National Institute of Public Health

REPORT ON THE DRUG SITUATION 2015 OF THE REPUBLIC OF SLOVENIA

Editor: Andreja Drev

Design: Andreja Frič

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

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

Translation: Abis, d.o.o.

Approved by Commission of the Republic of Slovenia for Drugs

Publication year: Ljubljana, 2015

Electronic source.

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

ISSN 1855-8003

European Monitoring Centre for Drugs and Drug Addiction

National Institute of Public Health

2015 NATIONAL REPORT (2014 DATA) TO THE EMCDDA

by the Reitox National Focal Point

SLOVENIA

REITOX

Table of Contents

1. Drug Policy: Legislation, Strategies and Economic Analysis

1.1 Introduction

The Government of the Republic of Slovenia approved the Decree on the Scheduling of Illicit Drugs on 20 June 2014. The new Decree includes all the changes and amendments of the previous Decree and annuls several amendments of the Decrees from previous years.

The reason for the passing of the new Decree is the increasing number of newly identified psychoactive substances in the EU and Slovenia, and subsequently several changes and amendments of the Decree on the Scheduling of Illicit Drugs in recent years. This makes the practical use of the Decree in Slovenia too complex and non-transparent. Nine new psychoactive substances were added to the Decree, all as part of the first group of illicit drugs.

In addition, the Slovenian Government adopted a decision on 23 January 2014 to properly regulate the use of cannabis in medicine in the Decree on the Scheduling of Illicit Drugs. The new Decree is aimed at enabling the use of the active ingredients from cannabis in medicine. The Committee of Health of the National Assembly adopted a similar decision at its seventh session on 19 February 2014 after having discussed this issue based on the initiative submitted by a group of citizens and their draft of the Cannabis Act prepared in accordance with the Referendum and Popular Initiative Act (read more below).

To this end, the Ministry of Health prepared amendments to the Decree on the Scheduling of Illicit Drugs in June 2014, which recategorized the active ingredient of cannabis, THC, from the first group of illicit drugs to the second group, i.e. substances for the use in medicine. There are no legal impediments or professional restraints for the use of cannabis-based substances in medicine, but such substances must be equally rigorously regulated and available as all other medicinal products. Medicinal products with a pharmacological effect must be safe for patients, as well as effective and of high quality, and they must be prescribed by doctors due to possible risks.

At its regular session on 22 April 2015, the Government of the Republic of Slovenia adopted the Action Plan in the field of illicit drugs for the period of 2015–2016. It was drafted by a working group composed of representatives from all ministries competent in the field of drugs, representatives of the research society and representatives from NGOs. The National Programme and its implementing Action Plan represent a continuation of the comprehensive and harmonized approach in the field of drugs in Slovenia, which includes programmes aimed at reducing the demand for drugs as well as programmes aimed to reduce the supply of illicit drugs.

The substantive basis for the preparation of the Action Plan in the field of illicit drugs is the Resolution on the National Programme on Illicit Drugs 2014–2020, whose main objective is to reduce and limit the harm posed by the use of illicit drugs to individuals, families and society.

In Slovenia, drug-related programmes are financed via a variety of sources. The funding for most is provided by the state budget and the Health Insurance Institute of Slovenia. A portion of the funds is provided by a number of foundations and NGO membership fees, while donations are scarce. Out of all 212 Slovenian municipalities, 103 responded to the call for

submitting a report on co-funding programmes pertaining to illicit drugs, which is the greatest response so far. 75 municipalities responded in 2013, and 30 in 2014. Drawing from available data, an estimated minimum of EUR 9,792,506.96 was allocated to the area of illicit drugs in Slovenia in 2014.

1.2 Legal Framework

In addition to the legislation in the field of drugs and the strategy and action plan, which are explained later on in the document, a number of activities related to the implementation of other strategies were held in Slovenia, including the issue of illicit drugs. This time, we report on the Strategy of the Republic of Slovenia in the field of preventing and managing HIV infections in the period of 2010–2015 and the Resolution on the National Programme of Prevention and Suppression of Crime 2012–2016.

In the field of HIV virus spread prevention, we pursued the objectives and again achieved positive results in 2014. Special attention was put on raising awareness about the importance of early HIV testing and the destigmatization of testing. Two campaigns were organized in cooperation with the regional units of the National Institute of Public Health, the Medical Chamber of Slovenia, NGOs and others, namely, the multiyear campaign Transmit the Message, Not the Virus! (Prenašaj sporočilo, ne virusa!) and the campaign on the European HIV-Hepatitis Testing Week were continued.

The Ministry of Health co-finances, monitors and directs projects of the NGOs aimed at raising awareness about safe and responsible sex among HIV infection high-risk groups, which include drug users. We have ensured partial co-financing of HIV, HBV and syphilis testing outside the health institutions, which has increased the access to testing and counselling about safe sex and thus delivered added value to the prevention of new HIV infection cases and other cases of sexually transmitted diseases.

The Resolution on the National Programme of Prevention and Suppression of Crime 2012–2016 was adopted by the National Assembly at its session on 25 October 2012. Chapter 7 of the Resolution outlines the “monitoring of the Resolution implementation”. It lays down that the Government of the Republic of Slovenia shall establish an inter-sectoral working group to coordinate the Resolution, and control its implementation, with members coming from a group of experts comprised of representatives of ministries and other bodies, which within their powers and tasks act in the field of the prevention and suppression of crime. The working group can also include experts from scientific research institutions, civil society organizations and representatives of self-governing local communities. The working group is led by a representative of the ministry competent for internal affairs.

The Resolution stresses 13 fields of prevention and suppression of crime, including illicit drugs. Based on the Resolution, the Government of the Republic of Slovenia adopted at its session on 16 May 2013 a decision to establish the inter-sectoral working group to coordinate the Resolution and control its implementation, which continuously monitors the implementation of this document.

The Resolution outlines the strategies or programmes implemented in an individual year or over a longer period of time. The working group adopted an implementation plan for the tasks; the holder and participants are appointed for each task. The holder of illicit drugs-related tasks

is the Ministry of Health, and the participants are the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of Education, Science and Sport, the Ministry of Justice, the Ministry of the Interior – the Police, the Ministry of Finance – the Customs Administration of the Republic of Slovenia, NGOs and local communities.

On the basis of the third paragraph of Article 7 of the Resolution, the holders of strategies or programmes reported on the implementation of tasks in 2014. Based on the received reports, the Ministry of the Interior drafted a comprehensive report on the implementation of the Resolution in 2014. Out of the planned 46 tasks, 30 were implemented, 10 were partly implemented and 6 remained unimplemented. A majority of the goals in the field of illicit drugs were realized, such as to provide and improve universal, selective and indicated drug use prevention activities and the reduction of related crime and the total number of illicit drug users.

The Resolution also lays down that the Government of the Republic of Slovenia must discuss the report of the working group about the implementation of strategies and programmes a minimum of once a year, and submit the annual report about the implementation of the resolution to the National Assembly, which was realized in 2015.

- **Citizen Initiatives**

The draft of the Cannabis Act was prepared by a group of citizens, calling the National Assembly in a legally proper manner to start collecting statements of voters' support to the draft. The field of citizen initiatives in Slovenia is regulated by the Referendum and Popular Initiative Act (Official Gazette of the Republic of Slovenia, Nos. 26/07 – UPB2 and 47/13), which determined the referendum on the change of legislation, the legislative referendum, the referendum on international connections and a consultative referendum about the issues subject to the authority of the National Assembly. The Act also regulates the citizen initiative for the change of the constitution and for the adoption of the law. In Slovenia, the citizen initiative is determined as a type of direct democracy. It appears in the form of legislative and constitutional audit initiatives, meaning that 30,000 voters can propose a constitutional amendment and 5,000 voters a legislative amendment or a new act. Any voter, political party or other association of citizens can give initiatives to voters for filing a draft to start the procedure for a constitutional amendment or legislative amendment.

The draft of the Cannabis Act received 11,051 signed statements of voters at the end of the support collection procedure, compelling the Government of the Republic of Slovenia and the National Assembly to respond to it.

1.3 National Action Plan, Strategy, Evaluation and Coordination

Action Plan

The Government of the Republic of Slovenia adopted a year and a half-long action plan in the field of illicit drugs (the second half of 2014 and the entire 2015). This document lays down the detailed individual goals and methods of their realization, and concrete tasks of individual actors for the implementation of the document. The measures and activities included in the Action Plan were selected based on the established added value of the measures and recorded, measurable, pre-determined and probable results. Moreover, the Action Plan specified the time schedule for the performance of activities, and the institutions responsible for their performance and reporting.

The main objective of the Slovenian National Programme on Illicit Drugs 2014–2020 and the first Action Plan is to reduce and limit the harm posed by the use of illicit drugs to individuals, families and society.

Coordination

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia, the highest coordination body in the field of drugs, is an inter-sectoral governmental body and called three sessions in 2014. Among other topics, it discussed the annual National Report on the Drug Situation and all other pressing drug-related topics in Slovenia, including citizen legislation proposals. The operative part of the work of the Commission on Narcotic Drugs is ensured by the Ministry of Health, which prepares session materials and is responsible for the implementation of Commission session decisions along with other competent sectors and institutions.

The coordination on the field of drugs on government level is the responsibility of the Commission on Narcotic Drugs of the Government of the Republic of Slovenia and the Ministry of Health. Locally, Local Action Groups remain the principal coordinators within local communities. In 2014, Local Action Groups held two extended meetings.

In Slovenia, November is the month in which organised, concentrated activities aim to influence people's thought processes, experience and behaviours in connection to various types of addiction, focusing on drugs. This period includes the distribution of written materials as well as a number of state-wide and local prevention activities by government and non-governmental institutions involved in the prevention or treatment of addiction to illicit drugs, such as school, preschools, Centres for Social Work, Local Action Groups, health care institutions, and other. These activities were carried out by the Ravne na Koroškem Regional Office of the National Institute of Public Health and the Ministry of Health for the fourteenth time in a row, which also organised a conference on prevention, which took place in Slovenj Gradec under the slogan "Prevention + Treatment + Rehabilitation = 3 x Help; Knowledge and Connection Make Strength".

The conference is the central event organized during the Substance Abuse Prevention Month. In 2014, it was focused on increasing knowledge, discussing, connecting and exchanging experiences among experts and practitioners. The participants were given the opportunity to actively cooperate in interactive discussions, thereby actively contributing to the realization of the goals of the conference. The objectives were:

(1) to increase knowledge in the field of drug-related prevention programmes with a special emphasis on modern prevention concepts,

(2) to improve professional, social and personal competencies of the practitioners,

(3) to connect and improve cooperation,

(4) to present modern methods and approaches to work in the field of environmental prevention and evaluation (foreign experience).

1.4 Economic Analysis

In Slovenia, drug-related programmes are financed via a variety of sources. The funding for most is provided by the state budget and the Health Insurance Institute of Slovenia. A portion

of the funds is provided by a number of foundations and NGO membership fees, while donations are scarce or not reported.

Budget Appropriations

In 2013 and 2014, the Ministry of Health allocated EUR 200,000 for programmes pertaining to illicit drugs by a call for tender. One half of the sum was paid out to selected programmes in 2013, with the other half paid out in 2014. In 2014, the Ministry also co-funded a proportional share of EUR 100,000 for the operation of the National Focal Point at the National Institute of Public Health.

The Office for Youth of the Republic of Slovenia co-funded activities or types of programmes which could be identified as directly performing activities pertaining to illicit drugs in 2014 within the means of the Office to the sum of EUR 37,207.50.

In 2013, the Ministry of Labour, Family, Social Affairs and Equal Opportunities distributed EUR 2,843,425.00 for the operation of programmes in the same year in connection to the treatment of users of illicit drugs by a call for tender.

Table 1.1 lists data on the sum of funds allocated by the Ministry of Labour, Family, Social Affairs and Equal Opportunities to social rehabilitation programmes for addicted persons and through those, to social protection programmes pertaining to illicit drugs.

Table 1.1: Ministry of Labour, Family, Social Affairs and Equal Opportunities funds for social care programmes pertaining to illicit drugs (in EUR)

Ministry of Labour, Family, Social Affairs and Equal Opportunities funds for Year	Social rehabilitation programmes for addicted persons	Therapy community programmes and other community programmes which provide housing for drug users, including the associated networks of admission and day centres, reintegration centres, parallel therapy programmes for the families of drug users and therapy communities of alternative programmes for drug users	Low-threshold programmes for drug users, networks of counselling and social rehabilitation centres of persons addicted to illicit drugs requiring daily treatment
2014	2,843,425.00	1,827,201,00	903,169,00
2013	2,808,813.80	1,950,639.20	858,174.60
2012	2,840,897.90		
2011	3,213,519.00		
2010	2,713,129.37*	1,575,993.26	587,876.52
2009	2,558,798.00*	1,514,458	544,492.50
2008	2,290,728.00*	1,445,691	399,013.40

* The piece of data is not the sum of Columns 3 and 4 of the table, as certain additional social protection programmes (prevention programmes, programmes pertaining to alcoholism and other types of addiction and eating disorders) are funded aside from programmes pertaining to illicit drugs by the "Social rehabilitation programmes for addicted persons" category.

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities Report[1]

[1] Available from the author.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities co-funds up to 80% of the total cost of the programme, while the programme must obtain the remainder of the funds from other sources. The role of local communities is especially important, as they help obtain appropriate premises to carry out the programmes.

The Slovenian Criminal Police spends around half a million euros p. a. to combat organised crime. Specific data for 2014 show that EUR 458,249.00 were spent on covert investigation measures and technical equipment, while EUR 578,745.75 were used for the same purpose in 2013. The majority of the funds were allocated to the fight against illicit drugs. Since crime investigations tend to involve several distinct criminal offences, no specific or precise data on the total sum spent on combating illicit drugs can be provided.

The Health Insurance Institute of the Republic of Slovenia spent EUR 5,086,760.00 on the operation of Centres for Prevention and Treatment of Illicit Drugs Addiction and on substitute drugs in 2014.

The Health Insurance Institute of the Republic of Slovenia also provided EUR 147,031.00 for the purchase of sterile material for safe drug injection in 2014, which was distributed to harm reduction programmes by the Koper Regional Office of the National Institute of Public Health.

In 2014, the FIHO foundation provided EUR 223,259.74 to drug-related programmes organised within non-governmental organisations.

This year's report also provides data on co-funding of programmes pertaining to illicit drugs by Slovenian municipalities. There are currently 212 municipalities in Slovenia. Data obtained from 103 municipalities show that these local communities spent a total of EUR 909,629.72 on solving drug-related issues.

Table 1.2: Cumulative data on funds spent on drug-related issues in 2014

	Fund provider	**SUM (EUR)**
1.	Municipalities	909,629.72
2.	FIHO	223,259.74
3.	Office for Youth	37,207.50
4.	Health Insurance Institute of Slovenia	5,233,791.00
5.	Ministry of Health	200,000.00
6.	Ministry of Labour, Family, Social Affairs and Equal Opportunities	2,843,425.00
7.	Ministry of the Interior	458,249.00
	Total	**9.792.506,96**

Sources: Republic of Slovenia Budget, Health Insurance Institute of Slovenia, FIHO, municipalities

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. We estimate that a minimum of EUR 9,792,506.96 was allocated to the issue of illicit drugs in Slovenia in 2014 (Table 1.2).

Drugs

Slovenia

2. Summary

According to the Survey on the Use of Tobacco, Alcohol and Other Drugs, performed by the National Institute of Public Health in 2011 and 2012 on a representative sample of inhabitants of Slovenia, cannabis is the most widely used illicit drug. 15.8% inhabitants of Slovenia aged between 15 and 64 have used cannabis in their lifetime, 4.4% used the drug in the last year and 2.3% used it in the last month. According to the data from the last "Health Behaviour in School-Aged Children" (HBSC 2014) survey, cannabis was used on one or more occasions by 21.1% of 15-year-olds, 18.7% of 15-year-olds used it in the last year and 10.3% used it in the last month. A web survey on the use of new psychoactive substances among the students of the University of Ljubljana showed that 4.5% of respondents have used synthetic cannabinoids in their lifetime. In recent years, the demand for treatment at the Centres for the Prevention and Treatment of Drug Addiction due to problems related to cannabis use has grown, along with the number of persons poisoned by the drug, as recorded by the Centre for Poisoning. In 2014, there were several initiatives in Slovenia to regulate cannabis use for medicinal purposes, both by state institutions as well as the civil society.

Cocaine has been used in their lifetime by 2.1% of inhabitants of Slovenia aged between 15 and 64, the same as ecstasy, while amphetamines have been used by 0.9%. According to the data from the ESPAD 2011 study, 3% of 16-year-olds have tried cocaine, while 2% of 16-year-olds reported trying amphetamines and ecstasy. The data from the Survey on the use of cocaine and other stimulants in nightlife from 2010 revealed that cocaine, amphetamine and ecstasy are the stimulants used most often in nightlife. Both the web survey on the use of new psychoactive substances among the students of the University of Ljubljana as well as the study conducted among the users of new psychoactive substances revealed that 3-MMC was the most widely used synthetic cathinone in these two target groups. The stimulant due to which users seek help most often and enter treatment at Centres for the Prevention and Treatment of Drug Addiction is cocaine, followed by amphetamine. After a stable 3-year period, the Centre for Poisoning recorded a growth in the number of cocaine poisonings in 2014.

Heroin has been used in their lifetime by 0.5% of inhabitants of Slovenia aged between 15 and 64. In recent years, the prevalence of high-risk opioid use in Slovenia has ranged between 3.7 and 4.9 users per 1000 inhabitants aged between 15 and 64. Among high-risk opioid users, injecting is still the most frequent risk behaviour, although it is on the decrease, since users have been transferring to different methods of administration due to vascular injuries. Furthermore, high-risk opioid users have transferred to the use of cocaine and prescription drugs. Although fewer people have recently entered the treatment programme due to problems related with opioid use, opioids or, rather, heroin still remain the main cause for seeking help and entering a treatment programme in the network of Centres for the Prevention and Treatment of Drug Addiction. After a 6-year period of a decreasing number of heroin poisonings, the Centre for Poisoning again recorded an increased number of poisonings by this illicit drug in 2013 and 2014. Heroin is also the drug with which most deaths by drug poisoning are related.

The Main Illicit Drugs

According to the data from the 2011-2012 Survey on the Use of Tobacco, Alcohol and Other Drugs, cannabis is the most widely used illicit drug among inhabitants of Slovenia aged

between 15 and 64. Data from the HBSC 2014 and ESPAD 2011 studies reveal that cannabis is also the most widespread illicit drug among secondary school students. The studies on the use of cocaine and other stimulants in nightlife from 2010 and on the use of new psychoactive substances from 2014 revealed that cannabis use is also widespread among night club, bar and rave party visitors as well as among users of new psychoactive substances. The latter report cannabis as the drug most commonly combined with new psychoactive substances. Furthermore, half of the users of harm reduction programmes report the use of cannabis along with other drugs. In the last 5 years, the police have recorded increased quantities of seized cannabis and the number of discovered places designed to grow cannabis, which indicates larger accessibility and supply of this drug on the black market. Since 2006, the share of those entering a treatment programme at Centres for the Prevention and Treatment of Drug Addiction for problems related to cannabis use has also increased. Furthermore, the Centre for Poisoning has recorded increased numbers of cannabis poisonings in the last couple of years. In 2014, strong initiatives were taken by civil societies to legally regulate or allow a limited amount of cannabis to be grown for own purposes.

According to the data from the 2011-2012 Survey on the Use of Tobacco, Alcohol and Other Drugs, cocaine is the most widely used stimulant among inhabitants of Slovenia aged between 15 and 64 and, according to the ESPAD 2011 study, among secondary school students as well. The studies on the use of cocaine and other stimulants in nightlife from 2010 and on the use of new psychoactive substances from 2014 also revealed that cocaine was, in addition to amphetamine and ecstasy, present among night club, bar and rave party visitors as well as among users of new psychoactive substances. Cocaine is also used by high-risk opioid users, where injecting cocaine is a relatively frequent phenomenon. Among stimulants, cocaine is the leading cause to enter a treatment programme at Centres for the Prevention and Treatment of Drug Addiction, followed by amphetamine. Considering the number of poisoning cases recorded by the Centre for Poisoning, the leading stimulant is cocaine, followed by amphetamine-type stimulants; in 2014, there were also some cases of poisoning by the synthetic cathinone 3-MMC. The use of the latter is mostly spread among the users of new psychoactive substances. In the last 3 years, the police detected increased quantities of seized amphetamine, methamphetamine and ecstasy as well as an increased supply and sale of synthetic drugs, while the quantities of seized cocaine fluctuated.

Although opioids or mostly heroin remain the leading cause to enter treatment, fewer persons have entered treatment programmes due to problems related to opioid or heroin use. The estimated number of high-risk opioid users is quite stable; however, data reveal that they have been transferring to the use of other drugs, primarily cocaine and medical products. In recent years, the police recorded reduced quantities of seized heroin, while the Centre for Poisoning recorded an increased number of heroin poisonings in the past 2 years. Although the number of deaths due to methadone poisoning has increased, heroin is the drug with which most deaths by drug poisoning are related.

SECTION A. CANNABIS

2.1 National Profile

2.1.1 Prevalence and Trends

2.1.1.1 Cannabis Use in the General Population

Andreja Drev

Lifetime prevalence of cannabis use

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

Last year prevalence of cannabis use

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

Last month prevalence of cannabis use

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

2.1.1.2 Cannabis Use in Schools and Other Sub-populations

Andreja Drev

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).

According to the data from the last Health Behaviour in School-Aged Children (HBSC 2014) survey, cannabis has been used at least once in their lifetime by a good fifth (21.1%) of 15-year-olds, 18.7% used it in the last year and 10.3% used in the last month. Gender data reveal that cannabis is more widespread among boys than girls, since the share of use is statistically significantly higher in boys than in girls under all three indicators (Table 2.1) (Koprivnikar 2015).

Table 2.1: Lifetime, last year and in last month prevalence of marijuana (cannabis in 2014) use in 15-year-olds, total and by gender, 2002, 2006, 2010, 2014

Share (in %)	Lifetime			Last year			Last month		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2002	31.0	25.4	**28.3**	27.3	21.4	**24.4**	ND	ND	**ND**
2006	21.4	14.1	**17.7***	15.2	10.0	**12.6***	7.6	4.0	**5.8**
2010	27.2	19.3	**23.2****	21.0	15.0	**18.0****	11.6	8.4	**10.0****
2014	23.5	19.1	**21.1**	21.4	16.4	**18.7**	12.0	8.9	**10.3**

ND: no data

* The difference between 2002 and 2006 is statistically significant.

* The difference between 2006 and 2010 is statistically significant.

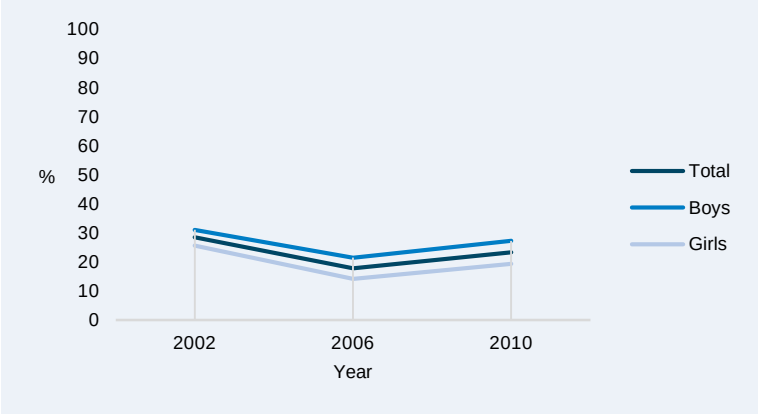
Source: National Institute of Public Health, HBSC 2010, HBSC 2014

Trends are available for the period between 2002 and 2010, since adolescents were asked only about marijuana use in 2002, 2006 and 2010, while the question was set more broadly in 2014 and referred to the use of cannabis, hence marijuana as well as hashish.

The data reveal that the share of 15-year-olds using/smoking marijuana at some point during lifetime and the share of 15-year-olds using/smoking marijuana at least 3 times in the last year statistically significantly decreased in the period between 2002 and 2010. In the same period, a statistically significant drop was detected in the number of girls who tried marijuana at some point in their lives, while no statistically significant differences were noted in boys throughout the period. In last year use, a statistically significant decrease was recorded among all 15-year-olds as well as boys and girls separately.

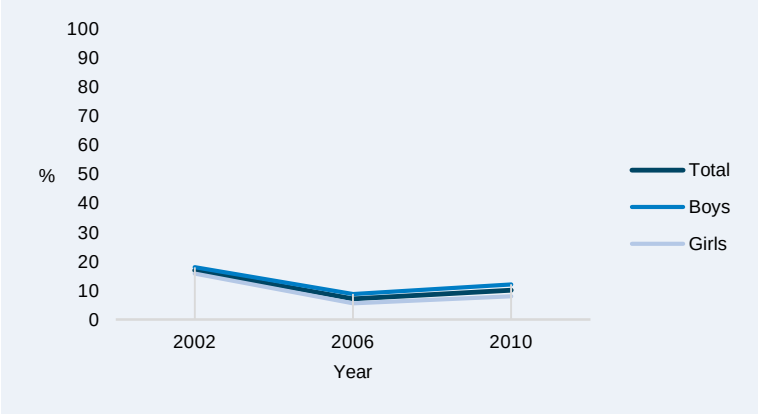
Although data on marijuana use between 2002 and 2010 reveal a statistically significant declining trend in the share of 15-year-olds who have tried marijuana in their lifetime or in the last year, a detailed review of individual periods shows that this share fell significantly only between 2002 and 2006, while unfavourable rising trends were detected between 2006 and 2010 (Figures 2.1 and 2.2) (Bajt 2013).

Figure 2.1: Lifetime prevalence of marijuana use in 15-year-olds, total and by gender, in 2002, 2006 and 2010



Source: National institute of Public Health, HBSC 2010

Figure 2.2: Last year prevalence of marijuana use (at least 3 times) in 15-year-olds, total and by gender, in 2002, 2006 and 2010



Source: National institute of Public Health, HBSC 2010

According to the data from the European survey on alcohol and other drugs from 2011, cannabis has been used in their lifetime by 23% of the Slovenian 16-year-olds included in the survey, 19% of them had used cannabis in the year preceding the survey, while 10% had used it in the month preceding the survey (Stergar and Urdih Lazar 2014). Cannabis use was more widespread among boys than girls, as 26% of boys and 21% of girls reported a lifetime use of cannabis (Hibell et al. 2012).

Trend: in the period between 1995 and 1999, cannabis use increased more than in the period between 1999 and 2003, but recorded a statistically significant drop in the 2003-2007 period, while the situation was stable in 2011 (Stergar and Urdih Lazar 2014).

2.1.2 Patterns, Treatment and Problem/High Risk Use

2.1.2.2 Reducing the Demand for Cannabis

Andreja Drev, Ines Kvaternik, PhD

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

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

A specific counselling programme in harm reduction intended for cannabis users is carried out by the DrogArt Association with its Reduser application.[2]

2.1.2.3 High Risk Cannabis Use

Miran Brvar, PhD, Assist. Prof., Ines Kvaternik, PhD, Samo Novaković, Živa Žerjal

The data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of poisonings by cannabis or THC, which is in the plant, has grown constantly for the past few years. Since 2010, cannabinoids have been the most frequent illicit drugs detected in adults poisoned by drugs in Ljubljana. The number of THC poisonings grew substantially in 2014, almost doubling with respect to the year before (more in the harms and harm reduction workbook).

Individuals seeking help in treatment programmes due to cannabis use are considered as high-risk cannabis users.[3] In 2014, there were 13.72% of those seeking help at CPTDA for the first time or again, and 7.96% of those seeking help in hospital programmes. In 2014, 54.4% of users in harm reduction programmes also used cannabis alongside other drugs.[4]

There is no data about the prevalence of high-risk cannabis use.

2.1.2.4 Synthetic Cannabinoids

Edina Mulalić, Marija Sollner Dolenc, PhD, Prof.

In the first half of 2015, a survey was conducted on the use of new psychoactive substances among the students of the University of Ljubljana. Among other, the questionnaire included questions on the knowledge of synthetic cannabinoids. The target population were young adults – the average age amounted to 21.9 years (the youngest was 18 and the oldest was 37) – from all over Slovenia studying actively at any faculty of the University of Ljubljana. Using

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

[3] EMCDDA: Characteristics of individuals starting treatment for drugs (Treatment Demand Indicator).

[4] NIPH, RO Koper. 2015. Survey on the profile of users of harm reduction programmes.

web surveying, carried out from January to May 2015, 1133 questionnaires were collected, 26% of which were completed by men and 74% by women.

The selected synthetic cannabinoids listed in Table 2.2 were known by around 3% of respondents on average, most of whom were familiar with the synthetic cannabinoid JWH-018. The lifetime use of the synthetic cannabinoids was reported by 4.5% (n = 51) of respondents. Respondents also indicated their age upon first contact with such drugs, which on average amounted to 17.5 years (17.6 for women and 17.5 for men). The lowest reported age upon first use of these drugs in men was 13 and the highest was 23, while in women these were 14 and 23, respectively.

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

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

On a scale of 1 to 5 (1 representing lack of information), respondents also assessed their knowledge on the dangers of using synthetic cannabinoids, with 35% assessing their knowledge with 1 and 5.6% believing that they were well informed (5). The average amounted to 2.3% and showed that the general knowledge of this type of drug is rather poor.

Table 2.2: The share (in %) of identification and lifetime prevalence of synthetic cannabinoid use

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

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

2.2 Trends (X)

2.3 New Developments

2.3.1 New Development in the Area of Cannabis

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

2.4 Additional Information (X)

2.5 Notes and Queries (X)

2.6 Sources and Methodology

2.6.1 Sources

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

HBSC 2014, NIPH

HBSC 2010, NIPH

ESPAD 2011, Institute of Occupational, Traffic and Sports Medicine, UMCL

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

Data by the Centre for Poisoning at UMC LJ, 2014

Record of Treatment of Drug Users – TDI database, NIPH, 2014

Survey on the profile of users of harm reduction programmes, NIPH, Koper RU, 2014

2.6.2 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.[5] 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).

HBSC 2014, HBSC 2010: The Health Behaviour in School-Aged Children (HBSC) survey is an international survey performed on a representative sample of primary and secondary school students aged 11, 13 and 15. The purpose of the survey, which is carried out every 4 years under a common methodology in 43 countries of Europe and North America, is to monitor longitudinally health behaviour during schooling. In Slovenia, the survey was carried out 4 times, i.e. in 2002, 2006, 2010 and 2014. In 2014, the survey included (the final sample for analysis) 4997 adolescents, 2449 (49.0%) of whom were boys and 2548 (51.0%) girls, while 34.2% were aged 11, 35.3% were aged 13 and 30.5% were aged 15.

ESPAD 2011: The European School Survey Project on Alcohol and Other Drugs – ESPAD - takes place according to standardised international methodology in coordination with the Swedish Council for Information on Alcohol and Other Drugs (CAN) since 1995 every four years. Its primary goal is to collect comparable data on the use of different psychoactive substances among 15- and 16-year-old European students in order to monitor trends within as well as between countries. Slovenia has participated in all five researches that took place so far.

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

Data are collected in stratified random samples, representative of students, which in the collection year turn 16 – therefore the research in 2011 included schoolchildren born in 1995. The sampling unit is a class. Classes are randomly selected from lists of all departments of the first year of Slovenian secondary schools for four types of programmes of secondary education. In 2011, the sample included 4386 persons from 180 first year classes and 3851 students took part in the survey. 3186 persons were included in the final analysis (1561 boys and 1625 girls), born in 1995.

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

Survey on the profile of users of harm reduction programmes: The survey was carried out between 11 November and 31 December 2014 in harm reduction programmes in Slovenia. Questionnaires were completed by users from 11 associations (both in day centres as well as in the field): Stigma, Svit, Po moč, Pot, Zdrava pot, DrogArt, Kralji ulice, Socio Celje, Šent shelter Ljubljana, Šent Velenje and Šent Nova Gorica. Expert associates in the programmes asked and encouraged users to complete the questionnaire, but not all users of an individual association completed it. The data were entered in the database and processed at NIPH, Koper Regional Unit, using the IBM SPSS program. The questionnaire comprised 6 content clusters, i.e. sociodemographic data, drug use, risk behaviours, injection paraphernalia, place of drug use, and an estimate of the hidden population. Most questions were closed-ended questions and only certain questions allowed the addition of answers (e.g. 'Please indicate health problems'). The questionnaire was anonymous.

SECTION B. STIMULANTS

2.1 National Profile

2.1.1 Prevalence and Trends

2.1.1.1 The Relative Importance of Different Stimulant Drugs

According to the data from the 2011-2012 Survey on the Use of Tobacco, Alcohol and Other Drugs and the ESPAD 2011 study, cocaine is the most widely used stimulant among inhabitants of Slovenia aged between 15 and 64 and among 16-year-old students. Considering prevalence in the general population and among secondary school students, cocaine use is followed by ecstasy and amphetamine. The studies on the use of cocaine and other stimulants in nightlife from 2010 and on the use of new psychoactive substances from 2014 revealed that cocaine was, in addition to amphetamine and ecstasy, also present among night club, bar and rave party visitors as well as among users of new psychoactive substances. Cocaine use has

also been detected among high-risk opioid users who frequently inject cocaine. Among stimulants, cocaine is the leading cause to enter a treatment programme at Centres for the Prevention and Treatment of Drug Addiction, followed by amphetamine. Considering the number of poisoning cases recorded by the Centre for Poisoning, the leading stimulant is cocaine, followed by amphetamine-type stimulants; in 2014, there were also some cases of poisoning by the synthetic cathinone 3-MMC. The use of the latter is mostly spread among users of new psychoactive substances. In the last 3 years, the police detected increased quantities of seized amphetamine, methamphetamine and ecstasy, while the quantities of seized cocaine fluctuated.

2.1.1.2 Stimulant Use in the General Population

Andreja Drev

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

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

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

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

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

statistically significantly higher among persons attending school (2.3%) and the unemployed (2.0%) than among employed persons (0.7%) (Lavtar et al. 2014).

2.1.1.3 Stimulant Use in Schools and other Sub-Populations

ESPAD 2011

The data from the ESPAD 2011 study for Slovenia show that cocaine use was reported by 3% of 16-year-olds, while 2% of 16-year-olds reported the use of amphetamines and ecstasy (Stergar and Urdih Lazar 2014).

Use of Cocaine and other Stimulants in Nightlife

Matej Sande, PhD, Assist. Prof.

The last research study in a specific population or in the context of nightlife was conducted in 2010, when the use of cocaine and other stimulants was researched in nightlife. Quantitative methodology was applied in the study and a questionnaire was designed based on the questions used in the studies on the use of synthetic drugs and alcohol carried out to that point. Sampling was carried out in 2010 at pubs, night clubs and rave parties across Slovenia. The final sample included 607 respondents, 57.2% of whom were male and 42.8% female, with the average age of 25 years (n = 607) and an age span between 15 and 56. 21.3% of respondents were older than 30.

Cocaine has been used in their lifetime by 57.2% of respondents, amphetamines by 59.3% and ecstasy by 54.2% of respondents. Results regarding the prevalence of cocaine use were practically identical to the results from the study on the use of amphetamine-type stimulants performed in 2005 at rave parties in Slovenia. Surprisingly, there was a relatively high share of respondents (20.8%) who have tried mephedrone in their lifetime, which was not yet on the list of illicit drugs at the time the study was conducted in Slovenia. Until that time, respondents from the sample mostly used marijuana, amphetamines and cocaine. Although the percentage of those reporting cocaine use was relatively high (57.2%) and although 20.1% of respondents reported having used cocaine more than 40 times, the frequency of use is lower (n = 607). A quarter of respondents who have tried cocaine (25.1%) use it a few times a year, while 13.3% use it once or more a month. 11.4% of respondents discontinued use (n = 598). In the sample, cocaine was the third most frequently used drug at some point during lifetime (Sande 2012).

2.1.2 Patterns, Treatment and Problem/High Risk Use

Ines Kvaternik, PhD, Živa Žerjal, Samo Novaković, Miran Brvar, PhD, Assist. Prof.

2.1.2.1 Injecting and other Routes of Administration

Data on treatment demand and data on the characteristics of users of harm reduction programmes reveal that injecting remains the most risky behaviour among users of illicit drugs, despite the fact that the number of needles and syringes issued has decreased.[6]

[6] In 2010, harm reduction programmes issued 732,592 needles and syringes to injecting drug users, 632,464 were issued in 2011, 553,426 were issued in 2013, and 494,890 were issued last year (NIPH, Koper RU, Data on the exchange of sterile needles and syringes, 2014).

This may be explained by changing trends in the use of different drugs:

- opioid users started largely using cocaine and prescription drugs;
- the population of opiate users is ageing – the older population of users has vascular injuries due to long-term injecting, which is why they administer drugs in other ways;
- the number of new entries in treatment programmes has been decreasing, which reveals a reduced entire population of new drug users;
- the quality of illicit drugs has reduced, which is why users have been transferring to other substances and other methods of administration.

