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Editor: Andreja Drev

Design: Andreja Frič

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

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2016 NATIONAL REPORT (2015 DATA)
TO THE EMCDDA
by the Reitox National Focal Point

SLOVENIA

REITOX



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Drug policy workbook

Authors: Jože Hren and Andreja Belščak

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T0 Summary

- **National profile**

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

The overarching goal of the Resolution on the National Programme on Illicit Drugs 2014–2020 currently in force is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. The national programme with its implementation action plan represents a continuation of the comprehensive and balanced approach to tackling the problem of illicit drugs in the country, which includes programmes to reduce both the demand for and supply of illicit drugs. The action plan is closely tied to the adopted crime prevention and control strategies and social protection strategies.

The action plan was drawn up by a working group made up of representatives from all ministries with authority over drug-related matters, as well as representatives from the research community and NGOs. The Commission on Narcotic Drugs of the Government of the Republic of Slovenia monitored the action plan development process and approved the finalized action plan.

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

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

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

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

- **New developments**

Among the current issues, two topics have been getting a lot of attention recently in Slovenia, which are already the subject of considerable debate in the wider international arena. It has to do with rethinking cannabis regulation and with questions concerning the regulation of new psychoactive substances. It is not uncommon for cannabis-related issues to create a stir in the media and politics.

T1. National profile

T1.1 National drugs strategies

T1.1.1 Summary of national drug strategy document

Covering the period from 2014 to 2020, the Resolution on the National Programme on Illicit Drugs is composed of two parts, the National Strategy and Action Plan. The National Strategy lays down areas of activity, development trends and implementation mechanisms. It was passed by the National Assembly of the Republic of Slovenia in April 2014 (available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG3915>).

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

- Seeking to promote illicit drug use prevention programs in order to reduce the number of new drug users among the younger generation and to reduce the number of minor and criminal offences involving illicit drugs.
- Seeking to support the development of programs to help stabilize or reduce the number of people infected with HIV, HBV and HCV, and deaths due to overdose.
- Seeking to develop and upgrade all coordinating structures working in the area of drugs at the local and national levels.
- All the goals and activities described above help achieve broader social objectives, such as efforts to combat organized crime, illicit drug trade, money laundering and other forms of drug-related crime.

At the operational level, the strategy is being implemented through two-year action plans with detailed priorities, implementation providers and timeline. At the same time, the action plan is a well-structured instrument that allows in-depth implementation monitoring and making ongoing adjustments to activities in response to pending issues and needs relating to drugs. The first action plan was passed by the Government of the Republic of Slovenia in April 2015 (available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javna_razprava_2015/AKCIJSKI_NACRT_za_droge_jan_2015.pdf).

This document contains numerous measures from all relevant subject matters that are designed to strengthen cooperation in countering harmful effects of drug use and reducing drug-related crime. The action plan faithfully reflects the structure and goals of the strategy and focuses on tangible results obtained in the context of the goals and missions described above.

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

The area of illicit drugs is also covered by the Resolution on the National Crime Prevention and Control Programme for the 2012–2016 period. Content specifically addressing illicit drugs can be found in the

following chapters: 6.5.4.2 Strategy/Programme – Reducing the number of users of all illicit drugs, and 6.5.4.3 Strategy/Programme – Provision and strengthening of universal, selective and indicated preventive actions for strategy, coordinated by the Ministry of the Interior, is now in its final year. preventing the use of drugs and reducing drug-related criminal activity. This strategy, coordinated by the Ministry of the Interior, is now in its final year.

T1.2 Evaluation of national drugs strategies

T1.2.2 Results of the latest evaluation

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

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

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

T1.3 Drug policy coordination

T1.3.1 Coordination bodies involved in drug policy

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

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

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

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

Among other things, the Commission reviews national annual reports on the drug situation in the country along with all other current topics related to illicit drugs, including any legislative proposals and initiatives. The Ministry of Health administers to the operational needs of the Commission on Narcotic Drugs by drawing up documentation and materials for meetings and by making sure, together with other competent ministerial sectors and institutions, that all resolutions passed by the Commission's sessions are implemented.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia and the Ministry of Health are responsible for coordinating activities in the area of illicit drugs at the government level. At the local level, Local Action Groups (LAGs) continue to be the key coordinators of activities in local communities. Just like in previous years, two extended meetings of Local Action Groups were held in 2015.

T1.4 Drug related public expenditure

T1.4.1 Data on drug-related expenditure

In Slovenia, drug-related programmes are financed via a variety of sources; the state budget and the Health Insurance Institute of Slovenia provide the funding for most. A number of foundations provides a portion of the funds; furthermore, Slovenian municipalities are contributing by providing premises for programmes.

In 2015 the Ministry of Labour, Family, Social Affairs and Equal Opportunities allocated EUR 2,536,541.00 for social protection programmes pertaining to the issues of illicit drugs. Of the total provided funds, EUR 1,559,981.10 was allocated to high-threshold programmes and EUR 976,560,50

to low-threshold programmes. The Ministry of Labour, Family, Social Affairs and Equal Opportunities co-funds 80% of the total cost of the programme, while the programme must obtain the remainder of the funds from other sources (municipalities, The Health Insurance Institute of the Republic of Slovenia, users fee, FIHO). The Ministry of Health allocated EUR 75,000.00 on solving drug-related issues in 2015.

The Health Insurance Institute of the Republic of Slovenia spent EUR 5,076,000.00 on the operation of Centres for Prevention and Treatment of Illicit Drugs Addiction and on substitute drugs in 2015.

The Health Insurance Institute of the Republic of Slovenia also provided EUR 150,030.00 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.

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, tobacco and alcohol in 2015 within the means of the Office to the sum of EUR 38,718.00.

In 2015, the FIHO foundation provided EUR 243,079.78 to drug-related programmes organised within non-governmental organisations.

Out of all 212 Slovenian municipalities, 116 responded to the call for submitting a report on co-funding programmes pertaining to illicit drugs. Data show that these local communities spent a total of EUR 1,156,493.85 on solving drug-related issues in 2015.

The Slovenian Criminal Police used EUR 609,280.40 on combating illicit drugs.

Drawing from available data, an estimated sum of EUR 9.885.113.03 was allocated to the issue of illicit drugs in Slovenia in 2015.

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.

T1.4.2 break-down of drug related expenditure

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

| Expenditure (EUR) | Year | COFOG classification | National accounting classification | Trace (Labelled, Unlabelled) | Comments |
|--|------|----------------------|------------------------------------|------------------------------|----------|
| Social welfare programs in the area of illicit drug addiction (MDDSZEM) 2,536,541.00 | 2015 | | | Labelled | |
| Tackling the drug issue (MZ) 75,000,00 | 2015 | | | Labelled | |
| Activity of <i>Centres for the Prevention and Treatment of Illicit Drug Addiction</i> (ZZZS), including costs of substitute medications 5,076,000.00 | 2015 | | | Labelled | |
| Purchase of safe injection equipment (ZZZS) 150,000.00 | 2015 | | | Labelled | |
| Programs of organizations in the area of youth work (Office for Youth) 38,718.00 | 2015 | | | Labelled | |
| Anti-addiction activity and provision of assistance to drug addicts (FIHO) 243,079.78 | 2015 | | | Unlabelled | |
| Co-financing of drug-related programs (116 out of 212 municipalities) 1,156,493.85 | 2015 | | | Unlabelled | |
| Implementation of investigative measures and material and technical equipment of the police (MNZ) 609,280.40 | 2015 | | | Unlabelled | |

T2. Trends. Not applicable for this workbook.

T3. New developments

T4. Additional information

T5. Notes and queries

T.5.1 Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of current national strategy? If yes, please specify the type of evaluation is planned.

Yes. Once the two-year Action Plan for the area of illicit drugs runs out this year (2016), the Commission on Narcotic Drugs is going to draw up a report on its implementation. All the participating ministries and other members of the Commission will contribute their reports, complete with an assessment of how well the planned tasks were accomplished.

T.5.2 Have you provided EUROSTAT with an estimate of the contribution of the illicit drug market to the National Accounts?

Yes. Statistical Office of the Republic of Slovenia is reporting authority for the EUROSTAT.

T6. Sources and methodology

Sources are listed in the overall bibliography.

Legal framework workbook

Authors: Jože Hren, Andreja Belščak, Špela Struna

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T0. Summary

- **National profile**

The area of drug-related crime in Slovenia is regulated by the Criminal Code and the Production of and Trade in Illicit Drugs Act. The former regulates criminal offences, the latter the majority of drug offences in the Republic of Slovenia.

Offences related to the production of illicit drugs, illicit drug trade and possession of illicit drugs are set forth in the Production of and Trade in Illicit Drugs Act¹ ("ZPPPD"). This area is broken down further by the [Decree on the Classification of Illicit Drugs](#)², which provides a detailed specification of illicit drugs in Slovenia and classifies them into 3 categories based on the severity of health hazard that may result from drug abuse. The adjudication procedure for minor offences is set forth in the [Minor Offences Act](#)³. In Slovenia, the prescribed penalty for minor offences is fines ranging from EUR 40 to EUR 5,000 for individual offenders. If certain other conditions are met, the fine can be substituted for community service for the benefit of the general society or for the benefit of a self-governing local community. Article 33 of the Production of and Trade in Illicit Drugs Act provides for lighter penalties for those offenders who are found in possession of a smaller amount of illicit drug for one-time personal use if they choose to enrol in a treatment programme for illicit drug users or in social care programmes approved by either the Health Council or the Council on Drugs.

As mentioned earlier, the area of criminal offences in Slovenia is regulated by the Criminal Code. The Criminal Code defines two types of criminal offences involving drugs:

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

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

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

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

- **Trends**

In Slovenia, criminal sanctions in connection to illicit drugs range from minor offence, the mildest form of criminal sanction, which, as mentioned above, is punishable by a fine, to criminal offence, the most severe form of unlawful behaviour, which may carry a prison sentence.

¹ Official Gazette of the Republic of Slovenia, Nos. 108/99, 44/00, 2/04 – ZZdl-A and 47/04 – ZdZPZ)

² Official Gazette of the Republic of Slovenia, Nos. 45/14 and 22/16

³ (Official Gazette of the Republic of Slovenia, Nos. 29/11 – official consolidated text, 21/13, 111/13, 74/14 – judicial decision of the Constitutional Court and 92/14 – judicial decision of the Constitutional Court)

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

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

- **New developments**

In recent years, there has been an ever-increasing number of unregulated new psychoactive substances ("NPS") making their way onto the EU market. Information on these substances is collected and distributed to EU Member States by the European Monitoring Centre for Drugs and Drug Addiction ("EMCDDA") and EUROPOL (the European Union's law enforcement agency). On average, the two agencies identify at least one NPS on the EU market per week every year.

Sales of these substances are growing due to the rapid exchange of information over the Internet. This is why NPS are becoming exceptionally widely available and easy to obtain. New psychoactive substances are used in a variety of ways. Their use has been demonstrated to have a profound and harmful effect on people's mental and physical state and to pose a health risk.

The Criminal Police Directorate under the General Police Directorate of the Ministry of the Interior and Public Administration has analysed the data on recorded new psychoactive substances in Slovenia obtained from the National Forensic Laboratory and the Institute of Forensic Medicine, as well as data on regulated new psychoactive substances for some of the EU Member States. Results have shown that 47 new psychoactive substances were identified this year alone, as follows: 23 synthetic cannabinoids, 7 synthetic cathinones, 5 phenethylamines, 3 piperidines, 2 tryptamines, 3 arylalkylamines and 4 substances that do not fit into the above categories.

In the face of the health implications of these substances, the expert group of the Ministry of Health for the early detection of the emergence of new psychoactive substances proposed that all these substances be classified as Category 1 illicit drugs, which include psychoactive substances that are extremely dangerous to health due to serious consequences that may result from abuse and that are not used for medicinal purposes. To reflect this change, the Government of the Republic of Slovenia amended the Decree on the Classification of Illicit Drugs and published the amended version in the Official Gazette of the Republic of Slovenia on 25 March 2016⁴.

In addition the amended Decree on the Classification of Illicit Drugs allows medical use of cannabis extracts. With this document, Slovenia opened regulated access to all regulated cannabis-based (extracts) medicinal products available across the European Union. Cannabis extracts may be used in medicine pursuant to the Medicinal Products Act⁵. Also allowed is the medical use of nabilone, a synthetic analogue of tetrahydrocannabinol, which has been defined as an active substance suitable for use in medicinal products. The Medicinal Products Act provides a detailed definition of the term medicinal product, which includes natural medicinal products. It also sets forth requirements regarding quality, safety and effectiveness of medicinal products and regulates, among others, their production and trade.

⁴ <http://www.uradni-list.si/1/objava.jsp?sop=2016-01-0892>

⁵ (Official Gazette of the Republic of Slovenia, No. 17/14)

T1. National profile

T1.1 Legal framework

T1.1.1 Characteristics of drug legislation and national guidelines for implementation

Illicit drug manufacturing and trade are prohibited by two articles of Slovenia's Criminal Code⁶, articles 186 and 187. Slovenian criminal laws differentiate between minor and criminal offences. Article 6 of the Minor Offences Act defines a minor offence, or misdemeanour, as any act which represents a violation of the law, regulation adopted by the Government, decree adopted by a locally governed community, any act as such which has been defined as a misdemeanour and for which a sanction has been prescribed. A criminal offence, on the other hand, is set forth in the Criminal Code as any unlawful human act which the law defines as a criminal offence for the sake of safeguarding the core legal values and for which the law lays down constituting elements and sanctions to be imposed on the perpetrator once proven guilty. Article 43 of the Criminal Code lays down the sanctions that may be imposed on perpetrators proven guilty of committing a criminal offence. The sanctions are imprisonment, financial penalty, and prohibition against operating a motor vehicle.

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

It should be highlighted here that in 1999 the National Assembly passed not only the aforementioned Production of and Trade in Illicit Drugs Act ("ZPPPD") but also the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users ("ZPUPD"). The latter Act, in effect, lays down measures and activities aiming to help reduce the demand for drugs. The measures and activities include various information campaigns and prevention programmes, healthcare and social activities, harm reduction programmes and activities associated with monitoring and analyzing the issue of drug use. The ZPUPD also defines, among others, methods for dealing with illicit drug users, which include treatment and resolution of social problems associated with illicit drug use. Treatment of illicit drug users is provided through inpatient and outpatient treatment programmes approved by the Health Council. Under this Act, the term treatment also encompasses methadone maintenance and other substitution therapies approved by the Health Council. To provide outpatient services for the prevention and treatment of addiction, Centres for the Prevention and Treatment of Illicit Drug Addiction were set up as part of the public health service system at primary level.

T1.1.3 What, if any, legislation within your country is designed to control New Psychoactive Substances?

New psychoactive substances are treated equally as the rest of the drugs classified as illicit in the Decree on the Classification of Illicit Drugs.

⁶ Official Gazette of the Republic of Slovenia, No. 50/2012

T1.2 Implementation of the law

T1.2.1 Data on sentencing practice related to drug legislation

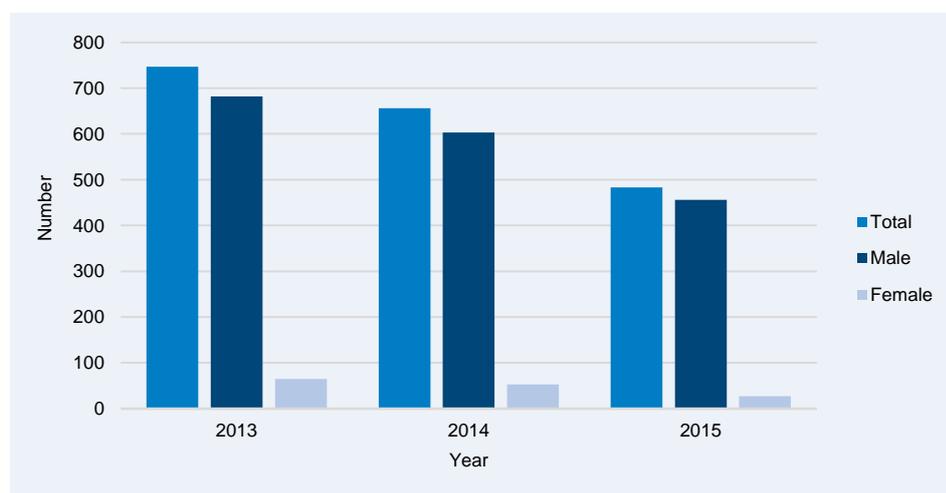
The table 1 and figure 1 give an overview of the number of prison sentences imposed on adult offenders in Slovenia over the last three years for committing criminal offences involving drugs pursuant to Articles 186 and 187 of the Criminal Code.

Table 1. Prison sentences for criminal offences involving drugs – convicted adult offenders

| | 2013 | 2014 | 2015 |
|--------------|------------|------------|------------|
| Male | 682 | 603 | 456 |
| Female | 65 | 53 | 27 |
| Total | 747 | 656 | 483 |

Source: Statistical Office of the Republic of Slovenia

Figure 1. Prison sentences for criminal offences involving drugs – convicted adult offenders



Source: Statistical Office of the Republic of Slovenia

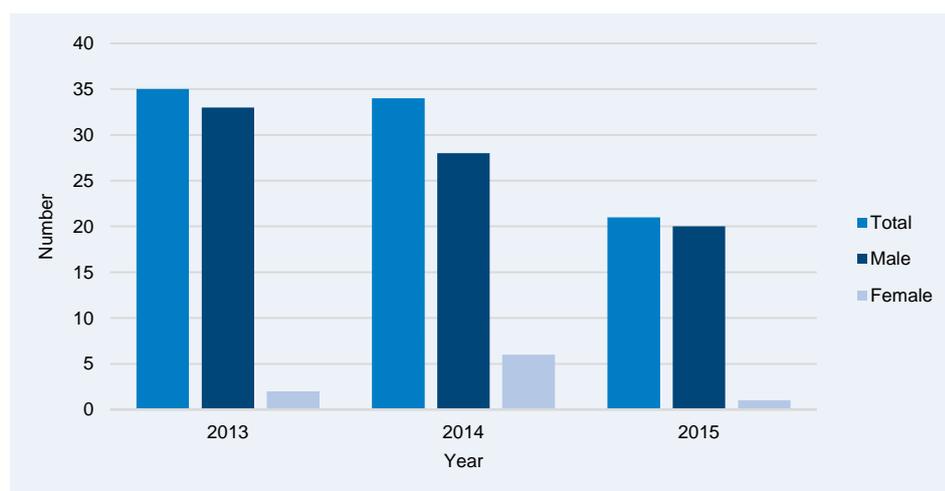
The table 2 and figure 2 give an overview of the total number of main sentences imposed on juvenile offenders in Slovenia over the last three years for committing criminal offences involving drugs pursuant to Articles 186 and 187 of the Criminal Code.

Table 2. Main sentences imposed on juvenile offenders for criminal offences involving drugs

| | 2013 | 2014 | 2015 |
|--------------|-----------|-----------|-----------|
| Male | 33 | 28 | 20 |
| Female | 2 | 6 | 1 |
| Total | 35 | 34 | 21 |

Source: Statistical Office of the Republic of Slovenia

Figure 2. Main sentences imposed on juvenile offenders for criminal offences involving drugs



Source: Statistical Office of the Republic of Slovenia

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

Minor offence statistics are published in the Drug Market and Crime workbook.

T.1.2.2 Is data available on actual sentencing practice related to legislation designed to control NPS?

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

T.1.2.3. Why implementation might differ from the text laws

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

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

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

While the Criminal Code does not provide any special mitigating factors, in practice the amount and type of illicit drug or substance and the offender's personal situation are taken into account when

determining the sentence. In accordance with the general sentence reduction limits set forth in Article 51 of the Criminal Code, prison sentences may be reduced within the following limits:

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

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

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

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

T2. Trends

T2.1 Changes in penalties and definitions of core offences (offences of use, possession for personal use, supply (including production) of illicit drugs) in the legal framework since 2000.

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

T2.2 How the implementation of the law has changed since 2000. If possible discuss the possible reasons for change (e.g. new guidelines, availability of alternatives to punishment)

Same as the above.

T3. New developments

T4. Additional information

T4.1 Additional information, studies or data

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

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

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

Control over the enforcement of the Production of and Trade in Illicit Drugs Act is carried out by the Customs Authorities and the Health Inspectorate, while the police and military (the latter in the sense of exercising authority over military personnel) are responsible for confiscating items as evidence and for lodging accusation petitions with the competent misdemeanour authority.

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

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

On the topic of growing hemp, the laws currently in force set forth requirements for the legal cultivation of hemp. Hemp cultivation is only allowed for food and industrial purposes (Article 9 of the Production of and Trade in Illicit Drugs Act), subject to special conditions laid down in the Rules concerning the requirements for obtaining permission to cultivate hemp and poppy⁷.

⁷ <http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV10544>

All other hemp cultivation practices are considered illegal cultivation, in other words, signs of criminal activity exist, which means the police must take all the applicable measures set forth in the Criminal Procedure Act to identify and locate any such offender.

Furthermore, Article 186 paragraph 1 of the Criminal Code (Unlawful manufacture of and trade in illicit drugs, banned substances in sport, and precursors for illicit drugs) states that whoever unlawfully manufactures, processes, sells or offers for sale plants or substances classified as illicit drugs or banned substances in sport or precursors for illicit drugs, or whoever purchases, keeps or transports with a view to resell, acts as intermediary in the sale or purchase of, or otherwise unlawfully makes available such drugs or substances or precursors shall be sentenced to imprisonment for not less than one and not more than ten years.

Article 186 paragraph 1 of the Criminal Code therefore provides several alternative forms of executed acts which all constitute illicit drug production and trade. The first is illicit drug manufacture, where the offender must be involved in a certain activity which leads to the creation of an immediate product. Processing, as a form of executed act, represents all further activity that falls outside the scope of production; in practice this means purification of illicit drugs and conversion of one type of illicit drug into another. The term selling encompasses all steps of the trading transaction, and an act is considered committed once the buyer and seller agree on the goods to be exchanged (amount of illicit drug) and price, where the goods need not actually be sold to the buyer. Another form of executed acts involves the acts of buying, keeping or transporting illicit drugs with a view to resell. Paragraph 1 also sets forth a general form of unlawful placing of illicit drugs on the market, which may take the form of giving away drugs free of charge, exchanging drugs, or similar.

These acts are a punishable offence if committed unlawfully. The element of unlawfulness is fulfilled when an act is committed in violation of the Production of and Trade in Illicit Drugs Act ("ZPPPD") and the Act on the Prevention of Illicit Drug Use and on the Treatment of Illicit Drug Users ("ZPUPD")

T5. Notes and queries

T5.1 Have there been any recent developments in the debate on cannabis legislation?

Yes. Between 2012 and 2014, the adoption procedure for the Cannabis Act was initiated twice by representatives from some civil society organizations and individuals, pursuant to the Referendum and Popular Initiative Act⁸. This Act stipulates that at least 5,000 signed statements of support from voters must be collected and submitted for the procedure to proceed to the National Assembly. In their second attempt, in 2013, the petitioners gathered enough signatures to engage the National Assembly and the Government in the process of passing the Cannabis Bill.

This bill envisaged the introduction of new arrangements concerning cannabis: the cultivation, processing and use of all types of hemp or cannabis for horticultural, medicinal and industrial purposes. The bill defined cannabis as a single plant whose varieties and strains are used for industrial or medicinal purposes. THC content in hemp would have been limited to a maximum of 5%. Under the bill, cannabis to be used for medicinal purposes would have been classified in two subcategories: cannabis used under medical supervision and available in pharmacies with a medical or veterinary prescription, and cannabis for self-medication available without a prescription. In the latter case, the permitted amount of cannabis would have been 1,000 grams per person per year or more if medically indicated.

⁸ Official Gazette of the Republic of Slovenia, Nos. 26/07-UPB2 and 47/13

Communal cultivation of cannabis and cannabis use for self-medication would have been allowed as well.

The bill, however, did not make it through the review process by the Government of the Republic of Slovenia and the competent committees of the National Assembly. The Committee of the National Assembly on Health adopted a decision whereby Slovenia is to look into the possibility of using cannabis-based (extracts) medicinal products for medicinal purposes. This still means that all cannabis-based medicinal products would need to go through the same registration procedure with the Agency of the Republic of Slovenia for Medicines and Medical Devices as other substances and medicines.

Discussions on the topic of cannabis are frequently found in numerous media, both print and electronic. This topic is also the subject of political discourse.

In the public sphere, initiatives to legalize cannabis are sometimes obscured by the excessive highlighting of the possibilities and benefits of using this plant in medicine. This issue has been addressed several times by the Commission on Narcotic Drugs of the Government of the Republic of Slovenia. As a result, the Ministry of Health, in cooperation with medical professionals and the competent Agency of the Republic of Slovenia for Medicines and Medical Devices, revised the Decree on the Classification of Illicit Drugs to allow the use of medicines based on cannabis extracts in Slovenia. In principle, there are no objections to using cannabis-derived medicines, so long as this use is subject to the same stringent requirements as all the other medicines. The medicines must be quality-made and safe and effective for the patient and, particularly given the potential risks, prescribed by a physician.

