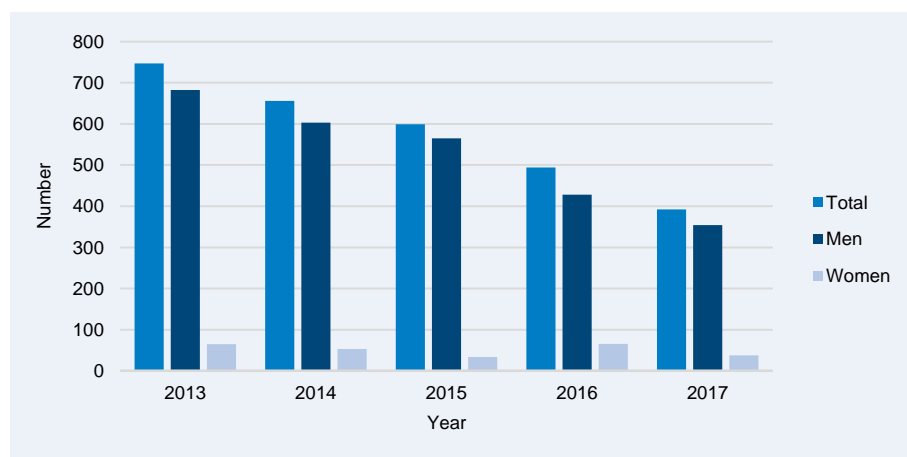
Table 1 and Figure 1 give an overview of the number of prison sentences (conditional and unconditional altogether) for adult offenders in Slovenia in the past five years due to drug-related criminal offences committed under Articles 186 and 187 of the Criminal Code⁶.

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

	2013	2014	2015	2016	2017
Men	682	603	565	428	354
Women	65	53	34	66	38
Total	747	656	599	494	392

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

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

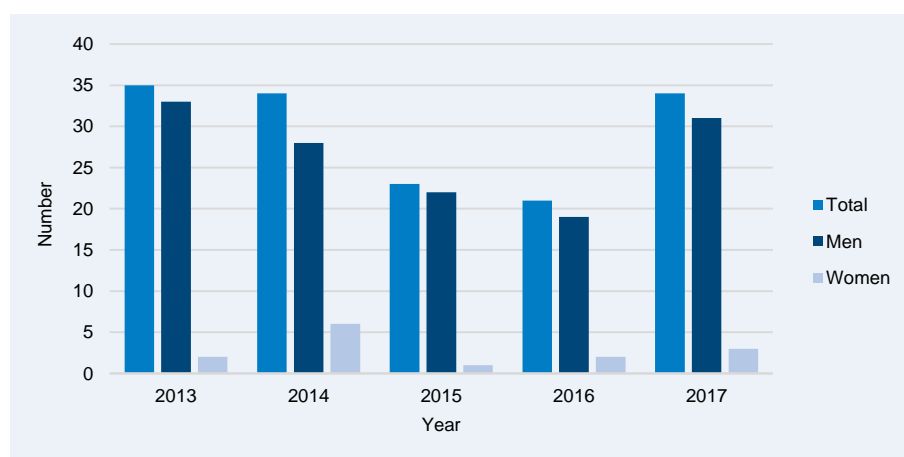
Table 2. Main sentences for drug-related criminal offences – convicted minors

	2013	2014	2015	2016	2017
Men	33	28	22	19	31
Women	2	6	1	2	3
Total	35	34	23	21	34

Source: Statistical Office of the Republic of Slovenia

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

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



Source: Statistical Office of the Republic of Slovenia

More information is available on the website:

<http://www.stat.si/StatWeb/pregled-podrocja?idp=60&headerbar=8>.

2.2.2 Data on 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.

2.2.3 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 in the legal framework since 2000

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

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

3. New developments

3.1 Changes in laws in the last year

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 be 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. 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.

In 2017, several activities were carried out to prepare the act, bylaws and activities to prepare all conditions for the operation of the Slovenian Probation Administration. The execution of probation tasks started in 2018.

Various international practises and standards have been analysed to prepare the content of probation in Slovenia and several study trips were conducted to Norway, Ireland, Northern Ireland and Croatia. When establishing the probation concept and adapting it to the Slovene environment and conditions, good practices and experience have been included.

In 2017, a collaboration with several organisations and societies that run social security programmes in the field of providing assistance to vulnerable groups of people (issues with mental health, homeless people, excessive drinking and illicit drugs addiction, violence etc.) has started. Probation associates have also taken part in several professional training sessions (such as expert meeting on alternatives to coercive sanctions as response to drug law offences and drug-related crimes).

In addition to different organisational, technical and content-related preparations to enforce the Probation Act, human resources management have also started in 2017. The Slovenian Probation Administration employed experts from social work centres and the prison system. They are social workers, social pedagogues, psychologists, sociologists and lawyers by profession, specialized to work with offenders (and illicit drug addicts). In addition to all above, the Probation Administration is aware of the necessity of permanent professional education and training needs.

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.

National Institute of Public Health is focusing currently on evaluation of effects of the new law. Data from nationally representative studies will be available in 2019, so we performed two telephone studies, one in 2017 and next in 2018 to show the first effects of the measures already implemented from the new law. Both telephone surveys were conducted among random sample of telephone subscribers in Slovenia (age 18 +), sample is not nationally representative. Studies showed key early effects of large pictorial health warnings in surveyed smokers – significantly increased visibility and noticing of warnings, significantly increased attention to warnings, significantly increased information processing and perceived effectiveness of warnings. Exposure to advertising and display of tobacco products significantly decreased among all surveyed inhabitants, while prevalence of smoking decreased before the law was passed (most probably due to intensive media coverage of this topic) and did not change during the first 12 months after the law was passed. It must be taken into account that not all measures were already in place at the time of the survey and that measures in the new law are expected to show major effects in long term mostly through prevention of smoking in youth. There are high levels of support for the measures in the new law, which mostly increased or stayed at the same level in 2018 compared to 2017.

Sources:

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>)

Koprivnikar H, Zupanic T. Prvi učinki zakona o omejevanju uporabe tobačnih in povezanih izdelkov.

Javnomnenjski raziskavi, 2017 in 2018 – poročilo. (First evaluation of effects of the Law on restricting the use of tobacco and related products. Public opinion research 2017 and 2018 – report. Ljubljana: Nacionalni inštitut za javno zdravje, Ministrstvo za zdravje (National Institute of Public Health, Ministry of Health), 2018. Report is published in e-version; link: <http://www.nijz.si/sl/publikacije/prvi-ucinki-novega-zakona-o-omejevanju-uporabe-tobacnih-in-povezanih-izdelkov-iz>

Act Restricting the Use of Alcohol and Excise Duty Act

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

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

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

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

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

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

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

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

The Ministry of Finance opposes the increase of excise duty on wine. Currently, partial taxation is in effect with excise duty on beer, intermediate drinks and ethyl alcohol only. There is no excise duty on wine and fermented drinks. Excise duties are not being regulated with the inflation of small spirits producers.

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)	<p>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.</p>	<p>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.</p>
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)	<p>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 subjects, small beer producer and small spirits producer, who will pay a 50 % lower excise duty for beer production up to a max. 20,000 hectolitres and for spirits production up to 150 litres 100 vol. % alcohol per year.</p>	

4. Sources and methodology

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

Koprivnikar H, Zupanic T. First evaluation of effects of the Law on restricting the use of tobacco and related products. Public opinion research 2017 and 2018 – report. Ljubljana: National Institute of Public Health, Ministry of Health, 2018. Report is published in e-version; link:

<http://www.nijz.si/sl/publikacije/prvi-ucinki-novega-zakona-o-omejevanju-uporabe-tobacnih-in-povezanih-izdelkov-iz>

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

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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

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Summary

Drug use and the main illicit drugs

Drug use in general population

Andreja Drev

To this day, only one survey on drug use among the Slovene general population has been carried out in 2011 and 2012 with a representative sample of residents aged 15–64. Before this survey, only one smaller survey on illicit drug use was carried out among the general population in 2008.

According to survey data on drug use among the general population (Lavtar et al. 2014), 226,000 (16.1%) Slovenian residents aged 15–64 have used any of the illicit drugs at least once in their lifetime. The largest number of residents, 223,000 (15.8%), have consumed cannabis at least once in their lifetime. 29,000 residents (2.1%) have used cocaine and the same number have used ecstasy. 91,000 residents (6.4%) have used multiple drugs at a single occasion at least once in their lifetime. The prevalence of use of all individual drugs shows a higher percentage among men than women (Table 1). The ratio between men and women is approximately 2:1 for most drugs. Illicit drug use is the most prevalent in age groups 15–24 and 15–34 with a lifetime prevalence of 27.7% and 30%.

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

Illicit drug	Male (%)	Female (%)	Total (%)	Approximate number of persons
Cannabis	19.6	11.8	15.8	223.000
Cocaine	2.9	1.2	2.1	29.000
Ecstasy	2.7	1.4	2.1	29.000
LSD	1.4	0.6	1.0	14.000
Amphetamines	1.4	0.5	0.9	13.000
Heroin	0.7	0.3	0.5	7.000
Multiple drugs at a single occasion	8.5	4.3	6.4	91.000

Source: The National Institute of Public Health, Survey on tobacco, alcohol and other drugs 2011–2012

In the last year, 4.5% of inhabitants used illicit drugs (6% of men and 2.9% of women). In the age groups 15–24 and 15–34, the prevalence of illicit drug use in the last year is 15.4% and 7%. According to last month prevalence data, 2.4% of inhabitants used illicit drugs; 3.4% of men and 1.3% of women. In the age groups 15–24 and 15–34, the prevalence of illicit drug use in the last month is 7.7% and 3.9%.

Cannabis is the most frequently used illicit drug in Slovenia; 4.4% of residents used it in the last year and 2.3% in the last month. The prevalence of use in the last year and last month was the highest among the young with 15% and 7.5% in the age group 15–24 and 6.9% and 3.7% in the age group 15–34. Cannabis was used daily (20 days or more in the last 30 days) by 0.4% of Slovenian inhabitants aged 15–64 (6,350 persons).

The highest number of poisoning cases is related to cannabis use, treated by emergency medical units of the University Medical Centre Ljubljana and within its 24-hour toxicological informative service. Cannabis is also the second most frequent cause for entering a treatment programme in the network of Centres for prevention and treatment of illicit drug addiction. In 2015 and 2016, two deaths related to cannabis use were recorded.

The prevalence of use in the last year in the age groups 15–64 and 15–34 for all other illicit drugs did not reach 1%, but 1.9% for cocaine in age group 15–24, 1.3% for ecstasy and 1.1% for amphetamine.

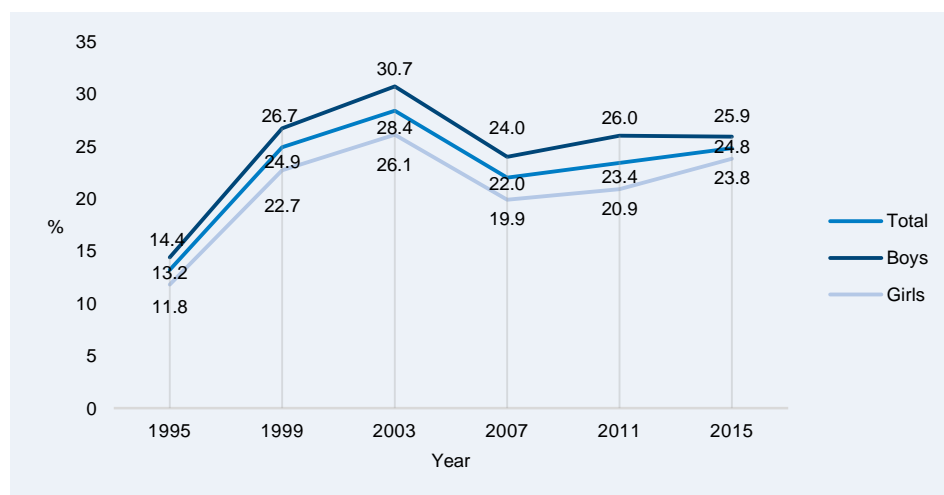
Drug use in schools

Andreja Drev, Tina Zupanič

We acquire data on drug use in schools from two international surveys, carried out periodically every four years: the ESPAD and HBSC surveys.

According to the latest ESPAD 2015 survey, 26% of 15–16-year-old students had already used any of the illicit drugs once in their lifetime. The most popular illicit drug among students is cannabis; 24.8% of 15–16-year-old students reported they had used it at least once in their lifetime; with boys (25.9%) making up a slightly larger share than girls (23.8%). 4.9% of 15–16-year-old students reported they had used stimulant drugs; ecstasy and cocaine were the most prevalent, lifetime prevalence for both was 2.2% (Table 2). Changes in the lifetime use of cannabis show that despite a significant drop in 2007, the figure has been increasing again (Figure 1) (Urdih Lazar and Stergar 2016).

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



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

The HBSC survey (Jeriček Klanšček in sod. 2018) was carried out among 17-year-old students for the first time in 2018 and according to data, cannabis is the most prevalent illicit drug in this population group as well. 42.5% of 17-year-olds had already used cannabis at least once in their lifetime; 44.5% of boys and 40.5% of girls. 4.6 % of 17-year-olds had already used ecstasy at least once in their lifetime and 4.1% of them had already used cocaine (Table 2).

Table 2. Lifetime prevalence of Illicit drug use among students, HBSC 2018 and ESPAD 2015

Survey	Age	Illicit drug	Total (%)	Boys (%)	Girls (%)
ESPAD 2015	15–16 years	Cannabis	24.8	25.9	23.8
		Cocaine	2.2	1.7	2.6
		Ecstasy	2.2	-	-
HBSC 2018	17 years	Cannabis	42.5	44.5	40.5
		Cocaine	4.1	5.7	2.5
		Ecstasy	4.6	6.0	3.2
		Magic mushrooms	4.2	6.0	2.4
		Amphetamine	3.8	4.9	2.6
		Inhalants	3.6	4.5	2.6

Source: The National Institute of Public Health, HBSC 2018 and University Medical Centre Ljubljana, Institute of Occupational, Traffic and Sports Medicine, ESPAD 2015

Drug use in other sub-populations

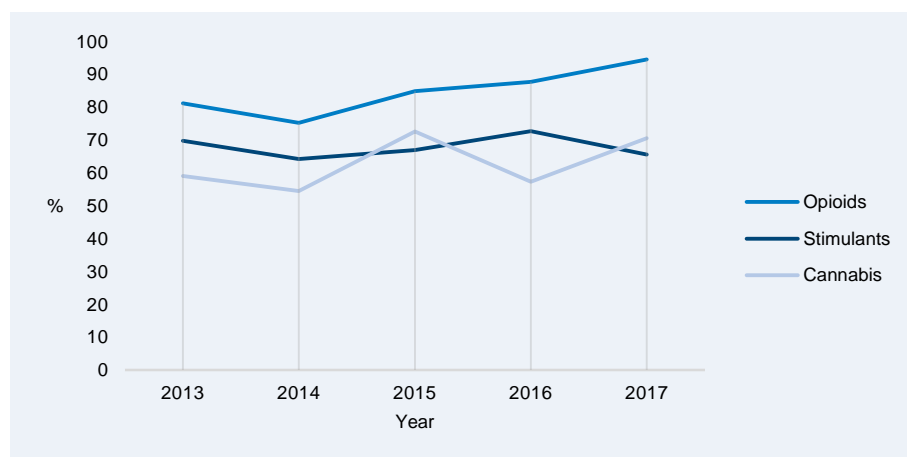
Andreja Drev, Matej Sande, Živa Žerjal, Ines Kvaternik

The data on illicit drug use in other sub-population groups are acquired from one-time surveys and questionnaires, from surveys which recur in longer periodical time frames and from the annual survey among harm reduction programme users.

Some surveys (Sande et al. 2016, Sande 2017) show that illicit drugs are especially popular among night-life drug users and party goers who besides cannabis especially favour stimulant drugs. According to an online survey in this sub-population (Sande 2017), the largest percentage of respondents used cannabis (83.4%) in the last month, MDMA (54.2%), cocaine (38.0%) and amphetamines (31.8%). The MOND 2017 survey among 17–19-year-old students who take graduation trips showed that cannabis was used in the highest percentage (64.4%), while other psychoactive substances were used in much lower percentage: MDMA 5.9%, cocaine 4.9%, sedatives 4.6% and volatiles 4.3%.

Illicit drug use is expectedly high among harm reduction programme users, especially opioid drugs. In the last Survey on (the characteristics of) harm reduction programme users 2017, 94.4% of the respondents said they had used opioids in the last year: most frequently substitution medicines (88.1%), followed by heroin (57.6%), 70.5% of the respondents used cannabis and almost two thirds (65.5%) stimulant drugs, most frequently cocaine (61.3%). In the period 2013–201, the usage of opioids and cannabis among harm reduction programme users increased while the use of stimulants remains quite stable (Figure 2).

Figure 2. Prevalence of opioid, stimulant and cannabis use among harm reduction programme users, 2013–2017



Source: National Institute of Public Health, Regional Unit Koper, Survey on harm reduction programme users 2017

Stimulants - in Slovenia especially popular among night-life drug users and harm reduction programme users - are one of the main causes for poisonings which are treated at emergency medical units of the University Medical Centre in Ljubljana and within its 24-hour toxicological informative service. Cocaine is the stimulant that causes the highest number of entries into the treatment programme and therapeutic programmes. In the last two years, we have recorded a considerable increase in cocaine-related deaths; the deceased were often included in treatment programmes (see also section B Stimulants 4.2 and Harms and Harm Reduction Workbook). Heroin, the common drug among harm reduction programme users, is the main cause of entering a treatment programme and also has the highest number of drug-related deaths.

The use of illicit drugs with alcohol, tobacco and prescription drugs

Andreja Drev, Matej Sande, Vesna Marinko

Only a limited amount of information is available about the association between illicit drugs and alcohol, tobacco and prescription drugs use in Slovenia. Data about the use of different combinations of cannabis, tobacco and alcohol by the Slovene population aged 15–64 is not up-to-date and indicates that in the last 12 months 0.2% of the population used cannabis and smoked, 1.3% used cannabis, smoked and drank, 0.9% used cannabis, smoked and drank excessively (Koprivnikar et al. 2015). Data about the association between legal and illicit drug use among minors and youth is available from ESPAD, HBSC studies and MOND study that includes school-leaving trips. According to the ESPAD 2011 survey, 9.8% of 15- and 16-year old pupils reported the use of multiple drugs; besides tobacco, alcohol and cannabis, other illicit drugs and prescription drugs were also included (Hibell et al. 2012). A detailed data analysis of the HBSC 2014 survey on tobacco, alcohol and cannabis use among 15-year-olds in Slovenia shows that 18% of 15-year-olds have tried all three psychoactive substances at least once and 5% of 15-year-olds reported a more frequent/risky use of all three substances (Koprivnikar et al. 2018). The MOND 2017 study which encompasses an unrepresentative sample of students, aged 17–19 years who took a graduation trip, showed that 96.7% of respondents drank alcoholic beverages on the trip and 87.5% drank 5 alcoholic beverages in a row at least once. 75.1% reported to have used tobacco at least once in their lifetime, 64.4% of young people have already used cannabis while fewer young people have already used other PAS (MDMA 5.9%; cocaine 4.9%; sedatives 4.6% and volatiles 4.3%). The most frequent risks associated with alcohol use are material damage, accidents and relationship problems with friends. Other noteworthy phenomena include the publication of embarrassing photos on social networks, sexual contacts that would not occur when sober and

unwanted sexual experiences. Almost one half of young people used alcohol prior to their last sexual intercourse.

According to the online survey on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 3% of respondents drove under the influence of drugs and alcohol in the last 12 months. A greater percentage of women (50%) drove under the influence of drugs and alcohol than men (34%). Drug and alcohol use during driving increases with age (except for the 25–29 age group, where combining drugs and alcohol during driving is more frequent than the 30–34 age group).

Within the Early Warning System for appearance of new psychoactive substances, NGOs that work with drug users also reported that they detected prescription drugs abuse, especially opiates and benzodiazepines in 2017. Prescription drugs use was most frequently detected among opioids users. According to NGOs and their users, prescription drugs come from ex-Yugoslav countries, especially B&H and Serbia (SI-EWS monthly reports, 2017). In the survey, carried out among 232 harm reduction programme users, 88.1% of respondents reported using substitutional medications and 65% reported using hypnotics and sedatives (Survey among harm reduction programme users 2017; see also section 1.2.1 Heroin & other opioids).

An overview of use of some medicines with possibilities of abuse

Tatja Kostnapfel

The National Institute of Public Health monitors and analyses the use of medicines for national purposes. Data for 2017 indicates that over 17.9 million prescriptions for outpatient prescribed medicines were issued with a total value of 484 million euros. Every Slovenian resident received on average 8.67 prescriptions with a total value of EUR 235, the average value of one prescription was 27 EUR. Out of all prescriptions, over 3.3 million of them were prescribed for medicines for nervous system (ATC group N) (index 102.1) with a total value of 67.2 million euros (index 98). In 2017, 1,624 prescriptions for medicines for nervous system were prescribed per 1,000 persons. .

In 2017, the highest percentage of medicines for nervous system were analgesics (N02) (41.2%), psycholeptics (N05) (27.5%) and psychoanaleptics (N06) (19.6%).

The most frequently prescribed medicines in group N in 2017 which can also be abused are a combination of tramadol and paracetamol with 310,000 prescriptions in total. 176,000 prescriptions were prescribed for zolpidem and 127,000 for bromazepam, (Table 3) (Kostnapfel and Albreht 2018).

Table 3. Most frequently prescribed medications in group N

ATC	Active substances	No. of prescriptions	% in No. of prescriptions
N02BE01	paracetamol	665,006	19.8
N02AJ13	tramadol and paracetamol	310,409	9.2
N02BB02	metamizole sodium	258,021	7.7
N05CF02	zolpidem	176,276	5.3
N05BA12	alprazolam	162,573	4.8
N06AB10	escitalopram	144,866	4.3
N05BA08	bromazepam	127,959	3.8
N06AB06	sertralin	117,088	3.5
N05AH04	kvetiapin	112,449	3.4

Source: The National Institute of Public Health

Within the opiates group, the prescription of the oxycodone and naloxone combination is increasing (N02AA55). The use of pregabalin (N03AX16) has increased by 16% since 2015 and the use of anxiolytics (N05B) has been gradually decreasing in the last 15 years. In 2017, 7.2% of the population received anxiolytics of which the majority were prescribed in the Drava and Mura regions. The use of anxiolytics, hypnotics and sedatives has decreased nevertheless, they are still being prescribed quite often. The number of prescribed antidepressants (N06A) has increased by 2% compared to last year. In 2017, 1,892 prescriptions with cannabinoids were issued and 8,333 g of CBD and 82 g of THC were used (Kostnapfel and Albrecht 2018).

Use of prescribed medicines is gradually increasing on an annual basis. Some people can abuse certain medicines. Prescription drug abuse has spread widely in recent years, partly due to the possibility of ordering prescriptions online (Leban and Brvar 2015, Oražem Grm 2012, Strbad 2008, Zamernik 2013).

The most frequently abused medicines are shown in individual ATC groups:

Analgesics (N02): opioids (N02A): morphine -N02AA01 (Sevredol...), tramadol and paracetamol - 02AJ13 (aldiar...), tramadol, combinations -N02AX52 (oreta...), tramadol - N02AX02 (adol...), fentanyl - N02AB03, pethidine - N02AB02.

Antiepileptics (N03): other antiepileptics: pregabalin - N03AX16 (Lyrica...)

Anti-parkinson drugs (N04): tertiary amines - N04AA (biperiden - N04AA02 (Akineton...)).

Psycholeptics (N05):

- Antipsychotics (N05A): risperidone - N05AX08 (Risperdal, Risset, Torendo...), clozapine - N05AH02 (Leponex...), quetiapine - N05AH04 (Seroquel, Kventiax...) etc.
- Anxiolytics (N05B): benzodiazepines (N05BA): alprazolam - N05BA12 (Helex Xanax...), diazepam - N05BA01 (Apaurin...), bromazepam - N05BA08 (Lexaurin, Lexilium, Lorsilan...) etc.
- Hypnotics and sedatives (N05C): benzodiazepine related drugs (N05CF): zolpidem - N05CF02 (Sanval...) etc.

Psychoanaleptics (N06): antidepressants (N06A): selective serotonin reuptake inhibitor (N06AB): escitalopram - N06AB10 (Cipralext, Ciprafort...), sertraline - N06AB06 (Asentra, Zolof...) and other antidepressants (N06AX): bupropion - N06AX12 (Welbutrin, Zyban...).

SECTION A. CANNABIS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different types of cannabis

Andreja Drev

Data about the use of cannabis among the general population, school population and other sub-populations that are currently available in Slovenia, does not allow a differentiation between different types of cannabis since this kind of information is not collected. Cannabis is the most commonly used drug in Slovenia, moreover is also very accessible. Slovenia is self-sufficient country regarding illicit supply of cannabis grown in specially designed facilities. The police established that processes and methods for growing cannabis in special indoor facilities are getting more sophisticated, producing more cannabis in smaller areas. According to the police, cannabis - marihuana type is the illicit drug associated with the highest number of drug-related offences and also with the highest number and quantity of seizures. In prisons, the police also seize synthetic cannabinoids at times. Centre for clinical toxicology and pharmacology reports on individual poisonings with hashish oil; however, mostly older people with associated diseases are poisoned.

1.1.2 Cannabis use in the general population

Andreja Drev

Cannabis is the most commonly used illicit drug among general population in Slovenia. According to the data from the Survey on the Use of Tobacco, Alcohol and Other Drugs 2011–2012 (Lavtar et al. 2014), 15.8% of inhabitants of Slovenia aged between 15 and 64 years have used cannabis at least ones in their lifetime, 4.4% in the last year and 2.3% in the last month. In the 15-34 age group, 28.7% of inhabitants used cannabis at least once in their lifetime, 10.3% in the last year and 5.3 in the last month. For all three categories and both age groups the prevalence of cannabis use is statistically significantly higher among men than women (Table 4).

Table 4. Lifetime, last year and last month prevalence of cannabis use among inhabitants of Slovenia in age groups 15–64 and 15–34, by gender and total

	Age	Total	Male	Female
Lifetime	15–64	15.8	19.5	11.8
Last 12 months	15–64	4.4	5.9	2.8
Last 30 days	15–64	2.3	3.3	1.2
Lifetime	15–34	28.7	33.0	24.0
Last 12 months	15–34	10.3	13.4	7.0
Last 30 days	15–34	5.3	7.5	2.9

Source: National Institute of Public Health, Survey on the Use of Tobacco, Alcohol and Other Drugs 2011–2012

To this day, only one study on drug use among the general population in Slovenia has been carried out (2011 and 2012), so we cannot report on trends.

1.1.3 Cannabis use in schools and other sub-populations

Cannabis use in schools

Andreja Drev, Tina Zupanič

Data on drug use in the Slovenian school environment are obtained using two international studies, i.e. the European School Survey Project on Alcohol and Other Drugs (hereinafter ESPAD) and the Health Behaviour in School-Aged Children Survey (hereinafter HBSC), both are carried out periodically every four years.

As shown by the results of the latest ESPAD Survey cannabis continues to be the most widely used illicit drug both among Slovenia's 15- to 16-year-olds. 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%). Changes in the lifetime use of cannabis in the period from 1995 to 2015 show that 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 (Figure 1) (Urdih Lazar and Stergar 2016).

The HBSC survey was carried out among 17-year-old students for the first time in 2018. Survey (Jeriček Klanšček et al. 2018) results show that 42.5% of 17-year-olds have tried cannabis at least once in their lifetime, 33.5% used it in the last 12 months and 19.9% in the last 30 days. All three indicators show a higher percentage among boys than girls (Table 5). Daily cannabis use (cannabis consumed in at least 20 out of last 30 days) was reported by 3.7% of 17-year-olds. Cannabis has been a very popular and most widespread drug among the young in Slovenia for some time. In recent years, there have been strong initiatives from civil society and some political parties that wish to legalise recreational cannabis use which could influence the perception of the young about the harmfulness/harmlessness of cannabis (see also Prevention Workbook).

Table 5. Prevalence of cannabis use among 17-years old students, HBSC 2018

Survey	Age	Indicator	Total (%)	Boys (%)	Girls (%)
HBSC 2018	17 years	At least once in lifetime	42.5	44.5	40.5
		Last year	33.5	36.3	30.6
		Last month	19.9	24.5	15.2

Source: The National Institute of Public Health, HBSC 2018

Cannabis use in other sub-populations

Matej Sande, Špela Dovžan, Tanja Drole, Živa Žerjal, Ines Kvaternik

The MOND 2017 study examined the characteristics of harmful alcohol consumption and alcohol-related risky behaviour among Slovene high school students on graduation trips and compared them with the MOND 2007 survey which was carried out ten years ago and included questions on cannabis lifetime use. Study results show that 64.4 % of 17- to 19-year-olds who went on their graduation trip had already tried cannabis at least once in their lifetime. This is a significant increase in the lifetime prevalence compared to 2007, when 46.6% of students who went on their graduation trip reported cannabis use (Table 6).

Table 6. Lifetime prevalence of illicit drug use among 17–19 years old students, MOND 2007 and MOND 2017

	MOND 2007 N=1515 Lifetime prevalence (%)	MOND 2017 N=371 Lifetime (%)
Cannabis	46.6	64.4
Ecstasy	4.9	5.9
Sedatives	8.1	4.6
Inhalants	-	4.3
Amphetamine	6.8	3.0

Source: DrogArt, MOND2007, MOND 2017

Cannabis is also popular among night-life drug users; the respondents of an online survey (Research drug checking services evaluation 2017; Sande 2017) reported having predominantly used marijuana (83.4%) in the last month and also mostly used marijuana (63%) at “average” party. Besides cannabis, they also reported using other drugs.

Cannabis is also commonly used by people in harm reduction programmes; most of them are opioids users who also use other drugs. According to the recent survey (Survey among harm reduction programme users 2017), 70.5% of respondents reported they had used cannabis in the last year. The highest percentage of cannabis users were aged 35 to 39. Between 2013 and 2017, the proportion of cannabis use by harm reduction programmes users increased from 59% to 70.5%.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of cannabis use

Andreja Drev, Tina Zupanič, Živa žerjal, Ines Kvaternik

In Slovenia, we do not systematically collect information on the individual cannabis types in use, but ESPAD and HBSC studies offer some information on the availability and perceived risk. The survey of harm reduction programme users offers some information about the routes of administration of cannabis.

Based on the findings of the ESPAD 2015 survey, regular cannabis use being very risky was reported by 55.4% of Slovenian secondary school students aged 15 to 16 and as many as 45% of them believed that cannabis was fairly or very easy to obtain (Urdih Lazar and Stergar 2016). According to the HBSC 2018 survey (Jeriček Klanšček et al. 2018), the percentage of 17-year-olds who believe they can get cannabis in the next 24 hours easily or very easily is 73.5%.

Of the harm reduction programme users who reported cannabis use in the last year (see section 1.1.3), 30.7% used cannabis every day, among them 13% several times daily, and 28.1% used it at least once a week. All cannabis users smoked it and a smaller percentage (9.6%) also consumed it orally (ate a cookie, drank cannabis oil etc.).

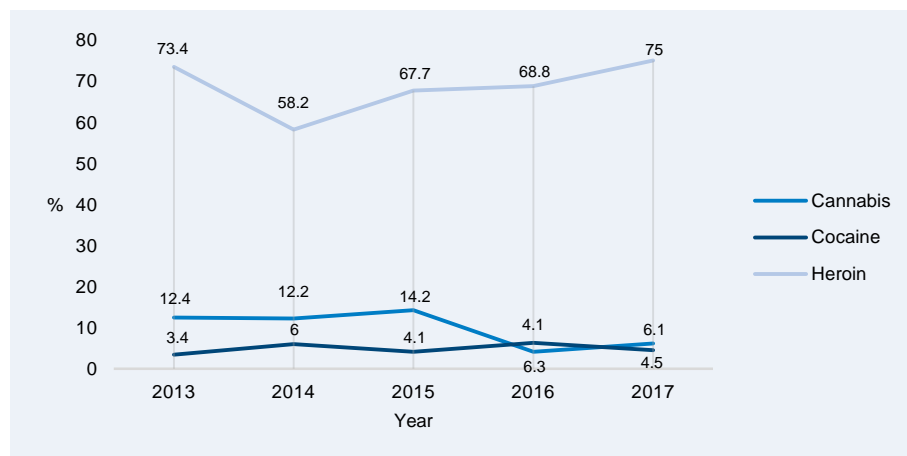
1.2.2 Reducing the demand for cannabis

Andreja Drev, Nataša Delfar, Anja Mihevc

In 2017, the percentage of users, who entered a treatment programme in the network of Centres for prevention and treatment of illicit drug addiction (CPTDA) was 6.1% (15 persons). The majority (14 persons) were male. The average age at treatment entry was 29 years. In 2013, 2014 and 2015, cannabis was the second most frequent cause for entering a treatment programme at CPTDA. In 2016,

the percentage of people who sought help due to cannabis use dropped and the second most frequent cause for entering a treatment programme was cocaine use. In 2017, the percentage of users who entered treatment for cannabis problems again exceeded the percentage of users with cocaine problems (Figure 3). The Treatment Workbook provides detailed statistical information about the users who enter treatment for cannabis problems.

Figure 3. Treatment entrants due to cannabis, cocaine and heroin problems, 2013–2017



Source: National Institute of Public Health, TDI 2017

In 2017, DrugArt counselling and psychotherapy centre provided services to 64 persons with an average age of 30 who joined their counselling therapy programme. The largest number (17 persons) joined the programme due to cocaine problems, followed by cannabis users (13 persons). 8 persons were included to maintain abstinence, 7 because of club drugs, 6 because of heroin and 5 because of alcohol. Three users came for support due to psychedelics or a severe experience with psychedelics or NPS. 1 user was included because of GHB use.

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

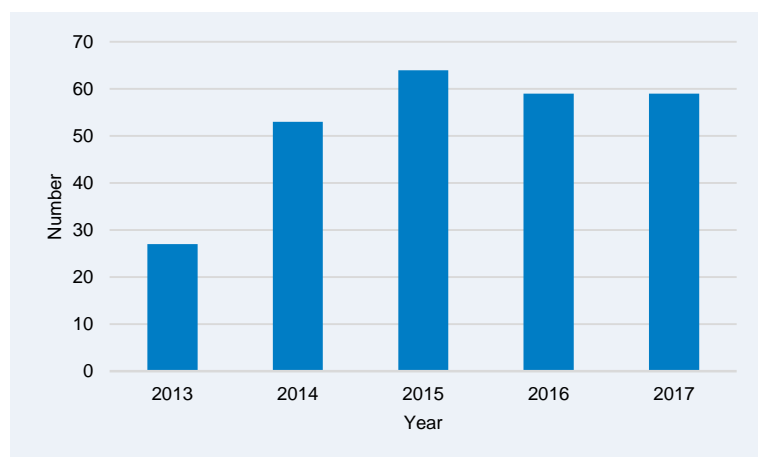
1.2.3 High risk cannabis use

Andreja Drev, Miran Brvar, Vesna Marinko

According to study data in drug use among the general population (Lavtar et al. 2014), 0.4% (6350 persons) of inhabitants of Slovenia reported using cannabis for 20 or more days in the last 30 days. In the HBSC 2018 survey (Jeriček Klanšček et al. 2018), 3.7% of 17-year-olds reported cannabis use 20 or more days in the last 30 days.

The data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of poisonings by cannabis or THC, which is in the plant, has grown constantly for the past few years. Since 2014, 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 and 2017 the increase in the number of THC poisonings (59) stopped (Figure 4). 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 (see also Harms and Harm Reduction Workbook).

Figure 4. Number of poisonings with cannabis, 2013–2017



Source: University Clinical Centre Ljubljana, Internal clinic, Centre for clinical toxicology and pharmacology

The 24-hour toxicological informative service from the Centre for clinical toxicology and pharmacology (calls about drug poisonings) of University Clinical Centre Ljubljana treated 158 poisoned individuals in 2017 who used a total of 182 illicit drugs, the most used drug being cannabis (Table 7) (see also Harms and Harm Reduction Workbook).

Table 7. The number of patients, poisoned with illicit drugs, who were treated at the 24-hour toxicological informative service

Drug	Number of drugs (n=182)
Heroin	19
Cocaine	28
Cannabis	46
LSD	4
GHB, GBL, BD	14
Amphetamine-like stimulants (amphetamine, metamphetamine, MDMA and similar)	37
New psychoactive substances (3-meo-PCE, 3-mmc, 5F-AKB48)	32
Psilocybe	2

Source: University Medical Centre Ljubljana, Internal clinic, Centre for clinical toxicology and pharmacology

According to the online survey on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 5% of respondents drove under the influence of drugs in the last 12 months. Among them, men prevailed (66%) over women (56%). Most respondents who drove under the influence of drugs came from the age groups 17–24 (76%) and 25–29 (65%). 3% of respondents drove under the influence of drugs once a week or more often, followed by those who drove under the influence of drugs 1- to 2-times per year (2%), 1% of respondents drove under the influence of drugs 2-to 3-times per month and 1% once in three months. Respondents who used drugs and drove a motor vehicle mostly used cannabis (89%), followed by cocaine 14%, amphetamines 10%, ecstasy 9%, magic mushrooms 9%, LSD and sedatives (7% each), heroin 6%, valium and crack (5% each) and methadone 4%.

1.2.4 Synthetic cannabinoids

Nastja Vajdič, Marija Sollner Dolenc

According to web survey on the use of new psychoactive substances among the students of the University of Ljubljana, which included 516 students aged between 18 and 26, the selected synthetic cannabinoids listed in Table 8 were known by around 5,4% of respondents on average, most of whom were familiar with the synthetic cannabinoid AM-2210. The use of the synthetic cannabinoids listed was reported by 1.1% of respondents on average. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 18.5 years. The lowest reported age upon first use of these drugs was 14 and the highest was 24.

