



# Slovenia

## Slovenia Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Slovenia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

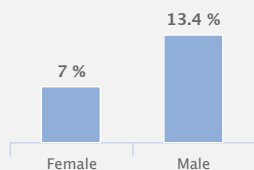
### THE DRUG PROBLEM IN SLOVENIA AT A GLANCE

#### Drug use

"in young adults (15-34 years) in the last year"

##### Cannabis

**10.3 %**



##### Other drugs

MDMA	0.8 %
Amphetamines	0.8 %
Cocaine	1.2 %

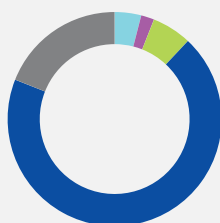
##### High-risk opioid users

**4 853**

(4 405 - 5 408)

#### Treatment entrants

by primary drug



#### Opioid substitution treatment clients

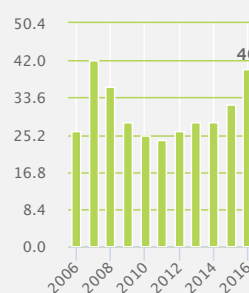
**3 042**

#### Syringes distributed

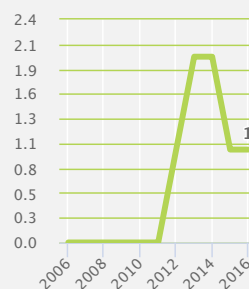
through specialised programmes

**567 233**

#### Overdose deaths



#### HIV diagnoses attributed to injecting



Source: ECDC

#### Drug law offences

**No Data**

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Heroin
3. Cocaine
4. MDMA
5. Cannabis resin

#### Population

(15-64 years)

**1 377 696**

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

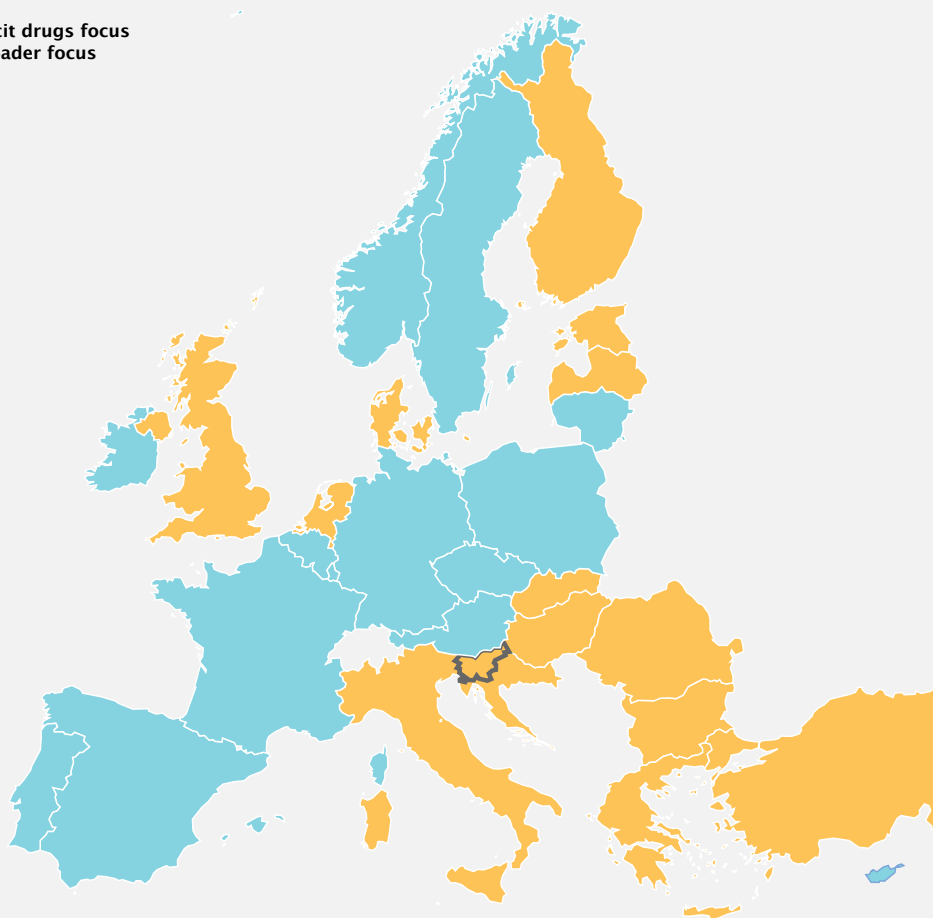
## National drug strategy

Adopted in 2014, the overarching goal of Slovenia's National Programme on Illicit Drugs 2014-20 is to reduce and contain the harm caused to individuals, families and society from illicit drug use. The National Programme is built around six pillars: (i) information systems; (ii) drug demand reduction; (iii) supply reduction; (iv) international cooperation; (v) coordination; and (vi) evaluation, research and training/ education. A series of consecutive two-year action plans specifying priorities, actors and timeframes are being used to implement the programme. In addition, several objectives of the National Crime Prevention and Crime Control Strategy address illicit drug issues, such as demand reduction and prevention.

As in other European countries, Slovenia evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. The Ministry of Health commissioned two external evaluations of the Resolution on the National Programme in the Area of Drugs 2004-09. The evaluations were completed by a research centre in 2008 and a non-governmental organisation in 2010 and considered the operation and implementation of the programme; the findings were used in the development of its successor for the period 2014-20.

### Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

## National coordination mechanisms

The Commission on Narcotic Drugs of the Government of Slovenia is responsible for drug policy at the inter-ministerial level. The Commission promotes and coordinates government policy and programmes, proposes measures and monitors implementation of the provisions of international conventions. It includes representatives from all ministries involved in implementing the programme. The Ministry of Health, which is the Commission's Secretariat, and the Ministry of the Interior are responsible for, respectively, the strategic and operational coordination of the programme, in the areas of drug demand and supply reduction. Within the Ministry of Health, the Health Promotion and Healthy Lifestyles Division is responsible for the day-to-day coordination of drug policy. Local Action Groups are tasked with the coordination of drug policy at the local level and 10 regional coordinators were appointed in 2005.

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Slovenia, there are no budgets attached to the national drug policy documents. Authorities report their total drug-related expenditure every year, covering both demand and supply reduction activities, but the methodology used is not detailed and data completeness varies every year.

The available data suggest that total drug-related expenditure represented 0.05 % of gross domestic product (GDP) in 2016. This proportion varied between 0.02 % and 0.03 % of GDP between 2006 and 2016.

Trend analysis shows that drug-related labelled expenditure increased between 2006 and 2011 in nominal terms. However, after 2008, the pace of growth slowed. The available data suggest that the total funds available may have been reduced in 2012, as a consequence of public austerity measures, but remained stable in the following years as a proportion of GDP. In practice, public drug-related funding seems to have reflected GDP growth in 2014-2016.

## Drug laws and drug law offences

### National drug laws

In Slovenia, possessing a small amount of drugs for one's own use and consumption is not considered a criminal offence. Slovenia's Production and Trade in Illicit Drugs Act has separate definitions for the possession of illicit drugs, the possession of a small quantity for individual use and the possession of a small quantity for individual use by a person who has opted for medical treatment or treatment in a health or social programme. Possession of an illicit drug is considered a minor offence under Article 33 of the Production and Trade in Illicit Drugs Act and is punishable by a fine. For example, possession of small quantities of illicit drugs for one-off personal use might lead to a fine of between EUR 42 and EUR 209. Individuals may be subject to more lenient punishment if they voluntarily enter treatment for illicit drug use or a social security programme approved by the Health Council at the Ministry of Health or by the Council for Drugs at the Ministry of Labour.

The Criminal Code, adopted in 2008, defines two criminal offences: the manufacture and trafficking of illicit drugs (Article 186), and facilitating the consumption of illicit drugs (Article 187). Article 186 includes the sale, manufacture and purchase of illicit drugs with the intention of sale, possession with the intent to re-sell, etc., all of which offences are punishable by 1-10 years' imprisonment, or 3-15 years if the offence included defined aggravating circumstances, such as particular locations or the involvement of vulnerable people.

Article 187 of the Criminal Code considers as offences the offering of illicit drugs for consumption, the offering of premises for minors to consume illicit drugs, etc., and these offences are punishable by prison sentences of between six months and eight years. Offences that involve vulnerable people or an offender abusing their position are punishable by 1-12 years' imprisonment. The Criminal Code was amended in November 2011 to provide that facilitation of illicit drug use is not punishable if it is in the context of a programme of drug treatment or involves the controlled use of drugs that conforms to the relevant law and is implemented within the framework or under the supervision of public health authorities. In principle, this new amendment may permit the establishment of drug consumption rooms in Slovenia.

New psychoactive substances are controlled by regular amendments of the list of controlled substances.