2.1.2.3 Patterns of Use

Data on the simultaneous use of several drugs are restricted to a limited sample and refer to the population of opioid users who also use stimulants. 55.2% of the users of harm reduction programmes injected cocaine in 2014, while 31.5% injected cocaine and heroin at the same time.[7]

No data is available on the entire population of high-risk stimulant users.

2.1.2.4 Treatment and Help seeking for Stimulants

Data on treatment demand reveal that, in 2014, 6.7% of users sought help at CPTDA (including CTDA) for the first time or again due to stimulant use. Among stimulants, cocaine is the leading drug due to which users seek help, followed by amphetamine.

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

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

2.1.2.5 High Risk Stimulant Use

The largest risk in the use of stimulant drugs is injecting stimulants, i.e. both due to vascular injuries and due to the development of an uncontrolled method of using the mentioned drugs. The latter is shown at the level of an individual as a deterioration of health condition, loss of social contacts, loss of property and the development of homelessness and, on the social level, as an increased number of criminal offences.

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). The average age of persons poisoned by cocaine was 30 and most of them were men (67%).

[7] NIPH, Koper RO, and Svit Association Koper. 2015 Data on the exchange of sterile kits.

2.1.2.6 Synthetic Cathinones

Matej Sande, PhD, Assist. Prof.

The first small-scale study on the use of synthetic cathinones was carried out in Slovenia in 2011. The 2010 survey on the use of cocaine already established a 20.8% prevalence rate of mephedrone use in nightlife, which is why a specific survey was performed among mephedrone users based on these findings just before mephedrone was banned in Slovenia. The sample captured persons who used mephedrone at the time of the study or had quit using it. Sampling was made exclusively over the Internet and 130 persons were included using a web questionnaire specifically tailored to the study. The final sample included 112 respondents, 58.9% of whom were men and 41.1% women. The age span ranged between 15 and 40 years, while the average age in the sample was 24 years (n = 112). Mephedrone had been used in their lifetime by all respondents in the sample, methylone by more than half of the respondents (55.4%) and 2CB/2CE by 27.7%. A large share of respondents (42.0%) had tried other legal stimulants (MDPV, 4FA). The study also inquired about the reasons for discontinuing mephedrone use, which is why it was vital that the sample included slightly more than half of respondents (53.2%) who had quit using it (Sande 2011, Sande 2015).

The most common psychological problems due to mephedrone use were insomnia, depression and concentration difficulties. The most common physical problems were nasal mucosa injuries and tingling or numbness in arms and legs. Also examined were the signs of addiction to mephedrone, since users (according to the information from the field and the research performed abroad) reported craving for the drug and using increasing amounts of the drug. The study confirmed that 'increasing frequency of use' (22.3%) and 'using larger amounts than planned' (37.5%) were common problems. 63% of respondents had had problems discontinuing the use of mephedrone before using up their entire supply. One of the findings of the study confirmed the problems of users caused by certain signs of addiction or increased craving for the drug.

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

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

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

The Use of Synthetic Cathinones among the Students of the University of Ljubljana

Edina Mulalić, Marija Sollner Dolenc, PhD, Prof.

The survey on NPS use among the students of the University of Ljubljana revealed that more students know synthetic cathinones than synthetic cannabinoids. The most widely known was 3-MMC (called 'sladoled' or *ice cream* on the streets of Slovenia), followed by 4-MMC and methylone (Table 2.3). The lifetime of synthetic cathinones was reported by 6.5% (n = 74) of respondents, most of them reporting the use of 3-MMC. The average age of respondents who came into contact with the mentioned group of drugs was 18.9 years (18.4 in women and 19.5 in men). The lowest age upon first use was 13, while the highest was 26 (for women 13 and 26 years, for men 15 and 26 years).

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

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

Table 2.3: The share (in %) of identification and lifetime prevalence of synthetic cathinone use

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

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

2.2 Trends (X)

2.3 New Developments

2.3.1 New Developments in the Use of Stimulants

In 2015, a widespread use of 3-MMC was detected among intravenous opiate users who inject 3-MMC as a substitute for cocaine. The risks described were soft tissue injuries during 'outs', rashes, limbs turning blue, depression and disinhibition of sexual behaviour.

As reported from the field, "chemsex" has also been detected in the gay and bisexual population in Slovenia, as it was shown that chemsex binges in men using 3-MMC in sexual intercourses last longer and make sex more disinhibited than in men using other stimulants for sex (e.g. amphetamines and MDMA) (also see the harms and harm reduction workbook).

2.4 Additional Information (X)

2.5 Notes and Queries (X)

2.6 Sources and Methodology

2.6.1 Sources

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

Study on the use of cocaine in nightlife, DrogArt, 2010

Web survey on mephedrone, DrogArt, 2010

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

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

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

Record of Treatment of Drug Users – TDI data, NIPH, 2015

Data on the exchange of sterile needles and syringes, NIPH, Koper RU, 2014

Survey on the profile of users of harm reduction programmes, NIPH, Koper RU, 2014

2.6.2 Methodology

Web survey on mephedrone: The primary purpose of the survey on the use of mephedrone was to shed light to the characteristics of the use of this drug and to establish what the possible harmful consequences of the use were according to the opinions of users. Sampling was carried out using the Internet and 130 persons were captured with an online questionnaire specifically designed for the survey. The questionnaire was intended only for the users or former users of mephedrone. All those who had already discontinued using mephedrone were asked to answer certain questions about the characteristics of the use as perceived while they were using it. The final sample included 112 respondents and the sample was non-

representative. The sample included 58.9% of men and 41.1% of women. The age span ranged between 15 and 40 years, while the average age in the sample was 24 years.

Study on the use of cocaine in nightlife: The primary purpose of the study on the use of cocaine in nightlife, carried out by the DrogArt Association, was to obtain data on the prevalence and characteristics of cocaine use in bars, clubs and discotheques in Slovenia, information about the harmful consequences related to cocaine use as perceived by users, the economic aspects of cocaine use, monthly consumption, assessment of quality, impact of the price of cocaine on use, the needs of users for assistance, and additional information related to cocaine use. The outcomes of the study related to harm reduction can be used to improve the current aid programmes and provide new services for cocaine users. Sampling was carried out in 2010 at pubs, night clubs and rave parties across Slovenia. Slightly more than half of the sample was obtained using a web questionnaire, while the classic and online shares of the sample were combined during processing. The sample included 607 respondents, 57.2% of whom were male and 42.8% female, with the average age of 25 years and an age span between 15 and 56. 21.3% of respondents were older than 30.

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

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

SECTION C. HEROIN AND OTHER OPIOIDS

2.1 National Profile

2.1.1 Prevalence and Trends

2.1.1.1 The Relative Importance of Different Opioid Drugs

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

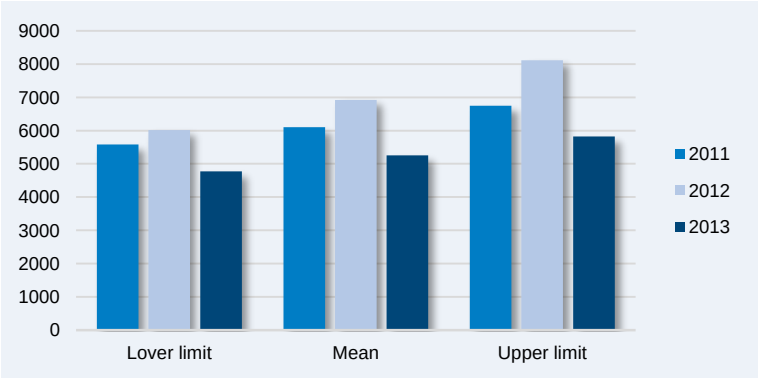
Among high-risk users of harm reduction programmes, heroin is the most widespread drug from the group of opioids. In the opioid group and among all other drugs, heroin is the principal cause to seek help and enter a treatment programme at Centres for the Prevention and Treatment of Drug Addiction. Heroin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

2.1.1.2 Estimates of Opioid Use

Ines Kvaternik, PhD, Samo Novaković

Figure 2.3 shows that the prevalence of high-risk opioid use (hereinafter “HROU”) has been stable in recent years, ranging between 3.7 and 4.9 users per 1000 inhabitants aged between 15 and 64.

Figure 2.3: The prevalence trend of high-risk opioid use, 2011–2013



Source: Kvaternik and Novakovič 2014, own calculation based on the hidden population coefficient and the capture-recapture method in 2011, 2012 and 2013

In 2011, there were 6256 HROUs in Slovenia (within a 95% confidence interval, between 5640 and 7060), 6917 in 2012 (within a 95% confidence interval, between 6011 and 8114), and 5252 in 2013 (within a 95% confidence interval, between 4772 and 5832).

In addition to a stable estimate of the number of opioid users, it is also possible to detect a drop in entries in treatment programmes and, consequently, a rise in the average age of programme users. Population ageing can also be detected in harm reduction programmes, where the average age surpassed 36 years and, in the Obalno-kraška statistical region, 39 years.

In view of the trends in use by high-risk opioid users, we have noticed that the route of administration and type of drug use have been changing. High-risk opioid users have been transferring to sniffing, smoking or oral opioid use due to vascular injuries. Injecting has decreased, but is still the most common risk behaviour among the mentioned group of users. High-risk opiate users have been transferring to the use of cocaine and prescription drugs. Among the latter, the most common is the use of benzodiazepines (Dormicum, Apaurin) and hypnotics (Sanval). A large share of opioid users injects the mentioned drugs. There is 78.32% ±3.82% of users of low-threshold programmes in substitution therapy. Among those injecting drugs, 65.91% injected heroin, 55.19% cocaine, 25.97% Substitol and 29.87% injected other medical products in the last year.

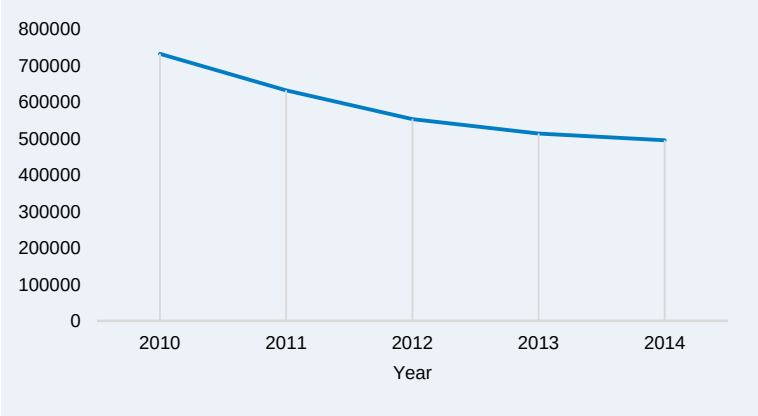
2.1.2 Patterns, Treatment and Problem/High Risk Use

Ines Kvaternik, PhD, Samo Novaković, Živa Žerjal

2.1.2.1 Injecting and other Routes of Administration

Data on treatment demand and data on the profile of drug users seeking help in harm reduction programmes reveal that heroin use has decreased and the use of other drugs has increased among the population of illicit drug users. The data reveal that high-risk opioid users also use other drugs, primarily cocaine, substitute and other medical products. The number of needles and syringes issued in sterile kit exchange programmes fell between 2010 and 2014 (Table 2.4).

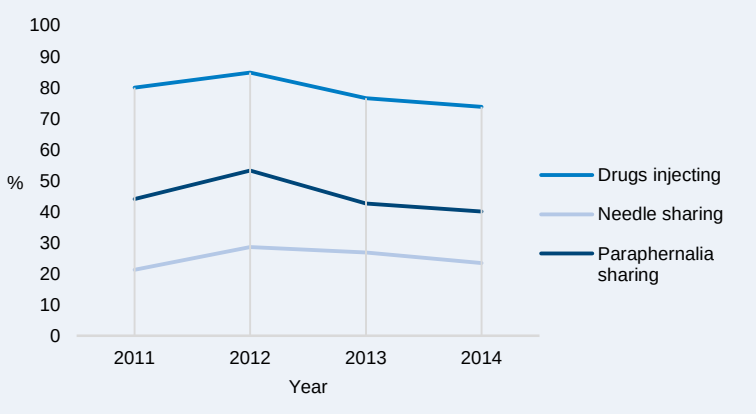
Figure 2.4: The number of needles and syringes issued to users of harm reduction programmes, 2010–2014



Source: NIPH, Koper RU, Anonymous questionnaire on the profile of drug users seeking help in harm reduction programmes, 2014

As already mentioned, in the last 5 years, injecting has decreased in the mentioned target population of users, but still remains the top high-risk behaviour, as more than 70% of respondents reported having injected drugs. The sharing of needles and other injecting paraphernalia among the mentioned population is very risky. The data reveal that 23.4% of respondents shared needles in 2014, while 40% of them shared other paraphernalia as well (Figure 2.5).

Figure 2.5: Risks related to drug injection among users of harm reduction programmes, 2011–2014



Source: NIPH, Koper RU, Anonymous questionnaire on the profile of drug users seeking help in harm reduction programmes, 2014

2.1.2.3 Patterns of Use

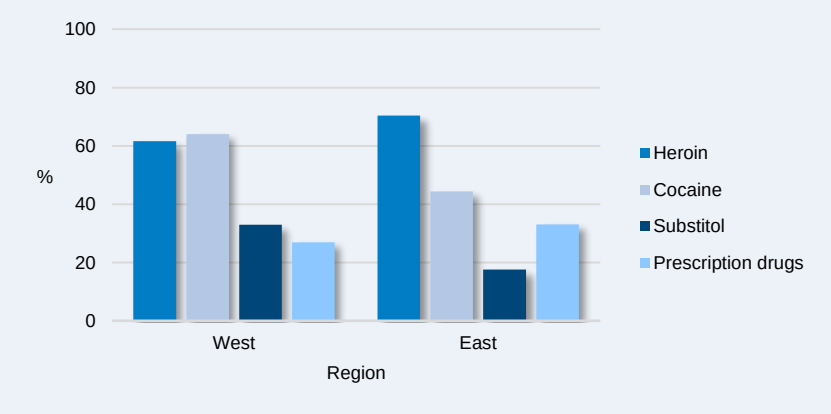
In 2014, a study was conducted among injecting users of harm reduction programmes on trends in drug injection. The study included 309 users who were included in exchange programmes for injection paraphernalia under 5 different HR programmes. The data were collected using a questionnaire and processed using the logistic regression method.

The data reveal that, in 2014, 65.91% of users included in exchange programmes for injection paraphernalia injected heroin, 55.19% cocaine, 25.97% Substitol, and 28.87% injected other prescription drugs.

The average age of respondents was slightly over 36 years; the majority of the population (82.2%) were men, and 78.32% of drug injecting respondents were at the same time included in substitution therapy.

The results show that there are more injecting drug users in the west geographic region than in the east. The average age recorded in the west geographic region was higher by slightly more than 3 years, while the admission rate in the substitution therapy programme was higher by 13.3%. The data also reveal that injecting cocaine rather than heroin is more common in the west region. Furthermore, Substitol injection is more than twice as widespread in the west as in the east (Figure 2.6).

Figure 2.6: The type of drug injected by users of harm reduction programmes by geographic region



Source: NIPH, Koper RU, and Svit Koper Association, Record of injection kit exchange in harm reduction programmes, 2014

Considering the distribution of inclusion in substitution therapy, it is evident that the users included in the mentioned therapy inject Substitol more frequently.

There are no statistically significant differences between the genders, but a cross analysis of the data reveals higher probability of the use of prescription drugs among the female population not included in substitution therapy and a somewhat lower probability of cocaine injection among women included in substitution therapy.

Age has also proven to be an important indicator of the use of prescription drugs, since users above the average age inject prescription drugs twice as frequently according to the data. The age exceeding the average and non-inclusion in substitution therapy indicate a higher probability of heroin and Substitol injection and a higher probability of injecting prescription drugs in the older share of drug user population (Kvaternik and Novakovič 2015).

2.1.2.4 Treatment for Heroin and Other Opioids

In 2014, opioids continue to be the chief cause for seeking help and entering treatment at the CPTDA network. In the same year, 75.89% of users sought help at CPTDA (including CTDA) for the first time or again due to opioids as the main drug. Among users seeking help due to opioids, those seeking help due to heroin as the main drug prevail (76.75%) over those seeking help due to the methadone bought on the black market (13.84%) and buprenorphine (5.35%).

Among users seeking help for the first time at CPTDA, a good half (55.45%) sought help due to opioid problems and most of them (80.33%) sought help due to heroin as the main drug.

Most of the users seeking help again at CPTDA (83.05%) sought help due to opioids and most of them (75.20%) sought help due to heroin as the main drug (see also the treatment workbook).

Slovenia is relatively well covered with treatment and substitution therapy programmes (18 programmes in 18 different places) as well as with harm reduction programmes (7 non-governmental organisations carry out 9 day centre programmes, 5 mobile exchange programmes for injection paraphernalia and 2 programmes for the classic exchange of injection paraphernalia). Harm reduction programmes have covered 61 different places and 101 locations in Slovenia. However, there are still a few blind spots on the territory of Slovenia, such as the regions of Bela krajina and Pomurje, where programmes have not been put in place due to a lack of understanding by local authorities.

2.2 Trends (X)

2.3 New Developments

2.3.1 New Developments in the Use of Heroin and Other Opioids

Expert associates in harm reduction programmes and users of the mentioned programmes have reported a growing presence of adulterants of unknown origin in illicit substances, most often in cocaine, heroin and benzodiazepines that are acquired on illegal market by users. There is talk of a different effect and toxicity of these substances. A need has arisen to develop an intervention allowing users to test a drug before using it.

The data acquired within the scope of medical units operating at University Medical Centre Ljubljana show that the number of heroin poisonings gradually decreased from 2007 (58 cases of poisoning) to 2012 (8 cases of poisoning), but unexpectedly rose again in 2013, reaching the number from the beginning of the decade in 2014 (34 cases of poisoning). In 2014, the average age of patients poisoned by heroin was around 34 years; 67% were men (more in the harms and harm reduction workbook).

2.4 Additional Information (X)

2.5 Notes and Queries (X)

2.6 Sources and Methodology

2.6.1 Sources

High-risk opiate use, NIPH, Koper RU, 201

Survey on the profile of users of harm reduction programmes, NIPH, Koper RU, 2014

Record on injection paraphernalia issued, NIPH, Koper RU, 2014

Record on the exchange of injection paraphernalia in harm reduction programmes. Drug use among users of harm reduction programmes in Slovenia. NIPH, Koper RU, and Svit Association Koper, 2014

Record of Treatment of Drug Users – TDI data, NIPH, 2015

2.6.2 Methodology

High-risk opiate use: Method: capture-recapture; Data sources: Record of Treatment of Drug Users and the Profile of users of HR programmes.

Record of the exchange of injection paraphernalia in HR programmes. Drug use among users of HR programmes in Slovenia: Logistic regression.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES AND OTHER DRUGS

2.1.1 New Psychoactive Substances (NPS), other New or Novel Drugs, and less Common Drugs

2.1.1.1 Prevalence in NPS Use among Students of University Ljubljana

Edina Mulalić, Marija Sollner Dolenc, PhD, Prof.

The survey on NPS use among the students of the University of Ljubljana also covered the use of new psychoactive substances that are not listed in the group of synthetic cannabinoids or cathinones. Respondents mostly recognised the new psychoactive substance GBL/GHB, followed by methoxetamine (MXE) and ethylphenidate (Table 2.4).

Table 2.4: The share (in %) of identification and lifetime prevalence of NPS use

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

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

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

The survey also focused on a comparison of the risks involved in the use of new drugs compared to 'classic' illicit drugs, such as heroin, cocaine and marijuana. The risk was assessed using a scale from 1 to 5, with 1 representing *much* less risky than 'classic' drugs and 5 representing very risky compared to 'classic' drugs. Almost half of the respondents (48.3%) assessed the risk with grade 3. The mean value of the answers selected amounted to 3.5, which equals the danger of new drugs with that of classic ones according to the opinions of respondents.

Respondents were also asked where they would turn to for help in case of problems related to the use of new psychoactive substances. 48.4% of respondents answered that they would seek help from friends, 26.7% would go to their family and relatives, 24.3% would seek help from the anonymous forums dealing specifically with such issues, 22.2% would go to drug rehab clinics, 18.9% would see their personal physician, 17.1% would go to the DrogArt Association, 16.9% would call anonymous help lines intended for drug users, while others would not seek help at all or would not know how to act in such a situation. Of all respondents, 0.6% already sought help in the past due to NPS.

2.1.1.2 Harms Related to NPS Use

Matej Sande, PhD, Assist. Prof.

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

A large share of the sample used NPS or 3-MMC relatively risky (by mixing them with other drugs and using large amounts at the same time). Almost half of the respondents in the sample sometimes mix NPS with illicit drugs, while 34.5% mix NPS frequently or always with other drugs. A minor share of the sample (17%) never mixes NPS with other drugs (n = 241). A relatively large share of users (a quarter) uses more than a gram and a half of the drug in a

single evening, which most likely implies a higher risk for users considering that the risks per dose have not been investigated.

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

2.2 Trends (X)

2.3 New Developments (X)

2.4 Additional Information (x)

2.5 Notes and Queries (X)

2.6 Sources and Methodology

2.6.1 Sources

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

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

3. Prevention

3.1 Introduction

In Slovenia, prevention is regulated by laws, regulations and guidelines across a variety of sectors coordinated by the Ministry of Health in the field of the prevention of psychoactive substance abuse. As an inter-sectoral working group composed of the representatives of nine ministries and two NGO associations focusing on drugs, the Commission of the Government of the Republic of Slovenia on Drugs is responsible for the coordination of government policy, measures and programmes.

In Slovenia, a new act in the field of reducing the use of tobacco and similar products is being prepared. It will include the provisions of the new European directive and new national tobacco control measures. The first in-depth assessment of alcohol consumption related costs, which amounted to EUR 242 million, was carried out in 2014. Slovenian legislation regarding the reduction of hazardous and harmful alcohol use remained unchanged in the past year, and the initiative for legislative change allowing alcohol to be offered and sold at sports events was not adopted. Using the Mystery Shopper method, the Youth Association No Excuse checked whether shops in four major Slovenian cities observed the relevant legislation and tested the effectiveness of various interventions aimed at improving the compliance with legislation. Inspections and social marketing interventions proved successful in further limiting alcohol access to minors.

In 2014, 590 peer-to-peer prevention workshops were carried out on the issues of tobacco and alcohol, reaching 13,075 young people between the ages of 12 and 15. The annual working meeting of Local Action Groups in the field of addiction prevention showed that alcohol, in particular, continues to be key problem in local environments, whereas individual Local Action Groups have noted the use of hash oil purchased on the black market for self-medication. For the third successive year, the Bouncing Ball (Žoga skače) programme took place in Koper. As part of the programme, a variety of leisure activities are organised for primary school children of drug users and other school-age children in an area with a high number of drug users with children.

As part of the European project Click for Support, guidelines were developed for online interventions for young drug users. As part of Take Care, a European programme aiming to reduce alcohol consumption and related harm among young people, training was carried out for 43 alcohol vendors, and an expert meeting was organised for 41 other significant figures. As part of FreD Goes Net, an early intervention programme for first noticed alcohol and drug users, 24 brief interventions were organised and attended by 302 adolescent students who were noticed using alcohol and illicit drugs, in 2014. 11 brief interventions were organised and attended by 129 adolescent students in the first half of 2015. The Bat (Netopir) project volunteers attended 36 open-air car (“hauba”) parties to raise awareness among the youth about the effects of alcohol consumption and the use of other drugs. The programme Choose Yourself (Izberi sam) was focused on creating tailored approaches to working with secondary school students in drinking environments; the result of this was the Chillout Zone in Ljubljana where young people can chat with youth workers on Friday evenings, get non-alcoholic drinks and take part in various activities. Drug users can use a new mobile application DrogApp,

which provides basic information about drugs and related risks and complications and methods to reduce harm due to the use of a selected substance.

The 2015 Substance Abuse Prevention Month slogan was “Prevention + Treatment + Rehabilitation = 3 x Help; Knowledge and Connection Make Strength”. A national conference was organised as part of the Substance Abuse Prevention Month.

3.2 Environmental Prevention

Tobacco

Helena Koprivnikar

In Slovenia a new act in the field of reducing the use of tobacco and similar products is being prepared. It will include the provisions of the new European directive and new national tobacco control measures. In the area of tobacco control Slovenia is currently lagging behind the other European countries. Tobacco industry continues to have plenty of options for marketing tobacco products, encouraging people to start smoking and discouraging smokers to quit smoking. Public health experts endeavour to ensure that the new act includes the necessary effective and strict tobacco control measures; in addition to those set forth in the directive, the key measures are among others total ban on advertising of tobacco products, ban on point-of-sale tobacco products display, plain packaging, and the introduction of tobacco retailer licences. To support the adoption of effective measures we have prepared material for political decision-makers, explaining the extent of the problem of tobacco use, the need for stricter measures and the effectiveness of the proposed measures. By the end of 2015 we will also carry out nine regional conferences and many media activities. So far we have already spoken about necessary effective measures and also Framework Convention on Tobacco Control on many occasions, at traditional conference at World No Tobacco Day and numerous messages to the media.

We are endeavouring for further regular and significant increases in taxation and prices of tobacco products, high level of taxation and high prices of these products, and for minimisation of the differences in taxation and prices among various types of tobacco products, since these price differences enable smokers to change to cheaper forms of smoking instead of quitting smoking. Taxation of tobacco products is included in other act, i.e. the Excise Duty Act and is not the subject of the new act in preparation. In recent years, prices of tobacco products have increased considerably. In 2012 and 2013, the real prices of cigarettes increased by approximately 10% every year, and 8% in 2014 (National Institute of Public Health, 2015; European Commission, 2015a). Before 2012, the differences in real prices were very low. Increase in real prices in the last three years is reflected in decreased quantities of cigarettes released for sale; in 2012 by around 6%, in 2013 by around 14% and in 2014 by around 6% according to the preliminary data (European Commission, 2015b).

The results of the 2014 survey Health Behaviour in School-Aged Children among adolescents aged 11, 13 and 15 years, showed a reduction in smoking in both girls and boys and in all three age groups. These favourable changes can most likely be attributed to the before mentioned changes in prices of tobacco products, as well as to the ban on smoking in all enclosed public and working premises, which was introduced in 2007, and to programmes for prevention and reduction of smoking, which are carried out in various environments. No other

measures have been introduced from 2007 to date. The survey showed that in 2014, 13.1% of 15-year-olds smoked at least once a week (in 2010: 19.4%), while 16.6% lit their first cigarette when they were 13 years old or less (2010: 24.3%) (Jeriček Klanšček et al. 2015). The analysis of the data obtained in the survey Health-Related Behaviour among Adults in Slovenia, aged 25–74 years, shows that a large majority of smokers in Slovenia initiate smoking as adolescents or young adults. Almost two thirds (63.4%) of the population aged 35–44 years who had ever smoked initiated smoking at age 17 or less and almost everyone (98.7%) did so at age 25 or less (Koprivnikar and Korošec 2015). This confirms that adolescents and young adults are important for the success, sales and profits of the tobacco industry, therefore tobacco industry spends and will continue to spend a great deal of time and funds for the development and implementation of marketing strategies targeted to this group. Tobacco industry supports the ineffective smoking reduction measures among adolescents and young adults and obstructs the effective ones. We are endeavouring that effective measures to reduce marketing of tobacco products and to prevent adolescents and young adults from starting and continuing to smoke would be included in the new legislation.

Alcohol

Maja Zorko, PhD, Nataša Blažko

In 2014, Slovenia received the first in-depth assessment of the costs connected with alcohol consumption. The assessment of alcohol consumption-related medical costs stood at EUR 159 million in 2011, which is more than the national budget receives from excise duties on alcohol and alcoholic drinks (Sedlak et al. 2014, Bilten javnih financ 2014). Adding the assessment of some other costs (such as traffic accidents, domestic violence, criminal acts – thefts, vandalism), the number increases to EUR 242 million (Sedlak et al. 2014, Rehm et al. 2012). Moreover, there are some other costs that need to be added, such as the cost of reduced productivity and the cost resulting from mental distress suffered by relatives, especially children. In spite of this, Slovenia still has not adopted all the effective alcohol policy measures and in terms of the extent of the introduction of effective measures it is ranked 16th among 29 European countries, while it is at the very top in Europe in terms of the extent of the consequences from harmful alcohol consumption (Mackenbach and Mckee 2013, Lovrečič and Lovrečič 2014, Zorko et al. 2014).

The 3rd national alcohol policy conference (14th and 15th January 2015) was organised by the Ministry of Health, the National Institute of Public Health and the World Health Organisation to point out the issue of hazardous and harmful alcohol use.[8] The conference was attended by some 200 representatives from various sectors, from governmental, professional and non-governmental institutions. The lecturers and participants discussed the situation in the area of the alcohol policy in Europe and Slovenia, about the burden of the hazardous and harmful alcohol consumption in Slovenia, the most effective measures in the area of an alcohol policy, an interdisciplinary approach to the prevention and reduction of hazardous and harmful alcohol consumption in Slovenia. The lecturers pointed out that Slovenia is behind, especially in terms of introducing licences for the sale of alcoholic drinks, increasing the prices of alcoholic products, limiting the accessibility of alcoholic drinks and limiting the market communication of alcoholic drinks. The conclusions reached at the conference were: the national and regional

[8] http://www.nijz.si/3-nacionalna-konferenca-o-alkoholni-politiki.

action plans must be adopted to reduce hazardous and harmful alcohol consumption; to provide more funds to identify and discuss hazardous and harmful alcohol consumption; to unify the criteria or adopt guidelines to identify best practices and quality programmes to prevent hazardous and harmful alcohol consumption, to make better use of the profiles for carrying out preventive check-ups with consultations in the medical sector, especially registered nurses and community nursing services, and to support interdisciplinary models and networks for a more effective treatment of hazardous and harmful drinkers (connect the social and healthcare system). The publication Alcohol Policy in Slovenia[9] – the opportunities to reduce damage and the costs, was presented. The aim of the publication was to equip anyone who has to make decisions in the process of the Slovenian alcohol policy preparation, with credible information and data about the issue of alcohol consumption in Slovenia, and about which measures of the alcohol policy have been proven to be effective.

The legislation, in the area of the reduction of hazardous and harmful alcohol consumption, has not changed over the last year. A member of parliament, filed a proposal to amend the Act Restricting the Use of Alcohol (the Official Gazette of the Republic of Slovenia, No. 15/03, hereinafter: the ZOPA) with the purpose of eliminating the prohibition on selling and offering alcohol at sports events. Article 12 of the ZOPA sets forth that it is prohibited to sell or offer alcoholic drinks at sports venues during sports events, as well as one hour before the start of such events. A similar provision that prohibited selling alcoholic drinks at sports venues one hour before and during the start of sports events was already enforced in 1998 with the Sports Act (the Official Gazette of the RS, No. 22/98). The initiative to amend the act so as to again allow offering and selling alcoholic drinks at sports events was not adopted since governmental, professional and non-governmental organisations successfully defended the opinion that it would represent a risk and a step back in the development of an effective alcohol policy in Slovenia. An opinion survey conducted among Slovenians in 2014 (Ministry of Health 2014) showed that Slovenians shared such an opinion, having supported the applicable legislation in the area of an alcohol policy and stricter measures in the area of offering and selling alcoholic drinks. More than 90% of the surveyed population supported the existing prohibition on selling and offering alcohol to young and drunk people, in schools, during sports events and at the workplace.

Alcohol Access to Minors

Daša Kokole

In 2014, the Youth Association No Excuse in association with the Faculty of Social Sciences of the University of Ljubljana and the Market Inspectorate of the Republic of Slovenia (hereinafter: TIRS) conducted a study of alcohol access to minors and the effectiveness of various interventions to reduce such access. The aim of the study was to check the law compliance rates in shops in four major Slovenia cities (Ljubljana, Kranj, Celje, and Maribor) and test the effectiveness of various interventions to increase the compliance with the law.

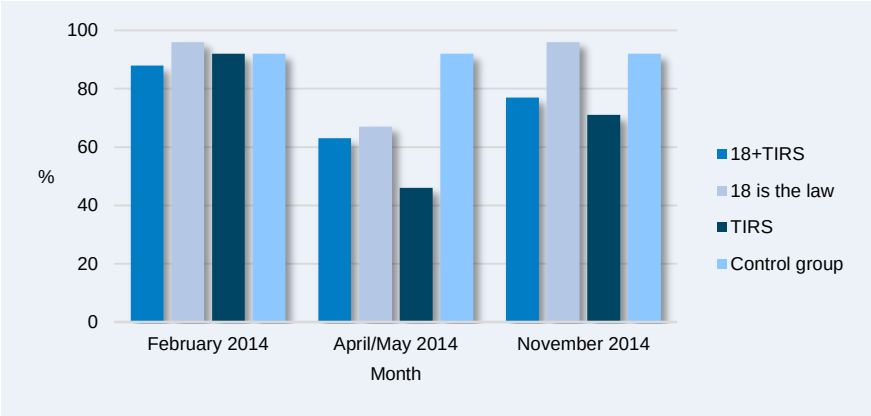
The compliance with the law was checked before and after the interventions using the mystery shopping method. The mystery shopper was a minor. The intervention approaches used were social marketing (conversations with shop assistants and the distribution of promotional

[9] http://www.infomosa.si/doc/policy_brief__alkoholna_politika_3.nacionalna_konf.pdf.

material) and inspection control (checking the implementation of the legislation and a penalty for violation).

As part of the study, we visited 48 shops, 12 in each of the four cities. In each shop, one measurement included two purchases. The shops were divided into four groups, each having a different intervention: only a social and marketing intervention ('18 is the law'), only an intervention with an inspector ('TIRS'), both interventions ('18 + TIRS') and the control group without interventions. There were 16 mystery shoppers (4 boys and 12 girls) aged 16 and 17 who bought beer. The observers were aged between 18 and 26. The first measurement was performed in February 2014, the second in April and May 2014, and the third in November 2014.

Figure 3.1: Shares of beer sold in various periods according to intervention



Source: Youth Association No Excuse

Figure 3.1 shows that there were no changes in the control group. After the intervention by TIRS, the sale of beer almost halved between the first and second measurements; after six months, it increased again but not to its original level. In the social marketing intervention '18 is the law', the sale of beer between the first and second interventions dropped to a certain level but then returned to the original level after six months. In the combined "TIRS' and '18 is the law' intervention, the sale of beer between the first and second measurements dropped but then slightly increased again when measured for the third time.

This shows that there is still much more room for improvement in Slovenia in this field and that inspection control as well as social marketing interventions can help limit the access of alcohol to minors.

3.3 Universal Prevention

School

Prevention Workshops on Alcohol and Tobacco

Daša Kokole

In 2014, the Youth Association No Excuse carried out peer-to-peer prevention workshops on tobacco as part of the *O_2* belongs to you project in 7th grade of primary school and 1st grade of secondary school, and workshops on alcohol in 9th grade of primary schools as part of the *What about … no* project. All 12 Slovenian statistical regions were covered in 2014 and 590

workshops were carried out on the issues of tobacco and alcohol, reaching 13,075 young people between the ages of 12 and 15.

In a selected sample of the workshops, the effect was evaluated by measuring the behavioural intentions before and after workshop (students received the questionnaire before and after the end of the workshop). Table 3.1 presents the degree of the students' agreement with the statement "I intend to smoke cigarettes/drink alcohol in the next 30 days/one year". The questionnaire related to tobacco workshops was filled out by 83 7th grade students (primary school) and 153 1st grade students (secondary school), while the sample of the alcohol workshops included 188 9th grade students (primary school).

Table 3.1: The behavioural intentions of tobacco and alcohol workshop participants before and after the workshop

Type of workshop	Degree of agreement	30 days		1 year	
		Before (%)	After (%)	Before (%)	After (%)
Intention to smoke, primary school (7th Grade)	I don't agree.	94	96	95	93
	Neither agree nor disagree.	2	0	2	5
	I agree.	4	4	2	2
Intention to smoke, secondary school (1st Grade)	I don't agree.	75	81	78	81
	Neither agree nor disagree.	13	11	11	10
	I agree.	12	8	11	9
Intention to drink alcohol, primary school (9th Grade)	I don't agree.	59	63	46	49
	Neither agree nor disagree.	25	25	27	24
	I agree.	16	12	27	27

Source: Youth Association No Excuse

The table 3.1 shows that compared to secondary school students, primary school students have a stronger intent not to smoke, both in the following 30 days and the next year; the workshops had a small effect on increasing the primary school students' and secondary school students' intent not to smoke. The intention to drink alcohol is generally slightly higher, but the level and strength of not agreeing with the statement about alcohol consumption slightly increased after the workshops.