A reported total of 339 students (out of all 516 survey participants, so 65.7%) have recognized at least one of the mentioned synthetic cannabinoids and 69 students (13.4%) have used at least one of the substances before, at least once in their lifetime.

Table 8. The share (%) of identification and lifetime prevalence of synthetic cannabinoid use

Drug	Identification (%)	Prevalence (%)
5F-APINACA	2.9	0.8
MDMB-CHMICA	8.7	1.9
ADB-FUBINACA	2.3	0.6
ADB-CHMINACA	1.7	0.4
AB-CHMINACA	1.7	0.4
JWH-018 (Spice)	11.2	1.2
JWH-210	2.1	0.4
AM-2210	28.7	6.4
UR-144	1.7	0.2
CP-47/497	1.7	0.6
AH-7921	1.7	0.2
HU-210	1.0	0.2

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017/2018

When questioned how they came into contact with synthetic cannabinoids, 5% of respondents answered that they got them from their friends, 2% answered that they got them at a party, 1% bought them from a dealer and 0.2% bought them online.

Positive and negative experiences with the drug were reported by 3% of respondents, 4% reported only positive experiences and 1% reported only negative experiences. Some of the negative experiences mainly include feelings of paranoia and anxiety, nausea, light-headedness, etc.

3% of respondents reported having used the drug for less than a month, 1% reported having used it for 2 years or more, while 1.2% reported that they still used the drug, which is alarming.

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 34% assessing their knowledge with 1 and 5% believing that they were well informed. The average amounted to 2.3% and showed that the general knowledge of this type of drug is very poor.

2. New developments

2.1 New developments in the use of cannabis

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). See section 1.1.3

3. Additional information

3.1 Additional sources of information

The Slovene detention facilities continue to detect the use of synthetic cannabinoids, especially AKB-48F in the form of black paste which mixes with tobacco. In 2017, synthetic cannabinoids were seized 96 times (see also Prison Workbook).

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different stimulant drugs

Andreja Drev

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

For several years, cocaine has been the stimulant drug due to which users most frequently enter a treatment programme or therapeutic treatment or use other forms of help. Cocaine also has the highest number of poisonings and deaths among stimulant drugs. During the period of ecstasy shortage and later in the time of the economic and migrant crisis with a cocaine shortage on the drug market, the synthetic cathinone 3-MMC became popular in different user groups (Sande et al. 2016) but with time, its presence decreased. In the last two years, very pure cocaine and strong ecstasy tablets are being detected on the drug market (SI EWS 2017 monthly reports).

1.1.2 Stimulant use in the general population

Andreja Drev

Cocaine and ecstasy are the most prevalent stimulant drugs among general population in Slovenia. According to the data from the Survey on the Use of Tobacco, Alcohol and Other Drugs 2011–2012 (Lavtar et al. 2014) 0.5% of inhabitants of Slovenia aged between 15 and 64 used cocaine in the last year. The last year prevalence of cocaine use is statistically significantly higher among men (0.7%) than women (0.3%). In the 15–34 age group, 1.2% of inhabitants used cocaine in the last year; 1.6% of men and 0.8% of women (Table 9).

0.3% of inhabitants of Slovenia aged between 15 and 64 used ecstasy in the last year; 0.4% of men and 0.2% of women. In the 15–34 age group, 0.8% inhabitants used ecstasy in the last year; 1.1% of men and 0.5% of women.

Amphetamines were used by 0.3% Slovenian inhabitants aged 15–64; 0.5% of men and 0.1% of women. In the 15–34 age group, 0.8% residents used amphetamines in the last year; 1.2% of men and 0.3% of women.

Table 9. Percentage of stimulant drug use in Slovenia in the last year in age groups 15–64 and 15–34, together and by gender

Drug	Age	Total (%)	Men (%)	Women (%)
Cocaine	15–64 years	0.5	0.7	0.3
	15–34 years	1.2	1.6	0.8
Ecstasy	15–64 years	0.3	0.4	0.2
	15–34 years	0.8	1.1	0.5
Amphetamines	15–64 years	0.3	0.5	0.1
	15–34 years	0.8	1.2	0.3

Source: National Institute of Public Health, Survey on the Use of Tobacco, Alcohol and Other Drugs 2011–2012

1.1.3 Stimulant use in schools and other sub-populations

Stimulant use in schools

Andreja Drev, Tina Zupanič

The ESPAD 2015 survey included 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 (Urdih Lazar in Stergar 2016).

According to the HBSC 2018 survey (Jeriček Klanšček et al. 2018), ecstasy is the most widespread stimulant drug among 17-year-old students, as 4.6% of them have already tried it at least once in their lifetime; boys (6.0%) statistically more often than girls (3.2%). Cocaine had been used by 4.1% of 17-year-old students at least once in their lifetime; 5.7% of boys and 2.5% of girls; the gender difference is statistically significant. Amphetamine had been used by 3.8% of 17-year-old students at least once in lifetime; 4.9% of boys and 2.6% of girls.

Stimulant use in other sub-populations

Matej Sande, Špela Dovžan, Tanja Drole, Živa Žerjal, Ines Kvaternik

According to the MOND 2017 study, 5.9% of 17- to 19-year-old students who went on their graduation trip reported ecstasy use, 3.0% of them reported to have used amphetamines at least once in their lifetime (Table 5).

An online survey of night-life drug users (Research drug checking services evaluation; Sande 2017) revealed that ecstasy, cocaine and amphetamines are the prevailing stimulant drugs in this population. 54.2% of the respondents reported they used MDMA in the last month, 38.0% of them used cocaine and 31.8% amphetamines. 59.3% reported they used MDMA, 32.9% used amphetamine and 27.7% cocaine at an “average” party.

Stimulant drugs are also popular among harm reduction programme users, who are most often opioid drug users. In the Survey on harm reduction users 2017, almost two thirds (65.5%) of the respondents reported they used stimulant drugs (cocaine, amphetamines and methamphetamines and ecstasy). The highest percentage of respondents reported they had used cocaine in the last year (61.3%). 24.4% of drug users consumed cocaine once per week or more often, 9.6% used cocaine every day or several times per day. 18.9% of the respondents used amphetamines and methamphetamines in the last year. 45.0% used this type of drug just a couple of times per year while 12.5% used it on a daily basis. 17.5% of the respondents used ecstasy in the last year. Most of them (79.5%) used ecstasy just a couple of times per year.

During 2013 and 2017, the percentage of respondents who used stimulant drugs varied with the lowest point at 65% in 2014 and the highest point at 72% in 2016.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of stimulant use

Andreja Drev, Tina Zupanič, Živa Žerjal, Ines Kvaternik, Nataša Delfar

In the HBSC 2018 survey (Jeriček Klanšček et al. 2018), 0.8% of 17-year-old students reported they had used cocaine in 30 or more days of their lifetime, 0.7% of them reported they had used MDMA in 30 or more days in their lifetime and 0.7% said this for amphetamine.

Among respondents from harm reduction programme users (Survey on harm reduction programme users 2017), who reported they had used cocaine (61.3%) in the last year, 55.1% of them injected cocaine, 22.8% sniffed it and 21.3% combined both routes of administration. Among users who said they used amphetamine and methamphetamine, (18.9%), 40.6% injected the drugs, and 19.2% of these users combined injecting with other routes of administration (orally, sniffing, smoking etc). Among ecstasy users (17.5%), the majority (91.9%) consumed it orally (ate/drank it). One user (2.7%) said he/she only injected ecstasy and two (5.4%) users combined injections with oral consumption.

According to TDI data, those that entered a treatment programme due to stimulant drug use most frequently used opioids and cannabis as second drug. Sniffing and injecting prevail as route of administration (see also Treatment Workbook).

1.2.2 Treatment for stimulants

Andreja Drev, Nataša Delfar

Data on treatment demand reveal that, in 2017, 6.1% (15 persons) of users who entered treatment programme at network of CPTDA for the first time or again, sought help due to stimulant use. Most of them were men (12 persons). Among stimulants, cocaine is the leading drug due to which users enter treatment. In 2017, cocaine was the third most frequent reason for entering treatment (Figure 3) (see also section A Cannabis 1.2.2). In 2017, 4.5% (11 persons) of users entered treatment programmes due to cocaine-related problems; most of them were men (8 persons). The average treatment entry age for cocaine problems was 34.27 years and 34 years for other stimulant drugs (detailed statistics available in Treatment Workbook).

In Slovenia, users of stimulant drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of harm reduction programmes for stimulant drugs carried out by the DrogArt Association. In 2017, DrogArt counselling and psychotherapy centre provided services to 64 persons who joined their counselling therapy programme; most (17 persons) entered the programme due to cocaine problems (see also section A Cannabis 1.2.2).

1.2.3 High risk stimulant use

Miran Brvar

Data on poisonings by illicit drugs collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of cocaine poisonings was similar between 2010 and 2013, but more than doubled in 2014 in Ljubljana (34 cases of poisoning in 2014). In 2015, the number of cocaine poisonings reached 45 patients, topping the number of acute emergencies induced by heroin. The number of cocaine poisonings in 2016 increased, i.e. to 54., in 2017, the number of cocaine poisonings remained stable at 49 poisonings. The number of poisonings with “classical” amphetamine-type stimulants such as amphetamines, methamphetamine, MDMA and similar phenethylamines (22 poisonings) decreased slightly in 2017 compared to 2016 (27 poisonings). However, 11 poisonings with

new psychoactive substances were recorded, most frequently with synthetic cathinones (see also Harms and harm reduction workbook).

The 24-hour toxicological informative service at the Centre for clinical toxicology and pharmacology (calls with regards to drug poisonings) of University Clinical Centre Ljubljana treated 158 poisoned individuals in 2017, who used a total of 182 illicit drugs; amphetamine-type stimulants were second, NPS third and so cocaine was the fourth most used drug (Table 6; section A Cannabis 1.2.3) (see also Harms and Harm Reduction Workbook).

Online study data on drug and alcohol usage among drivers for driving under the influence of stimulants are available in section A Cannabis 1.2.3.

1.2.4 Synthetic cathinones

Nastja Vajdič, 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 – about 9,6% can identify synthetic cathinones, which is about 4% higher than with synthetic cannabinoids. The most widely known was 3-MMC (called 'sladoled' or *ice cream* on the streets of Slovenia) with 24,2%, followed by 4-MMC and methylone with 15,9% (Table 10). The use of synthetic cathinones was reported by an average of 1,1% of all (516) respondents, most of them reporting the use of 3-MMC. A reported total of 391 students (out of all 516 survey participants, so 75,8%) have recognized at least one of the mentioned synthetic cathinones and 43 students (8,33%) have used at least one of the substances before, at least once.

The average age of respondents who came into contact with the mentioned group of drugs was 18.6 years, which is almost identical to the result from synthetic cannabinonids. The lowest age upon first use was 16, while the highest was 24.

Table 10. The share (%) of identification and lifetime prevalence of synthetic cathinones use among all (516) students

Drug	Identification (%)	Prevalence (%)
4-MMC (Mefedrone)	15.9	1.6
3-MMC (Ice cream)	24.2	3.7
4-MEC	4.8	0.4
Etilkatinone	4.5	0
Petedrone	3.5	0.6
Metilon (Explosion)	10.3	1.2
Metkatinon (Efedrone)	7.9	0.4
MPDV	4.7	0.6

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017–2018

When questioned how they came into contact with synthetic cathinones, 2,2% of respondents answered that they bought a synthetic cathinone from a friend, 2% bought the drug at a party, 1% from a dealer and 0.4% bought it online.

3% of respondents reported having used cathinones for less than a month, while 0,4% used them for over 2 years. When questioned about the effects of the drugs, 2.3% of respondents reported positive effects, 2.1% reported mixed effects, i.e. both positive and negative, and 0.2% of respondents reported only negative effects. Negative effects were described primarily as a constant need for a new dose, feeling unwell and not thinking clearly, depression and fatigue after the use. Positive feelings upon use were described as a feeling of well-being and bursting with energy.

Concerning the assessment of knowledge about the dangers involved in the use of synthetic cathinones, 62% of respondents chose 1 (complete lack of awareness), while the average grade was 1,7. We concluded that there is an even bigger lack of knowledge concerning synthetic cathinons than with synthetic cannabinoids.

1.2.5 Injecting and other routes of administration

Among harm reduction programme users who used cocaine in 2017, 77.4% reported they injected it, while 21.4% of amphetamine and methamphetamine users and just three ecstasy users reported they injected the drug.

Cocaine is the prevalent stimulant drug, injected by harm reduction programme users. In the period from 2013 (64%) to 2017 (74.4%), injecting cocaine as a route of administration increased.

2. Additional information

2.1 Additional sources of information

Wastewater-based assessment of drug consumption in Ljubljana

Ivona Krizman Matasić, Tina Kosjek and Ester Heath

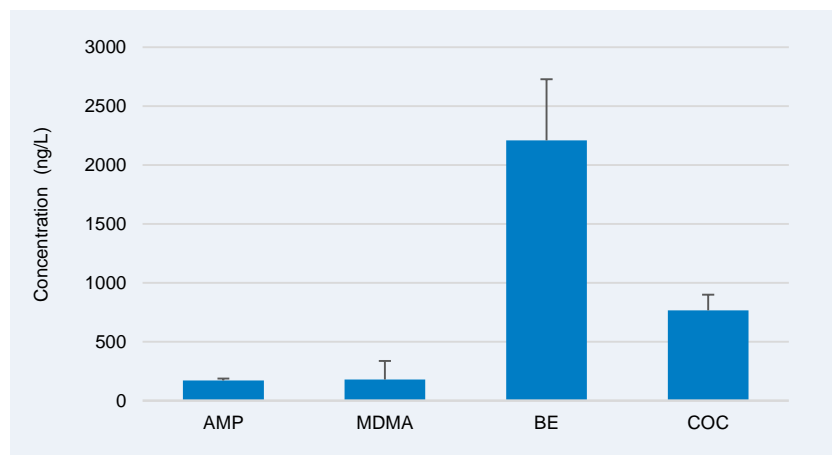
The aim of this study was to apply WBE to investigate the consumption of stimulating drugs including amphetamine (AMP), methamphetamine (MAMP), Ecstasy (MDMA) and cocaine (COC) in Ljubljana, Slovenia, and to compare the data with other European cities included in the 2017 WBE monitoring campaign organized by the SCORE group (Sewage Analysis CORE group Europe; COST action ES1307).

In total seven samples of municipal untreated wastewater over seven consecutive days (21-27 March 2017) were collected at the inflow to Ljubljana's Central Wastewater Treatment Plant (CWWTP). The treatment plant combines single-stage mechanical and biological treatment and treats 85% of all wastewater flowing into the public sewers in the central Ljubljana area. The designed capacity of the treatment plant is 360,000 PE (population equivalents), but typically covers 266,131 PE.

Results:

A) Concentrations of target drug urinary biomarkers in wastewater

Figure 5. Average concentrations of drug urinary biomarkers



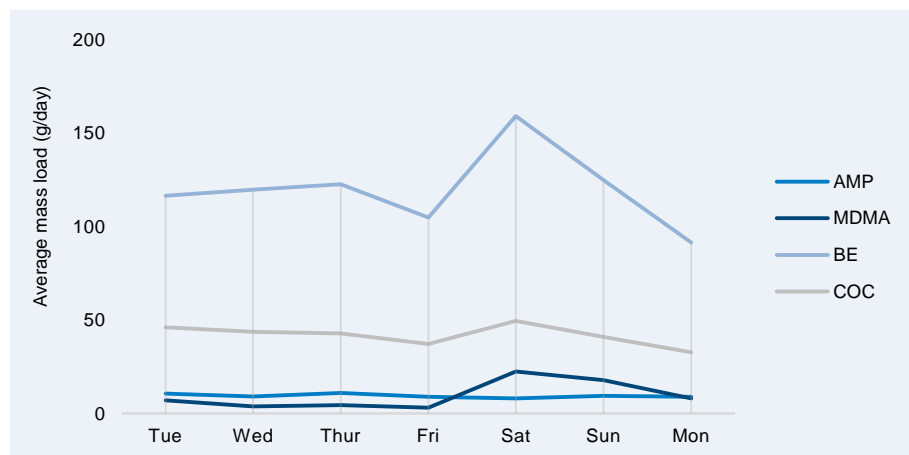
AMP – amphetamine, MDMA - 3,4-methylenedioxyamphetamine, BE – benzoylecgonine, COC - cocaine

In the samples, all the target urinary biomarkers, with the exception of methamphetamine, were above the LOD (limit of detection). Cocaine (COC: 573- 1008 ng/L) and its main metabolite benzoylecgonine, (BE: 1607-3247 ng/L) were present in the highest concentrations. The concentrations of amphetamine-type drugs were lower (Amphetamine: 155- 193 ng/L, MDMA: 57- 456 ng/L), and did not exceed 500 ng/L (Figure 5).

B) Mass loads of selected drug urinary biomarkers

Concentration of illicit drugs in wastewater depends on wastewater flow, for this reason WBE uses mass loads to study drug consumption patterns. Benzoylecgonine had the highest mass load (BE: 91-159 g/day), while mass loads for amphetamine, MDMA and cocaine were lower (3-49 g/day). The data shows an increase in drug consumption during the weekend, a trend observed in other WBE studies (Zuccato et al. 2008; Thomas et al. 2018; Krizman et al. 2016) (Figure 6). To compare the data from this study with other European countries (Sewage Analysis CORE group Europe; COST action ES1307; EMCDDA 2017), the mass loads were normalized to PE. The data show that cocaine consumption is highest in western and in the southern European cities, such as in Belgium, the Netherlands, Switzerland, the United Kingdom and Spain, (426-965 mg/day/1000 inhabitants) and that the consumption of BE in Ljubljana (450 mg/day/1000 inhabitants) were in the same range. The consumption of MDMA in Ljubljana (35 mg/day/1000 inhabitants) is considered high and equivalent to cities in Switzerland, Croatia, Germany, Portugal and France (31-50 mg/day/1000 inhabitants). The consumption of AMP varies between cities, but in Ljubljana (35 mg/day/1000 inhabitants) is in the lower range, similar to cities in Germany, Switzerland and Spain. The data shows that MAMP use across Europe, including Slovenia (0.1 mg/day/1000 inhabitants), is generally low. Exceptions are the Czech Republic, Slovakia and eastern Germany (44-241 mg/day/1000 inhabitants) (Sewage Analysis CORE group Europe; COST action ES1307; EMCDDA 2017).

Figure 6. Daily variations of stimulating drug in CWWTP of Ljubljana



AMP – amphetamine, MDMA - 3,4-methylenedioxyamphetamine, BE – benzoylecgonine, COC - cocaine

C) Estimation of stimulating drugs consumption in Ljubljana

Table 10. Estimated drug consumption

	Amphetamine	MDMA	Cocaine
Consumption of pure drug mg/day/1000 inhabitants	99 ±11	156 ±125	1619 ±283

MDMA - 3,4-methylenedioxyamphetamine

The metabolite benzoylecgonine was used to estimate cocaine consumption, while for the amphetamines, parent compounds were used. Consumption was calculated by multiplying the population normalized mass loads by the relevant correction factors. Cocaine had the highest consumption (1235-2151 mg/day/1000 inhabitants), while the consumption of amphetamine (85-115 mg/day/1000 inhabitants) and MDMA (51-369 mg/day/1000 inhabitants) was lower (Table 10).

WBE shows the presence of stimulating drugs in Ljubljana, except for methamphetamine. The data point to the relatively high consumption of cocaine and MDMA compared to some other European cities.

2.2 Further aspects of stimulant use

Mateja Jandl

In 2016, 18 deaths due to cocaine poisoning were recorded in Slovenia. NIJZ carried out additional analyses of this sudden increase in the number of deaths due to cocaine, since the average number of cocaine-related deaths in Slovenia totalled 3–5 persons until 2016.

All 18 persons who died in 2016 due to cocaine were males. The average age at death was 38.9 years. The majority of the deceased (5 persons) come from the age group 30–34. Three persons died in February and March 2016, two in May, August and September and one person in every other month of 2016. We could not link deaths in these time periods with cocaine seizures with certainty. The total mass of seized cocaine in kg on the Slovenian market in 2016 increased compared to previous years (Drev, Hočevar Grom, Belščak 2017), as did the average content/concentration of cocaine.

All deaths were coded as random poisonings (13 persons) or as deaths with unidentified causes (5 persons). Among the deceased, 14 persons were single and 7 were employed. One third died at home, one third in a medical institution and one third elsewhere. Only 8 persons received medical treatment.

An autopsy was carried out for 17 persons and toxicology studies showed that 6 persons died only from cocaine poisoning, 5 bodies also contained an additional drug or alcohol besides cocaine, a further 5 contained two additional drugs or alcohol and 2 persons three or more additional drugs or alcohol. Among cocaine-related deaths in 2016 in Slovenia, the most frequent drug combination was a mix of benzodiazepines and cocaine (7 persons) and opiates and cocaine (5 persons), followed by amphetamines, alcohol and cannabis.

Out of 18 cocaine-related deaths in 2016, nearly half the users (8 persons) did not seek medical help in the last 3 years so we have no medical records for them. Six persons were included in treatment programmes in CPTDA/CTDA, three persons claimed in one of their previous treatments during 2013–2016 that heroin was their main drug, two persons named cocaine and one benzodiazepines. Cocaine was the most used secondary drug. Four persons were treated in other medical institutions, three of those with diagnosed mental and behavioural disorders due to their use of psychoactive substances (for a detailed analysis, see Harms and Harm Reduction Workbook).

SECTION C. HEROIN AND OTHER OPIOIDS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different opioid drugs

Andreja Drev

In Slovenia, the opioid group in context of illicit drug use relates primarily to heroin but also to medications used in substitution treatments (methadone, buprenorphine). Recently, some individual cases of fentanyl usage were detected.

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

Even though the number of users who enter treatment programmes due to heroin-related problems is decreasing, heroin remains the main cause of entering a treatment programme in the opioid group and among illicit drugs in general. Heroin is the illicit drug with the highest number of drug-related deaths. Among opioids, heroin is the drug with the highest number of drug-related poisonings.

1.1.2 Estimates of opioid use in the general population

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

1.1.3 Estimates of opioid use in sub-populations

Estimate of the number of high risk opioid users

Ines Kvaternik, Katja Rostohar

An estimate of the number of high risk opioid users (HROU) in 2017 was limited only to the number of problematic opioids users, included in harm reduction programmes in the field of drugs (2271 persons) and CPTDA programmes (3735 persons, included in a substitution therapy).

From the acquired data, we calculated 4,873 high risk opioid users who were potentially included in the aforementioned aid programmes. This means 3.58 persons for 1,000 residents in the age group 15–64 (Table 11).

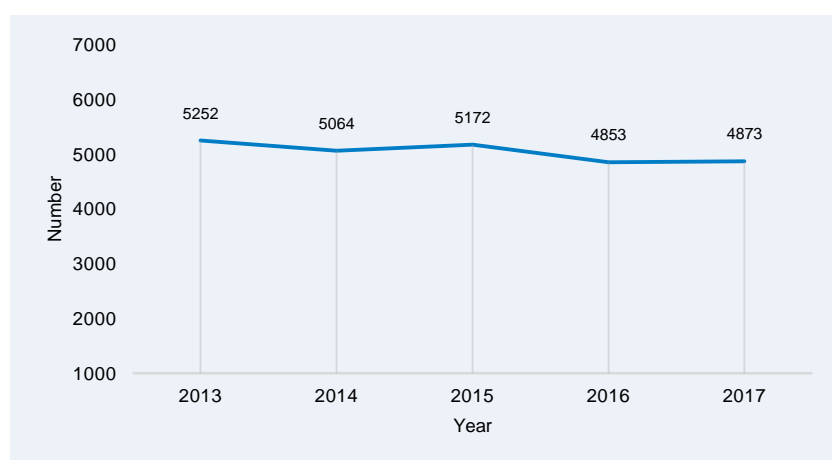
Table 11. An estimate of the number of high risk opioid users (HROU) using the treatment multiplier method in 2017

	Lower limit	Average estimate	Upper limit
HROU number estimate	4283	4873	5666
15–64/1,000 resid.	3.34	3.58	3.85

Source: Drug user databases (NIPH), number of inhabitants databases (SURS), HROU number estimate using the treatment multiplier method

The HROU number estimate showed that in Slovenia, the number of drug users in 2013 was 5,252, 5,064 in 2014, 5,172 in 2015, 4,853 in 2016 and 4,873 in 2017 who were mostly also included in help programmes (Figure 7) which indicates a stable trend of the number of such users in the last years.

Figure 7. Estimate of the number of high risk opioid users, 2013–2017



Source: NIPH, An estimate of prevalence of high-risk opioid use 2013–2017

Context information

Since 2013, the prevalence of high-risk opioid use in Slovenia has been relatively stable. This is probably due to stable use of heroin according to Survey among harm reduction programmes users data. In general, for younger persons, the use of opioids seems no longer to be attractive in contrast, for example, to the use of cannabis and stimulants, so that clients in treatment programme and in harm reduction programs represent an aging cohort. This is also in line with the fact that the average age of victims of drug-induced deaths has been rising for years (see also Harms and Harm Reduction workbook). Ageing of this population causes a number of additional problems, both health-related and social, and hence many new needs.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of heroin/opioid use

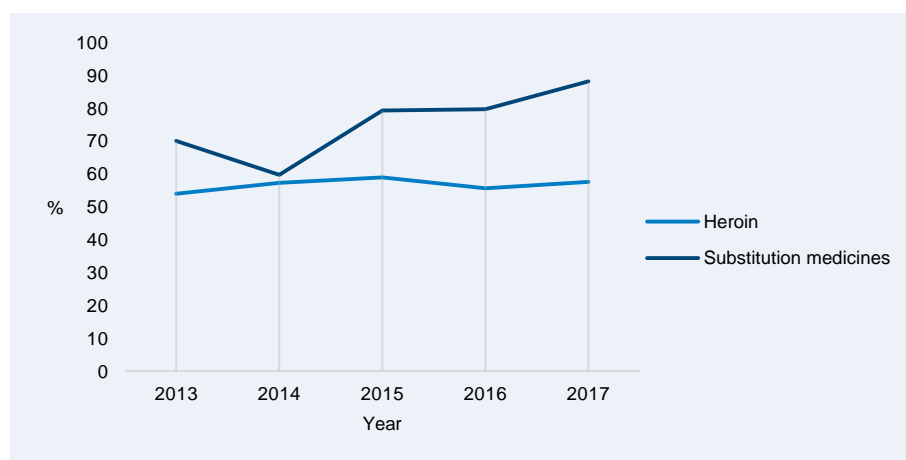
Živa Žerjal, Ines Kvaternik

According to the Survey on (the characteristics of) harm reduction users 2017 data, opioids are still the prevalent drug group among harm reduction programme users, especially heroin and substitution medications. 94.4% of all respondents used this type of drug in the last year.

57.6% of all respondents used heroin in the last year. 81.4% of heroin users injected it, 17.7% of these also smoked or inhaled it. 18.5% of heroin users smoked or inhaled it only. 40.3% of heroin users used it at least once per week or more frequently. The highest percentage of heroin users were aged 35 to 39 (32.3%).

88.1% of all respondents used substitution medication. The prevalent application method was oral use. 83.6% of users said they only eat or drink substitution medications. 12.6% of them injected the medication, of which 6.6% combined injections with oral use. The majority (83.7%) used these medications every day. The age group 35 to 39 (29.2%) also included the majority of substitution medication users. During 2013–2017, heroin use remained stable; however substitution medications use increased (Figure 8).

Figure 8. Heroin and substitution medications use among harm reduction programme users, 2013–2017



Source: National Institute of Public Health, Regional Unit Koper, Survey on harm reduction programme users, 2013–2017

1.2.2 Treatment for heroin and other opioids

Andreja Drev, Nataša Delfar

In 2017, opioids continue to be the main cause for seeking help and entering treatment at the CPTDA network. In the same year, 86% of users entered treatment at CPTDA for the first time or again due to opioid as the main drug. Among users seeking help due to opioids at CPTDA, those seeking help due to heroin as the main drug prevail (87%) over those seeking help due to the buprenorphine (8%), methadone bought on the black market (1.8%) and other opioids (2.8%). One person also entered treatment programme due to fentanyl. Users who enter treatment programmes due to opioid problems are mostly men (79%). The mean age of entering a programme for opioid treatment is 35.92 years. Since 2014, of all users who entered a treatment programme, the share of heroin-related entries is increasing (Figure 3) while in general, the number of users entering treatment due to heroin and opioids is decreasing (detailed statistical data available in the Treatment Workbook).

In Slovenia, users of opioid drugs can enter a drug addiction treatment programme at network of CPTDA or seek help within the scope of the harm reduction programmes (see also Treatment Workbook). Harm reduction programmes in the field of drugs, which are relatively easily accessible, carry out a service of replacing sterile materials, informing and offering counsel. Harm reduction programmes in the field of drugs carry out the following services: daily centre, field work and field work with a mobile unit (for a detailed description of programmes in the field of drugs see Harms and Harm Reduction Workbook).

1.2.3 High risk opioid use

Miran Brvar, Vesna Marinko

According to the data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana, the number of heroin poisonings since 2013 (14 poisonings) increased and reached 44 and 42 poisonings in 2015 and 2016 respectively. In 2017, the number of heroin poisonings decreased (26 poisonings) (see also Harms and Harm Reduction Workbook).

The 24-hour toxicological informative service within the Centre for clinical toxicology and pharmacology (calls about drug poisonings) treated 158 poisoned individuals in 2017 who used a total of 182 illicit drugs, the fifth most used drug being heroin (Table 6) (see also section A Cannabis 1.2.3 and Harms and Harm Reduction Workbook).

According to the online study on drug and alcohol use among drivers (Road Safety Agency of RS, 2016) which included 3,026 persons, 5% of respondents drove under the influence of drugs in the last 12 months. Respondents who used the drug and drove a motor vehicle used heroin in 6% (see also section A Cannabis 1.2.3)

1.2.4 Synthetic opioids

Andreja Drev

In 2017, the National Forensic Laboratory identified fentanyl, benzilfentanyl and methoxyacetylfentanyl in substances, seized by the police in one case of user poisoning. In the beginning of 2018, the Institute of Forensic Medicine and the National Forensic Laboratory dealt with a case of user death and identified cyclopropylfentanyl. The National Laboratory of Health, Environment and Food identified cyclopropylfentanyl and methoxyacetylfentanyl in two samples, collected for anonymous testing.

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

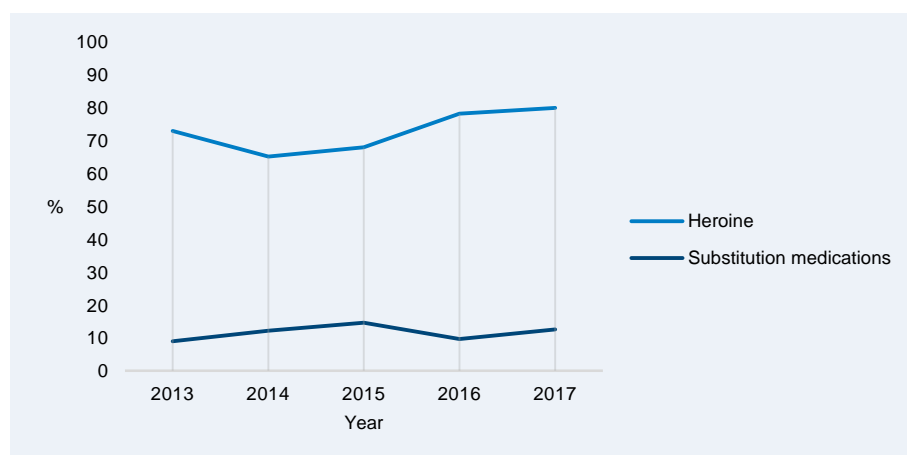
1.2.5 Injecting and other routes of administration

Živa Žerjal, Ines Kvaternik

According to the survey on (the characteristics of) harm reduction users 2017 data, injecting is still the prevalent route of administration among harm reduction programme users. Almost two thirds (65.4%) of the respondents reported they injected any type of drug. Those who used heroin in the last year mostly injected it (80%).

According to the results of the survey, the percentage of injecting opioids among harm reduction programme users increased, mainly due to injecting heroin (Figure 9).

Figure 9. Injecting heroin and substitution medications among harm reduction programme users, 2013–2017



Source: National Institute of Public Health, Regional Unit Koper, Survey on harm reduction programme users, 2013–2017

2. New developments

2.1 New developments in the use of heroin and other opioids

In the last three years, open scenes (drug use in public places) started to appear in some parts of Slovenia. Open scenes are especially visible and disturbing in Ljubljana, the Slovenian capital, where common unpleasant situations between users and residents of a block frequently occurred in one of the locations in the last year (thefts, remains of injections, filth etc.). Discussions on the possible ways of solving this problematic are taking place among NGOs, the Municipality of Ljubljana, the Ministry of Health, Ministry of Work, Family, Social Affairs and Equal Opportunities, CPTDA etc. (for details see also Harms and Harm Reduction Workbook).

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

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

1.1 Prevalence and trends in NPS use

Nastja Vajdič, 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 ketamine (with 35,1%), followed by 1P-LSD with 22,5% and GBL/GHB with 22,1% (Table 12).

Table 12. The share (%) of identification and lifetime prevalence of synthetic cathinones use

Drug	Identification (%)	Prevalence (%)
25C-NBOMe	3.5	0.8
25I-NBOMe	3.7	0.8
25D-NBOMe	3.5	0.4
25B-NBOMe	3.7	0.0
α-PVP	5.0	1.0
Ketamine	35.1	2.1
2-FA	1.9	0.8
4-FA	2.7	0.8
Flubromazolam	3.5	0.4
Clonazolam	4.5	0.2
X-MMC	4.8	0.8
DMT	16.3	1.4
1P-LSD	22.5	1.4
3-meo-PCP	6.8	0.6
Metoksetamin (MXE)	9.7	0.8
Etilfenidat	4.7	0.4
AL-LAD	2.5	0.2
LSZ	5.4	0.2
GBL/GHB	22.1	2.9

Source: Survey on NPS amongst students of the University of Ljubljana, Faculty of Pharmacy, 2017–2018

4,1% of all respondents had only positive experiences with other new psychoactive substances, while 1,2% reported experiencing both positive and negative effects. 0,6% 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. They experienced disorientation as a result of an overdose of GHB. The latter is taken in very small doses, drops - an overdose occurs rapidly and it can lead to unconsciousness.

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 (40%) assessed the risk with grade 3. The mean value of the answers selected amounted to 3.7, which equals the danger of new drugs with that of classic ones according to the opinions of respondents.

Respondents were also asked where they would turn to for help in case of problems related to the use of new psychoactive substances. There were multiple answers possible. 70% of respondents answered that they would seek help from friends, 32% would go to their family and relatives, 36% would seek help from the anonymous forums dealing specifically with such issues, 29% would go to drug rehab clinics, 22% would see their personal physician, 23% would go to the DrogArt Association, 28% 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% already sought help in the past due to NPS.

All of the results gathered in this year's survey are comparable to the survey done in 2015. The only main difference is concerning the identification and prevalence of synthetic cathinones – it is apparent that the drugs ketamine, 1P-LSD and GHB are on the rise amongst students in Slovenia.

1.2 Harms related to NPS use

According to data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana, the number of poisonings with Gamma-Hydroxybutyrate (GHB) decreased in 2017 compared to 2016. In 2013, GHB poisoning was the most frequent illicit drug poisoning (27 persons poisoned with GHB and 2 persons with GBL and BD were treated). In 2016, the number of poisonings with GHB and GBL was also 31 but GHB poisoning came fourth and in 2017, cases of GHB and GBL poisoning (18 in total) almost halved compared to the previous year (see also Harms and Harm Reduction Workbook).

1.3 Prevalence, trends and harms related to other drug use

According to the HBSC 2018 survey (Jeriček Klanšček et al. 2018), 4.2% of 17-year-old students used magic mushrooms at least once in their lifetime, 3.6% of them used inhalants, 2.9% LSD and 1.9% new psychoactive substances.

See also section 1.1

2. Additional information

2.1 Additional sources of information

Electronic cigarettes use among youth

Helena Koprivnikar, Tina Zupanič

Opportunity sample of 1215 of 2nd year secondary school students (average age 16.6 years, 51% boys) was included in the study. 88% of surveyed secondary school students were aware of electronic cigarettes, 37% used them at least once in lifetime and 12% used them during the last 30 days (among these 12% every day, 26% less than every day, but at least once a week, and 62% less than once a week). Surveyed secondary school students that reported ever or current use of electronic cigarettes were more likely males, students of vocational schools, students with average or below average grades, ever smokers, current smokers, exposed to any form of advertising or promotion of electronic cigarette and perceived electronic cigarettes to be easily available. Among ever users of electronic cigarettes 16% never smoked cigarettes, while among users of electronic cigarettes during the last 30 days 10% never smoked cigarettes. 31% of surveyed secondary school students were both ever smokers of cigarettes and ever users of electronic cigarettes, while 9% of surveyed secondary school students reported use of both products (double use) during the last 30 days. 38% of all surveyed secondary school students were exposed to at least one form of advertising or promotion of electronic cigarettes (during the survey advertising of electronic cigarettes was banned, but not display of electronic cigarettes). 47% of surveyed secondary school students that were aware of electronic cigarettes reported that electronic cigarettes were easily available. 12% tried to buy electronic cigarettes during the last 12 months and 68% had no problems buying them (during the last 12 months before the survey ban on selling electronic cigarettes was in place for just a month, so high percentages may be resulting from the fact that during the other eleven months there was no ban on sales to minors).

Opportunity sample of 551 of students of health sciences was also surveyed (average age 22.5 years, 14% boys). 95% of surveyed students of health sciences were aware of electronic cigarettes, 21% used them at least once in lifetime and 4% used them during the last 30 days. Surveyed students of health sciences that reported using electronic cigarettes at least once in lifetime were more likely current smokers and exposed to any form of advertising or promotion of electronic cigarettes. Among ever users of electronic cigarettes and users of electronic cigarettes during the last 30 days there were no never smokers of tobacco cigarettes. 21% of surveyed students of health sciences were both ever smokers of cigarettes and ever users of electronic cigarettes, while 4% of surveyed students of health sciences reported double use of both products in the last 30 days. 26% of all surveyed students of health sciences was exposed to at least one form of advertising or promotion of electronic cigarettes (during the survey advertising of electronic cigarettes was banned, but not display of electronic cigarettes).