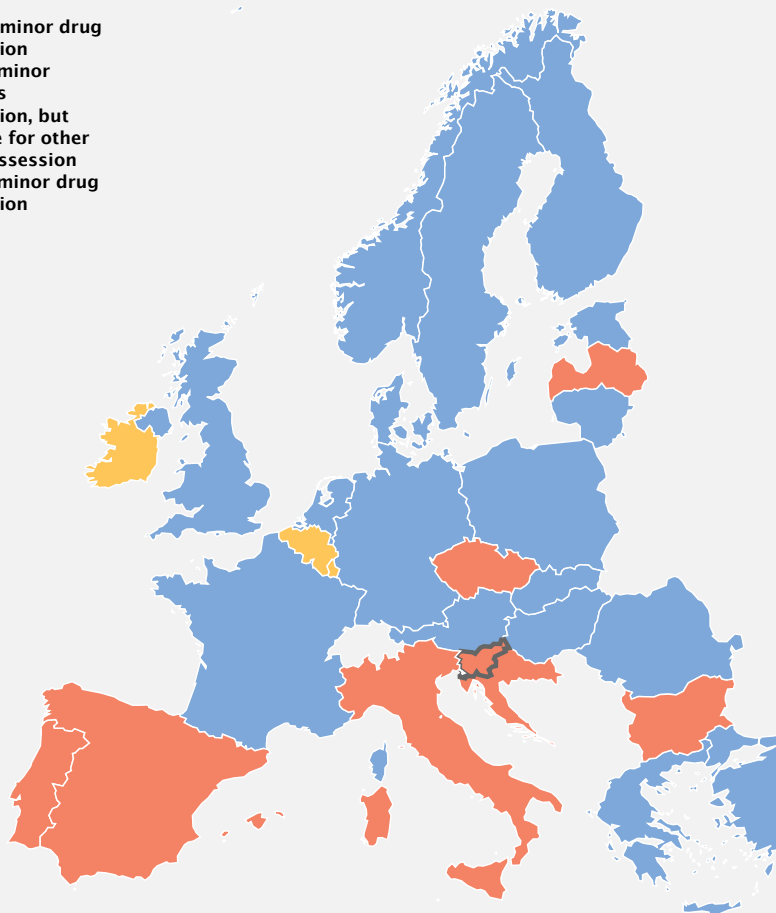
### Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs from Slovenia indicate that most DLOs are associated with cannabis. In general, offences linked to use/possession dominate DLOs.

**Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)**

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

### Prevalence and trends

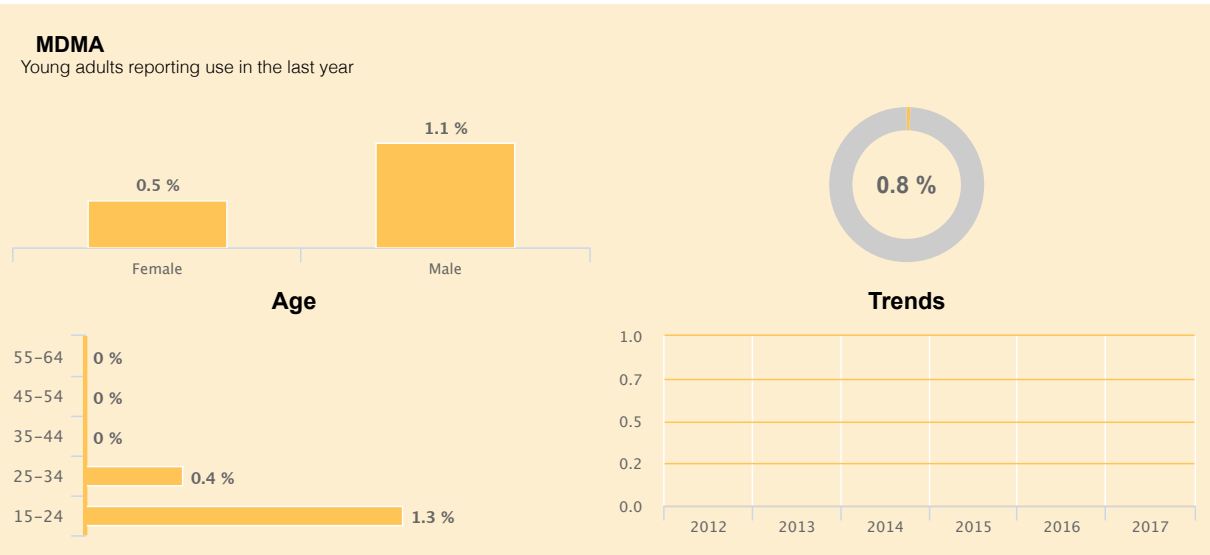
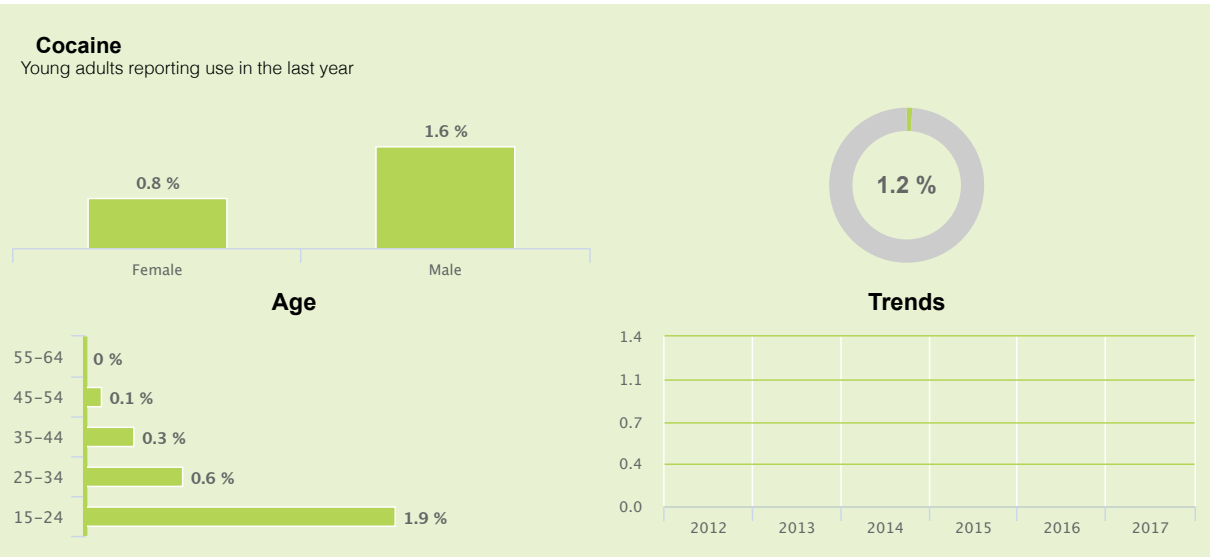
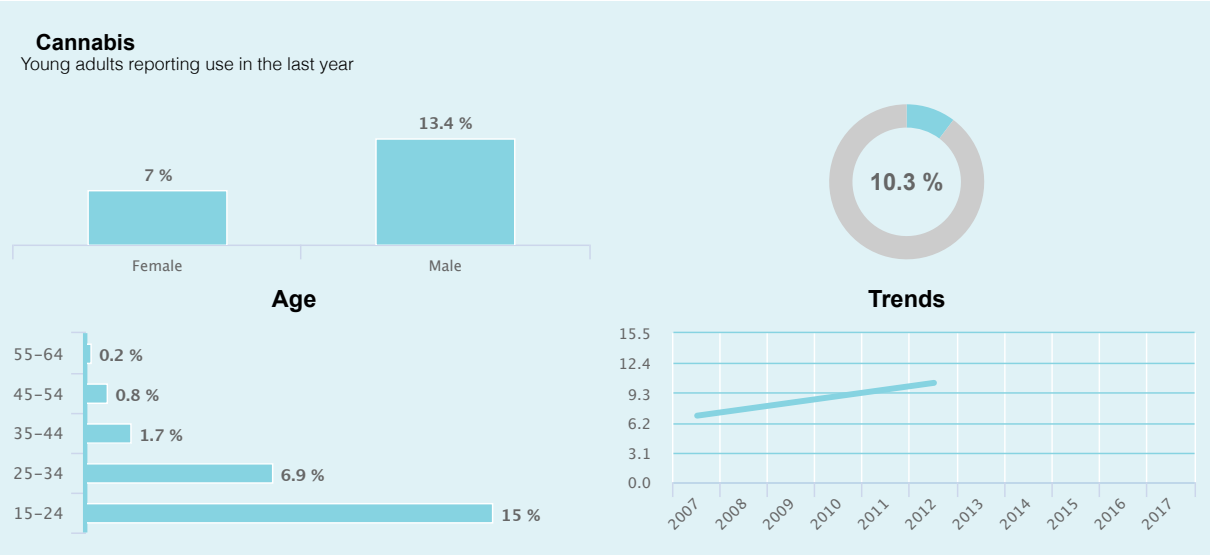
According to the 2011-12 general population survey, cannabis was the most commonly used drug among the adult population aged 15-64 years in Slovenia. The use of other illicit substances was less common. Illicit drug use is concentrated among younger age groups and, in particular, among those aged 15-24 years. Use of illicit drugs is generally higher among males than females.

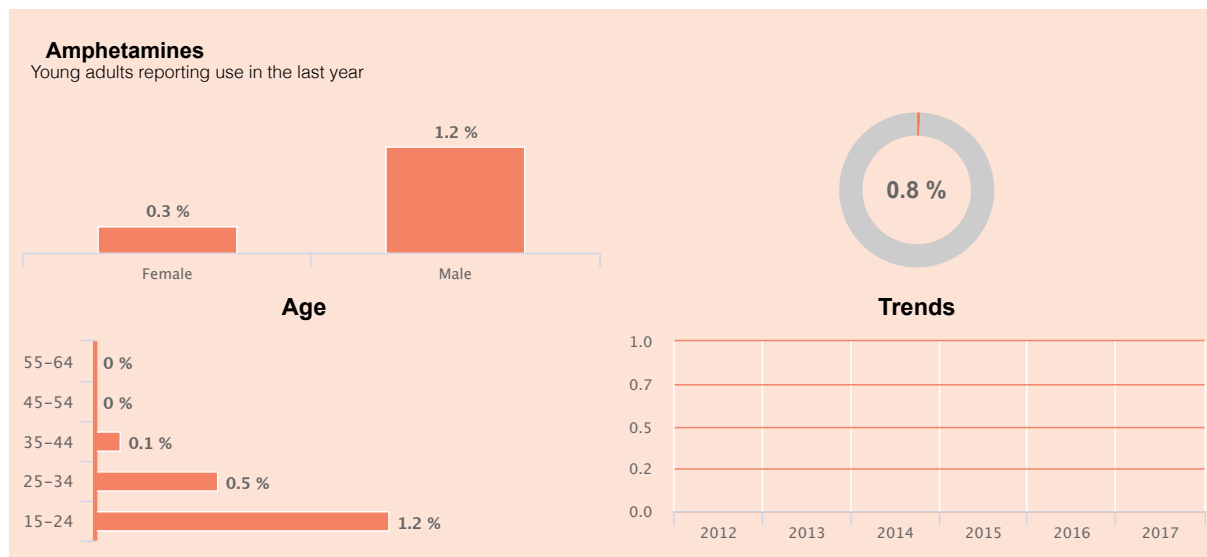
Less than 1 % of Slovenian adults reported having ever used a new psychoactive substance (NPS). Nevertheless, data from other sources, including a recent web-based survey, indicate that the use of NPS alone or in combination with an established illicit substance may be more common among young people in recreational settings.