Initiatives to further deregulate or legalize cannabis open up very complex issues with no simple, quick or uniform solutions. Slovenia is not the only country where this topic is getting a lot of attention, though; it is a global process which aims to redefine the area of control over not only cannabis but also several other drugs, particularly new synthetic substances. In deciding on this matter, it is essential that all potential legislative changes are based on an in-depth discussion while taking into account all the potential implications, positive and negative, at the level of the international community, not individual countries.

T6. Sources and methodology

Sources are listed in the overall bibliography

Drugs

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T0. Summary

Summary of the Drugs workbook

T0.1.1 The Main Illicit Drugs and Polydrug use

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. According to the data from the ESPAD 2015 study, 24.6% of 16-year-olds have used cannabis at least once in their lifetime. A web survey on the use of new psychoactive substances among the students of the University of Ljubljana showed that synthetic cannabinoids are known by 3% of respondents, while 0.5% confirmed that they used it. 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 2015 study, 2.3% of 16-year-olds have tried metamphetamine, while 2.2% of 16-year-olds reported trying cocaine and ecstasy. The data from the Survey on the 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 and in 2015.

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, 2014 and in 2015. 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 2015 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, while the latest, 2015 edition of the ESPAD study showed that methamphetamine use is more prevalent than cocaine use among 16-year-olds. 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 and in 2015, 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 3 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

T1. National profile

T1.1 Prevalence and trends

T1.1.1 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%).

T1.1.2 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 1) (Koprivnikar 2015).

Table 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.

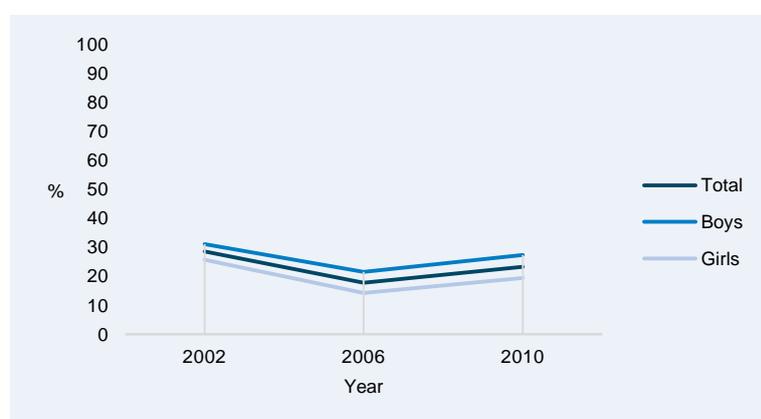
Source: National Institute of Public Health, HBSC 2010, HBSC 2014

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.

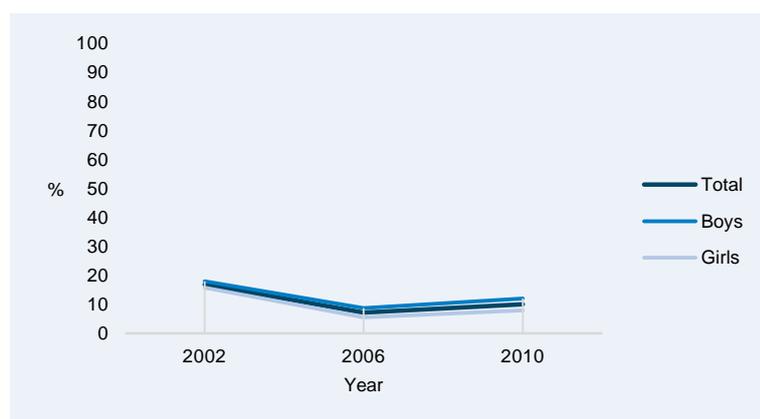
Although data on marijuana use between 2002 and 2010 reveal a statistically significant declining trend in the share of 15-year-olds who have tried marijuana in their lifetime or in the last year, a detailed review of individual periods shows that this share fell significantly only between 2002 and 2006, while unfavourable rising trends were detected between 2006 and 2010 (Figures 1 and 2) (Bajt 2013).

Figure 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. 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).

ESPAD 2015

Tanja Urdih Lazar, Eva Stergar

As shown by the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD), ever since 1995, the first year of the survey, cannabis has been and continues to be the most widely used illicit drug both among Slovenia's adult population as well as 15- to 16-year-olds. In the last edition of the survey, in 2015, one-fifth of the participating secondary school students aged 15 to 16 reported using cannabis at least once in their lifetime, with boys (25.9%) making up a slightly larger share to girls (23.8%). The gender difference is statistically significant ($\chi^2=14.578$, $df=6$, $p<0.02$), albeit small ($V=0.07$, $p<0.02$). Based on this data, Slovenia ranks high above the average among the countries taking part in the ESPAD project, where the lifetime use of cannabis in 2015 averaged 16%, 19% among boys and 14% among girls. 4% of Slovenian secondary school students use cannabis regularly, 2.8% are girls and 5.2% boys.

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

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

Table 2. Lifetime cannabis use in the years 1995, 1999, 2003, 2007, 2011 and 2015, ESPAD, Slovenia

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

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

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Recent Surveys/Studies on Cannabis Use

Tanja Urdih Lazar, Eva Stergar

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

Slovenian adolescents also rank high above the average among the ESPAD countries in terms of perceived availability of cannabis; in 2015, as many as 45% of them believed that cannabis was fairly or very easy to obtain, while this view was shared by only one-third of the secondary school students across the ESPAD countries on average. As a result, Slovenia ranks second among the countries participating in the ESPAD project, with higher availability of cannabis being reported only by Czech secondary school students. There is a statistically significant link between the reported perceived availability of cannabis and the frequency of lifetime cannabis use – those who said that cannabis was impossible, very difficult or fairly difficult to obtain, were more likely to report never using it during their lifetime ($\chi^2=970.579$, $df=30$, $p<0.0001$, $V=0.24$).

T1.2.2 Reducing the Demand for Cannabis

Andreja Drev, Ines Kvaternik

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 and also in 2015, 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.⁹

T1.2.3 High Risk Cannabis Use

Miran Brvar, Andreja Drev

The data on illicit drug poisonings collected by emergency medical units at the University Medical Centre Ljubljana reveal that the number of poisonings by cannabis or THC, which is in the plant, has grown constantly for the past few years. Since 2010, cannabinoids have been the most frequent illicit drugs detected in adults poisoned by drugs in Ljubljana. The number of THC poisonings grew substantially in 2014, almost doubling with respect to the year before. As many as 64 such patients were treated in 2015, the largest number to date. There are also individual cases of acute emergencies induced by hash oil, which is extracted from cannabis, where patients are typically older people with other medical conditions (more in the harms and harm reduction workbook).

Individuals seeking help in treatment programmes due to cannabis use are considered as high-risk cannabis users.¹⁰ 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.¹¹

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

T1.2.4 Synthetic Cannabinoids

Edina Mulalić, Marija Sollner Dolenc

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

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

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.

⁹ The Reduser application is an anonymous web application that may assist in cutting down or discontinuing drug use.

¹⁰ EMCDDA: Characteristics of individuals starting treatment for drugs (Treatment Demand Indicator).

¹¹ NIPH, RO Koper. 2015. Survey on the profile of users of harm reduction programmes.

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

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

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

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

T2. Trends. Not relevant in this section. Included above.

T3. New developments

T3.1 New Developments in the Use of Cannabis

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

T4. Additional information

T4.1 Additional Sources of Information

The data collected through the national Early Warning System on NPS showed an increase in the number of synthetic cannabinoids seizures and the number of poisoning cases in 2015 and 2016. This applies particularly to prisons (see also: Prison workbook).

T4.2 Further Aspects of Cannabis Use

Two cases of cannabis related deaths were registered for the first time in Slovenia in 2015. Both cases are described in more detail in the Harms and Harm Reduction workbook.

T5. Notes and queries

T6. Sources and methodology

Listed at the end.

SECTION B. STIMULANTS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 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, cocaine is the most widely used stimulant among inhabitants of Slovenia aged between 15 and 64. The latest, 2015 edition of the ESPAD survey, however, showed that methamphetamine has become more widely used than cocaine and ecstasy among 16-year-olds.

Considering prevalence in the general population and among secondary school students, cocaine use is followed by ecstasy, amphetamine and methamphetamine. The studies on 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 and in 2015, 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.

T1.1.2 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).

T1.1.3 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).

ESPAD 2015

Tanja Urdih Lazar, Eva Stergar

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

Use of Cocaine and other Stimulants in Nightlife

Matej Sande

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).

T1.1.4 Commentary on Stimulant Use

Based on the data of the ESPAD 2015 survey and the data collected through harm reduction programmes and the national EWS, the prevalence of methamphetamine use increased in 2015 across various groups of drug users.

T1.2 Patterns, treatment and problem/high risk use

Ines Kvaternik, Živa Žerjal, Samo Novaković, Miran Brvar

T1.2.1 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.¹²

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

- opioid users started largely using cocaine and prescription drugs;
- opioid users started largely using amphetamines, ecstasy and NPS;
- 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

0.6% of the ESPAD project respondents aged 15 to 16 reported having used a drug intravenously, but the question was referring to any injectable illicit drug, including heroin, for instance.

¹² 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).

T1.2.3 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.¹³

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

T1.2.4 Treatment 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.

T1.2.5 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%). In 2015, the number of cocaine poisonings reached 45 patients, topping the number of acute emergencies induced by heroin. The average age of the patients with cocaine-induced acute emergencies was 31 years, most of them were men (84 %).

T1.2.6 Synthetic Cathinones

Matej Sande

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

¹³ NIPH, Koper RO, and Svit Association Koper. 2015 Data on the exchange of sterile kits.

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%) ($n = 169$).

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

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

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

Edina Mulalić, Marija Sollner Dolenc

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

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

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

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

| Synthetic 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

T2. Trends. Not relevant in this section. Included above.

T3. New developments

T3.1 New Developments in the Use of Stimulants

According to the Survey Among Injecting Drug Users Enrolled in Harm Reduction Programmes (NIPH Koper Division and Svit Koper Association, 2015), the use of new psychoactive substances, 3-MMC, methamphetamine and amphetamine among injecting drug users increased from 0.97% in 2014 to

5.36% in 2015. The increase is twice as high in the west of the country, among the older population and among those not registered with Centres for the Prevention and Treatment of Illicit Drug Addiction.

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).

T4. Additional information

T4.1 Additional Sources of Information

Chemsex among MSM population in Slovenia

Mina Paš, Jernej Škof, Miran Šolinc

Study was conducted in 2015 by organisations DrogArt, LeGeBiTra and Skuc

Research team:

Bojan Cigan: LeGeBiTra

Mina Pas, Simona Sabic: Association DrogArt

Jernej Skof, Miran Solinc: Skuc

Background:

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

Methodology:

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

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

Results:

All respondents used more than one drug before or during the last sexual intercourse when practicing chemsex. Most frequently used drugs were Amphetamines and GHB/GBL (80%) followed by 3MMC (67%), Methylone (60%) and Ecstasy (53%). Less frequently used drugs, by less than half of respondents were Cannabis (47%), and followed by Viagra/Cialis/Kamagra and Poppers both (33%), and Cocaine as least with (13%). The users were reporting taking drug by different modes. They are combining one, two or three modes of taking three different drugs, namely sniffing and taking drugs orally, which are two most common ways (80%). It is understand that all were consuming poppers by

inhaling (33%) and smoking Cannabis by (47%). 20% were reporting taking drug also anally. Almost 7% were reporting injecting the drug before or during chemsex.

Conclusions:

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

T5. Notes and queries

T6. Sources and methodology

Listed at the end.

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 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).

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

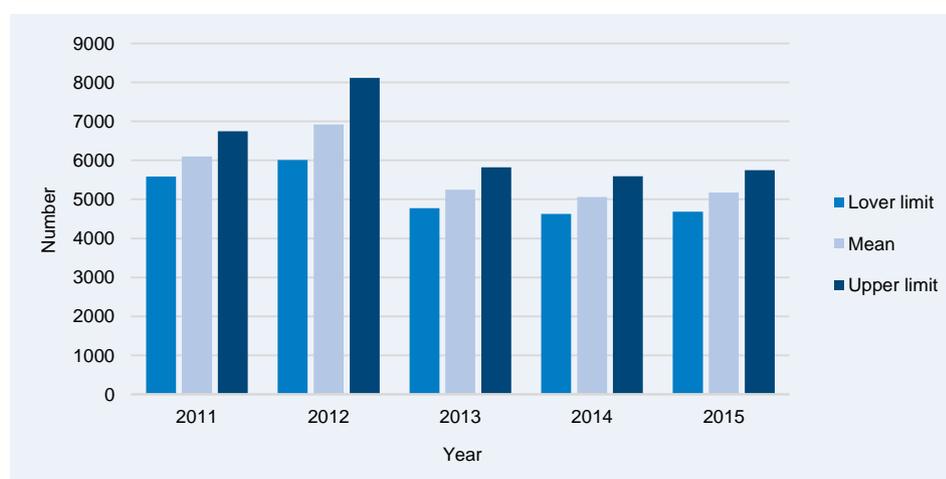
Among high-risk users of harm reduction programmes, heroin is the most widespread drug from the group of opioids. In the opioid group and among all other drugs, heroin is the principal cause to seek help and enter a treatment programme at Centres for the Prevention and Treatment of Drug Addiction. Heroin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

T1.1.2 Estimates of Opioid Use

Ines Kvaternik, Samo Novakovič

Figure 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 3. The prevalence trend of high-risk opioid use, 2011–2015



Source: Kvaternik and Novakovič 2015, own calculation based on the hidden population coefficient and the capture-recapture method in 2011, 2012, 2013 and 2015

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 2014, there were 5064 HROUs in Slovenia (within a 95% confidence interval, between 4629 and 5592), 5172 in 2015 (within a 95% confidence interval, between 4686 and 5751)

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% \pm 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.

T1.2 Patterns, treatment and problem/high risk use

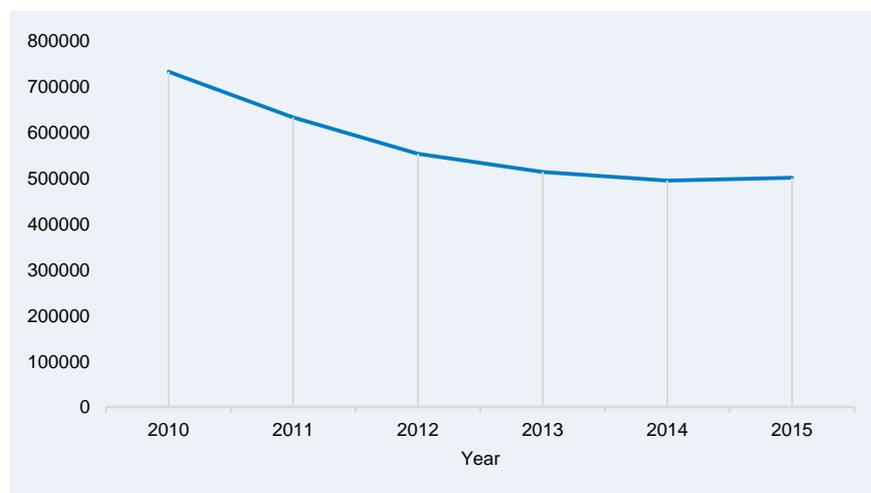
Ines Kvaternik, Samo Novaković, Živa Žerjal, Tanja Urdih Lazar, Eva Stergar

T1.2.1 Injecting and other Routes of Administration

0.6% of the ESPAD project respondents aged 15 to 16 reported having used a drug intravenously, but the question was referring to any injectable illicit drug, including cocaine or amphetamines, for instance.

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 2015 (Figure 4).

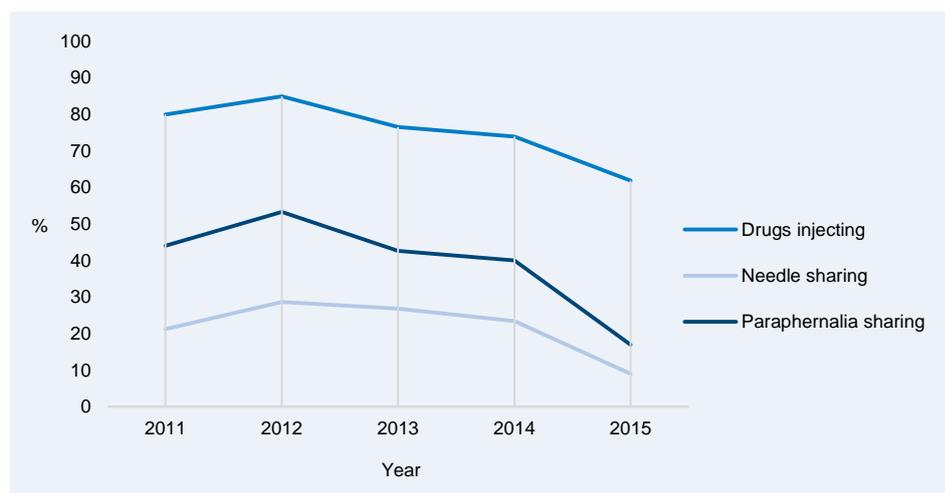
Figure 4. The number of needles and syringes issued to users of harm reduction programmes, 2010–2015



Source: NIPH, Koper RU, Anonymous questionnaire on the profile of drug users seeking help in harm reduction programmes, 2015

As already mentioned, in the last 6 years, injecting has decreased in the mentioned target population of users, but still remains the top high-risk behaviour, as more than 60% 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 9% of respondents shared needles in 2015, while 16.9% of them shared other paraphernalia as well (Figure 5). Presumably, the observed decline in the risky practice of sharing injecting paraphernalia is not a sign of an actual decrease but the result of using a different method for collecting data in 2015.

Figure 5. Risks related to drug injection among users of harm reduction programmes, 2011–2015



Source: NIPH, Koper RU, Anonymous questionnaire on the profile of drug users seeking help in harm reduction programmes, 2015

T1.2.3 Patterns of Use

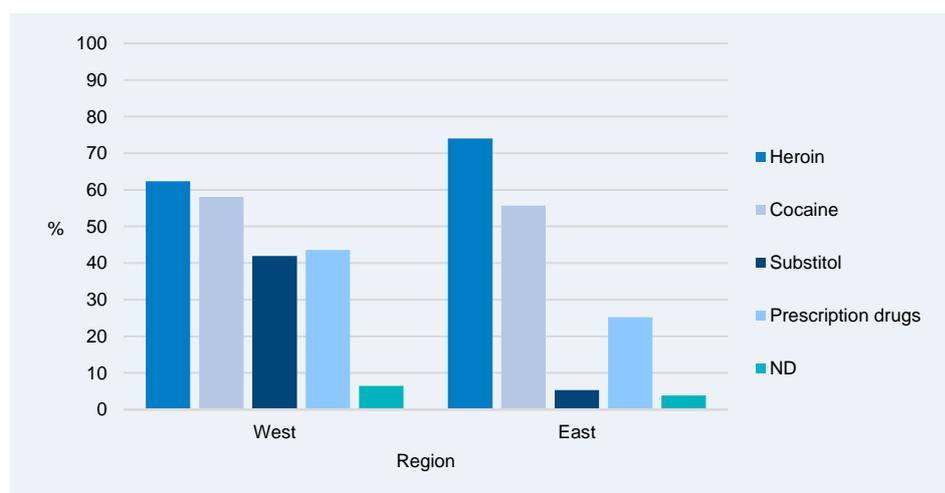
In 2014, a study was conducted among injecting users of harm reduction programmes on trends in drug injection. The study included 309 users who were included in exchange programmes for injection paraphernalia under 5 different HR programmes. The data were collected using a questionnaire and processed using the logistic regression method. The 2015 survey involved 317 users enrolled in 7 harm reduction programmes.

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. In 2015, 67.19% of them injected heroin, 57.1% cocaine, 26.81% Substitol and 35.69% 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. In 2015, the average age of the respondents was 37.06 years, 82.14% were men, and 80.13% of the injecting users who participated in the survey were receiving substitution treatment.

The results show that there are 25.19% 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 6). In 2015, the population in the west of the country was older by 1.34 years and the number of drug users receiving substitution treatment there was higher by 9.03%. Substitol injections and prescription drugs are much more prevalent in the west: 41.94% versus 5.34% and 43.55% versus 25.19%.

Figure 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, 2015

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). Prescription drug injections increased from 30% to 35% in 2015.

T1.2.4 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.

T2. Trends. Not relevant in this section. Included above.

T3. New developments

T3.1 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 2015 this number reached 44 patients. In 2014, the average age of patients poisoned by heroin was around 34 years; 67% were men and in 2015 the average age of the patients with heroin-induced acute emergencies was around 35 years, 88% of them were men (more in the harms and harm reduction workbook).

T4. Additional information

T5. Notes and queries

T6. Sources and methodology

Listed at the end.

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

T1.1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

T1.1.1 Prevalence and Trends in NPS Use

Edina Mulalić, Marija Sollner Dolenc

The survey on NPS use among the students of the University of Ljubljana also covered the use of new psychoactive substances that are not listed in the group of synthetic cannabinoids or cathinones. Respondents mostly recognised the new psychoactive substance GBL/GHB, followed by methoxetamine (MXE) and ethylphenidate (Table 4).

Table 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.

ESPAD 2015

Tanja Urdih Lazar, Eva Stergar

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

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

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

T1.1.2 Harms Related to NPS Use

Matej Sande

The study on NPS use from 2014 examined the problems due to NPS use as perceived by users. Respondents attributed greater risk to new drugs. In traditional stimulants, users attributed the highest risk (high and very high) to cocaine ($M = 4.09$) and, in new stimulants, to 3-MMC ($M = 4.20$). In addition to insomnia, which is a common problem related to the use of stimulants, users indicate depression

(55.2%), difficulties concentrating (44.0%), injuries of the nasal mucosa and throat (39.8%), feelings of fear and anxiety (39.4%), and numbness or tingling in arms and legs (34.4%). Also examined were the problems related to addiction. The use of larger amounts than planned was indicated by a third of users (34.4%), while an increasing and more frequent use was reported by 20.7% of respondents. Among problems in social relations, problems with parents or partner were the most expressed (31.4%), followed by problems with friends (25.8%). 6.4% of respondents reported having unwanted sex due to NPS, while 9.3% reported having unprotected sex. The most important reasons for quitting or cutting down NPS use were 'fear from health consequences', 'actual health consequences' and 'growing weary of using'.

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

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

T2. Trends. Not relevant in this section. Included above.

T3. New developments

T4. Additional information

T6. Sources and methodology

Sources are listed in the overall bibliography.

T6.2 Methodology

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

The survey was conducted in two stages – in 2011 and 2012. In 2011 the sample included 7200 persons, whereas in 2012 8000 persons. A total of 15,200 inhabitants were included in the sample, aged between 15 and 64 years, 7514 people responded to the survey, which means that the response rate was 50 percent. There were 51.4% men and 48.6% women among the respondents. A third of the respondents (36.9%) were between 15 and 34 years old, whereas 63.1% between 35 and 64. 57.9%

respondents had completed lower or secondary vocational education or secondary technical or secondary general school, 13.1% finished primary school or less and the remaining 28.9% persons completed at least higher education. Over a half (55.1%) of the respondents was employed, 13.9% were pupils or students, 13.3% retired, 9.1% unemployed and 4.7% self-employed. The remaining 3.9% persons were farmers, housewives, assisting family members or incapable for work due to age, sickness, disability.

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

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

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

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.

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

¹⁴ Available at <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>.

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.

Survey on the profile of users of harm reduction programmes: The survey was carried out between 1 and 31 December 2015 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 5 content clusters, i.e. sociodemographic data, drug use, risk behaviours, injection paraphernalia and place of drug use. 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.

ESPAD 2015

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

Model

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

Questionnaire

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

Procedure

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

Data processing

Data is input into SPSS for processing.

Before the data is stored in a database, questionnaires are checked (whether the number of questionnaires matches the number of people from the school report, quality of responses) and encoded (country, school, class, person, type of school programme). Data cleaning is performed by the administrator of the international database in two phases. In phase one, unusable cases are removed, in phase two, logical substitution of missing values is performed. National datasets are then sent to the research team for further processing.

Term definitions

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

Any illicit drug: this variable includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD and other hallucinogenic drugs, heroin and GHB.

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

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.

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.