SECTION E. SOURCES AND METHODOLOGY

4. Sources and methodology

4.1 Sources

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4.2 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.⁷ 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).

⁷ Available at <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>.

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.

HBSC 2018

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

Model

Data are collected on nationally representative sample of 11-, 13-, 15- and 17-year old students. The basis for the sample were the data from the Ministry of education, science and sport about the enrolment and number of classes for the school year 2017/2018. The sample was drawn from the list of all relevant classes. The primary sampling unit was school class and classes were randomly selected. Stratified two-stage sampling was used. At the first stage, primary and secondary schools were selected, and at the second stage, among secondary schools, classes within different school programmes were selected (grammar school, 4-year technical school, middle vocational school and lower vocational school). The survey was performed in schools with a self-administered web questionnaire in February 2018.

The gross sample of 17-year olds was: 107 school classes combined of 2519 students. The final response rate for 17-year olds (based on selected classes) was 87,9 %. Net sample size was 1782.

Questionnaire

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

Procedure

Data are collected in classes by the schools' education counsellors and teachers following specific instructions prepared by National Institute of Public Health who carries out the survey in Slovenia. The survey is completely anonymous for all participants. The questionnaire only has three personal questions – year and month of birth, and sex – the answers to which alone cannot be used to identify the person that completed the questionnaire. Data are gathered with a self-administered web

questionnaire. The field work phase takes one or maximum two weeks to complete, within a specific time frame with no school or bank holidays one month before the survey.

Data processing

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

Term definitions

Daily cannabis use: daily cannabis users are respondents who reported using cannabis 20 days or more during the last 30 days

Regular use: regular users are respondents who reported using any illicit drug 30 days or more in their lifetime.

The drug checking-services evaluation research 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.

MOND 2017 survey on alcohol use and its related risks among pupils on graduation trips

The purpose of the MOND 2017 survey was to examine the characteristics of harmful alcohol consumption and alcohol-related dangerous behaviours among Slovene high school pupils on graduation trips and compared them with the MOND 2007 survey which was carried out ten years ago. The survey was carried out by the DrogArt Association with the help of a larger agency that organises graduation trips from July until the end of August 2017.

In the survey, a modified questionnaire from the first MOND 2007 survey was used (the first questionnaire used an ESPAD scale which refers to the prevalence of drug and alcohol use, the consumption of five or more alcoholic beverages at one time and to dangerous situations encountered by young people due to alcohol use) with additional questions on the sexual behaviour of young people. The finalised sample included 371 final year high-school pupils on graduation trips in 2017 with an average age of 17.8. The sample was not representative and was based on self-selection. Due to problems with distribution of the questionnaire, a smaller sample was included than in 2007 when there were 1,630 respondents.

Survey on (the characteristics of) harm reduction users: The survey was carried out between 29/9/2017 and 9/1/2018 within harm reduction programmes in Slovenia. The survey 'Questionnaire on drug consumption' among harm reduction programme users (ZŠ) was completed by 10 societies (Društvo Stigma, DruštvoSvit, Društvo Po moč, Društvo Pot, DruštvoZdrava pot, DruštvoKraljiulice, Javnizavod Socio Celje, Šent – daily centre Ljubljana, Šent Velenje and Šent Nova Gorica). Questionnaires were filled out by users who were attending programmes in stationary locations and users reached by expert programme workers in the field. Cooperation in the survey was voluntary and anonymous. The data was entered into the NIJZOE Koper database and processed by the IBM SPSS application. The majority of questions were closed questions but a couple of them added the option of adding answers (e.g. "Please, list your health problems").

In 2017, the survey included 232 harm reduction programme users in the field of drugs in Slovenia. The respondents were 83% male and 17% female. The average age of the respondents was 37 years. The youngest respondent was 18 and the oldest 55 years of age.

The majority of the respondents had completed vocational or secondary schools (64.7%), 27.6% had only primary school level education and 3.9% had higher education, university degree or higher qualifications. 3.9% of the respondents had not successfully finished primary school. The respondents were mostly unemployed (87.8%); 8.3% of them were regularly employed, 2.2% retired and 1.7% still in school.

The largest percentage of the respondents (41.1%) lived alone, a slightly smaller percentage (34.2%) still lived with their parents or relatives, 7.8% lived together with their partner, 3.9% with friends, 6.9% in shelters and 4.3% outside (in the park, street, abandoned buildings).

81.9% of the respondent harm reduction programme users had been included in other programmes for illicit drug users in the last year. 86.8% of these users participated only in a substitutional programme, 1.6% only in programmes to reach abstinence and only one respondent indicated hospital detoxification. 8.9% of the respondents said they were included in a combination of substitutional and other treatment programmes. 18.1% were not included in any other programme in the last year.

The police dealt with 25.1% of the respondents in 2017.

From first to frequent use of tobacco, alcohol and cannabis among the young in Slovenia (Koprivnikar et al. 2018)

The publication presents data analyses for Slovenian 15-year-olds, which were obtained from international cross-sectional study Health-related Behaviour in School-aged Children from 2014. The questionnaire includes a set of questions on demographic, behavioural and psychosocial aspects of health including tobacco, alcohol and cannabis use. Based on the questions on tobacco, alcohol and cannabis use at any time in life, we have first calculated the shares of those, who have used tobacco, alcohol and/or cannabis at any time in life and presented the age at first use. After that, we are presenting the data on 15-year-olds who have reported on the more frequent/more risky use of at least one psychoactive substance (tobacco, alcohol, cannabis), and on those, who have reported on the frequent/more risky use of all three psychoactive substances. Frequent/more risky tobacco, alcohol and cannabis use was defined as smoking tobacco at least weekly or more frequent, drinking alcohol weakly or more frequent and/or being drunk at least twice in life; and the use of cannabis at least three days in the last 12 months. We have included numerous factors from different groups (individual, family, school, peer factors, mental health, (un)healthy lifestyle and early sexual intercourse, socioeconomic position) into the analyses on the relation between tobacco, alcohol and cannabis use and co-use. Using the logistic regression, we have then prepared seven individual models, one for each individual group of factors (individual, family, school, peer factors, mental health, (un)healthy lifestyle and early sexual intercourse, socioeconomic status), to identify those that are importantly related to tobacco, alcohol

and/or cannabis use and co-use. Afterwards, we have included only factors that were statistically significantly related to tobacco, alcohol and/or cannabis use and co-use into the joint model of logistic regression.

According to the online survey on drug and alcohol use among drivers (Slovenian Road Safety Agency, 2016) which included 3,026 persons, 5% of respondents drove under the influence of drugs in the last 12 months. Among them, men prevailed (66%) over women (56%). Most respondents who drove under the influence of drugs came.

Survey on drug and alcohol use among drivers: Between 26. 10. 2016 and 20. 11. 2016 Road Safety Agency of RS carried out survey on drug use and alcohol use among drivers using web surveying 1ka (www.1ka.si). The online questionnaire was published on Facebook, at the portal of National television (rtvslo.si), at the web site of Road Safety Agency and at the website of Police. 3026 correctly filled out questionnaires were collected. The respondents didn't need to respond to all questions to be included into final sample, therefore the number of respondents differs at the individual questions.

An overview of use of some medicines with possibilities of abuse

Methodology

The National Institute of Public Health monitors and analyses the use of medicines for national purposes according to the Healthcare databases Act (RS Official Journal No. 65/00, 31/18). It publishes reports on the web page of the NIJZ on outpatient prescribed medicines once per year in the first half-year for the previous calendar year. The main purpose of the analysis of this data is to provide information on the use of medicines, alert about the role of responsible prescription of medicines and monitor funds expenditure for them.

The Anatomical Therapeutic Chemical (ATC) classification system is an international universal system to classify medications. The ATC code of each medicines consists of 7 numerical-alphabetic signs.

DDD (Defined Daily Dose) is a statistical unit defined by the WHO to define medicines usage. DDDs are being used for standardised comparisons of different medicines or comparisons of environments with different healthcare systems. DDD is an average maintenance dose of medicines received by an adult patient in one day to treat the main indication of the medicines. The actual dosing, which is always adapted individually, can differ greatly from the theoretically defined maintenance doses.

DID (Defined Daily Dose in 1000 people per day) is a recommended display of outpatient prescribed medicines which is defined by the WHO. It is calculated based on the yearly use of medicines in a certain ATC group (in DDD) and the number of residents in a certain year (on 30.6.) (WHO Collaborating Centre for Drug Statistics Methodology, 2017; ACT/DDD Methodology).

Use of new psychoactive substances (NPS) among University of Ljubljana students

Between 18/10/2017 and 30/04/2018 a survey on the use of new psychoactive substances (NPS) was carried out among University of Ljubljana students. We used an online survey 1Ka (www.1ka.si) which offers free, easily accessible and anonymous responding. We sent the link to the online questionnaire to the year representatives of different faculties, shared it on their web pages and social networks (Facebook), in student dormitories in Ljubljana and also included the Drogart organisation. In this way, sample randomness was achieved.

The questionnaire included demographical questions (gender, age, place of residence and temporary residence, faculty and year of study) as well as questions on: familiarity with the term NPS, the frequency of combining NPS with alcohol, classical drugs and prescription drugs, familiarity and use of new drugs from the synthetic cannabinoid group, catinones and other psychoactive substances, the age of first

contact with a certain drug and a time period of use, method of supply with the drug, personal opinions of users and the effects and relation to the net income/income and weekly/monthly amount of money spent on drugs and alcohol. The purpose of the survey was to collect data on new drugs because the Republic of Slovenia (RS) does not have relevant information on the use and recognisability of new drugs. We also included older, already illicit drugs and newer drugs so that the respondents were able to recognise them to a higher degree.

The target population was young adults, students of the University of Ljubljana with an average age of 22.0 years (at least 18 and max. 26 years or until the end of student status validity). Using an online survey, we gathered 516 suitable responses, 32% of the respondents were male and 68% female.

Survey on the use of illicit drugs: Wastewater based epidemiology was used to study the consumption of stimulating drugs in Ljubljana, Slovenia. Samples were collected in CWWTP Ljubljana and analyzed at the Rudjer Bošković Institute in Zagreb, Croatia. This study was conducted within the COST action ES1307 supported by EMCDDA. In 2017, 23 countries (84 WWTP representing 66 cities) participated in the monitoring campaign.

Target analytes: After consumption, illicit drugs are excreted from the human body either in the form of the parent drug or as a metabolite. For example, amphetamine-type drugs are mostly excreted unchanged ($\leq 65\%$), while cocaine is excreted mainly as its main metabolite, benzoylecgonine (35-45%)¹. An ideal biomarker for drug consumption is a major and exclusive excretion product (metabolite or unchanged parent drug) of the particular drug, which is stable and detectable in wastewater. This study determined five urinary biomarkers of stimulating drugs, including amphetamine (AMP), methamphetamine (MAMP), 3,4-methylenedioxymethamphetamine (MDMA), cocaine (COC) and benzoylecgonine (BE).

Sample collection and analysis: 24-hour composite untreated wastewater samples were collected over seven consecutive days (21 – 27 March 2017) at the Central Wastewater Treatment Plant of the city Ljubljana. The sample preparation and LC-MS/MS analysis were performed using a published and validated analytical method (Senta et al., 2013)². The wastewater samples (125 mL) were spiked with surrogate standards (120 ng/L), filtered using GF/C filters and enriched using Oasis MCX cartridges (Mixed-Mode Cation-eXchange and reversed-phase sorbent). Wastewater extracts were analyzed by triple-quadrupole liquid-chromatography tandem mass spectrometry (Quantum AM, Thermo Electron, USA). The performance of this method was confirmed in six international intercalibration studies performed during 2011-2016³.

Estimation of drug consumption: The assessment of drug consumption was performed according to Zuccato et al. (2008)⁴. The daily mass loads were calculated by multiplying the concentrations of selected urinary biomarkers by the corresponding daily wastewater flow. These daily mass loads were normalized by dividing the average mass loads with the number of inhabitants (in thousands) served by the investigated WWTP. The consumption of stimulating drugs was calculated by multiplying the population normalized mass loads of selected drug biomarkers by the corresponding correction factors used to convert excreted amounts of individual drugs into consumed amounts (Table 1). The correction factor takes into account the percentage of parent drug excreted as the chosen biomarker, and the parent drug to biomarker molar mass ratio.

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

Stimulating drug	Urinary biomarker	Percentage of drug dose excreted as drug biomarker (%)	Molar ratio	Correction factor
Cocaine	BE	29	1.05	3.6 ⁵
Amphetamine	AMP	36	1.00	2.8 ⁶
Ecstasy (MDMA)	MDMA	22.5	1.00	4.4 ⁶

⁵Castiglioni et al., 2013; ⁶Gracia-Lor et al., 2016
MDMA - 3,4-methylenedioxyamphetamin

We assessed the number of high risk opioids users using the multiplier method (treatment multiplier). We obtained the multiplier based on databases of the survey carried out among harm reduction programme users which included 232 persons and on the CPTDA database with an estimated inclusion of 3,735 different persons (the estimate also includes persons from other centres who did not report on a persons inclusion but carried out such treatment programmes) who are being treated for opioids and other illicit drugs addiction. The multiplier was obtained based on the question: “Did you participate in a substitutional programme in the last year?” from the survey “Questionnaire on drug use” among harm reduction programme users.

Since both databases relate to drug users (mostly opioids) in treatment and harm reduction programmes, we assume that the estimate is underestimated because both bases fail to include persons who are not participating in such programmes. The harm reduction programme survey was also bound by a shorter period, presenting a higher probability of including persons who are using harm reduction programmes more frequently. We used data from recent years for those CPTDA centres without reports on included persons. The analysis also included persons included in treatment programmes for opiates addiction in prisons.

Use of electronic cigarettes in opportunity samples of secondary school students and students of health sciences

Data on use of electronic cigarettes among secondary school students and students of health sciences were derived from cross-sectional study “Evaluation of effects of the new tobacco control act on youth”, carried out in April 2017. Questions on use of electronic cigarettes were a part of web based questionnaire focused on evaluation of effects of the new Law on restricting the use of tobacco and related products passed in the beginning of 2017.

Opportunity sample of 2nd year secondary school students: In every statistical region of Slovenia we selected secondary schools in such a way that all types of secondary school programs were included. Out of 29 selected secondary schools, 28 confirmed to participate, 2 other secondary schools voluntarily offered to participate in the study, so at the end 30 school participated in the study. Each school selected a class within each secondary school program with the highest number of students among all 2nd year classes to participate in the study. In the school year 2016/2017 19005 students were enrolled in 2nd year of secondary schools in Slovenia, 1215 participated in our study (6,3%).

Opportunity sample of students of health sciences: Five faculties/colleges participated in the study: Faculty of Health Sciences, University of Ljubljana; Faculty of Health Sciences, University of Maribor; Angela Boškin Faculty of Health Care, Jesenice; College of Nursing in Celje and Faculty of Health Sciences, University of Novo mesto. In each faculty/college they focused on inclusion of as many students as possible, the way of doing this was left to each faculty/college. On 30th of October 2016 3241 students of health sciences were enrolled in participating faculties/colleges, 551 participated in our study (17%).

Survey was anonymous.

Statistical analysis was performed using the IBM SPSS Statistics for Windows, version 21.0. Frequency tables were used to analyse distribution of selected variables and logistic regression was used to identify factors associated with electronic cigarette use to estimate odds ratio. The significance level used was 0.05.

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Prevention workbook

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Summary

- 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 "Incredible Years" programme, have been implemented. Several programmes that focus on the prevention of drug use, such as "Izštekanj", "Effekt" etc. are implemented besides programmes that address the strengthening of health and healthy life skills (Health Education, Health Promoting Schools). Local action groups that are an example of a community approach to implementation have been active in the community for several years. Selective prevention in Slovenia arises mostly from social work that has a history of long-term and quality development, and from the needs that have been detected within the drug use-related harm reduction programmes. Therefore, selective prevention programmes in Slovenia frequently contain the elements of harm reduction. Selective prevention programmes comprise the programme for young people who dropped out of school (PUM-O), the early intervention programme FredGoes Net, and programmes for vulnerable families such as "Family Strengthening" and "Family Centres". The indicated prevention is implemented within the scope of the public health care system; it is implemented by organisations and specialised associations on the national, regional and local levels. Most programmes are implemented within the organised therapeutic and educational context.
- Slovenia does not have a common quality assurance system, therefore, institutions that deal with prevention usually determine the method for ensuring quality. Several publications with descriptions of quality standards were issued in the previous years, as well as guidelines for quality work in prevention. With the establishment and release of national quality standards for prevention programmes in 2016, significant progress was made in terms of quality assurance as well.
- In general, abandonment of prevention practices that do not work or can even cause damage to target populations is observed on all prevention levels. In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated.
- During the election campaign in the first half of 2018, some political parties defended or gave initiatives to legalise the recreational use of cannabis which was fiercely opposed by some health institutions and NGOs in the media and publicly, advocating the need for a better control of cannabis.
- 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 half of 2018, a short pilot training course took place, which was intended for decision-makers, policy planners and opinion leaders.

1. National profile

1.1 Policy and organization

Branka Božank

1.1.1 Main prevention-related objectives of national drug strategy

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

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

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

The Ministry of Education and Sport is the authority responsible for prevention programmes in children's day care centres and schools, with valuable professional support being offered by the National Education Institute Slovenia. Numerous prevention programmes are part of regular preschool and school curricula, and prevention programmes are also being run as part of various projects and by external providers. Slovenian schools follow the applicable drug laws, particularly the Act Restricting the Use of Alcohol and the Act Restricting the Use of Tobacco Products. 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 7-year period and other programmes for 1-year period. The remaining share of funds is acquired by NGOs and other non-profit legal entities from other sources such as municipalities, European funds, private funds, etc.

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

Alcohol

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

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, section 3.1). The act also stipulates the introduction of a new excise duty subjects, small beer producers and small spirits producers, who will pay a 50% lower excise duty for fixed quantities of beer and spirits (see also Legal Framework Workbook).

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 and have not changed much since the beginning of 2017. In July 2018, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.10 to EUR 4.30, while at 1 January 2017 they ranged from 3.00 to 4.20 EUR. Weighted average price has not changed from 1st of January 2017 to 1st of January 2018 and remains at 3.51 EUR. 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.

Advocacy

Matej Košir, Andrej Martin Vujkovic

In 2017 and the first half of 2018, non-governmental organisations were active in advocating stricter policies in the field of tobacco, alcohol and illicit drugs control. The Utrip Institute and the No Excuse Youth Association cooperated in a Mystery Shopping exercise in which young activists, professional and amateur actors bought alcoholic beverages disguised as mystery customers. Out of 150 attempts to buy alcohol, young activists and actors "succeeded" 145 times (97%), they were refused only five times for being minors or drunk minors.

The Utrip Institute, the No Excuse Youth Association and the Institute for Youth Participation, Health and Sustainable Development publicly opposed the initiative of one of Slovenia's political parties that proposed to legalise the recreational use of cannabis during the election campaign. All three organisations opposed such initiatives publicly and in the media, advocating the need for better control.

1.2.2 Universal prevention interventions

Andreja Drev, Matej Košir, Vesna Pucelj, Mojca Bevc, Marija Anderluh, Andrej Martin

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

Programmes for parents increasingly shift from traditional methods of passing information to employing approaches focused on intensive training and strengthening of knowledge and skills, which parents may find helpful in raising their children. One such programme is the Incredible Years (originally, "*Neverjetna leta*") programme. In 2015, a pilot study was conducted to introduce the Incredible Years® parenting program in Slovenia. A consortium of nine partner institutions from five Slovenian regions, including child and adolescent mental health teams, centers for social affairs and the Municipality of Ljubljana, delivered the program to the first 330 parents. Due to a high interest among professionals and parents to take part in the program, the Ministry of Health and Ministry of Work, Families, Social affairs and Equal opportunities supported the delivery of the programme. Its regional implementation is supported and planned in the Resolution for a national mental health program, accepted by Parliament earlier this year. Until now, the program has been delivered to more than 600 parents. According to the data of the implemented evaluation, parents gave the highest level of evaluation to the effect of the programme in improving the connection to their children, the outcome has observed changes in their parenting skills, improvement in children's behavioural problems as well as parenting well-being.

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

Universal prevention in schools remains the most frequently used approach in the country. Prevention starts in preschool, so all children's daycare centres in Slovenia systematically incorporate into their curricula general elements of developing and strengthening social, emotional and behavioural competencies. As early as preschool, children are introduced to "Health Education" promoters (originally, "*Vzgoja za zdravje*"), a program funded by the Health Insurance Institute of Slovenia. Health education is part of health promotion and is defined as a planned process of gaining knowledge about health or a disease. Health education is more than just spreading information, it is an active learning process that takes into account personal experiences and socioeconomic factors. Its aim is to provide information and encourage individuals or groups to take care of their health. There are also various programmes that enable individuals to gain and increase knowledge, formulate views and find out useful information on how to lead a healthy lifestyle. In 2016, the health promotion programme for the youth (15 to 25 years) who do not finish their regular schooling and are unemployed, 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 2017, a couple of other health care centres began to run the programme and in 2018 the programme is continuing to expand.

National Institute of Public Health, in liaison with all its regional branches, produced a reference manuals with lesson plans for individual classes or age groups of pre-school-age children, primary-school-age children, secondary-school-age youngsters for all Health Education facilitators. The programmed learning approach to health education for different age groups of children and youngsters came to life nationwide with the signing of a General Agreement with the Health Insurance Institute of Slovenia ("ZZZS") for the contract year 2017 (a general agreement is signed every year) 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. Lessons for secondary school students address, among others, 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. For the school year 2017/18, the Slovenian Network of Health Promoting Schools chose mental health promotion as the main topic and added guidelines for a healthy diet and more physical activity in the school environment. As part of the promotion of mental health, schools implemented programmes of the National Institute of Public Health based on handbooks and previous training undergone by teachers – *Izboljševanje duševnega zdravja v šoli* (Improving mental health in schools), available at: (<http://www.nijz.si/sl/publikacije/izboljsjevanje-dusevnege-zdravja-v-soli>), *To sem jaz!* (This is I), available at: (<http://www.nijz.si/to-sem-jaz>) and *Ko učenca stresa stres* (When stress strikes the pupil), available at: (<http://www.nijz.si/sl/publikacije/ko-ucenca-strese-stres-in-kaj-lahko-pri-tem-naredi-ucitelji>).

Starting in the school year 2010/2011, the Utrip Institute has been offering in some schools a prevention programme called Unplugged (originally, "*Izštekan!*"), which is aimed at 12 to 14-year-olds and their parents. According to the evaluation results of the pilot stage (2010/11), school children participating in the programme (intervention group), in contrast to the control group, were shown to exhibit lower rates for cigarette use, occasional and regular use of alcohol and binge drinking, and the use of cannabis and other illicit drugs. Process evaluation has since the start shown a high level of fidelity to the programme, meaning that the teachers implement the programme as envisaged. In the school year 2017/2018, the "*Izštekan!*" programme comprised approximately 1,500 students from 29 elementary schools. In the 2017–2018 period, 2 training courses were implemented for programme carriers and 18 new teachers and school counsellors from 10 elementary schools attended the training. The "Effekt" programme has also been run by the Utrip Institute since 2014, focusing on the maintenance of stricter rules of parents with regard to alcohol use among their children and youngsters. Collaboration with the Ljubljana regional branch of the Red Cross was established to disseminate and implement the "Effekt" programme in elementary and secondary schools in the Ljubljana region. Schools began implementing it (teachers and counsellors trained by the Utrip institute) in 10 primary and 6 secondary schools. Additionally, the programme is also running in primary schools in Laško, Ptuj and Tolmin.

The No Excuse Youth Association (originally, "*Brez izgovora*") has been running tobacco and alcohol abuse prevention programmes in schools for the last ten years and in the past year, they also added a cannabis abuse programme and other novelties. In the past two years, they have raised awareness among more than 10,000 primary and secondary school pupils and more than 150,000 over the span of nine years. As a pilot project, workshops on the prevention of peer violence were also implemented.

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 2018 with the third 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 Čolaković

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). In 2017, 433 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, 25 programmes for children and youngsters functioned in 2017, including one telephone counselling programme. These programmes contribute to inclusion of children and youngsters who are in distress due to various reasons, not only addictions. 7,471 people were included in counselling and daily centres in 2017. 38,000 phone conversations and 1,340 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 (222 users in 2017), Škrovec day centre for the youth and families (there were 146 users of the programme in 2017, of which 119 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 2017 was 484), and the Korak programme, which is a part of the community programmes for the youth of the Social Work Centre Ljubljana Moste-Polje (135 people were included in the activities of this programme in 2017, out of which 130 were male and 30 were minors).

With the purpose of improving the social inclusion of the Roma, the following programmes were carried out in 2017: Kher šu Beši Day Centre programme implemented by Trebnje Social Work Centre, the Roma Children Day Centre programme implemented by the Voluntary Work Development Association in Novo mesto, the Hand in Hand programme under the Mozaik Association in the Ljubljana City Municipality. The target group of these programmes are Roma children and youngsters, their parents or grandparents. The programmes included 535 users in 2017, of which 358 users were under 18.

In Slovenia, juvenile offenders aged between 14 and 23, inclusive, are ordered by court decisions to serve their sentences at Radeče Correctional Facility, which is under the authority of the Ministry of Justice and is the only facility of its kind in the country. According to reports from the Radeče Correctional Facility dated 1. 1. 2017, 13 minors experienced alcohol-related problems (another minor was newly accepted in 2017 due to alcohol abuse issues). 22 minors had drug abuse issues (in 2017, 8 minors were newly accepted due to drug abuse issues). A predominant number of minors abused different psychoactive substances before coming to the facility and after coming there, they commonly experience sleep and motivational issues. In 2017, the issue with minors was the consumption of synthetic psychoactive substances, which were not detected by common urine tests. Thus, a large number of minors were less hard-working, successful and motivated in other fields as well (working, school, educational).

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 Smednik, Kranj Educational Institution, Veržej Educational Institution, Višnja Gora Educational Institution, Logatec Educational Institution, Planina Educational Institution, Maribor Youth Care Centre, Malči Beličeva Youth Care Centre, and Jarše Youth Care Centre. These institutions had 408 children enrolled in the 2017/2018 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 2017 co-financed 11 providers of family centre content. 4363 children, 1647 youngsters, 4824 individuals, 2069 families, 423 extended families and 208 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. 798 adults and 69 children were included in this programme in 2017.

Utrip Institute has been running the Strengthening Families Program (originally, "*Krepitev družin*") since 2011; the programme is designed for practising family skills and also strengthening protective factors such as improvement of family relations, enhancement of parenting skills, and refinement of social and other life skills in children and adolescents. An external evaluation of the program's pilot implementation (2011) showed that families were actively engaged in the programme and that they effectively strengthened the planned family skills (Kumpfer et al., 2012). Currently, the work with families at risk is evolved on the individual level, the SFP programme enables the inclusion of 5 to 10 different families (with regard to the risk level) simultaneously. In the 2017-2018 period, the Utrip Institute implemented a pilot programme in four regions, i.e. in Koroška, Ljubljana, Podravska and Northern Primorska; in November 2017, it also implemented the training for future programme providers. In June 2018, it implemented the follow-up session for existing programme providers to refresh and exchange the knowledge and experience with implementation of the programme. The institute also updates regularly 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. Between 26. 6. 2017 and 24.10. 2017, 26 daily sessions of field work were carried out within the "Žoga skače" programme, totalling 79 hours. It included 123 children and minors (70 of those unique) with whom they had 278 contacts. 23 parents (16 of those unique) participated in different activities, which resulted in 35 contacts in the field. In figures, the programme did not reach as many users and hours of field work as in previous years due to financing shortfalls, which is a bad sign from the perspective of effectiveness; continuity of the programme and user relations in youth work preventive programmes is of paramount importance. The fifth year of community work brought a bigger resident inclusion with more intergenerational collaboration and programme support in the field.

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. People who go to night parties in Ljubljana were given EUR 5 coupons for safe taxi rides.

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 (Krnj 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 195 pupils was implemented in 2017. There were 13 classes carried out in 2017.

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.

1.2.5 Additional information

The institution "Mavrični bojevnik" has been active in Slovenia for some time, offering different forms of help for children and minors with ADHD and their parents. Among others, they organise summer camps and workshops teaching survival in nature. They focus on promoting a healthy lifestyle, active free time in nature and stepping away from modern electronic devices. They do not offer free services though.

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 Health Education programme, and we also shortly present the key guidelines and recommendations in prevention, which were also published in recent years.

The National Institute of Public Health (NIPH) implements the Health Education programme (orig. Vzgoja za zdravje) for children and youngsters within the scope of primary health care, i.e. for all key

age groups: pregnant women, parents to be, parents, pre-schoolers, elementary school pupils, high school students and drop-outs. Activities are implemented in health clinics (at regular systematic health examinations) and in education institutions (kindergartens and schools) as well as in local communities. The NIPH monitors health education via regular statistics and periodic research. It receives an insight into the scope of activities, target population, key content, and services providers via regular statistics (the data are regularly published in the Statistical Health Care Yearbook). It monitors other aspects of the implementation of activities via periodic research (qualitative and quantitative), e.g. the satisfaction of services providers and users, the attitude towards education for health, the attitude to contents and organisational aspects of education for health, etc. The education for health programme for children and youngsters with all manuals and other evaluation reports is published on the website of the National Institute of Public Health: <http://www.nijz.si/sl/vzgoja-za-zdravje-za-otroke-in-mladostnike>.

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

<http://www.nijz.si/sl/slovenska-mreza-zdravih-sol> and represent a concrete tool for schools in their work in the field of health promotion.

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

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

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

<http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>.

In 2012, the Utrip Institute published the "Guidelines and recommendations for family-based prevention." The publication is intended for institutions and programmes that deal with family-based prevention on a daily basis. The guidelines and recommendations arise from the latest scientific and practical findings of the most distinguished internationally renowned experts in family-based prevention.

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 Main changes in prevention interventions in the last 10 years

Alcohol

MOSA - Mobilizing community for responsibility towards alcohol

Maja Roškar, Tanja Kamin, Maša Serec

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

MOSA database of promotional and prevention programmes, projects and campaigns aiming to prevent hazardous and harmful drinking in Slovenia comprises of 70 programmes, 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, their special focus is on violations of ban on selling tobacco products to minors. 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

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

3.1 New developments observed in prevention

Matej Košir, Sanela Talić

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 implemented 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. In the first half of 2018, a short pilot training course took place, which was intended for decision-makers, policy planners and opinion leaders (for more see Best Practice Workbook).

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Treatment workbook

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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 prevention and treatment of illicit drug addiction and Centre for treatment of drug addiction.

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

In 2016, the percentage of programme users who entered a programme which was implemented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction with the main problem of opioid use increased again. This could be related to the increased heroin production in Afghanistan, the re-opening of the Balkan route and the increased misuse of opiate 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 and 2017 rise up again. The number hospitalisations due to cannabis also rise up. 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. For 2017 we do not have a data. 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 in 2016 who were involved in substitution treatment and in 2017, 553 clients. More users entered programmes run by NGOs compared to 2015 and 2016.

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 rised in 2017. 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 to ministry of health. 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. For prisoners serving their sentence, treatment is available in prison facilities and is carried out by health organisations that are not a part of the prison structure. Health facilities are obliged to treat drug addicts in prisons. Treatments in prison are also being carried out by non-governmental organisations in prison facilities where they perform social treatment of drug addicts in detention. In exceptional cases, the Prison administration of RS can decide to approve an alternative treatment for drug addicts in detention. In this case, the person is transferred to one of the programmes outside prison. If the person stops treatment, he/she must return to prison and serve his/her sentence.

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

1.1.2 Governance and coordination of drug treatment implementation

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

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

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

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

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

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

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

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

The practical applications of the illicit drug addiction treatment programme are supervised by a dedicated commission made up of addiction treatment experts, experts from the Slovenian Family Medicine Society, and psychiatry experts, as well as members of the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction. The centres came under scrutiny in 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). In 2017, 30,390 persons were included in social programmes. In 2016 the number was 22,830. The increase is primarily due to people who come in contact with experts and counsellors during field work in dance events, normally only once a year. Programmes were attended daily by fewer people in 2017 than the year before. More people attended them a couple of times per week (2,164 persons) than the year before (1,945). A larger number of people attended the programmes a couple of times per month in 2017 (2,149) than in 2016 (just 1791). An almost equal number of people visited them once a month (two more) in 2017 (1,232 persons) than in 2016 (1,230 persons). A considerably larger number of people were included in the programme in 2017 (22,875) than in 2016 (17,486).

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

Frequency of programme attendance	2016		2017	
	Number	Share %	Number	Share %
Every day	378	1.4	333	1
Several times a week	1,945	7.4	2164	6.6
Several times a month	1,791	6.8	2149	6.6
Once a month	1,230	4.7	1232	3.8
Once a year	17,486	66.2	22875	69.8
Not known	1,492	5.6	1637	5

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

Evaluation of programmes

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

1.1.3 Further aspects of drug treatment governance

Future programme governance will be carried out similarly as today. Much more attention will have to be placed on need assessment studies, following the needs of drug users in the creation and governance of programmes. Programmes will have to be more integrated and new programmes, such as safe rooms, Narcanti and, possibly, heroin prescription, will have to be developed. Special attention will have to be placed on older drug users, both as regards medical treatment, as their health condition deteriorates quickly due to the conditions in which they live, as well as socially, as they are left without property, accommodation and work. Based on epidemiological data (from ESPAD, HBSC and others), we estimate that the demand for treating medical complications associated with the use of cannabis and new psychoactive substances will increase substantially. The big question is how Slovenia will 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. However, 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 coastal Carst region and the second one in Ljubljana. From 1991 to 1994 they covered all needs of the clients in Slovenia. In 2017, 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 psychiatric outpatient units and dispensaries included in the primary healthcare network at medical centres or concession operators. Some outpatient units are also set up at psychiatric establishments, clinics and hospitals. Patients often resort to these programmes for first aid. Patients are often drug users with mental comorbidity. At a later stage, only these programmes direct them to a specialised network for treatment of illicit drug addiction – network of Centres for the Prevention and Treatment of Drug Addiction or to social programmes such as therapeutic communities and other programmes.

In Slovenia, there are 11 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 17 high-threshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use are available. Some of high-threshold 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

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

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

	Total number of units	National Definition Characteristics/ Types of centre included within your country	Total number of clients
Specialised drug treatment centres	18	Network of centres for prevention and treatment of drug users.	2985
Low-threshold agencies	11	NGO organisation for harm reduction activities. Low-threshold programmes carrying out day centres, field work and prevention.	13929
General primary health care (e.g. GPs)	78	General practitioner and other medical doctors on primary level.	1254 (data for the year 2016)
General mental health care	46 psychiatrist	Psychiatric out patients units located in local health centers in local community	2676 (data for the year 2016)
Prisons (in-reach or transferred)	14	Outpatient clinics for the treatment of addiction in prisons belong to local health center out of prison authority.	929
Other outpatient units – day care centres	11	Units in social care, mostly NGOs, which are working only during a day.	3136

Source: National Institute of Public Health, Standard table 24

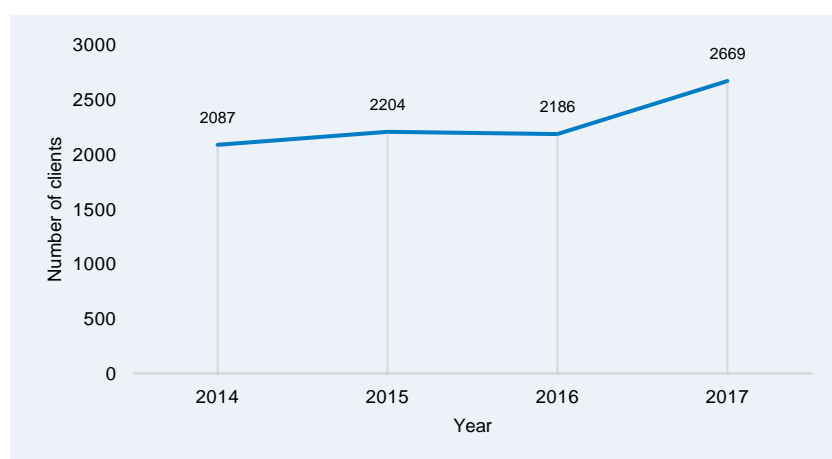
1.2.3 Further aspects of outpatient drug treatment provision and utilisation

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 2017, these programmes included 2965 persons, less than 2015 (3608 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 except 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, 2669 persons were included in low-threshold programmes (day centres and field work) in higher than in 2016 (2186 persons) (Figure 1).

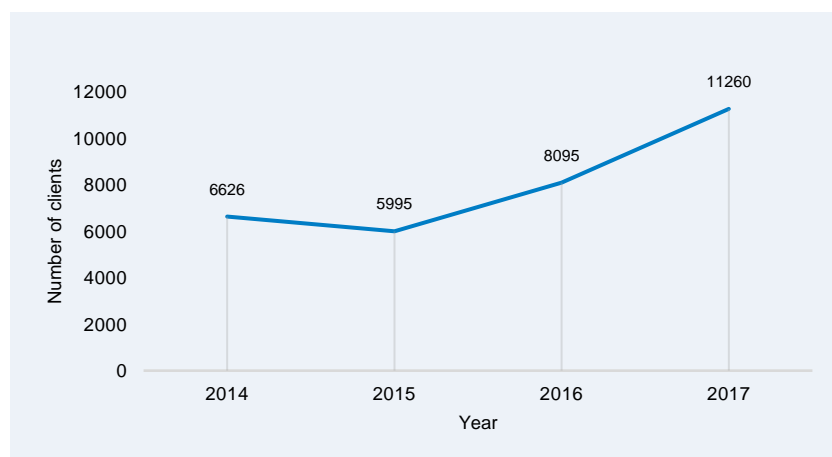
Figure 1. The number of persons included in harm reduction programmes in the period of 2014–2017 (DrogArt programme users not included)



Source: Social Protection Institute of the Republic of Slovenia

If the number of users who were offered assistance at special events and night parties by DrogArt (an NGO) is also taken into account, 11260 people were dealt with in the field of harm reduction in 2017. In 2016, DrogArt dealt with more people (8,095) than in 2015 (5,995) (Figure 2).