In 2017, Ljubljana participated in the Europe-wide annual wastewater campaign undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on illicit drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate relatively high levels of cocaine metabolites, while the levels of amphetamine and methamphetamine detected remained low, indicating limited use of these two substances in Ljubljana.

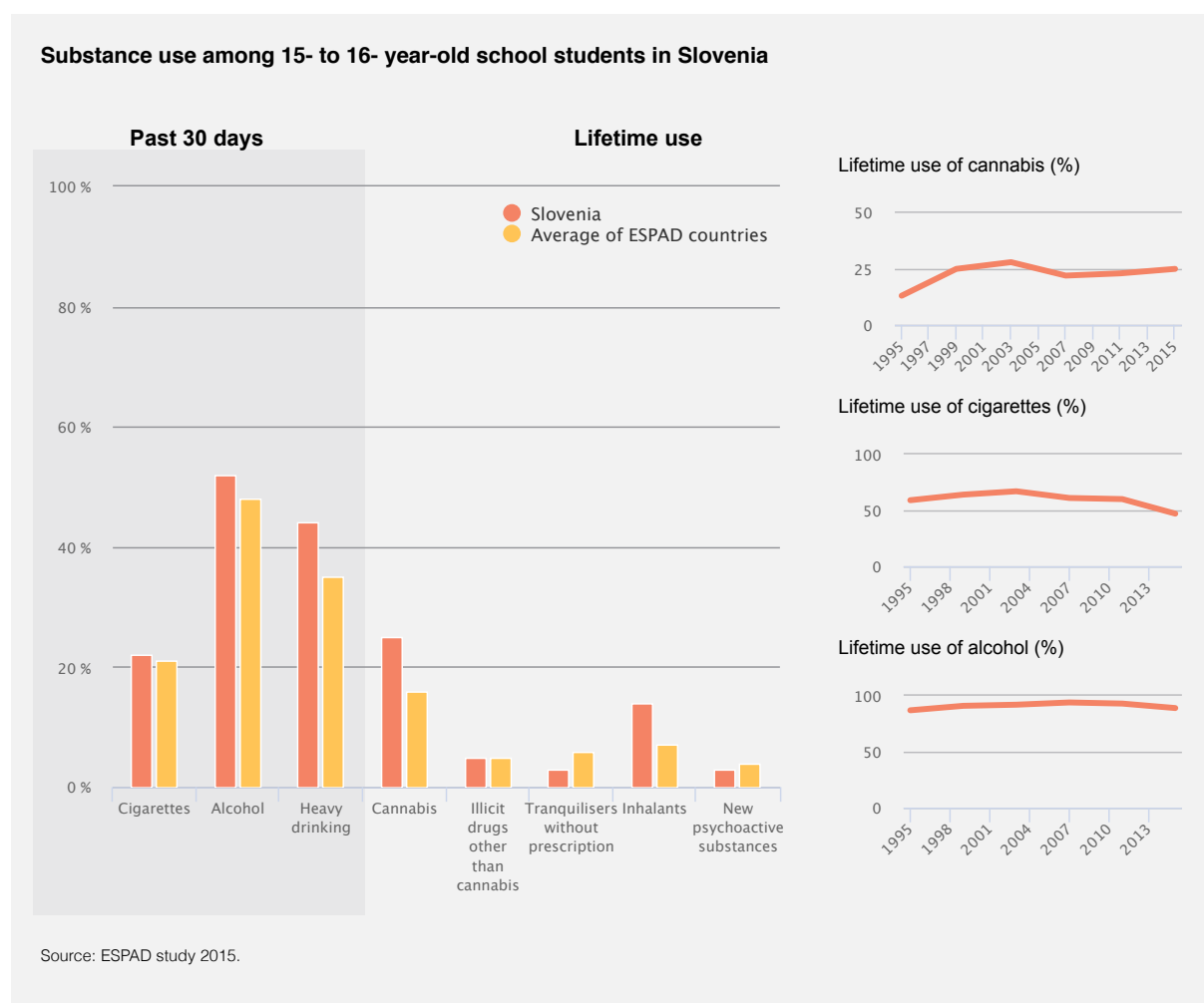
Drug use among students aged 15-16 years is reported by the European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been carried out in Slovenia since 1995 and the most recent survey was in 2015. Slovenian students reported lifetime cannabis use that is above the ESPAD average (based on data from 35 countries), while lifetime use of illicit drugs other than cannabis and lifetime use of NPS were either very close to or the same as the ESPAD averages. Trend analysis indicates that experimentation with cannabis increased markedly among 15- to 16-year-old students between 1995 and 2003, decreased in 2007 and increased again in 2011 and 2015, according to the surveys.

Estimates of last-year drug use among young adults (15-34 years) in Slovenia





NB: Estimated last-year prevalence of drug use in 2012.