Community

Local Action Groups

Branka Božank

In 2012, the Regional Institute of Public Health Ravne (today the National Institute of Public Health, Ravne na Koroškem Regional Unite) took over the national coordination of local action groups (hereinafter LAG) in addiction prevention based on a decision issued by the Commission on Narcotic Drugs of the Government of the Republic of Slovenia. Coordination primarily involved regular provision of information to LAG representatives about novelties in the field of drugs, expert events, organisation of annual meetings between LAG representatives, the Ministry of Health and the National Institute of Public Health, and the provision of professional support and networking.

According to the latest available data from 2011, there were 57 LAGs in Slovenia, 42 of which were active, 6 were idle or terminated, while no status was known for 9 LAGs. The trend observed in recent years is that the number of active LAGs is on the decrease. The action plan on the illicit drugs for the 2015-2016 period foresees a new analysis of the LAG status in 2016, when fresh data about operating LAGs will be collected.

An annual working meeting of LAGs that are active in substance abuse prevention, the Slovenian Ministry of Health and the National Institute of Public Health was prepared in June 2015, which was attended by 15 LAG representatives. At the meeting, we presented the progress made in the preparation of quality standards for drug prevention programmes in Slovenia and a proposal to include LAGs in the preparation, coordination and implementation of standards in practice; there was a discussion on new psychoactive substances, drug prevention approaches, particularly for cannabis, and an action plan for drugs was presented for the 2015-2016 period. The action plan expects LAGs to be active primarily in three areas by the end of next year, i.e. analysing active LAGs, researching conditions in local communities and regular annual reporting to the Commission on Narcotic Drugs of the Government of the Republic of Slovenia.

At the meeting, LAG representatives highlighted that they needed more professional support and motivation by local authorities in the establishment of new LAGs or the reinforcement of existing ones, since activities have come to a standstill in many places, some LAGs were less active than in the past, there were fewer financial means and LAGs are frequently required to further defend their eligibility. Furthermore, the key problem perceived by LAGs in their local environments is still primarily alcohol, which is often available to minors in pubs and stores despite the legislation. Individual LAGs have also observed the use of hash oil bought on the black market for self-treatment.

Bouncing Ball

Ingrid Kristančič Šömen

Since the end of March 2015, we have been organising afternoon activities, Bouncing Ball (Žoga skače) at a fixed location by a car park, where we have noticed primarily more broken glass, which “falls out” from the nearby car park in the night time; occasionally we still find used needles, and in the last month primarily cut blister packs (Dormicum, Flormidal etc.); condoms, and cigarette packs. Residents report about increased vandalism. Currently, we are endeavouring to ensure that the basketball court is rearranged, as there are only two hoops left there. After the wintertime standstill, the programme was again started immediately after arriving on the field. We are particularly satisfied because of the increased involvement or presence of parents at these activities. Now we know many parents of the included children, which in the long-run contribute to the better effectiveness of the programme. We also have support from elderly residents who like to stop at our vehicle. For the people who are not economically active anymore, being involved in the events in public areas means decreased social exclusion. Between April and May, we held 14 informative and counselling discussions with parents of primarily 10 to 12 year olds. They are worried about how to raise their children so as not to become drug users (“he hangs out with good-for-nothings already now”), they point out the over-sensitiveness of their children and are not satisfied with the school system.

In June 2015, we received the title “Top 2014 Youth Project” for promoting a healthy lifestyle as part of the Bouncing Ball (Žoga skače) programme, awarded by the Slovenian Youth Council.

3.4 Selective Prevention

At-Risk Groups

DrogApp – a Mobile Application to Reduce Damage due to Drugs

Simona Šabić, Matej Sande, PhD, Assist. Prof.

DrogApp is a mobile application that provides users with basic information about drugs and the risks related to drug use, guidelines and methods to reduce damage of a selected substance and the basic first aid procedures in case of overdose or other acute health complications due to drug use (e.g. heat stroke, epileptic seizure, heart attack, etc.). Furthermore, the application provides basic first aid instructions for helping potentially unconscious person and instructs to call 112 based on the answers given to quick questions about a user’s condition. An important function of the application is on-going provision of information to users on the emergence of particularly dangerous or powerful substances and mixtures, as reported by the Early warning system for the occurrence of new psychoactive substances.

The application was developed based on positive experiences with the Driving 0.0 (Furam 0.0) application, which provides an indicative calculation of alcohol content in blood and the foreseen fine for the estimated content as well as directions on safe driving.

The application is currently made for the Android mobile operating system and is also available on Google Play, while the iOS version is in preparation.

Young Life without Drugs

Sandra Vitas, Robin Turk

The Association “UP” (a support organisation for addicts and their relatives) runs a programme with elements of selective and indicated prevention: Support Adolescents – Young Life without Drugs. Participation in the programme lasts about a year, and is focused on establishing abstinence. The programme is held in the Ljubljana area and also treats users from the larger surrounding area, from Kamnik, Trzin, Škofljica, Medvode, Zagorje ob Savi, Vrhnika and others.

The target group is young people between the ages of 12 and 18, as well as older adolescents up to the age of 22, who demonstrate harmful or frequent use of marijuana, synthetic and other illicit drugs and alcohol, and people from their social circles. The basic selective prevention programme includes young people who show a high risk of slipping deeper into their addiction and developing related problems, such as dropping out of school, problems in their social environment, unemployment, mental health issues, homelessness, diseases and crime. The programme helps adolescents learn how to take care of themselves and their needs, and to act according to their emotions, experience and their relationships with others. We want to

create a safe place for adolescents to get the necessary information, to research and analyse both their perspectives and those of their peers, and to facilitate exchange of their experience.

The programme monitors adolescents and families from their first contact with us and the first information exchanged, from inclusion into the programme, taking an individual approach and working with the family to a wide variety of expert lectures in the School of Life Skills and group work. Parents can be actively involved in the programme, and can explore and choose the solution that best suits their family. If necessary, we provide counselling and help for more than a year as part of the programme Help for Adolescents after Achieving Abstinence. The first six months of the programme we work toward achieving abstinence. During this period and afterwards, we work on healthy patterns of socialisation, co-habitation and the development of social skills. Work is carried out in the form of individual counselling, family meetings and groups for adolescents and their parents and/or family members.

Young people in the programme gain useful information about the harm that addiction-related behaviour brings; they take responsibility for their behaviour, test new strategies, receive support to continue schooling, and are encouraged to take part in activities promoting healthy lifestyles and social lives. The programme also has a positive impact on the local environment: it helps spread healthy habits, improve family relations, increase inclusion in the school system or work environments, and eases problems that could escalate with the development of young addicts and addiction.

In 2014, 26 young people and 46 of their family members were included in the basic selective prevention programme. Many of our active participants are involved in the programme upon their completion of the programme as peer advisers to new users. This way we can follow their success along the road of abstinence. At the end of 2014, users were given evaluation questionnaires. Satisfaction with the programme was given a high rating of 4.8 on a scale of 1 to 5. The programme's contribution to positive changes on the personal level (personal growth, awareness, improved communication, problem solving) was rated 4.4; the positive contribution to changes in family relations 4.1, and satisfaction with the work of the professional staff members 4.6. Since the programme is oriented towards individual work, users carried out individual evaluations based on their personal plans. The qualitative results clearly point to the achievement of set goals in adolescents who regularly attend activities, with a significantly more critical attitude towards the use of drugs and alcohol.

In recent years, we have established that the number of young users who have problems due to the use of new synthetic drugs and cannabinoids and associated mental problems has been steadily increasing. Also, the number of those addicted to electronic media and online social networks too, has been on the rise.

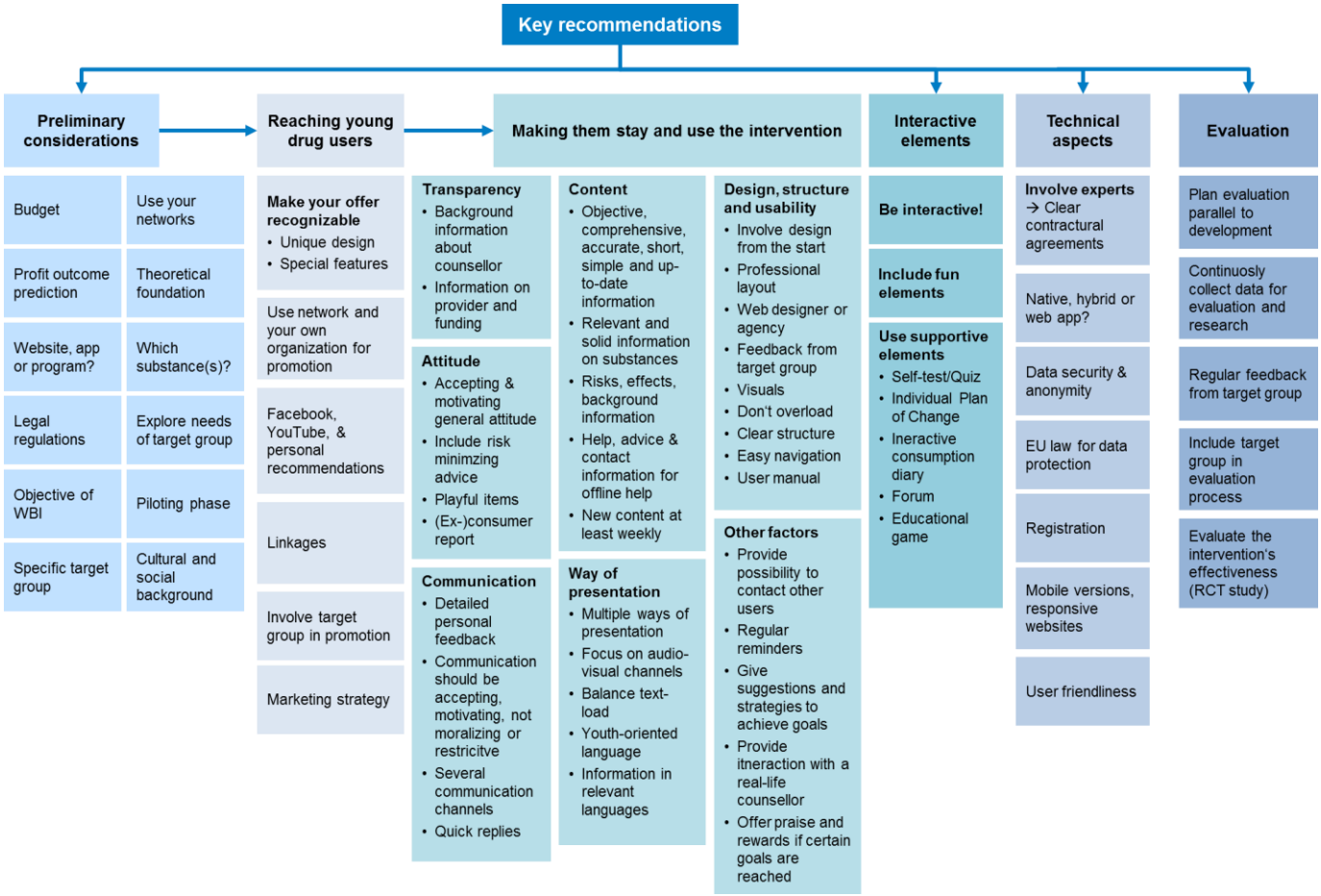
Click for Support

Jasmina Vrečko

As part of European project Click for Support (www.clickforsupport), we developed guidelines for online interventions for young drug users between February 2014 and September 2015. These guidelines will apply until 2018 when their expansion and effectiveness will be evaluated. The guidelines were prepared based on analyses of the existing online interventions, which were carried out by all the participating project partners[1], best practices

from other countries[2] and the evaluation of online interventions with the help from young drug users (read more in the 2014 National Report). Based on such analyses, the project partners drew up the key recommendations (Figure 3.2), which include six sets of content: background, reaching young drug users, motivation to use the online intervention, interactive elements, technical aspects, and evaluation. A brief description of the individual sets is provided below.

Figure 3.2: Key recommendations for the development of effective guidelines for online interventions for young drug users



Source: Report of the NIPH, Maribor Regional Unit, 2015

In developing online interventions, clear goals, the target group and the psychoactive substance to which the intervention would refer must first be determined. To increase the effectiveness, the needs of the target group must be analysed before the intervention is developed. Finances must be carefully planned for the development, implementation and maintenance, as well as to ensure human resources. In order to attract young people, the online offer must be recognisable and attractive to the target group; therefore it first needs to be studied to see what this target–group wants. The majority of young people like online interventions that are fresh, have pictures, videos and interactive elements such as games, tests, quizzes, animations, fun applications. It is also important to ensure that the website and its elements are easy to use. The contents must be presented objectively, briefly, and they must be simple and regularly updated. They must describe the risks and effects of drug abuse, the experiences of other users, general information about drugs and advice on safety. The consultant's attitude is very important to ensure that a user returns to the online intervention;

it must be kind, motivational and exclude any moralising whatsoever. The consultant's feedback is important; it can be in the form of a text message, an e-mail, etc. Online intervention users expect quick, objective and individualistic answers; they want to be praised and rewarded for their achieved goals. To increase their trust and the feeling of being safe it is important to enable them to see the consultant's references. It is also important to enable them to exchange their opinions with other users. Technical aspects include technical aid and the guarantee of anonymity and data protection, which are vital for most young users. During the evaluation process, various data must be collected, such as the number of clicks, programmes started, programmes completed and likes. The target group must be involved in the evaluation.

Take Care
Breda Lukavečki Družovec

The Take Care programme, which aims at reducing alcohol use and the associated consequent harm among adolescents and young adults between the ages of 12 and 21, finished at the end of 2014. The programme and activities that took place as part of the programme in 2013 and the first half of 2014 were presented in detail in the 2014 National Report on Drug Situation. Short interventions were organised for retailers of alcoholic drinks in the second half of 2014. There were 43 participants who received promotional materials (brochures and posters) and detailed information about the legislation in the field of selling alcohol to young people as well as about the consequences in the case of a violation of the legislation. An expert meeting and key persons training called Reducing Hazardous and Harmful Alcohol Consumption among Young People was held for key persons and it was attended by 41 persons.

FreD Goes Net
Karmen Osterc Kokotovič

FreD Goes Net, an early intervention programme for first noticed alcohol and drug users between the ages of 13 and 25, was carried out by the Centre for drug prevention, which operates as part of the National Institute of Public Health, in 2014 and 2015. The programme was not implemented on a national scale, but it only runs in the southeast of Slovenia. Its aim is to prevent addiction and reduce the harm resulting from the use of illicit drugs and alcohol, especially among young people. 24 brief interventions were organised and attended by 302 adolescent students who were noticed using alcohol and illicit drugs, in 2014, 11 brief interventions were organised and attended in the first half of 2015, by 129 adolescent students.

Recreational Settings

Reducing the Harmful Effects of Club Drugs in Young People
Anja Mihevc, Simona Šabić

The programme aims at reducing the harmful effects of the use of club drugs in Slovenia. Its objective is to decrease the health risks, psychosocial problems and social distress connected with the use of club drugs. An important feature of the programme is the good contact with

users via various communication channels (personal, telephone and online), the correct provision of current information about reducing the harm done due to the use of drugs, and adjusting interventions taking into consideration the identified needs of users and the features of the venue where the interventions are carried out. We follow the trends and patterns of drug use among young people by being in constant contact with users while doing field work, providing counselling service, and attending workshops with young people at secondary schools when schools become aware of drug use among students. The programme is also active in the field of reducing the damage from the perspective of the organisation of club and other night-time events for young people. In cooperation with event organizers and club owners, we endeavour to decrease the risks for the health of visitors (for example, enabling access to drinking water, caring for an appropriate room temperature…). In addition to professional staff members, a part of the programme's activities is carried out by peer workers who find it easier to get close to their peers in the field, and at the same time they too can gain important knowledge and experience from youth and project work.

In 2014 and 2015, we identified the need to expand the field activity, which requires additional expert knowledge (for example, knowing the technique of a motivational interview, knowing other social protection services and programmes to help young people...) along with a good knowledge of information about reducing the harm done by drug use (including new psychoactive substances). The scope of the activities is to include high-risk drug users into the programme (for example minors, young users in social distress due to drug use), which we did not manage to include with previous approaches and which require extended psychosocial treatment and not only the provision of information about less risky drug use, and offer them suitable information about the decrease of risks, counselling options and, if necessary, other social protection services.

As part of these activities, we started with daily field work in the area of Metelkova and adjusted the provision of information at club events which attract young visitors (club events with an age limit of 16 years). We are present for a longer period of time at such events (average of 6 hours) and are available to young drug users for informative conversations and brief counselling.

When accepting drug samples for testing, we improved the interaction with users and offered them short consultation based on the questionnaire about their personal drug use and harm reduction strategies. In the consultation we provide the user with information about reducing the harm done due to their drug use and the possibility of joining the DrogArt Counselling and Psychotherapy Centre.

Choose Yourself

Špela Dovžan

The graphical image of the programme Choose Yourself (Izberi sam), which aims at reducing the adverse effects of alcohol consumption among young people, was updated in 2014, taking into account the conclusions of the focus groups with the target population; the website (www.izberisam.org) was updated and it received new contents (more on the programme in the 2011 National Report). Based on the specifics of various target groups noticed during several years of field work, this year we focused on creating tailored approaches to work with secondary school students in drinking environments. We recruited a group of key field workers

who developed specific interventions, strengthened cooperation with the organisers of secondary school parties and prepared the Chillout Zone (Photo 3.1) as part of the campaign Different Party (Drugačen žur) at Kongresni trg (a short video is available at: https://www.youtube.com/watch?v=oF-7_ugJoV0&feature=youtu.be). This is an area furnished with bean bags, cushions and blankets, where young people can enjoy pleasant Friday evening chats with our youth workers, receive non-alcoholic drinks and take part in various activities prepared together with our partner organisations. Moreover, young people can suggest and carry out a part of the activities, thus co-creating an outdoor entertainment venue.

Based on experience, studies, field investigations and tests of various work methods and approaches, we can conclude that the field work and the comprehensive provision of information to young people is an effective approach that is well received by young people.

Photo 3.1: Chillout Zone

Source: Association DrogArt

The Bat

The Bat (Netopir), a programme for working with young people at youth nightlife venues, has been carried out for the second year (more on the programme in the 2014 National Report).

The majority of Hauba parties (open-air car parties) are held at Bonifika in the autumn: we were present at 36 from October 2014 to May 2015. We noticed simultaneous organisations of smaller Hauba parties in the surroundings (the parking area at the Koper cemetery, in front of a fast food restaurant…). Young people hang out and drink in the direct vicinity of these locations. Car parks, as former points where young people and active drug users used to hang out, somewhat lost their role in October 2014 when a security service was established. Young people often move and look for other locations where they could gather. The observation of space-sharing or hanging out of various groups of young people of different ages at a relatively small distance is interesting. We can see that adolescents aged 15 to 17 hang out at a remote staircase in a residential area, while only two metres away there is a space under the staircase which is full of used needles which is used by active illicit drug users.

3.5 Indicated Prevention

The majority of these programmes is carried out in an organized therapeutic and educational counselling context. The Janez Levec Centre is an example of an educational establishment intended to educate children with special needs, primarily children with intellectual disabilities and children with autism spectrum disorders. In addition to tailored educational programmes, the Janez Levec Centre also carries out different projects, workshops and camps, with which it helps to address problems, such as problematic behavioural patterns, problems in interaction, problems in socialisation and problems in communication. Furthermore, it also organises education or training, where teachers learn specific skills required to work with children with special needs.

3.6 National Campaigns

Substance Abuse Prevention Month and 2014 National Conference

Branka Božank

In 2014, Slovenia marked the substance abuse prevention month for the 14th time under the slogan “Prevention + Treatment + Rehabilitation = 3 X Help, Knowledge and Connection Make Strength”. The message stressed the importance of both prevention as well treatment and rehabilitation. Namely, a successful response to drug-related issues requires cooperation and a balanced and comprehensive approach.

In 2014, experts from all levels of work in risk behaviour and addiction were invited to join us to form the prevention month, engaging in different activities to raise awareness among the public with a large degree of social and personal responsibility and undertaking to act in addiction prevention and treatment. Conferences, seminars and other forms of training and cooperation are opportunities to learn from one another and raise professional competences.

The national conference upon the substance abuse prevention month was held on 6 November 2014 by tradition in Slovenj Gradec. It hosted 10 lecturers discussing the role of the Ministry

of Labour, Family, Social Affairs and Equal Opportunities in addiction prevention, the development of addiction from adolescence to adulthood, on alcohol, brains and adolescence, ways to understand children with behavioural and emotional problems, distress faced by non-governmental drug and addiction organisations (burnout employees), along with certain aspects of (un)desired responsiveness of the environment to new-age addictions. At the end of the conference, special attention was placed on the psychological factors of success.

The conference was attended by 163 representatives of various institutions working in prevention, treatment, rehabilitation and reintegration, i.e. pedagogic and social workers, police officers, representatives of detention centres, non-governmental organisations, local action groups working in addiction prevention, healthcare, etc. With responses received from 104 participants, the evaluation of the conference showed that participants were satisfied with organisation of the conference (average grade of 4.4 on a scale from 1 to 5), the selection of lecturers and contents (average grade of 4), which will be helpful in their daily lives. When participants were asked about the topic they wished to hear more about in future conferences, most of them replied that they wanted more presentations (lectures, panel discussions, workshops) of cases of prevention work among students, in families and local communities, followed by presentations of enforcing quality standards in prevention work in Slovenia and examples of good practice in the EU and the world.

Treatment Workbook

Slovenia

4. Summary

National Profile

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 prividers 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.

Trends

Programmes in the field of drugs have been improving in quality from year to year. 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. There are more and more opiate users in this group who are addicted to opiate-based medical products, which have been misused or used as a substitute for heroin, which has become harder and harder to get on the black market. However, there is an increasing number of drug users addicted to benzodiazepines. Furthermore, an increase in cannabis users has been noted, both in users entering and re-entering treatment programmes. The number of patients in the maintenance programme increased from 1997 to 2010, when there were 3526 such patients. Since then, the number of persons included in the maintenance programme has decreased, amounting to 3190 persons in 2014.

New Developments

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. The demand for the treatment of addiction to cannabis and the number of complications leading to hospital treatment have also increased. 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. A new doctrine has been adopted for prescribing benzodiazepines which recommends decreased use of benzodiazepines in the treatment of addiction, and it has been recommended to gradually decrease daily doses of benzodiazepines for persons currently using large doses of the medical product. Due to financial problems, the Health Insurance Institute of Slovenia has started preparing a new method for financing and monitoring programmes that would enable better control over the funds spent. Furthermore, a safe room programme is being prepared in Ljubljana along with the introduction of the TDI questionnaire in prisons.

4.1 National Profile

4.1.1 Policies and Coordination

4.1.1.1 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.

4.1.1.2 Governance and Coordination of Drug Treatment Implementation

Within the public healthcare system, the treatment of drug users is carried out within a network of Centres for the Prevention and Treatment of Illicit Drug Addiction (hereinafter “Centres”) and at the inpatient unit of the Centre for the Treatment of Drug Addiction in Ljubljana. Substitution therapy may only be prescribed in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. Patients addicted to illicit drugs are also treated at psychiatric hospitals and psychiatric outpatient units at medical centres and concession operators.

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

The doctrine for the treatment of addiction in healthcare is prepared and proposed by the Coordination Body of Centres for the Prevention and Treatment of Illicit Drug Addiction. The doctrine is based on foreign and domestic experiences as well as on the scientific findings and analyses of the effectiveness of existing and new treatment programmes. There are no waiting lists 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 cooperate with other programmes for the treatment of addiction in the governmental and non-governmental sector in a well-coordinated manner. Drug users are permitted to transfer from one programme to another, irrespective of whether it is a healthcare programme or not. The continuity of addiction treatment is also provided if a patient moves from one region to another, whereby governmental and non-governmental programmes occasionally exchange the relevant data on the needs of an individual drug user, naturally with the patient's consent. Individual Centres for the Prevention and Treatment of Illicit Drug Addiction, where a specific person addicted to illicit drugs seeks services, exchange data within the healthcare system. A major problem occurs when patients need help and maintenance therapy outside Slovenia. In such cases, the staff working in treatment programmes provides contacts with similar programmes abroad. In such case, patients encounter many problems, since methadone cannot be obtained free of charge and without unnecessary complications in certain countries. Therefore, doctors furnish a patient with a special document in which they enter the basic information about the treated patient and hand it over to the patient, who then hands it over to a doctor in whatever country they move to. Continuity is also provided upon a drug user's transfer to a prison; that is, a programme for the treatment of addiction as provided by the local medical centre is carried out in all prisons. Every prison in Slovenia has a programme for the treatment of addiction to illicit drugs. When a person leaves a prison facility, they may re-enter one of the Centres for the Prevention and Treatment of Illicit Drug Addiction or other programmes treating addicted persons. Many programmes have established themselves in prisons as well, which is why continuity in other programmes has also frequently been established upon transfer to and from prison.

The treatment of illicit drug addiction within the healthcare system is coordinated by the Coordination Body of Centres for the Prevention and Treatment of Illicit Drug Addiction. The

priority programmes for the treatment of illicit drugs in healthcare are those leading to abstinence from drugs and those preventing the harmful consequences of drug use, the spread of infectious diseases and crime development. Scientific research in drug addiction and drug use is promoted in clinics and public healthcare at the primary, secondary and tertiary level of healthcare as well as in higher education.

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 (more in Chapter 8).

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 metioned 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.

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.

4.1.1.3 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.

4.1.2 Organisation and Provision of Drug Treatment

Outpatient Network

4.1.2.1 Outpatient Drug Treatment System

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. In 2014, there were 18 Centres in Slovenia. Furthermore, the network is closely related to outpatient treatment at the Centre for the Treatment of Drug Addiction, which carries out inpatient as well as outpatient treatment.

Centres for the Prevention and Treatment of Illicit Drug Addiction are governed by the Coordination Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health. The operations of the Coordination Body and its tasks are laid down in the Rules on the structure and method of work of services co-ordinating the Centres for the prevention and treatment of addiction to illicit drugs (Official Gazette of the RS, No. 43/00). The Chair of the Body represents it in its external relations and ensures the permanent professional work of the Body, along with the training of its employees. Control over the operations of the Centres is carried out by the Commission for the supervision of the work of Centres for the Prevention and Treatment of Illicit Drugs Addiction (Official Gazette of the RS, No. 98/99).

In addition to a specialised healthcare network for the treatment of addiction to illicit drugs, there is also a chance to enter the healthcare system and treat addiction via 513 psychiatric outpatient units and dispensaries included in the primary healthcare network at medical centres or concession operators. Some outpatient units are also set up at psychiatric establishments, clinics and hospitals. Patients often resort to these programmes for first aid. Patients are often drug users with mental comorbidity.

In Slovenia, there are 10 harm reduction programmes which predominantly provide counselling and sterile kits for injecting drugs as well as other harm reduction services. The purpose of these programmes is to cover the maximum number of drug users from the hidden population, thus reducing harm that might occur as a result of drug use with a non-sterile kit and other harmful methods. Besides, in the framework of social care programmes also 14 high-treshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use are available. Some of high-treshold programmes are providing accomodation (8 programmes) and some are carrying out social reintegration (3 programmes).

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 drugs is not very common at Centres for Social Work. Between 2009 and 2013, there were between 220 and 356 cases per annum. In 2013, the number of cases was the same as in 2009 that is 275. Centres can provide drug users with one-off or permanent financial aid and direct them to treatment and social rehabilitation programmes.

4.1.2.2 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 4.1: Network of outpatient treatment facilities (total number of units)

	Total number of units	National Definition (Characteristics/Types of centre included within your country
Specialised drug treatment centres	**19**	Network of Centres for the prevention and treatment of illicit drugs addiction and Centre for the treatment of drug addiction.
Low-threshold agencies	**7**	Low-treshold programmes carrying out day centres, fieldwork and prevention.
General/ Mental health care	**513**	Outpatient psychiatric ambulance
Prisons	**12**	Outpatient clinics for the treatment of addiction in prisons (operating under guard of health care centres).
Other outpatient units	**14**	High-treshold programmes providing a form of outpatient treatment.

Source: National Institute of Public Health, Standard table 24

4.1.2.3 Outpatient Drug Treatment System – Client 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 2014, these programmes included 3907 persons (Tables 4.1 and 4.2).

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. The programmes are free of charge for drug users. 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, 2087 persons were included in low–treshold programmes (day centres and field work) in 2014. Besides, DrogArt, a low–treshold programme specialized to deal with synthetic and dance drug users, has reach 6626 persons with their prevention programmes (Tables 4.1 and 4.2). In the framework of low–teshold programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 66 persons were included in these programmes in 2014 (Tables 4.1 and 4.2). Further, low–treshold programmes also included approximately 1600 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information, etc.

Numerous psychiatric outpatient clinics play an important role in assisting persons addicted to drugs with mental comorbidity and in identifying addiction in these persons. They also direct patients to other programmes of assistance for persons addicted to drugs. Patients suspected of using drugs are often referred to these outpatient units by general practitioners and paediatricians as well as school doctors. Treatment in these outpatient units is free of charge for insured persons, while the services have to be paid by persons who are not insured. Importantly, there is a waiting list for the first check-up by a psychiatrist, which is usually very long. In 2014, 2153 persons in whom drug-related problems were identified attended these

programmes (NIPH database). It is essential to have health insurance at the only health insurance institute in Slovenia, otherwise patients are obliged to pay for the services, unless they are urgent. More importantly, patients should also have supplementary insurance. Namely, only the combination of basic and supplementary insurance provides full coverage of costs in healthcare by the health insurance system.

Outpatient units for the treatment of addiction at prisons are important as regards the prevention of the spread of infections in closed facilities. At the same time, outpatient units provide substitution therapy and other forms of treatment. Prisoners can be treated while in prison and may continue treatment at establishments when released from prison.

4.1.2.4 Further Aspects of Outpatient Drug Treatment Utilisation

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. 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.

4.1.2.5 Further Aspects of Outpatient Drug Treatment Provision and Utilisation

In future, programmes will have to adjust continuously to the needs of drug users in the field. Presently, the number of persons in the system who are addicted to opiates has notably decreased; however, the number of patients in need of help due to addiction to cannabis and new drugs has increased. 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.

Table 4.2: Total outpatient treatment provision (number of clients)

	Total number of clients	**National Definition (Characteristics)**
Specialised drug treatment centres	**3907**	Drug users included in the Network of Centres for the prevention and treatment of illicit drugs addiction.
Low-threshold agencies	**2087 (+6626)**	Drug users included in low-treshold programmes carrying out day centres and fieldwork (2087 drug users) and preventive work (6626 drug users).
General/ Mental health care	**2153**	Network of outpatient units usually set up at medical centres and private practitioners, with a waiting list and from where patients are frequently sent to the Centre network programmes.
Prisons	**589**	Treatment of patients at outpatient units and in groups.
Other outpatient units	**2242**	Drug users included in high-treshold programmes providing some form of oupatient treatment.

Source: National Institute of Public Health, Standard table 24

Inpatient Network

4.1.2.6 Inpatient Drug Treatment System – Main providers

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. 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 psychiatric hospitals in Slovenia. 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 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, there are rehabilitation programmes that often operate under the model of a residential community led by experts.

4.1.2.7 Further Aspects of Inpatient Drug Treatment Provision

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 4.3: Network of inpatient treatment facilities (total number of units)

	Total number of units	National Definition (Characteristics/ Types of centre included within your country
Hospital-based residential drug treatment	7	Psychiatric hospitals in Slovenia.
Residential drug treatment (non-hospital based)	11	Reintegration programmes providing accomodation, residental communities and some communes.
Therapeutic communities	3	Therapeutic community: for drug using mothers, for drug users and for people with dual diagnosis.
Prisons	1	Specialised forensic hospital, which also treats drug users
Other inpatient units	1	Special hospital for drug treatment
Other inpatient units	1	Special day hospital for drug treatment
Other inpatient units	3	Two shelters for homeless drug users and a safe house for woman drug users victims of violence.

Source: National Institute of Public Health, Standard table 24

4.1.2.8 Inpatient Drug Treatment System – Client Utilisation

Patients may enter the hospital system through a referral note by the referring physician, who refers a patient to a hospital with the relevant referral note containing all key information about the patient and, at the same time, their health problems due to which they were referred to the hospital. A hospital discharges patients with a release note and refers them to the treating physician, who continues treatment. It is not required to have health insurance for emergency admission to hospital and emergency help. Further treatment, however, requires basic and supplementary health insurance, otherwise the patient alone pays for it. Hospital statistics monitoring hospitalisation by diagnosis show that 565 persons primarily diagnosed with drug addiction entered inpatient drug treatment in 2013 due to problems related to drugs and psychoactive medical products. There were 259 patients with secondary diagnosis of drug addiction and 77 patients with tertiary diagnosis of drug addiction who entered inpatient treatment. In total, there were 901 patients hospitalised in 2013 with primary, secondary or tertiary diagnosis of drug abuse.

The Centre for the Treatment of Drug Addiction hospitalised 176 persons in 2014, while the day hospital admitted 95 persons.

Therapeutic communities admit patients through preparatory programmes. As a rule, a patient contributes up to 20% of costs to be treated in a therapeutic community, which usually equals the cash transfer provided to individuals addicted to illicit drugs by Centres for Social Work. Other funds come from the State and donations. In 2014, there were 59 persons included in three therapeutic communities (Tables 4.3 and 4.4). High-treshold programmes are performing social reintegration with accomodation aiming to provide the user with help and support in maintaining long-term abstinence and reintegration into society, residental communities and communes. In 2014, there were 242 persons included in such programmes (with 11 units) (Tables 4.3 and 4.4). Further, high-treshold programmes are performing also other forms of outpatient tretament, namely admition centres, outpatient form of social reintegration,

counselling, day centres etc. In 2014, there were 2242 persons included in 14 units providing some form of outpatient treatment (Tables 4.1 and 4.2). High–treshold programmes also included approximately 2000 other persons, namely important other people (parents, spouses, children, friends), ex drug users, people asking for information, etc.

Treatment at the prison hospital at the University Medical Centre Maribor is free of charge for patients. These are transferred to the prison hospital under a court order. In 2014, 16 persons with drug-related problems were hospitalised.

4.1.2.9 Further Aspects of Inpatient Drug Treatment Utilisation

Notably, programmes within the system of help for drug users are integrated in a network of programmes and cooperation between them is provided. Patients can freely transfer from one programme to another, seeking the best solution for themselves. Experts often propose specific programmes to individuals as deemed best at a given moment of the development of addiction, thus helping them to relate to the relevant programmes. It is important that there is no waiting list for admission to psychiatric hospitals. Admission is possible at any time with a referral note by the relevant physician. Patients enter other programmes through special programmes that allow a gradual transfer to the inpatient section or a therapeutic community, thus preparing a patient for the programme. The psychiatric hospital for persons in prison admits persons who are transferred there under a court order.

4.1.2.10 Further Aspects of Inpatient Drug Treatment Provision and Utilisation

Therapeutic community programmes are no longer as interesting for drug users as in the past, *which is why it is expected that these programmes will gradually adjust to the needs of drug users*, as was the case in recent years. Inpatient treatment involves intensive work with a patient during hospitalisation and the establishment of different programmes after hospitalisation that provide easier maintenance of abstinence and prevent recidivism. The Centre for the Treatment of Drug Addiction has been developing a day hospital for several years. But it remain to be seen in what way the changed structure of drug users, where addiction to cannabis has come to the fore, will affect inpatient programmes.

Table 4.4: Total inpatient treatment provision (number of clients)

	Total number of clients	National Definition (Characteristics)
Hospital-based residential drug treatment	**901**	Data on hospitalisation due to illicit drugs from the hospital system.
Residential drug treatment (non-hospital based)	**242**	Persons included in social reintegration with accomodation, residental communities and communes.
Therapeutic communities	**59**	Persons included in therapeutic communities.
Prisons	**16**	
Other inpatient units	**176**	Special hospital.
Other inpatient units	**95**	Day hospital.

Source: National Institute of Public Health, Standard table 24

4.1.3 Key Data

4.1.3.1 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. 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 inpatient unit. Of all questionnaires collected, 419 persons were monitored who entered or re-entered a drug treatment programme in 2014. 318 of them (75.9%) entered or re-entered programmes due to opiate problems. 51 (12.2%) of those indicating why they entered a programme reported having cannabis problems, 25 (6%) had cocaine problems, 3 (0.7%) had stimulant (amphetamine) problems and 22 (5.3%) had problems with other drugs.

306 (100%) questionnaires were received from the Centre network. 249 (81.4%) persons indicated opioids as the reason for entering a programme, 42 (13.7%) indicated cannabis, 9 (2.9%) indicated cocaine and 6 (2%) indicated other drugs.

A total of 113 persons entered inpatient treatment, who also completed the TDI questionnaire; 69 (61.1%) persons reported having opiate problems, 16 (14.2%) reported having cocaine problems, 3 (2.7%) reported having stimulant (amphetamine and other) problems, 9 (8%) reported cannabis problems and 16 (14.2%) had problems with the use of other drugs.