Figure 2. The number of contacts with drug users in the NGO DrogArt in the period of 2014–2017



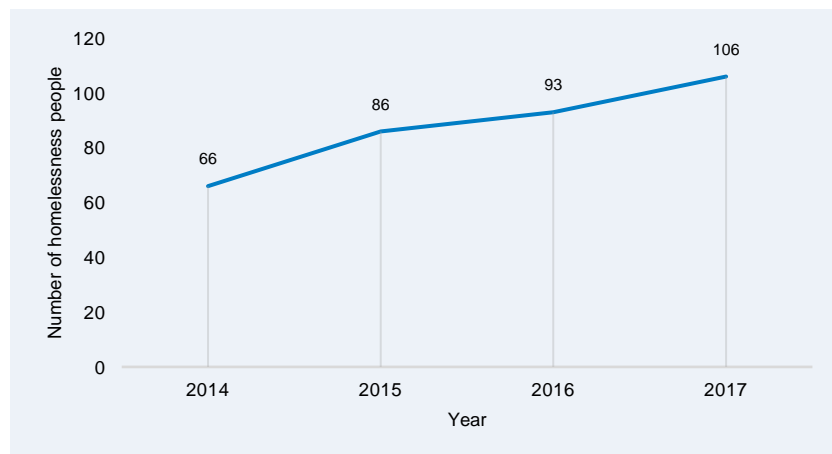
Source: Social Protection Institute of the Republic of Slovenia

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

In 2017, the DrogArt NGO established field testing of new psychoactive substances (NPS). They collect NPS using a network of contact points and sent them for laboratory testing. They also have a mobile laboratory in a van for testing NPS directly at a dance event. Each testing is accompanied by counselling.

In the framework of programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 106 persons were included in these programmes in 2017 and 66 in the year 2014 (Figure 3).

Figure 3. The number of persons included in shelters for homeless drug users and a safe house for woman drug users in period of 2014–2017



Source: Social Protection Institute of the Republic of Slovenia

Further, low-threshold programmes also included in 2017 approximately 570 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information etc.

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

Numerous psychiatric outpatient clinics play an important role in assisting persons addicted to drugs with mental comorbidity and in identifying addiction in these persons. According to the central database of the National Institute of Public Health, 46 psychiatrists were working in these programmes in 2016 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.

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

Methodological explanation:

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

Alternative sentencing programmes for drug-addicted persons

All these programmes including hospitalization in special prison hospital unit and hospital program of centre for treatment of drug addiction in Ljubljana are also important as alternative sentencing programmes for persons penalised due to the possession or resale of minor quantities of drugs. Drug-addicted patients, instead of serving prison sentences, are directed to therapeutic programmes. If they complete the programme successfully, their prison sentence is revoked. The court may direct a person

into an alternative sentencing programme after a thorough examination of documents and consultation with court experts. However, it must be noted that the courts monitor the success of treatment, and if the patient leaves the treatment, they must serve a prison sentence.

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 share of 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.

1.2.4 Ownership of outpatient drug treatment facilities

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

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

	Public / Government	Non- government (not for profit)	Non- government (for profit - Private)	Other	Total (%)
Specialised drug treatment centres	All centres				100
Low-threshold agencies		All centers, 100%			100
General primary health care (e.g. GPs)	All health care 100%				100
General mental health care	All mental health 100%				100
Other outpatient units (1)	One is public 9%	All units 100%			91
Other outpatient units (2)					100

Source: National Institute of Public Health, Standard table 24

1.2.5 Inpatient drug treatment system – Main providers and client utilisation

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

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

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

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

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

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

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

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

1.2.6 Further aspects of inpatient drug treatment provision and utilisation

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

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

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

	Total number of units	National Definition (Characteristics/Types of centre included within your country)	Total number of clients
Hospital-based residential drug treatment	30	Psychiatric or other hospitals	2195
Residential drug treatment (non-hospital based)	11	Rehabilitation and reintegration centres	182
Therapeutic communities	3	Classic TC between 1 – 3 years programmes	46
Prisons	1	Special hospital for inmates	20
Other inpatient units - Centers for homelessness people and drug addicted mothers	3	Centers for homelessness people and drug addicted mother	3
Other inpatient units - Special hospital for drug treatment	1	Special hospital for drug treatment	287

Source: National Institute of Public Health, Standard table 24

1.2.7 Ownership of inpatient drug treatment facilities

There are still no private non-profit institutions in this field in Slovenia. There are just organisations supported by public funds such as hospitals, prison hospitals and a hospital specialised in addiction treatment. All forms of organisation are financed from public health insurance. Other programmes and patient programmes are carried out by NGOs that are funded by the state through tenders, funds from local communities (which normally also provide premises), and donor funds (Table 4).

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

	Public / Government	Non- government (not for profit)	Non- government (for profit - Private)	Other	Total (%)
Hospital-based residential drug treatment	100%				100
Residential drug treatment (non-hospital based)		100%			100
Therapeutic communities		100%			100
Prisons	100%				100
Other inpatient units - Centers for homelessness people and drug addicted mothers		100%			100
Other inpatient units - Special hospital for drug treatment	100%				100

Source: National Institute of Public Health, Standard table 24

1.2.8 Further aspects of inpatient drug treatment provision and utilisation

An important question is the development of future inpatient programmes if an increased use of new synthetic drugs occurs. Inpatient programmes are not very desirable because they tear the patient away from their family for a long period of time. This is especially hard for addict mothers with children. In future, hospital treatment will most probably have an own perspective in the field of punitive policies as this is one way of moving patients with severe conditions from a prison environment into a hospital environment which is friendlier to them. Slovene general psychiatric hospitals are currently primarily accepting patients with concurrent mental disorders. Patients with a predominant addiction can also receive treatment in a special hospital for addiction treatment which also has an outpatient clinic. Drug addicts are primarily only hospitalised in a specialised hospital for addiction treatment. In the case of increased needs, one of the existing psychiatric hospitals could decide to specialise in illicit drug addiction treatment. Other hospitals also accept drug addicts who require treatment for other diseases or injuries which also occur due to drug use. This is why the data from the first line of Table IV should be taken with a large methodological reserve as it primarily counts patients hospitalised for urgent conditions and patients who were hurt while using cannabis. These hospitals usually do not treat addiction or must treat it in addition to the patient's disease which was the reason for beginning treatment (e.g. Hepatitis C).

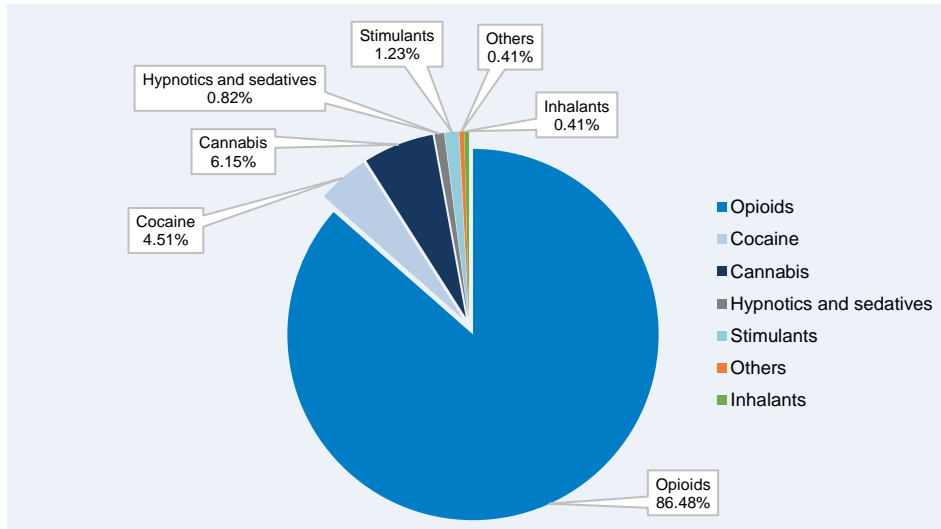
1.3 Key data

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

In 2014, data in Slovenia were for the first time collected under the TDI 3.0 protocol an on line. Data were collected in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction and at the Centre for the Treatment of Drug Addiction, which is in essence an outpatient unit. Of all questionnaires collected in 2017, 244 persons were monitored who entered or re-entered a drug treatment programme in 2017. 211 of them (86.48 %) entered or re-entered programmes due to opiate problems. 11 (4.51%) of those indicating why they entered a programme reported having a cocaine

problems, 15 (6.15%) had cannabis problems, 2 (0.82%) hypnotics and sedatives problems, 3 (1.23%) had stimulant problems and 1(0.41%) had problems with other drugs and 1(0.41%) with inhalants (Figure 4).

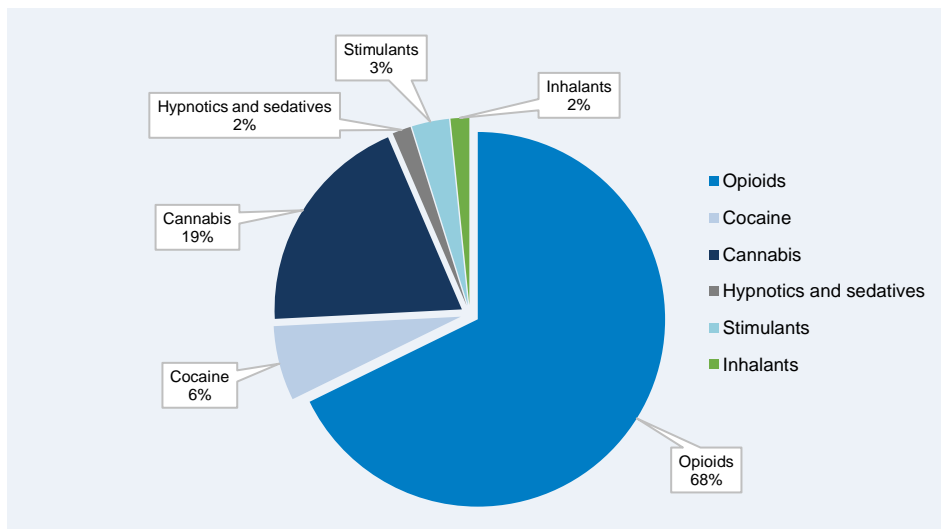
Figure 4. Proportion of treatment demands by primary drug – first admission and re-admission in 2017



Source: National Institute of Public Health, TDI

Among those entering the programmes for the first time (62 persons), most had problems with opioid use 42 (68%). Four (6%) persons had problems with cocaine, 2 (3%) with stimulants, 1 (2%) with hypnotics and sedatives, 12 (19%) with cannabis, and 1 (2%) with inhalants (Figure 5).

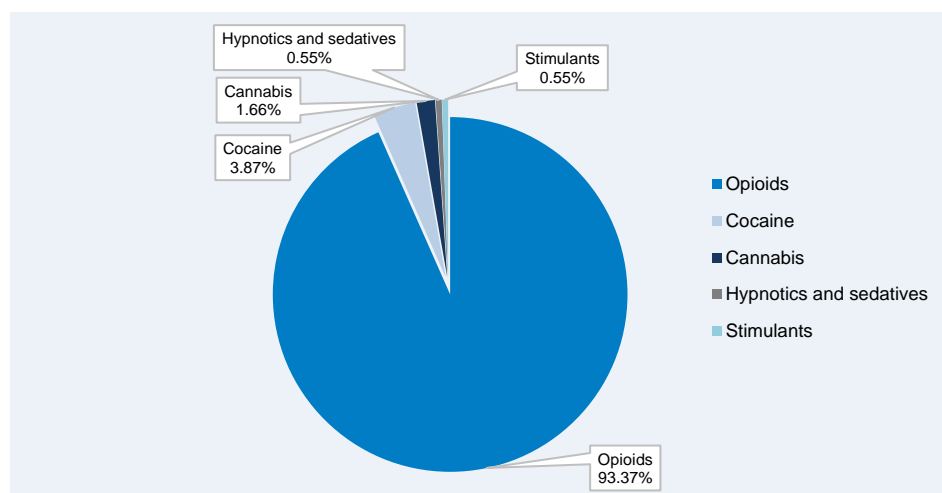
Figure 5. Proportion of treatment demands by primary drug – first admission in 2017



Source: National Institute of Public Health, TDI

Among those re-admitted, the number and share of persons having problems with opioids was significantly higher (169, i.e. 93.37%). Seven (3.87%) persons had problems with cocaine, 1 (0.55%) with stimulants, 1 (0.55%) with hypnotics and sedatives, and only 3 (1.66%) with cannabis (Figure 6).

Figure 6. Proportion of treatment demands by primary drug – re-admission in 2017



Source: National Institute of Public Health, TDI

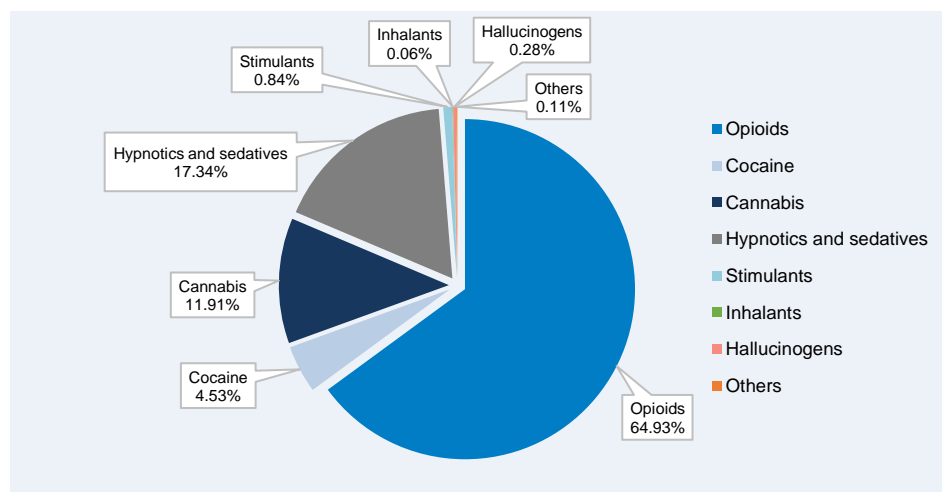
In conclusion, among those entering the programme for the first time in 2017, the share of persons with cannabis use problems was considerably higher compared to the patient group re-entering the programme in the same year. The percentage of patients who first entered the programme due to problems with cannabis use was 15% in 2016 and increased to 19% in 2017. This was expected due to the upward trend of cannabis use among young people in Slovenia.

The percentage of patients who enter the programmes due to opiate addiction is also interesting. Among programme users who re-entered the programme, the percentage of persons with opiate use problems increased from 88% to 93.7% between 2016 and 2017. It is also interesting that the percentage of patients in all three groups of patients who entered the programmes due to cocaine problems is decreasing.

1.3.2 Distribution of primary drug in the total population in treatment

Out of 2628 persons, 79.3% were men and 20.7% women. Their average age was 38.99 years. The youngest was 15 and the oldest 74. The problems of elderly drug users have come to the fore. Without a job or parents who used to offer them a place to live, they often become homeless (Figure 7).

Figure 7. The percentage of patients who spent more than 1 year in the programme and are still included in the programme in 2017 according to primary drug



Source: National Institute of Public Health, TDI

The largest percentage of patients spent more than one year in the programme due to opiate addiction problems (64.93%), followed by 17.34% of patients who had problems with sedatives and hypnotics addiction in 2017. A relatively high percentage (11.91%) had problems with cannabis use. It is also important to note that 4.53% of patients had cocaine problems.

1.3.3 Key treatment-related data

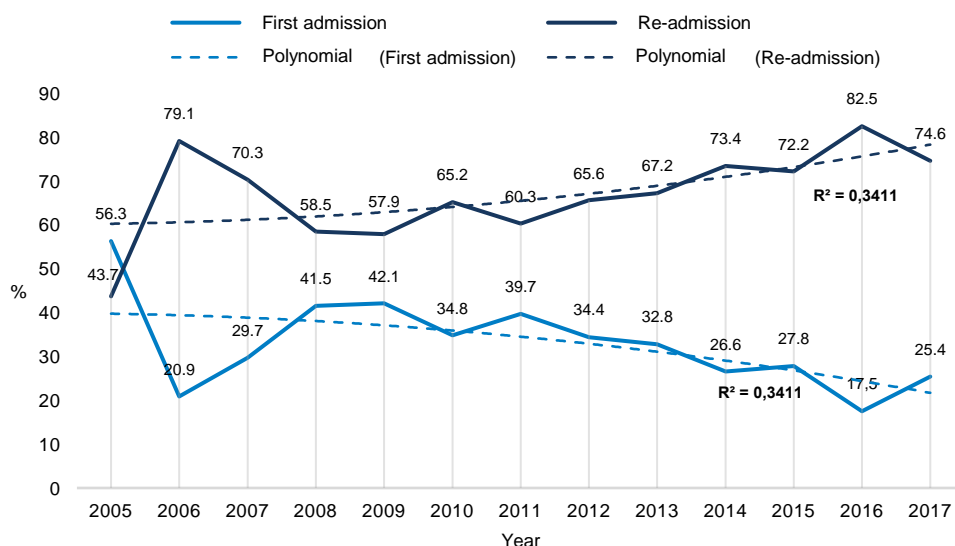
The data come from centres for the prevention and treatment of illicit drug addiction. Therefore, the TDI data are available only for this population group and do not represent the drug user population in Slovenia in treatment. It is planned to introduce the TDI and prevalence questionnaire in prisons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

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

1.3.4 Characteristics of clients in treatment

In 2017, according to TDI data 244 person entered or re-entered treatment program at the network of Centers for Prevention and Treatment of Illicit Drugs Addiction. Out of 244 persons entering the programme in 2017, 181 persons (74.2%) entered the programme on their own accord. 62 person (25.4%) entered the programme for the first time and 74.2% re-entered the programme. The trend is showing decrease of first entrants and increase of re-entrants (Figure 8).

Figure 8. Percentage of first admissions and re-admissions in Slovenia in period of 2005–2017



Source: National Institute of Public Health, TDI

Among patients who entered treatment programmes in 2017, only 26.2% of them were regularly employed and 46.3% were unemployed. Only 69.3% of patients who entered the programme had a permanent accommodation (flat) and 4.1% were homeless. 6.1% of them were in prison and 17.6% had non-permanent accommodation that means that homelessness is a big issue among drug users as we could estimate that 30.7% of them do not have permanent accommodation and belong to a broader

range of homeless people. In the last 30 days before entering the programme, 69.3% of them lived alone, 17.2% with their primary family and 10.7% in institutions or shelters. 16.8% of them lived with children, which indicates a great need for additional programmes for children that live in an environment where illicit drugs are being used. Only 34% of users did not inject drugs. 58.6% of those who answered this question did not exchange injection kits. For their last injection, 10.2% of users shared an already used needle to inject drugs which still indicates a great hazard of HIV and Hepatitis C transmission in this group of drug users. The majority (63.4%) bought needles at a pharmacy and just 29.6% received them via harm reduction programmes. According to data, the majority still buys needles at a pharmacy, although they are available in harm reduction programmes free of charge. Only 29.6% of drug users who entered an addiction treatment programme used a condom during their last sexual intercourse in 2017. Only 59.1% of them did not change their sexual partner in the last year. 10.8% received payment for sexual intercourse. 23% were not yet vaccinated against Hepatitis B and 38.1% had already been pursued in court in a drug-related case. 24.6% had already served a sentence in prison due to violation of a drug-related law. 24.6% of patients who entered treatment programmes had already lost their driver's license due to drug use.

1.3.5 Further top level treatment-related statistics

It must be understood that detailed treatment data is available only for those patients who enter treatment programmes in the network of 18 Centres for the Prevention and Treatment of Illicit Drug Addiction and for day centre users in harm reduction programmes which we will address in the second section of this report.

Table 6. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	27685
Total OST clients	no data for 2017 except 553 client in prisons – JUST NUMBER OF THEM
Total All clients entering treatment	244

Source: National Institute of Public Health, ST24 and TDI

1.4 Treatment modalities

Outpatient and Inpatient services

1.4.1 Outpatient drug treatment services

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

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

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

Source: National Institute of Public Health, ST24 and TDI

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

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

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

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

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

Homeless drug users:

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

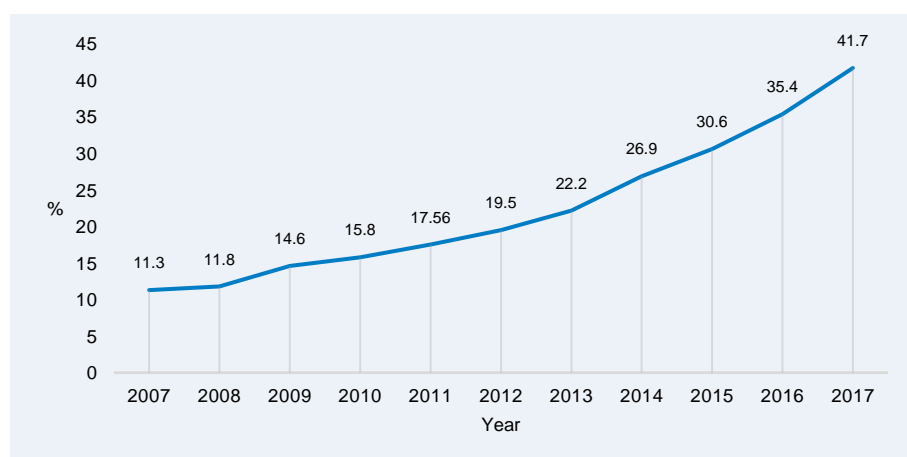
Persons with a psychiatric comorbidity:

In Slovenia, persons with a psychiatric comorbidity are usually well cared for, as every centre for the prevention and treatment of illicit drug addiction also employs a psychiatrist and a psychologist to manage patients with a psychiatric comorbidity. Many such patients are treated for mental disorder at local psychiatric out-patient clinics. They also attend community programmes for mental health. Of course, when their condition declines, they go to a psychiatric hospital. 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 11 years, this share has increased from 11.3% in 2007 to 41.7%%, with a linear increase each year (Figure 9).

Figure 9. Share of elderly patients included in the treatment programme in Cetres for prevention and treatment of drug addiction who are over 40 years old



Source: National Institute of Public Health, 2018

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. Drugs are often only one of the additional features of prostitution. Female drug users are the lowest-ranked prostitutes and constitute one of the most vulnerable groups, because they are not protected against violence and exploitation from pimps. At the same time, they are stigmatised by higher-status women. Prostitution is one of the options to earn money open to female and male drug, in addition to begging, fraud and theft.

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

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

trafficking in human beings and protecting victims of trafficking in human beings. They also include drug users (<http://www.beliobroc.si/>). The "Beli obroč" (White Ring) NGO is also important in the field of counselling victims of trafficking in human beings. They employ trained experts who are able to advise victims on several matters.

Problem drug users:

NGO which run harm reduction programmes provide counselling and assistance to persons addicted to injection drugs who live in difficult social circumstances. They have field teams and special vehicles, so they are mobile and can make contact with users anywhere. Within the network of programmes, sterile material for safer drug injection is provided and disposed contaminated materials are collected, which are then transported for destruction in a professional way. These NGOs play an important role in referring users to programmes and establishing contacts with programmes of social care, health care, the judiciary and many public authorities. A safe house for female drug users also operates within 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 want 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, pregnant womens, older drug users, young drug users). Each of them need more specific approach.

1.4.3 Availability of core interventions in inpatient drug treatment services

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

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

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

Source: National Institute of Public Health, Standard table 24

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

Therapeutic communities:

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

Programmes in prisons:

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

Hospital programmes:

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

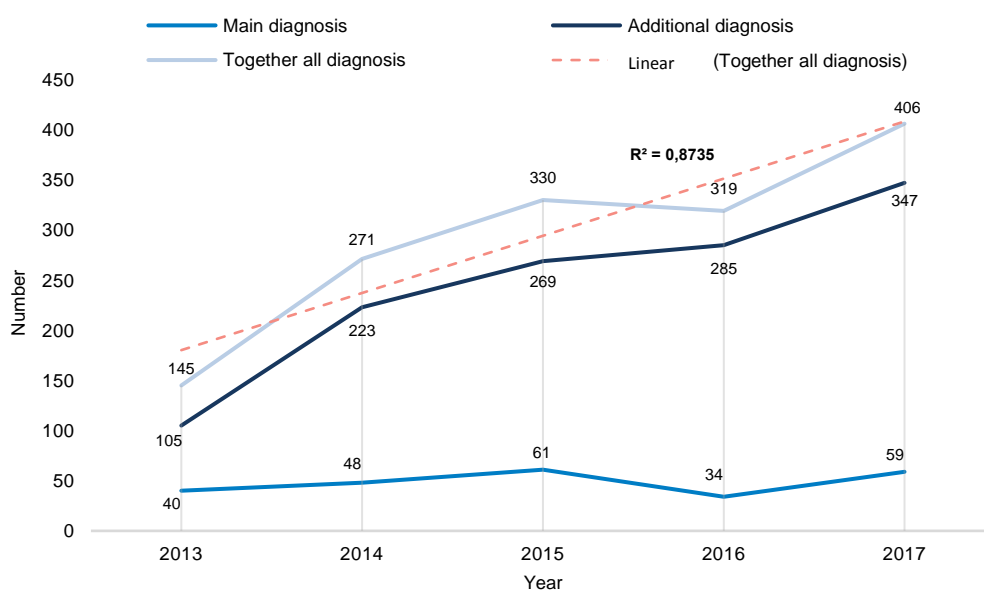
Table 9. Overview of the number of hospitalisation by basic diagnosis for each drug and by secondary diagnosis in the period of 2013–2016

	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, 2017

Comparing the number of hospitalisations by drug, most were due to multiple drug use. Hospitalisations due to cannabis use were ranked third (Figure 10).

Figure 10. Number of primary and additional diagnoses associated with patient hospitalisation due to the consequences of cannabis in period of 2013–2016



Source: National Institute of Public Health, 2018

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. In 2017, the number of all hospitalisations grew to 407. We observed a positive trend from 2013 onwards with a 2.8 x increase. The percentage of cannabis-related hospitalisations increased in those case in which cannabis use is listed as an additional diagnosis.

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 Target intervention for specific drug using groups

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

1.4.6 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%).

Several problems exist in this field which will need quick solutions in the future:

1. The population of addicts who entered the programme years ago and are still included in them is ageing and their needs are nowadays considerably different from those in the past. This is why programmes for this population must change. Today's programmes do not meet their needs and according to surveys in Slovenia, elderly drug users are not receiving the service they need.
2. There is an increasing number of young people in the field who use NPS and stay away from currently available programmes. The existing programmes stigmatise them and compare them with junkies which is what the young reject. There is a great need for programmes directed at their needs.
3. Adolescents are facing the problem of drug use at an early age. There are not enough programmes in Slovenia which would offer them help. Due to the lack of programmes offering help, additional ones should be carried out in the field. Field work brings the experts closer to the youth and enables them to direct adolescents to treatment programmes and a healthy lifestyle.
4. There is an increasing number of cocaine addicts in Slovenia. This fact derives from the data on cocaine content in the Ljubljana sewage system. This is also evident from the substantially higher number of cocaine-related deaths than in the past. The Centre for poisonings of UMC Ljubljana observed an increased number of cocaine poisonings. The analysis of seized cocaine showed that the concentration of cocaine in seized samples is increasing. The price of cocaine is not increasing which indicates that the cocaine supply is increasing and interviews with cocaine users confirm this. We have more and more cocaine addicts who refuse to enter existing programmes due to the fear of stigmatisation. As cocaine addiction develops only several years after the first cocaine use, we should anticipate a greater need for cocaine addiction treatment.
5. The number of children who are born and live in families where at least one parent is an illicit drug user who has developed a dependency syndrome is increasing in Slovenia. There are more and more children in families with at least one addict parent which is why special programmes for these children should be carried out. Programmes are still not sufficiently developed.
6. The simplest way of knowing the needs of users is in the field by approaching them with our services and becoming a part of their everyday life. The number of programmes is insufficient, especially for the youth. More field work is needed to approach drug users in the field and offer them help there.
7. Migrants from the south are coming up north to the EU and Slovenia and they need special programmes. We need to understand their culture, their needs and adapt the programme to these groups of drug addicts. Language and cultural barriers present a great issue. These drug addicts do not enter addiction treatment programmes as they are usually from hidden migrant groups without proper residence permits to live in Slovenia. This also means that they are living without proper health insurance and social care. Their status means they live in conditions in which they are exposed to a higher risk of infection with HIV and Hepatitis C.
8. Addiction relapse is common because addiction is a chronic illness. We therefore need to focus even more on programmes for preventing addiction relapse in Slovenia. Much more needs to be done to prevent addiction relapse with the help of permanent programmes.
9. Hepatitis C is nowadays a curable disease so we are executing a targeted approach to find HCV infected persons among drug users in Slovenia. The recovery success rate is high at 90%.

1.4.7 Social reintegration services 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)

1.4.8 Main 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.

1.4.9 Number of clients in OST (2016 data)

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. We have not data for 2017.

1.4.10 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.

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

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

The measures include improving the spatial conditions in which the centres operate, hiring additional experts, adopting new guidelines for programme implementation, improving the recording of services to allow for better insight into the services provided at the centres, adjusting the programmes to users' needs and to the new needs of people addicted to new psychoactive substances and gambling. Closer

cooperation among the programmes and motivating patients to select the programme best suited for them is recommended. As before, there will be no waiting list for entering the programme in the future.

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

1.5 Quality assurance of drug treatment services

1.5.1 Quality assurance in drug treatment

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

Programmes implemented by NGOs are run according to expert findings in the field of social work and the work of experts employed in these programmes (psychologists, pedagogists, psychotherapists). 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.

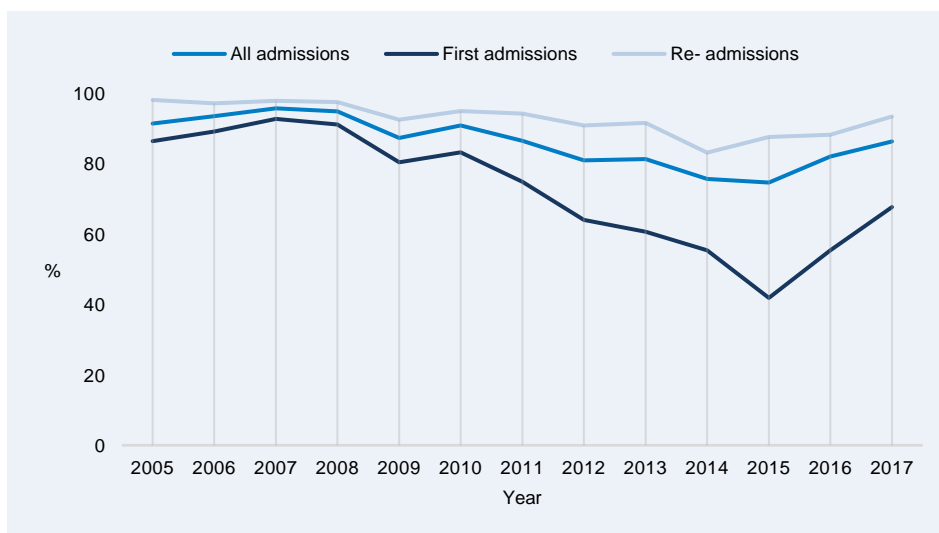
2. Trends

2.1 Long term trend 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.

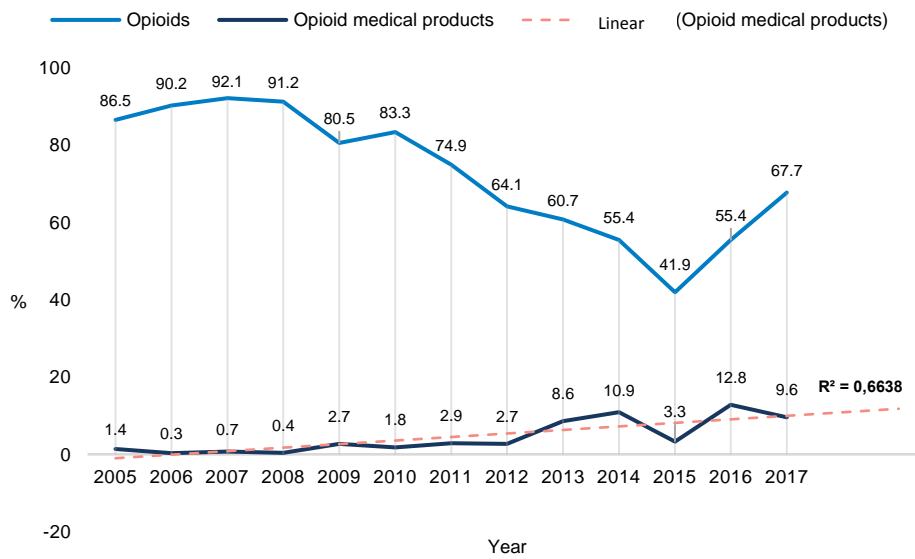
In recent years, the share of first entries due to opioid addiction has declined. This share was lowest in 2015 (41.9%). In 2017(68%), this share increased considerably, indicating a new opioid-type epidemic among drug users. The share of people re-entering the programme due to opioid addiction also increased in 2017 on 93.5% (Figure 11). All of this can be related to the increased heroin production in Afghanistan and consequently the increased heroin supply in Slovenia. The percentage of heroin in street heroin increases every year. The use of opiates is also increasing and it also contributes a certain percentage of needs for opiate treatment. During 2017, the percentage was 11.4% of all first time and repeated entries in treatment programmes in Centres for the Prevention and Treatment of Illicit Drug Addiction. According to the figure, the percentage of patients who enter due to opiate problems is increasing (Figure 12). We also observed an upward trend of the percentage of users who enter the programme due to opiate substance abuse. One person who was abusing fentanils entered the programme in 2017.

Figure 11. Share of patients entering or re-entering the programme of the centres for the prevention and treatment of illicit drugs addiction due to problems with opioids, 2005–2017



Source: National Institute of Public Health, TDI

Figure 12. Percentage of patients who entered for the first time and had problems with opiate medication or opiates in the period of 2005–2017

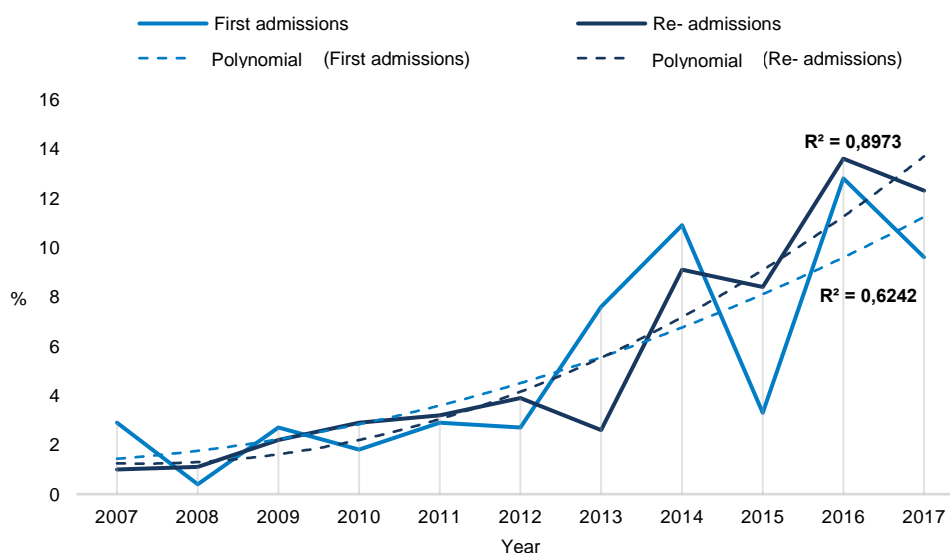


Source: National Institute of Public Health, TDI

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 is rapidly growing which means that more and more people are abusing opiate medications. We would also need to introduce stricter guidelines for prescribing opiate analgesics by doctors (Figure 13).

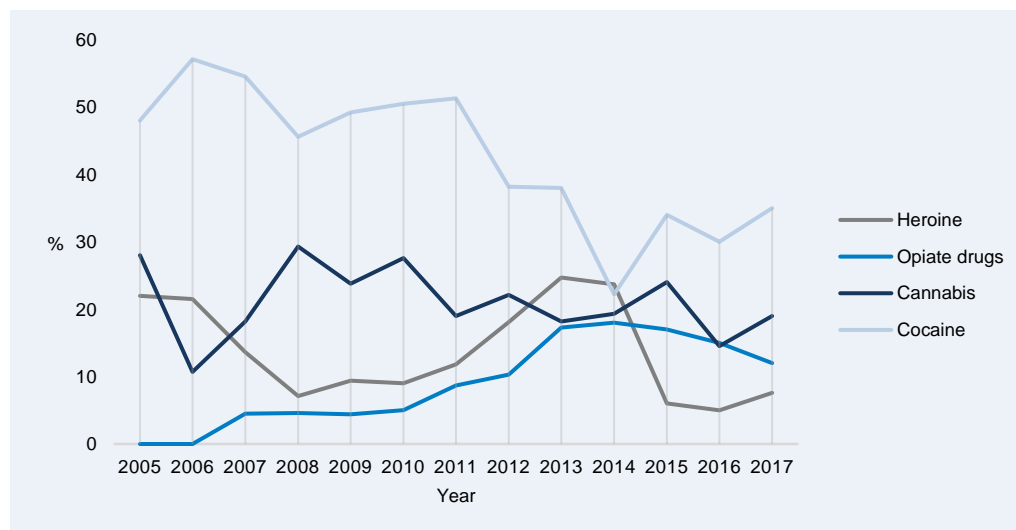
Figure 13. Share of patients entering or re-entering treatment programme for opiate medications missuse



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 14).