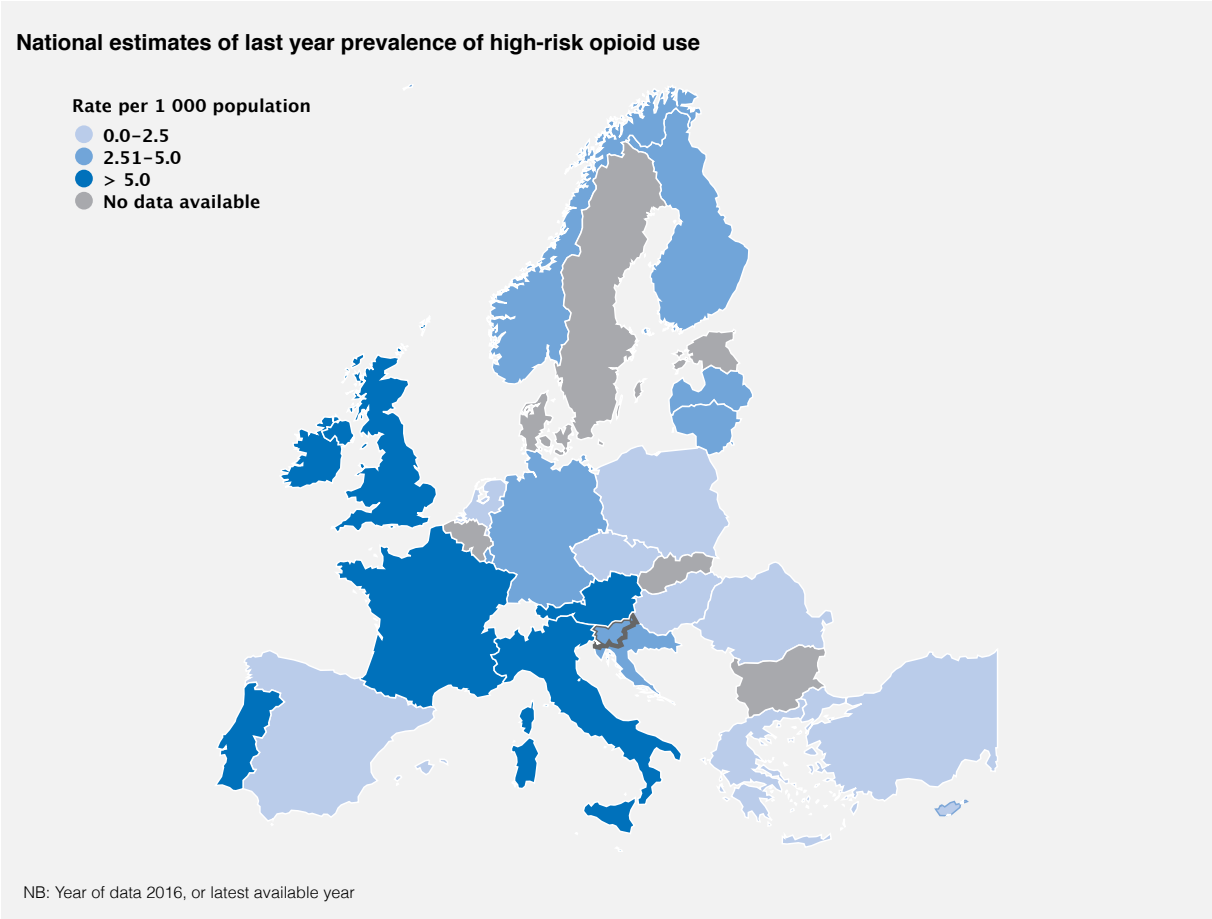
## High-risk drug use and trends

Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

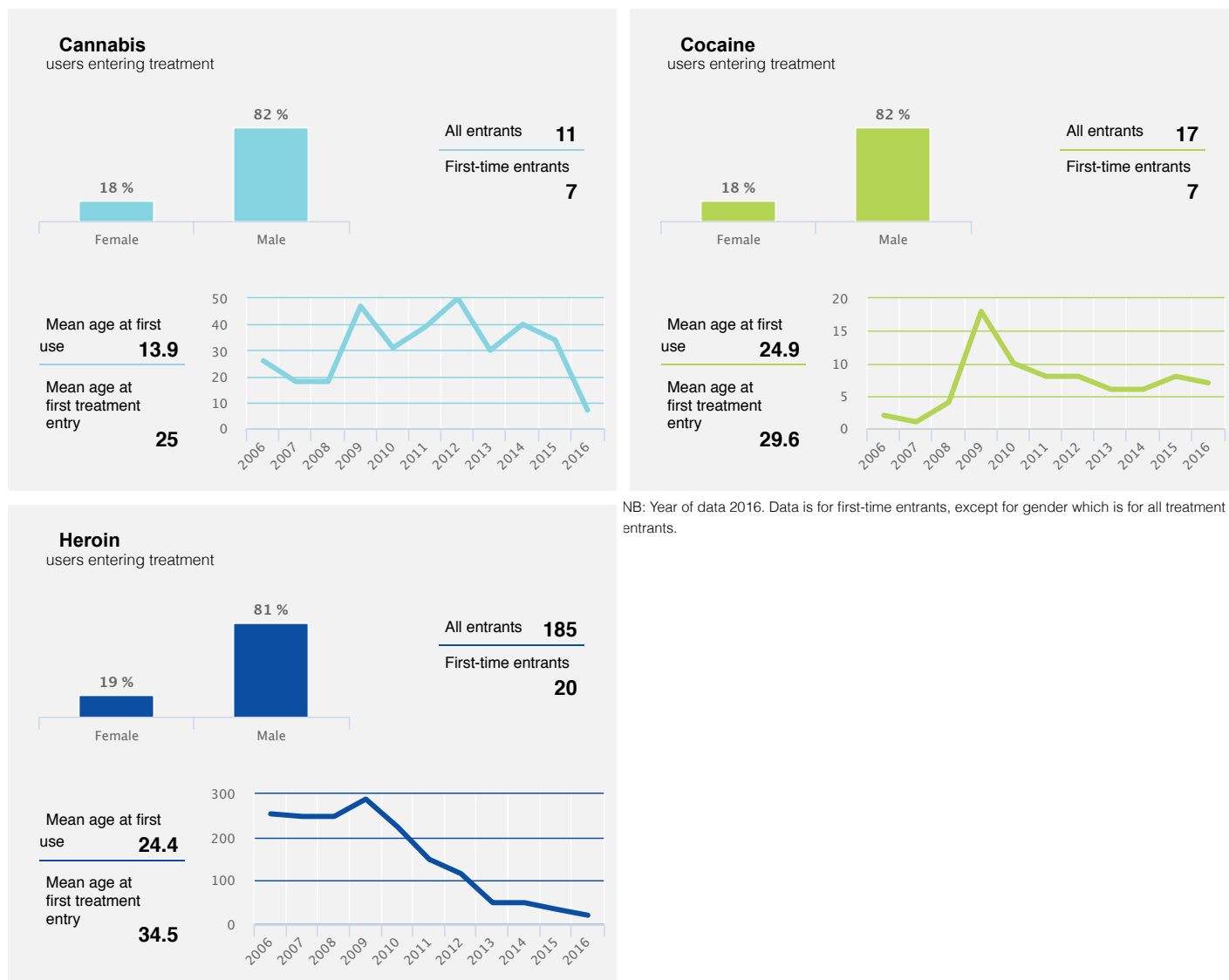
The estimated number of high-risk opioid users has remained stable in recent years; the total number was estimated to be around 4 800 in 2016, and the majority of those users inject heroin.

Data from specialised treatment centres in Slovenia indicate that new treatment entries attributable to primary heroin use have decreased significantly in the last eight years. Although heroin remains the principal opioid drug used in Slovenia, reports from harm reduction programmes indicate some change in the drug use profile among clients, suggesting that heroin has been replaced by other substances, such as stimulants, medicines and NPS, all of which may be injected. In general, drug injecting has been declining among treatment clients and a shift towards other administration routes, such as sniffing, smoking or oral use of opioids, has been reported in recent years. Around 50 % of those new to treatment use drugs by sniffing.

In general, the ageing of the population of drug users is also noted in Slovenia, which presents new issues, such as increased social problems, including homelessness, and a higher frequency of acute and chronic illnesses. The number of females in treatment varies by type of drug and treatment programme.



## Characteristics and trends of drug users entering specialised drug treatment in Slovenia



## Drug harms

### Drug-related infectious diseases

In Slovenia, the National Institute of Public Health collects notifications on drug-related infectious diseases and test results from a convenience sample of treatment clients in Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTDAs). In general, the analysis of surveillance information on the prevalence of drug-related infectious diseases among people who inject drugs (PWID) in Slovenia indicates a stable situation in recent years.

The available data indicate that hepatitis C virus (HCV) infection is the most prevalent drug-related infectious disease among PWID. In 2016, almost half of PWID who were tested confidentially before entering treatment were HCV positive, and this proportion has been increasing in recent years.

#### Prevalence of HIV and HCV antibodies among people who inject drugs in Slovenia (%)

region	HCV	HIV
National	48.2	1.3
Sub-national	:	0

Year of data: 2016

The number of new cases of human immunodeficiency virus (HIV) infection linked to injecting drug use remains very low, with one case detected in 2016.

In 2016, the prevalence of antibodies against the hepatitis B virus among PWID who were tested confidentially during treatment at CPTDAs was similar to that in previous years, at around 2.8 %.

## Drug-related emergencies

Data on drug-related emergencies are reported for the Ljubljana region only and refer to adult patients who are examined and treated at the University Medical Centre Ljubljana. In 2016, 157 people were treated. One long-term trend indicates an increase in acute emergency cases since 2010, which is attributed mainly to increased numbers of poisonings related to cocaine, GHB and amphetamine-type stimulants. The numbers of heroin- and cannabis-related poisonings have not significantly changed in the past three years.

Since the end of 2016, the Detection System for Poisoning by New Psychoactive Substances in Slovenia has been operational. In 2016, a total of 10 poisonings involving new psychoactive substances had been reported.

## Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

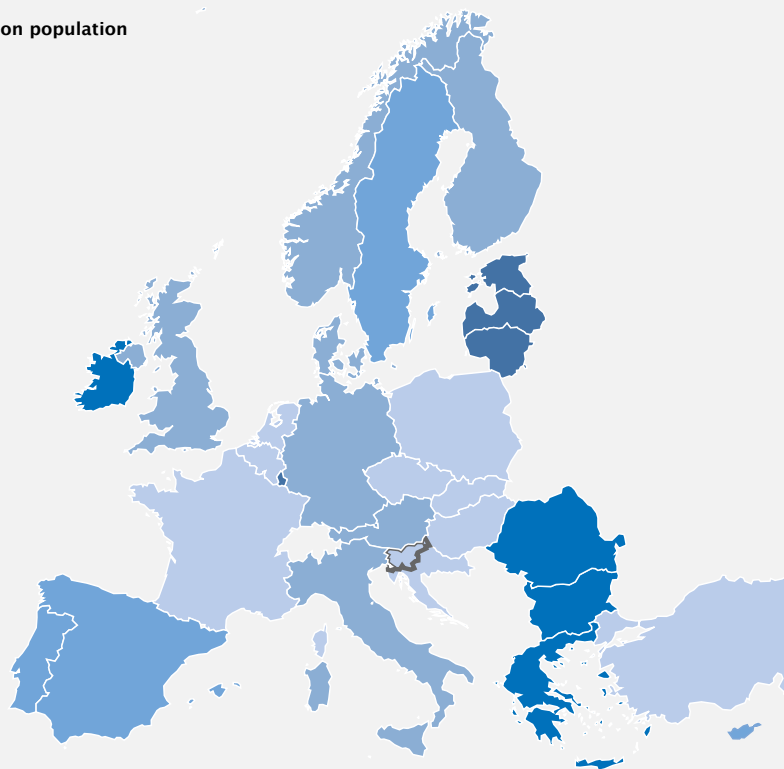
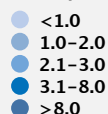
The available data indicate an upward trend in the number of drug-induced deaths in Slovenia since 2012. In 2016, the general mortality register reported the highest number of deaths since 2007. Toxicological testing results showed the involvement of cocaine in 18 deaths, which was more than in previous years. Opioids were involved in 18 cases. The majority of deaths were among males. The mean age of victims was above 37 years.

The drug-induced mortality rate among adults (aged 15-64 years) was 29.03 deaths per million in 2016, which is slightly above the most recent European average of 21.8 deaths per million.

A mortality cohort study conducted between 2004 and 2013 among treated drug users found a mortality rate of 5.7 deaths per 1 000 person-years, which is twice that of the general population of the same age. The excess deaths were attributable not only to drugs use directly, but also to suicide, traffic accidents and other violent acts, alcoholic liver cirrhosis and cardiovascular diseases. The excess mortality as a result of suicide was particularly high, being 2.5 times higher for males and almost four times higher for females in the study cohort than in the general population.