Of the patients seeking help for the first time in a programme carried out by Centres for the Prevention and Treatment of Illicit Drug Addiction and the specialised hospital in 2014, the TDI questionnaire was completed by 110 persons. Of those indicating the drug due to which they entered a programme, 61 (55.45%) reported having problems with opioid use, 6 (5.45%) with cocaine use, 40 (36.4%) with cannabis use and 2 (1.8%) with the use of other drugs.

Of the 301 users seeking help again in a Centre programme or the specialised hospital, 250 (83%) of those indicating drugs sought help due to opiate problems, 19 (6.32%) due to cocaine problems, 2 (0.7%) due to stimulants, 20 (6.66%) due to other drugs and 10 (3.32%) due to cannabis.

4.1.3.2 Distribution of Primary Drug in the Total Population in Treatment

Of the permanent long-term programme users at the network of Centres for the Prevention and Treatment of Illicit Drug Addiction who completed the questionnaire, 2703 (100%) persons were treated in the Centre network in 2014. Of those indicating drugs (1714), 1132 (66.2%) persons reported having opioid problems, 78 (4.6%) cocaine problems, 19 (1.1%) stimulant problems, 239 (14%) cannabis problems and 242 (14.1%) had problems with other drugs.

4.1.3.3 Further Methodological Comments on the Key Treatment-Related Data

Data in Table 4.5 should be acknowledged with much reserve. Most data are duplicated, because patients were in different programmes in the same year and, hence, counted each time. The most accurate data refer to specialised drug treatment centres, specialised hospital and day hospital; however, duplication may occur here as well. Hence, it is known that around 80% patients from low-threshold programmes at the same time visit a specialised drug treatment centre.

4.1.3.4 Characteristics of Clients in Treatment

Of the long-term programme users at Centres for the Prevention and Treatment of Illicit Drug Addiction, 2158 (79.9%) were male and 544 (20.1%) were female. The average age of patients was 36.28 years. The youngest was 15 and the oldest was 71. Alcohol is still consumed by 12.2%. Of the 2703 programme users, 2596 answered whether they still injected drugs. 12.8% of them indicated that they still injected drugs. Only 3% of programme users have never been tested for HIV and only 3.3% of programme users have never been tested for HCV. In 2016, it is planned to introduce a prevalence questionnaire that will provide more reliable information on permanent patients in drug treatment programmes.

4.1.3.5 Further top Level Treatment-Related Statistics

The low level of patients never tested for HIV and hepatitis C represents vital data for an estimation of seroprevalence of HIV and hepatitis C. The high percentage of those tested for hepatitis C also allows a successful start of HCV therapy, which is nowadays treatable in a high percentage.

Table 4.5: Summary table - Clients in treatment

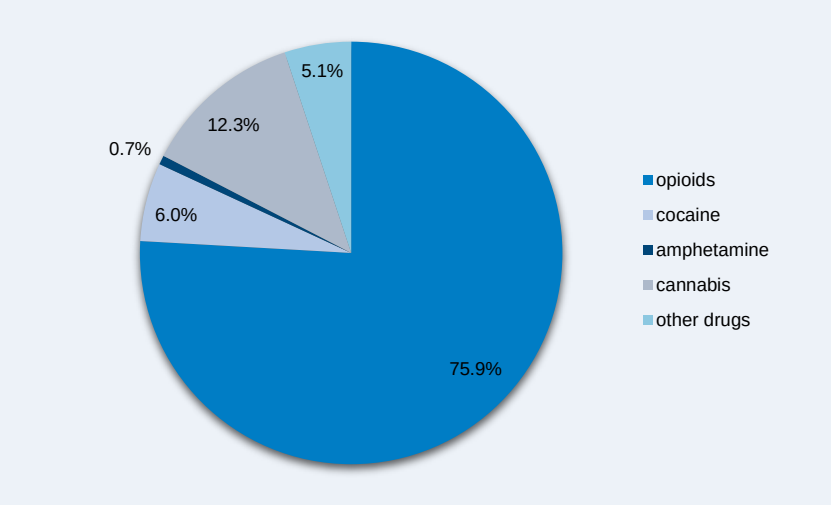
Programme	Number of clients
Specialised drug treatment centres	3907
Low-threshold agencies	2087
General/mental health care	2153
Prisons	589
Other outpatient units	2242
Hospital based residential treatment general	901
Therapeutic communities	59
Residental treatment	242
Prisons	16
Specialized hospital	176
Day hospital	95

Source: National Institute of Public Health, ST24 and TDI

	Number of clients
Total clients in treatment	**9277**
Total OST clients	**3190**
Total All clients entering treatment	**12467**

Source: National Institute of Public Health, ST24 and TDI

Figure 4.1: Proportion of treatment demands by primary drug, 2014



Source: National Institute of Public Health, TDI

4.1.4 Treatment Modalities

Outpatient and Inpatient Services

4.1.4.1 Outpatient Drug Treatment Services

Outpatient centres in the country may be broken down to specialised centres represented by the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which may be entered freely, instantly and free of charge by persons with basic and supplementary insurance. In addition to these Centres, programmes may also be entered through psychiatric outpatient units and dispensaries, but only after a few-month waiting period. General practitioners and family doctors play an important role in diagnosing addiction. Persons addicted to drugs are usually referred to specialised programmes in the governmental and non-governmental sector. Special role is also attributed to programmes in prisons, within the scope of which drug treatment is started or continued. Furthermore, harm reduction programmes play a vital role, as they allow immediate inclusion of persons addicted to drugs by counselling and providing them with sterile kits for injecting drugs. It is vital that all programmes cooperate with one another and allow patients to transfer from one programme to another, thus providing drug users with the best choice of a programme. Also important are day centre programmes operating within the scope of social programmes. Centres for Social Work grant financial aid to drug users and direct them to various programmes.

It is vital that programmes cooperate well, thus allowing patients to select a programme that is the best suited to them. It is particularly important that there is no waiting list for entry in the most important programmes (maintenance programmes, low-threshold programmes) and that entry is free of charge.

4.1.4.3 Inpatient Drug Treatment Services

The main inpatient drug treatments are carried out within the scope of a specialised inpatient programme that may only be entered after a certain period of preparation for hospitalisation. In recent years, the programme has worked intensely to develop a day hospital. Hospitalisation

is also possible in psychiatric hospitals, at addiction treatment units, which, however, is not a common practice and is mostly carried out in cases with mental comorbidity. Inpatient programmes are free of charge for drug users with health insurance. Therapeutic communities carry out structured programmes and self-help programmes. Preparation for admission takes place in specially designed programmes, while a medical check-up is performed before entry in a programme at Centres for the Prevention and Treatment of Illicit Drug Addiction.

4.1.4.6 Social Reintegration Services for People in Drug Treatment and Other Relevant Populations

Social programmes also include reintegration programmes for persons addicted to drugs. These admit ex users who have completed drug treatment within the healthcare system or a therapeutic community. A programme may be based on several monthly meetings, where issues raised by participants are addressed. Another form is a residential community where ex users live 24 hours a day, attend school or go to work, and slowly adjust to the everyday pace of life. In between, programmes are carried out to prevent recidivism, along with further training for easier inclusion in a working environment and resolution of housing problems.

Opioid Substitution Treatment (OST)

4.1.4.7 Main Providers/Organisations Providing Opioid Substitution Treatment

The main provider of the OST programme in Slovenia is the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which includes 18 centres. The Centre network is run by the Coordination Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which also sees to its professional development and training. It meets every month and adopts positions, changes to the treatment doctrine and plans training for network experts at regular meetings. Every 2 years, it organises a national conference to the topic of drug addiction, which is the most important expert event in this field in the country.

4.1.4.8 Number of Clients in OST

In 2014, 3190 persons were included in the maintenance programme. 1964 persons used methadone, 508 persons used buprenorphine, 382 persons used slow-release morphine, and 385 used other forms of substitution therapy. Furthermore, 650 persons used substitution therapy in prisons in 2014. Notably, the data may be duplicated, as individuals may have been included in the substitution programme at the Centre network and in prison in the same year. Unfortunately, this cannot be excluded with the existing databases.

4.1.4.9 Characteristics of Clients in OST

Of the 3907 patients included in the programme of Centres for the Prevention and Treatment of Illicit Drug Addiction in 2014, 3190 were in maintenance therapy. The methodology of monitoring these data does not allow the indication of the characteristics of the persons in maintenance therapy. This data will only be possible when such data collection will be provided that would separate both population groups.

4.1.4.10 Further Aspect on Organisation, Access and Availability of OST

Entry in a maintenance programme in Slovenia is provided to all persons in need of help. The programme has no waiting list and is fully financed from the health insurance system.

4.1.5 Quality Assurance of Drug Treatment Services

4.1.5.1 Quality Assurance in Drug Treatment

The first standards for drug treatment and the maintenance methadone programme were adopted in 1994. These were subsequently supplemented. Later on, European standards were adopted in this field, which are continuously supplemented by the Coordination body of Centres for the Prevention and Treatment of Illicit Drug Addiction pursuant to the latest findings in drug treatment. The social security doctrine for addicted persons is adopted by the Social Chamber of Slovenia. Most rules governing the treatment of persons addicted to drugs have also been entered in the call for proposals for financing programmes and the contract signed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities with individual programmes. In the social sphere, professional supervision over the implementation of professional work in programmes is carried out regularly. In healthcare, a supervisory committee has been established to control the professional work performed at Centres for the Prevention and Treatment of Illicit Drug Addiction.

4.2 Trends

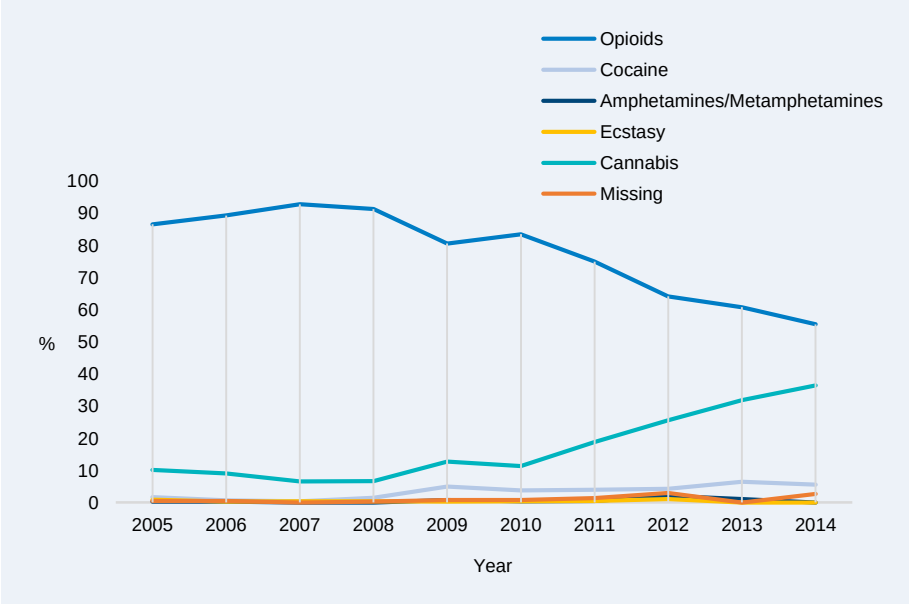
4.2.1 Long Term Trends in Numbers of Clients Entering Treatment and in OST

New treatment entrants (Figure 4.2)
Among drug users entering a treatment programme at the network of Centres for the Prevention and Treatment of Illicit Drug Addiction for the first time, the share of opiate users increased from 2005 to 2007, when it reached 92.7%. From that year on, the share of opiate users gradually decreased until 2014, when it amounted to 55.4%. The drop in the number of opiate users of the programme is probably the result of a poor supply of the opiate market. These occasionally run out, which is why patients are forced to use different opiate medical products. In recent years, they have been noted to use slow-release morphines, methadone and buprenorphine intravenously. In the years observed, the share of persons seeking help in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction due to problems related to cannabis use has grown substantially. In 2007, there were 6.5% of such seekers and, in 2014, there were already 36.4%.

Trends in numbers of all clients entering treatment (Figure 4.3)
Furthermore, when observing the trend of entry or re-entry in treatment programmes at Centres for the Prevention and Treatment of Illicit Drug Addiction, it is possible to observe trends leading to reduced demand for treatment due to opiate use and increased demand for treatment due to cannabis use.

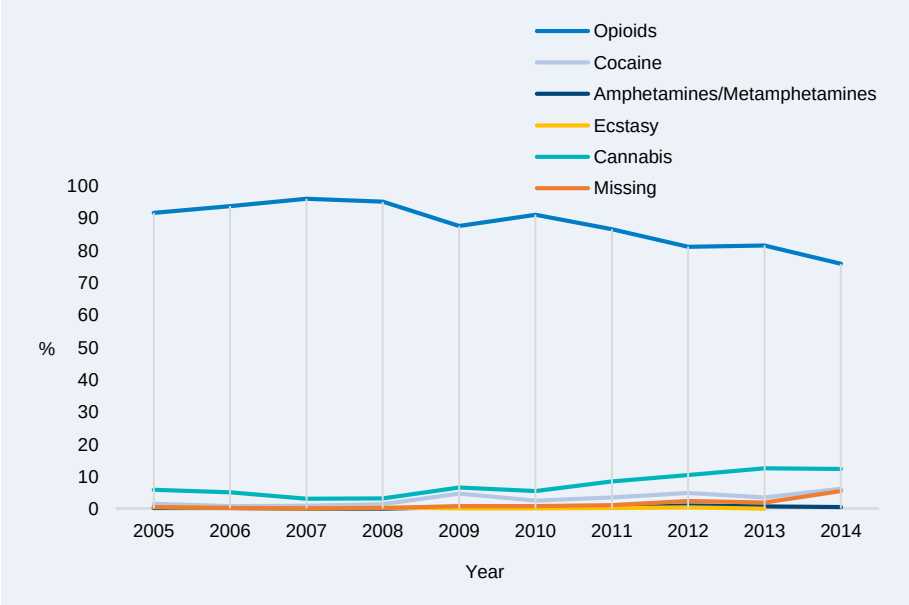
Trends in numbers of clients in opioid substitution treatment, 2003–2012 (Figure 4.4)
In 1997, 926 persons were treated with substitution therapy. At the time, the only substitution medicine was methadone. Later on, Slovenia also introduced therapies with buprenorphine and slow-release morphine. The number of patients in substitution therapy achieved its peak in 2010, when 3256 persons were included in such therapy. Later on, the number of patients in the therapy gradually reduced, reaching 3190 persons in 2014.

Figure 4.2: Trends in numbers of first-time clients entering treatment, by primary drug, 2002–2012



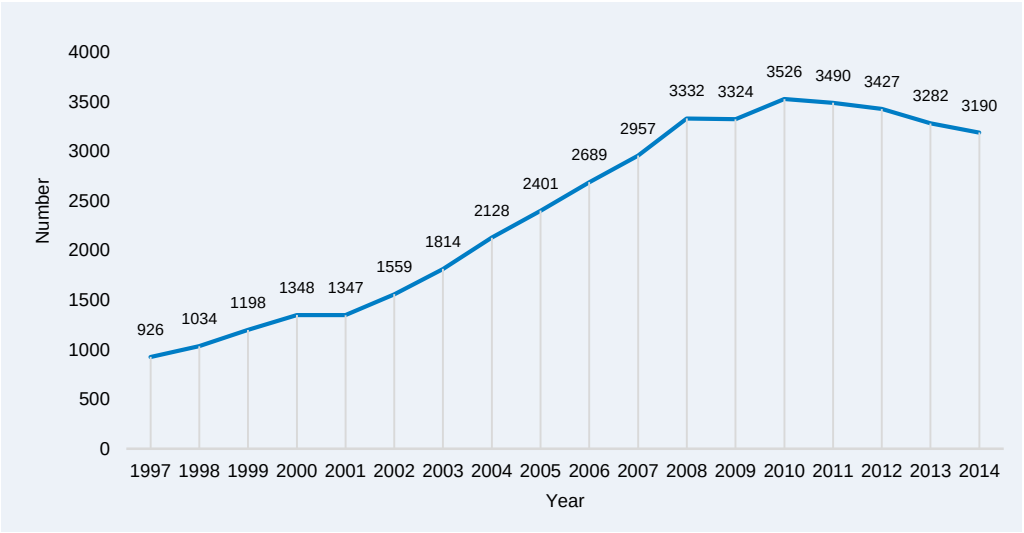
Source: National Institute of Public Health, TDI

Figure 4.3: Trends in numbers of all clients entering treatment, by primary drug, 2002–2012



Source: National Institute of Public Health, TDI

Figure 4.4: Trends in numbers of clients in opioid substitution treatment, 2003–2012



Source: National Institute of Public Health, ST 24

4.3 New Developments

1. A new psychotherapy programme was introduced for users of synthetic drugs. The programme covers mainly users of synthetic drugs who have developed addiction to mephedrone and other synthetic drugs. It is partially based on individual work with a particular person.
2. The development of day hospital is successfully continued within the scope of the Centre for the Treatment of Drug Addiction.
3. The network of Centres for the Prevention and Treatment of Illicit Drug Addiction adopted a new doctrine for prescribing benzodiazepine preparations. The decision to reduce prescriptions of these medical products and lower the daily dosage of the benzodiazepine-type prescription drugs is very important.
4. The Health Insurance Institute of Slovenia is changing the method for monitoring work in drug treatment programmes. It seeks to introduce a more transparent way for recording the services rendered that will provide more detailed supervision over the work performed by experts in drug treatment programmes.
5. There is a safe room programme being prepared in Ljubljana, which will allow safer drug use.
6. The monitoring of drug treatment in prisons via the TDI questionnaire is also under preparation.

4.4 Additional Information

4.4.1 Additional Sources of Information

One of the Centres for the Prevention and Treatment of Illicit Drug Addiction started developing a gambling treatment programme with the help of experts from Italy.

4.4.2 Further Aspects of Drug Treatment

Slovenia has not yet introduced a safe room or treatment with prescription heroin. Furthermore, it has not yet developed adequate gambling treatment programmes.

4.5 Notes and Queries

4.5.1 Is there any Monitoring in Place and Data Available on the Misuse of Opioid Substitutions Medications?

YES Centres for the Prevention and Treatment of Illicit Drug Addiction have noticed the abuse of methadone, slow-release morphine and Buprenorphine. No research has been performed in this field in Slovenia.

4.5.2 Is Internet-Based Treatment Available in Your Country?

YES The Reduser application (reduser.drogart.org) can be used independently, it can provide the user the help of an expert or serve as a tool in the counselling process. The application is aimed at individuals consuming alcohol or other drugs who wish to stop or reduce its use or associated harm. The application allows the users to record their use and feelings, set goals, record their pastime activities helping them to achieve these goals, and record cravings for drugs. To motivate themselves, they can note the positive and negative consequences of drug use and specific things which may improve or worsen with abstinence or the reduction in drug consumption. The application also links the user to relaxation techniques and methods to control craving for drugs. If users experience strong craving, they can press the “craving button”, which provides them with tips on how to overcome the craving. Users can also access the analysis of their drug use, which allows them to e.g. graphically monitor the effects of specific activities on their craving, the number of times they overcame an instance of craving and refrained from drug use, whether the craving worsens with their mood etc. The application also allows the users to contact a counsellor and schedule a personal counselling session via Skype or agree to be monitored via the application.

4.5.3 Has your Country Developed any Specific Treatments for NPS Users?

YES The DrogArt NGO, which has long been active in the prevention of synthetic drug use and its consequences, has developed a psychotherapy programme for the treatment of addiction to synthetic drugs. Otherwise, users of synthetic drugs may receive help within the existing network of programmes offering help to people with drug problems.

4.6 Sources and Methodology

4.6.1 Sources

1. Inpatient treatment database, National Institute of Public Health.
2. Outpatient treatment database, National Institute of Public Health.
3. TDI database, National Institute of Public Health.
4. Website of the Ministry of Labour, Family, Social Affairs and Equal Opportunities.
5. Social Protection Institute of the Republic of Slovenia.

Harms and Harm Reduction Workbook

Slovenia

5. Summary

Data on overdose deaths among drug users are collected in the General Mortality Register. Monitoring data include direct deaths, i.e. intentional poisoning (suicide), unintentional poisoning (overdose) and deaths of undetermined intent. In 2014, 28 overdose deaths were registered (26 men and 2 women), the same as the year before. The most common causes of death were poisoning by heroin (13 deaths) and methadone (12 deaths). Most of the deceased were aged between 35 and 39. Data monitoring in the last 10 years has revealed that drug users die older. The number of methadone poisonings, which is the second most frequent cause of death, has been increasing since 2010.

Data or registrations of poisoning by illicit drugs are collected in the Slovenian Register of Intoxications, kept by the Centre for Poisoning at the University Medical Centre Ljubljana (hereinafter UMCL). Currently, the collection system provides an overview of poisonings by illicit drugs in the Ljubljana region. In 2015, it will extend to the entire country through a project for the 'Detection System for Poisoning by New Psychoactive Substances in Slovenia' (hereinafter SONDA). In 2014, it was discovered that 128 patients were treated at UMCL emergency medical units for poisoning induced by illicit drugs, which is almost twice as many as in preceding years. Notably, the number of heroin poisonings rose again, the number of cannabis poisonings continued to rise, while cocaine poisonings increased dramatically. The number of poisonings by amphetamine-type stimulants (ecstasy, amphetamines) did not change significantly with respect to preceding years. Furthermore, more cases of poisoning by new psychoactive substances were recorded; poisoned patients were mostly men (90%), while the average age of users was 21 years.

The situation in infectious diseases among drug users remained relatively stable in 2014. The prevalence of HIV, hepatitis C (HCV) and hepatitis B (HBV) infections is monitored by collecting data on voluntary diagnostic tests for HIV, HCV and HBV infections among injecting drug users entering or re-entering a treatment programme within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which covers the entire country. Furthermore, unlinked anonymous testing for surveillance purposes is conducted among persons who inject drugs (hereinafter PWID) requesting treatment for the first time. The National Institute of Public Health (hereinafter NIPH) collects data on diagnosed cases of HIV, HBV and HCV infections, including data about the route of transmission. All diagnoses of infections with the mentioned viruses must be reported according to the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06). In 2014, two cases of new diagnoses of HIV infections with a history of injecting drug use were reported to the NIPH. Respective HBV infection prevalence estimates ranged from the lowest 2.0% in 2012 to the highest 8.1% in 2011 and was 7.6% in 2014. Respective HCV infection prevalence estimates ranged from the lowest 21.5% in 2010 to the highest 37% in 2014.

According to the available surveillance data, extensive HIV infection has not started spreading extensively among PWID in Slovenia. Due to underdiagnosis of infections and underreporting of identified cases, data on HBV and HCV infection incidence rates underestimate the burden of these infections.

Comorbid mental disorders in terms of drug addiction have become an increasingly important topic, since a Slovenian study including almost 230 patients showed the presence of

comorbidity in patients treated at the network of Centres for the Prevention and Treatment of Illicit Drug Addiction. That group of patients showed significantly more suicidal behaviour, previous suicide attempts, overdoses and prison sentences in terms of statistics, when compared to patients with no comorbid mental disorders.

In addition to introducing injection rooms, one of Slovenia's recent harm reduction challenges has also been to reduce harm induced by new psychoactive substances (hereinafter NPS). Due to excessive use of NPS (primarily 3-MMC), the number of users seeking help at the DrogArt Counselling Centre increased substantially in 2014. These users represent a very heterogeneous group in terms of age (aged between 14 and 35) and have problems with psychological addiction, while a correlation between the use of 3-MMC and suicidality has also been observed.

According to experts, the network of low-threshold programmes should be reinforced and extended to new areas, despite numerous harm reduction programmes already being carried out in Slovenia. Hence, a need has arisen to extend programmes in medium-sized and small towns, while cities show a need for programmes for homeless drug users, in particular the need to establish night shelters. The programme for the exchange of sterile kits for drug injection represents the basic starting point for all other approaches within the frame of drug-related harm reduction, as it facilitates access to a sterile kit as well as to the hidden population of drug users. In 2014, there were 10 harm reduction programmes in place in Slovenia, 7 of which were carried out by 9 day centres. The programmes included 1575 injecting drug users, 156 of which were registered as users for the first time. In 2014, harm reduction programmes recorded 20,180 contacts with PWIDs, while the NIPH (Koper Regional Unite) distributed 494,890 needles and syringes to harm reduction programmes. The number of needles and syringes issued in sterile kit exchange programmes fell in the last 5 years, while the number of contacts with PWIDs in these programmes rose last year. The use of heroin among illicit drug users decreased, while the use of other drugs increased. The latter is also typical of high-risk injecting opioid users seeking help in harm reduction programmes. Data has revealed that the mentioned group of users used other types of drugs, primarily cocaine, substitute and other medicinal products.

5.1 National Profile

Mateja Jandl

5.1.1 Drug-Related Deaths and Mortality among Drug Users

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 a body (these include intentional poisonings (suicide), unintentional poisoning (overdose) 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. In 2014, the cohort study was concluded; the latter included 3949 persons between 2004 and 2006 who were monitored until 2014. In 2016, a new cohort study will be started.

The data on indirect deaths collected in a medical death certificate and cause-of-death report (death certificate) were analysed. The NIPH analyses and keeps these certificates in its General Mortality Register.

5.1.1.1 Overdose Deaths

In 2014, Slovenia recorded 28 deaths due to overdose by illicit drugs, including intentional poisonings (suicide), unintentional poisonings (overdose) or overdoses of undetermined intent. These included 26 men and 2 women; the average age of men was 37.4 years and the women's was 37.2 years, while most of the deceased were aged between 35 and 39 years. Of the 28 cases of poisoning, 25 were toxicologically proven (Table 5.1).

Table 5.1: Overdose deaths by drug group, age group and gender, 2014

	Age group												Total		
Drug	**< 15**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**> 65**	**Men**	**Women**	**Total**
Heroin	0	0	0	1	2	4	3	3	0	0	0	0	**12**	**1**	**13**
Methadone	0	0	2	2	2	3	0	0	2	0	1	0	**11**	**1**	**12**
Cocaine	0	0	0	0	1	0	1	0	0	0	0	0	**2**	**0**	**2**
Other psychostimulants	0	0	0	1	0	0	0	0	0	0	0	0	**1**	**0**	**1**
Total	**0**	**0**	**2**	**4**	**5**	**7**	**4**	**3**	**2**	**0**	**1**	**0**	**26**	**2**	**28**

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

5.1.1.2 Toxicology of Overdose Deaths

In 2014, most deaths were caused by heroin poisoning (13) and methadone poisoning (12). A good half of the deaths were the result of unintentional poisoning (15), two cases of poisoning were intentional (suicide), while in 11 cases it was not found whether the poisoning was intentional or unintentional (Table 5.2). In Slovenia, no additional information regarding substances (other associated illicit drugs and/or alcohol) that caused an overdose death is currently analysed.

Table 5.2: The number of overdose deaths by external cause and type of drug used, 2014

Type of drug	**Unintentional poisonings**	**Intentional poisonings**	**Undetermined intent**	**Total**
Heroin	6	2	5	**13**
Methadone	8	0	4	**12**
Cocaine	0	0	2	**2**
Other psychostimulants	1	0	0	**1**
Total	**15**	**2**	**11**	**28**

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

5.1.2 Drug-Related Acute Emergencies

Miran Brvar, PhD, Assist. Prof.

5.1.2.1 Drug-Related Acute 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 2015, the Centre for Poisoning will hence start 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.

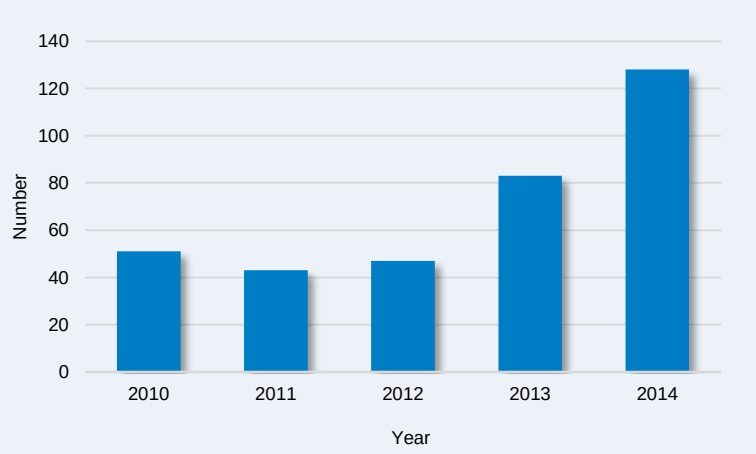
5.1.2.2 Toxicology of Drug-Related Acute Emergencies

Below is the statistics on adult patients examined and treated for illicit drug poisoning at UMCL, a secondary hospital for the Ljubljana region with around 600,000 inhabitants.

In 2014, 23,552 patients were examined at UMCL emergency medical units. Using the hospital computer system and an overview of the medical documents of all patients hand recorded in the record of examined patients in 2014, it was found that 128 patients were treated for poisoning by illicit drugs at UMCL emergency medical units, which is almost twice as many as in preceding years. There were 51 such patients in 2010, 43 in 2011, 47 in 2012 and 83 in 2013 (Figure 5.1). In 2014, the number of patients poisoned by illicit drugs accounted for 0.54% of all patients treated at emergency medical units and, in 2010, 2011, 2012 and 2013, it accounted for 0.24, 0.19, 0.20 and 0.36%, respectively (Figure 5.2).

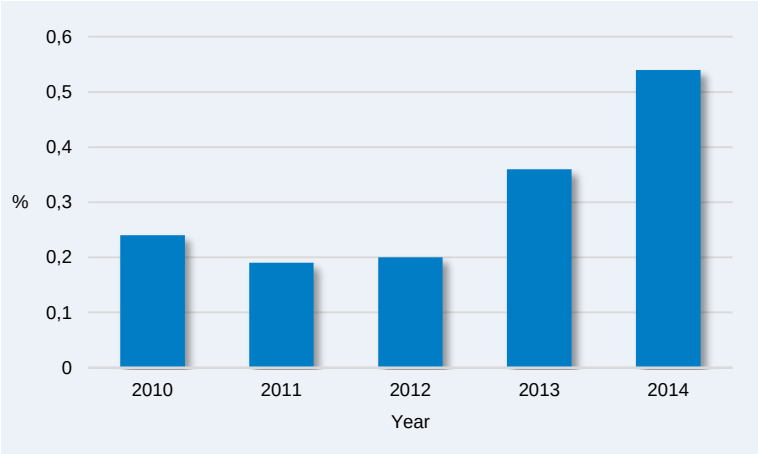
In 2014, the incidence rate of illicit drug poisonings in the Ljubljana region was hence 20/100,000 inhabitants.

Figure 5.1: The number of patients treated for illicit drug poisoning at the Division of Internal Medicine at the University Medical Centre Ljubljana, 2010–2014



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

Figure 5.2: The share of patients treated for illicit drug poisoning at emergency medical units of the Division of Internal Medicine at the University Medical Centre Ljubljana with respect to all patients treated, 2010–2014



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

Table 5.3 shows the drugs with which the patients treated at the UMCL Division of Internal Medicine were poisoned. The number of the drugs used in Table 5.3 is, as expected, higher than the number of patients suffering from drug poisoning in Figure 5.1, as users frequently take several different drugs.

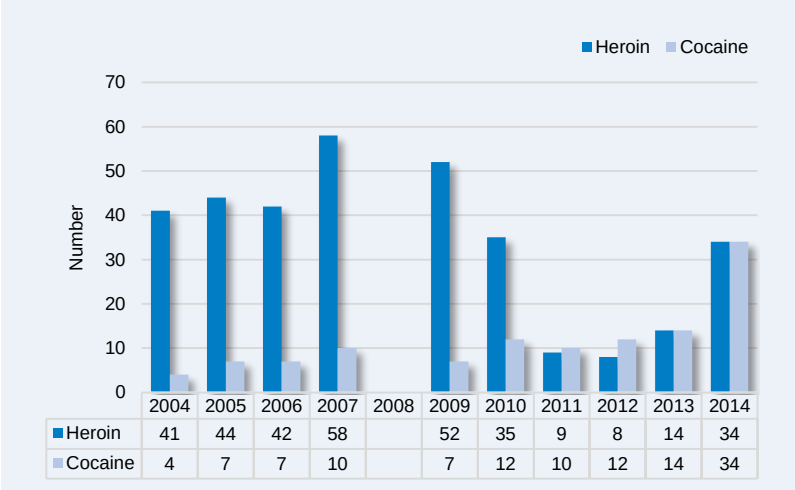
Table 5.3: The number of illicit drugs with which the patients treated at emergency medical units of the University Medical Centre Ljubljana were poisoned, 2010–2014

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

Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

The frequency of illicit drug poisonings at UMCL has been monitored for many years. Figure 5.3 shows the number of patients poisoned by heroin and cocaine in the last decade.

Figure 5.3: The number of persons poisoned by heroin and cocaine who were treated at emergency medical units of the University Medical Centre Ljubljana, 2004–2013



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

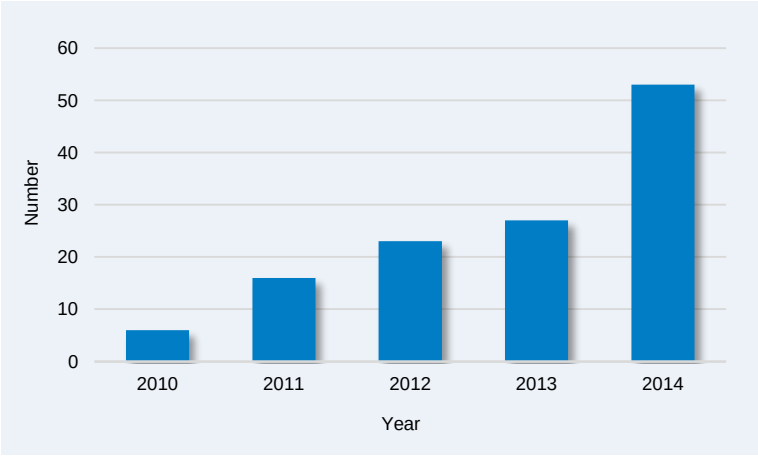
Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

Figure 5.3 shows that the number of heroin poisonings gradually decreased from 2007 to 2012, only to rise again unexpectedly in 2013 and reach the number from a decade ago in 2014. In 2014, the average age of patients poisoned by heroin was around 34 years; 67% of them were male.

The number of cocaine poisonings was similar between 2010 and 2013, but more than doubled in Ljubljana in 2014. The average age of persons poisoned by cocaine was 30 and most of them were men (67%).

In recent years, the number of poisonings by cannabis or THC, which is in the plant, has been growing steadily. Since 2010, cannabinoids have been the most frequent illicit drugs detected in adults poisoned by drugs in Ljubljana. The number of THC poisonings grew substantially in 2014, doubling with respect to the year before (Figure 5.4).

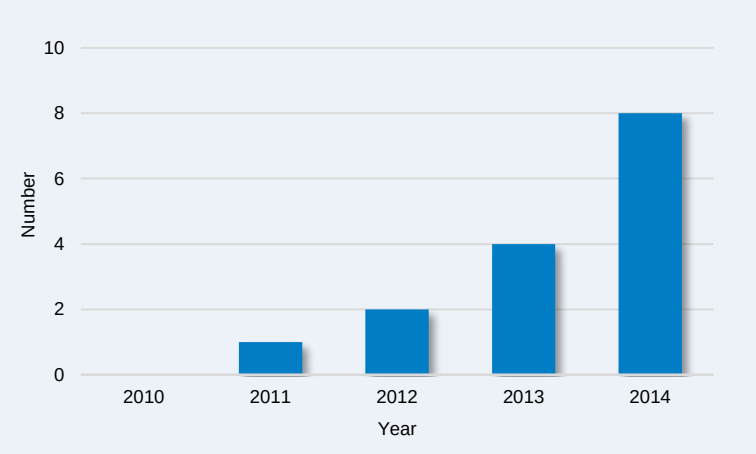
Figure 5.4: The number of cannabis poisonings treated at the University Medical Centre in Ljubljana, 2010–2014



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

At the same time, the number of poisonings by hash oil obtained from cannabis has grown exponentially; the persons poisoned are often the elderly with other diseases (Figure 5.5).