Prevention workbook

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T0. Summary

- **National profile**

The Resolution on the National Programme on Illicit Drugs 2014–2020 is the core document which also sets out basic principles applicable to the area of prevention. In Slovenia, prevention is also regulated by laws, regulations and guidelines within different ministry departments; in the case of prevention of psychoactive substance use, these departments are coordinated by the Ministry of Health. Prevention is organized and delivered by government institutions and non-governmental organizations (NGOs), societies, local authorities, universities and research institutions. A number of interventions in the area of environmental prevention apply specifically to alcohol and tobacco; legislative measures are accompanied by various campaigns, such as mystery shopping, designed to actively seek out violations of tobacco and alcohol laws. Most universal prevention programmes are being implemented in schools, and a number of programmes aimed at parents have been introduced in recent years. In addition to programmes addressing health promotion and healthy life-skills, there is an increasing number of programmes focused on preventing the use of illicit drugs. Local action groups, a fine example of the whole community approach, have been involved in the community for a number of years. Selective prevention in Slovenia has evolved primarily from the sphere of social work, which has seen extensive, quality development over the years, and from the needs identified in harm reduction programmes associated with drug use. This is why selective prevention programmes offered in Slovenia typically incorporate harm reduction elements. Falling under the scope of public health, indicated prevention programmes are provided by organizations and specialized societies, communities and associations at national, regional and local levels. Most programmes are run in an organized therapeutic, educational and counselling context. Overall, it has been observed that prevention practices that do not work or may even cause harm in target populations are being dropped at all levels of prevention.

- **Trends**

In recent years there has been an increase in prevention programmes that are evidence-based, rest on theoretical foundations, are structured and evaluated. With the establishment and release of national quality standards for prevention programmes in 2016, significant progress was made in terms of quality assurance as well.

- **New developments**

National quality standards for prevention programmes were released in 2016.

T1. National profile

T1.1 Policy and organization

T1.1.1 The main prevention-related objectives of key drug policy document

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 EMCDDA), which recommends the division of prevention in environmental, universal, selective and indicated prevention.

The Resolution on the National Programme on Illicit Drugs 2014–2020 points out that the state should take appropriate measures to protect children and adolescents from supplying and using drugs. The state should support them in making decisions not to use drugs by employing approaches that are based on current scientific knowledge and implemented and evaluated in a professional manner. These

approaches include drug use prevention (the objective is total abstinence or the postponement of initiation to a later age), the reduction of drug use-related risks (safer use in the event of actual use) and the control of drug supply. The purpose of these approaches should be to improve the social competencies of children and adolescents, including by teaching them social skills, developing appropriate strategies for coping with life challenges, distress, and crisis situations and encouraging their personal development. Therefore, children and adolescents, as well as parents and educators should have access to objective information, knowledge and skills. It is important that children and adolescents are acquainted with how drugs affect the society and individuals, that they understand the drug-related risks and have the opportunity to study the manner of reducing personal and social problems relating to drugs and that they talk about this with adults they trust and their peers in accordance with the degree of their development. Simultaneously, they should be given the opportunity to live a healthy lifestyle and participate in the decision-making process in their social environment. To sum up, prevention must be based on modern scientific knowledge and evaluated programmes, since improper approaches can encourage the behaviour which it basically wants to prevent (see also Best practice and Policy workbook).

T1.1.2 Organisational structure responsible for the development and implementation of prevention interventions

Branka Božank

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

The Ministry of Education and Sport is the authority responsible for prevention programmes in children's day care centres and schools, with valuable professional support being offered by the National Education Institute Slovenia. Numerous prevention programmes are part of regular preschool and school curricula, and prevention programmes are also being run as part of various projects and by external providers. Slovenian schools follow the applicable drug laws, particularly the Act Restricting the Use of Alcohol and the Act Restricting the Use of Tobacco Products. Schools must also adhere to the Rules on the School Order in Secondary Schools and the Rules on Elementary School Student's Rights and Duties; some individual schools have put in place a special protocol of measures for handling incidents involving the use, possession and trafficking of psychoactive substances in school.

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

Most of the funding for selective prevention programmes is provided by the Ministry of Labour, Family and Social Affairs. While selective prevention is carried out by government institutions, NGOs and

societies, it is the non-governmental sector that prevails. Indicated prevention is carried out by government organizations and specialized societies, communities and associations at national, regional and local levels. Most programmes are run in an organized therapeutic, educational and counselling context.

T1.2 Prevention interventions

T1.2.1 Environmental prevention interventions and policies

Alcohol

Maša Serec

By adopting advanced and effective measures to reduce alcohol use, Slovenia has managed to make several important steps towards establishing an effective alcohol policy in recent years. The Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 84/98), which regulates the taxation of alcoholic beverages, was enacted in 1998. Under this act, all alcoholic beverages were subject to excise duties except for wine. Despite raising excise duties on alcoholic beverages in 2014, prices of alcoholic beverages remain low, according to the World Health Organization ("WHO").

Passed in 2001, the Media Act (Official Gazette of the Republic of Slovenia, No. 35/01) placed a complete ban on advertising alcoholic beverages, but with the Act Amending the Health and Hygiene Safety of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs Act (Official Gazette of the Republic of Slovenia, No. 42/02), passed in 2002, such advertising was no longer banned completely but was merely restricted. The ban on advertising spirits remains in place, while the rest of alcoholic beverages are subject to certain restrictions in terms of point of sale, hours of the day, and ad content.

The most important law addressing the alcohol issue was passed in 2003, the Act Restricting the Use of Alcohol (Official Gazette of the Republic of Slovenia, No. 15/03), which has been essential in enforcing limited access to alcoholic beverages, for young people in particular. This Act also introduced the disclosure of alcohol content on labels, a warning that the product is not suitable for children, and a ban on selling and offering alcohol to underage (under 18 years) and to anyone showing obvious signs of drunkenness. The sale of alcoholic beverages was restricted in terms of points of sale and hours of the day: no selling of alcoholic beverages is allowed between 9 pm and 7 am the next day except in catering and hospitality establishments. These establishments, however, have restrictions to follow as well: no selling of spirits from the start of the daytime opening hours to 10 am.

The adoption of amendments to traffic laws (Resolution on the National Road Traffic Safety Programme, Road Traffic Safety Act, Drivers Act), which incorporate health measures since 2010, has resulted in a reduced number of traffic accidents involving alcohol. The Drivers Act (Official Gazette of the Republic of Slovenia, Nos. 109/10 and 25/14) provides for rehabilitation programmes for people penalized for driving under the influence of alcohol or other psychoactive substances. Rehabilitation programmes take the form of educational workshops, psychosocial workshops and alcohol dependence treatment programmes, which follow standardized addiction treatment patterns.

The Occupational Health and Safety Act (Official Gazette of the Republic of Slovenia, No. 43/11), passed in 2011, introduced a prohibition of being under the influence of alcohol, drugs or other psychoactive substances at work.

A one-on-one counselling service to help stop at-risk drinking of alcohol has been available since 2002 under the National Programme for the Primary Prevention of Cardiovascular Diseases within the

national network of health care and education centres, which operate as part of community health care centres. With the establishment of reference clinics in 2011, Slovenia further increased its capacities for the preventive treatment of people with at-risk and heavy drinking problems.

Between 2008 and 2015, eleven municipalities issued ordinances on public order which prohibit the drinking of alcohol in public places.

The laws in connection with reducing at-risk and harmful alcohol use have not been changed in the past year. A proposal for amending the Act Restricting the Use of Alcohol was lodged in 2015 with the purpose of lifting the ban on selling and offering alcohol at sporting events. The initiative to amend the Act so that alcoholic beverages could again be offered and sold at sporting events was rejected because the government institutions, experts and NGOs successfully defended the position that such an amendment would pose a risk and would mean a step back in developing an effective alcohol policy in Slovenia. The general public shared a similar view; an opinion poll conducted in 2014 showed that they were in favour of the existing alcohol policy laws and stricter measures in connection with offering and selling alcohol. In the poll, more than 90% of the country's population agreed with the existing ban on offering and selling alcohol to young people, intoxicated persons, in school settings, at sporting events and at work. What's more, 79% of them were in favour of introducing licences for selling alcohol, 62% agree with introducing a minimum unit price for alcohol, 57% support a total ban on advertising alcoholic beverages (MH, 2014).

Tobacco

Helena Koprivnikar

Tobacco control measures in Slovenia are set out in two separate laws: the Restriction of the Use of Tobacco Products Act (Official Gazette of the Republic of Slovenia, No. 93/2007), under the responsibility of the Ministry of Health, and the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/2016), under the responsibility of the Ministry of Finance. The former includes a large majority of government measures for tobacco control, except for taxation of tobacco products, which is provided for in the Excise Duty Act.

The first version of the Restriction of the Use of Tobacco Products Act was passed in 1996 and was one of Europe's most progressive laws at the time. The most important measures under this Act included: advertising restrictions; textual health warnings on tobacco products' packaging; smoking ban in public places, in the workplace and in catering and hospitality establishments except in designated sections separated from non-smoking areas; a total smoking ban inside educational and healthcare institutions; ban on vending machines selling tobacco products, and a prohibition of selling tobacco products to anyone younger than 15. A ban on selling tobacco for oral use came into force in 2002, followed in 2015 by a prohibition of sponsoring any event, activity or individual and a ban on any shape or form of direct or indirect advertising and promotion of tobacco and tobacco products except at points of sale. A total smoking ban in all enclosed public spaces and workplaces (allowing the option of setting up designated smoking cabins which must meet specific technical requirements), imposed in 2007, significantly reduced inhabitant's exposure to tobacco smoke not only in the enclosed places affected by the ban but also at home. The age limit to buy tobacco products was raised from 15 to 18 years. The Act has not been changed since 2007.

The tax rate and structure for tobacco products changed over the last decade, causing the prices of tobacco products to go up; still, prices of tobacco products in Slovenia are among lower in the European Union. As at 27 July 2016, retail prices for a pack of cigarettes (20 cigarettes) ranged from EUR 3.00 to EUR 4.20. There are substantial price variations between different tobacco products, for example factory-made cigarettes and loose tobacco for roll-your-own cigarettes. The new Excise Duty Act, which

came into force in August 2016, introduces excise duties for electronic cigarettes and heat-not-burn tobacco products.

In 2013 Slovenia was among the most active EU countries seeking to include as stringent public health measures as possible in the context of preparation of the new Directive on the harmonisation of the laws and other regulations of the Member States relating to the manufacture, presentation and sale of tobacco and related products.

A proposal of new tobacco control act is currently being discussed in Slovenia, it will include provisions from the new European Directive along with additional national tobacco control measures. Incorporating proven effective measures in the tobacco control legislation is essential for change – the tobacco industry still has many possibilities for marketing tobacco products, encouraging people to start smoking and discouraging quitting smoking; the proportion of smokers in the population is not decreasing (NIPH, 2016). Among key effective measures for decreasing smoking prevalence in Slovenia are, in addition to the ones from the Directive, the following: a complete ban on advertising and display of tobacco products, plain packaging, introduction of licences for selling tobacco products, earmarking tobacco taxes for funding smoking prevention and cessation programmes, regulation of electronic cigarettes, as well as increasing prices of tobacco products, which is something the new act does not cover. Most of the country's adult population support the introduction of various measures (MH, 2014a). Although these measures are included in the bill drafted by the Ministry of Health, what the final form of the law will be depends on the future political decisions made during the course of the bill discussion.

T1.2.2 Universal prevention interventions

Branka Božank

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

Also, there has been a strong focus on programmes aimed at parents in recent years. Programmes for parents increasingly shift from traditional methods of passing information to employing approaches focused on intensive training and strengthening of knowledge and skills, which parents may find helpful in raising their children. One such programme, which is also available in individual select local communities outside of major cities and towns, is the Amazing Years (originally, "*Neverjetna leta*") programme developed by the University Medical Centre Ljubljana. One of the aims of the project is to monitor the effectiveness of parenting courses offered in Slovenia, which is why every group of parents also takes part in evaluating the programme. The evaluation is used to collect personal impressions about the course and also includes questionnaires on the child's behaviour and the parenting style before and after participating in the Amazing Years programme. Utrip Institute has been running the Strengthening Families Program (originally, "*Krepitev družin*") since 2011; the program is designed for practising family skills and also strengthening protective factors such as improvement of family relations, enhancement of parenting skills, and refinement of social and other life skills in children and adolescents. An external evaluation of the program's pilot implementation (2011) showed that families were actively engaged in the program and that they effectively strengthened the planned family skills (Kumpfer et al., 2012). As of 2014, Utrip Institute also offers the Effekt program, which revolves around enforcing stricter rules by parents regarding alcohol use in their children and adolescents.

Despite offering a more diverse range of activities, events only draw in a smaller number of parents, and participants are mostly individuals with prior knowledge and clear positions on (not) using

psychoactive substances. Parents that would benefit the most from receiving information about preventing risk behaviours or resolving existing problems, do not take part in the events and workshops.

Universal prevention in schools remains the most frequently used approach in the country. Prevention starts in preschool, so all children's daycare centres in Slovenia systematically incorporate into their curricula general elements of developing and strengthening social, emotional and behavioural competencies. As early as preschool, children are introduced to "Health Education" promoters (originally, "*Vzgoja za zdravje*"), a program funded by the Health Insurance Institute of Slovenia which was rather uncoordinated across different parts of the country until 2015; the program did better at some places and poorer at others, or was not available at all. Health education is part of health promotion and is defined as a planned process of gaining knowledge about health or a disease. Health education is more than just spreading information, it is an active learning process that takes into account personal experiences and socioeconomic factors. Its aim is to provide information and encourage individuals or groups to take care of their health. There are also various programmes that enable individuals to gain and increase knowledge, formulate views and find out useful information on how to lead a healthy lifestyle.

In 2015 the National Institute of Public Health, in liaison with all its regional branches, produced a reference manual with lesson plans for individual classes or age groups of primary-school-age children for all Health Education facilitators. The programmed learning approach to health education in primary schools came to life nationwide with the signing of a General Agreement with the Health Insurance Institute of Slovenia ("ZZZS") for the contract year 2015 and after providing all facilitators with proper training for giving lessons on prevention independently. Health education lessons cover various aspects of maintaining good health; specifically, topics on drugs, addiction and risk behaviours are taught in fifth grade, and this issue is again indirectly addressed in later grades when children learn about growing up, positive self-image, interpersonal relations and healthy sexuality. Health education is also provided to secondary school students, but the lesson content and guidelines as to which health topics are relevant to this particular target population have not yet been finalized. Lessons for secondary school students will address, among others, psychoactive substances (with a focus on new psychoactive substances) and non-chemical addictions, particularly to modern communication technologies.

The most methodical prevention programmes being offered across the country belong to what is known as the Schools for Health programme. Slovenia joined the Schools for Health in Europe network ("SHE Network") in 1993. After the expansion in the school year 2015/16 (Round 5), Schools for Health totalled as many as 382 institutions. Their programmes revolve around strengthening healthy life skills with little coverage of the elements of preventing problem behaviours, including drug use, among others. A new main theme is chosen every year on which the activities in that school year are based. The school year 2016/17, for the third year running, will be dedicated to strengthening mental health as the basis of preventive efforts. In early 2016, based on a manual entitled "Health Through Art – Guidelines for Teachers on Discussing Select Health Topics," the NIPH, through its regional coordinators, started training school team leads in the Schools for Health (and others that expressed interest). The manual sets out expert guidelines on how to address and discuss typically sensitive health topics such as mental health, eating disorders, healthy sexuality, and issues involving alcohol, tobacco and drugs.

Starting in the school year 2010/2011, the Utrip Institute has been offering in some schools a prevention programme called Unplugged (originally, "*Izštekanj*"), which is aimed at 12 to 14-year-olds and their parents. According to the evaluation results of the pilot stage (2010/11), school children participating in the programme (intervention group), in contrast to the control group, were shown to exhibit lower rates for cigarette use, occasional and regular use of alcohol and binge drinking, and the use of cannabis and other illicit drugs.

The No Excuse Youth Association (originally, "*Brez izgovora*") has been running tobacco and alcohol abuse prevention programmes in schools for the last nine years, with cannabis abuse and other additions added in this past year as well. They have raised awareness among more than 10 thousand primary and secondary schools students in 2015 alone and more than 150 thousand over the span of nine years.

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

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

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

To employ the whole community approach in preventing and reducing issues related to psychoactive substances, addiction and other forms of risk behaviours, Local Action Groups ("LAGs") have been established across Slovenia. Their activities encompass community-based programmes which play a major part in preventing and reducing drug use and addiction, improving the health of addicts and their reintegration, and increasing the welfare of the local population and the social cohesiveness of the local community. Most LAGs focus on preventing the use of licit and illicit drugs and on promoting a healthy lifestyle in the local community.

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

T1.2.3 Selective prevention interventions

Andreja Belščak

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

In the area of prevention aimed at vulnerable groups in various communities, specifically young people who dropped out of school, an important role is played by the Project-based Learning for Young Adults (PUM) programme. It is an educational programme for youth aged between 15 and 25 who dropped out of primary or secondary school for different reasons and do not have jobs. The programme has been running since 1999. Mentors in this programme must be specially trained, and the training is provided by the Adult Learning Centre, the initiator of the programme. Its main goals are to promote personal growth, break the cycle of social exclusion, provide education and develop occupational, social and cultural identities. With the help of mentors, young people also tackle problems that contributed to their dropping out of school. Participants enroll in the programme after consulting a PUM mentor or after talking to an expert from one of the other relevant institutions. Also, many attend on the recommendation of their peers or are enrolled in the programme by their parents. Participation in the programme, which typically lasts 12 months, is voluntary and free of charge. It is primarily funded through the European Social Fund. When the programme was last evaluated in 2010, the overall rating confirmed its undeniable quality and worth in the eyes of all the survey respondents. 83% of them said that, in their view, participation in the PUM programme has brought a (positive) change into their lives. Three-quarters of the mentors shared this view. According to the responses collected in the survey, a little less than one-half of the respondents (48%) continued regular schooling after completing the programme, a little more than one-fourth (26%) found jobs, and a little less than one-fifth (18%) found jobs and went back to school. The PUM programme, however, was discontinued on 30 June 2015 due to a lack of financial resources. 816 people were enrolled in the programme from January 2014 to June 2015, of which 714 completed it successfully. 663 new enrolments were registered in 2014, and 153 in 2015. A total of around 255 people were in the programme every month (all the programme providers combined). A revised programme by the name of PUM-O was launched in May 2016.

In the domain of working with school children with social and/or learning problems, there are 22 programmes for children and adolescents available in Slovenia. These programmes help integrate children and adolescents who find themselves in difficult situations for different reasons. In all, nearly 10,000 people were enrolled in them in 2015, and some 28,000 telephone counselling sessions were registered. These programmes are provided, among others, by the Sonček Ilirska Bistrica day centre (a total of 110 users in 2015), Škrlovec day centre for youth and families (a total of 174 users in 2015, of which 146 aged under 18), day centre operated by the Žarek Jesenice society: Young People Shouldn't be Raised on the Street (originally, "*Naj mladih ne vzgaja ulica*") (a combined total of 371 users of various programmes in 2015) and the Korak programme, which is part of the community-based programmes for youth run by the Ljubljana Moste-Polje Centre for Social Work (in 2015, this programme's activities involved 170 users aged between 16 and 30, of which 90% were men).

Slovenia has two programmes in place that address the issue of social integration or integration of the Romani people into society: the Kher šu beši Day Centre programme, run by the Trebnje Centre for Social Work, and the Romani Children Day Centre programme, run by the Novo mesto-based Society for Promoting Voluntary Work. These programmes specifically target Romani children and adolescents and their parents or grandparents. In 2015, the two programmes registered 175 users and the subprogrammes an additional 47. The programmes are primarily designed for adolescents, but they also included 47 adults. In all, 222 people participated in these two programmes.

In Slovenia, juvenile offenders aged between 14 and 23, inclusive, are ordered by court decisions to serve their sentences at Radeče Correctional Facility, which is under the authority of the Ministry of Justice and is the only facility of its kind in the country. A total of 43 minors served there in 2015, of which one was female.

Youth non-offenders who face different problems growing up can be ordered by the Centres for Social Work, within the bounds of the law, to stay at any of the country's 10 residential special schools. The

following residential special schools operate in Slovenia: Fran Milčinski Educational Institution Smlednik, Kranj Educational Institution, Veržej Educational Institution, Višnja Gora Educational Institution, Logatec Educational Institution, Slivnica pri Mariboru Educational Institution, Planina Educational Institution, Maribor Youth Care Centre, Malči Beličeva Youth Care Centre, and Jarše Youth Care Centre. In the school years 2014/15 and 2015/16, a total of 400 and 407 children respectively lived in this type of institutions.

Focusing on family settings and prevention activity in vulnerable families, Family Centres have been established across the country. These serve as social hubs both for parents and children and represent an important institution in the European context that answers the needs related to modern parenting and family life, both in the sense of strengthening social roles and exchanging best practices and positive experience. In 2015, the Ministry of Labour, Family, Social Affairs and Equal Opportunities financed 15 such centres, with a combined total of 13,331 users.

The work of the Glimmer of Hope ("*Žarek upanja*") society is particularly important in terms of focusing on family settings in which problems with the use of alcohol or other harmful substances have been identified. They run a programme for psychosocial support, counselling and tackling of social problems associated with alcohol use and other forms of addiction, which is aimed at people with problems as well as their closest relatives. 788 adults and 206 children took part in this programme in 2015.

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

As far as work in problem-ridden neighbourhoods is concerned, the SVIT Koper society runs its Bouncing Ball ("*Žoga skače*") programme 3 times a week in the afternoon in the housing complex above the town of Koper (Markovec). This fieldwork programme provides children and adolescents deprived of a normal family life with a strong support network in their community that helps them to avoid developing risky and unhealthy behaviours. Parents addicted to illicit drugs find it easier to accept less formal types of support and assistance as well. In 2015 (from March to October), 230 hours of afternoon fieldwork was carried out under this programme, involving 37 children and adolescents and 11 parents every month on average. Another establishment focusing on problem-ridden neighbourhoods is the above mentioned Jesenice Day Centre, with its Young People Shouldn't be Raised on the Street programme.

The most prominent provider of prevention activities in recreational settings is the DrogArt association. Its main areas of activity are information and counselling services (offered primarily in Ljubljana and Maribor, with fieldwork provided in other towns as well), fieldwork at electronic music events, running "Your Choice" workshops designed to reduce alcohol-related harm among youth, providing what is known as chill-out lounges in locations where fieldwork is carried out, as well as publishing and research. In addition, they also run the "After-taxi" programme in Ljubljana designed to reduce drink driving – coupons worth EUR 5 are given out to nightlife party-goers for a taxi ride to get them home safely. Due to limited financial resources, these coupons were only being distributed out in the field in 2015.

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

In the area of alcohol server training, the National Institute of Public Health developed 6 learning modules for the responsible serving of alcohol, which we would like to see incorporated into the curricula of Slovenia's hospitality and tourism secondary schools in the long term.

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

FreD Goes Net, an important programme for early interventions at the first indication of alcohol and illicit drug use among youth, has been offered in Slovenia since 2008, but only by the Maribor regional branch. The programme targets young drug and alcohol users aged between 13 and 25. The programme is based on early, shorter-duration interventions (8-hour course) aiming to encourage young drug users to rethink their drug use pattern, to show them how to tackle the risk factors causing them to resort to drugs and to take responsibility for their actions, with the final goal being to prevent drug addiction. Participants are referred to the programme by responsible persons of authority who duly identify the use of alcohol or illicit drugs in a young person. According to a programme satisfaction survey conducted in 2011, 82.4% of the programme participants would recommend the course to a friend or someone else, while 17.6% would not recommend taking the course. Overall, the participants rated the course as successful, with 41.2% of them being very satisfied with the course, 41.2% satisfied, 14.7% partially satisfied and a mere 2.9% not particularly satisfied. None of the participants responded "very dissatisfied". A short-duration intervention under this programme, which involved 274 secondary school students and 18 different courses, was carried out in 2015. The average age of the participants was 15 years.

The Take Care Programme, launched as an European pilot project in 2010, was carried out in the pilot stage by 10 EU Member States; after completion, the programme continued to be run in Slovenia's Drava River Region until the end of 2014. This programme focused on reducing alcohol use and alcohol-related harm among people aged between 12 and 21 and was aimed at social settings with a higher risk of developing addictions and at individuals showing signs of at-risk alcohol use. The programme's overall objectives were to prevent addiction and harm (health, physical, mental and social) caused by at-risk use of alcohol in young people, to observe the laws that protect adolescents against alcohol use and that regulate the selling and offering of alcoholic beverages, to promote a constructive social dialogue on this topic, and to provide support to adolescents and young adults in learning how to use alcohol responsibly. According to an evaluation of the Take Care Programme conducted by the Institute of the Zurich University of Teacher Education, after the intervention, 44.4% of the young people in the group of at-risk alcohol users reduced alcohol consumption and/or frequency of alcohol use, and the programme satisfaction rate among participants was very high.

T1.2.4 Indicated prevention interventions

Maša Serec

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

Treatments are provided by clinical psychologists, psychotherapists and child and adolescent psychiatrists within the framework of the public health care system, private clinical psychologists, psychotherapists and child and adolescent psychiatrists (with or without a concession), public institutions such as the Ljubljana Counselling Centre for Children, Adolescents and Parents, Maribor Counselling Centre for Children, Adolescents and Parents, Koper Counselling Centre for Children,

Adolescents and Parents, Novo mesto Counselling Centre, and some non-governmental organizations. Some public institutions, regional health care centres and NGOs also offer support groups for parents.