Figure 14. Share of patients on re-entry into the programme in centres for the prevention and treatment of illicit drug addiction by the second drug in the period of 2005–2017



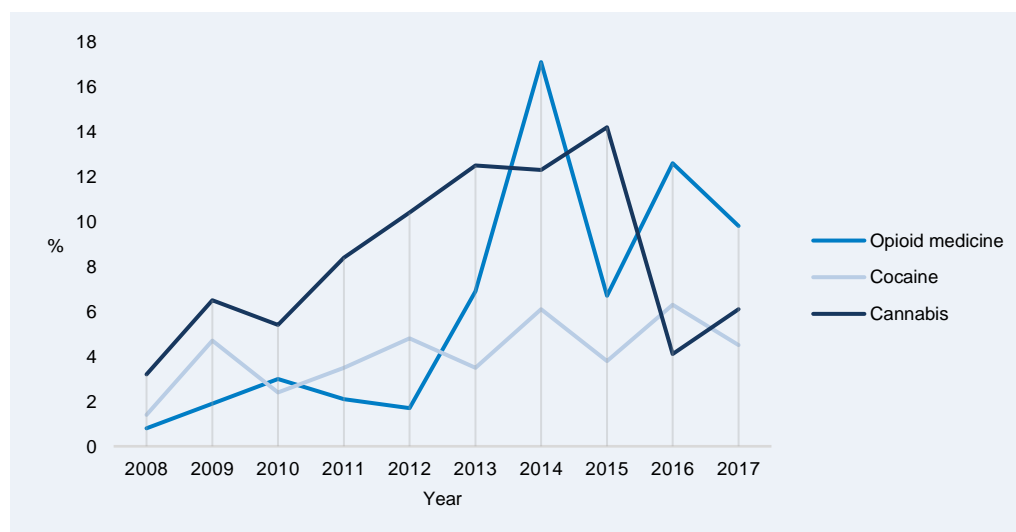
Source: National Institute of Public Health, TDI

Figure 14 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 they were going up after 2014. All of this can be related to the upward trend of cocaine use in Slovenia after 2014, with increased cocaine availability and a significantly larger cocaine concentration in cocaine on the streets than in the past. Problems that patients have with the additional drug should be taken into account when assessing trends and the current situation. This is particularly important because only 34% of persons who had problems with only one drug were accepted in 2017. We were find also a high level of cocaine in waste wather in Ljubljana.

All treatment entrants

When monitoring entries to programmes run by the centres for the prevention and treatment of illicit drug addiction, a slow increase has been observed in the share of patients entering the centres' programmes for opioids. Turning to other psychoactive substances, there has also been an increase in the share of patients entering the programme due to abuse of prescribed substitution medications. 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 15).

Figure 15. Share of admission by the principal drug due to which drug users were admitted into the programme in the period of 2008–2017



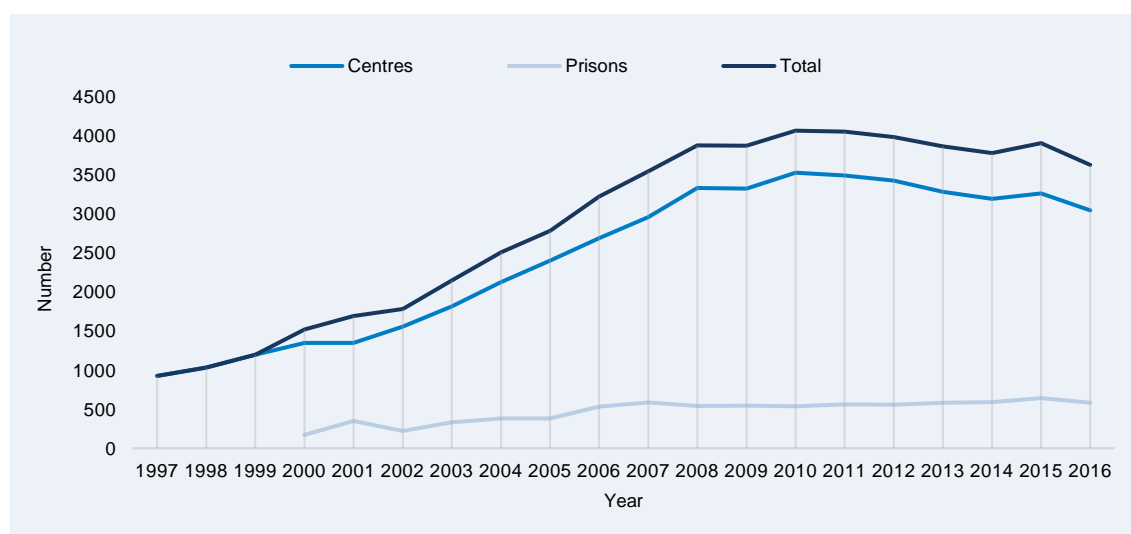
Source: National Institute of Public Health, TDI

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 increase in this share, with a peak in 2015, followed by a steep decline in 2016.

OST clients

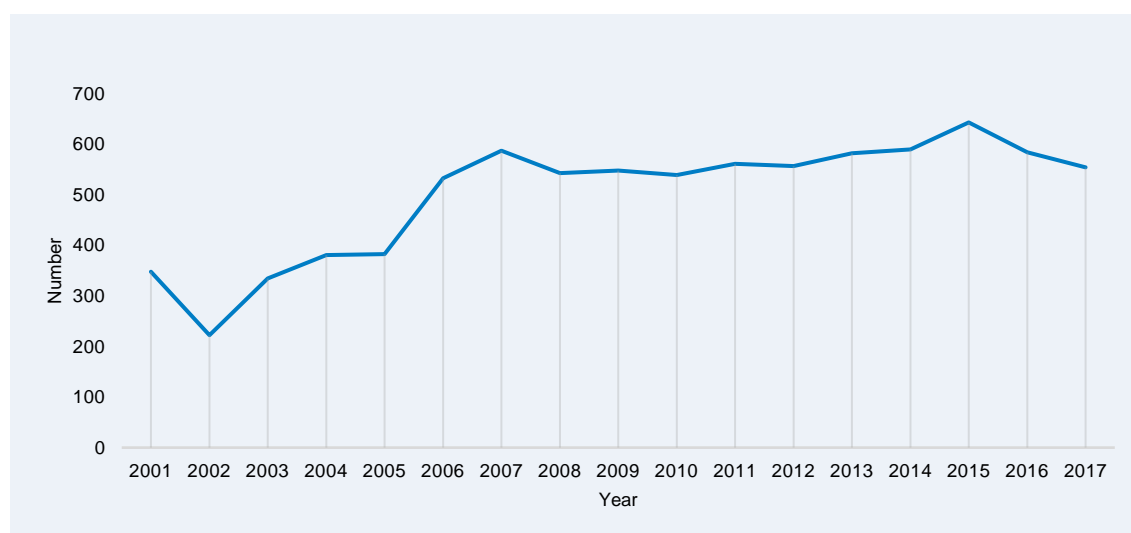
The trend in the number of patients included in the OST programme has been monitored for some time. The programme is run within the network of centres for the prevention and treatment of illicit drug addiction and in Slovenian prisons (available to all prisoners). There is a slow decline in the number 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 16).

Figure 16. Number of patients on substitution treatment in the centres for the prevention and treatment of illicit drug addiction, in prisons, and total number, 1997–2016



Source: Coordination of Centres for Prevention and Treatment of Illicit Drug Addiction, Prison Administration of RS

Figure 17. The number of persons in detention who were included in a substitution programme in a detention facility in the period of 2001–2017

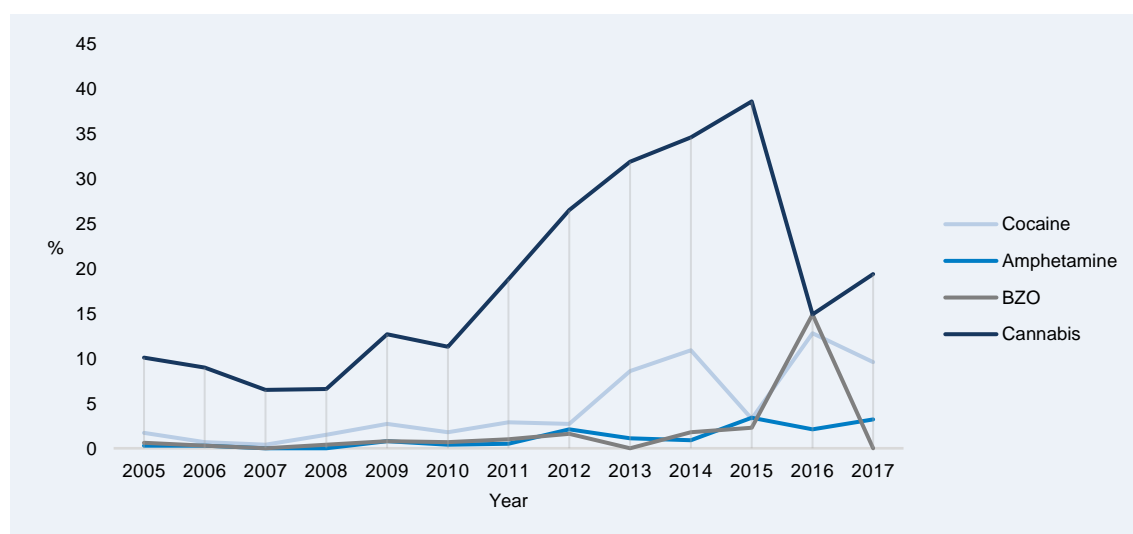


Source: The Prison Administration of RS, Annual Report 2017

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 the current legislation on cannabis be amended? If this is done for political reasons, a significantly higher share of funds will have to be invested into prevention, as well as the treatment of addiction and all the consequences of cannabis use. The availability of human resources will be an issue in the event of epidemics of both opioid and cannabis abuse (Figure 18).

Figure 18: Share of first admissions per year by primary drug due to which drug users were admitted in the programme, 2005–2017



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. A psychotherapy programme for addicts to new psychoactive substances was developed. In the Nova Gorica region, a treatment programme for non-chemical addictions was established more than 10 years ago and has more and more patients.

4. Additional information

4.1 Psychiatric comorbidity

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

5. Sources and methodology

5.1 Sources

The data from the report was collected in different ways. The TDI questionnaire collects data from Centres for the Prevention and Treatment of Illicit Drug Addiction. The questionnaire is electronic and includes various control systems that prevent entry errors. Thus, the quality of collected data was greatly improved. Because of the high quality of collected TDI data since 2005 we can use them to follow certain trends for individual indicators. The hospitalisation data is taken from the databases collected on a national level. Some data from 2016 is taken from the statistical database of primary and secondary level healthcare where every programme entry is recorded along with the reason for entering treatment programmes on primary and secondary levels. An important source of data was also the Control record on the activities of Centres for the Prevention and Treatment of Illicit Drug Addiction. The author of this book also took data for 2017 from other books. An important source of data was the annual report of the Social Protection Institute of the Republic of Slovenia, which publishes annual reports on the activities and financing of non-governmental organisations, working in the field of drugs in Slovenia.

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Best practice workbook

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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 the treatment of people enrolled in social care programmes.

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

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

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

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

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

As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social care and other fields where they need to obtain knowledge and skills of social work. The syllabus includes also two courses in the area of the addiction and drug abuse reduction. The Utrip Institute cooperates in organising short 5-day courses based on the US-developed Universal Preventive Curriculum, intended for decision makers, policy planners and opinion leaders. It also collaborates with the Faculty of Health Sciences in a pilot edition of informal training and in developing a post-graduate course of preventive sciences in Slovenia.

1. National profile

1.1 Policies and coordination

1.1.1 Main quality assurance-related objectives of national drug 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. (see also Policy Workbook).

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 addiction treatment programmes. It is also involved in the production of journals and other educational materials, and it is responsible for verifying research projects taking place in the Centres for the Prevention and Treatment of Illicit Drug Addiction nationwide.

Supervision over the work done within the programmes run by the Centres for the Prevention and Treatment of Illicit Drug Addiction is also carried out by the Commission for Supervising the Work of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health and performs the following key tasks: reviewing the implementation method of the addiction treatment doctrine; consultation on the implementation of the addiction treatment doctrine; monitoring the implementation of the methadone maintenance program nationwide; checking the centres'

documentation; watching over the scope of work done; checking the compliance with requirements for human resources; checking the compliance with requirements regarding the centres' facilities and equipment; and miscellaneous other tasks. Aside from the oversight mechanisms above, adherence to ISO standards is also being monitored by individual institutions running the programmes. ISO standards lay down a set of requirements for programmes to meet in order to be eligible to receive funding and to be able to run. (see also Treatment Workbook, Policy Workbook and Legal Framework Workbook).

Social rehabilitation

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 interventions and their function

Treatment provision

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.

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.

Harm reduction and Social reintegration

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.

Similarly to other social care programmes, low-threshold programmes in the field of illicit drugs must also gain verification and stable (7-year) financing from the state and meet certain quality criteria. The criteria are common for all programme groups and special (specific), which are defined for an individual programme group only. The Social Chamber of Slovenia (<https://www.szslo.si/verifikacija>) monitors the achievement of criteria by checking and evaluating them in order to obtain or keep the status of a public social care programme. These programmes are also included in the above described unified evaluation process for social care programmes. The unified evaluation process is led by the Slovenian Institute for Social Security.

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

1.2.2 National practice guidelines published in the last five years in the areas of treatment provision, prevention, harm reduction and social reintegration

Andreja Drev, Simona Smolej Jež, Mateja Jandl

Treatment provision

In 2013, the Recommendations to use and abolish benzodiazepines for patients, included in the substitutional programmes of treating opioid addiction in Slovenia were accepted (Kastelic A, Šegrec N. Priporočila za uporabo in ukinjanje benzodiazepinov pri bolnikih, vključenih v substitucijske (z zdravili podprte) programe zdravljenja odvisnosti od opioidov v Republiki Sloveniji. Zdravniški Vestnik 2013:let 28.Št.10:629-634).

Prevention

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

At the beginning of 2017, the Utrip Institute published the "Guidelines and recommendations for prevention in the field of driving under the influence of alcohol." The publication is intended for institutions and programmes that deal with traffic safety and those that are active in the field of prevention of driving under the influence of alcohol.

Website: <http://www.preventivna-platforma.si/docs/Utrip-Smernice-in-priporocila-za-preventivno-delo-na-podrocju-voznje-pod-vplivom-alkohola.pdf> (see also Prevention Workbook).

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

http://www.preventivna-platforma.si/docs/smernice/Kakovostni_preventivni_standardi_hitri%20vodnik_SL.pdf. (see also Prevention Workbook).

Harm reduction

The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines are also intended for people from non-governmental organisations who collect samples of new psychoactive substances. Guidelines are accessible at:

<http://nijz.si/sl/publikacije/fentanil-smernice-za-ravnanje-s-fentanilom-njegovimi-analogi-in-derivati> (see also Drugs Workbook).

Social rehabilitation

In November 2016, the Rules on the co-financing of social care programmes (Official Gazette of the Republic of Slovenia, No. 70/16) entered into force.

1.2.3 Accreditation systems for intervention providers in drug demand reduction

Simona Smolej Jež

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 7-years funding is provided. If verification is not successful; the programme is not accepted in a public network of social care programmes and therefore cannot be funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities for 7 years but for one or two years as experimental and developmental social care programmes.

1.2.4 Specific education systems for professionals working in the field of demand reduction

Andreja Drev

As part of the undergraduate and graduate studies, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social protection and other fields where they need to obtain knowledge and skills of social work. The syllabus includes the following two courses in the area of the drug abuse reduction:

(1) Subject: Addiction (Undergraduate study – Social work profession)

Objectives: getting to know addiction and consequences of psychoactive substances as the foremost social pathologic phenomenon, and the methods of first social aid, the prevention of addiction, social regulation, social care and development of the social-labour profession in this area.

(2) Subject: Forms of Work in the Field of Drug Use and Addiction (Graduate study, Master programme – Social work, Community care module)

The subject is focused on gaining knowledge, which enables expertise and understanding of the micro world of legal and illicit drugs, planning skills and intervention implementation plus practical work in the field of drugs.

2. Additional information

2.1 Evaluation of verified public social care programmes

Simona Smolej Jež

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).

2.2 Universal prevention curriculum

Matej Košir

The Utrip Institute has, since the beginning of 2017, cooperated in a European project UPC-Adapt (<http://upc-adapt.eu>) whose aim is to determine an educational curriculum for all professional workers who work or want to work in the field of prevention. In the first project phase (until autumn 2017) the project partners prepared a summary of the existing educational curriculum under the name Universal Prevention Curriculum (hereinafter referred to as the UPC) and prepared a situation analysis with regard to the needs of European prevention works for such types of education and training. The UPC was developed in the USA with the support of the American government, and was tested in subsequent years mostly in Asian countries. Within the scope of the project, the UPC will be adapted to the European (and also Slovenian) situation and needs. In the second phase (until autumn 2018) the project partners developed three different curricula or parts of European adaptation of UPC (EUPC) (academic, online and short 5-day curriculum for decision and policy makers and opinion leaders). The Utrip institute was involved in the development of short curriculum (2 days basics + 3 days advanced).

Additionally, a trainer's guide was developed by project partners which will allow as quality dissemination of the curriculum as possible and quality trainings of different target groups in the field of prevention.

In April 2018, a pilot training of EUPC was organised by the Utrip Institute in Ljubljana (2 days) and Bohinjska Bistrica (3 days) and 26 participants from 16 different institutions were trained. The basic (2-day) training content includes sessions such as: epidemiology, substance use and why is prevention important, language of prevention, overview of school, workplace, family, environmental, community and media-based preventive interventions, advocacy for evidence-based prevention, and monitoring and evaluation. The advanced (3-day) training content includes sessions such as: human development and prevention, socialisation, substance-use prevention activities in different developmental periods, advanced content on family-based, school-based, workplace-based, community-based, environment-based and media-based prevention interventions, how to recognise effective prevention, practical application of theories of persuasion in substance-use prevention (related to media-based prevention) and reflection on the whole training (see also Prevention Workbook).

Within the scope of the Slovenian part of the project, the Utrip Institute signed a cooperation agreement with the Faculty of Health Sciences of the University of Ljubljana, which will collaborate in the pilot implementation of informal education and future development of post-graduate studies of preventive science in Slovenia. Preparation of application for submission of the post-graduate study is in progress in 2018.

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Harms and harm reduction workbook

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Summary

National profile and trends harms

Illicit drug-related health harms are constantly and systematically monitored in Slovenia, including data on mortality related to illicit drugs, on acute poisonings (currently only in the Ljubljana region) and on the incidence of infection diseases among persons who inject illicit drugs. There is also a network of various harm reduction programmes available as the reduction of drug-related harm is an important goal of the National Programme on Drugs 2014–2020 and its Action plan 2017–2018. Further development and upgrading of harm reduction programmes is needed and more attention needs to be given to a more even and equitable geographic distribution.

In 2017, 47 deaths related to the direct effects of illicit drugs were reported in Slovenia, 7 deaths more than in 2016. There is the constant increase of deaths since 2011 among men and since 2014 also among women. Of those who died in 2017, 37 were men and 10 were women. The average age of the men was 39,5 years, and the average age of the women was 44.6 years, while most of the deceased were in the age groups between 35 and 39 years. Of the 47 cases of poisoning, 37 were toxicologically confirmed. Like in previous years, most of the fatalities occurred at home. Most deaths were caused by heroine and cocaine poisoning. In 2016 and 2017 there is a large increase in the number of deaths due to cocaine poisoning recorded. Cocaine has become the most commonly used stimulant in Slovenia, which is used by more and more problematic users in addition to recreational users. In 2017, for the first time we recorded 7 deaths due to Tramadol, 5 of them in females.

In the observed year, 143 people were treated for illicit drug-related acute emergencies, which is slightly less than in the 2016. This is the first decrease in acute emergency cases after 2011, when only 43 people were treated. The incidence rate of illicit drug poisonings in the Ljubljana region in 2017 was 24 per 100,000 inhabitants. As observed increase with the number of deaths in the last few years, there was also an increase in the number of cocaine poisonings. There were 49 cocaine poisonings in 2017. The number of GHB poisonings and poisonings with amphetamine type-stimulants was lower than in 2016, as well as the number of heroin poisonings. The number of cannabis poisonings started to rise in 2010 with bigger increase in 2014 and remains high in 2017.

The situation in infectious diseases among drug users remained relatively stable in 2017. In 2017, no cases of new diagnosis of HIV infection with a history of injecting drug use were reported. During the period from 2013 to 2017, 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 2.8% in 2016 to the highest 7.6% in 2014 and was 4.6% in 2017. Respective HCV infection prevalence estimates ranged from the lowest 36.0% in 2014 to the highest 48.1% in 2016 and were 42.6% in 2017. According to the available surveillance data, extensive HIV infection has not started spreading extensively among PWID in Slovenia. Due to underdiagnoses of infections, underreporting of identified cases and very scarce information on transmission routes, data on HBV and HCV infection incidence rates underestimate the burden of these infections.

National profile and trends harm reduction

Slovenia is relatively well covered with harm reduction programmes in general but there are still some dark spots on regional coverage. In particular, the north east part of Slovenia is, with the exception of mobile units, poorly covered by harm reduction programmes. As for the last few years, in 2017 there were 10 harm reduction programmes with implemented sterile injection kit exchange services in Slovenia. Six programmes carried out fieldwork, of which five were equipped with mobile unit. There was a total of 10 day centres in eight programs. Some day centres operate at several sites in some regions. These programmes included 2.271 persons (22% more than in 2016). 158 users were registered

for the first time. The harm reduction programmes in 2017 recorded 23.687 contacts (7% less than in 2016) which means 10 contacts per person (in 2016 were 13 contacts per person). In Slovenia The open scene challenges movement began in May 2017 as response to calls by citizens, municipalities and other local actors to regulate the disturbed use of public spaces by users of various drug and homeless organizations. The first meeting was organized in June in Ljubljana soon followed by an autumn meeting in Koper. The meetings were arranged to make concrete steps in local communities to solve individual local problems and needs for appropriate programs for different groups of drug users.

New developments

Ministry of Health has through the Operational Program for the Implementation of the European Cohesion Policy for the period 2014-2020, acquired funds for the implementation of the program "Development and upgrading the network of mobile units for the implementation of preventive programs and harm reduction programs in the field of illicit drugs". As part of the implementation of the program, the existing network of mobile units was complemented and replaced in terms of vehicle replacement, improvement of the personnel structure in mobile units (health workers and chemists). Development of new services and programs have also been provided. Under the program, conditions have been created for better cooperation between social and health services that deal with drug users, which will improve the efficiency of services and provide treatment that is more comprehensive for drug users.

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 2017, Slovenia 47 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 37 men and 10 women; the average age of the men was 39.5 years, and the average age of the women was 44.6 years, while most of the deceased were in the age groups between 35 and 39 years. Of the 47 cases of poisoning, 37 were toxicologically confirmed (Table 1). Like in previous years most of the fatalities occurred at home. In 10 cases no autopsy were performed.

Table 1. Overdose deaths in the Republic of Slovenia by drug group, age group and gender, 2017

Illicit drug	Age group												Total		
	< 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	0	3	1	4	4	3	2	1	0	0	0	16	2	18
Methadone	0	0	0	1	0	1	0	0	0	1	0	0	3	0	3
Other synthetic opioids	0	0	1	0	0	0	0	0	1	1	1	3	2	5	7
Cocaine	0	0	0	2	2	3	3	4	0	0	0	0	12	2	14
Psychostimulants	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1
Addiction	0	1	0	1	0	0	0	2	0	0	0	0	3	1	4
Total	0	1	4	6	6	8	6	8	2	2	1	3	37	10	47

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

1.1.2 Toxicology of overdose deaths

Most deaths in 2017 were caused by heroine (18) and cocaine poisoning (14) Two thirds of deaths were caused by unintentional poisoning (31), 8 deaths occurred due to intentional poisonings (suicide), while in 4 cases it was not determined whether the poisoning was intentional or not. According to the external cause of death, out of 8 persons (5 women) died from intentional poisoning, of whom 3 women commit suicide by overdosing with Tramadol (other synthetic narcotic), all three were over 50 years old (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, 2017

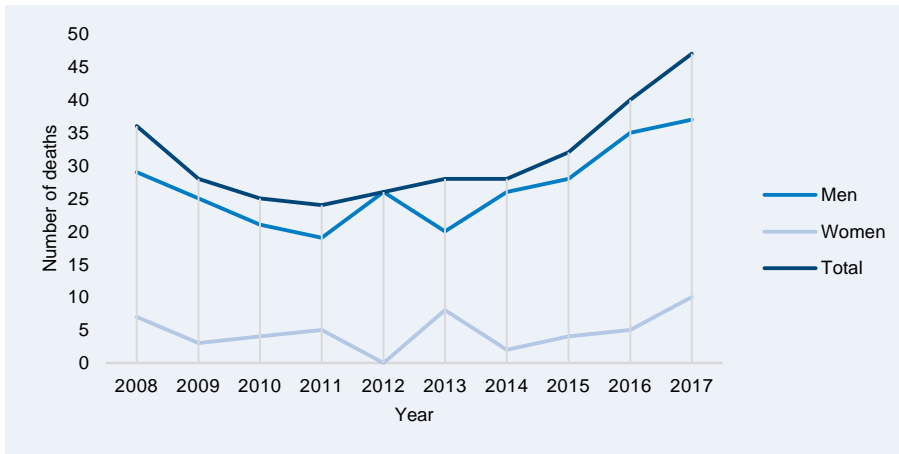
Illicit drug	External cause of death			Addiction	Total
	Unintentional poisonings	Intentional poisonings	Undetermined intent		
Heroin	14	3	1	0	18
Methadone	2	1	0	0	3
Other synthetic opioids	2	3	2	0	7
Cocaine	12	1	1	0	14
Psychostimulants	1	0	0	0	1
Addiction	0	0	0	4	4
Total	31	8	4	4	47

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

1.1.3 Trends

In the 2008-2011 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 2008–2016 period, the number of direct deaths was almost seven times higher among men than among women, but in 2017 this number is 3,7 times higher (Figure 1).

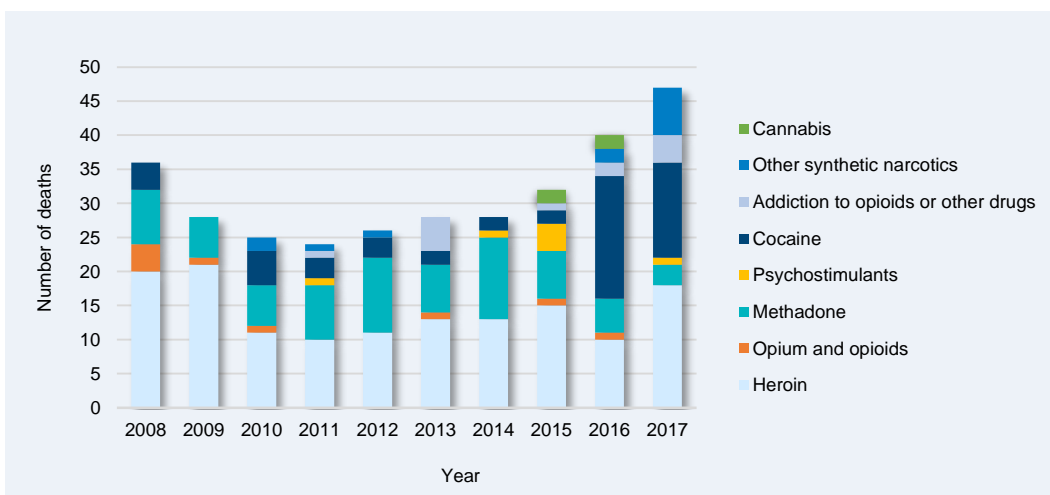
Figure 1. Number of illicit drug-use related deaths, total and by gender, 2008–2017



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 is decreasing. 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. Rising trend regarding cocaine deaths remains, so we recorded 14 deaths in 2017. Deaths caused by other types of drugs occur occasionally (opium and opioids, psychostimulants, other), but for the first time we have recorded in the observed year 7 deaths due to other synthetic opioids (Tramadol), 5 of them in women in age group 45+.

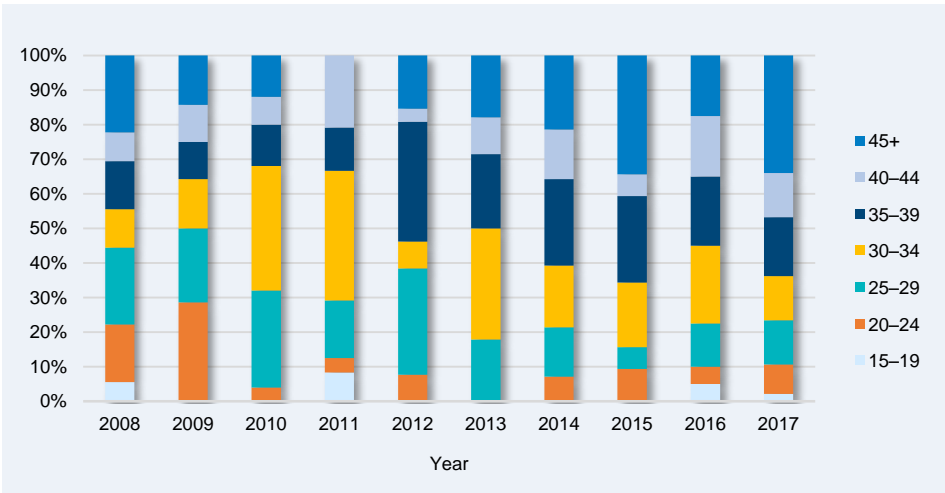
Figure 2. Lethal drug poisoning (intentional, unintentional, undetermined intent) by type of drug, 2008–2017



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. 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 continues in 2017. In 2017 we have again, as in 2016, recorded deaths in the 15-10 age group. (Figure 3).

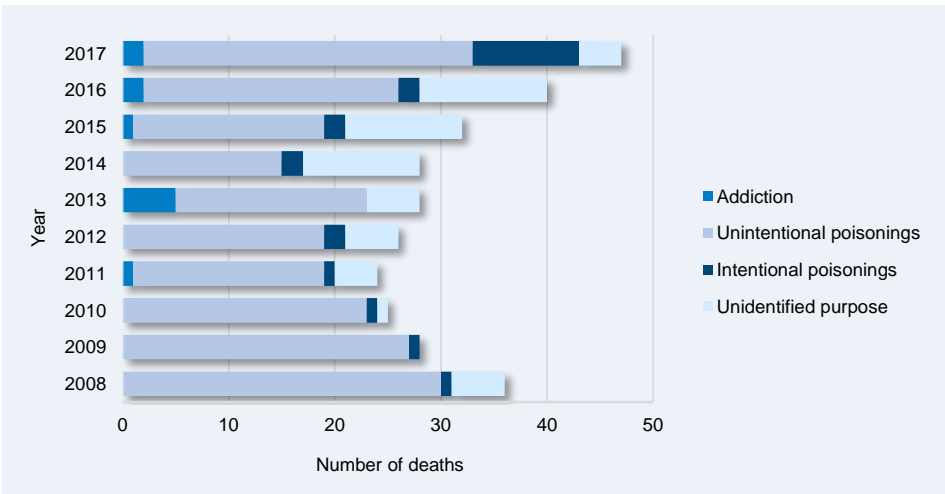
Figure 3. Age distribution of direct deaths (drug poisonings – intentional, unintentional, undetermined intent), 2008–2017



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 rise in 2011 (Figure 4). In 2017 we can assume that the quality of data is improving, since the share of deaths with undetermined intent decreased, but the number of deaths with intentional intent is increasing, the same as addiction.

Figure 4. Lethal drug poisoning by cause (addiction, intentional, unintentional, undetermined intent), 2008–2017



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

1.1.4 Additional information on drug-related deaths

In 2016, we recorded 18 deaths due to cocaine poisoning in Slovenia. We wanted to carry out additional analyses of this sudden increase in the number of deaths due to cocaine, since the average cocaine deaths in Slovenia by that time were 3 to 5.

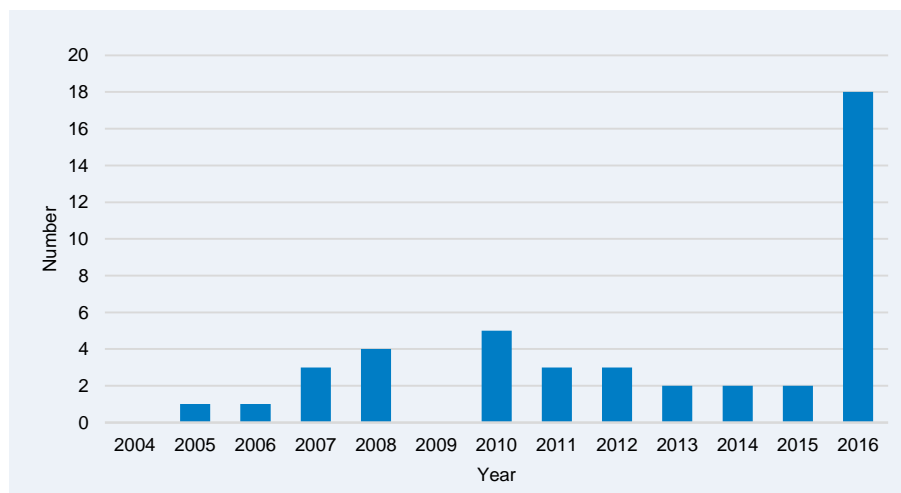
From the data on lethal poisonings, we wanted to establish:

1. The dynamics of cocaine-related deaths in 2016 in relation to general demographic factors, time of death, geographic region, cocaine seizures
2. Ways of comparing cocaine-related deaths considering additional drugs, cause, age and gender, characteristics of circumstances of death to implement potential measures to prevent these types of death in the future.

We linked the death-related data with the treatment database (Drug user register) to determine how many users sought help during 2012–2016 in CPZOPD or CZOPD centres.

Figure 5 demonstrates the number of deceased in Slovenia due to cocaine since 2004. The number kept increasing until 2010 (5 deaths) and then declined until 2015. In 2016, we can see a sudden increase in the number of deaths. A similar trend was present in the United Kingdom (England and Wales), where the number of cocaine-related fatalities increased from 169 in 2013 to 340 in 2015, although several cases were supposedly attributed to overdoses of heroin among people who also used crack. This data comes from the European Drug Report 2018 (1), where the section “Drug usage distribution and trends” on cocaine usage indicates that the trend is generally stable but with signs of being on the rise. Due to the high risks of cocaine abuse, more and more people are seeking treatment. Long-term trends, based on wastewater analyses, indicate an increase in cocaine residues in certain European cities.

Figure 5. Number of deaths in Slovenia due to cocaine



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

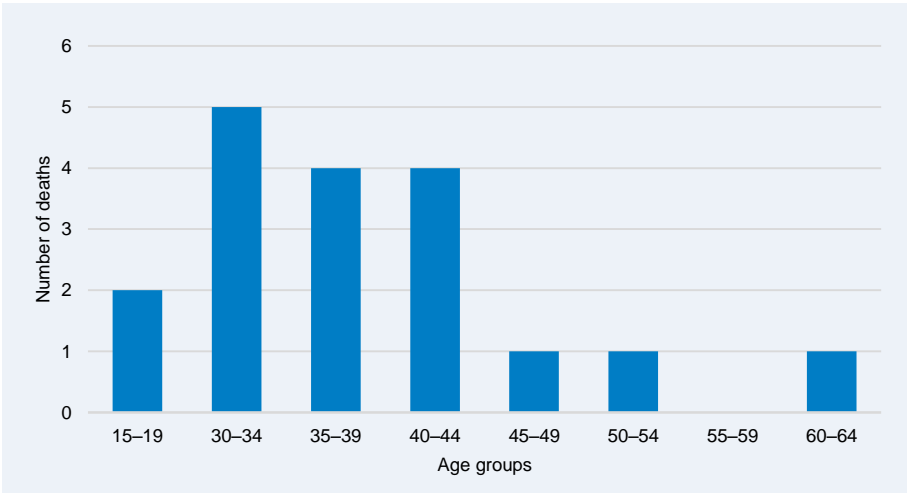
Hospitalisation data on cocaine poisoning (overdose) from the National Report 2017 (2) shows a steep increase in the number of treatments for cocaine poisonings after 2013. In 2016, 54 cocaine poisonings were treated which is the highest number in the last five years and is more than the number of heroin poisonings.

Several cocaine-related deaths that were a consequence of cardiovascular complications strike people with existing risk factors or conditions, caused by chronic cocaine use, such as left ventricular hypertrophy, coronary atherosclerosis or vascular malformations in the brain due to ruptures, caused by hypertension due to cocaine (3).

Cocaine-related deaths in 2016

All 18 persons who died in 2016 due to cocaine were males. The average age at death was 38.9 years. The majority of the deceased come from the age group 30–34 (Figure 6).

Figure 6. Cocaine-related deaths by age groups



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

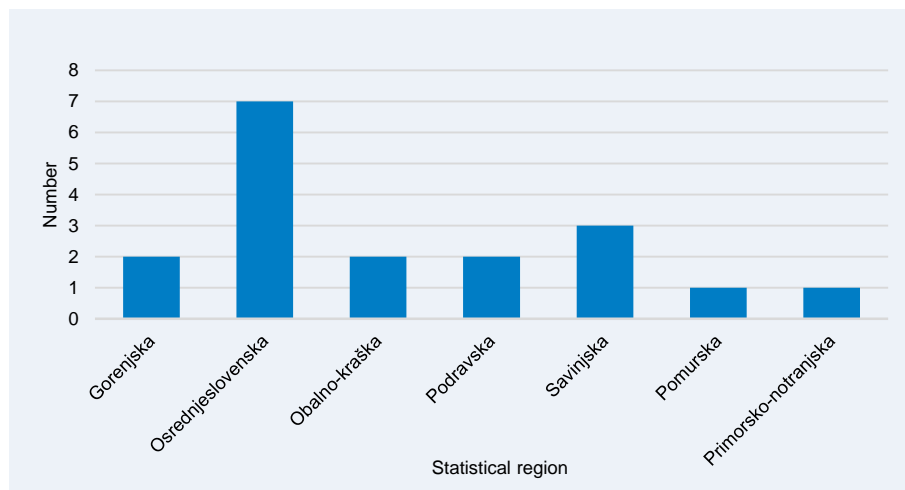
Three persons died in February and March 2016, two in May, August and September and one person in every other month of 2016.