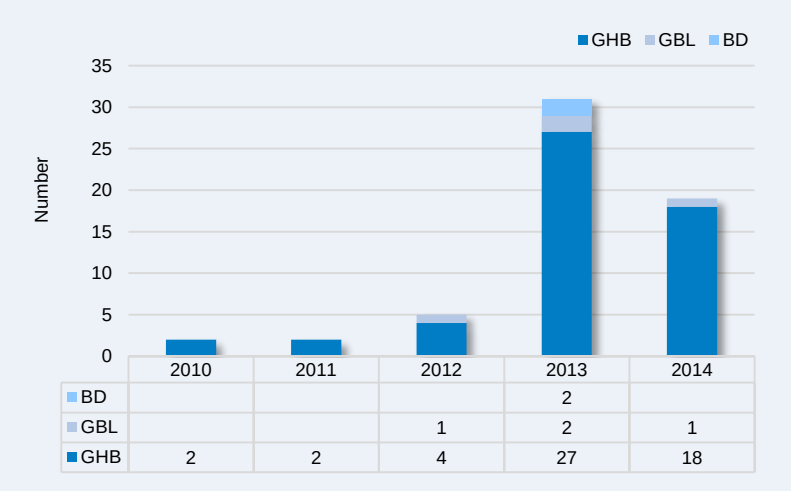
Figure 5.5: The number of hash oil poisonings treated at the University Medical Centre in Ljubljana, 2010–2014



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

In 2014, the number of poisonings by gamma-hydroxybutyrate (hereinafter GHB) slightly decreased with respect to 2013, when this was the most frequent illicit drug poisoning with 27 GHB-poisoned patients treated in 2013 and another 2 patients poisoned by gamma-butyrolactone (hereinafter GBL) and butanediol (hereinafter BD) (Figure 5.6). In 2014, the average age of persons poisoned by GHB was 27, while 70% of them were male.

Figure 5.6: The number of patients poisoned by GHB, GBL and BD treated at emergency medical units of the University Medical Centre in Ljubljana, 2010–2014



Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Poisoning

The number of poisonings by ‘classic’ amphetamine-type stimulants, including amphetamines, methamphetamine and MDMA, and similar phenethylamines has not changed in recent years (Table 5.3). The average age of the users of amphetamine-type stimulants was 28 and most of them were male (80%).

In 2014, more cases of NPS poisoning were recorded, e.g. by 3-MMC, NBOMe, 2-CI and 2C-P. Most patients poisoned by NPS were male (90%). The average age of adult NPS users was 21 years.

It may be concluded that emergency examinations of persons poisoned by illicit drugs accounted for 0.5% of all patients examined at medical units in Ljubljana in 2014, which is almost a third more than the year before. In 2014, the number of heroin poisonings rose again, the number of cannabis poisonings continued to rise, while cocaine poisonings increased dramatically. The number of poisonings by amphetamine-type stimulants (ecstasy, amphetamine) did not change substantially with respect to previous years; however, individual cases of poisoning by NPS, e.g. NBOMe, were also treated in 2014.

The Poison Control Centre will extend detailed monitoring of NPS poisonings to the entire country using:

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

5.1.3 Drug-Related Infectious Diseases

Irena Klavs, PhD, Assoc. Prof., Tanja Kustec

5.1.3.1 Main Drug-Related Infectious Diseases among Drug users – HIV, HBV, HCV

Drug-related infectious diseases among persons who inject drugs (PWIDs - Previously used injecting drug users) are an important challenge to public health. Such diseases include HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infections that are transmitted through exposure to infected blood, often while sharing injecting equipment. 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 and also to the general sexually active population, which does not use illicit drugs intravenously. All three infections can also be transmitted vertically (from infected mother to the new-born child). In addition, they can occur as healthcare-associated infections, if universal precautions are not implemented consistently in all healthcare organisations.

Hepatitis B infection can be prevented by vaccination. Universal vaccination against HBV infection of 6 years old children at school entry was introduced in Slovenia in 1998, ensuring, by 2015, high vaccination coverage of the general population under the age of 24 years. In contrast, vaccination against HIV and HCV infection is unlikely to be available in the near future. Thus, prevention mostly depends on preventing risk behaviour and encouraging behavioural change.

HIV, HBV and HCV surveillance is coordinated by the Slovenian National Institute of Public Health (NIPH). It is based on mandatory notification of diagnosed cases. This is complemented by monitoring the prevalence of HIV, HBV and HCV infections among confidentially tested clients of Centres for the Prevention and Treatment of Illicit Drug Addiction and also by monitoring HIV prevalence in convenience samples of PWIDs entering treatment in the Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana and clients of three

nongovernmental harm reduction programmes (in Ljubljana, Koper and Maribor). The methods in more details with their strengths and limitations are described under 5.6.2.1.

HIV Infection

During the period from 2010 to 2014, a total of 730 PWIDs treated in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction were tested confidentially for HIV infection. The number of PWIDs tested annually ranged from the lowest of 72 in 2013 to the highest of 261 in 2010. The number of diagnosed HIV infections ranged from 0 in year 2012 to the highest of 3 in years 2011 and 2014. Respective HIV prevalence estimates ranged from the lowest 0% in 2012 to the highest 3.6% in 2014.

Table 5.4 presents the proportion of HIV infected PWIDs in convenience samples of clients of one Centre for Prevention and Treatment of Illicit Drug Use and three harm reduction programmes for the period from 2010 to 2013. The prevalence consistently remained below 1%.

Table 5.4: Proportion of HIV infected among clients of one Centre for Prevention and Treatment of Illicit Drug Addiction and 3 harm reduction programmes, 2010–2013

	Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
			Male	Female	Male	Female	Male	Female
PWID	2010	4	179	74	1	0	0.6	0
	2011	4	136	50	1	0	0.7	0
	2012	4	132	41	1	0	0.8	0
	2013	3	84	30	0	0	0	0

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2010–2013

During the last five years (2010–2014), five cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2012 and two in 2013 as well as in 2014. At least four of these individuals had a history of injecting drug use abroad. Before that, the last HIV infection in a PWID was reported to the NIPH in 2001. However, since 1986, when the national HIV surveillance, based on mandatory notification of all diagnosed HIV infection cases was initiated, a cumulative total of 18 new HIV diagnoses were reported among PWIDs. Majority of these individuals had a history of injecting illegal drugs abroad. According to all available surveillance information, extensive spread of HIV infection has not started yet among PWIDs in Slovenia.

HBV

During the period from 2010 to 2014, a total of 667 PWIDs treated in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction were tested confidentially against hepatitis B virus (HBV; anti-HBc). The number of PWIDs tested annually ranged from the lowest of 54 in 2013 to the highest of 245 in 2010. The number of diagnosed acute and chronic HBV infection ranged from 3 in years 2012 and 2013 to the highest of 13 in year 2010. Respective HBV infection prevalence estimates ranged from the lowest 2.0% in 2012 to the highest 8.1% in 2011 and was 7.6% in 2014.

During the period from 2010 to 2014, the overall reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 1.9/100,000 inhabitants in

2014 to the highest 3.4/100,000 inhabitants in 2011. Due to under-ascertainment and underreporting, HBV reported incidence rates are believed to underestimate the true incidence of this infection in the population. Unfortunately the information about the transmission mode is very scarce and thus the proportion of reported cases who are PWIDs is not available.

HCV

During the period from 2010 to 2014, a total of 797 PWIDs treated in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction were tested confidentially against hepatitis C virus (HCV). The number of PWIDs tested annually ranged from the lowest of 108 in 2014 to the highest of 265 in 2010. The number of diagnosed acute and chronic HCV infection ranged from 36 in year 2013 to the highest of 57 in year 2010. Respective HCV infection prevalence estimates ranged from the lowest 21.5% in 2010 to the highest 37% in 2014.

During the period from 2010 to 2014, the reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from to the lowest 3.1/100,000 inhabitants in 2014 to the highest 5.0/100,000 inhabitants in 2012. Due to under-ascertainment and underreporting, HCV reported incidence rates greatly underestimate the true incidence of this infection. Unfortunately the information about the transmission mode is very scarce and thus the proportion of cases who are PWIDs is not available.

5.1.3.2 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.

5.1.4 Other Drug-Related Health Harms

Comorbid Mental Disorders

Andrej Kastelic, PhD, Assist. Prof., Nuša Šegrec, Assistant

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

The working group of each of the 18 regional centres for the treatment of persons addicted to illicit drugs, as a rule, employs a psychiatrist who treats patients with comorbid mental disorders. A patient needs no special referral note to be treated by a psychiatrist and may be referred to an examination by a personal physician or may decide on it alone or at the proposal of close ones. The Centre for the Treatment of Drug Addiction at the Ljubljana University

Psychiatric Clinic (hereinafter “LUPC”) has held a day hospital for patients with comorbid mental disorders for 6 years. Patients who need hospital treatment due to a deteriorated mental illness are treated at one of the five psychiatric hospitals and are occasionally also admitted to one of the hospital departments of the LUPC Centre for the Treatment of Drug Addiction, which otherwise does not specialise in the treatment of comorbid mental disorders. The opening of such a department is planned in the short term. It is also planned to open a therapy community for patients with comorbid and other mental disorders within the scope of LUPC. There are also some therapy communities for patients with the so-called double diagnosis outside the public healthcare system who are faced with a lack of medical staff essential for the treatment of such patients. Residential groups existing within the frame of the treatment of persons with mental disorders typically do not accept patients undergoing substitution therapy. This represents an important obstacle in the treatment of certain patients with severe mental disorders who have problems with accommodation and are unable to function without a substitution therapy.

New Psychoactive Substances

Matej Sande, PhD, Assist. Prof., Mina Paš

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

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

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

Harm Reduction Programmes

Ines Kvaternik, PhD

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

5.1.5 Harm Reduction Interventions

Ines Kvaternik, PhD

5.1.5.1 Drug Policy and Main Harm Reduction Objectives

Main harm reduction objectives from the key documents governing drugs

The main objectives of harm reduction programmes deriving from the Resolution on the National Programme on Illicit Drugs 2014–2020 (Official Gazette of the Republic of Slovenia, No. 25/14) are to prevent the occurrence of social and health harm due to drug use and to reduce and prevent the transmission of infectious diseases and, hence, further deterioration of the health and social condition of persons using drugs.

To achieve the mentioned objectives, it is required to provide continuous development and upgrading of a network of different harm reduction programmes throughout Slovenia, facilitate access to harm reduction programmes and different information materials, and enable the development of different programmes and quality fieldwork with drug users. The objectives referring to the improvement of health condition would largely be achieved if free-of-charge vaccination against infectious diseases was provided to persons addicted to drugs along with safe drug use rooms, if new harm reduction programmes for synthetic and stimulant drugs were developed, if healthcare professionals were employed in harm reduction programmes, and if people addicted to drugs were informed of the dangers posed by drug use and less of the risky methods of drug use; stress should be placed on preventing the consumption of excessive doses of psychoactive substances and on first aid, establishing a system to test a limited amount of drug samples to which users could send anonymous samples for free of payable drug testing, etc. Objectives referring to the improvement of the socio-economic position of addicted persons could be achieved by including more drug users on the labour market, e.g. by introducing community service or other forms of employment for users.

5.1.5.2 Organisation of Harm Reduction Services

Description of the structure of harm reduction programmes (relationship with the healthcare system)

Many harm reduction programmes are being carried out in Slovenia; however, experts believe that the network of low-threshold programmes should be reinforced and extended to new areas. This particularly applies to medium-sized and small Slovenian towns, where the form of assistance is very limited and many drug users from such environments as a rule come to a city where harm reduction programmes (needle exchange, drop-in day centres) already exist. The network of low-threshold programmes should be developed to cover entire Slovenia. In cities, there is a need for programmes for homeless drug users, particularly a need to establish night shelters. Recently, the need for specialised shelters for older homeless drug users has grown in particular. Possibilities for the development of new approaches and programmes should be examined and their introduction and development should be aligned with the legislation. This area has been researched in detail and the data acquired are an important source for the support of such programmes in Slovenia. Harm reduction programmes, which primary aim to ensure low-risk drug use, reduce the possibility of infection by different viruses (HIV, hepatitis) and, hence, ensure the social inclusion of drug users and their participation, employ social security and healthcare professionals as well as laymen (former drug users or

current drug users) and others. Using harm reduction programmes, also called low-threshold programmes, different activities are carried out that include the provision of information and training to drug users on the dangers of drug use, safe methods of drug use, consulting and peer-to-peer assistance. They also include programmes for the exchange of needles, fieldwork, establishment of safe rooms, a substitution maintenance programme and establishment of day centres for drug users.

In the continuation, focus will be placed on objectives referring to the prevention and reduction of health harms directly or indirectly related to the use of illicit drugs. These include the prevention of blood transmissible infections (HIV, hepatitis) and bacterial infections, the prevention and possibility of effective overdose treatment, reduction of drug use in public and public places, and enabling contact with people who are hard to reach.

The programme for the exchange of sterile kits for drug injection represents the basic starting point for all other approaches within the frame of drug-related harm reduction, since easier access to a sterile kit is important both for the prevention of infections with contagious diseases as well as for better access to the hidden population of drug users. Within the scope of harm reduction programmes, free-of-charge sterile kits are distributed and counselling is provided to PWIDs. Workers of non-governmental organisations carry out needle exchange programmes at day centres and in the field, where users hang out. In addition to exchanging needles and distributing other paraphernalia (alcohol wipes, ascorbic acid), field workers and workers at day centres also distribute information materials on contagious diseases and low-risk injection.

5.1.5.3 Harm Reduction Services

In 2014, there were 10 harm reduction programmes in place in Slovenia exchanging sterile kits for injection. Seven of the ten programmes were carried out by 9 day centres. Seven programmes carried out the exchange of sterile kits in the field: 5 with mobile units and 2 with needle exchange programmes in the field. The programmes carried out fieldwork in 61 places and 101 locations. The programmes included 1575 injecting drug users, 156 of which were registered as users for the first time. In 2014, harm reduction programmes recorded 20,180 contacts with PWIDs. In 2014, NIPH, Koper Regional Unite, distributed 494,890 needles and syringes to harm reduction programmes.

5.1.6 Targeted Interventions for Other Drug-Related Health Harms

5.1.6.1 Targeted Interventions for Other Drug-Related Health Harms

Targeted intervention programmes for other drug-related health harms include a programme for the collection of discarded needles, carried out within the scope of the Stigma Association, and a safe house for women and a shelter for homeless drug users operating within the scope of the Šent Association in Ljubljana.

5.1.7 Quality Assurance of Harm Reduction Services

Ines Kvaternik, PhD

5.1.7.1 Quality Assurance for Harm Reduction Services

The standards and norms for the implementation of harm reduction programmes are laid down in the Resolution on the national social assistance programme 2013-2020 (hereinafter ReNPSV13-20). The operations of harm reduction programmes are co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities based on public tenders that clearly define standards and norms.[10] The Slovenian Health Protection Institute finances the purchase of materials for drug injection.

The evaluation of programmes is carried out by the Social Protection Institute of the Republic of Slovenia. The 2014 report shows that low-threshold programmes for drug users included a total of 8779 users in 2014, 1043 of which were under age, and another 1600 in sub-programmes. Of the 8779 users of low-threshold programmes, 6626 were included in the programme carried out by DrogArt Association (Reduction of harmful effects of club drugs and cocaine among the youth and young adults), which in particular raises awareness, provides information and is active in preventing the use of cocaine and club drugs. Shelters for homeless drug users (Šent and Želva-Eureka Support and Self-Support Association) accommodated 49 users, while a safe house for female drug users victims of violence accommodated 17 users.

Considering that these are social protection programmes carrying out medical activity, it would be reasonable to plan the evaluation of both social protection and medical effects of the programmes.

5.2 Trends

5.2.1 Short-Term Trends in Drug-Related Harms and Harm Reduction Services

5.2.1.1 Short-Term Trends in Drug-Related Infectious Diseases

Irena Klavs, PhD, Assoc. Prof., Tanja Kustec

Available surveillance information on prevalence of infections with HIV, HBV and HCV infection prevalence among PWIDs treated in the national network of Centres for Prevention and Treatment of Illicit Drug Abuse as well as on the reported incidence rates of these infections among individuals with injection drug use history does not provide evidence for any major trends for these infections among PWIDs in Slovenia during the last five years period.

[10] Programmes for admission centres and shelters for homeless drug users, under which users are treated 24/7, are granted no more than 2 professionals and 1 layman with level V education for at least 15 included users per month; low-threshold programmes for drug users, the network of centres for counselling and field assistance to addicted persons requiring everyday treatment (day centres or field work) are granted 1 professional and 1 layman with level V, VI or VII education, but no more than 2 employees per unit (1 professional and 1 layman) for at least 30 continuing and 20 occasionally included users per week, whereby the programme is regularly available to an individual user for at least 6 hours each working day. A continuous user is deemed to be a user included in a programme at least 3 hours per week (ReNPSV13-20).

5.2.1.2 Short-Term Trends in Harm Reduction Services

Distribution of Needles and Syringes

Ines Kvaternik, PhD

Table 5.5 shows that the number of contacts with PWIDs receiving sterile materials for safe injection in harm reduction programmes grew last year. Some harm reduction services explain that users come more often and take minor quantities of sterile materials (1 or 2 needles) because of frequent body searches by the police.

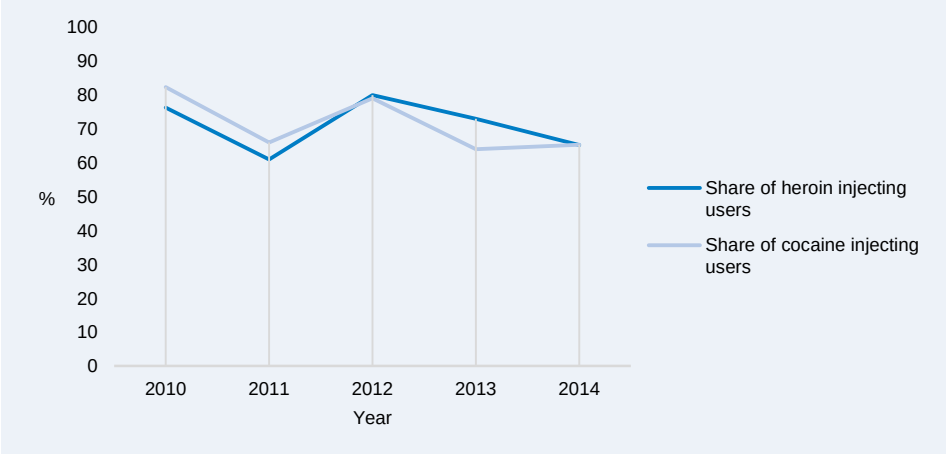
Table 5.5: Number of needles and syringes issued and contacts, 2010–2014

	2010	2011	2012	2013	2014
Number of needles and syringes issued	732,592	632,462	553,426	513,272	494,890
Contacts with PWIDs	17,319	13,851	11,639	16,753	20,180

Source: National Institute of Public Health, Koper Regional Unite, Sterile kit exchange database, 2010–2014

The number of needles and syringes issued in sterile kit exchange programmes fell between 2010 and 2014 (Table 5.5). The use of heroin among illicit drug users decreased, while the use of other drugs increased. The latter is also typical of high-risk injecting opioid users seeking help in harm reduction programmes. Data have revealed that the mentioned group of users used other drugs, primarily cocaine, substitute and other medicinal products. Figure 5.7 reveals that the injection of heroin and cocaine dropped in the mentioned period.

Figure 5.7: The share of heroin and cocaine injection among users of harm reduction programmes, 2010–2014



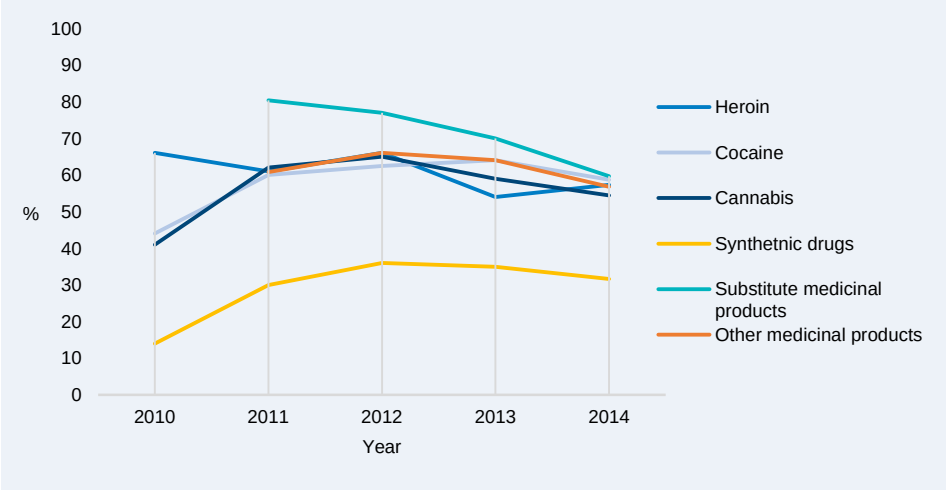
Source: National Institute of Public Health, Koper Regional Unite. Anonymous survey on the profile of drug users seeking help in harm reduction programmes, 2014

The data show that the share of the use of other drugs also changed from 2010 to 2014 (Figure 5.8). In the 5-year period, a drop in heroin use and a rise in cocaine use were detected. In 2014, the use of the latter reached and even surpassed heroin use, which can, according to the reports from harm reduction programmes, be attributed to reduced availability of quality heroin, which occasionally does turn up, but generally street heroin is of very poor quality.

In recent years, harm reduction programmes have also reported an increased use of easily accessible intoxicating substances, primarily increased alcohol consumption and abuse of substitute medicinal products (primarily Substitol) and prescription drugs (Apaurin, Dormicum, Helex, Sanval, etc.). In 2014, the use of substitute and other prescription drugs among PWIDs fell as a result of a supplement to the doctrine for treating drug addiction and adoption of Recommendations for the use and abolition of benzodiazepines in patients included in substitution programmes for the treatment of opioid addiction in Slovenia (Kastelic et al. 2013). This, however, still fails to change the fact that many users of harm reduction programmes also inject the mentioned medicinal products, which is evident from an increased use of longer and wider syringe adapters. Some harm reduction programmes have reported that the use of adapters fit for injecting in the inguinal region increased in the last period.

Figure 5.8 reveals that heroin use among users of harm reduction programmes has fallen. In 2014, the share of heroin use slightly increased, which can be attributed to a short-term incidence of quality heroin on the market. Cocaine use reveals no major deviations, while cannabis use has decreased. The use of synthetic drugs is present among users of harm reduction programmes, but is not very popular. This, however, does not apply to the use of substitute and other medicinal products. The data reveal fairly large shares of the use of the mentioned medicinal products between 2011 and 2013 and last year. This is the result of the already mentioned restriction on drug prescription and increased mortality.

Figure 5.8: The shares of drug use among users of harm reduction programmes, 2010–2014



Source: National Institute of Public Health, Koper Regional Unite. Anonymous survey on the profile of drug users seeking help in harm reduction programmes, 2014

New Psychoactive Substances

Matej Sande, PhD, Assist. Prof., Mina Paš

Synthetic cathinones have been present in Slovenia since 2010. In 2010 and 2011, mephedrone was popular prior to the ban and the presence of 3MMC has been observed by 2015. MDMA, which frequently exceeds 100mg content according to laboratory tests, has again become relatively accessible. Based on the popularity of synthetic cathinones in the last five years and detected problems of users, specific interventions for the users of these drugs have been designed. The latest 2 research studies on the use of synthetic cathinones from

2011 and 2015 showed similar results concerning the characteristics of the use and perceived risks upon use, and elements of psychological addiction to cathinones.

In 2014, the DrogArt Counselling Centre was visited by many more users seeking help due to excessive use of NPS (primarily 3-MMC). These users represent a very heterogeneous group in terms of age, with the youngest aged only 14 and the oldest aged 35. Users had problems with psychological addiction to 3-MMC and correlation between the use of 3-MMC and suicidality has also been noticed.

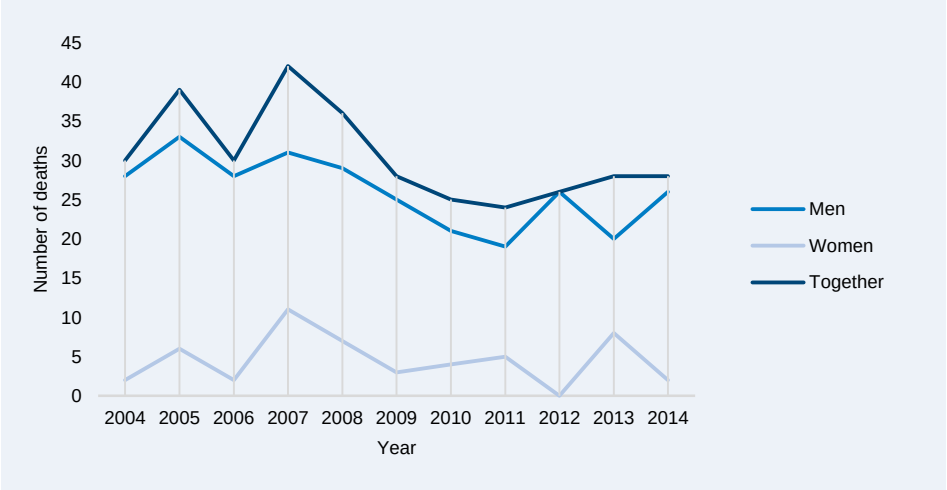
5.2.2 Long-Term Trends in Drug-Related Harms and Harm Reduction Services

Mateja Jandl

5.2.1.1 Long-Term Trends in Drug-Related Deaths and Mortality among Drug Users

In the 2004–2011 period, the number of direct deaths (intentional, unintentional or of undetermined intent) due to drug overdose decreased, but rose among men in 2012 and 2014, and among women in 2013. In the 2004–2014 period, the number of direct deaths among men was higher by almost 6 times than among women (Figure 5.9).

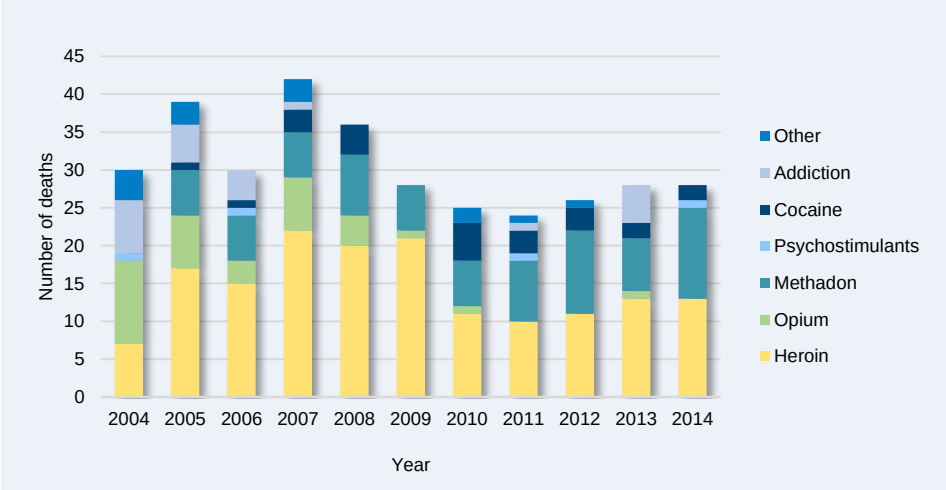
Figure 5.9: Trends in drug-related deaths, total and by gender, 2004–2014



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

In the entire 2004–2014 period, the number of fatal heroin poisonings was the highest, except in 2012, when it levelled with the number of methadone deaths. In 2014, the number of methadone deaths rose again and almost levelled with the number of deaths by heroin poisoning. The number of methadone poisonings, which is the second most frequent cause of death, rose after 2010 and slightly dropped in 2013, only to rise again in 2014 (Figure 5.10). The number of deaths due to cocaine has ranged between 3 and 5 since 2007, except in 2009, when it fell to zero. In 2014, 2 persons died due to cocaine. Deaths by other drugs have revealed occasionally over the years (opium and opioids, psychostimulants, other).

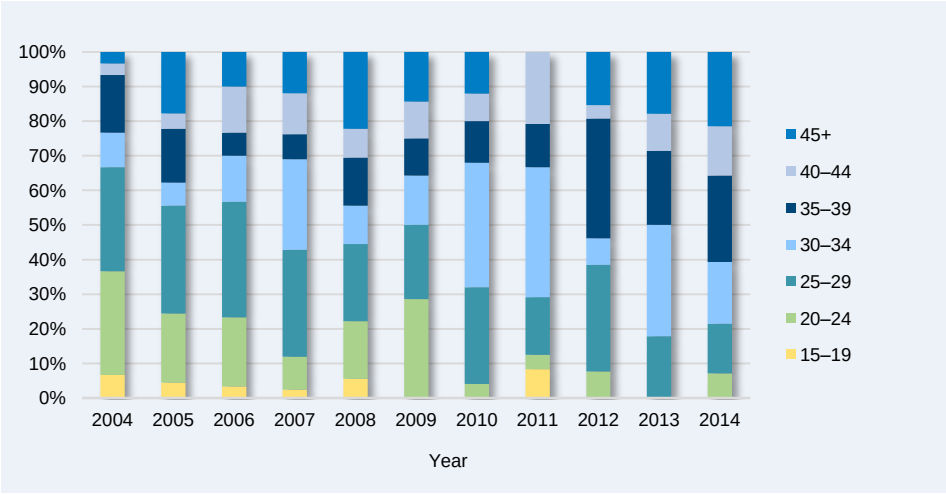
Figure 5.10: Trends in the number fatal drug poisonings (intentional, unintentional, of undetermined intent) by type of drug, 2004–2014



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

Data monitoring in the last 10 years reveals that drug addicts die older. The number of deaths in one age group was the highest in 2007, i.e. in the group of people aged 25 to 29 (Figure 5.11). In subsequent years, the highest number of deaths moved towards older age groups. In 2012 and 2014, the deceased were mostly aged 35 to 39. In the last 3 years, a trend has been noticed showing an increased number of deaths in the oldest age group, i.e. over 45 years of age.

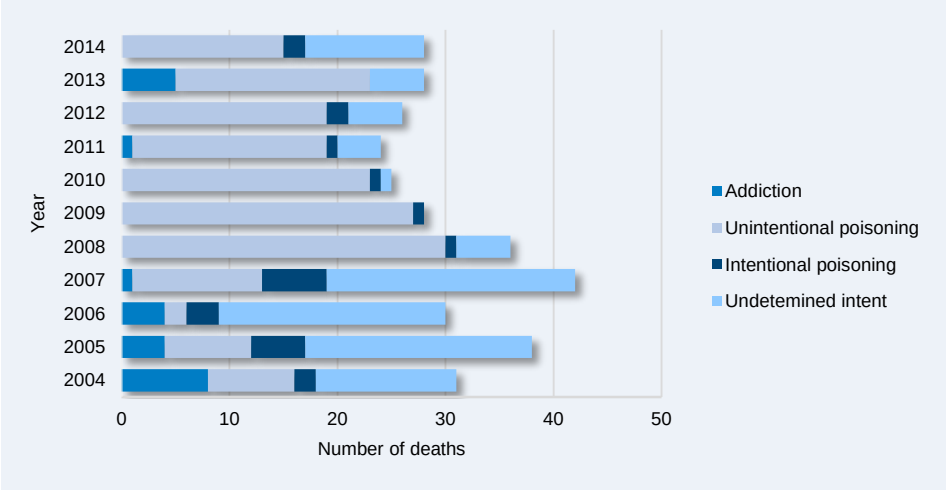
Figure 5.11: Age distribution of direct deaths (drug poisoning, intentional, unintentional, of undetermined intent), in percentage, 2004–2014



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

A clear picture of mortality due to intentional and unintentional poisoning is obscured by the high number of deaths of undetermined cause. The number started decreasing in 2009, only to rise again by 2014 (Figure 5.12). A decreased number of unintentional poisonings may lead to a conclusion that the share of unintentional poisonings prevailed over suicides. This is also related with the improvement of data quality, i.e. that the share of deaths of undetermined cause has fallen.

Figure 5.12: Trends in the number of fatal drug poisonings by cause (addiction, intentional, unintentional, undetermined cause), 2004–2014



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

5.3 New Developments

5.3.1 New Developments in Drug-Related Acute Emergencies

Miran Brvar, PhD, Assist. Prof.

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

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

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

5.3.2 New Developments in Harm Reduction Programmes

Matej Sande, PhD, Assist. Prof., Mina Paš

In 2015, the Stigma Association, a non-governmental organisation, obtained funds to carry out a pilot project for a safe room for drug injection in Ljubljana.

Due to the popularity of synthetic cathinones among adolescents, DrogArt accelerated specific interventions in groups of young users in 2015. Therefore, DrogArt's fieldwork expanded to rave parties visited by young users or secondary school students. At these events, specific interventions and the presence of key field workers are used to establish contact with young users and draw them in long-term meetings and, if required, include them in the counselling or

therapy centre. In 2015, daily field activities started, during which daily field and counselling work with young NPS users is carried out in open public places and areas, such as Metelkova.

5.3.3 New Development in Drug-Related Harms

Andrej Kastelic, PhD, Assist. Prof., Nuša Šegrec, Assistant

The Centre for the Treatment of Drug Addiction at LUPC plans to open a department in the short term for the treatment of patients with comorbid mental disorders who require hospital treatment due to deteriorated mental illness. It is also planned to open a therapy community for patients with comorbid and other mental disorders within the scope of LUPC.

5.4 Additional Information (X)

5.5 Notes and Queries (X)

5.6 Sources and Methodology

5.6.1 Sources

1. 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.
2. Klavs I, Kustec T (ed.). HIV infection in Slovenia in 2013 (In Slovene). Ljubljana: National Institute of Public Health, Slovenia, 2014. Available at: http://www.nijz.si/epidemiolosko-spremljanje-nalezljivih-bolezni-letna-porocila.
3. Klavs I, Kustec T, Kastelic Z, Kosmač S. Hepatitis B and hepatitis C. In: Kraigher A et al. (ed.). Epidemiological surveillance of communicable diseases in Slovenia in 2013 (In Slovene). Ljubljana: National Institute of Public Health, Slovenia, 2014. Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/epidemilosko_spremljanje_nalezljivih_bolezni_2013.pdf.
4. Šegrec N, Kastelic A, Pregelj P. Psychiatric comorbidity among patients treated in opioid substitution treatment (OST) programs in Slovenia. Presented at Global Addiction 2014, November 2014, Rio de Janeiro.
5. Kastelic A, Šegrec N. Recommendations for the use and abolition of benzodiazepines i n patients included in substitution (supported by medicinal products) treatment programmes for opioid addiction in the Republic of Slovenia. Zdravniški Vestnik 2013: let. 28. No. 10: 629-634.
6. Resolution of the National Programme on Illicit Drugs (2014-2020). Official Gazette of the Republic of Slovenia, No. 25/14.
7. Resolution on the national social assistance programme 2013-2020 (ReNPSV13-20). Official Gazette of the Republic of Slovenia, No. 39/13.
8. National Institute of Public Health, Koper Regional Unite. Sterile kit exchange database, 2010-2014.
9. National Institute of Public Health, Koper Regional Unite. Anonymous survey on the profile of illicit drugs users seeking help in harm reduction programmes, 2014.
10. Social Protection Institute of the Republic of Slovenia. Monitoring the implementation of social protection programmes. Report on the implementation of programmes in 2014 Final report. Ljubljana, 2015

5.6.2 Methodology

5.6.2.1 Methodology in Drug-Related Infectious Diseases

Irena Klavs, PhD, Assoc. Prof., Tanja Kustec

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

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

In addition, the NIPH collects information on newly diagnosed cases of HIV, HBV and HCV infections, which may include information on the transmission routes. All three diagnoses must be reported according to the Infectious Diseases Law. Nearly all of the newly diagnosed HIV infection cases reports also contain information on the transmission route. In contrast, information on the transmission route (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases. Surveillance reports that include information on HIV, HBV and HCV newly diagnosed cases reporting are published annually (Klavs and Kustec (ed.) 2014, Kraigher et al. (ed.) 2014).

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

5.6.2.2 Methodology in Harm Reduction Services

Ines Kvaternik, PhD

Data on the profile of illicit drug users seeking help in harm reduction programmes in the period between 2010 and 2014 were obtained through an anonymous survey questionnaire completed by users of these programmes throughout Slovenia. Questionnaires were completed by users who visit programmes in stationary locations and users who are reached by professionals during fieldwork. Participation in the survey was voluntary.

8. Drug-Related Social Issues and Reintegration

8.1 Introduction

The legal framework for the operation of the social care system is provided by the Social Security Act (Official Gazette of the RS, No. 3/07 et seq.), while the field of financial social assistance is regulated in particular by the Financial Social Assistance Act (Official Gazette of the RS, No. 61/10 et seq.), the Exercise of Rights to Public Funds Act (Official Gazette of the RS, No. 62/10 et seq.) and the Fiscal Balance Act (Official Gazette of the RS, No. 40/12). The latter three Acts entered into force in 2012 and substantially cut into the social assistance system.