### Newly diagnosed HIV cases attributed to injecting drug use

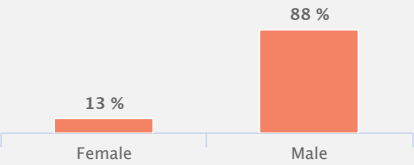
Cases per million population



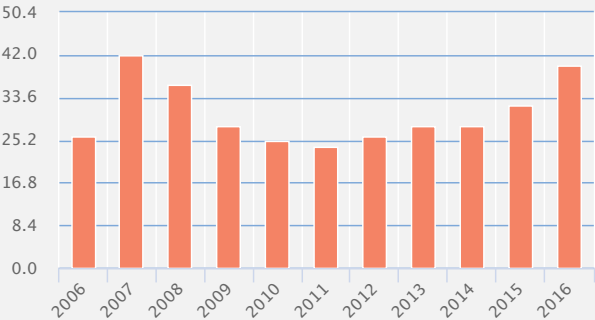
NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Slovenia

Gender distribution



Trends in the number of drug-induced deaths



Age distribution of deaths in 2016

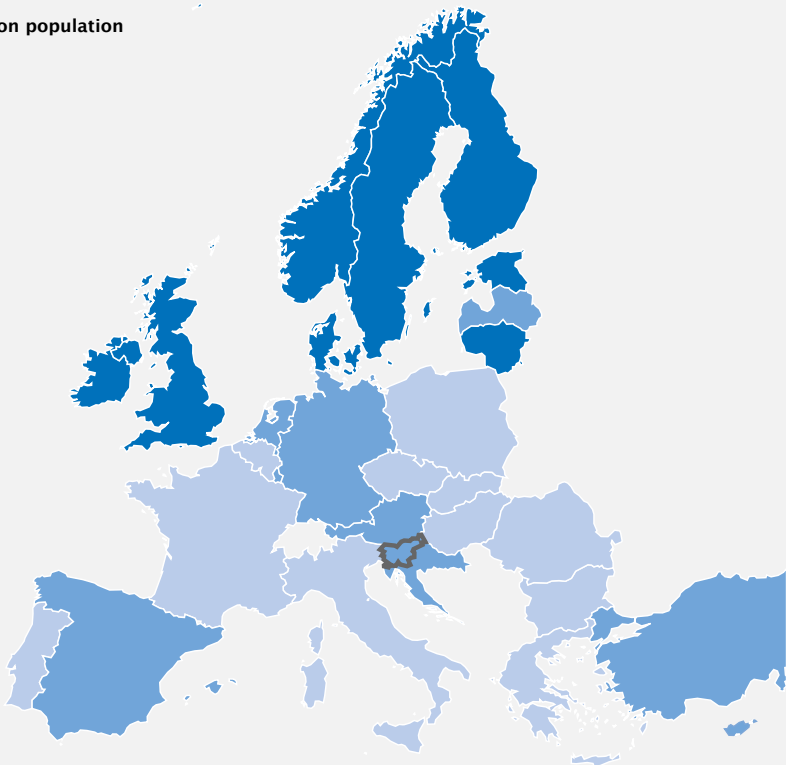


NB: Year of data 2016, or most recent year

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



\*NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.\*

## Prevention

In Slovenia, the National Programme on Illicit Drugs 2014-20 sets out basic principles for drug prevention and prioritises the prevention of drug use among young people. In addition, the prevention of psychoactive substance use is regulated at the national level by laws, regulations and guidelines within various ministries and is coordinated by the Ministry of Health. At the community level, local action groups for drug dependence prevention are tasked with coordinating both these activities and the work of many non-governmental organisations (NGOs) under the oversight of the self-governing regions.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In Slovenia, environmental prevention interventions in recent years have focused mainly on alcohol and tobacco. These are implemented by various governmental organisations and NGOs. Examples of these are the 'watchdog' actions (Mystery Shopping and Yellow Card campaigns), which put formal and informal pressure on policymakers and decision-makers to ensure the implementation of alcohol and tobacco laws (e.g. by reporting violations of the alcohol/tobacco marketing regulations, which ban the sale of/offering of alcohol or tobacco to minors). In 2017, the amended Restrictions on the Use of Alcohol Act was adopted; it limits the sale of alcohol before and during public sporting events.

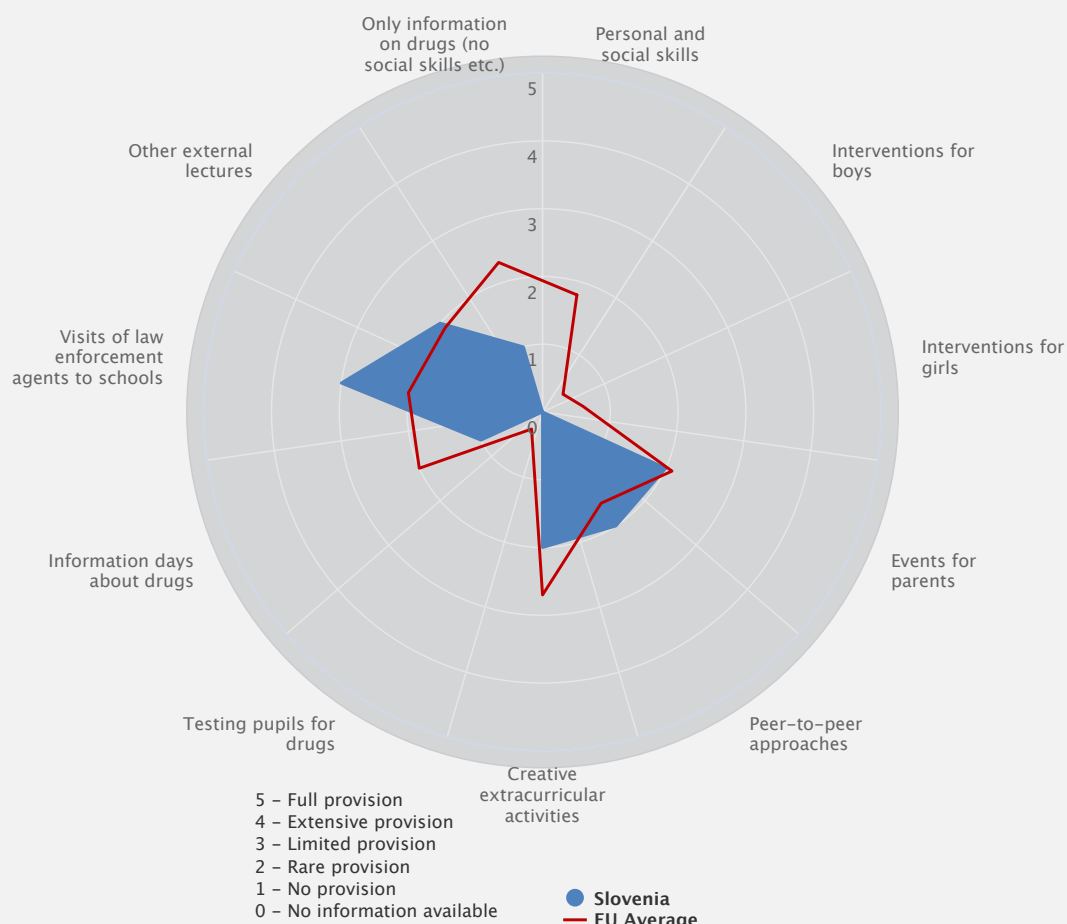
Universal prevention and selective prevention have been strengthened by the implementation of more evidence-based, evaluated, structured and manual-based prevention interventions, such as Unplugged, FreD goes net and EFFEKT. Prevention activities in schools are mainly carried out by the National Institute of Public Health, local health centres, NGOs and they cover licit and illicit substances. Individual or time-limited structured and semi-structured interventions that aim to build self-esteem in children and young people (especially in schools) and to improve their life skills (personal/social), etc., are common.

In addition, interventions, such as the Strengthening Family Programme and Family Centres, are provided by public and private social services for families that are considered to be at risk. In addition, numerous programmes targeting children with social, developmental and learning problems, as well as those living in deprived neighbourhoods, are provided at local level. The project Learning for Young Adults is a selective prevention programme for young people who drop out of school and are at risk.

Prevention work in recreational settings is primarily organised by the NGO DrogArt, which offers activities at electronic music events, at youth nightlife venues and in club settings in central Slovenia, while some local projects aim to ensure safer nightlife through the distribution of information, condoms and, occasionally, drinking water.

Indicated prevention programmes that target children with mental health, behavioural and learning problems are provided within the public health system.

## Provision of interventions in schools in Slovenia



NB: Year of data 2015

## Harm reduction

In Slovenia, the reduction of drug-related harm has been one of the main objectives of several consecutive national strategies on drugs, the latest of which covers the period from 2014 to 2020. The action plan for 2017-18 calls for a further extension of the harm reduction network and the introduction of new interventions, including take-home naloxone and drug consumption facilities. The harm reduction programmes are partly financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. In addition, the Slovenian Health Insurance Institute provides funding for the centralised purchase of injecting equipment, which is distributed by the Koper Regional Unit of the National Institute of Public Health to harm reduction programmes.

### Harm reduction interventions

Harm reduction programmes provide sterile injecting equipment, information and counselling at fixed sites and at various outreach locations in Ljubljana and other major regions and cities. Syringes and other injecting paraphernalia (alcohol wipes and ascorbic acid) are made available through day-care centres and outreach and mobile services, and are also available at three pharmacy-based exchange sites. In 2016, more than 567 000 syringes were distributed nationwide.

In recent years, new programmes have been developed at the local level, mainly aimed at people who inject drugs, people who use drugs in recreational settings and young at-risk drug users. As an example, in response to the emerging use of new psychoactive substances (NPS), the non-governmental organisation DrogArt provides a drug testing and counselling service for users of NPS and street outreach targeting young people. Within the framework of a national early warning system, a network of information points for the anonymous collection and testing of substance samples has been established.

In addition, free vaccination against the hepatitis B virus and free testing for hepatitis and human immunodeficiency virus (HIV) infection are available to all drug users in contact with Centres for the Prevention and Treatment of Illicit Drug Addiction. These centres also provide training on overdose prevention. Treatment for hepatitis C virus infection is free of charge in Slovenia.