We wanted to link deaths in these time periods with cocaine seizures but could not do this with certainty. We evaluate that the cocaine market situation is comparable to last year's: the total amount of seized cocaine (in kg) on the Slovenian market in 2016 increased compared to previous years (2), as did the average content/concentration of cocaine.

We coded all deaths as random poisonings (13 persons) or as deaths with unidentified causes (5 persons). Among the deceased, 14 persons were single and 7 were employed. One third died at home, one third in a medical institution and one third elsewhere. Only 8 persons received medical treatment.

We recorded 11 deaths in western part and 7 in eastern part of Slovenia. Figure 7 illustrates the number of deaths by statistical regions.

Figure 7. Number of deaths by statistical regions

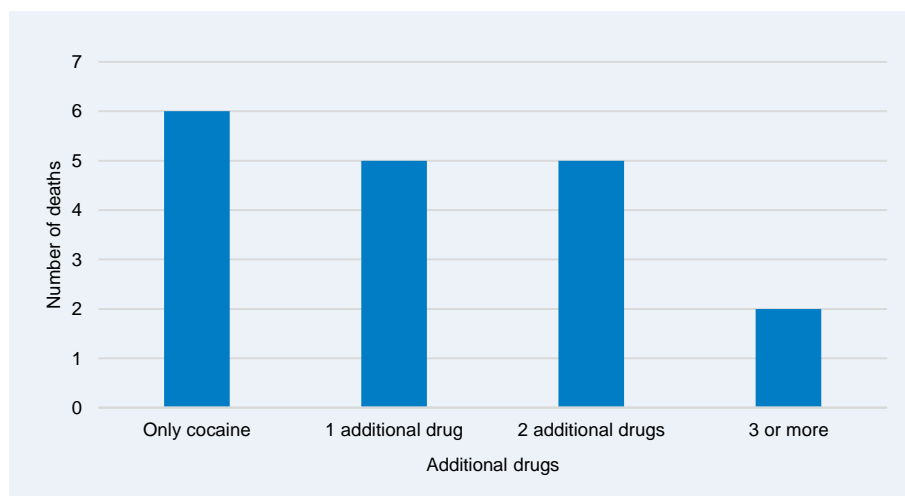


Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

Multiple drug use

An autopsy was carried out for 17 persons and toxicology studies showed that 6 persons died only from cocaine poisoning, 5 bodies also contained an additional drug or alcohol besides cocaine, a further 5 contained two additional drugs or alcohol and 2 persons three or more additional drugs or alcohol (Figure 8).

Figure 8. Toxicological results of deaths due to cocaine and additional drugs

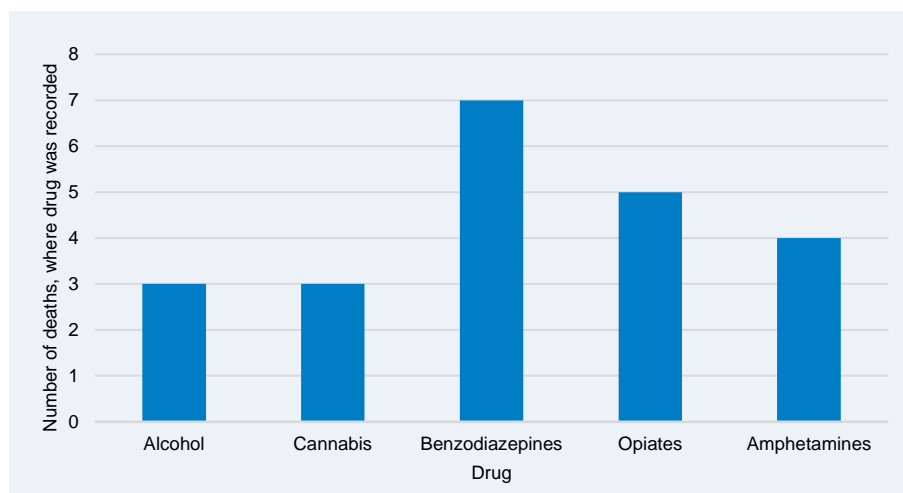


Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

According to the literature review, many cocaine users are problematic users and use multiple substances at the same time. Both factors increase the risk of overdose/poisoning and death. Cocaine-related deaths are an increasingly important mortality characteristic of drug use in Europe. This trend will probably continue in the future due to the increasing number of chronic and problematic users (4).

In the cocaine-related deaths in 2016 in Slovenia, the most frequent drug combination was a mix of benzodiazepines and cocaine (7 persons) and opiates and cocaine (5 persons), followed by amphetamines, alcohol and cannabis (Figure 9).

Figure 9. Number of cocaine-related deaths where additional drug was recorded



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

An increasing number of drug users in Europe reported double addiction from cocaine and heroin (2); our analysis showed that five deceased consumed opiates (at the least) with cocaine as well. A combination of alcohol and cocaine is very popular among some drug users, possibly because of more intense feelings compared to consuming one substance only. Some users consume cocaine and alcohol simultaneously, which enables them to drink longer (5). In the cocaine-related deaths in 2016 in Slovenia, autopsies proved the presence of alcohol in three persons.

The link between cocaine-related deaths in 2016 with the Drug user register

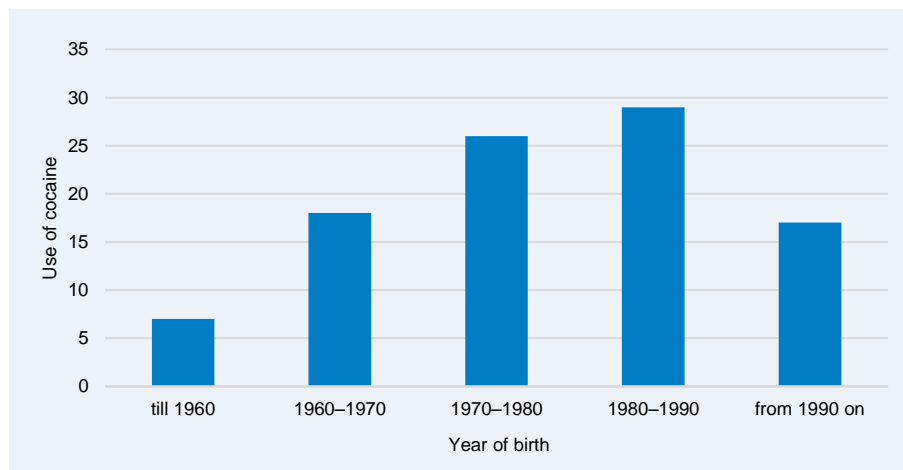
Out of 18 cocaine-related deaths in 2016, nearly half (8 persons) of users did not seek medical help in the last 3 years, so we have no medical records for them. Six persons (33%) were included in treatment programmes in CZOPD/CPZOPD, three persons claimed in one of their previous treatments during 2013–2016 that heroin was their main drug, two persons named cocaine and one benzodiazepines. Cocaine was the most used additional drug. Four persons were treated in other medical institutions, three of those with diagnosed mental and behavioural disorders due to their use of psychoactive substances.

During 2012 and 2016, 4,518 different persons were included in treatment programmes in CPOZD/CZOPD and we checked their vital status (whether the persons are still alive or died and why) and usage/joint usage of cocaine. Out of the total number, 28 persons died in 2016, for 18 of them drug poisoning was the direct cause of death and the other 10 persons suffered indirect causes of death.

More patients who indicated cocaine usage at the beginning of treatment died due to drugs (7 persons) in 2016 than those who did not report cocaine usage (1 person).

Men represented 73% of the 4,518 persons in this cohort, cocaine was used (alongside other drugs) by 26% of the treated persons, 5% of whom said cocaine was their main drug. The majority of persons belonging to this cohort were from Central Slovenia. Figure 10 illustrates cocaine use by person in treatment programmes according to age group.

Figure 10. Use of cocaine among users included in treatment programmes by age groups



Source: The National Institute of Public Health, Medical report on the deceased person – NIJZ 46, Drug user treatment register – NIJZ 14

The highest percentage of persons that took cocaine together with other drugs came from the Notranjska–Karst Statistical Region, the Savinja region and the Southeast, Central Slovenian and Coastal–Karst Region, where cocaine was used by approx. 30 and 35% of drug users. Cocaine was used most commonly in the Mura region (12% compared to 7% in Central Slovenia).

Differences in the average age at death between persons who used cocaine and those who did not are not statistically significant. For persons who admitted using cocaine together with other drugs at the outset, there was a clear difference in age at death: drug-based cause of death: 39.5 years, another cause 44.6 years.

We can conclude that in Slovenia too, cocaine is becoming the most used illicit stimulant which is, besides recreational users, also used by more and more problematic users who simultaneously use several types of drugs at the same time. Due to the ageing of the cohort of these users, we can expect more cocaine-related deaths and poisonings requiring hospitalisations. By analysing mortality data from 2016, we have been able to define trends with regards to cocaine-related deaths in Slovenia.

1.2 Drug related acute emergencies

Miran Brvar

1.2.1 Drug-related acute emergencies

In Slovenia the information on drug-related acute emergencies/poisonings are available, but not yet for a whole country. Similarly, to previous years, this article only demonstrates the statistics of treated adult patients, examined and treated for illicit drug poisoning in UMC Ljubljana, a secondary hospital in the Ljubljana region with ca. 600,000 residents. The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

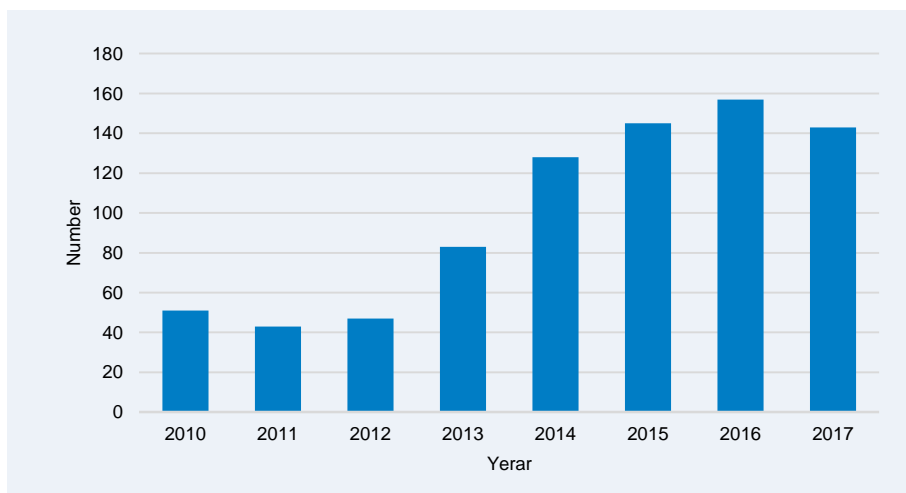
- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

More about the monitoring system is described in Sources and methodology.

1.2.2 Toxicology of drug-related acute emergencies

In 2017, the emergency medical clinic of UMC Ljubljana examined 24,461 patients in total. They treated 143 patients for illicit drug poisoning, which is a little less than last year's 157 persons (Figure 11).

Figure 11. Number of patients treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, 2010–2017



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

The number of patients poisoned with illicit drugs in 2017 was represented 0.58% of all treated patients in emergency medical clinics (Figure 12). The incidence of illicit drug poisoning in the Ljubljana region in 2017 was 24/100,000 residents.

Figure 12. Proportion of patients treated for illicit drug poisoning at the UMC Ljubljana, Division for Internal Medicine, compared to all patients treated, 2010–2017



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

Table 3 shows drugs used by intoxicated adult patients who were treated at the UMC Ljubljana internal clinic. The number of used drugs in Table 3 is larger than the number of intoxicated patients shown in Figure 11 since drug users often take several different drugs at the same time.

Table 3. Illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2017

Illicit drugs	Number of drugs							
	2010	2011	2012	2013	2014	2015	2016	2017
Heroin	35	9	8	14	34	44	42	26
Cocaine	12	10	12	14	34	45	54	49
Cannabis	6	16	23	27	53	64	59	59
LSD	0	0	1	1	1	1	3	2
GHB, GBL, BD	2	2	5	31	19	17	31	18
Amphetamine-type stimulants (amphetamine, methamphetamine, MDMA and similar)	3	17	12	15	13	17	27	22
New psychoactive substances (NPS)	3	1	0	2	10	5	10	11
Unknown drug	0	0	0	0	0	0	0	4
Total	61	55	61	104	164	193	226	191

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

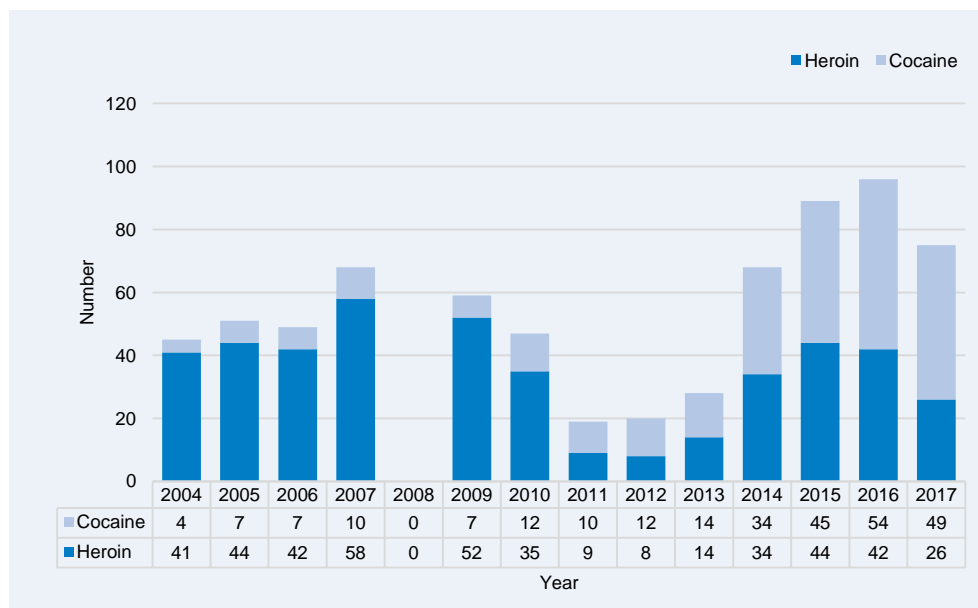
Table 4. New psychoactive substances that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2010 to 2017

NPS	Number of drugs							
	2010	2011	2012	2013	2014	2015	2016	2017
Synthetic cathinones (3-mmc)	2	1	0	2	3	3	7	4
Synthetic cannabinoids	0	0	0	0	3	0	0	0
Other NPS (2CI, 2-CP, NBOMe, DTM, 2-oxo-PCE, 2-MeO-PCE, unidentified tryptamine, 2F-DCK)	1	0	0	0	4	2	3	3
Total	3	1	0	2	10	5	10	7

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

The frequency of illicit drug poisonings in UMC has been monitored for several years now. Figure 13 shows the number of people intoxicated with heroin and cocaine in the last 14 years.

Figure 13. Number of patients with acute heroin and cocaine-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2017



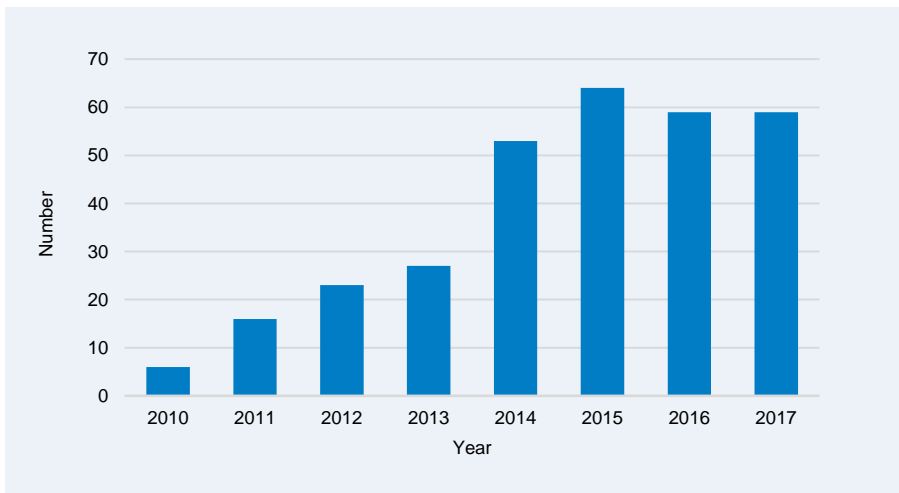
Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

Figure 13 shows that heroin poisonings gradually declined from 2007 to 2012, but started to increase again in 2013 and reached the same level as at the beginning of this decade in 2015 and 2016. In 2017, the number of heroin poisonings decreased again.

The number of cocaine poisonings remained stable from 2010 to 2013 but in 2014, cases of cocaine poisoning in Ljubljana more than doubled and reached a total of 54 patients in 2016 and exceeded the number of heroin poisonings. In 2017, the number of cocaine poisonings did not change significantly compared to the year before.

In recent years, the number of cannabis (THC) poisonings is also steadily increasing. Since 2014, cannabinoids have been the most frequently used illicit drugs found in adults who have suffered drug poisoning in Ljubljana. The number of THC poisonings doubled in 2014 compared to the year before. In 2015, we treated 64 cannabis users but in 2016 and 2017 the growing trend of THC poisonings stopped (Figure 14). We also noticed some poisonings with hashish oil, which comes from cannabis, but in most cases these are older people suffering from other diseases.

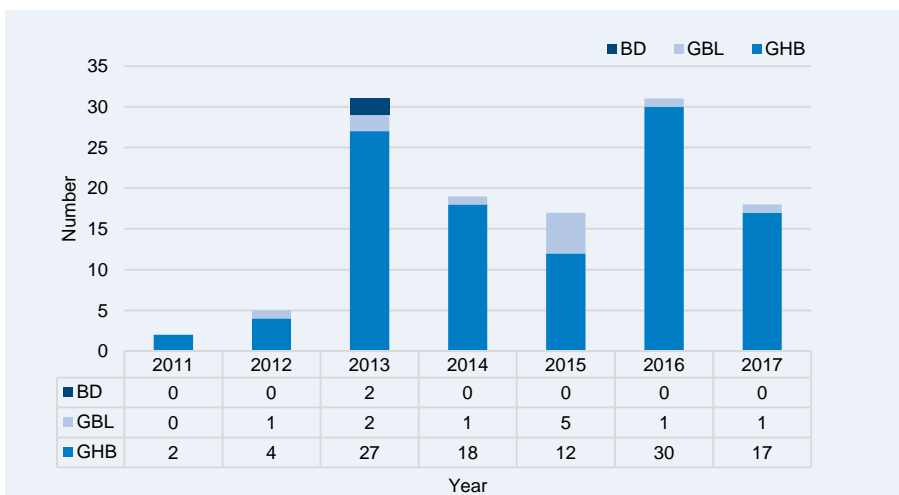
Figure 14. Number of acute cannabis-induced emergencies treated at the UMC Ljubljana, Division for Internal Medicine, 2004–2017



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

In 2017, the number of Gamma-Hydroxybutyrate (GHB) poisonings decreased compared to 2016 when the number of these poisonings increased in comparison to 2014 and 2015, when the number of GHB poisonings cases was lower than in 2013. In 2013, GHB poisoning was the most frequent illicit drug poisoning: we treated 27 persons poisoned with GHB and 2 persons with GBL and BD (Figure 15). In 2016, the number of poisonings with GHB and GBL was also 31 but GHB poisoning came fourth and in 2017, cases of GBH and GBL poisoning almost halved compared to the previous year.

Figure 15. Number of patients treated for acute intoxication with GHB, GBL and BD at the UMC Ljubljana, Division for Internal Medicine, 2010–2017



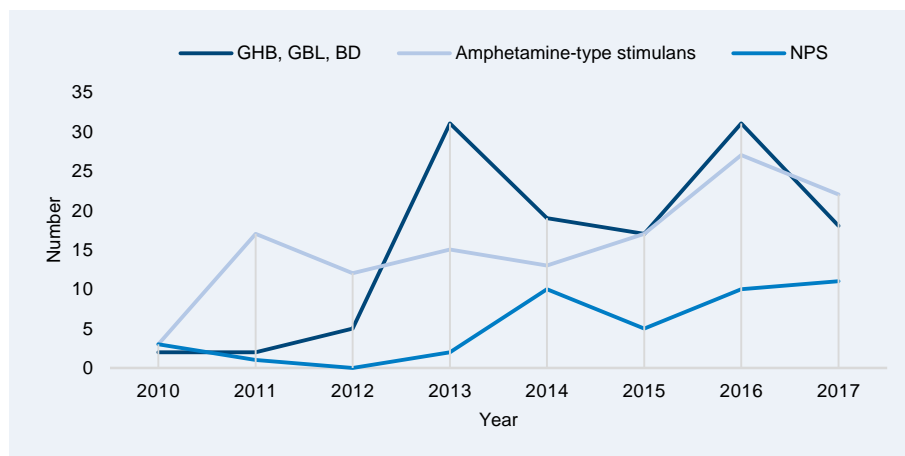
Source: UMC Ljubljana, Division for Internal Medicine, Centre for Clinical Toxicology and Pharmacology

The number of poisonings with so called “classical” amphetamine-like stimulants, including amphetamines, metamphetamines and MDMA and similar phenethylamines, increased significantly in 2016 compared to the last 5 years and decreased again slightly in 2017 (Table 3).

In 2017, we also recorded 11 poisonings with new psychoactive substances like 3-MMC, mephedrone, 2-MeO-PCE, 2F-DCK). Synthetic cathinones prevailed among NPS, especially 3-mmc.

The number of amphetamine-like stimulant and NPS poisonings appears to be increasing after 2012 (Figure 16).

Figure 16. Number of patients treated for acute intoxication with GHB, GBL, BD, Amphetamine-type stimulants and NPS at the UMC Ljubljana, Division for Internal Medicine, 2010–2017



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

The 24-hour toxicological consultative service of the Clinical toxicology centre (Consultative service for intoxications for physicians, pharmacists and other experts, e.g. vets, policemen etc.) of UMC Ljubljana treated 158 cases of poisonings in 2017 in which a total number of 182 illicit drugs were taken (Table 5).

Table 5. Number of illicit drugs that caused acute emergencies in patients treated at the UMC Ljubljana, Division for Internal Medicine, 2017

Illicit drug	Number of drugs
Heroin	19
Cocaine	28
Canabis	46
LSD	4
GHB, GBL, BD	14
Amphetamine-type stimulans (amphetamine, methamphetamin, MDMA and similar)	37
NPS (3-meo-PCE, 3-mmc, 5F-AKB48)	32
Psilocibe	2
Total	182

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

1.3 Drug related infectious diseases

Irena Klavs, Andrej Kastelic, 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 from infected mother to the new-born child before, during or after the birth. 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, 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 European surveillance case definitions are used. The data about notified diagnosed cases usually underestimate the true incidence of these infections. With the exception of diagnosis of HIV, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Therefore, we can not estimate the proportion of notified cases of new diagnoses which is related to injecting drug use.

This surveillance information is complemented by monitoring the prevalence of HIV, HBV and HCV infections in convenience samples of clients of Centres for the Prevention and Treatment of Illicit Drug Addiction who are entering for the first time or re-entering treatment by collecting available information about voluntary confidential tests' results in the past. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to 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 know results of previous tests at the time of entering or re-entering the treatment.

During the past five years (2013-2017) the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 974 PWIDs who entered for the first time or re-entered treatment - 178 in year 2013 (among those 27 for the first time), 263 in year 2014 (25 for the first time), 189 in year 2015 (17 for the first time), 187 in year 2016 (11 for the first time) and 157 in year 2017 (24 for the first time). Proportion of PWIDs with any result of tests for HIV, HBV or HCV infections reported to NIJZ ranged from the highest of 55.1% in year 2013 to the lowest of 39.5% in year 2017.

Since 1995, the prevalence of HIV is monitored also in convenience samples of PWIDs. During the period from 2013 to 2017, 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 (2014) and clients of three nongovernmental harm reduction programmes - in Ljubljana (2013-2017), Koper (2013-2017) and Maribor (2013-2014, 2016-2017). 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 in 2014, 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 2013 to 2017 the NIPH received the data for a total of 430 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Prevention and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HIV infection were known (in the year 2013 for the 95 PWIDs, in the year 2014 for the 107 PWIDs, in the year 2015 for the 87 PWIDs, in the year 2016 for the 79 PWIDs and in the year 2017 for the 62 PWIDs).

To ascertain the number of PWIDs with diagnosed HIV infection we took into account results of screening and/or confirmation tests for HIV antibodies (anti-HIV) – screening tests of third and fourth generation and confirmation tests Western blot and Immunoblot. During this period, the number of PWIDs with diagnosed HIV infection before treatment demand ranged from the lowest of 0 among PWIDs who entered or re-entered the program in years 2015 and 2017 to the highest of 3 among PWIDs who entered or re-entered the program in 2014. Respective HIV prevalence estimates ranged from the lowest 0% in 2015 and 2017 to the highest 2.8% in 2014. When interpreting these results, it is important to take into consideration that these estimates for respective years were based on the results of tests conducted before entering for the first time or re-entering treatment.

More reliable estimates of the proportions of currently HIV infected PWIDs can be derived from data from unlinked anonymous HIV testing of small convenience samples of PWIDs at first treatment demand, 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. Among 602 tested PWIDs during the period from 2013 and 2017 none were HIV positive (Table 6).

Table 6. Proportion of HIV infected PWIDs among clients of one Centre for Prevention and Treatment of Illicit Drug Addiction and three harm reduction programmes, 2013–2017

Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
		Male	Female	Male	Female	Male	Female
2013	3	84	20	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
2017	3	97	14	0	0	0	0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2013–2017

During the period from 2013 to 2017, the reported HIV infection incidence rate in the Slovenian population ranged from the lowest 1.9/100,000 inhabitants in 2017 to the highest 2.7/100,000 inhabitants in 2016. During the last five years (2013–2017), six cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2015 and in 2016 and two in 2013 as well as in 2014. At least three of these individuals had a history of injecting drug use abroad. In 2017 there were no reported cases of HIV diagnosis in individuals with a history of injecting drug use to NIJZ. 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. It has to be noted that not all HIV infections are diagnosed.

According to all available surveillance information, extensive spread of HIV infection has not started yet among PWIDs in Slovenia.

HBV Infection

For the period from 2013 to 2017, the NIPH received the data for a total of 200 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HBV infection were known (in the year 2013 for the 42PWIDs, in the year 2014 for the 66 PWIDs, in the year 2015 for the 34 PWIDs, in the year 2016 for the 36 PWIDs and in the year 2017 for the 22 PWIDs).

To ascertain 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 acute or chronic HBV infection before treatment demand ranged from the lowest of 1 among PWIDs who entered the program in years 2016 and 2017 to the highest of 5 among PWIDs who entered the program in 2014. Respective HBV prevalence estimates ranged from the lowest 2.8% in 2016 to the highest 7.6% in 2014. In 2017, the estimated prevalence was 4.6%. When interpreting these results, it is important to take into consideration that the estimates were based also on the results of tests conducted several years before entering for the first time or re-entering treatment.

During the period from 2013 to 2017, the reported acute and chronic 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 and 2017. Due to under-diagnosis and underreporting, HBV reported incidence rates underestimate the true incidence of this infection. Unfortunately, the information about the transmission mode is very scarce and thus the proportion of cases who are PWIDs is not available.

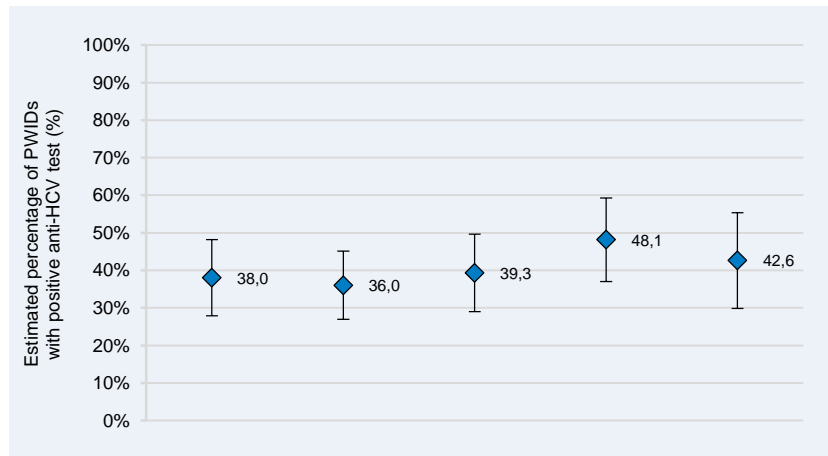
HCV infection

For the period from 2013 to 2017, the NIPH received the data for a total of 434 PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use in different years and for whom the results of previous voluntary confidential testing for HCV infection were known (in the year 2013 for 92 PWIDs, in the year 2014 for the 111 PWIDs, in the 2015 for the 89 PWIDs, in the year 2016 for the 81 PWIDs and in the year 2017 for the 61 PWIDs).

To ascertain the number of PWIDs with diagnosed HCV infection we took into account the results of screening and/or confirmation tests for antibodies to HCV (anti-HCV).The number of PWIDs with diagnosed HCV infection before treatment demand ranged from the lowest of 26 among PWIDs who entered or re-entered the program in year 2017 to the highest of 40 among PWIDs who entered or re-entered the program in 2014. Respective HCV prevalence estimates ranged from the lowest 36.0% in 2014 to the highest 48.1% in 2016. In 2017, the estimated prevalence was 42.6%. When interpreting these results, it is important to take into consideration that the estimates were based also on the results of tests conducted several years before entering treatment for the first time or re-entering treatment in respective years.

Figure 17 shows the estimated percentage of persons with positive 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 in different years and for whom the results of previous voluntary confidential testing for HCV infection were known.

Figure 17. 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, 2013–2017



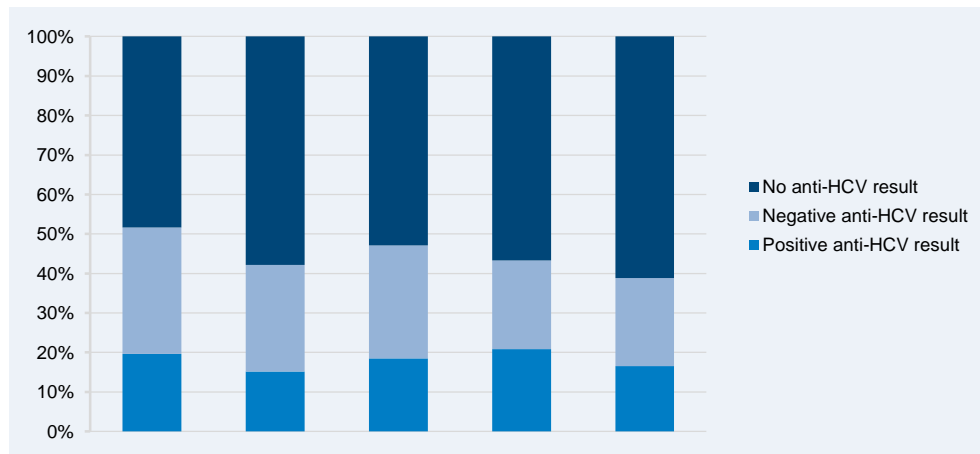
Year of entering for the first time or re-entering treatment	2013	2014	2015	2016	2017
Number of PWIDs with positive anti-HCV test result	35	40	35	39	26
Number of PWIDs with known anti-HCV test result	92	111	89	81	61
Number of PWIDs entering for the first time or re-entering treatment	178	263	187	187	157
Average age of PWIDs entering for the first time or re-entering treatment (in years)	33	35	36	36	36

Source: National Institute of Public Health

The number of PWIDs entering for the first time or re-entering treatment within the national network of Centres for Preventions and Treatment of Illicit Drug Use is relatively low and for many there is no data on testing for HCV markers. Therefore, the corresponding 95% confidence intervals for estimates of PWIDs with HCV infection in different years are relatively wide. From the results shown, we can not conclude that the proportion of PWIDs with HCV infection entering for the first time or re-entering treatment increased or decreased during this period.

In addition, these results should be interpreted with caution. The data about tested PWIDs and the results of tests are not available for all the PWIDs entering for the first time or re-entering treatment. The proportion of those with a known test result prior to the entering for the first time or re-entering treatment decreased from 52% in 2013 to 39% in 2017 (Figure 18).

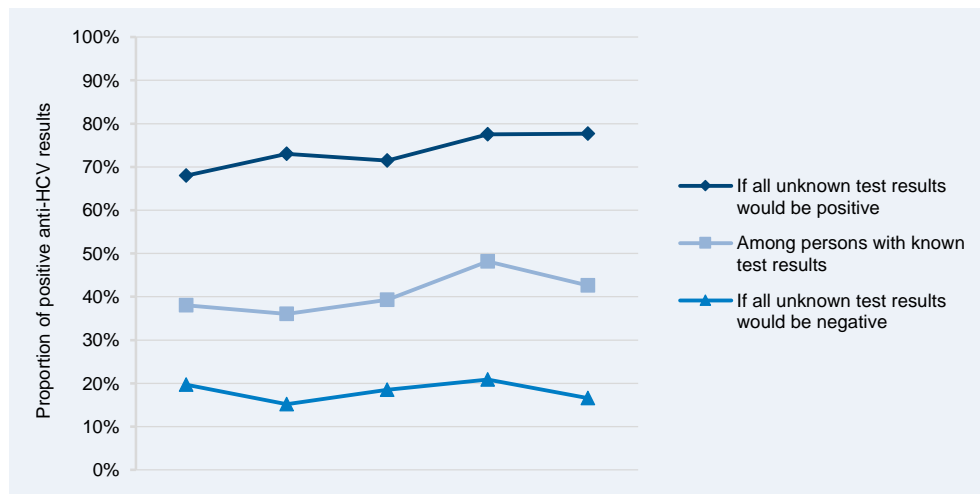
Figure 18. Proportion of persons according to the result of previous anti-HCV test among PWIDs entering for the first time or re-entering treatment, national network of Centres for Preventions and Treatment of Illicit Drug Use, 2013–2017



Year of entering for the first time or re-entering treatment	2013	2014	2015	2016	2017
Number of PWIDs entering for the first time or re-entering treatment	178	263	189	187	157

Source: National Institute of Public Health

Figure 19. Different possible estimates of the proportions of HCV-infected PWIDs entering for the first time or re-entering treatment according to known and unknown results of anti-HCV testing, national network of Centres for Preventions and Treatment of Illicit Drug Use, 2013–2017



Year of entering for the first time or re-entering treatment	2013	2014	2015	2016	2017
Number of PWIDs entering for the first time or re-entering treatment	178	263	189	187	157

Source: National Institute of Public Health

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

Often the data available was only on results of tests conducted several years before entering for the first time or re-entering treatment in each calendar year, which could lead to the underestimation of proportion of infected persons with HCV among PWIDs. For example, among 61 people with known HCV test results entering for the first time or re-entering treatment within national network of Centres for Preventions and Treatment of Illicit Drug Use in 2017, 31% of results were from 2017, 15% results from 2016. The other 54% of results were of tests carried out before 2016.

During the period from 2013 to 2017, to the NIPH 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 5.7/100,000 inhabitants in 2017. An increase could be a reflection of an intensive promotion of HCV infection testing over the years. Due to under-diagnosis and underreporting, HCV reported incidence rates underestimate the true incidence of this infection. Unfortunately, the information about the transmission mode reported to the NIPH is very scarce and thus the proportion of cases who are PWIDs is not available.

Data on possible transmission mode of persons with newly diagnosed HCV infection between the 2008 and 2015 was collected in a special retrospective study by Gregorčič et al. (2018). A total of 1398 persons with new HCV infection diagnosis during the period 2008-2015 were included, of which 955 (63.3%) were men. Injecting drug use was recognized as the most frequent possible HCV transmission mode (58.5%) while possible HCV transmission mode was unknown for 31.1% of persons. Other possible HCV transmission modes included healthcare-related transmission, higher-risk sexual behaviour, being a family member of HCV infected person, tattoo and/or piercing of the skin and or/mucous, injury with parenteral exposure to HCV infected blood and perinatal transmission from HCV-infected mother to child.

1.3.2 Notifications of drug-related infectious diseases

Although communicable diseases do occur among drug users, the surveillance system in Slovenia, which is based on mandatory reporting of diagnosed communicable diseases cases, does not provide reliable information about the proportion of different communicable diseases diagnosed among PWIDs, because the information about the presumed transmission mode (that would include the history of injecting drug use) is not recorded systematically, with the exception of HIV infection.

During the period of last five years, there was not a single report of an outbreak of a communicable disease among PWIDs.

1.4 Harm reduction interventions

Ines Kvaternik, Živa Žerjal

1.4.1 Drug policy and main harm reduction objectives

The fundamental goal of drug-harm reduction, arising from the Resolution on the National Programme on Illicit Drugs 2014–2020 and the Resolution on the National Social Security Programme 2013–2020. (Official Gazette of the Republic of Slovenia [Ur. l. RS] No. 39, 2013) is to develop networks of harm reduction programmes to further reduce the number of HIV, hepatitis B and C infections and deaths due to overdose, as well as to reduce the psychological and social distress and visible consequences of drug use in the community (e.g. open scenes).

Measures to reduce the health and social consequences of drug use and in the field of including drug users in society are necessary to achieve the aforementioned goals and are further determined in the Action Plan for Illicit Drugs in Slovenia (Action plan 2017–2018).