Slovenia has already been facing substantially unfavourable macroeconomic situations and conditions on the labour market since 2008, which has resulted in many social issues. Due to the high unemployment rate and less available household income, as well as the abovementioned changes in social legislation and the austerity measures, the at-risk-of-poverty rate has been increasing since 2009; the downturn in the social situation is also shown by other living standard indicators, all of which have decreased considerably in 2013. This is confirmed by the experience and assessments of experts working in the centres for social work and colleagues from NGOs and humanitarian organizations. Both emphasize that due to the long-lasting crisis, in 2014 or earlier, many people ended up in a situation where, after living in poverty for a long time, they had no more opportunities to exit the underprivileged situation. They have spent their savings and the financial aid provided by their families and friends, they can no longer pay expenses on deferred terms, etc. People are increasingly indebted, their problems are escalating and becoming very complex (health problems, mental health problems, addiction…), hence the increasing pressure on humanitarian organizations (Trbanc et al. 2014). The authors of the study, 2013–2014 Social Situation in Slovenia (Trbanc et al. 2014), have found that due to the high unemployment rate, decreasing available household income and the increased targeting of social and family transfers, the social position of primarily the middle class has deteriorated, especially the lower middle class (right above the limit of the census for the allocation of rights from public funds), who in addition to the socially most vulnerable categories (single parent families, long-term unemployed people and young unemployed people without any financial assistance for unemployment or social assistance benefit in cash, children, elderly persons, single persons) are exposed to the highest risk of poverty.

The core substantive and normative principles for the course of action with cases of social need and problems of individuals are laid out in the National Programme of Social Care passed by the government for a multi-year period. In April 2013, the National Assembly passed the Resolution on the National Programme of Social Care 2013–2020 (hereinafter: the Resolution) (Official Gazette of the RS, No. 39/13), which is the fundamental Slovenian programme document in the field of social care system until 2020. The Resolution defines the core principles for the development of the social care system, goals and strategies, outlines the public service network for social care services and programmes and defines their operation and monitoring as well as the responsibilities of individual agents on various levels.

As regards the public service network of social care programmes, the Resolution also lays out the framework for the development of a network of addiction-related aimed at users of illicit drugs or individuals in social need due to alcoholism or other types of addiction (eating disorders, gambling, etc.). The Resolution also provides for the establishment of prevention, information, counselling, helpline, coordination, support and activation programmes, harm reduction programmes, day centres, field work, therapeutic and reintegration programmes in this field (Resolution on the National Programme of Social Care 2013-2020; Official Gazette of the RS, No. 39/13).

Professional activities for addressing social issues in connection to the use of illicit drugs are carried out as part of public services (62 Centres for Social Work) and by individuals and non-governmental institutions carrying out various (public, developmental, experimental, and supplementary) programmes of social care.

In 2014, about 5,300 users participated in social care programmes for the prevention of addiction to illicit drugs co-funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

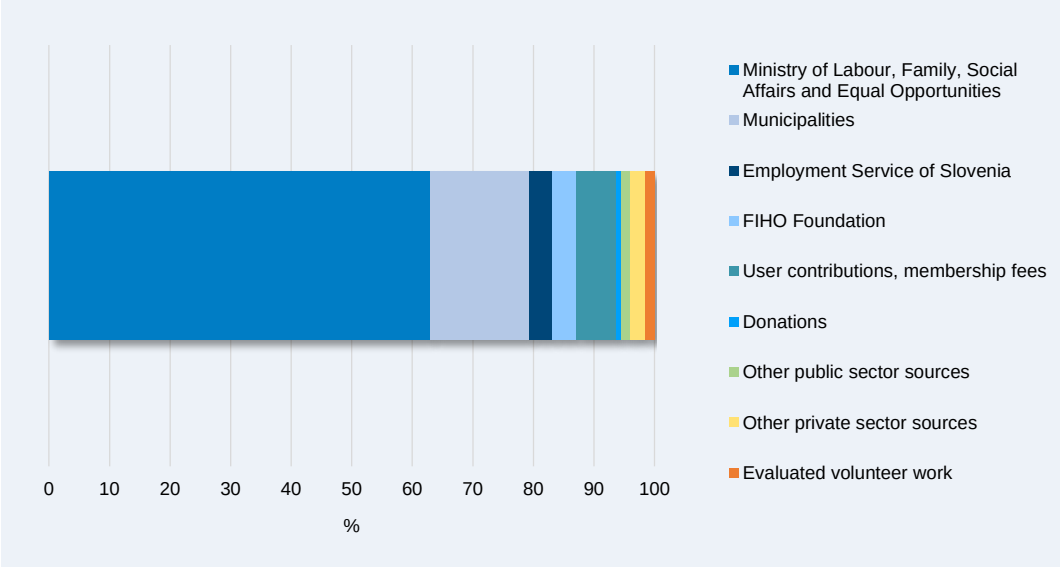
8.2 Social Treatment and Social Reintegration

There are a number of social care programmes available to persons in social need with issues in connection to illicit drug use. The Social Protection Institute of the Republic of Slovenia aggregates final (annual) programme implementation reports and use them as the basis to catalogue and analyse the situation pertaining to the implementation of social care programmes co-founded by the MLFSA. As the data are collected state-wide, they are a reliable indicator of the situation pertaining to the implementation of social care programmes in Slovenia. However, they only pertain to the programmes which have received funding from the MLFSA, while the programmes which fail to obtain funds via the MLFSA tender are not included in the data. Programmes for the socially most vulnerable groups of people not funded by the state, however, are believed to be rare.

The MLFSA co-funded 24 social care programmes pertaining to the prevention of addiction to illicit drugs in 2014. Of those, 14 were high-threshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use. A majority of these are high-threshold programme; some provide accommodation of users in the programme (eight programmes). Three programmes also seek to reintegrate former drug users. High-threshold programmes and programmes aimed at users at various stages of drug addiction are available in all regions. There is only one reintegration programme Reintegration carried out in the region of Gorenjska and two in Central Slovenia. There are ten low-threshold programmes providing help to active drug users, including two shelters for homeless drug users (in Ljubljana and Žalec), a safe house in Ljubljana for female drug users who have been victims of violence; day centre programmes and field/mobile work are also part of this. Low-threshold programmes are carried out in all regions (Smolej et al. 2015).

The programmes received the total of EUR 4,313,645.90 in funding. The majority of funds – nearly two-thirds (63.0%) – was obtained from the MLFSA. Other major fund providers were municipalities (16.3% of funding) and programme users, who contributed 6.7% of funds (Figure 8.1) (Smolej et al. 2015).

Figure 8.1: Sources of funding for social care programmes for the prevention of addiction to illicit drugs, 2014



Source: Social Protection Institute of the Republic of Slovenia, own calculations

According to data of Social Protection Institute of the Republic of Slovenia, approximately 5,300 users participated in social care programmes pertaining to illicit drugs co-funded by the MLFSA in 2014, not including the users of various online forums, helpline and online counselling services and general prevention campaigns (such as those by the DrogArt Association, which included an additional 6,000 users). Social care programmes in connection to illicit drugs provided 173 beds for the accommodation of users in 2013, most as part of high-threshold programmes (Smolej et al. 2015).

Social reintegration of addicted persons is performed as part of three social care programmes funded by the MLFSA. Users can enter social integration at the Kranj Centre for Social Work, the UP Association for the Support of Addicts and their Families, and the Projekt Človek Association. Reintegration is the final phase of the regulation and social rehabilitation of drug users for reintegration into society. It is some sort of support system or transitional phase between the protective environment of social rehabilitation in therapy communities and the return to life in the home environment. Reintegration is primarily intended for recovered/recovering drug users after the completed treatment, and secondarily also for the people closest to them. These programmes help users arrange their relationships with the people closest to them, seek jobs, continue schooling and look for apartments. Usually, users receive individual and group treatments.

The Centre for Support, Social Rehabilitation and Reintegration of Addicts programme (Kranj Centre for Social Work) involved 107 users, 23 of those used the provided accommodation. UP Association involved 53 persons and housed 22 of those, while the Projekt Človek Association involved nine (former) drug users and 12 key persons close to the users (Smolej et al. 2015).

9. Drug Related Crime, Prevention of Drug Related Crime and Prison

9.1 Introduction

The Prison Administration of the Republic of Slovenia is the body of the Ministry of Justice of the Republic of Slovenia responsible for implementing sentences and organising and managing prisons and the juvenile correctional centre. Slovenia has six prisons and one juvenile correctional centre. Every three months on a specific day, the Prison Administration records the number of prisoners with drug problems and the number of prisoners with HIV, hepatitis or tuberculosis. The data on the prison system and prisoners are published in the annual report, which is a key source of data on drug use in prisons for the National Report. In 2014, one fifth (21.9%) of imprisoned persons had a drug problem, 62.7% of which were undergoing substitution therapy. Judiciary police discovered 76 cases of illicit drugs in prisons; cannabis was the most common drug as well as the drug found in the largest quantity.

9.2 Interventions in the Criminal Justice System

Eva Salecl Božič

Alternative Methods of Enforcing Criminal Sanctions

Alternative Sentencing
Alternative sentencing (the data refers to all prisoners regardless of drug problem) in 2014

The Enforcement of Criminal Sanctions Act (Official Gazette of the RS, Nos. 110/06 – clean copy, 76/08, 40/09, 9/11 – ZP-1G, 96/12 – ZPIZ-2, 109/12 and 54/15) foresees a number of less severe forms of serving a sentence, i. e. weekend imprisonment, home detention and the alternative sentence of performing community service, which were presented or described in detail in the national reports for 2014 and 2013.

The court may allow enforcement of imprisonment in the form of home detention with a judgment or special decision and order or change its enforcement method. The enforcement of home detention is overseen either by the court or by the police. In 2104, the court ordered home detention for 41 prisoners.

Weekend imprisonment may be granted to convicts with sufficient personal integrity who can be trusted not to abuse this form of sentencing. This allows them to continue to work or attend education programmes and live at home except on work-free days (usually weekends), which they need to spend in prison. 116 convicts were subject to weekend imprisonment in accordance with Article 12 of the Enforcement of Criminal Sanctions Act (Table 9.1). All had full-time employment and remained employed, while four convicts pursued full-time education.

Table 9.1: Number of convicts serving their prison sentence on weekends[11]

Year	2012	2013	2014
Article 12 of the Enforcement of Criminal Sanctions Act (ZIKS-1)	86	122	116

Source: Prison Administration, 2014 Annual Report

Persons in Compliance Detention

In 2014, 637 were kept in compliance detention in Slovenian prisons.[12] Compared to the preceding year (1123), their number significantly decreased, partly due to the annulment of the regulation on compliance detention on the basis of the decision of the Constitutional Court No. U-I-12/12 of 11 December 2014, with which the court annulled the regulation of compliance detention since 17th December 2014. 160 persons were kept in compliance detention full-time (one-month).

Pursuant to the Enforcement of Criminal Sanctions Act, the termination of compliance detention is decided upon by the director of the institution based on the opinion of the prison physician, whereas the suspension of compliance detention is decided upon by the court. The decision on the non-enforcement of compliance detention shall be issued within 24 hours of receiving the opinion. Opinions are mostly related to poor health and poor social conditions of the person brought in to serve compliance detention. In 2014, 173 of persons in compliance detention were discharged.

If individuals in compliance detention have a substance abuse problem, the following practice has been established: if the prison determines that the individual in question is not capable of serving the compliance detention sentence due to health problems and does not have the means to settle the fine, a proposal against placement in compliance detention is lodged. Health-related proposals are approved in most cases. The procedure involves a medical examination in the prison clinic by a doctor from the competent health centre, who assesses whether there are valid health concerns for the prison to petition the court not to enforce the imprisonment.

Of those in compliance detention in prisons in 2014, 46 persons or 7.2% of all such detainees, were determined to have alcohol addiction issues, and 64 were determined to have drug addiction issues, which is 10% of all persons in compliance detention.

9.3 Drug Use and Illegal Drug Market in Prison

Eva Salecl Božič

The Prison Administration of the Republic of Slovenia regularly monitors the drug situation in prisons via data capture for the purposes of the annual report. In 2014, on a certain date every three months it asked prisons to report the number of imprisoned persons with issues due to addiction to psychoactive substances (drugs, alcohol) and the number of HIV, hepatitis and tuberculosis cases as an electronic table. The Administration also daily communicates with the prisons, thus monitoring any extraordinary events in connection to these issues.

[11] The data apply to all prisoners regardless of drug-related problems.
[12] The data apply to all persons in compliance detention regardless of drug-related problems.

Imprisoned individuals with issues due to the use of illicit drugs are treated in compliance with a clearly formulated strategy on treating drug addiction, comprising medical attendance, an educational programme and a motivation process, the aim of which is to enable prisoners to commence and maintain abstinence, enter psychosocial assistance programmes and gradually transform their lifestyle from passive to active. They are treated in compliance with the Plan of Treatment of Drug Users in Prisons and Correctional Homes and the Instructions on Method of Collecting Urine Samples and Performing Control Tests (The Prison Administration of the Republic of Slovenia, 2015).

In 2014, 997 of 4550 imprisoned persons were identified as having a drug problem (Table 9.2). Of those, six persons were subjected to compulsory drug addiction treatment.

Table 9.2: Number of persons with drug use related problems in comparison to the total number of all prisoners, 2006–2014

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of all imprisoned persons	3572	4311	4383	4730	4592	4975	5040	4543	4550
Persons with a drug problem	948	1090	1210	1209	1215	1073	1076	1078	997
Share in %	26.5	25.3	27.6	25.6	26.5	21.6	21.3	23.7	21.9

Source: Prison Administration, 2014 Annual Report

Prison Drug Trafficking

Imprisoned persons introduce drugs into prisons in a variety of ways, always seeking new concealment methods. Common techniques include hiding them on the body (by gluing) or in clothing (by sewing them into hems, etc.), throwing them over the fence and entry inside parcels, especially in food in original packaging. It is thought that imprisoned persons most commonly hide drugs inside their bodies, which causes additional problems in detection as any invasive exams of the human body are prohibited. However, in all discovered cases, only small amounts of drugs were brought into prisons.

More thorough controls upon entry into the prison, regular inspections of the facility and prisoners, cooperation with police investigations and the use of sniffer dogs to discover drugs all lead prisoners to be more creative in finding new ways of bringing drugs into prisons; that is why we also remain alert to any efforts by prisoners to take advantage of the staff. If any such suspicion arises, police become involved in investigating the incident.

Table 9.3: Number of finds of illicit drugs and psychoactive substances by type*

Prison	Heroin	Marijuana	Cocaine	Ecstasy	Hashish	Alcohol	Methadone	Pills	Paraphernalia	All finds	All drugs
Dob	11	13	2	1	2	2	1	34	3	**79**	**29**
Slov. vas	0	0	0	0	0	0	0	0	0	**0**	**0**
Puščava	0	0	0	0	0	0	0	0	0	**0**	**0**
Ig	0	1	0	0	0	1	0	6	0	**8**	**1**
Celje	0	8	1	0	0	1	1	10	0	**36**	**9**
Koper	0	9	1	0	0	0	0	14	2	**29**	**10**
Nova Gorica	0	1	0	0	0	0	0	5	0	**6**	**1**
Ljubljana	1	13	1	0	2	0	0	18	3	**39**	**17**
Novo mesto	2	0	0	0	0	0	0	12	0	**14**	**2**
Ig Open Prison	0	0	0	0	0	0	0	0	0	**0**	**0**
Maribor	0	4	0	0	0	1	0	16	3	**46**	**4**
Murska Sobota	0	0	0	0	0	0	0	1	0	**1**	**0**
Rogoza	2	1	0	0	0	0	0	1	0	**4**	**3**
Radeče	0	0	0	0	0	0	0	0	0	**1**	**0**
Total	**15**	**50**	**5**	**1**	**4**	**5**	**2**	**117**	**11**	**263**	**76**

*Note: The total number of finds (events) was 234, since the judicial police discovered several types of drug in a number of cases. 33 out of all finds were new synthetic drugs and anabolic substances.

Source: Prison Administration, 2014 Annual Report

Table 9.4: The quantity of discovered illicit drugs and psychoactive substances by type*

Prison	Heroin/g	Marijuana/g	Cocaine/g	Ecstasy/pc	Hashish/g	Alcohol/l	Methadone/ml	Pills/pc
Dob	46.74	86.61	14.56	53	3.62	3.75	2.5	1452
Slov. vas	0	0	0	0	0	0	0	0
Puščava	0	0	0	0	0	0	0	0
Ig	0	2	0	0	0	1.5	0	18
Celje	0	32.6	0.1	0	0	1	1	229.5
Koper	0	41.9	1.60	0	0	0	0	186
Nova Gorica	0	6	0	0	0	0	0	77
Ljubljana	0.34	150.11	0.22	0	0.94	0	0	419
Novo mesto	1.85	0	0	0	0	0	0	132
Ig Open Prison	0	0	0	0	0	0	0	0
Maribor	0	14.4	0	0	0	1.5	0	174
Murska Sobota	0	0	0	0	0	0	0	18
Rogoza	4	1	0	0	0	0	0	6
Radeče	0	0	0	0	0	0	0	0
Total	**52.93**	**334.62**	**16.48**	**53**	**4.56**	**7.75**	**3.5**	**2711.5**

* Note: The weight of the discovered drugs is gross weight (expressed in g), i.e. together with the wrapping handed over to the police as a whole.

Source: Prison Administration, 2014 Annual Report

In 2014, drugs were found in 76 cases, with 263 finds/events in total (paraphernalia, pills, alcohol, etc.) (Table 9.3). According to the total of all drugs discovered by judicial police in 2014, the most common was marijuana (334.62 g), followed by heroin (52.93 g), cocaine (16.48 g) and hashish (4.56 g). In addition, 53 ecstasy pills, 3.5 ml of methadone, 7.75 l of alcohol and 2,711.5 pills were also discovered (Table 9.4).

9.4 Responses to Treatment Related Drug Issues

Eva Salecl Božič

Since 1 January 2009, health care services in prisons are provided by health care providers in the Republic of Slovenia. Prisoners receive health care from regional health centres serving the area in which the prison is located by means of an agreement between the prison and the health centre. Health centres provide sufficient access to physicians and other medical staff at general practices and a psychiatry practice, physicians in the centre for prevention and treatment of illicit drugs addiction, a dentist practice for adults and a gynaecologist.

Imprisoned persons with a drug addiction are provided with the same access and quality of health services as outside of prison. Upon admission into prison, each prisoner is examined in the prison clinic. If they have an addiction,[13] the doctor makes a decision about the necessity of providing medication therapy to alleviate the effects of drug withdrawal or prescribes substitution therapy to the prisoner. The Plan of Treatment of Drug Users in Prisons and Correctional Homes developed in cooperation with centres for the prevention and treatment of illicit drugs addiction, lay out a uniform doctrine of substitution therapy in prisons.

Substitution drugs are taken under supervision. In the case of methadone, the substance is administered as a solution mixed with fruit juice. Of 997 prisoners with issues due to illicit drug use, 625 prisoners (62.7% of the all prisoners with an addiction) were undergoing substitution therapy, of which 149 were remand prisoners, 440 were convicts (Table 9.5) and 36 were prisoners in compliance detention.

Table 9.5: Number of prisoners undergoing substitution therapy by category, 2008–2014

Category	2008	2009	2010	2011	2012	2013	2014
Remand prisoners	196	219	219	182	190	187	149
Convicts	346	328	319	378	366	394	440
Total	**542**	**547**	**538**	**560**	**556**	**581**	**589**

Source: Prison Administration, 2014 Annual Report

[13] The syndrome, i.e. the diagnosis of addiction is determined by a physician. Apart from the diagnosis, the assessment of the issues due to the consumption of psychoactive substances also involves the information from the judgment (the type of criminal offence committed under the influence of psychoactive substances), the expert witness opinion, the Centre for Social Work report, the findings of a professional during meetings with the prisoner and from the prisoner's statements as well as the event of the prisoner commencing his sentence under the influence of alcohol and the finding that the prisoner is using psychoactive drugs which are not part of a medical treatment.

Testing[14]

According to available data on test results from clinics organised by competent regional health centres, 169 prisoners opted to be tested for HIV and hepatitis in 2014. None were HIV-positive or infected with Hepatitis A. Hepatitis B was discovered in five prisoners, and hepatitis C in twenty-two (Table 9.6). Testing is anonymous and voluntary. Patients also sought help and counselling at AIDS treatment practices.

Table 9.6: The results of voluntary confidential testing for hepatitis and HIV, 2006–2014

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Persons tested for HIV and hepatitis	564	675	561	473	481	326	222	196	169
HIV	2	1	1	2	1	0	1	0	0
Hepatitis A	1	2	0	0	0	0	1	1	0
Hepatitis B	12	15	7	13	11	15	5	9	5
Hepatitis C	87	97	75	47	60	55	20	25	22
Total	**102**	**115**	**83**	**62**	**72**	**70**	**27**	**35**	**27**

Source: Prison Administration, 2014 Annual Report

Medical staff has implemented the recommendations of medical professionals regarding the timely discovery of patients as well as treatment and care as instructed by specialist doctors. All imprisoned persons are to be provided counsel and information on the dangers of HIV and hepatitis infections, and be encouraged to get tested and receive hepatitis B vaccination and treatment. Prisoners are provided with disinfectants, cleaning agents, latex gloves and condoms.

Upon release, imprisoned drug users are advised on their significantly lowered drug tolerance, which could result in relatively small amounts of drugs or a combination of drugs, alcohol and medication being fatal. In compliance with the Treatment Plan for Imprisoned Drug Users, the centre for prevention and treatment of illicit drug addiction or another institution overseeing future treatment of the released person is to be informed a week before release (if possible) of the type of drug treatment prescribed to the prisoner, administration times and the last received amount for a specified time period, as well as whether they were issued a sufficient prescription for medicinal products.

9.5 Treatment Programmes and Reintegration

Eva Salecl Božič

Work with imprisoned persons in Slovenian prisons is organised and focused on preventing recidivism and facilitating reintegration of prisoners into society. Upon commencement of imprisonment, prison professionals create a personal plan for each imprisoned person outlining the prisoner's needs and the objectives of serving a sentence. Prisoners are then directed to the type of treatment they require (e.g. treatment of drug or alcohol addiction). The personal

[14] The data apply to all prisoners regardless of drug-related problems.

treatment plan is supplemented, assessed and coordinated depending on the convict's prison term, needs, opportunities and changes in conditions.

While serving the sentence, persons with issues due to drug use may join low-threshold, higher-threshold and high-threshold drug addiction treatment programmes (Table 9.7).

Table 9.7: The number prisoners with issues due to illicit drugs involved in treatment programmes, 2014

Low-threshold programmes	Higher-threshold programmes	High-threshold programmes
597	240	124

Source: Prison Administration, 2014 Annual Report

Compared to 2013, a higher number of imprisoned persons involved in treatment programmes was recorded 2014. To ensure a higher number of participants in such programmes, it is of key importance for prison professional staff to motivate prisoners to enter the programmes, to use an individual approach to creating a personal prison term plan according to the prisoner's needs, and to provide a team-based interdisciplinary approach that involves both prison professionals as well as prison medical staff and other external experts. Persons participating in various treatment programmes during their prison term are also provided individual and group treatment within the prison. They may also be treated at health care institutions outside the prison and be included in NGO-run programmes (psychiatric hospitals, Centres for the Prevention and Treatment of Illicit Drug Addiction, Projekt Človek Association, Up Association, Srečanje Community, Karitas – Pelikan Institute, Vir Institute, Stigma Association, Križišče Association, etc.). In 2014, 232 prisoners opted for this form of help. Upon completion of service, 156 prisoners continued the treatment in institutions outside the prison.

At the same time, treatment is a part of the broader counselling work, motivating people to join daily activities organised by prisons. This means people are encouraged to establish a daily routine through work, education and active spending of free time.

A detailed description of the implementation of programmes and treatment implementers is provided in the national reports for 2013 and 2014.

10. Drug Markets

10.1 Introduction

According to Slovenian legislation, the police are the sole body responsible for the seizure of items which may serve as evidence in a criminal procedure. As such, the Customs Administration of the Republic of Slovenia alerts the police upon discovering illicit drugs; the latter than carry out the seizure. The Slovenian police systematically collect and process data on seized illicit drugs and their prices. Based on these data, an estimate on the availability of individual drugs on the Slovenian market can be made. Data on drug quality and purity are only available on certain commonly seized drugs. The 2014 sampling, analysis and processing of the results was once again carried out by the National Forensic Laboratory, which has carried out annual monitoring since 2006.

In 2014, the recorded quantities of seized amphetamine, cannabis plants and hashish were significantly larger compared to 2013. The increased quantities of seized cocaine were primarily a result of the largest seizure in Slovenia. On the other hand, the seized quantities of heroin, cannabis marihuana, benzodiazepines and ecstasy were smaller although the latter is largely offered, especially at rave parties. The total number of seizures of illicit drugs has dropped compared to 2013, but it is still higher than in the previous years. In 2014, a house search revealed a new psychoactive substances laboratory for the preparation of packages intended for resale. Slovenia is considered a drug consumer country and a transit state for drug smuggling, with certain quantities of specific drugs staying within Slovenian territory. In terms of the illicit drug cannabis, Slovenia has become a self-sufficient country; Slovenian cannabis is also available on the markets in Austria, Italy and Croatia. The traditional Balkan smuggling route remains highly active and bidirectional; the scope of smuggling is estimated to have risen. Heroin and cannabis are transported from Kosovo, north-eastern Albania and Macedonia to the countries of the European Union, while synthetic illicit drugs and, for the most part, cocaine are smuggled in the opposite direction. International crime syndicates are active in Slovenia; their Slovenian members are primarily responsible for the organisation, logistical support and supply of illicit drugs to the European market. Criminal organisations engaged in cannabis cultivation are also highly active. In 2014, the Slovenian police discovered and destroyed 118 enclosed spaces modified to grow cannabis. Compared to 2013, the prices of the majority of illicit drugs have slightly decreased, which is largely due to increased supply. This is particularly true of amphetamine and cannabis.

In 2014, monitoring involved 264 samples of heroin mixtures, 251 samples of cocaine mixtures, 486 cannabis samples, of which 7 hashish samples, 178 amphetamine samples and 44 MDMA samples. All heroin samples contained heroin in base form; its average concentration was 10.8% and thus similar to preceding years. All cocaine samples contained cocaine in hydrochloride form and contained 50% of cocaine on average. The average concentration of THC in cannabis plants was similar to previous years, while the average concentration of THC in hashish was higher than previously at 11.6%. The average concentration of amphetamine was also higher, at 12%, as well as the average MDMA content, which was 73.5%. 59 new psychoactive substances were discovered in Slovenia in 2014, of which 38 substances appeared for the first time in Slovenia while nine were entirely new on a global scale.

10.2 Supply to and within the Country

Staša Šavelj

Based on the available data, Slovenia is considered a drug consumer country, and a transit or intermediate country for the smuggling of illicit drugs, with certain quantities of individual illicit drugs such as cocaine, heroin and amphetamine staying within Slovenian territory. Slovenia has become a self-sufficient country as regards cannabis, especially cannabis cultivated in specially modified spaces. According to our information, Slovenian cannabis is available on the markets of our neighbouring countries in Austria, Italy and Croatia.

The traditional Balkan route still sees high activity in illicit drug smuggling in both directions, and it is estimated that the scope of smuggling has increased. Heroin and cannabis are transported from Kosovo, north-eastern Albania and Macedonia to the countries of the European Union, while synthetic illicit drugs as well as, for the most part, cocaine are transported in the opposite direction. Amphetamine and ecstasy appear to arrive mainly from the Netherlands. International organised crime syndicates are active on Slovenian territory; their Slovenian members as criminal offenders primarily engage in the organisation, logistic support and the performance of the criminal activity in the supply of illicit drugs to the European market. These are mostly minor organisations the members of which seek out connections with other crime syndicates from other Western Balkan and EU member countries. International organised crime syndicated adapt fully to the trends in supply and demand of illicit drugs.

10.3 Seizures

Staša Šavelj

Compared to 2013, a significant increase in the seized quantities of amphetamine (powder and pills) was recorded in 2014. The total quantity of seized ecstasy decreased, but this does not show the actual situation. According to the police's estimate, the supply of low-cost ecstasy produced primarily in the Netherlands is very large, enabling ecstasy to be offered at particularly at rave parties.

The seizures of heroin, cannabis, marijuana and benzodiazepines decreased. A high amount of fresh cannabis plants and hashish was seized again. An extremely large quantity of seized cocaine is primarily a result of the largest seizure in Slovenia in November 2014 near the Fernetiči state border between Italy and Slovenia; a total of 175.2 kg of cocaine was seized. Cocaine was transported in two Slovenian cargo vehicles from Spain and it was most likely not intended for the Slovenian market.

Table 10.1: Total quantity of seized illicit drugs by type of illicit drug, 2009–2014

Type of illicit drug	Unit	2009	2010	2011	2012	2013	2014
Heroin	Kg	41.79	36.2	4.39	20.34	7.65	4.87
Cocaine	Kg	2.87	2.01	1.7	26.82	3.31	181.99
Ecstasy	Tabs	16,872	399	33.5	960	922	218
	Kg	0.036	0.003	0.007	0	0.85	0.11
Amphetamine	Tabs	778	7,524	150	80	307	737
	Kg	3.21	2.83	0.72	9.28	15.12	21.39
Cannabis plant	Pcs	9,373	9,278	12,836	11,166	9,515	11,067
Cannabis marijuana	Kg	242.03	188.76	613.05	706.06	809.59	535.06
Cannabis resin – hashish	Kg	0.69	0.22	4.24	2.56	0.52	2.32
Benzodiazepines	Tabs	5,116	1,927	5,012	3,251	14,620	5,292
Methadone	Ml	5,111.4	3,654.1	926.92	2,670.0	2,093.7	1,572.9
Methamphetamine	Kg	0.003	0	0.124	0.05	0.54	0.08
	Tabs	0	0	61	43	110	53

Source: Ministry of the Interior of the Republic of Slovenia

Table 10.2: Number of seizures by type of illicit drugs, categorised by minor and criminal offences and in total, 2011–2014

	2011			2012			2013			2014		
	MO	CO	**Total**	MO	CO	**Total**	MO	CO	**Total**	MO	CO	**Total**
Heroin	285	218	**503**	245	194	**439**	174	165	**339**	172	117	**289**
Cocaine	167	105	**272**	142	109	**251**	102	94	**196**	114	65	**179**
Ecstasy	9	5	**14**	12	4	**16**	37	16	**53**	37	24	**61**
Amphetamine	166	38	**204**	146	44	**190**	167	74	**241**	136	64	**200**
Cannabis plant	87	91	**178**	80	94	**174**	97	115	**212**	101	104	**205**
Cannabis marijuana	2,790	516	**3,306**	2,697	653	**3,350**	3,000	673	**3,673**	3,033	658	**3,691**
Cannabis resin – hashish	67	22	**89**	51	15	**66**	58	15	**73**	77	19	**96**
Benzodiazepines	92	42	**134**	54	32	**86**	84	52	**136**	29	84	**113**
Methadone	29	11	**40**	38	9	**47**	38	17	**55**	30	6	**36**
Methamphetamine	8	10	**18**	5	8	**13**	11	21	**32**	15	7	**22**
Total			**4,758**			**4,632**			**5,010**			**4,892**

Source: Ministry of the Interior of the Republic of Slovenia

Table 10.3: Number of seizures by type of illicit drugs, 2009–2014

	2009	2010	2011	2012	2013	2014
Heroin	772	720	503	439	339	289
Cocaine	271	278	272	251	196	179
Ecstasy	16	9	14	16	53	61
Amphetamine	157	197	204	190	241	200
Cannabis plant	302	178	178	174	212	205
Cannabis marijuana	2,745	3,090	3,306	3,350	3,673	3,691
Cannabis resin – hashish	83	57	89	66	73	96
Benzodiazepines	116	96	134	86	136	113
Methadone	85	64	40	47	55	36
Methamphetamine	2	0	18	13	32	22
Total	**4,549**	**4,689**	**4,758**	**4,632**	**5,010**	**4,892**

Source: Ministry of the Interior of the Republic of Slovenia

The total number of seizures of the most frequent illicit drugs in criminal and minor offences has decreased in comparison to 2013 (4,892), yet it is still higher than in the previous years. We believe this is still owing to greater and focused police efforts in the field of illicit drugs.

Due to an increase in seizures of hashish, higher quantities of this illicit drug were seized. The number of seizures of ecstasy also increased but this is not reflected in the quantity. The downward trend in heroin and cocaine seizures was recorded once again although it is estimated that the supply on the market has not decreased compared to 2013.

The quantity of seized illicit drugs at state borders dropped both in terms of the quantity scope as well as the scope of the number of seizures.

Listed below (Table 10.4) are data on the number of discovered spaces modified for the cultivation of cannabis over the last five years. Their actual number confirms the indication about the increased offer of cannabis on Slovenian territory.

Table 10.4: Number of spaces modified for cannabis cultivation, 2010–2014

	2010	2011	2012	2013	2014
Number of spaces modified for cannabis cultivation	42	52	75	70	118

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

The upward trend in discovering spaces temporarily stabilised in 2013, whereas the trend in discovering and destroying the modified spaced further increased throughout 2014 and in 2015. It is still estimated that the reasons for such high number of discovered spaces modified for cannabis cultivation are primarily financial. Individual crime syndicates or individuals receive disproportionately high proceeds of crime with a very low financial and legal input.

No active laboratory for the production of synthetic drugs or cocaine and heroin has been discovered in Slovenia so far.

New discoveries of new psychoactive substances available on the Slovenian market are still increasing. In 2014, a house search revealed a new psychoactive substances laboratory for the preparation of packages for resale. The end products were most likely not intended for the Slovenian market.

New psychoactive substances are most commonly first discovered by customs authorities, particularly during the control of express shipments and the control of shipments in containers, particularly those arriving from China and India. A few samples of new psychoactive substances were obtained by non-governmental organisations based on good cooperation under the Early-Warning System for New Psychoactive Substances. The Decree on the Scheduling of Illicit Drugs is continuously amended as new psychoactive substances are discovered.

10.4 Availability

Staša Šavelj

Last year's statement about a very vibrant illicit drug market having developed in Slovenia and the supply and sale of synthetic illicit drugs being on the rise can again be confirmed. Nevertheless, the availability of other illicit drugs such as heroin and cocaine is still high according to the police. Due to an increased activity of the police and the investigations of large and international crime syndicates, there are still occasional problems in the supply and consequent availability of the mentioned drugs on the Slovenian market. Crime syndicates, however, are very fast in organising themselves again and finding new, yet undiscovered smuggling routes or introducing new members of syndicates to replace those who have been arrested.

The Slovenian police systematically collect and analyse data on the prices of illicit drugs available on the market of illicit drugs. Data on prices are obtained through operative activities carried out both by criminal and uniformed police, and during the implementation of undercover investigative measures based on the decrees by competent public prosecutors and investigating judges.

Table 10.5 shows the prices of illicit drugs most commonly sold in Slovenia. The table lists minimum and maximum prices as well as the average price. The price is most commonly determined by the purity of an individual drug, supply on the market and the region in which it is sold.

According to our data, the prices of amphetamine continue to drop; this is believed to be due to the high increase in the supply of the drug on the Slovenian market. The fall in prices was also affected by the increase in the supply of other illicit drugs. The reason behind the decrease in the price of the cannabis plant is still believed to be due to the increasing supply of high-quality cannabis grown in modified enclosed spaces.

The price of cannabis produced in modified spaces is significantly higher in the neighbouring countries, both due to a much higher quality (higher THC content) as well as due to great demand. This increases the opportunities for Slovenian crime syndicates to generate an even higher profit at a very low input.

Table 10.5: Prices of illicit drugs in Slovenia in EUR, 2014

Type of illicit drug		1 gram	1 kg	1 tab	1000 tabs
Heroin	Min.	20	10,000		
	Max.	50	25,000		
	Typical	40	16,000		
Cocaine	Min.	30	25,000		
	Max.	120	55,000		
	Typical	60	40,000		
Ecstasy	Min.			3	1,500
	Max.			8	5,000
	Typical			4	3,500
Amphetamine	Min.	5	1,500		
	Max.	30	3,500		
	Typical	10	3,000		
Cannabis marijuana	Min.	4	1,300		
	Max.	10	5,000		
	Typical	5	4,000		

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

Quality and Purity of Illicit Drugs

Sonja Klemenc, PhD, Tomaž Gostič, PhD, Katja Benčina, PhD, Mojca Janežič, Brigita Nemec, Bojana Koštrun, Rajko Koren

Data on the quality or purity of drugs are available only for certain seized drugs. In 2014, the sampling, analyses and processing of results were carried out by the Chemical Examination Section of the National Forensic Laboratory (hereinafter NFL), which has carried out regular annual monitoring since 2006 (since 1995 for heroin mixtures

The Chemical Examination Section performs qualitative (identification) and a limited scope of quantitative (concentration of active compounds) tests of practically all drug samples (including precursors and new psychoactive substances (hereinafter NPS)) related to the investigation of criminal acts, and of the samples seized in prisons and at customs as well as of samples for anonymous testing brought to NGOs by addicted persons believing they may contain unusual substances and/or when experiencing unexpected effects during use.

Quantitative analyses are performed primarily for monitoring purposes and, less frequently, at the request of clients (the police, prosecution, courts of law). Sampling is carried out according to pre-set criteria within the scope of routine tests of the material received. The samples collected for the past year are quantitatively evaluated in the first months of the following year. Quantitative monitoring includes only samples of weight exceeding the set bottom limit value (in 2014, 0.1g for heroin, cocaine, amphetamine and other amphetamine-type compounds, and 10g for cannabis and hashish). In 2014, sampling for quantitative analyses was carried out within a shorter period, i.e. from January to September 2014, due to the rationalisation of work. The number of samples for analysis within the scope of one case may also be reduced, i.e. when a large number of similar samples are involved. In such cases, the number of samples for analysis is determined statistically, i.e. based on the hypergeometric sampling method. Similarity is estimated with respect to the weight of the seized material, texture, colour, type of drug and the results of preliminary tests and qualitative analyses.