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

T1.3 Quality assurance of prevention interventions

See Best Practice Workbook

T2. Trends

T2.1 Changes in prevention interventions in the last 10 years

Alcohol

Maša Serec

Since 1990, Slovenia has implemented 55 promotional and prevention programmes, projects and campaigns aiming to prevent at-risk and heavy drinking. The number of such programmes has clearly increased after 2006, most likely, among others, as a result of legislative restrictions introduced with the passing of the Act Restricting the Use of Alcohol in 2003. Around 40 programmes are currently being run, most of which target adolescents and mainly include learning about the harmful implications of excessive alcohol use and about safe driving. In recent years, alcohol-related prevention activities have increased in coverage and scope, for example through the development of programmes for the responsible serving of alcohol, raising awareness about alcohol use during pregnancy, and interdisciplinary and comprehensive treatment of at-risk and harmful drinkers. Closer integration of all key players was facilitated through the state's funding of the web portal MOSA – Community Mobilization for a More Responsible Attitude towards Alcohol (www.infomosa.si), which was launched in 2009, and through holding regular expert meetings at the national and local level.

Tobacco

Helena Koprivnikar

Tobacco use prevention programmes have gained momentum over the last decade, particularly in schools. Through various "watchdog" campaigns (such as Mystery Shopper, Yellow Card), NGOs have been actively monitoring violations of the Restriction of the Use of Tobacco Products Act. In recent years National Institute of Public Health focuses on monitoring prevalence of use of tobacco and related products, publishing of data that forms the basis for decision-making of different stakeholders, preparation of proposals for effective tobacco control measures and providing expert support in adopting effective measures.

Universal and selective prevention

Branka Božank

Universal and selective prevention have seen major shifts in the last decade, primarily in terms of the development and implementation of evidence-based, theory-driven, structured and evaluated

prevention programmes and in terms of formulating national quality standards for prevention programmes (for details, see the Best Practice workbook). A lot has changed for the better in terms of adherence to prevention guidelines, particularly in school settings, and in terms of avoiding using approaches that do not work or may even cause harm.

T3. New developments

T4. Additional information

T5. Notes and queries

T5.1 Have there been recent relevant changes in tobacco and alcohol policies?

Alcohol: Excise duties have been cut in half for small producers of beer and spirits in 2016.

T5.2 Has there been recent research on aetiology and/or effectiveness of prevention interventions?

Alcohol

Maša Serec

Two Slovenian researchers (Kamin & Kokole, 2016) have studied the effect of social marketing on a more consistent adherence to the legislative provision on the minimum age for purchasing alcohol in retail. Employing a quasi-experimental approach, they carried out an intervention entitled "18 Rules" in 24 retail points of sale across four cities (the shops were equipped with promotional material explaining the relevant legal age requirement, quick tools for calculating the buyer's age, and a cartoon superhero named "Law"), with minors attempting to buy alcohol in the same retail shops before and after the intervention (mystery shopping). Before the intervention, the rate of seller violations of the minimum age requirement for purchasing alcohol was high – minors were successful in buying alcohol in 96% of the cases. After the intervention, the alcohol sale success rate dropped to 67%. The findings confirmed the existence of the so-called "seller's dilemma" in adhering to the alcohol laws in Slovenia, which is caused when the seller's personal interest (to sell) is in contrast to the public interest (to protect against harm). The findings also suggested that social marketing interventions may be an effective tool for achieving a more consistent adherence to the law by respective stakeholders.

T6. Sources and methodology

T6.1 Sources

Sources are listed in the overall bibliography.

T6.2 Studies or surveys

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Treatment workbook

Author: Milan Krek

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T0. 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 providers are FIHO Foundation and private sector sources – including programme users who contribute a small part of funds. There is a network of psychiatric outpatient units, specialised psychiatric hospitals and hospitals operating within the scope of the healthcare system. However, the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is the only one in Slovenia carrying out opioid substitution therapy programme (hereinafter OST), is the most important organisation offering help to persons addicted to drugs. Admission to the programme is free of charge and there is no waiting list. Patients enter an inpatient programme following preliminary preparation. Social programmes are most often run by NGOs. As a rule, there are no waiting lists, other than for therapeutic communities and detoxification programme, which requires preliminary preparation for admission. Important programmes include day centres (including field work), therapeutic communities and rehabilitation programmes, centres for prevention and treatment of illicit drug addiction and Centre for treatment of drug addiction.

- **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, and 2015 it was 3261 such persons.

- **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 guideline 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.

T1. National profile

T1.1.1 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.

T1.1.2 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.

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

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

Special attention is placed on further development of measures and activities intended for the prevention of social exclusion of different groups of drug users, particularly adolescents, users included in maintenance substitution programmes, drug users in prisons and following their release from prison, etc. Suitably and additionally trained expert associates must be the key players in the comprehensive reintegration of former drug users in a community. Public social security services include first social assistance, specialised first social assistance, personal assistance and assistance for the family and home, encompassing assistance in the identification and definition of social distress and problem, an assessment of possible solutions and informing the person entitled of the possible forms of social security services, programmes and duties to be exercised as well as of the network of providers that can help them in the process. In addition to the mentioned forms of assistance, it is possible to combine urgent short-term measures to temporarily alleviate social distress or problem and other social security services rendered by public services (Centres for Social Work) and other

providers. Professional work is focused on the identification of personal and social distress and the search for realisable forms of assistance that will provide an individual with an increased level of social inclusion, thereby promoting a decision for a change in drug use. An important role in the social treatment of drug users is played by a number of governmental and non-governmental organisations. Their coordinated operations are a prerequisite for successful and efficient professional work. Social reintegration also covers a group of drug users who cannot or do not want to quit using drugs. Appropriate premises or shelters (food distribution centres, possibilities for maintaining personal hygiene, day centres, night shelters, etc.) must be provided for those users, who are not only threatened by social exclusion (homelessness, unemployment), but also by different diseases. Due to the complexity of the problems drugs may cause to an individual, their family and wider community, it is vital to have various and comprehensive professional assistance programmes. Hence, we may speak of the positive discrimination of drug users under the same terms for all citizens. Social security, healthcare, educational and repressive bodies cooperate closely in order to provide suitable jobs and housing for drug users, including former convicts – drug offenders.

Priorities in the social sphere are:

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

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

Treatment within the Scope of NGOs

NGOs carry out the key assistance programmes in the prevention and treatment of illicit drug users, harm reduction and integration, representing an important partnership to the treatment programmes provided by the State. Furthermore, they influence the national drug policy and ensure progress through the development and implementation of innovative programmes either on their own or organised in associations (<http://www.zmanjsevanje-skode.si>). They deal with research and ensure that their findings are transferred to everyday practice and work with users. Due to their flexibility and sensitivity to changes, NGOs are frequently the only ones that can respond fast to the changing needs and requirements of users. They respond fast and efficiently, transferring and creating good practices internationally. Civil society NGOs are important representatives and intermediaries of the opinions expressed by individual citizens, experts and users of services in the process. NGOs hence ensure that the common interest of often marginalised groups of illicit drug users is realised along with the public interest.

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.

T1.1.3 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.

T1.2 Organisation and provision of drug treatment

Outpatient network

T1.2.1 Outpatient drug treatment system – Main providers

The treatment of persons addicted to illicit drugs in healthcare is most often carried out within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction, which was established in 1994, but was fully put into action in 1995. Before 1994 there were two centres from 1991, one on the costal Carst region and the second one in Ljubljana. From 1991 to 1994 they covered all needs of the clients in Slovenia. In 2014, there were 18 Centres in Slovenia. Furthermore, the network is closely related to outpatient treatment at the Centre for the Treatment of Drug Addiction, which carries out inpatient treatment. Centres for the Prevention and Treatment of Illicit Drug Addiction are governed by the Coordination Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed by the Ministry of Health. The operations of the Coordination Body and its tasks are laid down in the Rules on the structure and method of work of services co-ordinating the Centres for the prevention and treatment of addiction to illicit drugs (Official Gazette of the RS, No. 43/00). The Chair of the Body represents it in its external relations and ensures the permanent professional work of the Body, along with the training of its employees. Control over the operations of the Centres is carried out by the Commission for the supervision of the work of Centres for the Prevention and Treatment of Illicit Drugs Addiction (Official Gazette of the RS, No. 98/99).

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

In Slovenia, there are 9 harm reduction programmes which predominantly provide counselling and sterile kits for injecting drugs as well as other harm reduction services. The purpose of these programmes is to cover the maximum number of drug users from the hidden population, thus reducing harm that might occur as a result of drug use with a non-sterile kit and other harmful methods. Besides, in the framework of social care programmes also 13 high-threshold programmes and programmes providing a wide range of services and activities for users at various stages of drug use are available. Some of high-threshold programmes are providing accommodation and some are carrying out social reintegration.

At Centres for Social Work (62), the issue of illicit drugs is largely (in 62% of cases) dealt with as a part of first social aid. Evidently, the issue of illicit drug is not very common at Centres for Social Work.

Between 2009 and 2013, there were between 220 and 356 cases per year. In 2013, the number of cases was the same as in 2009 that is 275.

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

T1.2.2 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 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 | 18 | Network of Centres for the prevention and treatment of illicit drugs addiction and Centre for the treatment of drug addiction |
| Low-threshold agencies | 9 | Low-threshold programmes carrying out day centres, field work and prevention |
| General/ Mental health care | 513 | Outpatient psychiatric ambulance |
| Prisons | 12 | Outpatient clinics for the treatment of addiction in prisons |
| Other outpatient units | 13 | High-threshold programmes providing a form of outpatient treatment |

Source: National Institute of Public Health, Standard table 24.

T1.2.3 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 2015, these programmes included 3719 persons (Tables 1 and 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, 2204 persons were included in low-threshold programmes (day centres and field work) in 2015. Besides, DrogArt, a low-threshold programme specialized to deal with synthetic and dance drug users, has reach 5995 persons by their prevention programmes (Tables 1 and 2). In the framework of low-threshold programmes also two shelters for homeless drug users and a safe house for woman drug users victims of violence are operating; 86 persons were included in these programmes in 2015 (Tables 1 and 2). Further, low-

threshold 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 2015, 1480 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.

T1.2.4 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.

T1.2.5 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 2. Total outpatient treatment provision (number of clients)

| | Total number of clients | National Definition (Characteristics) |
|------------------------------------|-------------------------|--|
| Specialised drug treatment centres | 3719 | Drug users included in the Network of Centres for the prevention and treatment of illicit drugs addiction. |
| Low-threshold agencies | 2204 (+5995) | Drug users included in low-threshold programmes carrying out day centres and field work (2204 drug users) and preventive work (5995 drug users). |
| General/ Mental health care | 1480 | 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 | 841 | Treatment of patients at outpatient units and in groups. |
| Other outpatient units | 2006 | Drug users included in high-threshold programmes providing some form of outpatient treatment. |

Source: National Institute of Public Health, Standard table 24

Inpatient network

T1.2.6 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 (<http://www.psih-klinika.si/strokovne-enote/center-za-zdravljenje-odvisnih-od-prepovedanih-drog/>). The programme is carried out in the form of individual interviews or therapy groups. It also includes work with relatives and a partner or family therapy. The programme is planned together with the patient and, in agreement with the latter, it is desired that important close ones participate in the process. Treatment may also be purely outpatient. The inpatient programme starts with several months of preparation for admission to the inpatient unit. The patient and relatives visit a preparatory group. This is followed by admission to the inpatient unit for a 14-week treatment. The programme is carried out at the detoxification unit for 6 weeks and at the intensive extended treatment unit for 8 weeks. Later on, a patient may enter a day care unit, where treatment is carried out 3 times a week for at least 6 months or more. A former drug user may later be included in individual or group therapy or visit the club of treated drug users. Notably, the programme is tailored to the needs and abilities of an individual. Patients enter the programme voluntarily and may also choose to leave it. Patients who have left the programme cannot be readmitted in the programme for the next 3 months. The hospital also carries out a day hospital programme.

Only a small number of drug users resort to seven psychiatric hospitals in Slovenia. 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.

T1.2.7 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 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 accommodation, residential 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

T1.2.8 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 688 persons primarily diagnosed with drug addiction entered inpatient drug treatment in 2015 due to problems related to drugs and psychoactive medical products. There were 1343 patients with secondary and more diagnosis of drug use. In total, there were 2031 patients hospitalised in 2015 with diagnosis of drug abuse.

The Centre for the Treatment of Drug Addiction hospitalised 182 persons in 2015, 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 2015, there were 52 persons included in three therapeutic communities (Tables 3 and 4).

High-threshold programmes are performing social reintegration with accommodation aiming to provide the user with help and support in maintaining long-term abstinence and reintegration into society, residential communities and communes. In 2015, there were 218 persons included in such programmes (with 11 units) (Tables 3 and 4). Further, high-threshold programmes are performing also other forms of outpatient treatment, namely admission centres, outpatient form of social reintegration, counselling, day centres etc. In 2014, there were 2006 persons included in 13 units providing some form of outpatient treatment (Tables 1 and 2). High-threshold 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 2015, 17 persons with drug-related problems were hospitalised.

T1.2.9 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.

T1.2.10 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 remains 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. Total inpatient treatment provision (number of clients)

| | Total number of clients | National Definition (Characteristics) |
|---|--------------------------------|---|
| Hospital-based residential drug treatment | 2031 | Data on hospitalisation due to illicit drugs from the hospital system |
| Residential drug treatment (non-hospital based) | 218 | Persons included in social reintegration with accomodation, residential communities and communes. |
| Therapeutic communities | 52 | Persons included in therapeutic communities. |
| Prisons | 17 | |
| Other inpatient units | 182 | Special hospital. |
| Other inpatient units | 95 | Day hospital. |
| Shelters and safe house | 86 | shelters for homelessness drug users and safe house for woman drug users victims and violents |

Source: National Institute of Public Health, Standard table 24

T1.3 Key data

T1.3.1 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 outpatient unit. Of all questionnaires collected in 2015, 316 persons were monitored who entered or re-entered a drug treatment programme in 2015. 236 of them (74.7%) entered or re-entered programmes due to opiate problems. 45 (14.2%) of those indicating why they entered a programme reported having cannabis problems, 13 (4.1%) had cocaine problems, 6 (1.8%) had stimulant problems and 2 had problems with other drugs.

A total of 42 persons entered inpatient treatment, who also completed the TDI questionnaire; 15 (35.7%) persons reported having opiate problems, 7 (16.6%) reported having cocaine problems, 1 (2.4%) reported having stimulant problems, 12 (28.5%) reported cannabis problems and 2 (4.7%) 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 2015, the TDI questionnaire was completed by 88 persons. Of those indicating the drug due to which they entered a programme, 42 (43%) reported having problems with opioid use, 8 (9%) with cocaine use, 34 (39%) with cannabis use.

Of the 202 users seeking help again in a Centre programme or the specialised hospital, 199 (88%) of those indicating drugs sought help due to opiate problems, 5(2%) due to cocaine problems, 11 (5%) due to hypnotics and sedatives and 12 (5%) due to cannabis.

T1.3.2 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, 2591 (100%) persons were treated in the Centre network in 2015. Of those indicating drugs (1533), 1025 (66.9%) persons reported

having opioid problems, 60 (3.9%) cocaine problems, 237 (15.5%) stimulant problems, 197 (7.6%) cannabis problems and 2 had a problems with other drugs.

T1.3.3 Further methodological comments on the Key Treatment-related data

Data in Table 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.

T1.3.4 Characteristics of clients in treatment

Of the long-term programme users (2591) in 2015 at Centres for the Prevention and Treatment of Illicit Drug Addiction, 2061 (79.5%) were male and 530 (20.5%) were female. The average age of patients was 37.12 years. The youngest was 13 and the oldest was 72. Alcohol is still consumed by 16.1%. Of the 2015 programme users, 2512 answered whether they still injected drugs. 16.3% of them indicated that they still injected drugs in last 30 days. Only 5.2% of programme users have never been tested for HIV and only 5.5% of programme users have never been tested for HCV.

T1.3.5 Further top level treatment-related statistics

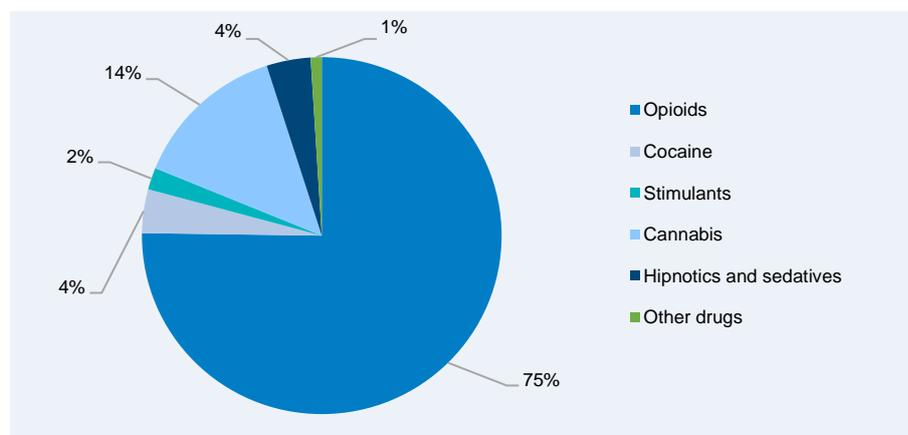
The low level of patients never tested for HIV and hepatitis C represents vital data for an estimation of seroprevalence of HIV and hepatitis C. The high percentage of those tested for hepatitis C also allows a successful start of HCV therapy, which is nowadays treatable in a high percentage.

Table 5. Summary table - Clients in treatment

| | Number of clients |
|---|-------------------|
| Total clients in treatment | 9670 |
| Total OST clients | 3261 |
| Total All clients entering treatment | 12931 |

Source: National Institute of Public Health ST24 and TDI

Figure 1. Proportion of treatment demands by primary drug, 2015



Source: National Institute of Public Health, TDI

T1.4 Treatment modalities

Outpatient and Inpatient services

T1.4.1 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.

T1.4.3 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.

T1.4.6 Social reintegration services (employment/housing/education) 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)

T1.4.7 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.

T1.4.8 Number of clients in OST

In 2015, 3261 persons were included in the maintenance programme. 1873 persons used methadone, 514 persons used buprenorphine, 369 persons used slow-release morphine, and 505 used other forms of substitution therapy. Furthermore, 642 persons used substitution therapy in prisons in 2015. 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.

T1.4.9 Characteristics of clients in OST

Of the 3719 patients included in the programme of Centres for the Prevention and Treatment of Illicit Drug Addiction in 2015, 3261 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.

T1.4.10 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.

T1.5 Quality assurance of drug treatment services

T1.5.1 Quality assurance in drug treatment

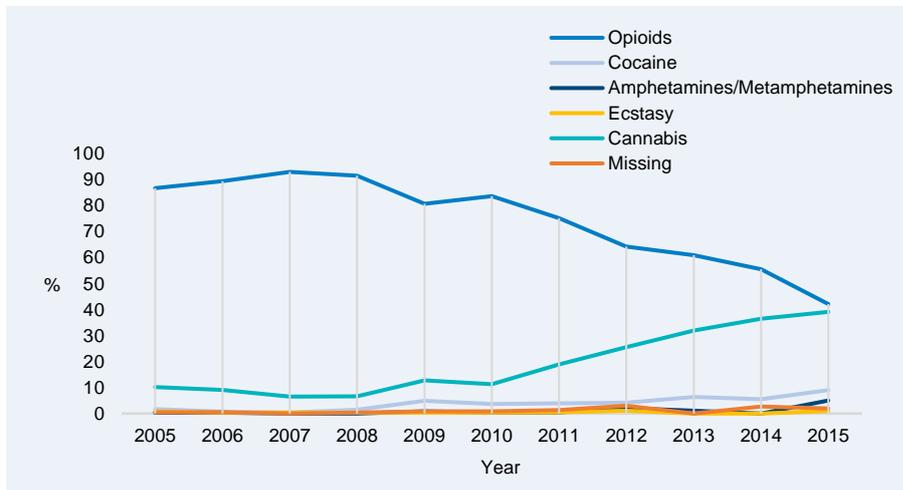
The first standards for drug treatment and the maintenance methadone programme were adopted in 1994. These were subsequently supplemented. Later on, European standards were adopted in this field, which are continuously supplemented by the Coordination body of Centres for the Prevention and Treatment 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.

T2. Trends

T2.1 Long term trends in numbers of clients entering treatment and in OST

New treatment entrants

Figure 2. Trends in numbers of first-time clients entering treatment, by primary drug, 2002–2015

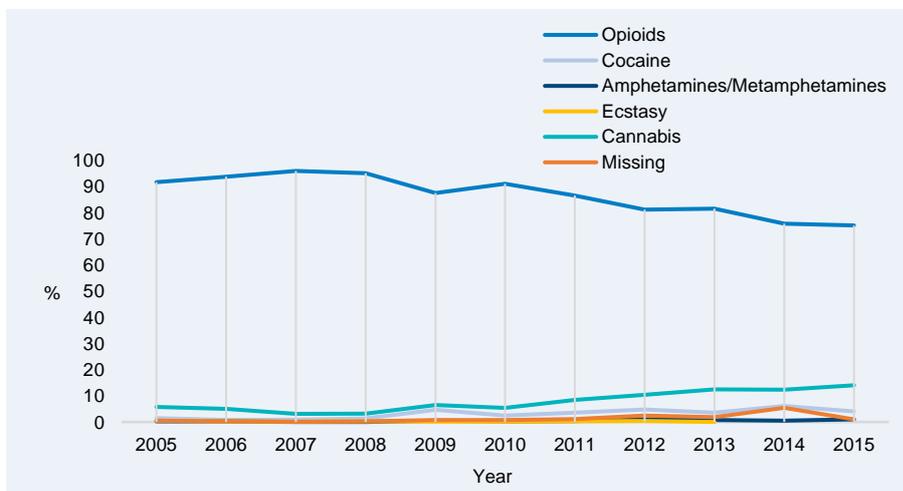


Source: National Institute of Public Health, TDI

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 morphine, 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 2015, there were already 38.6%.

Trends in numbers of all clients entering treatment

Figure 3. Trends in numbers of all clients entering treatment, by primary drug, 2002–2015

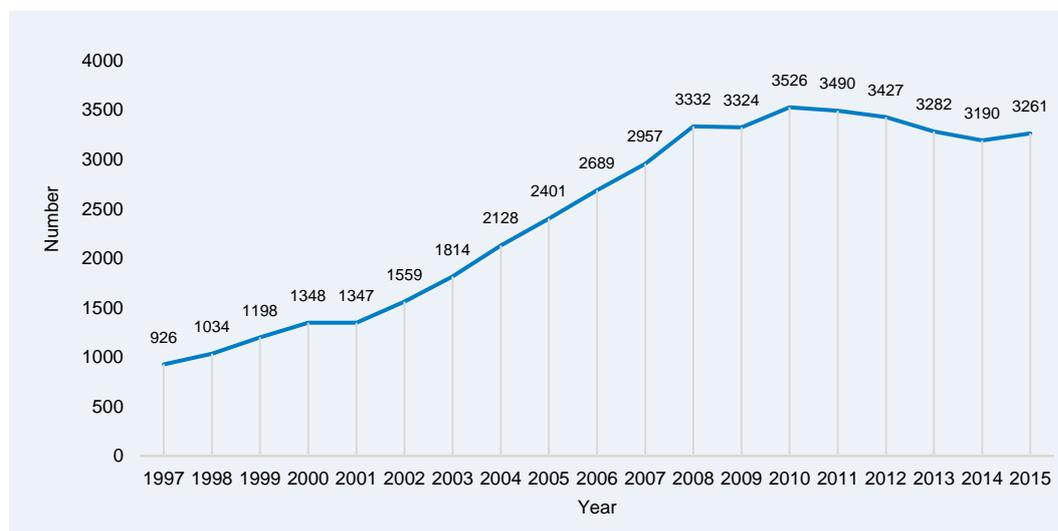


Source: National Institute of Public Health, TDI

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, 2003–2015

Figure 4. Trends in numbers of clients in opioid substitution treatment, 2003–2015



Source: National Institute of Public Health, ST 24

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 and again up in 2015 on 3261 who use substitution.

T3. New developments

T3.1 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.
7. Self-healing, psychotherapy and religious use of iboga (Tabernenthe iboga Baill.) or its alkaloid ibogaine has been present for over two decades in Slovenia. In 2015, OMI Institute for Anthropological Medicine launched governmentally supported program in order to provide better public recognition and understanding of a concept of such treatment against addictions, creating basis for its implementation in public health services, while in the meantime offering counselling to the interested individuals regarding safety and efficacy of iboga use via their (OMI) info point.
8. nn
9. Ministry
10. Medical
11. Cannabis clubs
12. Agressive cannabis promotion

T4. Additional information

T4.1 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.

T5. Notes and queries

T5.1 Does the Focal Point have access to OST data by age (e.g by age groups)?

No. We do not have access.