**Availability of selected harm reduction responses in Europe**

<b>Country</b>	<b>Needle and syringe programmes</b>	<b>Take-home naloxone programmes</b>	<b>Drug consumption rooms</b>	<b>Heroin-assisted treatment</b>
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

### The treatment system

In Slovenia, the current national drug strategy stipulates that drug treatment must be comprehensive, ensure continuity of care and be accessible to all drug users. Responsibility for implementing treatment lies predominantly at the national level, and drug treatment is provided by various health and social care systems and civil society organisations.

The Health Insurance Institute of Slovenia funds drug treatment in the health sector, and treatment is free of charge to the client. The treatment programmes delivered through the social care system are mainly funded by the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the municipalities, or by other external resources, and may require a co-payment from clients.

Drug-related outpatient treatment is available through the national network of public Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTDAs) and from the Centre for the Treatment of Drug Addiction at the Ljubljana Psychiatric Hospital. The latter also provides inpatient treatment. Other psychiatric hospitals and psychiatric outpatient units within the primary healthcare system can also provide drug treatment. Non-governmental organisations within the framework and funding of social welfare programmes are involved mainly in the provision of treatment communities and non-hospital-based residential treatment programmes.

The available treatment modalities include detoxification; psychosocial interventions; opioid substitution treatment (OST) and other medically assisted treatments; individual or group counselling with a sociotherapy or psychotherapy component, including assistance with rehabilitation and social reintegration; and links to home nursing, therapeutic communities and self-help groups. An integrated treatment programme for drug users with mental comorbidities is available at the Ljubljana Psychiatric Hospital.

OST is provided only by CPTDAs and is free of charge to clients. Methadone was first introduced in 1990, while buprenorphine was registered in 2004, slow-release morphine in 2005 and buprenorphine/naloxone in 2007.

### Treatment provision

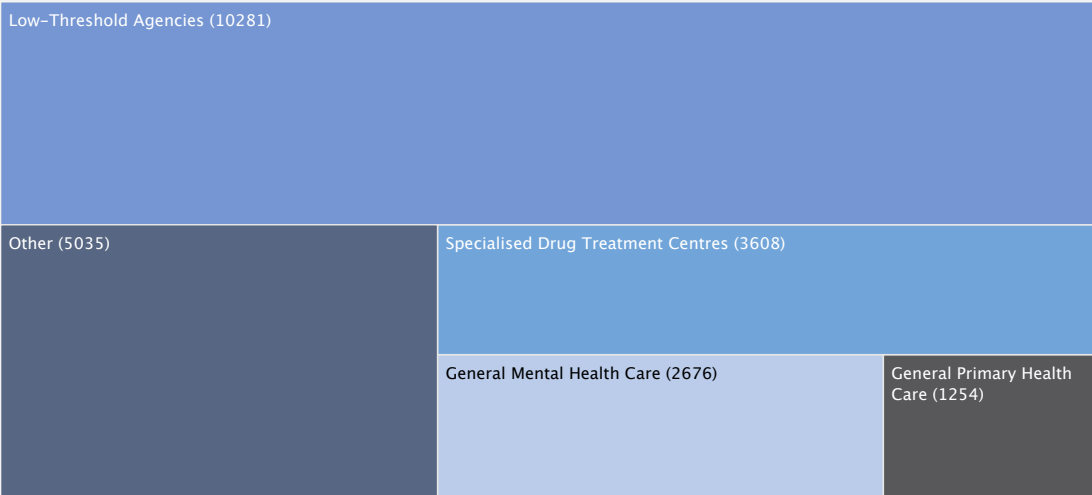
In Slovenia, the majority of clients who received drug treatment in 2016 were treated in outpatient settings, with low-threshold facilities playing an important role as a first point of access to more specialised treatment services for high-risk drugs users.

The majority of clients who entered specialised treatment in 2016 did so as a result of opioid, mainly heroin, use, although treatment requests linked to opioid use have more than halved in the last decade, despite a slight increase in 2016. In 2016, the proportion of those who entered treatment for cannabis problems decreased.

Opioid users remain the main client population of the Slovenian treatment system and, in 2016, many of them received OST, about 3 042 clients; methadone remains the most commonly used OST medication.

Drug treatment in Slovenia: settings and number treated

Outpatient



Inpatient

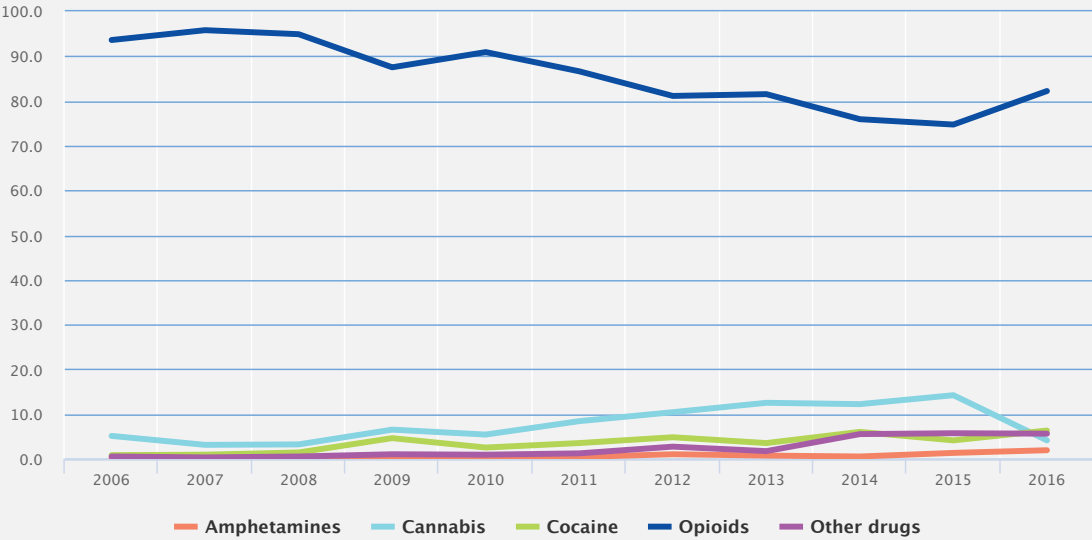


Prison



NB: Year of data 2016

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Slovenia

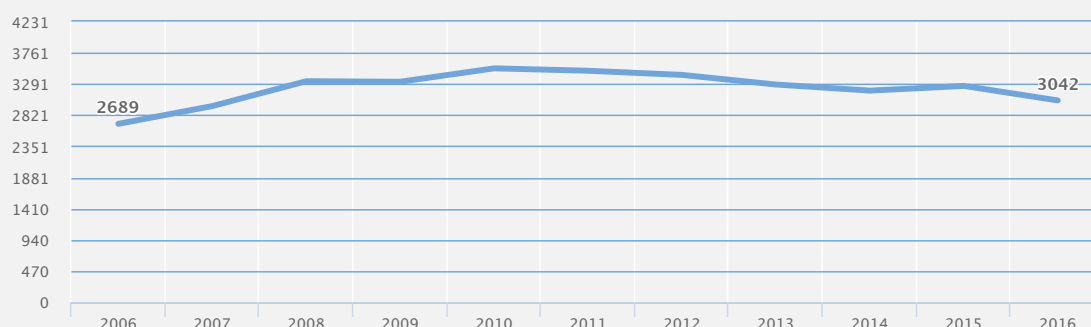


NB: Year of data 2016.

## Opioid substitution treatment in Slovenia: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

## Drug use and responses in prison

In a 2015 survey, more than one third of prisoners in Slovenia reported having used drugs during their lifetime. Cannabis was the illicit drug most likely to have been used regularly, followed by cocaine and heroin. One in four inmates reported having ever used drugs in prison, with cannabis being the most commonly used, then heroin and cocaine. Around 2 % of prisoners had injected illicit substances while in prison.

In recent years, the prison administration has reported an increase in seizures of synthetic cannabinoids, in particular in the eastern parts of the country. To address the issue, awareness-raising workshops have been organised in cooperation with a non-governmental organisation.

Medical services in prisons in Slovenia are provided by healthcare services, such as the primary healthcare centres that operate in the areas where prisons are located, under the authority of the Ministry of Health. The service delivery is governed by agreements signed between prisons and healthcare centres. In general, drug treatment in prison follows the same general guidance as that which applies to drug treatment in the community, although internal guidelines are also applied. Drug treatment is primarily delivered by psychiatrists in healthcare clinics or medical practitioners in Centres for the Prevention and Treatment of Illicit Drug Addiction.

In terms of treatment options, opioid substitution treatment (OST), individual and group counselling, and psychosocial support programmes led by qualified professionals working in prisons are available. Prisoners with dependencies may enrol in low-threshold, medium-threshold and high-threshold programmes. In 2016, around two thirds of prisoners who were diagnosed with drug dependency received OST.

All inmates have access to free, voluntary and anonymous testing and treatment for hepatitis and human immunodeficiency virus (HIV) infections. Before release from prison, prisoners are provided with information on overdose risk, and community treatment centres are contacted to ensure continuity of care.

## Quality assurance

The National Programme on Illicit Drugs 2014-20 and the National Social Care Programme 2013-20 are the key documents defining priorities for quality drug use prevention programmes, drug treatment programmes and social care programmes. The provision of quality programmes is also stipulated by individual laws in the areas of drugs, social welfare and the organisation of the healthcare system.

The National Institute of Public Health, in cooperation with the Ministry of Health of the Republic of Slovenia, has launched Quality Standards for Drug Prevention Programmes .

Drug use assessment and treatment programmes must meet regulatory requirements to be recognised as quality programmes and to be eligible to receive public funding. Major requirements include the programmes' professional relevance. Methods for ensuring the professional relevance of programmes are proposed and evaluated by the Coordinating Body of the Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTDAs), the Medical Chamber of Slovenia, expanded professional boards and the Health Council. There is also a commission in place that oversees the CPTDAs. This commission is appointed by the Minister of Health and checks the documentation, human resources and equipment of the centres, the scope of work performed, methadone maintenance treatment programmes and other forms of treatment.