Qualitative and quantitative chemical tests are performed using different methods of analysis, primarily GC-MS and HPLC, and, in 2014, also HPLC-TOF, NMR and some other techniques due to a large increase in NPS cases.

The concentrations or contents of illicit substances are always expressed as base forms. For cannabis, the concentration of total THC (tetrahydrocannabinol) is provided, which represents the total concentration of delta-9-THC and THCA. The proportion of total THC content is always determined in dried plant material.

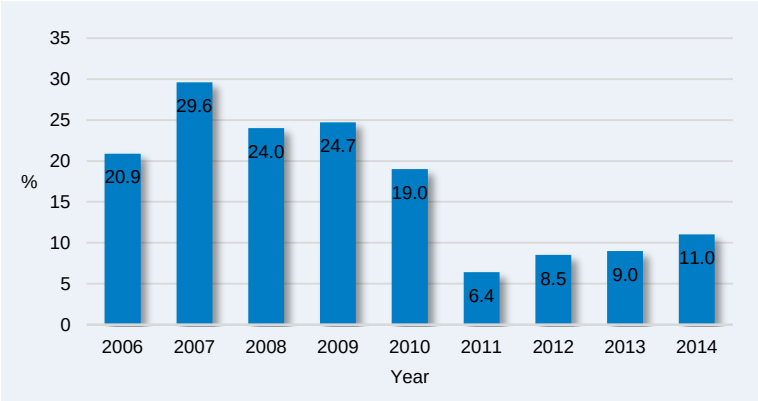
Heroin Mixtures

In 2014, monitoring included 264 samples from 72 cases (of the total net weight of approximately 3kg).

All samples contained heroin in base form, typical accompanying opium-derived heroin compounds, and cutting agents paracetamol and caffeine.

The average concentration of heroin (calculated for the population of 264 samples) amounted to 10.8% (Figure 10.1). The highest measured content in 2014 amounted to 60.4%, while the lowest amounted to 0.9%. The low average heroin content (compared to the period preceding 2011) is most likely the result of a lack of heroin on account of a still low opium yield in Afghanistan (UNODC 2011, UNODC 2012).

Figure 10.1: Average heroin concentrations, 2006–2014

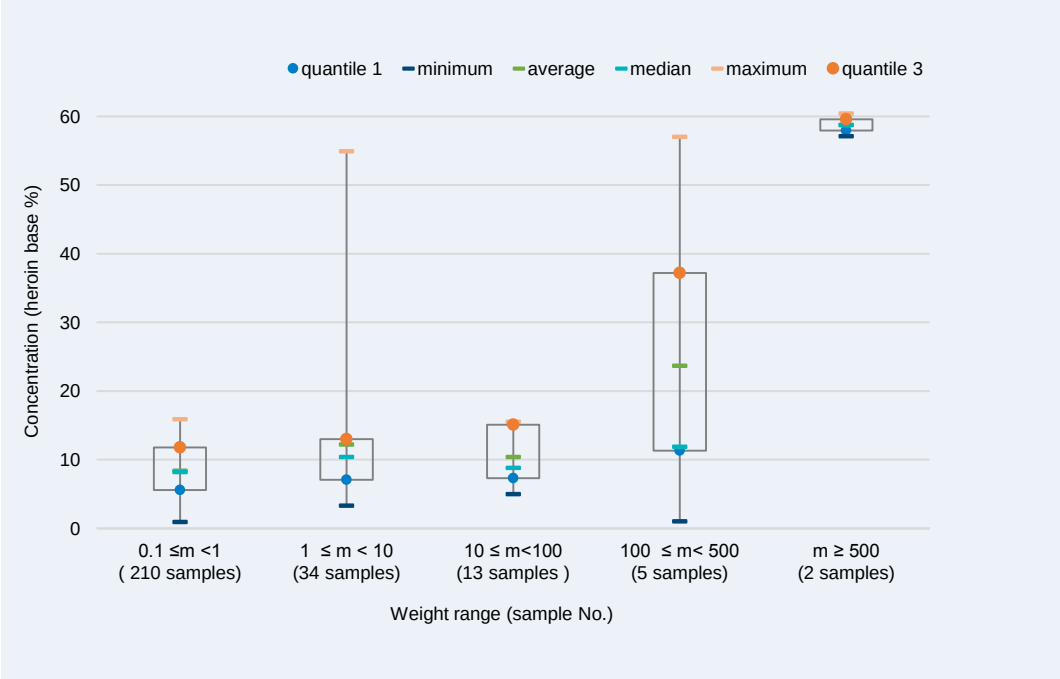


Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

A detailed analysis showing the relationship between heroin concentration and the net weight of seized samples is shown in Figure 10.2. The Figure shows that the largest group of the samples tested comprises the so-called 'street heroin samples' weighing up to 1g (210 samples). This group consists of approximately 80% of samples containing between 0.9 and 16% of heroin with an average heroin content of 8% (Figure 10.2).

The group of samples of net weight exceeding 100g (7 samples), which may be labelled as 'wholesale samples', shows a slightly different concentration profile (Figure 10.2). Approximately 50% of samples from the group of samples weighing between 100 and 500g contain around 12% of heroin (median), while the average heroin content amounts to approximately 24%. In 2014, there were two major heroin seizures with samples weighing over 500g and containing 59% of heroin on average.

Figure 10.2: Heroin concentration in relation to net sample weight, 2014

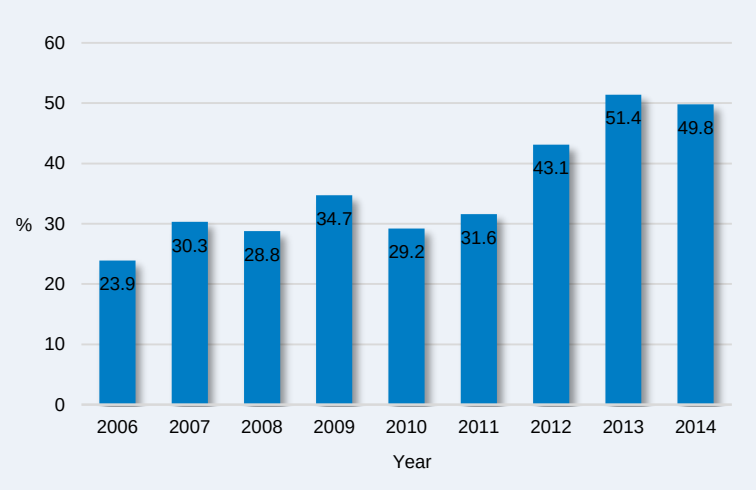


Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

Cocaine Mixtures

Monitoring included 251 samples from 48 seizures. The total net weight of the samples included in monitoring roughly amounted to 168kg. All samples contained cocaine in the form of hydrochloride. The average cocaine content was around 50% (Figure 10.3). The minimum cocaine content amounted to 39% and the maximum amounted to 77%.

Figure 10.3: Average cocaine concentrations, 2006–2014

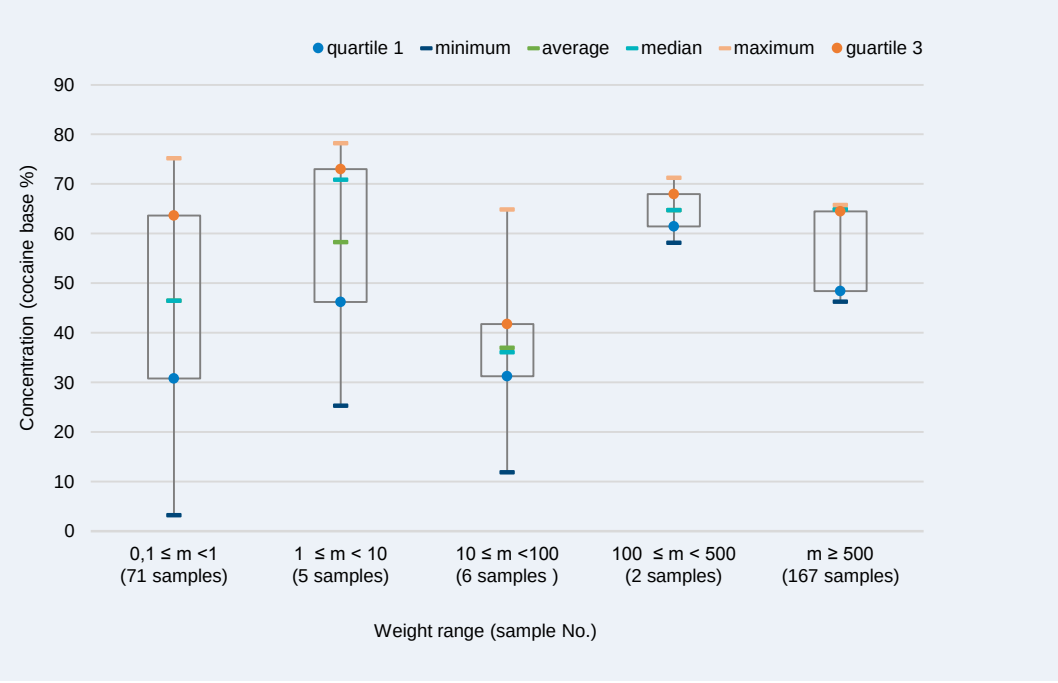


Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

The most common cutting agents detected in cocaine were levamisole and lidocaine, similar as in previous years.

A detailed analysis showing the relationship between cocaine concentration and the net weight of seized samples is shown in Figure 10.4. As evident, the largest group of the samples tested in 2014 contained samples weighing over 500g, which may be labelled as 'wholesale samples', as a result of two major cocaine seizures; in the first case, 62 samples were seized and, in the second, 97 samples were seized weighing over 500g. The average cocaine content in samples from that group amounted to 65%, while the average cocaine content in samples weighing up to 1g ('street cocaine samples') amounted to 47% (Figure 10.4).

Figure 10.4: Cocaine concentrations in relation to sample weight, 2014



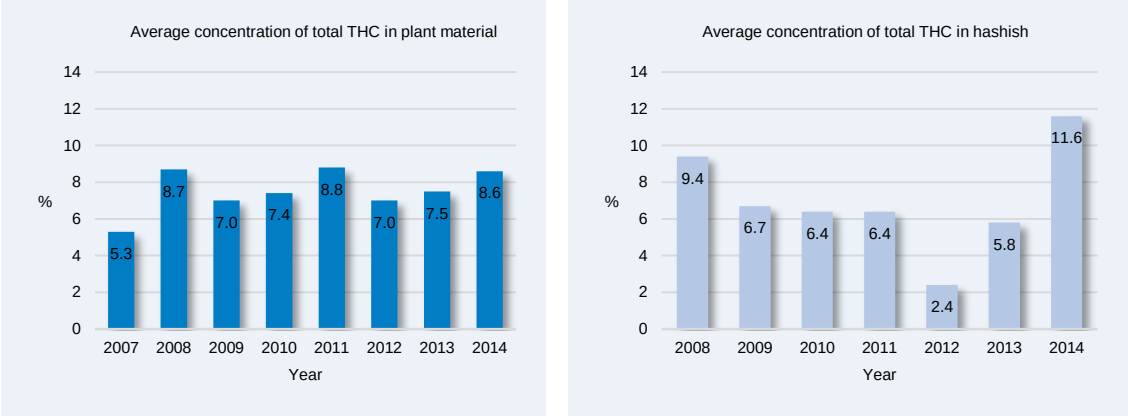
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

Cannabis and Cannabis Products

Monitoring included 486 samples of cannabis from 131 cases, 7 of which were hashish samples from 6 cases.

The average concentrations (Figure 10.5) of total THC in plant material were similar to those of previous years (average value of 8.6%, minimum value of 0.22% and maximum value of 23.6%). Compared to previous years, the average concentration of total THC in hashish samples was slightly higher (average value of 11.6%, minimum value of 1.3% and maximum value of 23.6%).

Figure 10.5: Average concentrations of total THC in cannabis (marijuana and hashish) samples seized, 2006–2014



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

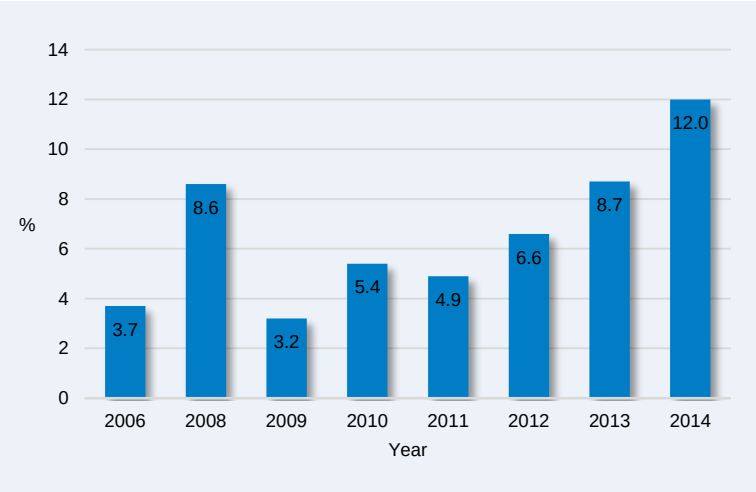
Amphetamine-type stimulants (ATS)

Most of the samples seized in 2014 contained amphetamine. Seizures of 3,4-methylenedioxy-N-methamphetamine (MDMA) and methamphetamine were rare.

The average content of amphetamine in 178 samples from 34 cases amounted to 12% and was the highest in recent years (Figure 10.6). The minimum amphetamine content amounted to 1.2% and the maximum amounted to 70.6%.

The average content measured in 44 seized samples containing MDMA from 9 cases amounted to 73.5%, with the minimum content of 26.7% and the maximum content of 80.2% of the compound.

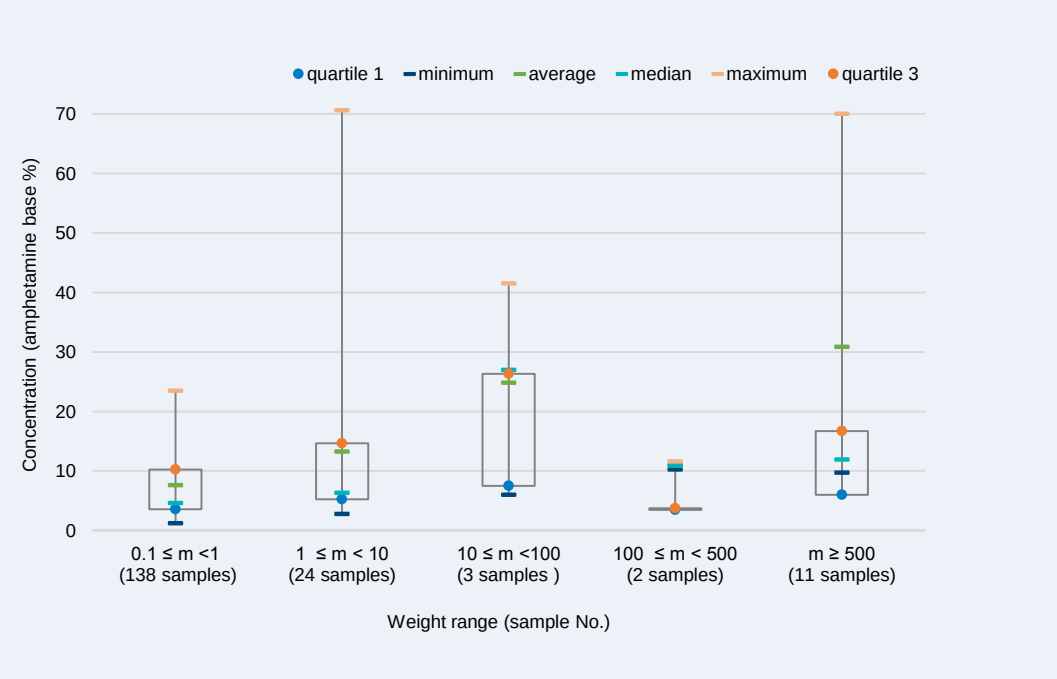
Figure 10.6: Average concentrations of amphetamine, 2006-2014 (no data is available for 2007)



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

A detailed analysis showing the relationship between amphetamine content and net weight of seized samples is shown in Figure 10.7.

Figure 10.7: Amphetamine concentrations in samples classified by weight, 2014



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

In 2014, the police seized 29 new types of ecstasy pills (in view of the logo or active substance) in Slovenia. 60% of the pills contained MDMA, while other types of pills contained other substances (Figure 10.8). The estimated average weight of MDMA in the pills amounted to roughly 85mg per pill. The contents of other active components were not quantified.

Figure 10.8: Different types of pills seized in Slovenia, 2014

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

New Psychoactive Substances

There were 59 different NPS detected and identified, with 38 compounds detected for the first time in Slovenia and 9 completely new at the global scale (Klemenc 2015b, Klemenc and Gostič 2015).

Minor quantities of samples (up to several grams) were seized in police procedures involving natural persons in the field and in prisons. Somewhat larger quantities were discovered in routine checks of customs shipments.

Within the scope of the Slovenian Early Warning (EWS-SI) around 50 samples were received for anonymous testing. Some contained classic drugs (amphetamine, heroin mixtures and similar) and some also contained NPS. Furthermore, 32 forensically interesting samples bought by an unknown user over the Internet were sent for anonymous testing. Unfortunately, the quantities were very small (up to app. 20mg), which is why the identification of certain positional isomers using NMR was not possible. The Table 10.6 shows that 6 of the 32 samples (almost 20%) were misdeclared. This means that users can never be certain that they would really get what they ordered and bought online. About a 20% share of 'misadvertised' substances represents a serious risk for NPS users.

Table 10.6: Samples for anonymous testing and test results, 2014

Sample label	Active compound (declared)	Active compound (proven at NFL)
1*	*25I-NBOH*	25I-NBF and 25I-NBOMe
2*	*alfa-MT (AMT)*	two positional isomers APB and AMT
3	*Pentylone*	pentylone
4	*Ethylone*	ethylone
5	*4-MEC*	4-MEC
6*	***AM-2201***	**JWH 122** and vitamin E
7*	***25C-NBOH***	**2 C-C**
8	*3-FMC*	3-FMC
9	5-EAPB	5-EAPB
10	*MPA*	MPA
11	*N-Me-2AI*	N-Me-2AI
12	*2 C-E*	2 C-E
13*	***N-Me-2AI***	**pentedrone**
14	*2 C-C*	2 C-C
15*	***25B-NBOH***	**2 C-C and 25I-NBOMe**
16	*JWH-122*	JWH-122 and vitamin E
17	*ethcathinone*	ethcathinone
18	*4-FA*	4-FA
19	*5-APB*	*5-APB (or positional isomers of the compound)*
20	*3-MMC*	3-MMC
21	*3,4-CTMP*	3,4-CTMP
22	*2C-D*	2 C-D
23	*5-MeO-DALT*	5-MeO-DALT
24	*bk-MDMA*	bk-MDMA
25	*PB-22*	PB-22 and vitamin E
26	*3-MMC*	3-MMC
27	*2-FA*	2-FA
28	*2-DPMP*	2-DPMP
29	*5-MAPB*	*5-MAPB*
30	*α-PVP*	*α-PVP*
31*	***ethylphenidate***	**ethcathinone** as the main component and **ethylphenidate** as trace
32	*6-APB*	6-APB (or positional isomers of the compound) (contaminated sample)

In samples labelled with an asterisk (*), differences were found between the active substance declared (on the website) and that proven.

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

The largest quantities of NPS were seized while dealing with (several correlated events or cases of) organised international trafficking and manufacture of products containing synthetic cannabinoids by legal entities. Police and customs activities lasted several months (from August 2014 and continuing well into 2015). The substances and items were seized in Slovenia, i.e. at the place of manufacture in Ljubljana, and, in relation to this, during the inspections of suspicious shipments and accompanying documents from abroad (mostly from China, New Zealand and Australia) at the Ljubljana Airport (3 times) and the Port of Koper cargo terminal (once). Some details were presented at the 15th Annual Meeting Reitox Early Warning System Network at EMCDDA in Portugal (Klemenc 2015c). Furthermore, EMCDDA and EUROPOL were informed of the findings in an extensive, but closed to the public, review report (Klemenc 2015a).

Forensic findings strongly support the hypothesis that the amendment of the legislation in New Zealand (see OPSRA websites) caused profound changes there and in Slovenia as well. As believed by forensic experts, at least one of the known New Zealand companies moved the production of Spice (Lewin et al. 2015), Social Tonic pills and the so-called C-Liquids, along with around 1500kg of already made spice products, to Slovenia, from where it intended to organise distribution throughout Europe, also through global Internet sales. Some products (e.g. Kronic Pineapple Express, Mad Dog and C-Liquids) that were found at the place of production in Ljubljana were also easily found for sale on the Internet, i.e. on several websites.

Furthermore, a document was found at the place of production in Ljubljana describing the procedure to prepare active herbal blends, which is in essence very simple: the basic active substance is always a concentrate of a synthetic cannabinoid dissolved in a large amount of acetone; the solution is then poured over finely crushed plant material and everything is then mixed in a mixing machine (Photo 10.2). Acetone, which is a highly volatile substance, then evaporates, and the impregnated plant material is completely dried on air. Synthetic colouring agents and/or aromas may be added to the material. With respect to the information in the seized instruction (a part of it is shown in Photo 10.8, 100 to 1000g of a concentrate dissolved in around 10l of acetone would suffice for the preparation of 20 to 25kg of the plant product soaked in synthetic cannabinoids. The quantity of the synthetic cannabinoids used (in concentrated form) is adjusted depending on the type of active compound and the desired final concentration of the cannabinoid substance per gram of final product. During the case investigation, almost 50kg of synthetic cannabinoids were seized in pure form, which is estimated to suffice for the preparation of 1250 to 12500kg of herbal blends - spice. Furthermore, approximately 1500kg of already prepared Spice was seized along with 30l of C-Liquids (details are provided below). It is roughly estimated that the financial gains to be realised through the sale of this material may be measured in millions of euro according to the prices of such products on the Internet.

In this ‘case’, a wide range of materials was seized. In 2014, the following was seized:

- different synthetic cannabinoids in pure form (concentrates): approximately 24kg in powder form and approximately 12l of liquids – see the example in Photo 10.1. The material was sent from China, while the safety data sheets were sent from New Zealand;
- active compounds dimethocaine (m ≈ 20kg) and synthetic caffeine (m ≈ 4kg) in pure form (sent from China);

- crushed plant material, impregnated with synthetic cannabinoids of different types (Figure 10.9);
- herbal incense, roughly totalling at 60kg. The manufacture was carried out in Ljubljana. An example of laboratory samples is shown in Photo 10.7;
- liquid smoking blends – the so-called C-Liquids, which contained the CUMYL-5F-PINACA compound, dissolved in propylene glycol and plant glycerine, with the addition of different aromas. Around 10,000 bottles containing 3ml of the blend were seized in total. The estimated total volume of the material amounted to approximately 30l. The manufacture was carried out in Ljubljana – see the Photo 10.7 with an example of laboratory samples;
- pills containing the active component CUMYL-THPINACA (625 pills). The pills were sent from China (and seized at the airport), while the packaging for the Social Tonic pills was found in Ljubljana. The labels on the packaging revealed that the product was produced by a company from New Zealand.

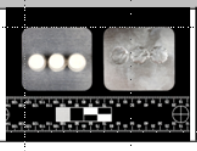
Furthermore, the following was seized:

- instruments for the manufacture of Spice (mixing machine (Photo 10.2), scales, tubs, etc.) and packaging machines;
- non-impregnated crushed plant material Marshmellow, Damiana, Natural (estimated amount ≈ 1000kg), sent from the Netherlands, Australia, Bulgaria;
- various solvents (acetone, propylene glycol, plant glycerol) purchased in Slovenia;
- Tasty Puff aromas (>350kg) and food colourants (>150kg) supplied from abroad;
- empty, but printed bags for packaging plant products (approximately 150kg – supplied from China);
- packaging for Social Tonic pills (at production premises in Ljubljana);
- formulas – instructions for the preparation of products (seized at production premises in Ljubljana);
- other.

In addition to the above listed, another 1500kg of plant material impregnated with synthetic cannabinoids (material sent from China, with accompanying documents from New Zealand) was seized at the Port of Koper in 2015 (within the scope of the same investigation) and, later on, another 12kg of the concentrate of the new CUMYL-5F-P7AICA synthetic cannabinoid was seized at the Ljubljana Airport in 2 separate shipments coming from China.

Details on the material seized are shown in Tables (10.7 to Table 10.9), while the chemical structures and chemical classification of the compounds are shown in Figure 10.9.

Table 10.7: The substances seized at the Ljubljana Airport

SUBSTANCES SEIZED AT THE AIRPORT LJUBLJANA (2014)					
Concentrates (pure substances)	Description	Quantity	Unit		Additional remarks
CUMYL-BICA	white powder	1645	g		3x packages (plastic bags), label: "indole-5a"
CUMYL-PICA	white powder	1269	g		2x packages (plastic bags); label: "STG-56, Indole-5b"
CUMYL-PINACA	yellowish liquid	11150	ml		13 x one-liter bottle; label: "SGT-24"
CUMYL-5F-PICA	white powder	1160	g		4x packages (plastic bags); label: "49"
CUMYL-THPINACA	white powder	3257	g		7x packages (plastic bags); label:"5F"
ADB-CHMICA	light brown	916	g		2x packages (plastic bags), label: "L-SW"
PB-22	pale white	93	g		1x package (plastic bag); label "PB22"
Pills	Description	Quantity	Unit		Additional remarks
CUMYL-THPINACA	white	651	piece		no logo or labels 217 blisters; 3 pills/blister diameter : 10.2 mm thickness: 6.1 mm

The shipment came from China, while the accompanying documents came from New Zealand.
Source: Klemenc 2015b

Table 10.8: The substances seized at the place of manufacture in Ljubljana

SUBSTANCES SEIZED AT THE PRODUCTION SITE				
Concentrates of cannabinoids	Description	Quantity	Unit	Additional remarks
5F-ABICA	white powder	15	g	
AB-CHMINACA	white powder	4	g	
AB-FUBINACA	white powder	25	g	
ADAMANTYL-THPINACA	white	746	g	
ADB-CHMICA	light brown	2447	g	4 packages
AKB 48 + 5F-PB22	light brownish	15	g	
FUB-AKB48, AKB48 N-(4-fluorobenzyl) analogue	yellowish	101	g	
THJ 2201	white	15	g	
CUMYL-5F-PINACA	yellowish liquid	215	ml	3 plastic bottles (all opened previously) - originally labeled: 1-(5-fluoropentyl)-N-(2-phenylpropane-2-yl)-1H-indazole-3-carboxamide (SGT-25)
Liquid preparations (C-liquids)		volume (ml)		
CUMYL-5F-PINACA (preparation)	no colour, clear	2774*	ml	* laboratory sample + around 10000 x 3 ml=30l (bottles on the spot)
Herbal highs – active ingredients	Description	Quantity	Unit	Additional remarks
CUMYL-5F-PINACA (SGT-25)	Crushed plant material	15729*	g	* in bigger alu-plastic bags + herbal incenses (active ingredient SGT-25) in small bags - estimated number approximately 7000 to 10000 pckg. (of different net weighs declared: 3.5g or 2g or 1.5g, total estimated weight around (30000g)
ADB-CHMICA	Crushed plant material	6680	g	
ADAMANTYL-THPINACA	Crushed plant material	2009	g	
FUB-AKB48, AKB48 N-(4-fluorobenzyl) analogue	Crushed plant material	101	g	
CUMYL-5F-PINACA+ ADB CHMICA + ADAMANTYL-THPINACA	Crushed plant material	2068	g	
CUMYL-5F-PINACA + ADB-CHMICA	Crushed plant material	2121	g	
CUMYL-5F-PINACA + ADAMANTYL-THPINACA	Crushed plant material	49	g	

Source: Klemenc 2015b

Table 10.9: The substances seized at the Port of Koper

Seizure in Koper port (customs terminal end of 2014 and 2015)				
Herbal highs (active ingredients)	Description	Quantity	Unit	Additional remarks
CUMYL-PINACA	different colours and aromas	761415	g	32x packages (aluminum-plastic bags), label: "GIG" 28x packages (aluminum-plastic bags); label: "GIGGLE" 115x packages (aluminum-plastic bags); label: "Social Tonic, SGT-24" 152x packages (aluminum-plastic bags; label "DIABLO" 59x packages (aluminum-plastic bags); label: "ST"
PB-22		699829	g	155x packages (aluminum-plastic bags); label: "RED X" 195x packages (aluminum-plastic bag); label: "RAD"

Source: Klemenc 2015b

Photo 10.1: Liquid and solid concentrates – pure substances (some examples)

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

Photo 10.2: Mixing machine for the preparation of herbal blends impregnated with synthetic cannabinoids, found at production premises in Ljubljana

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

Photo 10.3: Machine for packaging herbal blends and bags for the Kronic product, found at production premises in Ljubljana

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

Photo 10.4: Box containing the Kronic Pineapple Express product

Active compound was Cumyl-5F-PINACA.

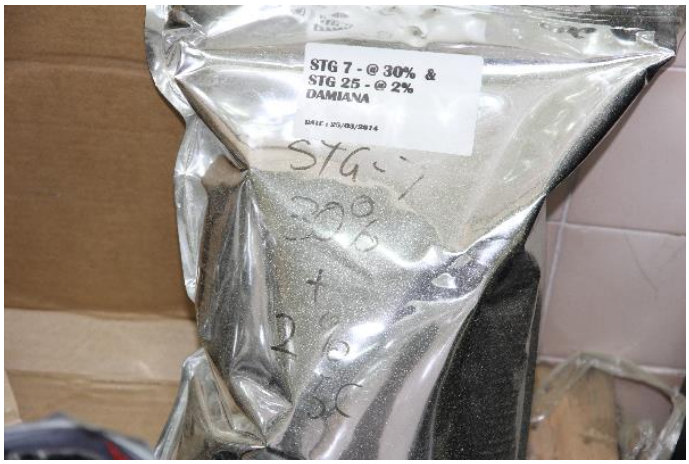
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

Photo 10.5: An example of a large bag containing the RED pina colada herbal blend

Active compound was Cumyl-5F-PINACA.

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

Photo 10.6: An example of a large bag containing herbal blends



The active components identified were Cumyl-5F-PINACA and ADB-CHMICA; the plant base material was Damiana plant.

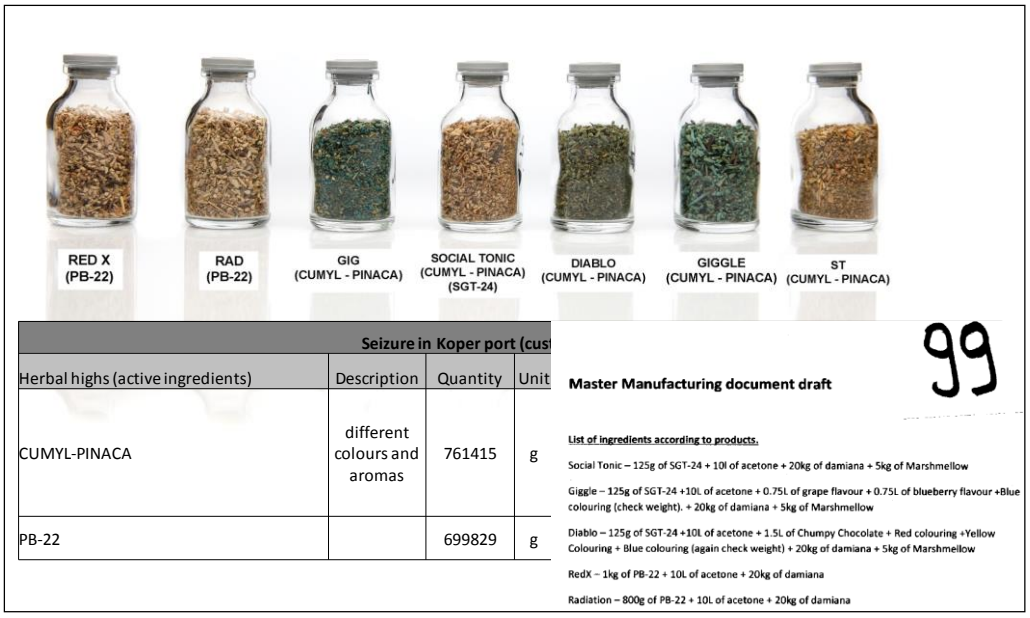
Source: Ministry of the Interior of the Republic of Slovenia, General Police Directorate, National Forensic Laboratory

Photo 10.7: Impregnated plant material from different aluminium plastic bags and C-Liquids (different colours of caps for different aromas)

The Photo shows laboratory samples

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

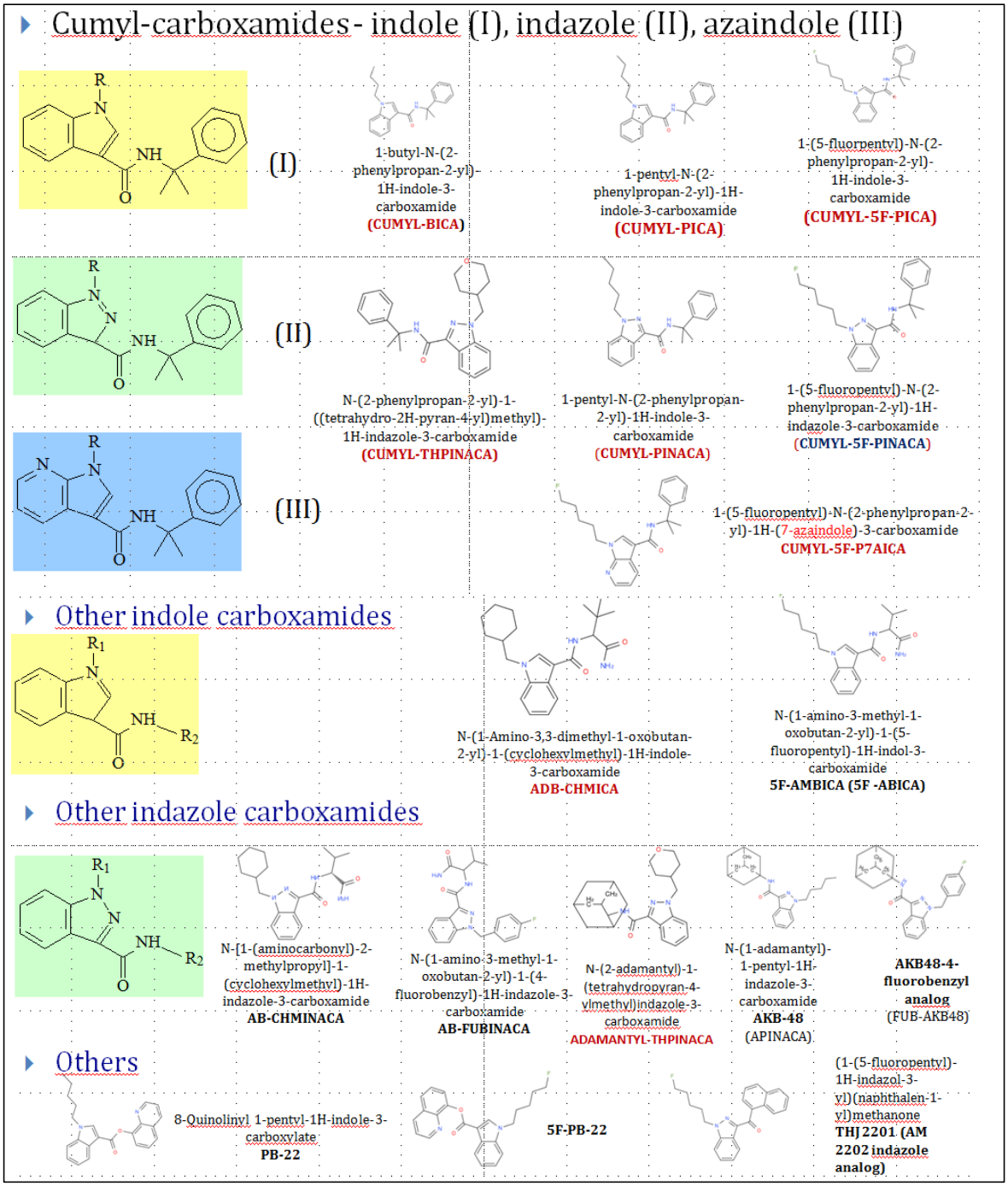
Photo 10.8: Five different products with 2 active substances



Laboratory samples – an illustration of the 1500kg of material seized at the Port of Koper – the material was sent from China, the accompanying documents came from New Zealand, while the manufacturing instruction was seized at production premises in Ljubljana.