To reduce the consequences of drug use, the network of various harm reduction programmes should be further developed and upgraded, including programmes for users of cannabis, synthetic drugs and stimulants. Various programmes should be developed and quality field work with drug users should be ensured. Drug users should be continuously educated of the hazards of drug use and less risky methods of using them. A needle replacement programme should be introduced in pharmacies, especially in environments where no such programmes exist. A safe room's network should be established, and night and day shelters for drug users on the streets as well as safe and permanent residences for homeless drug users should be introduced. Free vaccination against contagious diseases for drug addicts should be ensured. System for testing a limited quantity of drug samples whereby users could anonymously send samples for drug testing free of charge or otherwise should be introduced into all regions. Public services or other forms of employment must be introduced for the purpose of including illicit drug users into society; drug users should be encouraged to become active in self-help, self-organisation, in expressing their views and needs, as well as in mutual cooperation.

1.4.2 Organisation and funding of Harm reduction services

According to the Resolution on the National Social Assistance Programme 2006–2010, harm reduction programmes are integrated into the network of public social assistance programmes (Official Gazette of the Republic of Slovenia [Ur.l. RS] No. 39/2006). The aforementioned programmes are intended to complement social assistance services and for the prevention and resolution of social hardships of individual vulnerable groups. No technical, staff or substantive standards are laid down for the functioning of these programmes. The programmes will be implemented based on the verification or guidelines published in public calls for proposals for their (co)financing; they are designed to take into account the characteristics and needs of individual target groups of users, and are derived from particular features of the environment and area of implementation.

Slovenia is well covered with harm reduction programmes in the field of drugs, i.e. in the form of day centres, mobile units and field work. In regions with no day centres, mobile exchanges of sterile injection kits are implemented through field work, i.e. by primary or secondary exchanges of kits or through field work with a mobile unit (the Goriška region, part of the Central Slovenian region and part of SE Slovenia, parts of Koroška, and the Pomurje region). Some parts of SE Slovenia are still not covered by such programmes, in particular, the Pomurje region (north-east part of Slovenia), with the exception of mobile units, is poorly covered by programs from the rest of Slovenia. Although mobile units cover most of the territory of Slovenia and there are exchanging sterile accessories there, they do not, however, satisfy the needs of users who need continuous treatment and daily contact with the services. Experts and

users of harm reduction programs have for many years pointed to the need to open daily centers to the north east and south east of Slovenia.

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

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

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

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

1.4.3 Provision of harm reduction services

Sterile injection kit exchange services

Ines Kvaternik

Drug users can acquire free sterile injection equipment within harm reduction programmes all over Slovenia. In regions without day centres, sterile injection kit exchange is carried out with mobile units (vans) or classical field work. In 2017, the field work of these programmes was carried out in 77 towns on 83 locations. In Slovenia, 10 aforementioned programmes were active in 2017. Field work was carried out within 6 programmes and 5 of them were equipped with a mobile unit while one programme performed field work on two locations. Day centres were established in 8 programmes, in some cases they are working on several locations. A shelter for homeless drug users and a safe house for female illicit drug users are also offered within the network of these programmes.

The total number of drug users within these programmes in 2017 was 2,271 and 578,926 needles and injections were distributed. Users return waste needles to the programme collection points.

Table 7. Equipment and drug use paraphernalia (beyond syringes/needles) provided in harm reduction programmes, 2017

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

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

DrogArt centre for counselling and psychotherapy

Anja Mihevc

The DrogArt centre for counselling and psychotherapy has been described in previous reports already. In addition to continuous counselling, they 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.

In 2017, 83 users were included in a personal counselling programme; 19 of them came for advice just once and refused continuous participation. The remaining 64 entered a counselling therapy programme; 41 men, 22 women and one couple – 2/3 were men and 1/3 women. The youngest user was 14 and the oldest 46 years of age. The average age of users was 30 years.

In 2017, 17 individuals joined the counselling programme due to problems with cocaine, followed by cannabis problems (13 persons). 8 persons were included to maintain abstinence, 7 for club drugs, 6 for heroin and 5 for alcohol. Three users came for support due to psychedelics or a severe experience with psychedelics or NPS use. One user was included because of GHB.

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 that 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 fieldwork at after parties, where we are still adapting the method of fieldwork so that it is most appropriate for drug users at such parties.

Open scene challenges: needs and considerations of users of public places

Simona Šabić, The NGO association in the field of drugs and addiction (ZvezaNVO)

The campaign *Izzivi odprte scene* (Open scene challenges) began in May 2017 as a response to the initiatives of citizens, the municipality and other local actors aimed at different organisations, working in the field of drugs and homelessness, to regulate the disturbing use of public places (not all are users of an NGO). This campaign is a response to the needs of users who occupy these locations; NGO workers have been finding out for some time that the existing programmes and methods of dealing with drug use, addiction, homelessness and other issues does not adequately respond to the needs of drug users and residents who live in a neighborhood. In their work, they indirectly encounter users, their problems and systemic barriers of solving problems of individuals and the community. At the same time, NGO workers are often those who listen to the issues of neighbourhood residents where the open use of drugs and other disturbing behaviours and the socializing of drug users is taking place. The non-governmental sector is unable to respond to these issues with current available programmes alone. Therefore, the purpose of the campaign is to establish dialogue between all stakeholders (on national and local level) involved in the issue of open drug use in the local community. Through meetings several times per year they highlight the problems from the viewpoint of different stakeholders and users of public places and jointly look for suitable solutions (e.g. based on foreign good practice, adapted to local specifics). The campaign takes into account the fact that this is a very complex issue from the both perspectives. On the one hand, because of different characteristics of drug users and variety of their needs (older users, younger users ...) and on the other hand because of the variety of needs of other users of public places. Furthermore, communication and solution finding is often hindered by various fears and prejudices which is why suitable ways of communication and cooperation between all involved persons should be established (on national and local level). Decision makers should also be involved in this process.

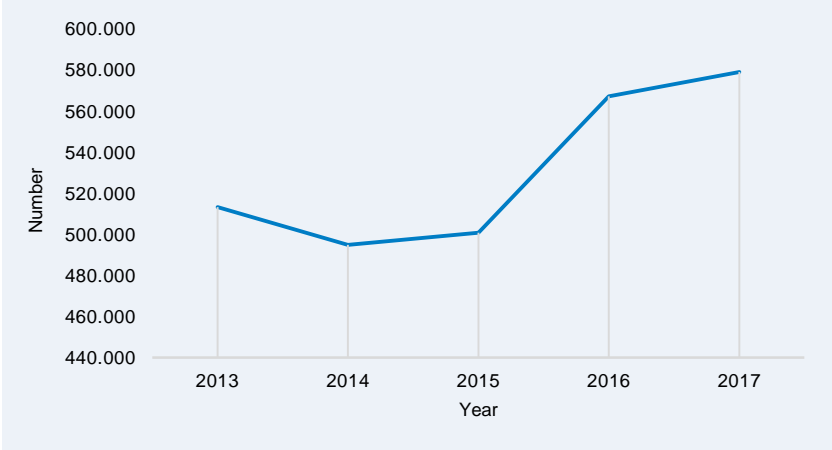
The NGO association, Faculty of Social Work and Faculty of Education organized the first meeting in June 2017 in Ljubljana. Two autumn meetings followed this meeting. One was in Koper (organized by the NGO association, both faculties mentioned above, SVIT Koper and NIPH Regional Unit Koper) and the second in Nova Gorica which was co-organized together with the ŠENT society and the Municipality of Nova Gorica. The second meeting in Ljubljana took place in autumn of 2017 and was organized by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. The meetings were attended by some drug users, representatives from both mentioned faculties, different NGOs, the Ministry of Labour,

Ministry of Family, Social Affairs and Equal Opportunities (MDDSZ), Ministry of Health (MZ), representatives of local authorities, healthcare (CPZOPD), social care centres, the Homeless shelter Ljubljana, NIPH, the Police and neighbourhood residents and other actors in the local community. The conclusion of the meetings was that concrete steps should be taken in individual local communities. Working groups and meetings of small groups of representatives of various institutions and organizations should be organized with the aim of solving individual segments of the problem, for example looking for a suitable method to relieve the CPZOPD Ljubljana surroundings, review the needs of proper programmes for different drug user groups, ensure conditions and required agreements for the implementation of programmes (e.g. accommodating different user groups, establishing a safe room, arranging places for socialization of different groups of people and different types of work with young drug users etc.).

1.4.4 Harm reduction services: availability, access and trends

The programme of sterile equipment exchange within harm reduction programmes recorded 23,687 contacts with 2,271 different drug users in 2017. 158 were recognized as new users.

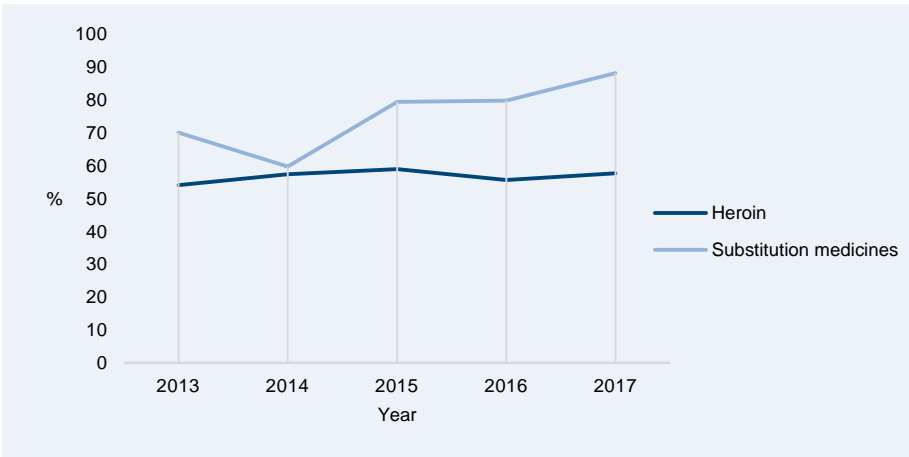
Figure 20. Number of needles and syringes issued among the harm reduction programmes users, 2013–2017



Source: National Institute of Public Health, Koper Regional Unit, Database on the use of materials for safer injection in harm reduction programmes, 2013–2017

Figure 20 indicates that the use of needles and syringes among the harm reduction programmes has been increasing since 2014 when we recorded a decline in injection probably due to the lack of heroin in Slovenia at that time. The percentage of respondents who said they injected drugs in the last year also indicates this increase we are facing in the last years. The percentage of such users was 60.1% in 2016 and 65.4% in 2017. Among the high-risk drug user population, we are detecting a constant increase in injecting cocaine and heroin (see Drugs workbook 2018).

Figure 21. Proportion of heroin and substitution medicines use among the harm reduction programmes users, 2013–2017

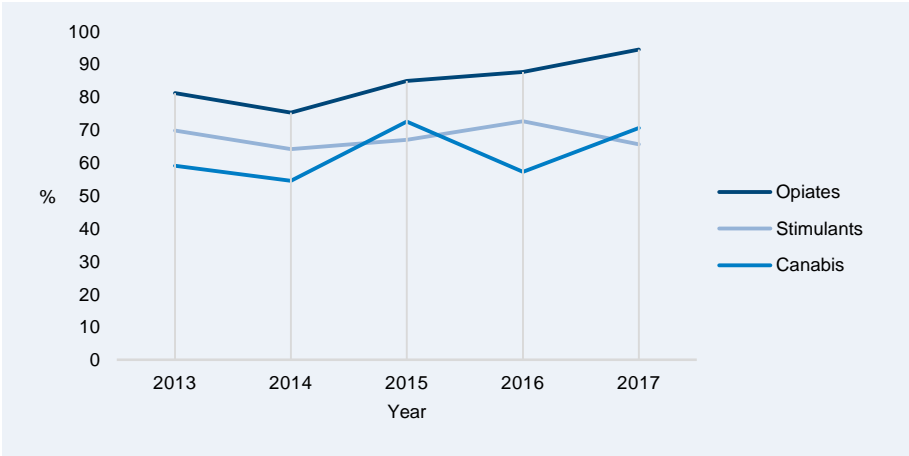


Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2013–2017

Although harm reduction programme users simultaneously use different types of drugs, they still use opiates most frequently. The use of heroin has been stable in recent years but the use of substitution medicines is increasing as indicated by Figure 21. As much as 88.1% of the respondents used substitution medicines in 2017.

In 2017, increased use of cannabis was recognized among harm reduction programme users while use of stimulants decreased by a small degree (Figure 22).

Figure 22. Proportion of opiates, stimulants and cannabis use among the harm reduction programmes users, 2013–2017



Source: National Institute of Public Health, Koper Regional Unit, Survey on drug use among harm reduction programme users, 2013–2017

2. New developments

2.1 New developments in harm reduction interventions

Mobile unit programmes in Slovenia

Maša Serec, Jože Hren, Samra Mušič

The Ministry of Health (hereafter the Ministry) has been carrying out the Programme for harm reduction using vehicles specialized for field work since June 2007⁸. During this time, field workers carried out their services for at least 1,000 users yearly and travelled more than 1.6 million kilometres across Slovenia. The need for new vehicles and additional services was evident.

The Ministry acquired funds within the Priority axis 9 “Social inclusion and reduction of the risk of poverty”, Investment priority 9.1. “Active integration including promotion of equal opportunities and active cooperation and improving employability”, specific objective 9.1.2 “Empowering target groups to enter the labour market” of the Operative programme for implementing European cohesion policy in the period 2014–2020 (in total with the equipment EUR 3,303,324.00) for the implementation of the programme “Development and upgrade of mobile units for the implementation of preventive programmes and harm reduction programmes in the field of illicit drugs”. The purpose of the programme is to enable full implementation of preventive programmes and harm reduction programmes in the field of illicit drugs and new psychoactive substances. Within the implementation of the programme, the existing network of mobile units was supplemented and upgraded by replacing vehicles, enhancing the staffing of mobile units (including health care workers, nurses and a chemist) and developing new services and programmes in mobile units. Conditions were established for better collaboration and a greater coherence among social and healthcare services that treat users within the programme which will improve the effectiveness of services and ensure a more comprehensive treatment for users. Important highlights are activities which help users to enter the labour market. According to some NGOs, employing a health care worker presented a welcome assistance to the existing work force and they were also warmly welcomed by users. The programme began on 1 January 2018 and ends on 31 December 2020.

1. Illicit drug and new psychoactive substance (NPS) use prevention programmes in mobile units and harm reduction programmes for illicit drug and new psychoactive substance users in mobile units

The purpose of mobile unit programmes is to increase the accessibility of prevention programmes and harm reduction programmes for illicit drug and NPS users. The main goals of the implementation of illicit drug and NPS prevention programmes are counselling, informing, early detection and early intervention. The main goals of harm reduction programmes are to mitigate healthcare and social consequences for illicit drug and NPS users including needle and sterile syringe exchange and to establish contact with a greater number of users, especially those not yet included in any kind of treatment or assistance. As part of six consortium co-operations between NGOs and health facilities in different areas in Slovenia (Ljubljana, Maribor, Celje, Nova Gorica, Koper and ŠkofjaLoka), NGOs received mobile units and health facilities employing a graduated health care worker who will collaborate in mobile unit programmes.

⁸ Rakovec, T., Kristančič, L., Hren, J. (2013) Nacionalno poročilo 2013 o stanju na področju prepovedanih drog v RS. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije.

2. Substitution treatment programmes in mobile clinics

The purpose of substitution treatment programmes in mobile clinics is to increase the accessibility of substitution treatment in deficit regions. The main goal of the programme implementation is higher inclusion of illicit drug and NPS users in substitution treatment programmes and prevention of health and social consequences for patients. The programme also enables early detection and establishing contact with a greater number of users, especially those not yet included in any kind of treatment or assistance. Two health centers are running the programme (SlovenjGradec and Ptuj). They both received mobile clinics, and both employed two graduated health care workers and one nurse for the implementation of the programme in the mobile clinic.

3. Illicit drug and NPS analysis in a mobile laboratory

The purpose of the mobile laboratory programme is to enable different services in the field where the youth and others who use illicit drugs and particularly NPS gather (e.g. at dance parties and other entertainment events). NPS became a great issue all over the world and in Slovenia, because their production is relatively easy and quick with an unknown and unpredictable effect. Due to the use of NPS, some EU countries including Slovenia have already reported deaths. The main goal of the programme is the anonymous testing of substance samples and offering earliest possible feedback on the content of the substance. Using anonymous testing and immediate feedback, the risk of consuming a life-threatening substance for the user is greatly reduced. Further detailed analyses of individual substances that were submitted for testing are carried out in the National Laboratory of Health, Environment and Food using sophisticated methods. Mobile laboratory services contribute greatly to monitoring, profiling and recognizing illicit drugs and NPS on a national level as well. It is a consortium co-operation (agreement) between an NGO and the National Laboratory of Health, Environment and Food for the whole territory of Slovenia, where the NGO received a mobile laboratory and the national laboratory employed a chemist for the programme implementation.

4. Mobile unit for medical rehabilitation of illicit drug and NPS users

The purpose of the Mobile unit for the medical rehabilitation programme is to ensure a personalized treatment in the illicit drug and NPS user community as these users' access institutional and non-governmental aid programmes harder due to associated mental disorders or other health problems. The main goal of the programme implementation is to enable a personalized treatment of the target group including a multidisciplinary evaluation of needs and user capabilities, composing a rehabilitation plan with defined treatment goals until the end of treatment or acceptance in other programmes, performing medical and non-medical treatments, working with relatives and connecting with NGOs and other field services. A tertiary healthcare institution (Psychiatric Clinic) which covers the whole territory of Slovenia carries out the programme. They received a mobile unit and employed a health care worker for the implementation of the programme.

3. Sources and methodology

3.1 Sources

Sources and methodology in Drug Related Deaths

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

have been taken from a cohort study. The NIPH manages the national General Mortality Register in accordance with the Health Care Databases Act. The register contains data on medical death certificates and cause-of-death reports (death certificate). The causes of death are categorised in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

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1. EMCDDA (2018) Evropsko poročilo o drogah, Trendi in razvoj, 2018
2. NIJZ (2017), Report on the drug situation 2017 of the Republic of Slovenia
3. EMCDDA (2007) Cocaine and crack cocaine: a growing public health issue, Selected issue
4. Corkery, J.M. (2012), 'Analysis of the data sources, numbers and characteristics of cocaine-related DRD cases reported in special mortality registries, or eventually in general mortality registries (GMR) when necessary', European Monitoring Centre for Drugs and Drug Addiction, Lisbon and University of Hertfordshire, Hatfield
5. EMCDDA (2014), Emergency health consequences of cocaine use in Europe: A review of the monitoring of drug-related acute emergencies in 30 European countries

Sources and methodology in drug related emergencies

The Rules on reporting, collecting and arranging of data on poisonings in Slovenia (Official Gazette of the Republic of Slovenia, No. 38/00), which include cases of poisoning by NPS, stipulate that all legal and natural persons pursuing medical activity are required to promptly report cases of poisoning to the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the UMCL Division of Internal Medicine. Intoxication data must be sent within 24 hours or on the first working day that follows, i.e.:

- in case of hospital treated poisonings following a discharge diagnosis,
- in case of clinically treated poisonings following a diagnosis, reasonable doubt for poisoning or following a change in diagnosis (if changed to poisoning),
- following the receipt of an autopsy report confirming poisoning.

The registration of a case of illicit drug poisoning may be sent by doctors to the Slovenian Register of Intoxications on a printed or online 'Intoxication Registration Form' (<http://kt.kclj.si>). The Centre for Poisoning also carries out 24/7 information consultation service in clinical toxicology providing information about the treatment of drug-related cases of poisoning. The toxicologists on duty warn doctors treating patients poisoned by drugs that they are required to report all cases of poisoning to the Slovenian Register of Intoxications. In cases of interesting or serious drug poisoning, e.g. by NPS, the course and outcome of poisoning is followed up and all relevant data on the poisoning are collected upon the completion of treatment. The largest deficiency of the mentioned data collection on illicit drug poisoning lies in deficient toxicology analytics, which applies primarily to medical centres and secondary hospitals. 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.

Sources and methodology in drug related Infectious diseases

Methodology is described under section 3.2.

References:

1. Gregorčič S, Poljak M, Seme K, Baklan Z, Selič-Kurinčič T, Remec T, Pal E, Matičič M. Hepatitis C: Demografske, epidemiološke in virološke značilnosti okuženih v Sloveniji – rezultati nacionalne raziskave. In: Beović B, Lejko Zupanc T, Tomažič J (Ed.). *Sodobna infektologija: problem protimikrobne odpornosti, virusni hepatitis, okužbe povezane z zdravstvom, okužbe v pediatriji in bolezni, ki jih prenašajo klopi: Infektološki simpozij* (In Slovene), 2018: 84-90.
2. Klavs I, Poljak M. Unlinked anonymous monitoring of human immunodeficiency virus prevalence in high and low risk groups in Slovenia, 1993-2002. *Croat Med J.* 2003; 44 (5): 545–549.
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Sources and methodology in harm reduction

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

Harm reduction: Data on drug user profiles in harm reduction programmes in the period 2013–2017 were acquired with a “Questionnaire on drug use” among harm reduction programme users within Slovenia. The questionnaire was filled out by users who visit programmes in stationary locations and users reached by expert programme workers in the field. Cooperation in the survey was voluntary and anonymous.

In 2017, the survey included 232 harm reduction programme users. The respondents were 83% male and 17% female. The average age of the respondents was 37 years. The youngest respondent was 18 and the oldest 55 years of age. The majority of the respondents had completed vocational or secondary education (64.7%), 27.6% had only primary school level education and 3.9% had higher education or university degrees. 3.9% of the respondents had not successfully finished primary school. The

respondents were mostly unemployed (87.8%); 8.3% of them were employed, 2.2% retired and 1.7% still in school.

The largest percentage of the respondents (41.1%) lived alone, a slightly smaller percentage (34.2%) still lived with their parents or relatives, 7.8% lived together with their partner, 3.9% with friends, 6.9% in shelters and 4.3% outside (in the park, street, abandoned buildings).

References:

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2. NIJZ OE Koper. Rezultati ankete o uživanju drog med uporabniki programov zmanjševanja škode 2013-2017
3. Resolucija o nacionalnem programu na področju drog (2014-2020). Uradni list RS 2014, št.25/2014.
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3.2 Methodology

Methodology in Drug-Related Infectious Diseases

Irena Klavs, Andrej Kastelic, 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 previous voluntary confidential diagnostic testing for HIV, HBV and HCV infections among PWIDs who enter for the first time or re-enter treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction. Centres for the Prevention and Treatment of Illicit Drug Addiction report data to NIJZ within annual monitoring of Treatment Demand Indicator. The strengths of such an approach is the nationwide coverage and the sustainability of such a surveillance system. The limitations are the non-representativeness of such estimates for all PWIDs in Slovenia, the fact that estimated proportions do not represent the prevalence of infections among those entering for the first time or re-entering treatment, but rather the proportion among those who had know results of previous tests at the time of entering or re-entering the treatment. During the period from 2013 to 2017 the Centres for the Prevention and Treatment of Illicit Drug Addiction reported data for 974 PWIDs who entered for the first time or re-entered treatment, 178 in year 2013 (among those 27 for the first time), 263 in year 2014 (25 for the first time), 189 in year 2015 (17 for the first time), 187 in year 2016 (11 for the first time) and 157 in year 2017 (24 for the first time). Proportion of PWIDs with any result of tests for HIV, HBV or HCV infections reported to NIJZ ranged from the highest of 55.1% in year 2013 to the lowest of 39.5% in year 2017.

In addition, unlinked anonymous HIV testing of PWIDs at first treatment demand has been 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 this 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 was 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 few months each year. In the past three years, the period of sampling was shortened to one month.

In addition, the NIJZ collects information on newly diagnosed cases of HIV, HBV and HCV infections, which may include information on the transmission routes. All three diagnoses must be reported according to the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06) and Healthcare Databases Act (Official Gazette of the Republic of Slovenia, No. 65/00 and 47/15). To ensure comparability of data surveillance case definitions are used. Nearly all of the newly diagnosed HIV infection cases reports contain information on the transmission route. In contrast, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Therefore, we can not estimate the proportion of notified cases of new diagnoses of HBV and HCV which is related to injecting drug use. Surveillance reports that include information on HIV, HBV and HCV newly diagnosed cases reporting are published annually (Klavs and Kustec (ed.) 2017, Sočan et al. (ed.) 2017).

The strength of HIV, HBV, and HCV reported incidence monitoring is its nationwide coverage. In contrast to relatively reliable AIDS reported incidence data, the information about reported newly diagnosed HIV infection cases among PWIDs cannot reliably reflect HIV incidence. However, the notification of diagnosed HIV cases is believed to be complete and HIV incidence among PWIDs to be very low. Also, almost 100% of HIV infection cases reported to the NIJZ contains information on probable transmission route. Thus, any underestimation of HIV infection incidence among PWIDs is only due to possible late diagnosis. In contrast, due to underdiagnoses, underreporting of diagnosed cases and very scarce information on transmission routes, overall HBV and HCV reported incidence rates are much less reliable and underestimate the true burden of diagnosed infections in the general population of Slovenia as well as among PWIDs.

Drug market and crime workbook

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Summary

- **Domestic drug market**

Slovenia is self-sufficient in the production of the illicit drug cannabis, which is produced in specially modified facilities. Although the number of those facilities remains approximately the same, the number of seized plants is increasing. This means that the facilities intended for cannabis production are larger, while the equipment and methods for the production of cannabis are improving. In 2017, the police did not find any functioning laboratories for the production of synthetic drugs, nor for the production of cocaine or heroin.

Illicit drugs are smuggled along the traditional Balkan route. Primarily cannabis, as well as heroin, is smuggled through the Balkan route from Albania, Kosovo and Serbia. Otherwise, the leading supplier of heroin is Turkey. International criminal organisations often replace heroin for acetic anhydride, which comes to Slovenia from the Czech Republic and recently also from Poland. In Slovenia, larger quantities of acetic anhydride, which are intended for transport to the producing countries, are being stored. MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands; smaller amounts of cocaine are smuggled into Slovenia from Spain.

The most widespread way of smuggling among criminal groups in Slovenia or members of international criminal groups from Slovenia is still smuggling large quantities of diverse illicit drugs using goods vehicles, while smaller quantities of illicit drugs are most commonly smuggled hidden in specially modified passenger vehicles or in luggage on buses.

- **National drug law offences**

In 2017, the police recorded 1,998 drug-related criminal offences. Pursuant to the Criminal Code of the Republic of Slovenia, such criminal offences include the unjustified manufacture and trafficking of illicit drugs and facilitating the consumption of illicit drugs. Most criminal offences are committed through the illicit purchase and production of drugs, as well as offering to sell, and selling illicit drugs. In 2017, the police also detected 5,125 violations of the Production of and Trade in Illicit Drugs Act.

Cannabis is the main illicit drug associated with the highest number of drug-related criminal and other offences, followed by cocaine, heroin and amphetamine. In 2017, the largest increase in the number of offences was seen with regard to the illegal drug benzodiazepines.

- **Key drug supply reduction activities**

The key documents for the police in the field of reducing the supply of drugs are the Resolution on the National Programme on Illicit Drugs 2014-2020 and the related two-year Action Plan 2017-2018. The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The priority list of the Slovenian police includes the illicit drugs heroin, cocaine and, increasingly, synthetic drugs and new psychoactive substances. The police intensively gather data on any functioning cannabis cultivation facilities and working laboratories for the production of synthetic drugs, and analyse large seizures of these.

Active smuggling along the Balkan route needs to be stopped, so the goal and activity of the police is to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the border and inside Slovenia. In addition, the police are also strengthening good international cooperation with the police forces of other countries and international organisations. They work with the goal of discovering smuggling organisers and discovering members of (international) criminal organisations.

The aim of the police is also focused activity in the field of uncovering money laundering, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking. The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

1. National profile

1.1 Drug market

1.1.1 Domestic production of drugs

In the opinion of the police, Slovenia remains a self-sufficient country in terms of the illicit drug cannabis, which is produced in specially modified indoor facilities. The number of uncovered facilities modified for cannabis production remains approximately the same as in previous years (Table 1). However, the number of seized cannabis plants increased significantly compared to previous years (70.9% more seized plants in 2017 than in 2016) (Table 2). Compared to the previous year, the uncovered modified facilities were even larger and a much larger number of plants were grown inside such facilities. We are still finding that the equipment and methods for growing cannabis are getting increasingly better. Judging from the data, the equipment was purchased in regular household equipment stores, both in Slovenia and Austria.

Table 1. Number of facilities modified for cannabis cultivation, 2011–2017

	2011	2012	2013	2014	2015	2016	2017
Number of facilities modified for cannabis cultivation	52	75	70	118	80	81	78

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

Table 2. Number of cannabis plants seized and the amount of dried cannabis seized in facilities modified for cannabis cultivation, 2015–2017

	2015	2016	2017
Cannabis plant	4,659	6,002	10,259
Dried cannabis (kg)	86.6	25.6	88.7

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

No working laboratory for the production of synthetic drugs or cocaine or heroin was uncovered in Slovenia in 2017.

1.1.2 Routes of trafficking

The traditional two-way Balkan route is still the main route for smuggling illicit drugs, and we estimate that the scope of smuggling operations is still increasing. Primarily cannabis and heroin is smuggled through the Balkan route from Albania, Kosovo and Serbia. Heroin is smuggled into Slovenia and further to the Western European countries primarily from Turkey. We also observe that heroin is loaded onto passenger vehicles in Serbia, where larger quantities are stored, and then smuggled into other European countries. We still find that international criminal organisations often exchange heroin for acetic anhydride, which is a precursor for heroin production. Acetic anhydride is brought to Slovenia from the Czech Republic and, in recent year, mainly from Poland. Slovenia is used only as a country for storing large quantities of acetic anhydride before it is transported to the producing countries, or countries on their way to Afghanistan.

We note that MDMA, amphetamine and also cocaine are being smuggled mainly from the Netherlands. For Slovenia and the rest of the Western Balkan countries, Spain remains the main supplier of cocaine.

Criminal groups in Slovenia, or 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 chance of uncovering and seizing illicit drugs, and with the successful transport of illicit drugs to the final location, earnings are even higher. Smaller quantities are most often smuggled hidden in specially adapted passenger vehicles or in luggage on buses.

1.1.3 Contextual information on trafficking

Smaller amounts of smuggled individual illicit drugs, such as cocaine, heroin, MDMA and amphetamine, do not leave Slovenia. Cannabis, which is produced in specially modified facilities in Slovenia, mostly remains in Slovenia and is sold by members of criminal organisations to dealers.

Both in quantities large and small, illicit drugs seem to be easier to come by in Slovenia's larger urban areas. Members of criminal groups then resell smaller volumes of illicit drugs to other members outside these urban areas. The most common method of smuggling within the country is the use of private passenger vehicles, small goods vehicles, or as passengers in buses or taxis.

1.1.4 Wholesale drug and precursor market

We note that illicit drugs (amphetamine, cocaine, MDMA, heroin) in larger volumes are more easily accessible in the areas of larger cities. Cannabis - marijuana, which is produced in specially modified facilities, is available in large quantities irrespective of the location and size of the city. Production is carried out throughout Slovenia, since it only requires favourable conditions for growing cannabis - e.g. larger warehouses, vacant apartments. Often the owners who rent out those warehouses, apartments, etc. know that they are being used for criminal activities, but profits prevail over the risk that the activity will be uncovered by the police.

Members of international criminal groups mainly buy acetic anhydride legally in the Czech Republic and Poland, load it onto trucks or smaller goods vehicles, and smuggle it to other European countries, often also to Slovenia. The acetic anhydride is stored somewhere in Slovenia, where it is either repackaged or not, and it then waits for further transport. It is then transported in smaller quantities to Turkey. There is no data available that would indicate that 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 organisers, providers of logistical support and also perpetrators of the 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 3 below shows prices for the most common illicit drugs found in Slovenia and their wholesale volumes. We note that wholesale prices for most illicit drugs have not changed much in recent years. Despite the fact that the price for 1 kg of cocaine remains the same, the purity of accessible cocaine has increased.

Table 3. Wholesale prices of illicit drugs in Slovenia, in EUR, 2017

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.I		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. The middlemen break up the packages even further and also cut the illicit drug, which is then made available to street pushers and users. Illicit drugs prepared in this way are available in all parts of the country. There is no evidence indicating that other psychoactive substances are being mixed with heroin or cocaine.

Below (Table 4) are the retail prices of the most accessible and top-selling illicit drugs, per 1 gram or 1 tablet. The prices have not changed significantly over the last 5 years.

Table 4. Prices of illicit drugs at the retail level in Slovenia, in EUR, 2017

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.I		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

After 2015 (68,810), the Slovenian police again registered a higher number of criminal offences in 2016 (79,995), but it is still smaller than in the previous years. In 2017, there was a slight decrease in the number of offences compared to 2016, i.e. 73,988 (Table 5).

In 2017, the number of registered violations of the Production of and Trade in Illicit Drugs Act increased by 32.6% (5,125), since only 3,864 violations were registered in 2016. The number of offenders also increased, i.e. from 3,662 (2016) to 4,862 in 2017. We believe that this is a consequence of the continued planned and targeted work of the police in reducing the supply of illicit drugs, both on the Slovenian and foreign markets.

The number of registered criminal offences of unjustified manufacture and trafficking of illicit drugs and of facilitating the consumption of illicit drugs has increased again after 2014, while the number of registered suspects has remained approximately the same since 2014. Most criminal offences are committed through the purchase of illicit drugs and the production, offering for sale and sale of illicit drugs.

Table 5. The total number of criminal offences, number of drug-related criminal offences, number of suspected offences, number of drug-related violations, and the number of violators of the Production of and Trade in Illicit Drugs Act, 2011–2017

	2011	2012	2013	2014	2015	2016	2017
Number of all criminal offences	88,722	91,430	93,833	87,474	68,810	79,995	73,988
Number of drug-related criminal offences	1,925	1,969	2,191	1,867	1,872	1,737	1,998
Number of suspects of drug-related criminal offences	2,229	2,235	2,428	2,089	2,126	2,043	2,118
Number of violations of the Production of and Trade in Illicit Drugs Act	3,691	3,423	4,197	4,069	3,730	3,864	5,125
Number of violators of the Production of and Trade in Illicit Drugs Act	3,690	3,421	3,898	3,780	3,393	3,662	4,862

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

In 2017, cannabis continued to be the illicit drug associated with the highest number of drug-related violations and violators. Compared to 2016, an increase of 20% in illicit drug offences can be detected in connection with cannabis, followed by cocaine, heroin and amphetamine. We detected an increase in drug-related violations. The largest increase in the number of violations has been seen with regard to the illegal drug benzodiazepines, followed by ecstasy and methamphetamine, and cocaine and amphetamine (Table 6).

Table 6. 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, 2013–2017

Type of illicit drug	Number of violations 2013	Number of violations 2014	Number of violations 2015	Number of violations 2016	Number of violations 2017
Cannabis (marijuana)	2,958	2,924	2,592	2,663	3,334
Heroin	182	166	148	172	172
Amphetamine	167	130	133	101	149
Cannabis – plant	103	94	73	110	117
Cocaine	100	113	105	110	187
Benzodiazepines	62	26	43	31	86
Cannabis – hashish	56	77	92	107	111
Ecstasy	37	37	36	16	30
Methamphetamine	11	16	21	17	34

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

1.2.2 Drug related crime

In 2017, the police ordered approximately 35.1% more expert examinations (i.e. 1,405) to detect the presence of illicit drugs, psychoactive drugs or other psychoactive substances in drivers compared to 2016 (Table 7). The presence of illicit substances in examined drivers remains proportionate to the number of ordered expert examinations. 238 of them were positive (236 in 2016), which is shown in Table 6. The number of refused expert examinations is still increasing, in 2016 there were 315 of them, while in 2017 there were already 514 of them, which is an increase of 60% compared to 2016. The presence of cocaine, cannabinoids and benzodiazepines prevails

Table 7. The number of ordered expert examinations to determine the presence of illicit drugs and other psychoactive substances, and the number of positive blood/saliva and urine tests, 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Total tests ordered	1162	780	784	775	723	912	1,405
Positive tests	648	280	276	246	143	236	238

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 2017, the police in Slovenia operated in accordance with the stated goals and activities in the field of reducing the supply of illicit drugs, which were set out in the two-year Action Plan 2017-2018 on the basis of the Resolution on the National Programme on Illicit Drugs 2014-2020.

The Slovenian police carry out specifically targeted activities in the field of reducing the supply of illicit drugs at the national, regional and local levels. The illicit drugs heroin, cocaine, cannabis and, increasingly, synthetic drugs and new psychoactive substances remain the priorities of the work of the Slovenian police. The police still intensively gather data on any functioning cannabis growing facilities and working laboratories for the production of synthetic drugs, and analyse the seizures of large quantities of these, which is also one of the objectives of the Action Plan and thus-related police activities.

Active smuggling along the Balkan route needs to be stopped, so the goal and activity of the police is to improve cooperation with the security authorities of the Western Balkan countries and to increase the number of seizures at the border and inside Slovenia. In addition, we are also strengthening good international cooperation with foreign police forces and international organisations (Europol, Interpol, EMCDDA, DEA USA, UNODC, etc.), which contributes to an even greater reduction in the supply of illicit drugs in the wider market, not only in Slovenia. We work with the goal of discovering smuggling organisers and discovering members of (international) criminal organisations.

The aim of the police is also focused activity in the field of uncovering money laundering, seizing criminal proceeds and confiscating property of illegal origin, that is, originating from illicit drug trafficking.

The police monitor changes in the price and purity of certain illicit drugs and, on this basis, assess the availability of certain illicit drugs in certain parts of Slovenia.

Preventive police work in the area of criminal acts involving illicit drugs is based on collaboration with competent governmental institutions, non-governmental organisations, municipal security panels, education institutions and all others working in the field of illicit drug supply reduction. Most often we participate in lectures, in the form of consultation services to various national institutions, we present police activity at various events, we prepare various information materials (answers to journalistic questions, articles in certain magazines and newspapers, etc.), and thus raise awareness among target groups about the harmful consequences of illicit drug abuse.

2. Trends

2.1 Trends in seizures, price and purity

The range of illicit drugs on offer in Slovenia is diverse, and the police methodically monitor 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.