T6. Sources and methodology

T6.1 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.
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Best practice workbook

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T0. Summary

- **National profile**

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

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

The implementation of social care programmes is monitored by the Social Protection Institute of the Republic of Slovenia. All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes. The evaluation comprises the following: determining the programme's suitability for the target population, measuring its performance and effectiveness, assessing the implementation risks and analysing the aspects of the programme's long-term sustainability.

Based on practical work experience in prevention, programme providers lack appropriate tools for the methodical planning, implementation and evaluation of prevention programmes. Since the actual effects of the prevention programmes are generally left unproven, Slovenia has stepped up efforts in recent years to set up a nationwide model for evaluating drug prevention work. In 2014, Slovenia started to actively work on developing and implementing a quality assurance system for drug prevention programmes and began setting quality standards for drug prevention programmes, which were finalized and released in a publication in 2016.

- **Development**

Quality standards for drug prevention programmes were finalized and released in a publication in September 2016.

T1. National profile

T1.1 Policies and coordination

T1.1.1 Quality assurance-related objectives of national drug related strategy

Prevention

Marijana Kašnik

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

strategy is based on two-year action plans laying down the priorities, implementers, and required financial resources. The action plan is also an instrument whose structure facilitates close monitoring of the implementation and case-to-case adjustment of the activities to the topical problems and needs in the field of drugs.

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

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

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

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

Based on the evaluation findings and needs in the state, the Action Plan for 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.

Evaluation

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

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

Treatment and social rehabilitation

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

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

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

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

Treatment

Milan Krek

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

Expert supervision over illicit drug addiction prevention and treatment programmes in practice is carried out by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, which is appointed, and whose tasks are defined, by the Ministry of Health. The Coordination of Centres formulates and proposes to the Health Council a doctrine (program implementation rules and principles), reviews the application of the illicit drug addiction treatment doctrine and coordinates the professional cooperation of the Centres for the Prevention and Treatment of Illicit Drug Addiction across the country. What's more, the Coordination of Centres may put forward to the Ministry of Health proposals for organizing professional training and may propose to relevant professional associations criteria for professional work within illicit drug addiction treatment programmes. It is also involved in the production of journals and other educational materials, and it is responsible for verifying research projects taking place in the Centres for the Prevention and Treatment of Illicit Drug Addiction nationwide.

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

requirements for human resources; checking the compliance with requirements regarding the centres' facilities and equipment; and miscellaneous other tasks. Aside from the oversight mechanisms above, adherence to ISO standards is also being monitored by individual institutions running the programmes. ISO standards lay down a set of requirements for programmes to meet in order to be eligible to receive funding and to be able to run.

Social rehabilitation

Simona Smolej Jež

The legal framework for the social security system has been established by the Social Security Act (Official Gazette of the Republic of Slovenia, No. 3/2007 and subsequent issues), and the area of social benefits is governed primarily by the Social Assistance Benefits Act (Official Gazette of the Republic of Slovenia, No. 61/2010 and subsequent issues) and the Exercise of Rights to Public Funds Act (Official Gazette of the Republic of Slovenia, No. 62/2010 and subsequent issues), which came into effect in 2012 and resulted in substantial cuts to the system of social benefits.

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

Professional activities aimed at resolving social issues related to illicit drug use are carried out in the public service framework (at 62 Centres for Social Work in the context of providing social care services and exercising public authority) and in the framework of other social care providers (mostly privately held organizations and NGOs) running various (public, developmental, experimental, complementary) social care programmes.

In the context of the social care programme network, the ReNPSV13–20 also lays down a framework for developing a network of programmes for the social rehabilitation of addicts, which are aimed at illicit drug users and people in social distress as a result of alcohol addiction or other forms of dependence (eating disorders, gambling, etc.). In this area, the ReNPSV13–20 provides for the development of prevention, information and counselling programmes, telephone counselling programmes, coordination and support programmes, assistance and self-help programmes, harm reduction programmes, day centres carrying out fieldwork, housing and therapy programmes, reintegration and activation programmes (ReNPSV13–20. Official Gazette of the Republic of Slovenia, No. 39/2013).

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

Pursuant to the ReNPPD14–20, in the context of resolving social issues in the period until 2020, a special emphasis will be placed on:

- increasing the proportion of drug users enrolled in programmes and establishing an assistance network on an as-needed basis;
- providing appropriate support to NGOs, co-funding included;
- providing suitable professional training for people working in the area of illicit drugs;
- evaluating all verified drug-related programmes with secured long-term funding, and based on evaluation results, determining straightforward criteria for funding.

Rules on the Co-Financing of Social Care Programmes, proposed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities ("MDDSZ"), were open for public discussion until mid-September 2016. The Rules will set out the various areas and types of social care programmes, staffing and spatial requirements, technical equipment requirements based on the type of social care programme, a suitable amount of financial resources, criteria for programme co-funding, methods of funding, changes in a programme's scope and activities, and programme monitoring and evaluation procedures. The programmes whose fulfilment of (predominantly technical) requirements will be prescribed by these Rules also include social care programmes aimed at preventing and eliminating social distress among illicit drug addicts. That way, the state is setting up clearer and more transparent frameworks for ensuring quality implementation of the programmes, highly professional work, and progression towards providing a proper response to the needs of users during fieldwork.

T1.2 Organisation and functioning of best practice promotion

T1.2.1 National organizations/institutions promoting Quality assurance of drug demand reduction intervention

Prevention

Marijana Kašnik

The NIPH significantly contributes to the health of the Slovenian population and the development of the health care system in Slovenia, and it is the most important partner in health improvement and protection programmes and projects. Together with partners (for example health centres, hospitals, schools, ministries, NGO's, Centres for prevention and treatment of illicit drug addiction etc.), it represents the source of data and information necessary for individuals, experts and the health policy to make decisions and take actions. It recognises the key health challenges of the population, including the determinants that affect the health, and it proposes health improvement measures. The NIPH monitors the health protection system, drafts system operation analyses and proposes measures to increase accessibility and effectiveness of the health care system and the development of priorities. Based on analyses, it recognises possible health threats, assesses risks and prepares health protection measures. Its research work and international cooperation contribute to new knowledge and spread new findings and good practices. In accordance with the legislation, it operates at ten locations throughout Slovenia. In addition to the central unit with eight centres, there are nine regional units where interdisciplinary teams carry out various tasks in the field of communicable and non-communicable diseases.

In cooperation with the Ministry of Health of the Republic of Slovenia, the NIPH actively started in 2014 to prepare and establish the system to ensure a high quality of prevention programmes in the field of drugs. A team of experts working in the field of drugs prepared a 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.

Treatment

Milan Krek

The following professional bodies are responsible for promoting the quality of addict treatment programmes:

the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction: Proposes expert solutions, incorporates them into programmes of work and monitors them.

The Commission for Supervising the Work of the Centres: Oversees the programme implementation quality following a preapproved programme and programme implementation instructions.

Expanded professional boards specializing in respective areas: Assess the professional relevance of a programme and may submit the programme to the Health Council for approval. They may also reject a programme.

The Health Council: Receives proposals of individual expert programmes submitted for approval from the expanded professional boards. If approved, a programme is qualified to receive funding through the Health Insurance Institute of Slovenia.

The Commission on Narcotic Drugs of the Government of the Republic of Slovenia: Secures funding for programmes and enables their incorporation into the comprehensive interdisciplinary programme for addressing the issue of drugs and their implications.

The Medical Chamber of Slovenia: Oversees the quality of programme implementation and the quality of work of physicians engaged in the programmes.

Social rehabilitation

Simona Smolej Jež

The implementation of social care programmes, in light of the fulfilment of the ReNPSV13–20, is monitored by the Social Protection Institute of the Republic of Slovenia ("IRSSV"). Based on final (annual) programme implementation reports collected every year, the IRSSV produces an overview and analysis of the situation regarding the implementation of the social care programmes funded in part by the Ministry of Labour, Family, Social Affairs and Equal Opportunities ("MDDSZ"). Collected nationwide, the data provide a reliable picture of the situation regarding the implementation of social care programmes in Slovenia. It needs to be noted, however, that the IRSSV only deals with programmes which receive a portion of funding from the MDDSZ, leaving out programmes not funded through the MDDSZ. We believe that such programmes are not many and that the MDDSZ provides financial backing to a large majority of specialized programmes in this area through annual calls for proposals. The IRSSV data is therefore essential to professionals as it provides an insight into the situation, trends and development, or expansion, concerning the social care programme network,

while also being useful in laying down guidelines and setting the course for further development in this aspect of social welfare.

All verified public social care programmes are part of a uniform system for evaluating the achievement of the programmes' goals, which ensures their comparability with related programmes. The evaluation comprises the following: determining the programme's suitability for the target population, measuring its performance and effectiveness, assessing the implementation risks and analysing the aspects of the programme's long-term sustainability. Data to be evaluated is recorded promptly, whereas external checking, assessment and benchmarking of programmes within the same group, that is, composed of related programmes or of the same type, is conducted every few years. Results of the external evaluation of social rehabilitation programmes for illicit drug addicts will be known by the end of 2016.

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

T1.2.2 Accreditation systems for intervention providers in drug demand reduction

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

The Social Chamber of Slovenia is the institution responsible for the procedure of professional verification of social care programmes. The procedure is executed in accordance with the Rule on procedure of professional verification of social care programmes (all the criteria is listed in the Rule) (<http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11860>). The programme must be continuously carried out for at least three consecutive years to be able to apply for professional verification. If programme is verified as a public social care programme it becomes a part of public network and 5-years funding is provided. If verification is not successful; the programme is not accepted in a public network of social care programmes and therefore cannot be funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

T1.2.3 Do you have specific education systems for professionals working in the field of demand reduction?

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

(1) Subject: Addiction

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

(2) Subject: Ethnography of licit and illicit drug consumption

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

T2. Trends. Not applicable for this workbook

T3. New developments

T3.1 New or topical developments observed in best practice promotion

Prevention

Marijana Kašnik

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.

Quality standards for drug prevention programmes were finalized and released in a publication in September 2016.

Treatment

Milan Krek

New programme implementation instructions for the network of Centres for the Prevention and Treatment of Illicit Drug Addiction are in the pipeline but will not be released until 2017. It is an update to the existing standards in this field. In 2015, the Commission for Supervising the Work of the Centres for the Prevention and Treatment of Illicit Drug Addiction, appointed by the Ministry of Health, conducted a comprehensive supervision review of the centres' operations. At the time of drawing up this report, the Commission is working on its supervision report, which is going to include measures for improving the performance of Slovenia's network of Centres for the Prevention and Treatment of Illicit Drug Addiction.

Social rehabilitation

Simona Smolej Jež

Rules on the Co-Financing of Social Care Programmes, proposed by the MDDSZ, were open to public discussion until mid-September 2016. The Rules will set out the various areas and types of social care programmes, staffing and spatial requirements, technical equipment requirements based on the type of social care programme, a suitable amount of financial resources, criteria for programme co-funding, methods of funding, changes in a programme's scope and activities, and programme monitoring and evaluation procedures. The programmes whose requirements will be prescribed in detail by these Rules also include social care programmes aimed at preventing and eliminating social distress among illicit drug addicts. Despite focusing primarily on technical requirements concerning the implementation of programmes and their financing, the Rules will allow the state to establish clearer and more transparent frameworks for ensuring quality implementation of the programmes, highly professional work, and progression towards providing a proper response to the needs of users during fieldwork.

T4. Additional information

T4.1 Additional sources of information, specific studies or data on best practice promotion

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.

T5. Notes and queries

1) Does your country have quality assurance mechanisms in place (eg. specific institutional bodies, standards and/or guidelines, specific curricula) for law enforcement interventions in the community?

No.

2) Does your country have experiences in national health outcomes evaluations?

Yes. Regular supervision reviews conducted by the Commission for Supervising the Work of the Centres for the Prevention and Treatment of Illicit Drug Addiction help to identify and fix the system's shortcomings. The ISO standards system is being used to monitor and improve individual indicators. The network of Centres for the Prevention and Treatment of Illicit Drug Addiction underwent an external evaluation in 2007. The evaluation was conducted by the Dutch Trimbos Institute with financial support from the EU.

T6. Sources and methodology

T6.2 Sources

Sources are listed in the overall bibliography.

T6.2 Methodology

Tautman, F. (2007). Evaluation of Slovenia's Substitution Treatment Maintenance Programme – Assessment of Quality and Effectiveness. Qualitative and quantitative analysis of the work activity of the network of centres. Utrecht: Trimbos-instituut. The goal of the project was to assess the quality and effectiveness of the substitution treatment maintenance programme being offered in Slovenia. The CIPP evaluation model for health programmes was used in the study.

Harms and harm reduction workbook

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T0. Summary

Data on drug related deaths among drug users are collected in the General Mortality Register. Monitoring data include direct deaths, i.e. intentional poisoning, unintentional poisoning and deaths of undetermined intent. In 2014, 28 drug related 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. In 2015, 32 drug related deaths were registered (28 men and 4 women). The most common causes of death were poisoning by heroin (15 deaths) and methadone (7 deaths), 5 less than the year before.

Data on 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. In 2015, the internal medicine emergency units of the UMCL treated 145 patients for illicit drug-related acute emergencies, which is more than in previous years. The number of heroin, cocaine and cannabis poisonings continued to rise. The number of acute emergencies involving amphetamine-type stimulants has remained stable, furthermore only five acute emergencies induced by NPS were registered in 2015.

The situation in infectious diseases among drug users remained relatively stable in 2014 and also in 2015. 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. In 2015, one case of new diagnoses of HIV infections with a history of injecting drug use was 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 5.9% in 2015. Respective HCV infection prevalence estimates ranged from the lowest 27.3% in 2012 to the highest 42.7% in 2015.

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 2015, there were 10 day centres on 8 locations across Slovenia running sterile injection equipment exchange programs. Two locations in Slovenia offer other forms of fixed-location sterile equipment exchange: a night shelter for drug users and a safe house for female drug users. In 2015, street sterile equipment exchange took place on 8 locations in three towns across Slovenia, while the mobile unit (van) exchange service was offered on 94 locations in 70 towns around the country. All the sterile equipment exchange programs issued a combined total of 500,757 syringes and needles in 2015. These programs have reported serving 1,966 different users of sterile injection equipment exchange programs, of which 124 were new users. The programs recorded 22,199 contacts with injecting drug users in 2015.

The number of needles and syringes issued in sterile kit exchange programmes fell in the last 6 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.

T1. National profile

T1.1 Drug-related deaths

Mateja Jandl

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, unintentional poisoning and deaths of unidentified or unconfirmed cause), and indirect deaths, where the effects of drugs contributed to the cause of death; these data have been taken from a cohort study. In 2014, the cohort study was concluded; the latter included 3949 persons between 2004 and 2006 who were monitored until 2014. In 2017, 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.

T1.1.1 Drug related deaths

32 deaths from illicit drug poisoning were recorded in Slovenia in 2015, which included cases of intentional poisoning (suicide), accidental poisoning and poisoning of undetermined intent. Of those who died, 28 were men and 4 were women; the average age of the men and women was 40.6 or 40.7 years respectively, which means that in contrast to 2014, the average age of the deceased of both sexes at the time of death was about three years higher. Most of the deceased were aged 35 to 39. (Table 1)

Table 1. Drug related deaths by drug group, age group and gender, 2015

| Drug | Age group | | | | | | | | | | | | Total | | |
|------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|-----------|
| | < 15 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60–64 | > 65 | Men | Women | Total |
| Heroin | 0 | 0 | 1 | 0 | 5 | 5 | 0 | 4 | 0 | 0 | 0 | 0 | 14 | 1 | 15 |
| Addiction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| Other opioids | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| Methadone | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 1 | 1 | 7 | 0 | 7 |
| Cocaine | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| Cannabis | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Other psychostimulants | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 4 |
| Total | 0 | 0 | 3 | 3 | 6 | 8 | 2 | 5 | 0 | 3 | 1 | 2 | 28 | 4 | 32 |

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

T1.1.2 Toxicology of drug related deaths

Most of the deaths recorded in 2015 were caused by heroin poisoning (15), with 7 cases of methadone poisoning, 5 less than the year before. A little over one-half of the deaths occurred as a result of accidental poisoning (18), two (2) cases of poisoning were intentional (suicide), and in 11 cases it could not be determined whether the poisoning was intentional or not; the reason for one of the deaths was self-harming. (Table 2) Currently, Slovenia does not analyse any additional information on the substances involved (illicit drugs and/or alcohol used in combination) or the cause of drug related deaths.

Table 2. The number of drug related deaths by external cause and type of drug used, 2015

| Type of drug | Unintentional poisonings | Intentional poisonings | Undetermined intent | Self-harming | Total |
|------------------------|--------------------------|------------------------|---------------------|--------------|-----------|
| Heroin | 9 | 1 | 5 | 0 | 15 |
| Addiction | 0 | 0 | 0 | 1 | 1 |
| Other opioids | 0 | 1 | 0 | 0 | 1 |
| Methadone | 4 | 0 | 3 | 0 | 7 |
| Cocaine | 2 | 0 | 0 | 0 | 2 |
| Cannabis | 1 | 0 | 1 | 0 | 2 |
| Other psychostimulants | 2 | 0 | 2 | 0 | 4 |
| Total | 18 | 2 | 11 | 1 | 32 |

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

T1.1.4 Additional information on drug-related deaths

Mateja Jandl

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

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

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

T1.2 Drug related acute emergencies

Miran Brvar

T1.2.1 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 Clinical Toxicology and Pharmacology 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 Clinical Toxicology and Pharmacology 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 Clinical Toxicology and Pharmacology hence started collecting biological samples of persons poisoned by NPS at the emergency medical units of medical centres and hospitals throughout Slovenia within the scope of the SONDA project, thus ensuring their toxicology analysis. The project has joined the 24/7 information consultation service and the Register of Intoxications, and the toxicologist on duty ensures 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 Clinical Toxicology and Pharmacology 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. 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 is being extended to the entire country with the SONDA project and online registration of poisonings to the Slovenian Register of Intoxications.

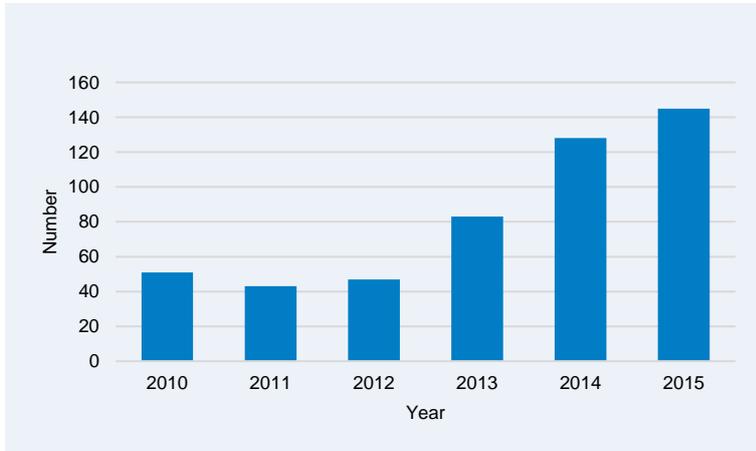
T1.2.2 Toxicology of drug-related acute emergencies

This report presents statistics on adult patients examined and treated for illicit drug-related acute emergencies at the University Medical Centre Ljubljana ("UMCL"), a secondary-level hospital covering the Ljubljana area, with a population of some 600,000 people.

A total of 23,920 patient examinations were conducted at the internal medicine emergency units of the University Medical Centre Ljubljana in 2015. According to the data from the hospital's computer-based patient information system and the medical records of all patients manually entered in the register of patients treated in 2015, the internal medicine emergency units of the University Medical Centre Ljubljana treated 145 patients (80% were male) for illicit drug-related acute emergencies, which is more than in previous years. Only 51 such cases were recorded in 2010, 43 in 2011, 47 in 2012, 83 in 2013, and 128 in 2014 (Figure 1). In 2015, the number of illicit drug-related acute emergencies accounted for 0.61% of all emergencies handled by the internal medicine emergency units, whereas in 2010, 2011, 2012, 2013 and 2014, this proportion was 0.24%, 0.19%, 0.20%, 0.36% and 0.54% respectively (Figure 2).

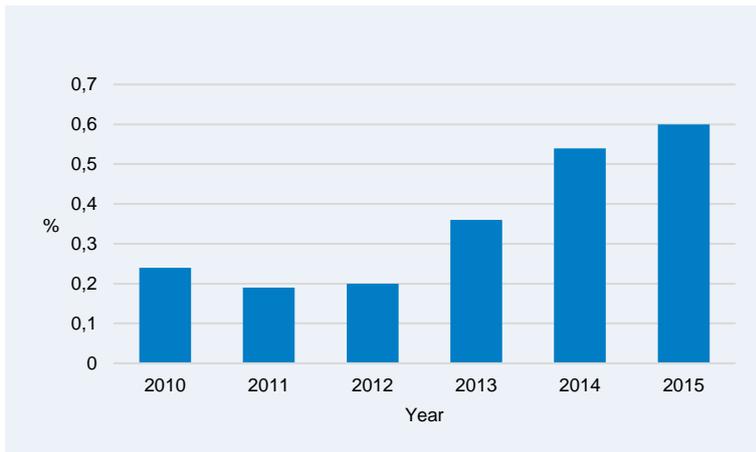
In 2015, the incidence of illicit drug-related acute emergencies in the Ljubljana area was around 24 in 100,000 people.

Figure 1. Number of patients treated for illicit drug poisoning at the UMCL Division of Internal Medicine



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

Figure 2: Proportion of patients treated for illicit drug poisoning at the emergency units of the UMCL Division of Internal Medicine as compared to all treated patients



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

Table 3 lists the illicit drugs that caused acute emergencies in adult patients treated at the UMCL Division of Internal Medicine. As expected, the number of used drugs given in Table 3 is higher than the number of patients with drug-related acute emergencies given in Figure 1, since users frequently take several different drugs.

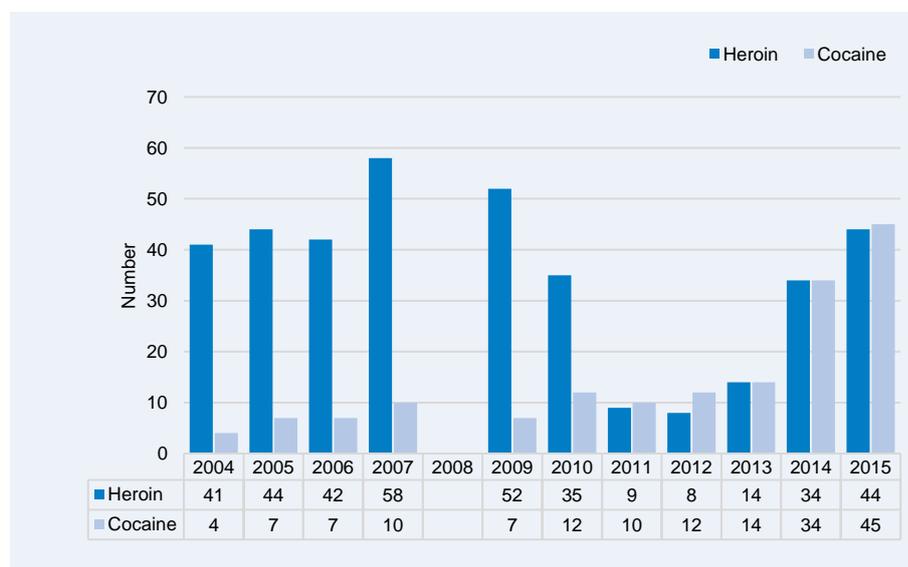
Table 3. Number of illicit drugs that caused acute emergencies in patients treated at the UMCL internal medicine emergency units in the period from 2010 to 2015

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

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

The prevalence of illicit drug-related acute emergencies has been monitored by the UMCL for a number of years. Figure 3 shows the number of patients with heroin and cocaine-induced acute emergencies over the last decade.

Figure 3. Number of patients with heroin and cocaine-induced acute emergencies treated at the UMCL internal medicine emergency units, 2004–2015



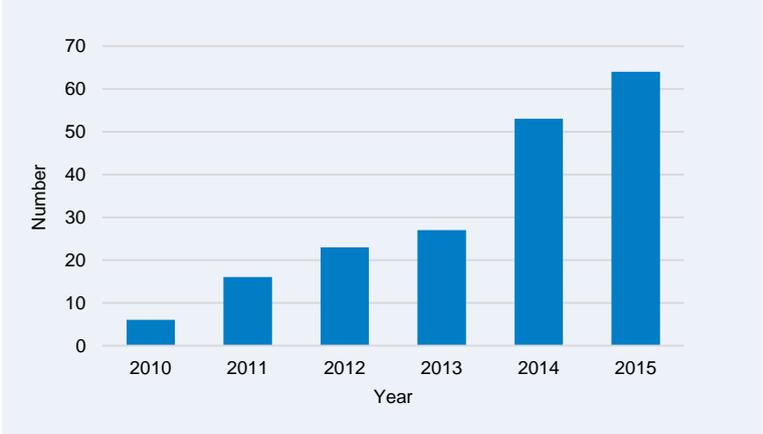
Source: University Medical Centre Ljubljana, Division of Internal Medicine, Centre for Clinical Toxicology and Pharmacology

According to Figure 3, the number of heroin-induced acute emergencies gradually declined from 2007 to 2012, then began to increase unexpectedly in 2013 and in 2015 reached the level from the start of this decade. In 2015, the average age of the patients with heroin-induced acute emergencies was around 35 years, 88% of them were men.