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

Photo 10.9: The synthetic cannabinoids identified within the scope of the "Slovenia-New Zealand-China" case investigation



Source: Klemenc 2015a

Acknowledgements

A part of the examinations (quantification for monitoring purposes and identification of certain NPS) performed in 2015 was partly financed from the funds of the EU “Prevention and Fight against Crime” programme (RESPONSE project – AG JUST/2013/ISEC/DRUGS/AG/4000006413). The contents of this publication are the sole responsibility of the Authors and can in no way be taken to reflect the views of the European Commission.

Co-funded by the Prevention of and Fight
against Crime Programme of the European Union

Best Practice Workbook

Slovenia

11. Summary

Activities and prevention programmes in the field of drugs require clear focus and a well-defined framework of suitable quality standards and expert guidelines. In addition to the ability to implement prevention programmes, it is also the scientific grounds, professional competences, sensibility of experts to the context, sustainability of programme implementation, and finally ethically responsible and effective prevention implementation that is important. Slovenian practice shows that those carrying out prevention programmes lack the tools for systematic planning, implementation and evaluation of prevention programmes. Real effects of our prevention programmes are usually not evidence-supported; therefore Slovenia has in recent years endeavoured to set up a national drug-related prevention evaluation model. One of the key activities in the Resolution on the National Programme in the Field of Illicit Drugs 2014-2020 and the action plan is the development of quality standards in the area of drug-related prevention programmes and the preparation of expert guidelines.

Until now, governmental and non-governmental organisations as well as line ministries have made many attempts to establish effective prevention. They prepared and translated various publications and documents, which were not properly supported and implemented into practice. In 2014, the National Institute of Public Health (hereinafter: the NIPH) with support from the Ministry of Health and other line ministries started preparing Quality Standards for Prevention Programmes in the field of drugs, which are based on European drug prevention quality standards and supplemented with knowledge and skills of domestic and foreign experts. Currently, the prepared materials are in the phase of testing and harmonisation; intersectoral and multidisciplinary harmonisation and pilot testing of standards are planned for 2015.

The prepared draft of Quality Standards for Prevention Programmes in the field of drugs is the first Slovenian framework for the implementation of high-quality prevention of drug use. The introduction of a comprehensive quality assurance system will enable transparency, legitimacy and effectiveness of prevention, as well as better accessibility of effective prevention programmes for all social groups throughout Slovenia.

11.1 National Profile

11.1.1 Policies and Coordination

The Resolution on the National Programme in the Field of Illicit Drugs 2014–2020 in Slovenia (hereinafter: Resolution) represents a strategic starting point for a uniform, integrated, and harmonised approach of the state to drugs. At the operational level, the implementation of the strategy is based on two-year action plans laying down the priorities, implementers, and required financial resources. The action plan is also an instrument whose structure facilitates close monitoring of the implementation and case-to-case adjustment of the activities to the topical problems and needs in the field of drugs.

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

The main target of the Resolution is to reduce and limit the harm caused to individuals, families, and society by the use of illicit drugs. The national programme and its implementing action plan represent the continuation of the integrated and balanced approach to drugs in Slovenia, which includes programmes to reduce drug demand as well as programmes to reduce the supply of illicit drugs. The task of the state is to support a balanced development of all professionally and scientifically backed approaches and programmes.

Since the solving of drug-related issues requires an integrated approach, which includes the issue of drug use and abuse as a consequence of simultaneous multilayer events in the individual and broader social field, it involves 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. 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 2015 and 2016 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 development of standards and guidelines,
- to evaluate programmes based on standards and guidelines,
- to observe standards and guidelines in public tenders.

The expected results include:

- prepared quality standards and professional guidelines,
- the evaluation of programmes and a range of prevention programmes.

(2) Prevention in education: preparing guidelines for prevention work in the education sphere, which includes the following implementation activities:

- to appoint a working group,
- to develop guidelines,
- to prepare the evaluation instrument,
- to evaluate programmes based on guidelines.

The expected results include:

- the observation of guidelines in public tenders,
- the accessibility of guidelines and their promotion,
- a range of prevention programmes that comply with the guidelines.

(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 protection programmes),
- to prepare the evaluation instrument,
- to observe the quality criteria.

The expected results include:

- the involvement of users and implementers in evaluation,
- the assessment of effectiveness of programmes, strategies, and policies.

Prevention

Prevention in the field of drugs that is implemented in Slovenia is divided in various levels, which usually do not oppose but rather complement each other. We proceed from the recommendations of the European Monitoring Centre for Drugs and Drug Addiction (hereinafter: the EDMC), which recommends the division of prevention in environmental, universal, selective and indicated prevention.

The Resolution 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.

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.

11.1.2 Organisation and Functioning of Best Practice Promotion

11.1.2.1 Organizations and Institutions Promoting Quality Assurance of Drug Demand Reduction interventions

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, 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 draft of document

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.

11.1.2.2 Accreditation Systems in the Field of Prevention 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 protection 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 protection programme over a long period of time or to enable it to enter the public network of social protection programmes.

11.1.2.3 Education Systems for Experts Working in the Field of Reducing the Demand for Drugs

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

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

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

11.2 Trends (X)

11.3 New Developments

The draft of the Quality Standards of Prevention Programmes in the Field of Drugs will be harmonised in 2015 in cooperation with governmental and non-governmental organisations at the intersectoral and multidisciplinary levels. Expert analyses will be performed at various

levels, focus groups will be established and pilot testing will be carried out, primarily in the sense of comprehensibility and applicability of the prepared materials.

Further steps will be focused on the development of practical tools, education material and other support materials, which will facilitate the inclusion of standards into practice and their use in practice. The objective is to set up a base or list of evaluated and effective prevention programmes – good practice examples, to make them available to prevention programme performers in Slovenia.

In addition to quality standards, a guideline for evidence-based prevention work must be prepared. The success of quality standards will depend on simultaneous availability of professional guidelines for individual fields of prevention. Slovenia has been facing the problem of a lack of systematic overview and meta-analyses of effects of prevention programmes in the field of drugs. Access to complex and often conflicting evidence from foreign literature and their understanding are and will remain a challenge for many experts. To this end, more time and knowledge will need to be intended for research, which will help to find out what works and what does not, and to connect multidisciplinary knowledge, which will enable these findings to be well interpreted and understood.

11.4 Additional Information

Slovenia has not yet introduced the audit of prevention programmes in the field of drugs under a uniform methodology to establish quality and effectiveness; therefore we will not point out individual prevention programmes. In spite of the absence of uniform criteria, a few examples of good practices are available in national reports on the situation in the field of illicit drugs in Slovenia for an individual calendar year.

In 2014, the National Institute of Public Health prepared an important publication “Health through art: Guidelines for discussion on selected health topics for educators” (Zdravje skozi umetnost: Smernice za pogovor o izbranih zdravstvenih temah za pedagoške delavce), whose chapter of illicit drugs provides a detailed description of professional guidelines for the discussion of drug-related contents.

11.5 Notes and Queries (X)

11.6 Sources and Methodology

11.6.1 Sources

Action Plan in the Field of Illicit Drugs 2015-2016
http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf [online] [accessed 30.3.2015].

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

Faculty of Social Work (undergraduate studies – syllabus) http://www.fsd.si/dodiplomski_studij/ucni_nacrti/program_1%20_stopnje/ [online] [accessed 30.3.2015].

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

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

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

Research Workbook

Slovenia

12. Summary

National Profile

The new National Programme on Drugs for 2014-20 was adopted in 2014, and includes a chapter on research, evaluation and education.

ESPAD and HBSC surveys have been regularly implemented in Slovenia. The National Institute of Public Health is one of the agencies involved in drug-related research, and also plays an important role in collecting and disseminating research findings at the national level. The main focus of drug-related research is population surveys, although applied research in the treatment area and pharmacological research projects are also undertaken. Recent drug-related studies mentioned in the 2014 Slovenian National report mainly focused on aspects related to the prevalence, incidence and patterns of drug use.

Data on prevalence of drug use in the general population are taken from the Survey on tobacco, alcohol and drug use, conducted in 2011 and 2012 on the representative sample of the inhabitants of Slovenia aged 15-64 by the Slovenian National Institute of Public Health and from the survey on the prevalence of psychoactive substances among adult inhabitants of Slovenia conducted in 2008. Apart from this research, we also have data from the EHIS 2007 research and the Slovenian Public Opinion survey from 1999 and 1994, which also included questions on illicit drugs.

Data on the use of illicit drugs in target populations are drawn from researches of public organisations, non-governmental organisations (NGO) and individual faculties. The National Institute of Public Health, 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 DrogArt Association is primarily focused on researching recreational drug use and use of new drugs; this is how they conducted a research on cocaine use in nightlife setting and an online survey on the use of mephedrone in 2010.

View ‘Drug-related research’ for additional information.

New Development

In 2014 we conducted the Health Behaviour in School-Aged Children survey (HBSC) for the fifth time in a row, which also includes questions on cannabis use among 15-year olds. The results are published in the publication Health-Related Behaviours in School-Aged Children in Slovenia. The DrogArt Association also conducted an online survey among users of new psychoactive substances on the use of new psychoactive substances, its characteristics and consequences of use.

The Faculty of Pharmacy conducted an online survey on the use of new psychoactive substances among the students of University of Ljubljana in 2015. In addition, there are two larger surveys taking place in 2015, the European School Survey Project on Alcohol and other Drugs and the research on the use of tobacco, alcohol and other illicit drugs in prisons.

12.1.1 Drug-Related Research[15]

12.1.1.1 The Main Drug-Related Research Institutions

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

The National Institute of Public Health is an integrated organisation for implementing activities of public health as a public service, with key public service health functions which the state has to provide and are in the public interest, and defined as such by the World Health Organisation. It is actively involved in the problem area of drugs with a number of researches at the national level. It actively publishes the findings of in-house researches, which are available to the general public online, determines the trends in the use of illicit drugs and draws attention to the use of illicit drugs in Republic of Slovenia of both the general public and government organisations. It also enforces the prevention programmes for the prevention of drug use at the most vulnerable part of the population. In terms of comprehensive monitoring of the epidemiological situation and trends in the problem area of the use of drugs the data or data aggregation of different departments (ministries) are collected and analysed at the National Institute of Public Health. The Institute then forwards the processed and analysed data to other state institutions, international organisations and the general public. The Institute is also one of the contact points of the European network for drugs (REITOX).

The DrogArt Association 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, info point, field work at electronic music events, workshops Choose for Yourself with the goal of reducing damage in terms of alcohol consumption among young people, 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.

At the Faculty of Education, Faculty of Pharmacy and Faculty of Social Work of the University of Ljubljana different views of drug use in Slovenia are researched in theses, Master theses and Doctoral theses under the mentorship of experts.

In local communities some NGO's, municipal organisations and institutions also perform research work in the area.

Links to websites:

- National Institute of Public Health of Slovenia: http://www.nijz.si,
- DrogArt:http://www.drogart.org/,
- The faculties of the University of Ljubljana, where students work on drug-related research:
- Faculty of Education: https://www.pef.uni-lj.si/,
- Faculty of Pharmacy: http://www.ffa.uni-lj.si/en/,
- Faculty of Social Work: http://www.fsd.si/,
- Faculty of Criminal Justice and Security: http://www.fvv.um.si/en/.

[15] »Drug-related research involves performing a study on illicit drugs, which may involve a range of disciplines, through the use of scientifically accepted methods and procedures, in order to test a hypothesis or answer a specific question.« (EMCDDA, 2012 Drug-related research in Europe: recent developments and future perspectives).

12.1.1.2 Main Institutions Funding Drug-Related Research

- Ministry of Health, Republic of Slovenia: http://www.mz.gov.si/en/,
- Health Insurance Institute of Slovenia: http://www.zzzs.si/indexeng.html,
- University of Ljubljana: students at some faculties perform drug-related research work,
- Municipalities: occasionally individual municipalities fund drug-related research. This is how the Municipality of Velenje in 2014 funded the research on the prevalence of tobacco, alcohol and drug use among young people. Research is available at the website: http://www.velenje.si/files/default/0-MOV/Datoteke/2015/Dokumenti/Raziskava%20o%20drogah%202014%20LAS.pdf.

12.1.1.3 Main National Scientific Journals with Drug-Related Research

Key journals publishing articles from the area of illicit drug use are:

- Slovenian Journal of Public Health, website: http://www.degruyter.com/view/j/sjph,
- Theory and practice, website: http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa,
- Social work, website: http://www.fsd.uni-lj.si/sd_eng/,
- Journal of Criminal Investigation and Criminology, website: http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology,
- Social Pedagogy Journal, website: http://www.revija.zzsp.org/,

Journal for Critique of Science, website: http://www.ckz.si/english.

12.1.1.4 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.

12.2 Trends (X)

12.3 New Developments

12.3.1 Drug-Related Research Projects

Bajt M (2012). Trends in marijuana use. In: Jeriček Klanšček H, Koprivnikar H, Zupanič T, Pucelj V, Bajt M (editors). Changes of Health Behaviour in School-Aged Children in Slovenia in period 2002-2010. Ljubljana: Institute of Public Health RS, 2013.

Kvaternik I and Novakovic S (2013). Prevalence estimation of problem drug use. In: Drev A (ed). Report on the Drug Situation 2013 of the Republic of Slovenia. Ljubljana: National Institute of Public Health, 2013.

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

Kvaternik I and Novakovic S (2014). Prevalence Estimate of High Risk Opiate Use. In: Drev A (ed). Report on the Drug Situation 2014 of the Republic of Slovenia. Ljubljana: National Institute of Public Health, 2014.

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

Koprivnikar H (2015). Risky Behaviours. In: Jeriček Klanšček H, Koprivnikar H, Zupanič T, Pucelj V, Bajt M (editors). Health behaviour in School-Ages Children in Slovenia. Results of the HBSC international survey, 2014.) Ljubljana: National Institute of Public Health, 2015.

Sande M (2015). Characteristics of the Use of 3-MMC And Other New Psychoactive Drugs In Slovenia, and the Perceived Problems Experienced by Users. International Journal of Drug Policy, 2015.

ESPAD 2015 (The European School Survey Project on Alcohol and other Drugs), the report is under development.

12.4 Additional Information

12.4.1 Additional Important Sources of Information

The National Institute of Public Health is currently preparing a substantial monograph on the prevalence of tobacco, alcohol and illicit drugs use, the socio-economic inequalities in tobacco, alcohol and illicit drug use and combinations of use. The monograph will be published by the end of 2015.

12.4.2 Other Important Aspect of Drug-Related Research

Some NGO's are performing small-scale researches related to the use of psychoactive substances in their local environments. These researches are frequently linked with plans for appropriate programmes and measures. This is how for example the NGO DrogArt in cooperation with two other NGO's is researching the "chemsex bingh" phenomenon among men, who have sexual relations with other men.

In our country also students of the University of Ljubljana are conducting several drug-related researches as part of their curriculum. These are small-scale researches, which mostly relate to students and their behaviour in relation to drugs. Most of this type of research has been carried out at the Faculty of Education, Faculty of Social Work and Faculty of Pharmacy.

A great deal of research has been done within various projects. This is how the Utrip Institute in 2010 within the Amphora project performed the research on drinking environments and the

youth association No Excuse within the project Norwegian Financial Mechanism is now conducting a research on the use of tobacco, alcohol, cannabis and new drugs among young people.

12.5 Notes and Queries (X)

12.6 Sources and Methodology

12.6.1 Sources

Changes of Health Behaviour in School-Aged Children in Slovenia in period 2002-2010, 2013. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of- health-and-well-being-among-young-people.pdf?ua=1. [21 June 2015].

Health Behaviour in School-Aged Children, 2015. Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hbsc_2015_e_verzija30_06_2015.pdf [12 August 2015].

European Health Interview Survey, 2007. Available at: https://www.stat.si/doc/pub/IVZ-angl.pdf [21 July 2015].

The European School Survey Project on Alcohol and other Drugs, 2011. Available at: http://www.espad.org/slovenia [21 July 2015].

Use of cocaine in nightlife. Available at: http://pefprints.pef.uni-lj.si/625/1/Uporaba-kokaina.pdf [21 July 2015].

Survey on use of new psychoactive substances, 2014 (see book Drugs).
Survey on the profile of participants of the harm reduction programmes, 2014 (see book Harms and Harm reductions).

The use of illicit drugs, tobacco and alcohol in Slovenia 2011- 2012, 2015. Available at: http://www.dlib.si/details/URN:NBN:SI:doc-MCM1KYQK [28 June 2015].

Online Survey on the use of new psychoactive substances among students of University of Ljubljana, 2015 (see book Drugs).

12.6.2 Methodology

Changes of Health Behaviour in School-Aged Children in Slovenia in period 2002–2010
The monograph focuses on the analysis of data collected in 2002, 2006 and 2010 from the school-aged population of 11-, 13-, and 15-year olds with the international questionnaire Health-Related Behaviour in the School Period. This is a rich database on social context (family, school, peers) of health-related behaviours (diet and exercise habits, body attitude, weight, etc.), risky behaviour (alcohol, tobacco, marihuana) and health outcomes (self-perceived health status, life satisfaction, psychosomatic signs, injuries, etc.), which had led to a selection of main indicators, which we then followed from 2002 to 2010 and compared them between 2002, 2006 and 2010 by gender and age. The initial research question was whether the health and behaviour indicators had changed between 2002 and 2012 by age and gender, where we find favourable and unfavourable trends and what the measures are for improving the indicators.

The data published in the publication were analysed with the SPSS 19.0 programme. With the help of two- and three-sided contingency tables for each content set we primarily determined the distributions of groups of young people for the selected indicators between individual research years (between 2002 and 2006, 2002 and 2010, as well as 2006 and 2010). For determining the correlation between individual research years, we used the chi-square test, which allows us to make deductions for a population from a sample. For the value of a characteristic we used the statistical significance level $p < 0.05$. Then with the help of the Cochran-Armitage trend test we determined whether there is a trend for the selected indicators from 2002 to 2010. Because SPSS does not allow a direct calculation of the Cochran-Armitage trend test, we calculated it based on linear-by-linear association, deriving from the chi-square test and which enables the calculation of the Cochran-Armitage statistics. For the value of a characteristic we used the statistical significance level $p < 0.05$.

Health Behaviour in School-Aged Children in Slovenia. Results of the international HBSC survey, 2014

Research is based on the quantitative research method. The survey was conducted using a standardised international questionnaire at the representative sample of Slovenian school-aged children, that is 11-, 13- and 15-year olds. Before preparing the final questionnaire and performing the field research stage we also conducted a pilot research in selected primary and secondary schools, which apart from examining the general understanding of individual questions served as a test environment for checking the operation of the online application. Namely, 2014 was the first year when the survey took place with an online application, whereas prior research took place by self-evaluation with a questionnaire on paper. The final scope included 4997 young people and represented the basis for all upcoming analyses for 2014.

Data was analysed with the SPSS 21 programme. Primarily we determined the distributions of groups of young people for the selected indicators of individual content sets based on gender and age for the data collected in 2014 with the help of two- and three-sided contingency tables. Then we observed the distributions between individual research years, where we only compared an individual year to the research year prior to it; that is 2002 and 2006, 2006 and 2010, and 2010 and 2014. To determine the correlation between the selected variables we used the chi-square test ($\chi 2$), which enables to draw conclusions from a sample to population. To analyse the averages we used the one-way ANOVA, which determined whether the groups significantly differ among each other. For the value of a characteristic we used the statistical significance level $p \leq 0.05$. Then with the help of the Cochran-Armitage trend test we determined in each of the content sets whether there is a trend for the selected indicators in the period from 2002 to 2014. Because SPSS does not enable a direct calculation of the Cochran-Armitage trend test, we calculated it based on the linear-by-linear association, deriving from the chi-square test and which enables the calculation of the Cochran-Armitage statistics. For the value of a characteristic we used the statistical significance level $p < 0.05$.

European Health Interview Survey, 2007

The European Health Interview Survey (EHIS) is composed of four modules regarding health status, use of health care, health determinants and socio-economic conditions. The EHIS target population are individuals aged 15 or more living in private households.

The four modules cover the following content:

- variables on demography and socio-economic status, such as gender, age, type of household, etc.,
- health status, in terms of self-perceived health, chronic diseases, limitations in daily activities, morbidity due to illnesses, physical and sensory functional limitations, etc.,
- healthcare system, such as hospitalisations, consultations, use of medicines, prevention, etc.,
- health determinants, such as height and weight, fruit consumption, smoking, alcohol consumption.

The first EHIS1 wave took place between 2006 and 2009. The participating countries performed the research in different years. Seventeen EU Member States participated in the comparison with a standard questionnaire, guidelines and recommendations for translation. The Member States implemented the EHIS modules at the national level or as a national research. EHIS 1 included around 130 questions and about 240 variables. EHIS takes place every 5 years.

The European School Survey Project on Alcohol and other Drugs, 2011

The European School Survey Project on Alcohol and Other Drugs – ESPAD - takes place according to standardised international methodology in coordination with the Swedish Council for Information on Alcohol and Other Drugs (CAN) since 1995 every four years. Its primary goal is to collect comparable data on the use of different psychoactive substances among 15- and 16-year-old European students in order to monitor trends within as well as between countries. Slovenia has participated in all five researches that took place so far.

Data are collected in stratified random samples, representative of students, which in the collection year turn 16 – therefore the research in 2011 included schoolchildren born in 1995. The sampling unit is a class. Classes are randomly selected from lists of all departments of the first year of Slovenian secondary schools for four types of programmes of secondary education. In 2011, the sample included 4386 persons from 180 first year classes and 3851 students took part in the survey. 3186 persons were included in the final analysis (1561 boys and 1625 girls), born in 1995.

The questionnaire consists of core questions, optional questions and modules. Core questions are mandatory for all countries and relate to selected demographic variables, frequency of use of different drugs throughout life, in the last 12 months and in the last 30 days before the survey, age upon initiation or beginning of regular drug use, position to use of drugs (accessibility, health risk), assessment of the frequency of drug use among peers and older siblings, family circumstances, school success, free time activities, satisfaction with relations (parents, peers). Every country can decide for certain optional questions and questions of from at most two modules. The Slovenian questionnaire apart from core questions also includes questions from the psychosocial module and the integration module.

Cocaine use in nightlife setting

Sampling took place from May to October 2010 in bars, night clubs and electronic music events around Slovenia. Apart from the classical way (with surveys on the field) we also used an online questionnaire, which was identical to that in the printed form. The questionnaire was accessible from May to October 2010 at the address www.kokain.si/anketa. Respondents used approximately seven minutes to complete the questionnaire and could respond no more than

once from the same IP-address, so as to prevent the duplication of results. A little over a half of the sample was obtained online with the online questionnaire and the classical and online part of sample was combined in processing. The research results are unrepresentative, because sampling was not systematic and random and we only took in a very small part of the otherwise hidden population of cocaine users. Sampling was based on self-selection (only those, who wanted, responded), so we can assume that we included only the more motivated part of the population.

The sample included 607 respondents, of whom 57.2% were male and 42.8% female, with the mean age of 25 years (n = 607) and the age range in the sample between 15 and 56. 21.3% respondents were older than 30. The research also included the socially integrated younger adults with arranged employment status. The sample included 35.4% students, 13.8% pupils, 4.7% unemployed persons and almost one half (46.1%) were employed at the time of the survey (n = 596). Most respondents, which were collected in the nightlife setting, visited bars, private parties and clubs.

Survey on Use on of New Psychoactive Substances

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

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

The use of illicit drugs, tobacco and alcohol in Slovenia 2011- 2012, 2014

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 basis 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.[16] 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).

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

Bibliography

Bajt, M. (2013) Trendi v uporabi marihuane. In: Jeriček Klanšček, H., Koprivnikar, H., Zupanič, T., Pucelj, V., Bajt, M., editors. Spremembe v vedenjih, povezanih z zdravjem mladostnikov v Sloveniji v obdobju 2002–2010. Ljubljana, Inštitut za varovanje zdravja Republike Slovenije.

Drev, A., Štokelj, R., Krek, M., editors (2012). Report on the Drug Situation 2012 of the Republic of Slovenia. Ljubljana: Institute of Public Health of the Republic of Slovenia.

Drev, A., Štokelj, R., Krek, M., editors (2011). Report on the Drug Situation 2011 of the Republic of Slovenia. Ljubljana: Institute of Public Health of the Republic of Slovenia.

Kastelic, A., Šegrec, N. (2013) Recommendations for the use and abolition of benzodiazepines i n patients included in substitution (supported by medicinal products) treatment programmes for opioid addiction in the Republic of Slovenia. Zdravniški Vestnik: let. 28. No. 10: 629-634.

Jeriček Klanšček, H., Koprivnikar, H., Drev, A., Pucelj, V., Zupanič, T., Britovšek, K., editors (2015). Z zdravjem povezana vedenja v šolskem obdobju med mladostniki v Sloveniji. Izsledki mednarodne raziskave HBSC, 2014. Ljubljana: Nacionalni inštitut za javno zdravje.

Klavs, I., Poljak, M. (2003) Unlinked anonymous monitoring of human immunodeficiency virus prevalence in high and low risk groups in Slovenia, 1993-2002. Croat Med J.; 44 (5): 545-9.

Klemenc, S. (2015a). Synthetic cannabinoids in Slovenia – Overview of some correlated findings. Ljubljana: National Forensic Laboratory (report closed to the public).

Klemenc, S. (2015b). Slovenia at the cutting edge of new cumyl-derivatives and some other types of synthetic cannabinoids – by chance or by choice?, ENFSI-DWG meeting, 5-8 May 2015, Dublin, Ireland.

Klemenc, S. (2015c). Slovenia at the cutting edge of new cumyl-derivatives and some other types of synthetic cannabinoids, presented at 15th Annual meeting of the Reitox Early Warning System Network, 8-9 June 2015, Lisbon, Portugal.

Klemenc,S., Gostič, T. (2015). Synthetic cannabinoids – characteristic MS fragmentation patterns and FTIR spectra of some cumyl-indole, cumyl-indazole and cumyl-azaindole carboxamide analogues, EAFS-2015 conference, 6-11 September 2015, Prague, Czech Republic,.

Koprivnikar, H. (2015) Tvegana vedenja. In: Jeriček Klanšček, H., Bajt, M., Drev, A., Koprivnikar, H., Zupanič, T., Pucelj, V., editors. Z zdravjem povezana vedenja v šolskem obdobju med mladostniki v Sloveniji. Izsledki mednarodne raziskave HBSC, 2014. Ljubljana: Nacionalni inštitut za javno zdravje.

Koprivnikar, H., Korošec, A. (2015). Age at smoking initiation in Slovenia. Zdrav Var 54, published ahead of print.

Krek, M., Drev, A., editors (2010). Report on the Drug Situation 2010 of the Republic of Slovenia. Ljubljana: Institute of Public Health of the Republic of Slovenia.

Krek, M., Drev, A., Cerar, M., Štokelj, R., editors (2009). Report on the Drug Situation 2009 of the Republic of Slovenia. Ljubljana: Institute of Public Health of the Republic of Slovenia.

Kvaternik, I., Novakovič, S. (2014). Prevalence Estimate of Problem Drug Use. In: Drev, A., editor. Report on the Drug Situation 2014 of the Republic of Slovenia. Ljubljana: National Institute of Public Health.

Kvaternik, I., Novakovič, S. (2015). Uporaba zdravil na recept med UID: Podatki zbrani v programih zmanjševanja škode v Sloveniji. 7th SEEA Net Conference. 14-15 March 2015. Ljubljana: Cankarjev dom.

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.

Lovrečič, M., Lovrečič, B. (2014). Ocena zdravstvenih posledic tveganega in škodljivega pitja alkohola. In: Zorko, M., Hočevar, T., Tančič Grum, A., Petrič, V. K., Radoš Krnel, S., Lovrečič, M., Lovrečič, B. Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko. Ljubljana: Nacionalni inštitut za javno zdravje.

Mackenbach, J. P., Mckee, M. (2013). Successes and failures of the health policy in Europe. Glasgow: European observatory on health systems and policies.

Ministrstvo za zdravje. (2014) Raziskava javnega mnenja o podpori ukrepom na področju tobaka in alkohola. Ljubljana (unpublished).

Nacionalni inštitut za javno zdravje. (2015). Slovenija brez tobaka – kdaj? Ljubljana: Nacionalni inštitut za javno zdravje.

Nacionalni inštitut za javno zdravje, Območna enota Koper. (2014) Evidenca o izdanem materialu za injiciranje 2010-2014. Koper: Nacionalni inštitut za javno zdravje, OE Koper. / National Institute of Public Health, Regional Unite Koper. (2014). Sterile kit exchange database 2010-2014. Koper: National Institute of Public Health, Regional Unite Koper.

Nacionalni inštitut za javno zdravje, Območna enota Koper. (2014). Anonimna anketa med uporabniki programov zmanjševanja škode. Koper: Nacionalni inštitut za javno zdravje, OE Koper. / National Institute of Public Health, Regional Unite Koper (2014). Anonymous survey among users of harm reduction programmes. Koper: National Institute of Public Health, RU Koper.

Rehm, J., Shield, K. D., Rehm, M. X., Gmel, G., Frick, U. (2012). Alcohol consumption, alcohol dependence and attributable burden of disease in Europe: Potential gains from effective interventions for alcohol dependence. Canada: Centre for Addiction and Mental Health.

Resolution of the National Programme on Illicit Drugs 2014-2020. Official Gazette of the RS, No. 25/14.

Resolution on the national social assistance programme 2013-2020 (ReNPSV13-20). Official Gazette of the RS, No. 39/13

Sande, M. (2011). Značilnosti uporabe mefedrona. In: Drev, A., Štokelj, R., Krek, M., editors. National Report on the Drug Situation 2011 of the Republic of Slovenia. Ljubljana: Institute of Public Health of the Republic of Slovenia.

Sande, M. (2012). Uporaba kokaina v nočnem življenju v Sloveniji. Ljubljana: Združenje DrogArt.

Sande, M. (2015). Characteristics of the Use of 3-MMC and Other New Psychoactive Drugs in Slovenia, and the Perceived Problems Experienced by Users. International Journal of Drug Policy (in print).

Sedlak, S., Zaletel, M., Zorko, M., Kasesnik, K. (2014) Ekonomske posledice tveganega in škodljivega pitja alkohola v Sloveniji. Ljubljana: Nacionalni inštitut za javno zdravje (unpublished).

Smolej, S., Kovač, N., Žiberna, V. (2015). Spremljanje izvajanja programov socialnega varstva: poročilo o izvajanju programov v letu 2014: končno poročilo. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

Stergar, E., Udrih Lazar, T. (2014) Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2011. Ljubljana: Univerzitetni klinični center, Klinični inštitut za medicine dela, prometa in športa.

Šegrec, N., Kastelic, A., Pregelj, P. (2014) Psychiatric comorbidity among patients treated in opioid substitution treatment (OST) programs in Slovenia. Presented at Global Addiction, November 2014, Rio de Janeiro.

Trbanc, M., Črnak Meglič, A., Dremelj, P., Smolej Jež, S., Narat, T., Kovač, N., Kobal Tomc, B. (2014): Socialni položaj v Sloveniji 2013–2014: končno poročilo. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

UNODC. (2011). The opium/heroin market: In: UNODC. World drug report 2011. Vienna: UNODC.

UNODC. (2012). Illicit opiate market. In: UNODC. World drug report 2012. Vienna: UNODC.

Zakon o omejevanju porabe alkohola (ZOPA). Uradni list RS, št. 15/03. / Act Restricting (ZOPA) Official Gazette of the RS, No 15/03.

Zakon o socialnem varstvu. Uradni list RS, št. 3/07 in naslednji. / Social Security Act. Official Gazette of the RS, No. 3/07 et seq.

Zakon o socialnovarstvenih prejemkih. Uradni list RS, št. 61/10 in naslednji. / Financial Social Assistance Act. Official Gazette of the RS, No. 61/10 et seq.

Zakon o športu (ZSpo). Uradni list RS, št. 22/98. / Sports Act (ZSpo). Official Gazette of the RS, No. 22/98.

Zakon o uveljavljanju pravic iz javnih sredstev. Uradni list RS, št. 62/10 in naslednji. / Exercise of Rights to Public Funds Act. Official Gazette of the RS, No. 62/10 et seq.

Zakon za uravnoteženje javnih finance. Uradni list RS, št. 40/12. / Fiscal Balance Act. Official Gazette of the RS, No. 40/12.

Zorko, M., Hočevar, T., Tančič Grum, A., Bajt, M., Jeriček Klanšček, H. (2014) Alkohol in slovenski mladostniki v obdobju 2002–2010. In: In: Zorko, M., Hočevar, T., Tančič Grum, A., Petrič, V. K., Radoš Krnel, S., Lovrečič, M., Lovrečič, B. Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko. Ljubljana: Nacionalni inštitut za javno zdravje.

Internet Sources

Bilten javnih financ. Available at: http://www.mf.gov.si/si/delovna_podrocja/tekoca_gibanja_v_javnih_financah/bilten_javnih_financ/ Accessed 10 July 2014.

EMCDDA. (2011). European drug prevention quality standards. Available at: http:///C:/Users/Lenovo/Downloads/TD3111250ENC%20(2).pdf. Accessed 30. March 2015.

European Commission. Taxation and Customs Union. (2015a). Excise Duty Tables. Part III – Manufactured Tobacco. Ref. 1042, July 2015. Available at: http://ec.europa.eu/taxation_customs/taxation/excise_duties/tobacco_products/cigarettes/index_en.htm. Accessed 27 July 2015.

European Commission. Taxation and Customs Union. (2015b). Manufactured tobacco: Excise duty rates, Releases for consumption. Available at: http://ec.europa.eu/taxation_customs/taxation/excise_duties/tobacco_products/cigarettes/index_en.htm. Accessed 27 July 2015.

EWS-SI. (2015). Early-warning system final reporting form, Slovenia, period covered: January 2014 to December 2014,(note: the document is available in the EMCDDA-EDND database at: https://ednd.emcdda.europa.eu/html.cfm/index229418EN.html (access by password only).

Faculty of Social Sciences (undergraduate studies – syllabus). Available at: http://www.fsd.si/dodiplomski_studij/ucni_nacrti/program_1%20_stopnje/. Accessed 30 March 2015.

I-SEE, European project “I-SEE” for strengthening information exchange between Italy and South East Europe neighbouring countries on New Psychoactive Substances, Grant agreement no: JUST/2013/ISEC/DRUGS/AG/6426]. Available at: http://www.dss.unifi.it/vp-107-i-see.html. Accessed 10 October 2015.

Klavs, I., Kustec, T. editors (2014). HIV infection in Slovenia in 2013 (In Slovene). Ljubljana: National Institute of Public Health, Slovenia. Available at: http://www.nijz.si/epidemiolosko-spremljanje-nalezljivih-bolezni-letna-porocila. Accessed 5 September 2015.

Klavs, I., Kustec, T., Kastelic, Z., Kosmač, S. Hepatitis B and hepatitis C. (2014). In: Kraigher, A., et. al., editors. Epidemiological surveillance of communicable diseases in Slovenia in 2013 (In Slovene). Ljubljana: National Institute of Public Health. Available at: http://www.nijz.si/sites/www.nijz.si/files/publikacijedatoteke/epidemilosko_spremljanje_nalezljivih_bolezni_2013.pdf. Accessed 5 September 2015.

Lewin et al. (2014). Reddy Emergence and properties of spice and bath salts: A medicinal chemistry perspective, Life Sciences, Volume 97, Issue 1, 27 February 2014, p. 9-19. OPSRA. Available at: http://psychoactives.health.govt.nz/home. Accessed 30 September 2015.

National Institute of Public Health. Survey on the Use of Alcohol, Tobacco and Other Drugs, 2011-2012. Available at: http://www.dlib.si/details/URN:NBN:SI:doc-MCM1KYQK. Accessed 28 June 2015.

Prison Administration. (2012). Annual Report 2012. Available at:. http://www.mp.gov.si/fileadmin/mp.gov.si/pageuploads/UIKS/Letna_porocila/LP_2012.pdf. Accessed 1 July 2014.

Prison Administration. (2014). Annual Report 2014. Available at: http://www.mp.gov.si/fileadmin/mp.gov.si/pageuploads/UIKS/Letna_porocila/150519_Letno_porocilo_2014.pdf. Accessed 1 July 2014.

RESPONSE. Collect, Analyse, Organize, Evaluate, Share – A Response to Challenges in Forensic Drugs Analyses (Short Project Title – Response), Grant agreement no: JUST/ 2013/ISEC/DRUGS/AG/6413]. Available at: http://www.policija.si/eng/index.php/generalpolicedirectorate/1669. Accessed 30 September 2015.

Social Chamber of Slovenia (Professional verification). Available at: http://www.szslo.si/3Dejavnosti/310StrokVerifi/310RPmain.asp. Accessed 30. March 2015.

Statistični urad Republike Slovenije, 2013. Osnovne skupine prebivalstva po spolu, Slovenija, četrtletno. Available at: http://www.stat.si/ . Accessed 25 August 2013.