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 that they are comparable to related programmes. A professional verification system in the field of social care programmes is used to confirm ability to carry out a selected social care programme over a long period of time or to decide on a programme's eligibility to join the public network of social care programmes.

As part of undergraduate study, the Faculty of Social Work educates and trains students to carry out professional tasks and services in the field of social care and other fields where they need to obtain knowledge and skills for social work. The curriculum also includes two courses in the area of drug demand reduction. In 2017, the Utrip Institute, in collaboration with the Faculty of Healthcare in Ljubljana, started preparing a five-day informal training course that is intended for decision-makers and providers of prevention interventions at all levels, within the framework of a European project aimed at adapting the Universal Prevention Curriculum.

## Drug-related research

The current national drug strategy lists research, evaluation and education among its priorities. Research areas include descriptive and ethnographic studies on drug use; studies analysing the harms caused by individual drugs, with a focus on synthetic drugs; studies on the harms caused by different methods of using drugs; policy/social experiments, for example, the introduction of new programmes (heroin-assisted treatment, drug consumption rooms, etc.); assessment of programmes, approaches and procedures; epidemiological studies; studies to assess the harm to the economy and broader society caused by drug-related issues; and research into the effectiveness of new approaches and active substances in treating drug dependency and other medical conditions and dysfunctions. Additionally, the 2017-18 action plan defines following objectives: (i) research and planning of programmes on the basis of needs assessments (encouraging the inclusion of users and providers of programmes in research and development) and (ii) research in priority areas, including planning training, assessing various policies, programmes, approaches and procedures, and connecting practice, research, education and policymaking.

The National Institute of Public Health coordinates international projects and collects and disseminates research findings at the national level. The main focus of drug-related research is on population surveys, although applied research in the area of treatment and pharmacological research projects are also undertaken. The Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and other ministries, the Health Insurance Institute and individual municipalities (to a minor extent) finance studies. There are several scientific and professional journals in Slovenia that publish papers on drug-related research findings.

## Drug markets

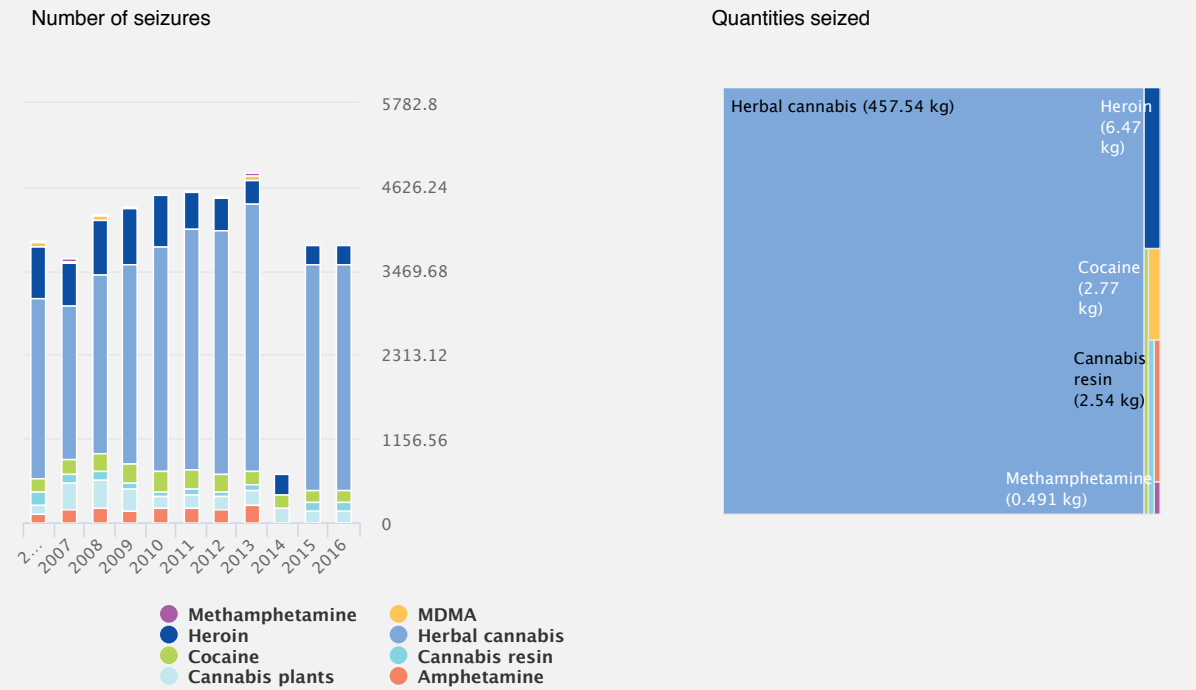
The illicit drug market in Slovenia is determined by the country's geographical position on the Balkan route, which is the main pathway for the illicit trafficking of heroin (from Turkey) and cannabis (from Western Balkan countries) into Western Europe; in addition, more recently, the use of south-east Europe as an entry point for cocaine has increased. Illicit drugs are trafficked through the country mainly by land. A growing number of investigations have revealed evidence of criminal groups establishing transport businesses in Slovenia, registering heavy goods vehicles and recruiting drivers to smuggle large quantities of a range of illicit drugs. Typically, the illegal cargo is not intended for the Slovenian consumer market.

Cannabis is the most important illicit substance locally produced and it is considered that cultivation is sufficient to meet domestic demand. Recent data indicate increased cultivation, mainly indoor, with some of the yield intended for neighbouring markets (Austria, Croatia, Germany and Italy).

In 2016, the seized quantities of all cannabis products, heroin, cocaine and amphetamine were larger than that reported in 2015. However, it is notable that almost all the heroin and cocaine were seized in a single seizure and they were probably not intended for the Slovenian market.

Slovenia is increasingly seen as a country that provides logistical support to members of criminal groups across Europe and beyond. To prevent and respond to this, law enforcement agencies are engaging in joint investigation teams. At national level, priority is given to uncovering organised crime groups and money laundering related to illegal drug operations. In addition, a focus is maintained on operations to dismantle illicit cannabis plantations.

Drug seizures in Slovenia: trends in number of seizures (left) and quantities seized (right)



NB: Year of data 2015

## Key statistics

Most recent estimates and data reported

			EU range	
	Year	Country data	Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	24.85	6.5	36.8
Last year prevalence of use - young adults (%)	2012	10.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2012	4.4	0.3	11.1
All treatment entrants (%)	2016	4.1	1.0	69.6
First-time treatment entrants (%)	2016	14.9	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	457.5	12	110855
Number of herbal cannabis seizures	2015	3103	62	158810
Quantity of cannabis resin seized (kg)	2016	2.5	0	324379
Number of cannabis resin seizures	2015	109	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	3.5 - 38.6	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.2 - 38.6	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	n.a.	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	n.a.	0.20	38.00
<b>Cocaine</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.1	0.9	4.9
Last year prevalence of use - young adults (%)	2012	1.2	0.2	4.0
Last year prevalence of drug use - all adults (%)	2012	0.5	0.1	2.3
All treatment entrants (%)	2016	6.3	0.0	36.6
First-time treatment entrants (%)	2016	14.9	0.0	35.5
Quantity of cocaine seized (kg)	2016	2.7	1.00	30295
Number of cocaine seizures	2015	178	19	41531
Purity (%) (minimum and maximum values registered)	2016	9.2 - 90.5	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	n.a.	3.00	303.00
<b>Amphetamines</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	0.8	0.8	6.5
Last year prevalence of use - young adults (%)	2012	0.8	0.0	3.6
Last year prevalence of drug use - all adults (%)	2012	0.3	0.0	1.7
All treatment entrants (%)	2016	1.9	0.2	69.7
First-time treatment entrants (%)	2016	4.3	0.3	75.1
Quantity of amphetamine seized (kg)	2016	2.1	0	3380
Number of amphetamine seizures	2015	n.a.	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.7 - 67.6	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
<b>MDMA</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.1	0.5	5.2
Last year prevalence of use - young adults (%)	2012	0.8	0.1	7.4
Last year prevalence of drug use - all adults (%)	2012	0.3	0.1	3.6
All treatment entrants (%)	2016	0	0.0	1.8
First-time treatment entrants (%)	2016	0	0.0	1.8
Quantity of MDMA seized (tablets)	2016	2908	0	3783737
Number of MDMA seizures	2015	n.a.	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	78 - 201	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	n.a.	1.00	26.00
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2016	3.5	0.3	8.1
All treatment entrants (%)	2016	82.2	4.8	93.4
First-time treatment entrants (%)	2016	55.31	1.6	87.4
Quantity of heroin seized (kg)	2016	6.4	0	5585
Number of heroin seizures	2015	273	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	1.6 - 45.9	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	n.a.	4.00	296.00
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.5	0.0	33.0
HIV prevalence among PWID* (%)	2016	1.3	0.0	31.5
HCV prevalence among PWID* (%)	2016	48.2	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	29.03	1.40	132.30
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2016	567233	22	6469441
Clients in substitution treatment	2016	3042	229	169750
<b>Treatment demand</b>				
All entrants	2016	269	265	119973
First-time entrants	2016	47	47	39059
All clients in treatment	2016	23643	1286	243000
<b>Drug law offences</b>				
Number of reports of offences	n.a.	n.a.	775	405348
Offences for use/possession	n.a.	n.a.	354	392900

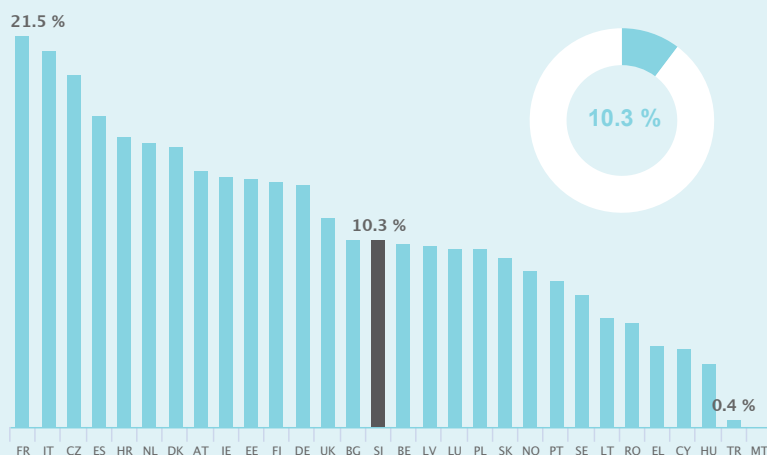
\* PWID — People who inject drugs.