The number of cocaine-induced acute emergencies was similar in the period from 2010 to 2013, but more than doubled in 2014 in Ljubljana; in 2015, this number reached 45 patients, topping the number of acute emergencies induced by heroin. The average age of the patients with cocaine-induced acute emergencies was 31 years, most of them were men (84%).

Also, the number of acute emergencies induced by cannabis, or rather THC, an ingredient found in the cannabis plant, has steadily increased in recent years. Since 2010, cannabinoids have been the most commonly found illicit drug in adult patients with drug-related acute emergencies in Ljubljana. The number of THC-induced acute emergencies has seen a marked increase in 2014, when it doubled compared to the previous year. As many as 64 such patients were treated in 2015, the largest number to date (Figure 4). There are also individual cases of acute emergencies induced by hash oil, which is extracted from cannabis, where patients are typically older people with other medical conditions.

Figure 4. Number of cannabis-induced acute emergencies treated at the University Medical Centre Ljubljana, 2010–2015.



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

In 2015, the number of acute emergencies induced by gamma-hydroxybutyrate (GHB) slightly decreased compared to 2014 and 2013, when GHB was the most common cause of illicit drug-related acute emergencies; as many as 27 patients with GHB-induced acute emergencies were treated in 2013, along with 2 patients with GBL and 2 patients with BD-induced acute emergencies (Figure 5). In 2015, the average age of patients with GHB-induced acute emergencies was 29 years, with men making up 70%.

Figure 5: Number of patients treated for acute intoxication with GHB, GBL and BD at the UMCL internal medicine emergency units, 2010–2015



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

The number of acute emergencies involving "conventional" amphetamine-type stimulants, which include amphetamines, methamphetamines, MDMA and similar phenethylamines, has remained unchanged in recent years (Table 1). The average age of the users of amphetamine-type stimulants was 30 years, most of them were men (70%).

Only 5 acute emergencies induced by the latest psychoactive substances, for example 3-MMC, methylone, mephedrone and 2CI-NBOMe, were registered in 2015. Patients with acute emergencies induced by new psychoactive substances are predominantly men (75%). The average age of the adult users of new psychoactive substances was no more than 28 years.

Overall, illicit drug-related acute emergencies accounted for 0.6% of all patients handled by Ljubljana's internal medicine units in 2015, which is slightly up from the previous year. An increase in the number of heroin and cocaine-induced acute emergencies was again observed in 2015, along with an ever-increasing number of cannabis poisonings. The number of acute emergencies involving amphetamine-type stimulants (ecstasy, amphetamine), however, has not changed substantially relative to previous years. Also handled in 2015 were individual cases of acute emergencies involving new psychoactive substances, such as 2CI-NBOMe. In the year ahead, we are starting a more comprehensive monitoring of acute emergencies involving new psychoactive substances, which will be expanded to include the entire country and will be based on a dedicated SONDA system for identifying poisoning cases involving new psychoactive substances.

T1.3 Drug related infectious diseases

Irena Klavs, Tanja Kustec

T1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV

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.

HBV

During the period from 2011 to 2015, a total of 529 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 60 in 2015 to the highest of 157 in 2012. The number of diagnosed HIV infections ranged from 0 in years 2012 and 2015 to the highest of 3 in years 2011 and 2014. Respective HIV prevalence estimates ranged from the lowest 0% in 2012 and 2015 to the highest 3.6% in 2014.

Table 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 2011 to 2015. The prevalence consistently remained below 1%.

Table 4. Proportion of HIV infected among clients of one Centre for Prevention and Treatment of Illicit Drug Addiction and 3 harm reduction programmes, 2011–2015

| | Year | Number of sentinel sites | Number of tested | | Number of HIV infected | | % HIV infected | |
|------|------|--------------------------|------------------|--------|------------------------|--------|----------------|--------|
| | | | Male | Female | Male | Female | Male | Female |
| PWID | 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 |
| | 2014 | 4 | 139 | 29 | 0 | 0 | 0 | 0 |
| | 2015 | 2 | 67 | 11 | 0 | 0 | 0 | 0 |

Source: Unlinked anonymous testing for HIV for surveillance purposes, 2011–2015

During the last five years (2011–2015), six cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2012 as well as in 2015 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 19 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 456 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 34 in 2015 to the highest of 153 in 2012. The number of diagnosed acute and chronic HBV infection ranged from 2 in year 2015 to the highest of 12 in year 2011. Respective HBV infection prevalence estimates ranged from the lowest 2.0% in 2012 to the highest 8.1% in 2011 and was 5.9% in 2015.

During the period from 2011 to 2015, the overall reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 1.6/100,000 inhabitants in 2015 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 2011 to 2015, a total of 621 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 89 in 2015 to the highest of 158 in 2011. The number of diagnosed acute and chronic HCV infection ranged from 36 in year 2013 to the highest of 45 in year 2011. Respective HCV infection prevalence estimates ranged from the lowest 27.3% in 2012 to the highest 42.7% in 2015.

During the period from 2011 to 2015, 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 and 2015 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.

T1.3.2 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.

T1.4 Other drug-related health harms

T1.4.1 Other drug-related health harms

Comorbid Mental Disorders

Andrej Kastelic, Nuša Šegrec

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

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

New Psychoactive Substances

Matej Sande, Mina Paš

In addition to injection rooms, one of Slovenia's recent challenges in harm reduction has also been to reduce harm induced by NPS, as the use of synthetic cathinones has become relatively popular among the youth with respect to the recent research and reports by field workers. Considering the research

conducted in Slovenia and presented in this report, adverse effects of NPS use on users have already been revealed and may also be detected in consultations with adolescents using NPS. A large share of the sample in the research on NPS use used new drugs relatively risky (mixing them with other drugs and using large amounts at the same time). A large share of the sample used large quantities of NPS; for example, a quarter of them used over a gram and a half of synthetic cathinones per night (Source: Study on the use of new psychoactive substances, DrogArt, 2014. The study is described in more detail in the Drug workbook).

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

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

Harm Reduction Programmes

Ines Kvaternik

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

T1.5 Harm reduction interventions

Ines Kvaternik

T1.5.1 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.

T1.5.2 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.

T1.5.3 Harm reduction services

In 2015, there were 10 day centres on 8 locations across Slovenia running sterile injection equipment exchange programs. Two locations in Slovenia offer other forms of fixed-location sterile equipment exchange: a night shelter for drug users and a safe house for female drug users. In 2015, street sterile equipment exchange took place on 8 locations in three towns across Slovenia, while the mobile unit (van) exchange service was offered on 94 locations in 70 towns around the country. All the sterile equipment exchange programs issued a combined total of 500,757 syringes and needles in 2015. These

programs have reported serving 1,966 different users of sterile injection equipment exchange programs, of which 124 were new users. The programs recorded 22,199 contacts with injecting drug users in 2015.

T1.6 Targeted interventions for other drug-related health harms

T1.6.1 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.

Collection points for NPS samples

Simona Šabić

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

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

For users, the sample submission process is anonymous and free of charge. Upon sample submission, a user takes part in a one-to-one counselling session employing the motivational interviewing method and also providing the user with information on how to reduce risks and what their options are in terms of follow-up counselling. In association with the Police, the received sample is then sent to the National Forensic Laboratory for analysis.

T1.7 Quality assurance of harm reduction services

Ines Kvaternik

T1.7.1 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.¹⁵ 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.

T2. Trends

T2.1 Short term trends in drug-related harms and harm reduction services

Short-Term Trends in Drug-Related Infectious Diseases

Irena Klavs, 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.

Distribution of Needles and Syringes

Ines Kvaternik

Table 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. Number of needles and syringes issued and contacts, 2010–2015

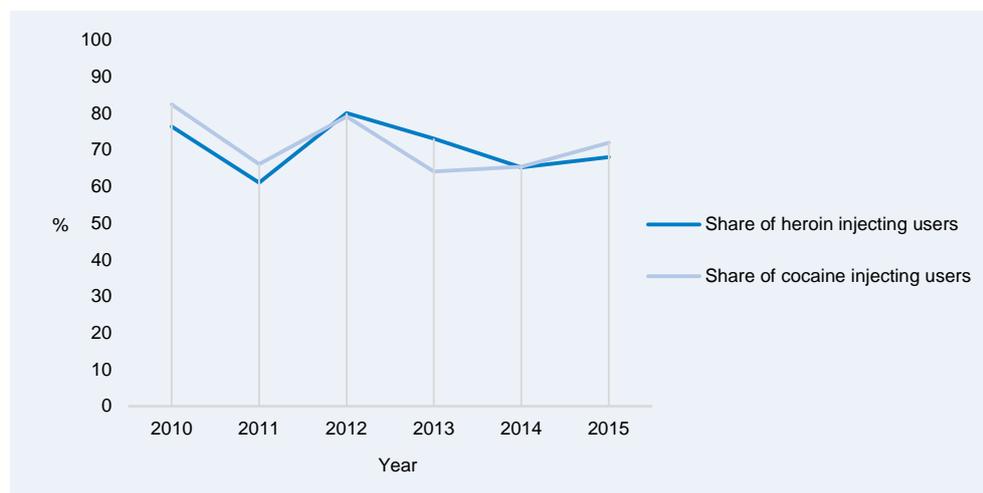
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|
| Number of needles and syringes issued | 732,592 | 632,462 | 553,426 | 513,272 | 494,890 | 500,757 |
| Contacts with PWIDs | 17,319 | 13,851 | 11,639 | 16,753 | 20,180 | 22,199 |

Source: National Institute of Public Health, Koper Regional Unit, Sterile kit exchange database, 2010–2015

¹⁵ 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).

The number of needles and syringes issued in sterile kit exchange programmes fell between 2010 and 2015 (Table 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 7 reveals that the injection of heroin and cocaine dropped in the mentioned period.

Figure 7. The share of heroin and cocaine injection among users of harm reduction programmes, 2010–2015



Source: National Institute of Public Health, Koper Regional Unit. Anonymous survey on the profile of drug users seeking help in harm reduction programmes, 2015

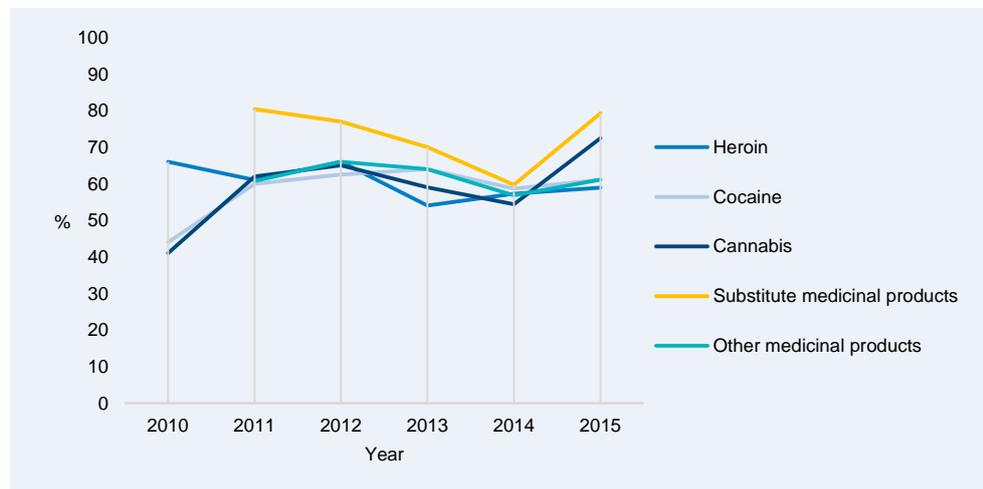
The data show that the share of the use of other drugs also changed from 2010 to 2015 (Figure 8). In the 6-year period, a drop in heroin use and a rise in cocaine use were detected. In 2015, the use of the latter reached and even surpassed heroin use, which can, according to the reports from harm reduction 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. An increase in the use of substitute medications was again observed in 2015.

Figure 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. The use of all drugs increased in 2015, most notably cannabis. Due to changing trends in the use of certain

psychoactive substances, in 2015 we updated our questionnaire with questions regarding the use of amphetamine, ecstasy, hallucinogenic drugs and new psychoactive substances. The data shows a rather widespread use of amphetamines (24.7%), ecstasy (24.2%), hallucinogenic drugs (15.7%) and new drugs (14.2%). What's particularly alarming is the fact that these substances are also being injected: amphetamine, ecstasy and new drugs by 40.1%, 6.8% and 48.6% of users respectively.

Figure 8. The shares of drug use among users of harm reduction programmes, 2010–2015



Source: National Institute of Public Health, Koper Regional Unit. Anonymous survey on the profile of drug users seeking help in harm reduction programmes, 2015

New Psychoactive Substances

Matej Sande, 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 (see also Drug market and crime workbook). 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.

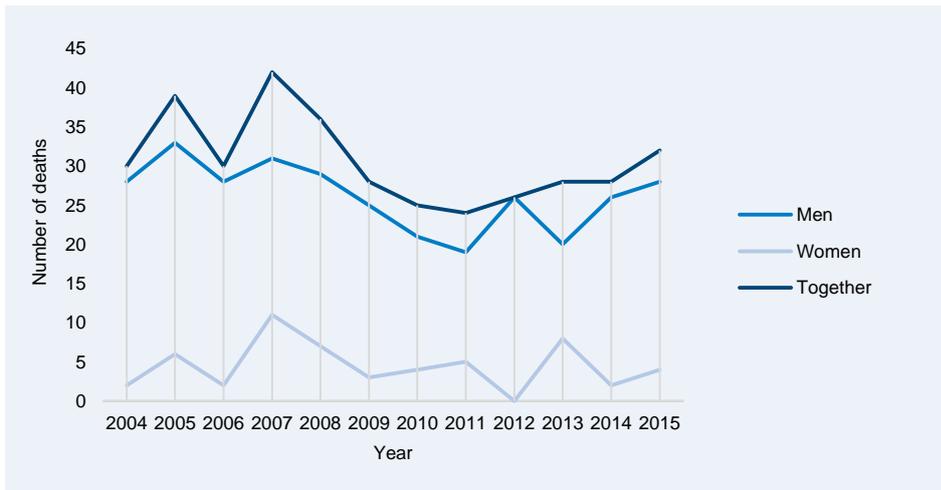
T2.2 Long term trends in drug-related harms and harm reduction services

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

Mateja Jandl

The number of direct deaths (intentional, accidental or of undetermined intent) from a drug overdose had steadily declined between 2004 and 2011, but again increased among men in the years 2012, 2014 and 2015, as well as among women in 2013 and 2015. In 2015 the number of direct deaths among men was seven times higher than among women (Figure 9).

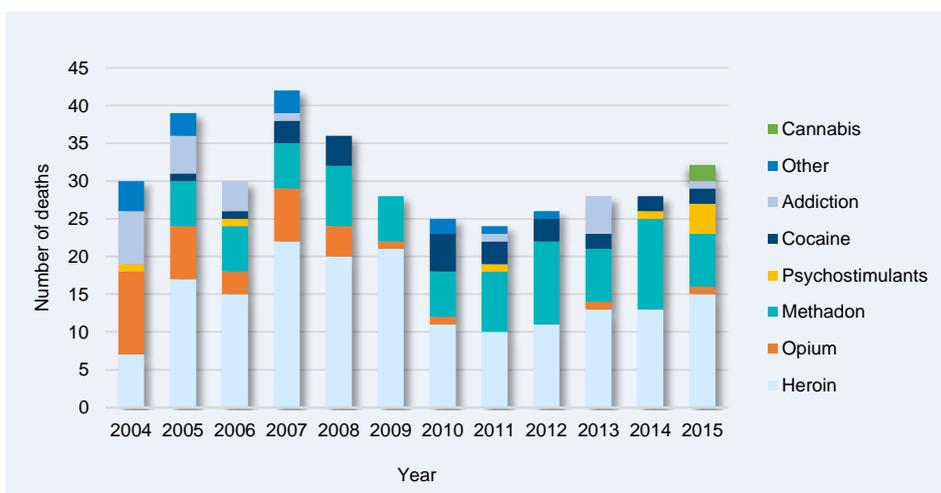
Figure 9. Trends in drug-related deaths, total and by gender, 2004–2015



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

Heroin poisoning deaths were the most frequent throughout the 2004–2015 period, except for 2012, when this number matched the number of deaths linked to methadone. In 2014 the number of methadone deaths again rose and nearly matched the number of heroin deaths. The second most common cause of death, methadone poisoning has been trending upwards since 2010; the number of incidences went down slightly in 2013, again rose in 2014 and then decreased to 7 registered cases in 2015 (Figure 10). The number of cocaine deaths has ranged from 3 and 5 cases ever since 2007, with no incidence recorded in 2009. Two people died from cocaine in 2014, and the same goes for 2015. Deaths caused by other drugs have occurred only occasionally through the years (opium and opioids, psychostimulants, other); in 2015 the number of deaths from psychostimulants increased from 2 to 4 year over year, and 2 cannabis deaths were recorded for the first time ever.

Figure 10. Trends in the number fatal drug poisonings (intentional, unintentional, of undetermined intent) by type of drug, 2004–2015

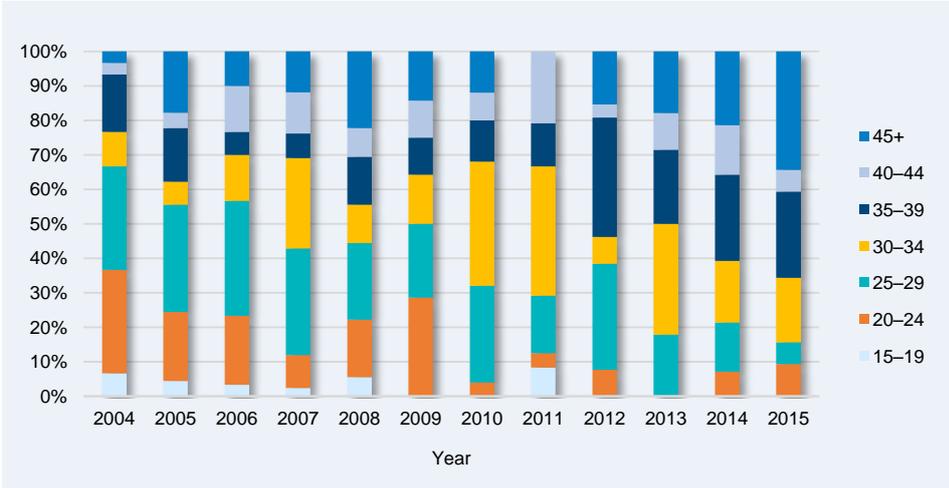


Source: National Institute of Public Health, Medical report on a deceased person – NIPH 46

Data monitoring over the last decade has revealed that addicts are dying at ever older ages. The number of deaths in a single age group was highest in 2007, specifically in the 25–29 age group (Figure 11). In the years that followed, the highest number of deaths shifted towards older age groups. In 2012 and 2014, as well as 2015, the highest number of deaths was recorded in the 35–39 age group. Over the

last four years, however, the number of deaths in the oldest age group (over 45 years) has been trending upwards. While there were "only" 6 deaths recorded in this age group as recently as 2014, the figure rose to as many as 11 in 2015; 3 people belonged to the 55–59 age group and one person to the respective age groups 60–64, 65–69 and 70–74.

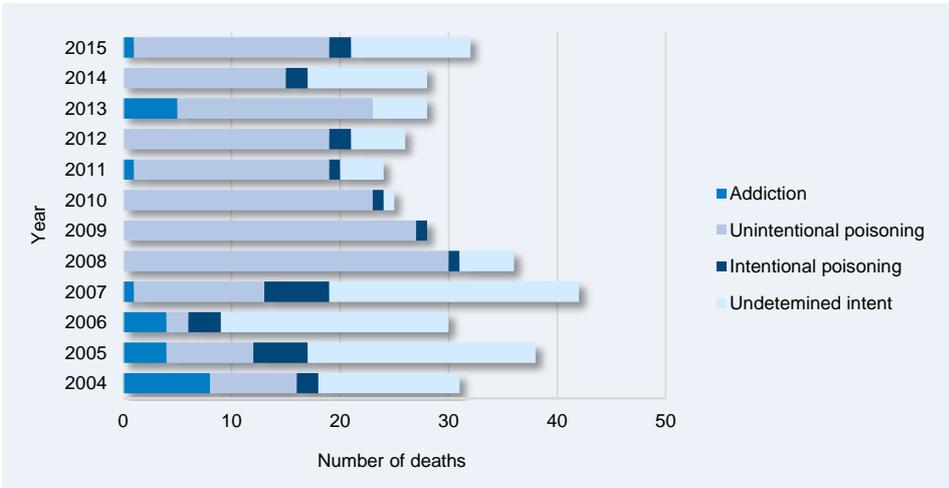
Figure 11. Age distribution of direct deaths (drug poisoning, intentional, unintentional, of undetermined intent), in percentage, 2004–2015



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

A large number of deaths of undetermined intent is preventing us from getting a clear picture of the death rates resulting from intentional and accidental poisoning. This number took a downward turn in 2009, but again increased in 2014 and remained unchanged in 2015 (Fig. 12). Based on this downward trend and also the increasing number of accidental poisoning incidences, it could be concluded that cases of accidental poisoning outnumbered suicides. The decreasing number of deaths of undetermined intent can also be attributed to improved data quality. Still, a few more years will need to pass before we are able to determine what caused the number to rise in 2014 and 2015.

Figure 12. Trends in the number of fatal drug poisonings by cause (addiction, intentional, unintentional, undetermined cause), 2004–2015



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

T3. New developments

T.3.1 New developments in drug-related deaths

New Developments in Drug-Related Acute Emergencies

Miran Brvar

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

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

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

T.3.3 New developments in harm reduction interventions

New Developments in Harm Reduction Programmes

Matej Sande, 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.

New Development in Drug-Related Harms

Andrej Kastelic, 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.

T4. Additional information

T5. Notes and queries

T6. Sources and methodology

T6.1 Sources

Sources are listed in the overall bibliography.

T6.2 Methodology

Methodology in Drug-Related Infectious Diseases

Irena Klavs, 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, 2015 Kraigher et al. (ed.) 2014, 2015).

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

Methodology in Harm Reduction Services

Ines Kvaternik

Data on the profile of illicit drug users seeking help in harm reduction programmes in the period between 2010 and 2015 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.

Drug market and crime workbook

Author: Staša Šavelj

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T0. Summary

- **National profile**

Slovenia is considered a drug consumer country and a transit state for drug smuggling, with certain quantities of specific drugs (cocaine, heroin and amphetamine) 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, 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. Ecstasy, amphetamine and cocaine are being smuggled mainly from the Netherlands. Drug precursors, most notably acetic anhydride, is smuggled in by criminal group members from the Czech Republic, most often kept in storage somewhere in Slovenia or Hungary and then moved on to Turkey.

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.

Both in quantities large and small, illicit drugs seem to be easier to come by in Slovenia's larger urban areas. Members of criminal groups then resell smaller volumes of the illicit drug to other members outside these urban areas.

- **Trends**

The total number of seizures of the most common illicit drugs is lower than in the previous year. Yet, this cannot be seen as a shrinking of the illicit drug market, though, as seizures of the following illicit drugs have increased substantially in terms of volumes compared to previous years: cannabis plant, benzodiazepine tablets and MDMA tablets and heroin. The situation in the cocaine market is comparable to last year's; the weight of the cocaine seized in Slovenia remained the same. As for heroin, the total number of seizures is comparable to last year's figures, even though the trend was steadily downward before that. The supply and demand for the so-called synthetic illicit drugs are on the rise. New psychoactive substances are indeed present in the Slovenian market, but their use remains limited to certain populations.

The prices of the top-selling illicit drugs in retail have not changed much over the last 5 years. The biggest change was found in the wholesale price for heroin – the heroin in the market is increasingly more pure and is valued at around EUR 25,000 per kilogram.

In 2015, Slovenian police registered nearly the same number of criminal offences as in 2014 and a decrease in the number of violations of the Production of and Trade in Illicit Drugs Act. In 2015, cannabis continues to be the illicit drug associated with the highest number of drug-related criminal and minor offences.

- **New developments**

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

T1. National profile

T1.1 Drug market

T1.1.1 Domestic production of drugs

Judging from the available data, Slovenia is a self-sustaining country in terms of the illicit drug cannabis, particularly cannabis grown in specially designed indoor facilities. Also, Slovenian cannabis is said to be available in the markets of our neighbouring countries Austria, Italy and Croatia. The number of uncovered specially designed indoor facilities for growing cannabis has decreased from 118 in the previous year to 80 (analogous with the figures for 2012 and 2013). Still, the number of seized cannabis plants increased by as much as 26.5% compared to 2014. This means that despite a smaller number of specially designed facilities, a much larger number of plants were grown inside such facilities compared to previous years. We are finding that the equipment and methods for growing cannabis indoors are getting increasingly better.