Table 8. Number of illicit drug seizures, by drug type, broken down into minor offences (MO), criminal offences (CO) and total figures (T), 2012–2017

	2012			2013			2014			2015			2016			2017		
	MO	CO	T	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	168	123	291	179	107	286
Cocaine	142	109	251	102	94	196	114	65	179	106	72	178	111	87	198	187	90	277
Ecstasy	12	4	16	37	16	53	37	24	61	39	35	64	17	29	46	31	38	69
Amphetamine	146	44	190	167	74	241	136	64	200	143	46	189	106	33	139	153	58	211
Cannabis plant	80	94	174	97	115	212	101	104	205	77	90	167	113	82	195	126	92	218
Cannabis (marijuana)	2,697	653	3,350	3,000	673	3,673	3,033	658	3,691	2,677	426	3,103	2,641	352	2,993	3,383	385	3,768
Cannabis – resin hashish	51	15	66	58	15	73	77	19	96	93	16	109	106	13	119	109	17	126
Benzodiazepines	54	32	86	84	52	136	29	84	113	46	66	110	31	91	122	88	92	180
Methadone	38	9	47	38	17	55	30	6	36	13	6	19	20	11	31	11	5	16
Methamphetamine	5	8	13	11	21	32	15	7	22	22	9	31	17	5	22	42	7	49
Total			4,632			5,010			4,892			4,243			4,156			5,200

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

The total number of seizures of the most common illicit drugs in criminal and minor offences increased by 20.1% compared to the previous year (Table 8). Of greater concern however is that the number of seizures in violations of the Production of and Trade in Illicit Drugs Act, i.e. seizures made to users of illicit drugs, has increased compared to the previous year. We estimate that the illicit drugs market in Slovenia could increase, thus changing the amounts of certain seized illicit drugs.

The quantities of seized cannabis plants increased markedly after 2014, by approximately 20%, and by more than 30% compared to 2013. The number of seizures is similar over the last 5 years; the least seizures were in 2015, namely 167 (218 in 2017) (Table 9).

Table 9. Number of illicit drug seizures, by type, 2012–2017

	2012	2013	2014	2015	2016	2017
Heroin	439	339	289	273	289	286
Cocaine	251	196	179	178	195	277
Ecstasy	16	53	61	64	46	69
Amphetamine	190	241	200	189	139	211
Cannabis – plant	174	212	205	167	195	218
Cannabis – marijuana	3,350	3,673	3,691	3,103	2,977	3,768
Cannabis resin - hashish	66	73	96	109	119	126
Benzodiazepines	86	136	113	110	120	180
Methadone	47	55	36	19	31	16
Methamphetamine	13	32	22	31	22	49
Total	4,632	5,010	4,892	4,243	4,133	5,200

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

We estimate that the situation on the cocaine market over the past 5 years is comparable. Individual seizures of larger quantities in 2014 and 2016 stand out. In 2017, we also recorded one random seizure of 10 kg during a road traffic check. These larger amounts of seized cocaine were probably not intended for the Slovenian market.

The number of hashish seizures has doubled over the past 5 years in violations of the Production of and Trade in Illicit Drugs Act, while the number of seizures in criminal offences remains approximately the same. This points to the fact that the number of hashish users is increasing. The largest quantity of hashish was seized in 2017, i.e. 19.78 kg (while over the last 5 years, the quantities seized have not exceeded 3 kg).

Cannabis, which is grown in specially modified facilities in Slovenia, is available on the market of neighbouring countries - Austria, Italy, Croatia, and also Germany, with higher selling prices and yielding higher sales profits compared to Slovenia. The amount of cannabis grown in specially modified facilities is usually higher; therefore, cannabis is usually sold on the wholesale market in kilograms. In 2017 (the amount is comparable to 2013), the police seized much more cannabis than during 2014-2016. Most of this cannabis was smuggled in trucks and specially modified passenger vehicles by foreign citizens from Albania, Montenegro and Serbia. Cannabis was not intended for the Slovenian market, but for the market in other EU and European countries.

In the field of heroin, the total number of criminal offences and minor offences and related seizures is almost the same as in 2014. Despite a smaller quantity of heroin being seized, we cannot talk about a reduced market in Slovenia.

The quantities of methamphetamine seized have been comparable and small over the last 5 years. Since 2013, the number of seizures has fluctuated between 22 and 31, and rose sharply in 2017 (49), suggesting that, despite more users, the quantity has not increased.

In 2017, a much larger amount of MDMA tablets was seized than in 2016, but still much less than in 2015. However, we estimate that this is an extremely varied market with different logos on tablets and with different MDMA content. The fluctuation in the number of tablets seized over the last 5 years is extremely variable and depends mainly on the operational activities of the police in the field of illicit synthetic drugs. Most of the operational activities were carried out in 2015 and 2017.

In the field of the seized illicit drug amphetamine, the situation is similar to MDMA. The fluctuation in the quantity of seized amphetamine and the fluctuation in the number of seizures depends primarily on the operational activities of the police.

According to our estimates, more than 14,000 tablets of different benzodiazepines seized (the number is comparable to 2013) is the result of increased police activity and their focus on synthetic drugs (Table 10). The number of seizures increased after 2012. However, based on the number of seized tablets, benzodiazepines are not proportionate. We estimate that the police seized the illicit drug benzodiazepines from larger providers and dealers, and thus reduced the supply in the territory of Slovenia.

Table 10. Total quantities of seized illicit drugs, by type, 201–2017

Type of illicit drug	Unit	2012	2013	2014	2015	2016	2017
Heroin	kg	20.34	7.65	4.87	6.47	47.62	10.71
Cocaine	kg	26.82	3.31	181.99	2.77	104.61	12.25
Ecstasy	tablets	960	922	218	2908	499	1,636
	kg	0	0.85	0.11	1.98	0.36	1.21
Amphetamine	tablets	80	307	737	95	232	312
	kg	9.28	15.12	21.39	2.11	3.11	6.08
Cannabis – plant	pcs	11,166	9,515	11,067	14,006	14,717	13,594
Cannabis – marijuana	kg	706.06	809.59	535.06	487.54	515.96	837.91
Cannabis resin - hashish	kg	2.56	0.52	2.32	2.54	0.94	19.78
	ml					2,888.00	137.7
Benzodiazepines	tablets	3,251	14,620	5,292	10,503	5,608	14,177
Methadone	ml	2,670.0	2,093.7	1,572.9	2.80	3,137.8	1,501.5
Methamphetamine	kg	0.05	0.54	0.08	0.41	0.07	0.03
	tablets	43	110	53	324	138	137

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

Monitoring of illicit drugs, carried out by the National Forensic Laboratory, shows that the average content of individual illicit drugs has increased over the last 5 years (Picture 1).

Picture 1. Average concentrations of individual illicit drugs, 2013–2017



Source: MNZ, GPU, National Forensic Laboratory

2.2 Possible explanations of trends

The police noticed an attempt to change the legislation towards increased availability of cannabis based on various initiatives (especially a certain part of civil society), which is also reflected in the supply of several different cannabis products in the (illegal) market (cannabis oil, cannabis creams, CBD drops, etc.)

2.3 Trends in the organisation, coordination and implementation of drug supply reduction activities

Changes in more specifically targeted police activities in the field of reducing the supply of illicit drugs, especially in the field of synthetic drugs, are mainly reflected in the increase in the quantities of the seized illegal drugs MDMA and benzodiazepines.

3. New developments

3.1 New developments observed in the drug market and crime

Slovenia is considered a transit country, but also an increasing user of different types of benzodiazepines. We estimate that larger quantities of tablets are smuggled in modified passenger cars from the territory of Bosnia and Herzegovina, and Serbia. We are also familiar with seizures in other countries in the Western Balkans. Larger amounts of tablets are sometimes brought to the territory of Slovenia. Here, they are either repackaged in smaller packages or transferred to a different passenger or goods vehicle, and thus smuggled further into other European countries, especially to countries in the north of Europe (e.g. Sweden).

4. Sources and methodology

4.1 Sources

The Slovenian police systematically collect and analyse prices on the market of available illicit drugs. The prices are obtained through the operational work of both the criminal and uniformed police.

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/javno_zdravje_2015/droge/zakonodaja/_Aktijski_nacrt_na_podrocju_drog_za_obdobje_2017-2018_.pdf

https://www.policija.si/images/stories/GPUNFL/IMG/Projekti/Response/Zbirke_podatkov/Kakovost_in_cistost_pre_povedanih_drog2017.pdf

Prison workbook

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Summary

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 2017, Slovenian prisons held 2,388 convicted prisoners, predominantly (92%) men. In comparison to 2016, the average number of prisoners decreased by 9.8%. Since 2012, new psychoactive substances have been detected among prisoners. NPS first appeared among the younger prison population, but in the following years, the use of NPS also spread to the older prison population.

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 2017, and 60% of them received substitution therapy. 269 prisoners decided to get tested for HIV and hepatitis; two were HIV positive, hepatitis B was confirmed in twenty-three and hepatitis C in twenty-seven 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.

Compared to the year before, the amount of confiscated synthetic cannabinoids increased in 2017, so in 2018 the Prison administration organised a new workshop cycle on the harmful consequences of new psychoactive substances and also prepared a brochure.

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: 103.

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 2017, Slovenian prisons held 2,388 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (92%) men, with the highest proportion aged between 28 and 39 years (Table 1). In comparison to 2016, the average number of prisoners decreased by 9.8%.

Table 1. Convicted prisoners by gender and age, 2017

	At 1 Jan.		Newly admitted		All	Proportion (%)
	M	F	M	F		
18+ to 23 years	35	2	65	1	103	4.3
23+ to 27 years	87	4	133	4	228	9.5
27+ to 39 years	452	35	530	49	1066	44.6
39+ to 49 years	228	20	309	25	582	24.4
49+ to 59 years	119	19	122	19	279	11.7
59+ to 69 years	52	10	39	4	105	4.4
69+ years	9	4	11	2	26	1.1
Total	982	94	1209	104	2389	100

Source: Prison Administration of the Republic of Slovenia

1.2 Drug use and related problems among prisoners

1.2.1 Drug use among prisoners

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 drugs⁹

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 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%).

⁹ 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.

- 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 the 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. More than one-quarter of the country's entire prison population had a drug problem in 2017 (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, 2013–2017

Year	2013	2014	2015	2016	2017
Prison population	4543	4550	3905	3555	3380
Inmates with a drug problem	1078	997	841	917	929
Proportion in %	23.7	21.9	21.5	25.8	27.5

Source: Prison Administration of the Republic of Slovenia, Annual Report 2017

According to available data on testing results acquired at clinics and organised under the coordination of competent regional health clinics, 269 prisoners decided to get tested for HIV and hepatitis in 2017. Among all the people tested, two were HIV-positive. Hepatitis A was not confirmed in any prisoner, hepatitis B was confirmed in twenty-three and hepatitis C in twenty-seven prisoners (Table 4). One imprisoned person was also diagnosed with tuberculosis. 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, 2013–2017

Year	2013	2014	2015	2016	2017
Persons tested for HIV and hepatitis	196	196	190	136	269
HIV	0	0	0	3	2
Hepatitis A	1	1	0	0	0
Hepatitis B	9	9	7	3	23
Hepatitis C	25	25	18	61	27

Source: Prison Administration of the Republic of Slovenia, Annual Report 2017

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 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 414 finds/events (tablets, alcohol, drug use tools, etc.) in 2017. Total finds encompassed 11.64 g of heroin, 386.84 g of cannabis, 23.43 ml of alcohol, 4731.53 pieces of tablets, 314.89 g of "afgana" or 96 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 (for more see workbooks Policy, Treatment and Best Practice).

1.3.2 Structure of drug-related prison health responses

Since 1 January 2009, medical services in correctional facilities in Slovenia are provided by healthcare service providers under the authority of the Ministry of Health. Healthcare services for prison inmates are provided by primary health care centres operating in the areas where prisons are located, based on an agreement signed between a prison and a health care centre. In the prisons, health care centres establish suitable working hours of general medicine physicians and other medical staff, a psychiatry specialist, addiction specialists in the Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

1.3.3 Types of drug-related health responses available in prisons

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 2017 prisons employed 80 expert 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 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 outweigh 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 929 prisoners with illicit drug use problems, 553 of them or 59.5% of all prisoners with drug use problems received substitution therapy (see also Treatment Workbook, section T1.4.8). Personal substitution therapy is enabled in all prisons. With prisoners who are addicted to opioids and who are, prior to imprisonment, included in a substitution programme, substitution therapy can continued during

imprisonment. Prisoners who were not included in substitution therapy before the penalty can also have it prescribed while in prison. The needs of the prisoner are considered. After imprisonment, the treatment can be appropriately continued. Prior to release from prison, it is advisable to direct the drug user upon their consent to treatment programmes in the community, and it is obligatory that the person is included in substitution therapy at the competent centre specialising in the prevention and treatment of drug addiction (CPTDA). Prior to release, the medical practitioner must send the competent CPTDA or other institution where the released person will continue treatment, information in written form on the use of medical therapy during imprisonment, when and for how long in advance the prisoner received therapy and/or whether appropriate medical prescriptions have been issued.

Prior to release, prisoners who use drugs are warned that their tolerance to drugs has been strongly reduced, due to which small quantities of drugs or a combination of different drugs, alcohol and medicines can be life-threatening.

Besides the health care aspect, the treatment of addictions also encompasses individual and group consultations, psycho-social help programmes that are executed by 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, 2017

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
412	282	102

Source: Prison Administration of the Republic of Slovenia, 2017 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, Local Action Group for addiction prevention, etc.). In 2017, a total of 88 prisoners joined treatment programmes outside prison during imprisonment. After being released, 84 prisoners joined treatment programmes at external institutions.

1.3.4 Contextual information helpful to understand the estimates of opioid substitution treatment clients in prison

All prisoners included in the treatment can get OST. In 2017, 59.5% of prisoners recognised as having a drug usage problem were receiving substitution therapy. Annual reports from the Prison administration show that the percentage of persons included in substitution therapy is between 60 and 70%. We recorded a slight decline in the number of therapy receivers in 2017 which could be attributed to the decline in the average number of prisoners: 2.1% fewer in 2017 than in 2016.

OST receivers are not being stigmatised because they are receiving the therapy but are rather motivated to spend their time actively and participate in different educational, working and other activities, organised in institutions. They are being stimulated to maintain stability in substitution therapy and strengthen their skills to quit drug usage. If the prisoners in substitution therapy are stable and fulfil other obligations of the institution, they can also benefit from activities outside the institution and be allowed to go home during the weekends and have an annual vacation.

1.4 Quality assurance of drug-related health prison responses

1.4.1 Overview of the main treatment quality assurance standards, guidelines and targets

Eva Salecl Božič

The principal law governing the treatment of illicit drug addicts, which also addresses the topic of programme quality, is the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). Under this Act, the Ministry responsible for health-related matters monitors the situation in preventing illicit drug use, reducing the demand for illicit drugs, reducing the harm caused by illicit drug use, as well as in the treatment and remediation of social problems associated with illicit drug use. The Act authorizes the Ministry of Health to steer the interdepartmental coordination in setting programme priorities and to supervise and coordinate the implementation and development of programmes (see also legal Framework Workbook).

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. Trends

2.1 Trends or important developments in prisons over the past 5 years

Eva Salecl Božič

Since 2012, we have been detecting new psychoactive substances (especially synthetic cannabinoids) that appeared among the juveniles in the re-education facility and the younger prison population. In the following years, the usage of new psychoactive substances also spread to the older prison population.

During 2012 and 2014 we recorded a higher number of poisonings with new psychoactive substances but this decreased to just a few individual cases in the following years. According to our predictions, the

decline in poisonings with new psychoactive substances is a consequence of mixing/preparing the synthetic drug and/or a better knowledge of usage dosing by drug users.

In 2016, we organised workshops for prisoners in all institutions to raise awareness and inform them about complications and the harmful consequences of new psychoactive substances usage. At the same time, we carried out several training sessions for employees who work directly with prisoners. We also continue to organise workshops for prisoners in 2018.

3. New developments

3.1 New or topical developments in drug-related issues in prisons

Eva Salecl Božič, Andreja Drev

In 2017, synthetic cannabinoids were confiscated 96 times, especially the synthetic cannabinoid AKB-48F in the form of black paste which the prisoners mixed with tobacco.

The Slovene Prison Administration organised a new workshop cycle together with a non-governmental organisation DrogArt in 2018 for prisoners in all institutions to raise awareness and inform them about the possible complications and harmful consequences of new psychoactive substance usage. The Prison Administration also prepared a brochure in 2018 about the harmful consequences of synthetic cannabinoids that is being made available in visitor reception areas too.

The National Institute of Public Health prepared guidelines for dealing with fentanyl, its analogues and derivatives. These guidelines also include recommendations for policemen on how to handle cases of suspicion that a drug sample that was found in prison includes fentanyl (see also Best Practice Workbook).

4. Additional information

4.1 Probation Act

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 started 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).

In 2017, several activities were carried out to prepare the law, bylaw and activities to prepare all conditions for the operation of the Probation Administration. The execution of probation tasks started in 2018 (Legal Framework Workbook includes a detailed description).

5. Sources and methodology

5.1 Sources

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EWS Final Report 2015. Ljubljana: Nacionalni inštitut za javno zdravje.

EWS Progress Report 2016. Ljubljana: Nacionalni inštitut za javno zdravje.

EWS Progress Report 2017. Ljubljana: Nacionalni inštitut za javno zdravje.

EWS Final Report 2018. Ljubljana: Nacionalni inštitut za javno zdravje.

Lavtar D, Drev A, Koprivnikar H, Zorko M, Rostohar K, Štokelj R. (2014) Uporaba prepovedanih drog, tobaka in alkohola v Sloveniji 2011-2012. Ljubljana: Nacionalni inštitut za javno zdravje. / Lavtar, D., Drev, A., Koprivnikar, H., Zorko, M., Rostohar, K., & Štokelj R. (2014). Illicit Drug, Tobacco and Alcohol Use in Slovenia 2011–2012. Ljubljana: National Institute of Public Health.

Madjar T. (2014) Nekateri značilnosti obsojencev, odvisnih od prepovedanih drog. V: Drev A. (ur) Nacionalno poročilo 2014 o stanju na področju drog. Ljubljana: Nacionalni inštitut za javno zdravje. / Madjar, T. (2014). Some Characteristics of Convicts Addicted to Illicit Drugs. In: Drev, A. (ed.) Report on the Drug Situation 2014 of the Republic of Slovenia. Ljubljana: National Institute of Public Health.

Resolucija o nacionalnem programu na področju prepovedanih drog 2014-2020. Uradni list RS, št. 25/2014. / Resolution on the National Programme on Illicit Drugs 2014–2020. Official Gazette of the Republic of Slovenia, No. 25/2014.

Salecl Božič E. (2015) Uporaba drog v zaporih in nezakonit promet z drogami v zaporih. V: Drev A. (ur) Nacionalno poročilo 2015 o stanju na področju drog. Ljubljana: Nacionalni inštitut za javno zdravje. / Salecl Božič, E. (2015). Drug Use and Trafficking in Prisons. In: Drev, A. (ed.) Report on the Drug Situation 2015 of the Republic of Slovenia. Ljubljana: National Institute of Public Health.

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5.2 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.

Madjar, T. (2014). Some Characteristics of Convicts Addicted to Illicit Drugs. In: Drev, A. (ed.) Report on the Drug Situation 2014 of the Republic of Slovenia. Ljubljana: National Institute of Public Health.

Research workbook

Authors: Ada Hočevar Grom, Andreja Drev, Petra Recek

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Summary

Slovene National Programme on Drugs for 2014-20 includes a specific 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 the second action plan for the period 2017-2018 which 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 health databases. It also conducts national surveys and leads and participates in many national and international projects. Part of the NIPH is the national drug observatory which is, with its experts, actively involved in national surveys and national and international projects, performs qualitative and quantitative analysis, publishes reports and professional publications and has at least a rough overview of other research institutions in the field of drugs in Slovenia. It is not responsible for implementation, execution or coordination of drug-related research activities in the country but plays an important role in advocating research in the field of drugs. The Ministry of Health finances data collection and most of surveys by annual NIPH work programme and with additional financing for surveys. National and international projects are the second major 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. 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).

There are several scientific and professional journals in Slovenia which publish also drug-related papers. These journals include the Slovenian Journal of Public Health, the Slovenian Medical Journal, the journal published by the Medical Chamber ISIS, Slovenian Nursing Review and some others. Due to its influence (it is included in SSCI, IF (2017) = 0.620), the Slovenian Journal of Public Health, is probably the most important of the aforementioned journals.

Main research just started in Slovenia in the field of illicit drugs is the national project about assessing illicit drugs in wastewater and the second wave of General Population Survey on tobacco, alcohol and drug use.

1. Drug-related research

1.1 Main drug-related research institutions, associations, bodies

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health. NIPH is the central national public health institution in Slovenia and provides all 10 essential public health services. With its Expert Group on Illicit Drugs, it is actively involved in the problem area of drugs and collaborates with a number of researchers from other governmental and academic institutions 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 the 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. The NIPH is also an authorised institution for national health statistics, meaning that it has various health databases, such as Hospital admission database, Mortality database, Drug prescription database etc. These databases enable the merging and analysis of different data. The NIPH also conducts national surveys such as the European Health Interview Survey (EHIS), Health Behaviour in School-Aged Children (HBSC) and the General Population Survey on tobacco, alcohol and drug use. The NIPH, Koper Regional Unit, performs an annual survey on the profile of users of harm reduction programme, which obtains data on usage and risky behaviours related to drug use in the target group. The NIPH also provides data to other research institutions and international organisations and is the contact focal point of the European network for drugs (REITOX) at the EMCDDA. It is not responsible for implementation, execution or coordination of drug-related research activities in the country but plays an important role in advocating research in the field of drugs. With its regional network, it provides a fast and efficient national early warning system.

The University Medical Centre Ljubljana, University Medical Centre Maribor and the University Psychiatric Clinic Ljubljana are the leading public health care institutions providing secondary and tertiary-level of health care services and at the same time fulfilling an educational and research role. In doing so, they cooperate with some university faculties. The University Medical Centre in Ljubljana, i.e. the Clinical Institute of Occupational, Traffic and Sports Medicine, conducts 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 the working population. The University Medical Centre in Ljubljana, i.e. Centre for Clinical Toxicology and Pharmacology, treats all types of acute and chronic poisonings, and offers a 24-hour information and consultancy service in the field of clinical toxicology to all doctors and other experts in Slovenia. Their experts are also involved in national and international research. In recent years they published 25 articles in journals with an impact factor. The Drug Treatment Centre at the University Psychiatric Clinic Ljubljana is providing counselling, education, outpatient and hospital treatment and coordination of 18 regional centres for the prevention and treatment of drug addicts. As a university clinic, they are also strongly involved in national and international research activities. At the Faculty of Education, Faculty of Pharmacy, Faculty of Medicine, Faculty of Social Work of the University of Ljubljana and also at the Faculty of Medicine, Faculty of Criminal Justice and Security of the University of Maribor, different views of drug use in Slovenia are researched in theses, master theses, doctoral theses and in different national and international projects.

Research implemented by non-governmental organisations is also very important. Below, we mention some of the most active organisations among them which carry out also research. The DrogArt Association is one of the fastest developing NGOs in Slovenia. It is a private non-profit volunteer organisation founded in 1999 with the main purpose of reducing the harmful consequences of drug and

alcohol use among young people. Its main areas of operation are informing and consulting, providing info point for users, carrying field work at electronic music events, providing different, publishing activity and research. The DrogArt Association has had the status of a humanitarian organisation since 2005. The vision of DrogArt Association is to reduce the risks related to the use of drugs and alcohol in Slovenia. The No Excuse Slovenia is a national public youth organisation that strives to achieve positive social changes and personal growth among young people. The organisation is active in public health and sustainable development, especially in the fields of tobacco, alcohol and cannabis use. The UTRIP Research and Development Institute is a private non-profit institution that collaborates on numerous European and national projects concerning alcohol, drugs and prevention. In local communities some NGO's, municipal organisations and institutions also perform some research work in the area at the smaller scale limited to the local environment or sub-populations.

With the national project about assessing illicit drugs in wastewater Jožef Stefan Institute (IJS) joined to the illicit drug research in 2017. The Institute cooperates with many renowned institutions around the world, organizes international conferences, participates in international exhibitions. In addition, it is in the best interests of the international exchange of experts. Many research achievements have received international recognitions, while many IJS collaborators are internationally renowned scientists.

Links to the websites (Slovene/English):

Institute of Public Health:

- National Institute of Public Health of Slovenia: <http://www.nijz.si>; <http://www.nijz.si/en>

Medical Centers:

- University Medical Center Ljubljana: <http://www.kclj.si/>
- University Medical Center Maribor: <http://www.ukc-mb.si>; <http://www.ukc-mb.si/en/>
- University Psychiatric Clinic Ljubljana: <http://www.psih-klinika.si/>

Faculties:

- University of Ljubljana, Faculty of Education: <https://www.pef.uni-lj.si/>;
<https://www.pef.uni-lj.si/12.html>
- University of Ljubljana, Faculty of Pharmacy: <http://www.ffa.uni-lj.si/domov>;
<http://www.ffa.uni-lj.si/en/home>
- University of Ljubljana, Faculty of Social Work: <https://www.fsd.uni-lj.si/>;
<https://www.fsd.uni-lj.si/en/>
- University of Ljubljana, Faculty of Medicine: <https://www.mf.uni-lj.si/>;
<http://www.mf.uni-lj.si/en/index.html>
- University of Ljubljana, Faculty of Arts: <http://www.ff.uni-lj.si/>;
http://www.ff.uni-lj.si/an/aboutFaculty/about_faculty
- University of Maribor, Faculty of Medicine: <http://www.mf.um.si/si/>; <http://www.mf.um.si/en/>

Research Institute:

- Jožef Stefan Institute: <https://www.ijs.si/ijsw>

NGOs:

- 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 Main institutions/associations/bodies/programmes funding drug-related research

- Ministry of Health, Republic of Slovenia: <http://www.mz.gov.si/en/>; <http://www.mz.gov.si/en/>
- Ministry of Labour, Family, Social Affairs and Equal Opportunities: <http://www.mddsz.gov.si/>; <http://www.mddsz.gov.si/en/>
- Health Insurance Institute of Slovenia: <https://www.zzzs.si/>
- Slovenian Research Agency: <https://www.arrs.gov.si/en/>
- University of Ljubljana: (students at some faculties perform drug-related research work): <https://www.uni-lj.si/>; <https://www.uni-lj.si/eng/>
- University of Maribor: (students at some faculties perform drug-related research work): <https://www.um.si/Strani/default.aspx>; <https://www.um.si/en/Pages/default.aspx>
- Municipalities: occasionally individual municipalities finance drug-related research in a smaller scale level. City of Ljubljana municipality is the biggest municipality in Slovenia and in 2017 they financed study and published publication Challenges with addictions in Ljubljana: <https://www.ljubljana.si/sl/mestna-obcina/publikacije-mol/?category=6;> <https://www.ljubljana.si/en/municipality/city-of-ljubljana-publications/>

1.3 Main national scientific journals where drug-related research is published

Name	Topics	Language	Abstracts
Slovenian Journal of Public Health, website: http://www.degruyter.com/view/j/sjph	public health, primary care, prevention, promotion	English	Slovene, English
Theory and practice, website: http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa	political science, sociology, journalism and media studies, cultural studies	English	English
Social work, website: https://www.fsd.uni-lj.si/en/	social work	Slovene	Slovene, English
Journal of Criminal Investigation and Criminology, website: http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology	criminology, criminal investigation, criminal law	Slovene	Slovene, English
Social Pedagogy Journal, website: http://www.revija.zzsp.org/	social pedagogy, psychology, sociology	Slovene	Slovene, English
Journal for Critique of Science, website: http://www.ckz.si/english	critical scientific analysis of different scientific fields	Slovene	Slovene
Slovenian Medical Journal, website: http://vestnik.szd.si/index.php/ZdravVest	case studies, clinical medicine, primary care, public health	Slovene	Slovene, English
Slovenian Nursing Review, website: http://www.obzornikzdravstvenenege.si/	health care, midwifery and interdisciplinary areas of health and social sciences	Slovene, English	Slovene, English
Public health, website: http://www.nijz.si/sl/revijajavnozdravje	public health, prevention, promotion	Slovene	Slovene, English

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>
- Drev A. (2017). Stanje na področju prepovedanih drog v Sloveniji 2016, National Institute of Public Health. (Illicit Drug Situation in Slovenia 2016) Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/stanje_na_podrocju_prepovedanih_drog_v_sloveniji_2016.pdf
- Drev A, Hočevar Grom A, Belščak A (2018). Stanje na področju prepovedanih drog v Sloveniji 2017. Ljubljana: National Institute of Public Health. (Illicit Drug Situation in Slovenia 2017). Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/npslo_2017.pdf
- Drev A, Hočevar Grom A, Belščak A. (2017). Report on the drug situation 2017 of the Republic of Slovenia. Ljubljana: National institute of Public Health. Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np_2017_zadnja.pdf
- Kastelic A, Kostnapfel Rihtar T. (2017) Nekemične procesne odvisnosti, nove tehnologije, odvisnost od predpisanih zdravil, preventiva, NPS: zbornik / 5. slovenska konferenca o odvisnostih [in] 7. slovenski simpozij o okužbi z virusom hepatitisa C pri osebah, ki uporabljajo droge. Ljubljana: Prohealth. (Nonchemical addictions, new technologies, addictions of prescribed drugs, prevention, NPS: Collection of abstracts/ 5th Slovenian Addiction Conference) Available at: <https://www.seea.net/news/events-1/5.-slovenska-konferenca-o-zdravljenju-odvisnosti-in-7.-slovenski-simpozij-o-okuzbi-z-virusom-hepatitisa-c-pri-osebah-ki-uporabljajo-droge/zbornik>

- Brvar M, Majerle A, Kržan M, Stanovnik L (2017). Toksikologija 2017: zastrupitve z novimi psihoaktivnimi snovmi: zbornik prispevkov. Ljubljana: Slovensko zdravniško društvo, Sekcija za klinično toksikologijo in Univerzitetni klinični center Ljubljana, Center za klinično toksikologijo in farmakologijo. (Toxicology 2017: Intoxications with NPS: Collection of scientific papers)
- Še ena konferenca o uporabi drog med mladimi?: povezovanje kot ključni dejavnik uspešnega dela z mladimi, ki uporabljajo psihoaktivne snovi (2017): zbornik prispevkov. Konferenca Zveze nevladnih organizacij na področju drog in zasvojenosti. (Another conference on drug use among youngsters?: integration as key factor of dealing successfully with young users of psychoactive substances: Collection of papers).
- Brvar M (2018). Toksikologija 2018: konoplja: zbornik prispevkov. Ljubljana: Slovensko zdravniško društvo, Sekcija za klinično toksikologijo in Univerzitetni klinični center Ljubljana, Center za klinično toksikologijo in farmakologijo. (Toxicology 2018: Cannabis: Collection of scientific papers)
- Sande M, Šabić S (2018). The importance of drug checking outside the context of nightlife in Slovenia. Harm reduction journal. 2018; (15)2:1-8. Available at: <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0208-z?site=harmreductionjournal.biomedcentral.com>
- Sande M, Paš M, Nahtigal K, Šabić S. (2018) Patterns of NPS Use and Risk Reduction in Slovenia. Substance Use and Misuse. <https://doi.org/10.1080/10826084.2017.1411366>
- Drev A, Hočevnar Grom A, Šabić S (2018). Fentanil: smernice za ravnanje s fentanilom, njegovimi analogi in derivati, National Institute of Public Health; (Fentanyl: guidelines for dealing with fentanyl, his analogues and derivatives) Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/semernice_fentanil_2018.pdf
- Koprivnikar H, Drev A, Roškar M, Zupanič T, Jeriček Klanšček H. (2018) Od prvega poskusa do pogoste uporabe tobaka, alkohola in konoplje med mladostniki v Sloveniji. Ljubljana: National Institute of Public Health. (From first use to frequent use of tobacco, alcohol and cannabis among adolescents in Slovenia) Available at: http://nijz.si/sites/www.nijz.si/files/publikacije-datoteke/od_prvega_poskusa_do_pogoste_uporabe_t_a_k_med_mladostniki.pdf

2. New developments

2.1 List of the main drug-related, recent/on-going studies/research projects

Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research):

- Roviš D, Černelič Bizjak M, Vasiljev Marchesi V, Petelin A, Jenuš T, Vidic S, Drevenšek G, Jenko Pražnikar Z. (2018) Increased Risk-Taking Behaviour and Brain-Derived Neurotrophic Factor Val66Met Polymorphism Correlates to Decreased Serum Brain-Derived Neurotrophic Factor Level in Heroin Users. European Addiction Research. 2018;24(4):189-200. doi: 10.1159/000492582. <https://www.ncbi.nlm.nih.gov/pubmed/30134233>

Population based and clinical epidemiology (including site surveys, ethnographic studies and acute toxicity studies):

- Bučan E, Bregar B. (2017). Uporaba novih psihoaktivnih snovi med študenti zdravstvenih in pedagoških poklicev (Use of new psychoactive substances among students of medical and pedagogical professions). Obzornik zdravstvene nege: strokovno glasilo Zveze društev medicinskih sester in zdravstvenih tehnikov Slovenije. 2017;51(1):42-51 <http://obzornikzdravstvenenege.si/2017.51.1.42>
- Škrubej K, Bregar B, Čuček-Trifkovič K (2018). Pojav novih psihoaktivnih substanc (The emergence of new psychoactive substances). Utrip: informativni bilten Zbornice zdravstvene nege Slovenije. 2018;(28)1:29-32. Available at: https://www.zbornica-zveza.si/sites/default/files/publication__attachments/utrip_januar_2018_1.pdf

- Erjavec N, Žvelc G (2018). Psychopathology and parent-child relationships in illicit drugs users. *Anthropological Researches*. 2018;8: 63-74. doi: 10.26758/8.1.6
https://www.researchgate.net/publication/325317598_Psychopathology_and_parent-child_relationships_in_illicit_drugs_users

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

- Lejko-Zupanc, T (2018). Okužbe pri osebah, ki si injicirajo droge (Infections in people who inject drugs). *Infekcijske bolezni*. 2. dopolnjena izd. - Ljubljana: Združenje za infektologijo, Slovensko zdravniško društvo. 431-434
- Sirnik K, Marn-Vukadinović D, Delić M (2017). Celostno zdravljenje odvisnosti od alkohola in prepovedanih drog pri osebi z beriberijem (Integral treatment of alcohol and drug addiction in a person with beriberi disease). *Viceversa-glasilo Združenja psihiatrov pri Slovenskem zdravniškem društvu*. Ljubljana : Slovensko zdravniško društvo; Združenje psihiatrov pri Slovenskem zdravniškem društvu. 2017;62:26-31. Available at: <http://www.zpsih.si/media/documents/VV62.pdf>
- Neubauer D, Perković Benedik M, Osredkar D (2018). Cannabidiol for treatment of refractory childhood epilepsies: experience from a single tertiary epilepsy center in Slovenia. *Epilepsy and behaviour*. 2018;81:79-85. Available at: <https://www.sciencedirect.com/science/article/pii/S1525505017309423>
- Dobaja M, Grenc D, Koželj G, Brvar M (2017). Occupational transdermal poisoning with synthetic cannabinoid cumyl-PINACA. *Clinical toxicology*. 2017;(3)55:193-195. doi: 10.1080/15563650.2016.1278224. Available at: <https://www.tandfonline.com/doi/abs/10.1080/15563650.2016.1278224?journalCode=ictx20>
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No information.

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

No information.

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3. Additional information

3.1 Specific studies or information on drug-related research priorities

In 2018 the second wave of the General Population Survey on tobacco, alcohol and illicit drugs use is underway in Slovenia. The first GPS survey took place in 2011/2012. Both surveys are coordinated by NIPH and financed by Ministry of health. Some new questions about medical use of cannabis, misuse of medicines and internet addiction are included in the survey. The survey will be finished by the end of 2018 and the first results will be available at the first part of 2019. Some information about survey available in Slovene language: <http://www.nijz.si/sl/podatki/anketa-o-uporabi-tobaka-alkohola-in-drugih-drog>

In the first part of 2018 NIPH also conducted the Health Behaviour Survey in School-Aged Children (HBSC) in Slovenia for the six time in a row. The questionnaire included also questions on cannabis use among 15-year olds and for the first time 17-year old adolescents were also included in the survey. There have been also some questions about using new media included. The first results will be available in 2019. The survey was financed by Ministry of Health.

Wastewater-based assessment of drug consumption in Ljubljana study was performed by Jožef Stefan Institut in 2017. The aim of this study was to apply WBE to investigate the consumption of stimulating drugs including amphetamine, methamphetamine, Ecstasy and cocaine in Ljubljana, Slovenia, and to compare the data with other European cities included in the 2017 WBE monitoring campaign organized by the SCORE group. In total seven samples of municipal untreated wastewater over seven consecutive days (21-27 March 2017) were collected at the inflow to Ljubljana's Central Wastewater Treatment Plant (CWWTP) which treats 85% of all wastewater flowing into the public sewers in the central Ljubljana area. Samples were analyzed at the Rudjer Bošković Institute in Zagreb, Croatia. This study was conducted within the COST action ES1307 supported by EMCDDA. This work represents the first WBE study of illicit drug consumption in Slovenia and is of high importance not only on a national level, but also on a European level. WBE shows the presence of stimulating drugs in Ljubljana, except for methamphetamine. The data point to the relatively high consumption of cocaine and MDMA compared to some other European cities. Above all, this study demonstrates the ability of WBE to detect patterns of illicit drug use.

In the autumn 2018 Jožef Stefan Institut started national research Illicit drugs, alcohol and tobacco: epidemiology based on wastewater analysis, purification efficiency and vulnerability of the aquatic system. NIPH is partner in this research which will run for 3 years. Four Slovene cities (Ljubljana, Maribor, Kamnik in Domžale) will be included in the study. Results will be also provided to the European multi-city study of wastewater analysis and drugs. The research is financed by Slovenian Research Agency.



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