Table 1. Number of specially designed indoor facilities for growing cannabis, 2010–2015

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|------|
| Number of specially designed indoor facilities for growing cannabis | 42 | 52 | 75 | 70 | 118 | 80 |

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

No single working laboratory for the production of synthetic drugs or cocaine and heroin was uncovered in Slovenia in 2015.

T1.1.2 Routes of trafficking

Illicit drugs continue to be smuggled along the traditional two-way Balkan route, and we estimate that the scope of smuggling operations continues to be increased, just like the previous year. Primarily cannabis as well as heroin is smuggled through the Balkan route from Albania, Kosovo and also Macedonia. Smuggling in the opposite direction involves mostly synthetic drugs and oftentimes cocaine. We are still finding that ecstasy, amphetamine and cocaine are being smuggled mainly from the Netherlands. For Slovenia and the rest of Western Balkan countries, the main supplier of cocaine is Spain.

Criminal groups in Slovenia, or rather criminal group members from Slovenia, increasingly smuggle larger volumes of various illicit drugs by freight transport. The high volumes of freight traffic on European roads reduce the chances of uncovering and seizing illicit drugs. At the same time, if successfully executed, transporting larger volumes of illicit drugs stashed under or next to legal cargo makes it easier to maximize profits. For criminal groups, this type of transport also means reduced risk of being exposed.

T1.1.3 Trafficking within country

Based on the available data, Slovenia is a transit or stop-over country for illicit drug smuggling operations. Some amounts of individual illicit drugs, such as cocaine, heroin and amphetamine, never leave our country. According to the available data, Slovenia continues to be a self-sustaining country in terms of the illicit drug cannabis, particularly cannabis grown in specially designed indoor facilities. Slovenian-grown cannabis can be found in the markets of our neighbouring countries Austria, Italy and Croatia, with higher selling prices and yielding higher sales profits compared to Slovenia.

Both in quantities large and small, illicit drugs seem to be easier to come by in Slovenia's larger urban areas. Members of criminal groups then resell smaller volumes of the illicit drug to other members

outside these urban areas. The most common method of smuggling illicit drugs within the country's borders is using private passenger vehicles.

T1.1.4 Wholesale drug and precursor market

Illicit drugs in larger volumes (amphetamine, cocaine, heroin) are obtainable mainly in large urban areas such as the cities of Ljubljana, Koper and Maribor, while this cannot be said for larger quantities of cannabis. Cannabis is grown in logistically convenient locations (for instance, facilities allowing the setting up of suitable conditions for growing cannabis – larger warehouses, vacant apartments, etc.) selected independently of where the perpetrators actually live.

Drug precursors, most notably acetic anhydride, is smuggled in by criminal group members from the Czech Republic, most often kept in storage somewhere in Slovenia or Hungary and then moved on to Turkey. There is no data available that would indicate acetic anhydride is being used for heroin production in Slovenian territory. Other drug precursors too are smuggled into Slovenia via maritime transport (stashed inside containers) and are not produced in the country.

There are internationally linked criminal groups operating in Slovenia, with Slovenian citizens acting as organizers and perpetrators of criminal offences. They mostly provide organizational and logistical support for, but also engage in, criminal activities in supplying the European market with illicit drugs. We estimate that these are medium-size criminal groups whose members have links with criminal groups from other countries, both in the Western Balkans and the EU. Still, international criminal groups operating in Slovenia continue to exactly follow the illicit drug supply and demand patterns.

The cannabis grown in specially designed indoor facilities usually comes in larger quantities, which is why cannabis is generally being sold in kilograms on the wholesale market. Given that Slovenia's market for amphetamine, heroin and cocaine is not big, the wholesale volume of these illicit drugs is 500 grams.

Slovenian police methodically collects and analyses the prices of illicit drugs available in the market. Table 2 below lists prices for the most common illicit drugs found in Slovenia and their wholesale volumes. We are finding that the prices have not changed much over recent years.

Table 2. Wholesale prices of illicit drugs in Slovenia, in EUR, 2015

| Type of illicit drug | | 1 kg | 1000 tablets |
|----------------------|-------|--------|--------------|
| Heroin | Min. | 14,000 | |
| | Max. | 25,000 | |
| | Typ. | 16,000 | |
| Cocaine | Min. | 25,000 | |
| | Max. | 60,000 | |
| | Typ. | 40,000 | |
| Ecstasy | Min. | | 1500 |
| | Max. | | 3500 |
| | Typ.I | | 3500 |
| Amphetamine | Min. | 1500 | |
| | Max. | 3500 | |
| | Typ. | 3500 | |
| Cannabis – marijuana | Min. | 1500 | |
| | Max. | 4500 | |
| | Typ. | 4000 | |

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

T1.1.5 Retail drug market

The illicit drug market in Slovenia is very varied and diverse. The supply and demand for the so-called synthetic illicit drugs are on the rise. According to police estimates, other illicit drugs such as heroin and cocaine continue to be widely available. Increased police activity, investigations, and exposures of major internationally linked criminal groups occasionally put a dent in the supply and offering of illicit drugs in the Slovenian market. But criminal groups are very quick to regroup and seek out new, unexposed smuggling routes, or to recruit new members to replace those who had been caught and apprehended.

The retail market has a clear hierarchical structure. Larger volumes of certain illicit drugs are broken up into smaller packages and resold to middlemen. Middlemen break up the packages even further and also cut the illicit drug, which is then made available to street pushers and users. There is no evidence indicating that other illegal substances even more harmful to health are being mixed in with illicit drugs. Illicit drugs prepared this way are available in all parts of the country.

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

Table 3. Retail prices of illicit drugs in Slovenia, in EUR, 2015

| Type of illicit drug | | 1 gram | 1 tables |
|----------------------|-------|--------|----------|
| Heroin | Min. | 20 | |
| | Max. | 50 | |
| | Typ. | 30 | |
| Cocaine | Min. | 40 | |
| | Max. | 120 | |
| | Typ. | 60 | |
| Ecstasy | Min. | | 5 |
| | Max. | | 10 |
| | Typ.l | | 5 |
| Amphetamine | Min. | 10 | |
| | Max. | 30 | |
| | Typ. | 20 | |
| Cannabis – marijuana | Min. | 4 | |
| | Max. | 10 | |
| | Typ. | 4 | |

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

T1.2 Drug related crime

T1.2.1 Drug law offences

In 2015, Slovenian police registered nearly the same number of criminal offences as in 2014. It also registered 3730 violations of the Production of and Trade in Illicit Drugs Act, which is down from 2014 (4069); the number of offenders is accordingly lower (3393 as against 3780 in 2014). Despite the decrease in the number of uncovered violations and violators of the Act, this figure, if compared to the years prior to 2013, continues to be credited to the police's systematic and focused efforts to curb the supply of illicit drugs both in the home and foreign markets.

Table 4 shows criminal offences involving illicit drugs in the period from 2011 to 2015, both criminal offences of unlawful manufacture of and trade in illicit drugs as well as rendering opportunity for

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

Table 4. The total number of registered criminal offences, number of criminal offences involving illicit drugs, number of people suspected of committing a criminal offence, number of violations involving illicit drugs, and the number of violators of the Production of and Trade in Illicit Drugs Act, 2011–2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|---------------|---------------|---------------|---------------|---------------|
| Total number of criminal offences | 88,722 | 91,430 | 93,833 | 87,474 | 68,810 |
| Number of criminal offences involving illicit drugs | 1925 | 1969 | 2191 | 1867 | 1872 |
| Number of people suspected of committing criminal offences involving illicit drugs | 2229 | 2235 | 2428 | 2089 | 2126 |
| Number of violations of the Production of and Trade in Illicit Drugs Act | 3691 | 3423 | 4197 | 4069 | 3730 |
| Number of violators of the Production of and Trade in Illicit Drugs Act | 3690 | 3421 | 3898 | 3780 | 3393 |

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

In 2015, the same as in 2014, cannabis continues to be the illicit drug associated with the highest number of drug-related criminal and minor offences, followed by heroin, amphetamine and cocaine. The largest increase in the number of violations has been seen with regard to hashish (Table 5). The table only lists the illicit drugs most commonly associated with violations.

Table 5. The number of violations of the Production of and Trade in Illicit Drugs Act, by drug type, where a single violation may involve one or more types of illicit drugs, 2013–2015

| Type of illicit drug | Number of violations, 2013 | Number of violations, 2014 | Number of violations, 2015 |
|----------------------|----------------------------|----------------------------|----------------------------|
| Cannabis – marijuana | 2958 | 2924 | 2592 |
| Heroin | 182 | 166 | 148 |
| Amphetamine | 167 | 130 | 133 |
| Cannabis – plant | 103 | 94 | 73 |
| Cocaine | 100 | 113 | 105 |
| Benzodiazepines | 62 | 26 | 43 |
| Cannabis – hashish | 56 | 77 | 92 |
| Ecstasy | 37 | 37 | 36 |
| Methamphetamine | 11 | 16 | 21 |

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

T1.2.2 Crimes underatken under the influence of drugs

The number of expert examinations ordered by the police in 2015 is roughly the same as it was in 2014, specifically 723. An expert examination involves the testing of drivers for illicit drugs, psychoactive medications or other psychoactive substances. The presence of illicit substances among the drivers examined has markedly decreased in comparison with 2014 (246 positive tests), to a mere 143 cases

in 2015. (Table 6). The number of ordered expert examination refusals continues to rise, from 181 in 2014 to as many as 209 in 2015.

Table 6. The number of ordered expert examinations for determining the presence of illicit drugs and other psychoactive substances, and the number of positive blood/saliva and urine tests, 2011–2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------------------|-------------|------------|------------|------------|------------|
| Total tests ordered | 1162 | 780 | 784 | 775 | 723 |
| Positive tests | 648 | 280 | 276 | 246 | 143 |

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

In recent years, Slovenian police has observed a downward trend in the number of criminal offences committed with the purpose of obtaining funds for purchasing an illicit drug. 2015 has again seen a large drop in the number of processed criminal offences with at least one criminal offence suspect intending to obtain funds for purchasing an illicit drug (Table 7).

Table 7. The number of criminal offences committed with the purpose of obtaining funds for purchasing an illicit drug (with at least one suspect intending to obtain funds), 2011–2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|------------|------------|-----------|-----------|-----------|
| Total number of criminal offences | 210 | 123 | 73 | 34 | 15 |

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

Table 8. The number of criminal offences, by type, committed with the purpose of obtaining funds for purchasing an illicit drug (with at least one suspect intending to obtain funds), 2013–2015

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

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

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

criminal offence is followed by grand larceny, manslaughter, murder, forging documents, audacious driving in road traffic, and others. (Table 9).

Table 9. The number of people suspected of committing a criminal offence under the influence of illicit drugs, by several types of criminal offences pursuant to the Criminal Code, 2011–2015

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

- n/a

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

T1.3 Drug supply reduction activities

T1.3.1 Drug supply reduction activities within your country

Based on the Resolution on the National Programme on Illicit Drugs 2014–2020, Slovenia passed an Action Plan on Illicit Drugs for a two-year period from 2015 through 2016, which sets out, among others, the goals and activities in the area of reducing the supply of illicit drugs.

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

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

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

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

We are also monitoring the emergence of certain specific illicit drugs and the purity levels of illicit drugs in certain parts of the country in an effort to ascertain the source of supply.

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

T2. Trends

T2.1 Trends in seizures, price and purity

The range of illicit drugs on offer in Slovenia is diverse, and the police are methodically monitoring the situation using data on illicit drug seizures and the resulting discoveries of criminal offences and/or violations of the Production of and Trade in Illicit Drugs Act (see Table 10 below).

Table 10. Number of illicit drug seizures, by drug type, 2012–2015, broken down into minor offences (MO), criminal offences (CO) and total figures (T)

| | 2012 | | | 2013 | | | 2014 | | | 2015 | | |
|---------------------------|------|-----|-------------|------|-----|-------------|------|-----|-------------|------|-----|-------------|
| | MO | CO | T |
| Heroin | 245 | 194 | 439 | 174 | 165 | 339 | 172 | 117 | 289 | 153 | 120 | 273 |
| Cocaine | 142 | 109 | 251 | 102 | 94 | 196 | 114 | 65 | 179 | 106 | 72 | 178 |
| Ecstasy | 12 | 4 | 16 | 37 | 16 | 53 | 37 | 24 | 61 | 39 | 35 | 64 |
| Amphetamine | 146 | 44 | 190 | 167 | 74 | 241 | 136 | 64 | 200 | 143 | 46 | 189 |
| Cannabis plant | 80 | 94 | 174 | 97 | 115 | 212 | 101 | 104 | 205 | 77 | 90 | 167 |
| Cannabis – marijuana | 2697 | 653 | 3350 | 3000 | 673 | 3673 | 3033 | 658 | 3691 | 2677 | 426 | 3103 |
| Cannabis – resin/ hashish | 51 | 15 | 66 | 58 | 15 | 73 | 77 | 19 | 96 | 93 | 16 | 109 |
| Benzodiazepines | 54 | 32 | 86 | 84 | 52 | 136 | 29 | 84 | 113 | 46 | 66 | 110 |
| Methadone | 38 | 9 | 47 | 38 | 17 | 55 | 30 | 6 | 36 | 13 | 6 | 19 |
| Methamphetamine | 5 | 8 | 13 | 11 | 21 | 32 | 15 | 7 | 22 | 22 | 9 | 31 |
| T | | | 4632 | | | 5010 | | | 4892 | | | 4243 |

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

The total number of seizures of the most common illicit drugs involved in criminal and minor offences is lower than in the previous year, mainly due to fewer cannabis seizures. This fact, however, is not reflected in the quantity of cannabis plants seized, for example. This cannot be seen as a shrinking of the illicit drug market, though, as seizures of the following illicit drugs have increased substantially in terms of volumes compared to previous years: cannabis plant, benzodiazepine tablets and MDMA tablets. The number of benzodiazepine seizures, however, dropped a great deal, meaning that the police confiscated much larger quantities in fewer cases.

According to our estimates, the situation in the cocaine market is comparable to last year's; the weight of the cocaine seized in Slovenia remained the same. The 180kg shipment of cocaine seized in 2014 was not intended for the Slovenian market but was uncovered by chance at the Italian border.

As for heroin, the total number of criminal and minor offences and the associated seizures is comparable to last year's figures, even though the trend was steadily downward before that. A larger quantity of heroin was seized, though.

Also seized in 2015 was a rather large quantity of MDMA tablets (or ecstasy) and benzodiazepine tablets. We believe that the larger quantities of illicit drugs seized can be credited to increased police activity with a strong focus on illicit drugs, particularly synthetic drugs.

Table 11. Number of illicit drug seizures, by type, 2011–2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|
| Heroin | 503 | 439 | 339 | 289 | 273 |
| Cocaine | 272 | 251 | 196 | 179 | 178 |
| Ecstasy | 14 | 16 | 53 | 61 | 64 |
| Amphetamine | 204 | 190 | 241 | 200 | 189 |
| Cannabis – plant | 178 | 174 | 212 | 205 | 167 |
| Cannabis – marijuana | 3306 | 3350 | 3673 | 3691 | 3103 |
| Cannabis – resin/hashish | 89 | 66 | 73 | 96 | 109 |
| Benzodiazepines | 134 | 86 | 136 | 113 | 110 |
| Methadone | 40 | 47 | 55 | 36 | 19 |
| Methamphetamine | 18 | 13 | 32 | 22 | 31 |
| T | 4758 | 4632 | 5010 | 4892 | 4243 |

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

The total number of seizures of the most common illicit drugs involved in criminal and minor offences is lower than it was in the previous year. But this is not to say that Slovenia's illicit drug market has shrunk. In spite of the smaller number of seizures, the quantities seized have not decreased; most of the seized quantities of illicit drugs are comparable to those from previous years, whereas with some illicit drugs the quantities seized have in fact increased. This is exactly why it cannot be claimed that the smaller number of seizures had caused any major shifts in the country's illicit drug market.

Table 12. Total quantities of seized illicit drugs, by type, 2011–2015

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

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

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

The biggest change was found in the wholesale price for heroin – the heroin in the market is increasingly more pure and is valued at around EUR 25,000 per kilogram.

T2.4 Short term trends in supply and possession

Changes in police activity, with more narrowly focused work with regard to curbing the supply of illicit drugs, synthetic drugs in particular, are manifested in increased quantities of seized ecstasy and benzodiazepines. Larger quantities may also indicate changes in the supply in Slovenia, which always closely follows the demand. Synthetic illicit drugs have lower prices and are as such more affordable.

New psychoactive substances are indeed present in the Slovenian market, but their use remains limited to certain populations. There is no data available that would suggest there are organized criminal groups in Slovenia engaged in trafficking or production of new psychoactive substances. Most of these substances continue to be sold and bought online.

T2.7 Trends in the organisation, coordination and implementation of drug supply reduction activities

More and more attention is given to synthetic drugs and new psychoactive substances – also in the context of project work and by tapping additional financial resources – so as to reduce their supply and speed up their discovery within the country. Also, there is closer cooperation with NGOs, particularly in obtaining samples of substances consumed by users. By analysing samples of originally unknown substances, we can quickly get an insight into a new psychoactive substance or illicit drug being used in a specific area or by a specific population, or we can determine when a certain substance is being marketed with false claims. That way the police, as an enforcement authority, seeks to reduce the harms caused by using illicit substances or new psychoactive substances.

T3. New developments

T3.1 New developments in the drug market and crime

Across Europe, Slovenia is increasingly seen as a country providing logistical support to members of criminal groups in Europe and also beyond. Criminal group members establish transportation businesses in Slovenia, register heavy goods vehicles and recruit drivers to start smuggling large quantities of various illicit drugs. In a vast majority of cases, these drugs are not intended for the Slovenian market. This is an indication that criminal groups as well as police forces are increasingly making international connections.

T4. Additional information

T5. Notes and queries

T5.1 Is there a framework for assessing the impact of law enforcement on illicit drug markets at the national level?

No.

T5.2 Are there in your country studies comparing the costs (governmental expenditure) and impacts (e.g. value of seized drug) of law enforcement interventions aimed at reducing drug production and/ or distribution?

No. No studies exist, only individual police estimates of how much the seized drugs are worth in the market if larger quantities are seized, or how much they would have been worth if the larger quantity were split up and resold in the street.

T6. Sources and methodology

T6.1 Sources

Slovenian police methodically collects and analyses the prices of illicit drugs available in the market. Prices have been obtained through field operations carried out by criminal and uniformed police and through undercover investigative measures.

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

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

Prison workbook

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T0. Summary

- **National profile**

The Prison Administration of the Republic of Slovenia, under the responsibility of the Ministry of Justice, is an authority in charge of enforcing criminal sanctions and organizing and operating the country's prison system, which comprises correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities in 13 locations, and one juvenile correctional facility. The prison regimes come in three varieties – closed, semi-open, and open – with varying degrees of restrictions being the main difference between them. There are four main categories of prisoners: convict (a person found criminally liable by a final (*res judicata*) judgment), remand prisoner (a person temporarily remanded in custody due to ongoing criminal proceedings), convicted juvenile delinquent (a person under 18 who has been found criminally liable by a final (*res judicata*) judgment) and juvenile placed in a correctional facility (young adolescents aged 14 to 21 who have been sentenced to the correctional measure of placement in a correctional facility, where they can be held up to the age of 23).

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as they would get outside of prison. Upon admission to a correctional facility, every person undergoes a medical examination at a prison surgery. If a drug addiction is identified, the physician determines whether a medication therapy is needed to ease withdrawal symptoms and/or prescribes a substitution, or replacement, therapy. Medical services as part of the drug use treatment for inmates are provided by primary health care centres with psychiatry specialists and physicians from the Centres for the Prevention and Treatment of Illicit Drug Addiction. Apart from medical services, drug addiction treatment also includes individual and group counselling and psychosocial support programs led by qualified professionals on-site. Inmates with a drug problem may enroll in low-threshold, higher-threshold and high-threshold programs during their prison term. All inmates have access to free, voluntary and anonymous testing and treatment for hepatitis and HIV. Condoms, latex gloves and disinfectants are made available to them.

In 2015, a little over one-fifth (21.5%) of the country's entire prison population suffered from an illicit drug use problem, of which 76% were receiving substitution therapy. In all, 190 prisoners decided to get tested for HIV and hepatitis; seven of them tested positive for hepatitis B, 18 for hepatitis C.

- **New developments**

A Survey on the Use of Drugs, Tobacco and Alcohol, targeting the prison population aged 19 and over and with a conviction, was carried out across the country's prisons in 2015. The survey results have shown that during the prison term a little less than one-quarter of the convicted inmates used an illicit drug at some point in their life, 15.1% of them used an illicit drug in the last 12 months, and 6.8% in the last 30 days. The most widely used drugs were cannabis, heroin and cocaine. 1.9% of the convicted inmates reported having injected an illicit drug during their prison term; the most frequently injected drugs were cocaine and heroin.

T1. National profile

T1.1.1 Overview of prison services

Eva Salecl Božič

The Prison Administration, under the responsibility of the Ministry of Justice of the Republic of Slovenia, is an authority in charge of enforcing criminal sanctions and organizing and operating the country's

prison system, which comprises correctional facilities ("prisons") and a juvenile correctional facility. Slovenia has six prisons, with facilities in 13 locations, and one juvenile correctional facility:

Central prisons:

Dob Prison, for male convicts serving a term longer than 18 months; Dob Prison also includes the semi-open unit Slovenska vas and the open unit Puščava. Prisoner accommodation capacity: Dob Prison: 449, Slovenska vas semi-open unit: 70, and Puščava open unit: 21.

Ig Prison, for women convicts regardless of the length of the prison term, women prisoners in custody, and female juvenile delinquents sentenced to juvenile detention. Prisoner accommodation capacity: 86.

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

Regional prisons (for prison terms of up to 1 year and 6 months) with branch units:

Koper Prison for convicts serving a term of more than 1 year and remand prisoners; Koper Prison also includes the Nova Gorica unit for convicts serving a term of up to 6 months and for remand prisoners. Prisoner accommodation capacity: Koper Prison: 110, Nova Gorica unit: 28.

Ljubljana Prison and the Novo mesto unit for convicts and remand prisoners; the Ig open unit for convicts, operating as part of Ljubljana Prison. Ljubljana Prison and its Novo mesto unit house convicted prisoners serving up to one year and up to six months respectively. Prisoner accommodation capacity: Ljubljana Prison: 135, Novo mesto unit: 35, Ig open unit: 27.

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

Radeče Correctional Facility for juveniles of both sexes sentenced to the correctional measure of placement in a correctional facility. Prisoner accommodation capacity: 47.

The prison regimes come in three varieties – open, semi-open, and closed – with varying degrees of restrictions being the main difference between them.

Prisoners are categorized as follows:

- Convict: a person found criminally liable by a final (*res judicata*) court judgment.
- Remand prisoner: a person temporarily remanded in custody due to ongoing criminal proceedings.
- Convicted juvenile delinquent: a person under 18 who has been found criminally liable by a final (*res judicata*) court judgment.
- Juvenile placed in a correctional facility: young adolescents of both sexes aged 14 to 21 who have been sentenced to the correctional measure of placement in a correctional facility, where they can be held up to the age of 23.

At the beginning of 2015, Slovenian prisons held 2,817 convicted prisoners (note that this figure only applies to convicted prisoners, not the entire prison population), predominantly (94%) men, with the highest proportion aged between 28 and 39 years (Table 1).

Table 1. Convicted prisoners by gender and age, 2015

| | At 1 Jan. | | Newly admitted | | All | At 1 Jan. | | Newly admitted | | All |
|-----------------|-------------|-----------|----------------|-----------|-------------|--------------|--------------|----------------|--------------|--------------|
| | M | F | M | F | | M (%) | F (%) | M (%) | F (%) | |
| 18+ to 23 years | 48 | 2 | 91 | 2 | 143 | 4.3 | 3.1 | 5.9 | 2.0 | 5.1 |
| 23+ to 27 years | 119 | 4 | 186 | 14 | 323 | 10.7 | 6.2 | 12.1 | 14.1 | 11.5 |
| 27+ to 39 years | 483 | 20 | 763 | 35 | 1301 | 43.5 | 30.8 | 49.4 | 35.4 | 46.2 |
| 39+ to 49 years | 248 | 14 | 299 | 29 | 590 | 22.3 | 21.5 | 19.4 | 29.3 | 20.9 |
| 49+ to 59 years | 136 | 13 | 140 | 12 | 301 | 12.3 | 20.0 | 9.1 | 12.1 | 10.7 |
| 59+ to 69 years | 65 | 10 | 56 | 6 | 137 | 5.9 | 15.4 | 3.6 | 6.1 | 4.9 |
| 69+ years | 11 | 2 | 8 | 1 | 22 | 1.0 | 3.1 | 0.5 | 1.0 | 0.8 |
| Total | 1110 | 65 | 1543 | 99 | 2817 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Source: Prison Administration of the Republic of Slovenia

T1.2 Drug use and related problems among prisoners

T1.2.1 Recent studies on prevalence of drug use

Ines Kvaternik, Darja Lavtar, Andreja Drev

In 2015 the National Institute of Public Health (NIPH) conducted a Survey on the Use of Drugs, Tobacco and Alcohol in prison settings. The survey was taken by convicted prisoners from all Slovenian prisons and their units. Data on the use of drugs, tobacco and alcohol in prisons were collected in March and April of 2015. Convicted prisoners completed printed questionnaires by themselves (self-administered survey). Questions regarding illicit drug use inquired about two distinct time periods: before and during the current prison term.

The target population of the survey included all convicted prisoners serving a prison term on the day of the survey: on 14 April 2015, all the country's prisons held a total of 1,225 convicted prisoners. All convicted prisoners were included in the sample, and the questionnaire was completed by 688 of them, so the response rate stood at 56%.

Illicit drug use among Slovenia's convicted prisoners prior to imprisonment

Prior to imprisonment, 38.4% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 21.7% of them used an illicit drug in the last 12 months, and 15.7% in the last 30 days. The most commonly used drug among the convicts prior to imprisonment was cannabis (34.5% reported using it at some point in life, 17.1% in the last 12 months, and 10.9% in the last 30 days), followed by cocaine (26.3%, 12.7% and 8.2% respectively), heroin (18.7%, 9.7% and 6.6%), ecstasy (18.7%, 4.9% and 2.2%) and amphetamine (14.0%, 4.9% and 2.3%).

- Regular use of illicit drugs¹⁶

Prior to imprisonment, 10.1% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 5.9% of the convicts used cannabis regularly prior to imprisonment, 4.3% of them regularly used heroin and 3.6% cocaine, with amphetamines (0.8%) and ecstasy (0.3%) being used by less than one percent of them.

¹⁶ By definition, regular use of cannabis means using it for 20 days or more in the last 30 days, while with the rest of illicit drugs, this frequency of use is 14 days or more in the last 30 days.

- Drug use by injection

8.5% of the convicted prisoners aged 19 and over reported having injected an illicit drug prior to imprisonment. 7.3% of them injected heroin, 6.9% cocaine and 1% amphetamines. None of them reported injecting ecstasy.

Illicit drug use among Slovenia's convicted prisoners during imprisonment

During imprisonment, 23.6% of convicts aged 19 and over used an illicit drug at some point in their lifetime, 15.1% of them used an illicit drug in the last 12 months, and 6.8% in the last 30 days. The most commonly used drug among the convicts during imprisonment was cannabis (20.7% reported using it at some point in life, 13.4% in the last 12 months, and 5.6% in the last 30 days), followed by heroin (8.9%, 4.7% and 1.9% respectively), cocaine (8.2%, 4.0% and 1.7%), ecstasy (4.6%, 1.4% and 0.8%) and amphetamine (3.3%, 1.2% and 0.6%).

- Regular use of illicit drugs

During imprisonment, 2.3% of the convicted prisoners aged 19 and over reported regularly using an illicit drug. 1.7% of the convicts reported regularly using cannabis, 0.8% regularly use cocaine, 0.6% heroin, 0.3% amphetamine, and 0.2% ecstasy.

- Drug use by injection

1.9% of the convicted prisoners aged 19 and over reported having injected an illicit drug during imprisonment. While incarcerated, 1.3% of them injected cocaine and 1.1% heroin. 0.2% of them reported having injected amphetamine, none reported ecstasy.

According to the survey results, cannabis is the most commonly used illicit drug among convicted prisoners aged 19 and over in Slovenia judging from all three drug use indicators and the two time periods observed, that is, prior to and during imprisonment. This coincides with the findings of the Slovenian population survey (Lavtar et al., 2014), which revealed that cannabis was the most widely used illicit drug in Slovenia's adult population (15.8%). It should be noted, however, that the prevalence of cannabis and other illicit drugs is higher among convicted prisoners than it is in the general population. Furthermore, Slovenian police data show that for a number of years now cannabis has been associated with the largest number of drug-related criminal offences (Šavelj, 2015) and that cannabis is also the most frequently seized illicit drug in the country's prisons (Salecl Božič, 2015).

Judging from a comparison of the prevalence of use of individual drugs prior to and during incarceration, the percentage of convicts using drugs while serving time is lower than the percentage of convicts that used drugs prior to imprisonment. We also observed that the second most commonly used drug among convicts prior to imprisonment was cocaine, whereas during imprisonment this was heroin. This probably has to do with the availability of individual drugs, as well as the effects of an individual drug because drugs like heroin produce effects that are more suited to the prison setting compared to the effects of cocaine (Boys et al., 2002).

As expected, regular use of each individual illicit drug among convicts during imprisonment decreases as well due to limited availability of drugs on the one hand and increased participation in various drug user support programs on the other.

According to the available data, drug use by injection during imprisonment is lower than compared to the "prior to" period but is nonetheless present, with drugs being injected by almost 2% of the convicted prisoners. We assume that since sterile drug injection equipment exchange programs are not being offered in prisons like they are elsewhere, drugs are being injected using very risky methods and various paraphernalia.

Curiously, the survey found a low percentage of convicts using new psychoactive substances (NPS) in both time periods observed, whereas the data collected as part of the national Early Warning System

show that there were quite a few cases of NPS seizures and poisonings registered in prisons in 2015 and 2016, mostly synthetic cannabinoids (EWS Final Report 2015, EWS Progress Report 2016). A likely reason for this may be that at the time of our survey, NPS use in prisons was not as widespread as in the months that followed, but it could also be that prisoners refused to report using NPS because contrary to conventional drugs, the presence of NPS in the body is much more difficult to detect using the testing facilities available in prisons.

T1.2.2 Drug-related problems among prison population

Eva Salecl Božič

Inmates with a drug problem are entitled to receive the same level of medical care in terms of accessibility and quality as they would get outside of prison. Upon admission to a correctional facility, every person undergoes a medical examination at a prison surgery. If a drug addiction is identified, the physician determines whether a medication therapy is needed to ease withdrawal symptoms and/or prescribes a substitution, or replacement, therapy. A little over one-fifth of the country's entire prison population had a drug problem in 2015 (Table 2).

A smaller survey conducted in 2013 on a sample of 58 prisoners using illicit drugs (Madjar, 2014) showed that a little over 30% of them had overdosed in the past and that 63% of them had prior prison records. A little over one-fifth of them showed signs of mild depression, and more than a half reported having contemplated suicide. They also faced major social problems and were, in most cases, less sociable, unsystematic, emotionally unstable, full of fear and concern, and had a harder time adjusting to social norms, as compared to the general population.

Table 2. Inmates with a drug problem against the entire prison population, 2011–2015

| Year | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------------|------|------|------|------|------|
| Prison population | 4975 | 5040 | 4543 | 4550 | 3905 |
| Inmates with a drug problem | 1073 | 1076 | 1078 | 997 | 841 |
| Share in % | 21.6 | 21.3 | 23.7 | 21.9 | 21.5 |

Source: Prison Administration of the Republic of Slovenia, Annual Report 2015

Getting drugs into prison is what presents a major problem for convicts serving time. Prisoners smuggle drugs into prisons in a variety of ways and are always looking for new concealment techniques. Drugs are often concealed on the body or inside clothing, thrown over the fence or hidden in packets, most often prepacked foods. We assume that inmates stash drugs in body cavities, which makes the drugs all the more difficult to find since performing a body cavity search is against the law. In fact, the prisoners caught smuggling drugs into prisons were all carrying small amounts of drugs. Searching for drugs is also carried out using sniffer dogs trained at Dob Prison.

There were a total of 298 stashes uncovered/incidents reported (drug kits, tablets and pills, alcohol, etc.) in 2015. The total quantities discovered are: 25.27g of heroin, 118.05g of cannabis, 32 litres of alcohol, 3,368 pills/tablets, 38 seizures of synthetic cannabinoids, and some ecstasy pills and methadone. The quantities given above are gross. Drugs found are handed over to the police along with the packaging or wrapping. Drugs are generally found by wardens inside prisons, and less so upon admission to prison (9.5%).

According to the available testing data obtained from infirmaries operating as part of authorized regional health care centres, 190 prisoners decided to get tested for HIV and hepatitis in 2015. None of them tested positive for HIV. Hepatitis A was confirmed in none of the prisoners, while hepatitis B and hepatitis C were confirmed in 7 and 18 prisoners respectively (Table 3). None of them tested positive for tuberculosis.

Testing is free of charge, anonymous and voluntary. The infected have access to counselling offered by infectious disease specialists, HIV clinics and clinics for other sexually transmitted diseases.

Table 3. The results of voluntary confidential testing for hepatitis and HIV, 2011–2015

| Year | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------------------------------|------|------|------|------|------|
| Persons tested for HIV and hepatitis | 326 | 222 | 196 | 196 | 190 |
| HIV | 0 | 1 | 0 | 0 | 0 |
| Hepatitis A | 0 | 1 | 1 | 1 | 0 |
| Hepatitis B | 15 | 5 | 9 | 9 | 7 |
| Hepatitis C | 55 | 20 | 25 | 25 | 18 |

Source: Prison Administration of the Republic of Slovenia, Annual Report 2015

Each prison has implemented an Infection Prevention and Control Programme, which, under the Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 69/95) sets forth minimum subject matter, organizational and technical requirements for developing and implementing the infection prevention and control programme. Infection prevention is part of a comprehensive and cohesive drug control strategy. It revolves around counselling, education and awareness-raising activities offered to prisoners and staff on the topics of risk behaviour and communicable diseases, possible ways of becoming infected, protective measures against infection, infection signs and treatment, the course of the disease, and treatment options.

T1.3 Drug-related health responses in prisons

T1.3.1 Is drug related prison health explicitly mentioned in a policy or strategy document at national level?

Eva Salecl Božič

The Resolution on the National Programme on Illicit Drugs 2014–2020 (Official Gazette of the Republic of Slovenia, No. 25/2014) states that suitable in-prison programmes for reducing the demand for illicit drugs need to be developed further. On the whole, inmates with a drug problem in the prisons and the juvenile correctional facility are being treated in accordance with the country's addiction treatment doctrine. Treatment of prisoners with a drug problem is carried out in line with the Treatment Plan for Inmates with Drug Problems in Prisons and Juvenile Correctional Facility (internal documentation) and the Guide for Taking Urine Samples and Follow-up Testing (internal documentation). Both documents have been approved by the Coordination of Centres for the Prevention and Treatment of Illicit Drug Addiction, the body responsible for developing and monitoring the addiction treatment doctrine (see workbooks Treatment and Best Practice).

T1.3.2 Structure of drug-related prison health responses

Eva Salecl Božič

Since 1 January 2009, medical services in correctional facilities in Slovenia are provided by healthcare service providers under the authority of the Ministry of Health. Healthcare services for prison inmates are provided by primary health care centres operating in the areas where prisons are located, based on an agreement signed between a prison and a health care centre. In the prisons, health care centres establish suitable working hours of general medicine physicians and other medical staff, a psychiatry specialist, addiction specialists in the Drug Addiction Treatment Centre, a dentist for adults, and a gynaecology specialist.

T1.3.3 Types of drug-related health responses available in prisons

Eva Salecl Božič

Working with inmates in Slovenian prisons is guided and organized so as to prevent recidivism and to facilitate their social reintegration. The professional doctrine employs a team-based interdisciplinary approach where key roles are played not only by the prison's medical team and other external experts but also professionals working in other relevant areas (counsellors, social workers, psychologists). Professionals from respective fields of knowledge use their specific expertise in dealing with inmates.

When assessing the severity of a drug problem, not only a medical diagnosis is taken into account but also details from the court judgment (criminal offence perpetrated under the influence of psychoactive substances), expert opinion, report of the Centre for Social Work, conclusions made by professional staff during interviews, inmate's statements, and details about potential admission to prison under the influence of drugs and whether an inmate is using psychoactive substances while serving time that are not part of medication therapy.

Before convicted offenders start serving their sentences, professional staff lays down a specific plan for each individual inmate, which includes an assessment regarding a potential drug problem and defines the other needs and goals relevant to serving a prison sentence. Inmates are pointed in the direction of the treatment they need (e.g. drug or alcohol addiction treatment ...). Individual treatment plans are updated, evaluated and coordinated based on each inmate's conduct while in prison, as required.

If an inmate is found to suffer from a drug addiction, a physician determines whether to prescribe a substitution therapy. A substitution drug is administered and taken under supervision. Methadone, for example, is administered in the form of an oral solution mixed with fruit juice. Of the 841 inmates with an illicit drug problem, 642 (76.3%) received substitution therapy; 175 of them were remand prisoners, 467 were convicts.

All inmates have access to free, voluntary and anonymous testing and treatment for hepatitis and HIV. The infected have access to counselling offered by infectious disease specialists, HIV clinics and clinics for other sexually transmitted diseases. Condoms, latex gloves and disinfectants are made available to them.

Apart from medical services, drug addiction treatment also includes individual and group counselling and psychosocial support programs led by qualified professionals on-site. During their prison term, inmates with a drug problem may enrol in low-threshold, higher-threshold and high-threshold programs (Table 4).

Table 4. Inmates with a drug problem enrolled in treatment programmes 2015

| Low-threshold programmes | Higher-threshold programmes | High-threshold programmes |
|--------------------------|-----------------------------|---------------------------|
| 505 | 209 | 120 |

Source: Prison Administration of the Republic of Slovenia, Annual Report 2015

Treatment is part of broader counselling work designed to motivate inmates to take an active part in the prison's daily activities. This means that inmates are encouraged to establish a daily routine through work, learning, and active spending of spare time. Inmates participating in various treatment programmes during their prison term are 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, Karitas – Pelikan Institute, Vir Institute, Projekt Človek Association, Zdrava pot Association, Izberi pravo pot Community, Srečanje Community, Stigma Community, etc.). In 2015, 51 prisoners opted for this form of support while serving their prison term. After release from prison, 124 people continued treatment in institutions outside the prison.

Before release, prisoners using drugs are warned about their significantly reduced tolerance to drugs and that a relatively small amount of a drug or a combination of various drugs, alcohol and medication could be life-threatening. In accordance with instructions for handling inmates with a drug problem, the centre or institution where the inmate to be released is going to continue treatment must be notified one week before release (if possible) which medication therapy the inmate is receiving, when was the last time it was administered and for how far ahead, and whether valid prescriptions were issued for the substitution drug.

T1.4 Quality assurance of drug-related health prison responses

T2. Trends. Not applicable for this workbook.

T3. New developments

T4. Additional information

T5. Notes and queries

1) Are there indications of NPS use and related problems in prisons in your country?

Yes. 38 seizures of synthetic cannabinoids, mostly AKB-48F, were registered in 2015. Based on the AKB-48F seizures and interviews with inmates, in most cases the inmates serving time for an offence involving NPS were the ones using this drug. The seized drug came in the form of a black paste to be mixed in with tobacco.

In the poisoning cases involving this drug, the inmates exhibited the following signs: disorientation, decreased responsiveness, nausea, loss of consciousness, stripping (naked), shouting and yelling, gibbering.

NPS most frequently emerged in the prisons located in the east of the country.

2) Are people entering prison screened for drug addiction?

Yes. Addiction syndrome is diagnosed by a physician. When assessing the severity of problems caused by using psychoactive substances, not only the medical diagnosis is taken into account but also details from the court judgment (criminal offence perpetrated under the influence of psychoactive substances), expert opinion, report of the Centre for Social Work, conclusions made by professional staff during interviews, inmate's statements, and details about potential admission to prison under the influence of drugs and whether an inmate is using psychoactive substances while serving time that are not part of medication therapy.

T6. Sources and methodology

T6.1 Sources

Sources are listed in the overall bibliography.

Research workbook

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T0. Summary

- **National profile**

The new National Programme on Drugs for 2014-20 was adopted in 2014, and includes a chapter on research, evaluation and education, in which the priority areas of research are listed

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 and also a research on new psychoactive substances use in 2014

Most studies and surveys on the topics of clinical epidemiology, therapy and addiction are conducted in the framework of the University Medical Centres in Ljubljana and Maribor and the University Psychiatric Clinic Ljubljana.

View '[Drug-related research](#)' for additional information.

- **Development**

The Resolution on the National Programme on Illicit Drugs 2014–2020 (Official Gazette of the Republic of Slovenia, No. 24/14) lays down the following priority areas of research:

- descriptive studies;
- interpretive (ethnographic) studies on the occurrence of drug use and abuse;
- studies into the dangers of individual drugs, with a focus on synthetic drugs, methods of drug use, and the harm caused by drugs;
- studies into social experiments, for instance the introduction of new programs (heroin maintenance program, safe injection rooms, etc.);
- assessment studies on various programs, approaches and procedures;
- epidemiological studies;
- studies to assess the harm to the economy and broader society caused by drug-related issues;

- research into the effectiveness of new approaches and active substances in treating addiction and other medical conditions and dysfunctions (e.g.: Cannabis sativa, Tabernanthe iboga, etc.).

The Resolution also recognizes that new circumstances, such as the initiative to promote medicinal use of cannabis and the growing interest in using industrial hemp, pose an additional challenge for drug-related research, specifically in terms of the impacts such promotion of cannabis might have on the increasing use of cannabis for recreational purposes, particularly among the young. The Action Plan on Illicit Drugs 2015–2016, on the other hand, envisages looking into the need for introducing new, and upgrading the existing, low-threshold programs.

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 survey findings have been presented in a publication entitled The Use of New Psychoactive Substances in Slovenia, which came out in early 2016.

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.

Also, a scientific monograph entitled Tobacco, Alcohol and Illicit Drug Use in Slovenian Population and Inequalities and Combinations of Use was published in 2015. Furthermore, two major surveys were completed in 2016: the European School Survey Project on Alcohol and Other Drugs and the Survey on Tobacco, Alcohol and Illicit Drug Use in Prisons.

T1.1 Drug-related research¹⁷

T1.1.1 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

¹⁷ "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)

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.

The University Medical Centre Ljubljana and the University Psychiatric Clinic Ljubljana are public health care institutions providing secondary and tertiary-level health care services and at the same time fulfilling an educational and research role. In doing so, they cooperate with some university faculties.

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

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/>,
- University Medical Center Ljubljana: <http://www.kclj.si/>,
- University Medical Center Maribor: <http://www.ukc-mb.si/en/>,
- University Psychiatric Clinic Ljubljana: <http://www.psih-klinika.si/>
- The faculties of the University of Ljubljana and of the University of Maribor, where students work on drug-related research:
 - Faculty of Education: <https://www.pef.uni-lj.si/>,
 - Faculty of Pharmacy: <http://www.ffa.uni-lj.si/en/>,
 - Faculty of Social Work: <http://www.fsd.si/>,
 - Faculty of Criminal Justice and Security: <http://www.fvv.um.si/en/>,
 - Faculty of Medicine: <http://www.mf.uni-lj.si/en/index.html>,
 - Faculty of Arts: <http://www.ff.uni-lj.si/en>

T1.1.2 Main institutions/associations/bodies/programmes funding drug-related research

- Ministry of Health, Republic of Slovenia: <http://www.mz.gov.si/en/>,
- Health Insurance Institute of Slovenia: <http://www.zzs.si/indexeng.html>,
- University of Ljubljana: students at some faculties perform drug-related research work,
- University of Maribor: students at some faculties perform drug-related research work.

Municipalities: occasionally individual municipalities fund drug-related research. 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](http://www.velenje.si/files/default/0-MOV/Datoteke/2015/Dokumenti/Raziskava%20o%20drogah%202014%20LAS.pdf)

T1.1.3 National scientific journals with published drug-related

| Name | Topics | Language | Abstracts |
|--|--|----------|------------------|
| Slovenian Journal of Public Health, website: http://www.degruyter.com/view/j/sjph | public health, primary care, prevention, promotion | English | Slovene, English |
| Theory and practice, website: http://www.fdv.uni-lj.si/en/journals/science-journals/teorija-in-praksa | political science, sociology, journalism and media studies, cultural studies | English | English |
| Social work, website: http://www.fsd.uni-lj.si/sd_eng/ | social work | Slovene | Slovene, English |
| Journal of Criminal Investigation and Criminology, website: http://www.policija.si/eng/index.php/publications/1257-journal-of-criminal-investigation-and-criminology | criminology, criminal investigation, criminal law | Slovene | Slovene, English |
| Social Pedagogy Journal, website: http://www.revija.zzsp.org/ | social pedagogy, psychology, sociology | Slovene | Slovene, English |
| Journal for Critique of Science, website: http://www.ckz.si/english | critical scientific analysis of different scientific fields | Slovene | Slovene |

T1.1.4 List of drug-related research websites, sources

- EHIS (European Health Interview Survey), report from the year 2007;
<https://www.stat.si/doc/pub/IVZ-angl.pdf> EHIS 2015 is under development,
- The use of illicit drugs, tobacco and alcohol in Slovenia 2011- 2012, published in 2014;
http://www.dlib.si/details/URN:NBN:SI:doc-MCM1KYQK_
- HBSC (Health Behaviour in School-Aged Children), report from 2010;
http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf,
- HBSC (Health Behaviour in School-Aged Children), report from 2014;
http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hbsc_2015_e_verzija30_06_2015.pdf,
- ESPAD (The European School Survey Project on Alcohol and other Drugs), report from 2011;
<http://www.espad.org/slovenia>, report for 2015 is under development,
- Matej Sande, a book published in 2012; The use of cocaine in night life in Slovenia;
<http://www.dlib.si/details/URN:NBN:SI:doc-ZO2WNHXV>.
- Koprivnikar H, Zorko M, Drev A, Hovnik Keršmac M, Kvaternik I, Macur M. (2015) Tobacco, Alcohol and Illicit drug use in Slovenian Population and Inequalities and Combinations of Use. Ljubljana: National Institute of Public Health; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/uporaba_tobaka_alkohola_in_drog.pdf
- Sande M, Paš M, Šabić S, Nahtigal K. A book published in 2016: The use of new psychoactive substances in Slovenia /Uporaba novih psihoaktivnih snovi v Sloveniji (see workbook Drugs)

T2. Trends

T3. New developments

T1.1.4 List of drug-related research websites, sources

- EHIS (European Health Interview Survey), report from the year 2007; <https://www.stat.si/doc/pub/IVZ-angl.pdf> EHIS 2015 is under development,
- The use of illicit drugs, tobacco and alcohol in Slovenia 2011- 2012, published in 2014; http://www.dlib.si/details/URN:NBN:SI:doc-MCM1KYQK_
- HBSC (Health Behaviour in School-Aged Children), report from 2010; http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf,
- HBSC (Health Behaviour in School-Aged Children), report from 2014; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hbsc_2015_e_verzija30_06_2015.pdf,
- ESPAD (The European School Survey Project on Alcohol and other Drugs), report from 2011; <http://www.espad.org/slovenia>, report for 2015 is under development,
- Matej Sande, a book published in 2012; The use of cocaine in night life in Slovenia; <http://www.dlib.si/details/URN:NBN:SI:doc-ZO2WNHXV>.
- Koprivnikar H, Zorko M, Drev A, Hovnik Keršmac M, Kvaternik I, Macur M. (2015) Tobacco, Alcohol and Illicit drug use in Slovenian Population and Inequalities and Combinations of Use. Ljubljana: National Institute of Public Health; http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/uporaba_tobaka_alkohola_in_drog.pdf
- Sande M, Paš M, Šabić S, Nahtigal K. A book published in 2016: The use of new psychoactive substances in Slovenia /Uporaba novih psihoaktivnih snovi v Sloveniji (see workbook Drugs)

T3.1 list of the main drug-related studies, research projects (recent, on-going)

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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.

Dernovšček Hafner, N. (2015). Family-related Factors and Drug Use In Young People. Doctoral thesis. Ljubljana: University of Ljubljana, Faculty of Arts.

- Gabrovec B. (2015) The prevalence of methamphetamine, MDMA and new drugs among opiate addicts on Agonist Opioid Treatment. *Heroin addiction and related clinical problems*; 17 (4): 69-76.
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T4. Additional information

T4.1 Specific studies on drug-related research

The National Institute of Public Health is currently preparing a monograph on the prevalence of illicit drugs, alcohol and tobacco use among prison population. The monograph will be published by the end of 2016.

T4.2 Other 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 (for the results of the study see Drugs workbook).

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 conducted a research on the use of tobacco, alcohol, cannabis and new drugs among young people.

T5. Notes and queries

T6. Sources and methodology

T6.1 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, 2015 (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).

T6.2 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 (χ^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 population¹⁸. 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).

¹⁸ Available at <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>

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NIJZ

National Institute
of **Public Health**

National Institute of **Public Health**

Trubarjeva 2, 1000 Ljubljana

Telephone: + 386 1 2441 400

E-mail: info@nijz.si

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