## EU Dashboard

### EU Dashboard

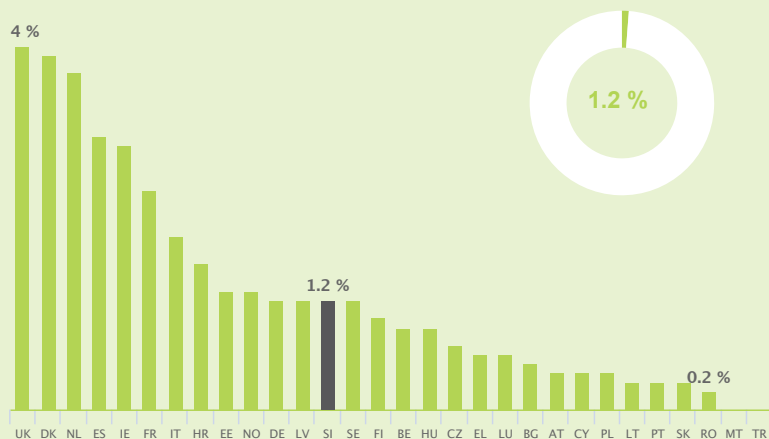
#### Cannabis

Last year prevalence among young adults (15-34 years)



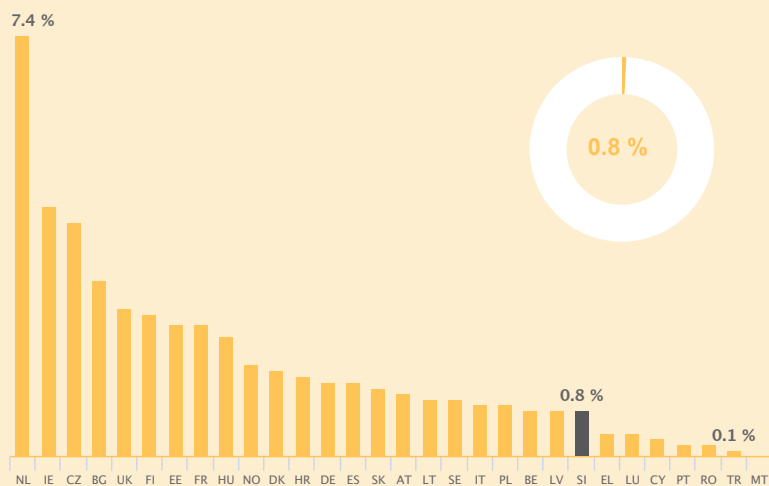
## Cocaine

Last year prevalence among young adults (15-34 years)



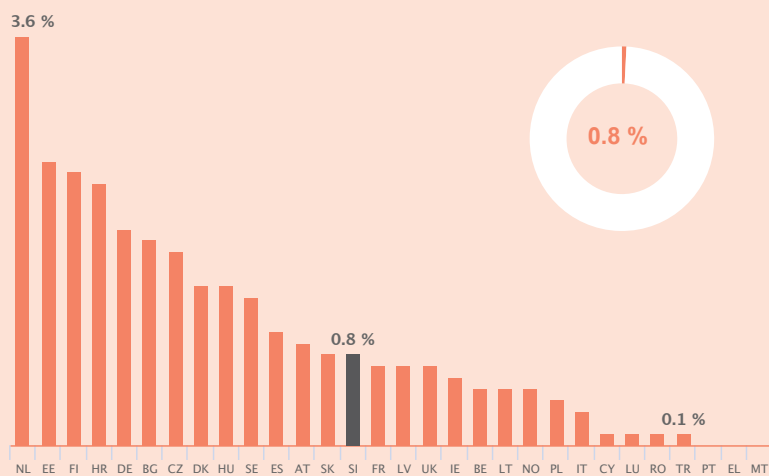
## MDMA

Last year prevalence among young adults (15-34 years)



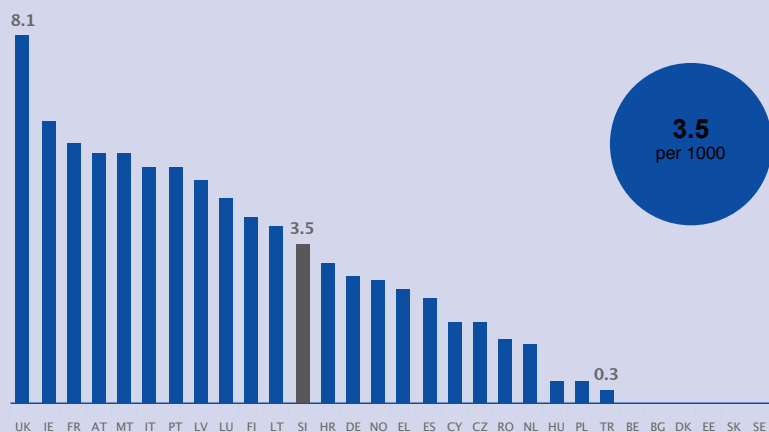
## Amphetamines

Last year prevalence among young adults (15-34 years)



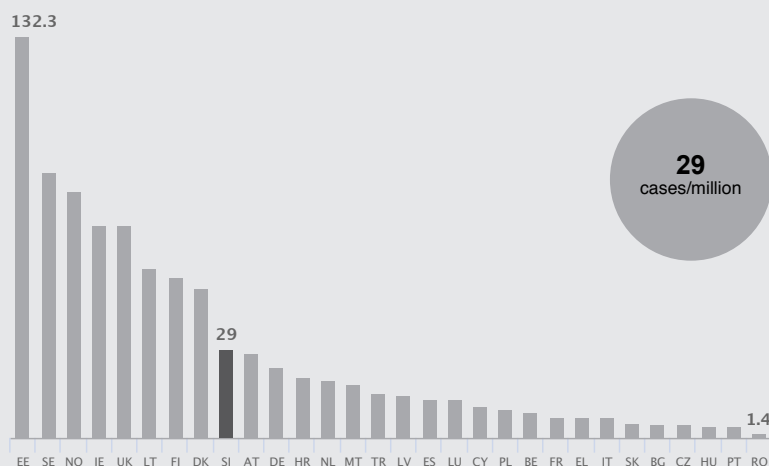
## Opioids

High-risk opioid use (rate/1 000)



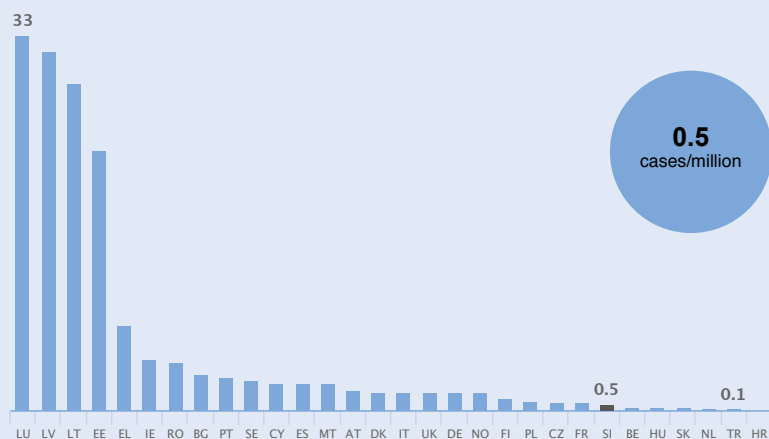
## Drug-induced mortality rates

National estimates among adults (15-64 years)



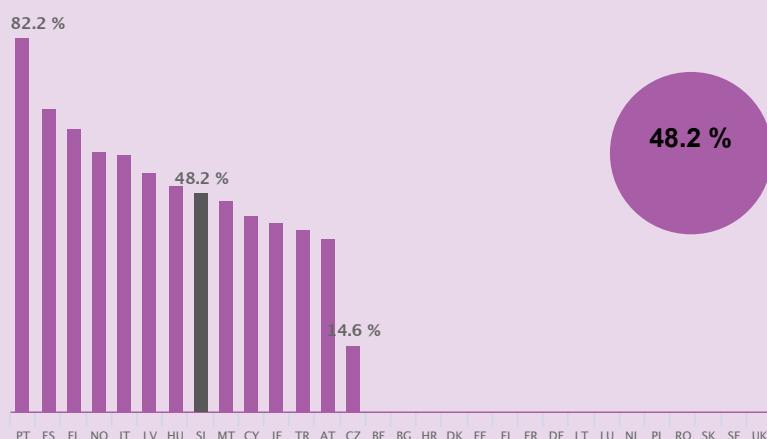
## HIV infections

Newly diagnosed cases attributed to injecting drug use



## HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

## About our partner in Slovenia

The Slovenian national focal point is a part of the Information Unit for Illicit Drugs (IUID), which is located at the National Institute of Public Health of the Republic of Slovenia (NIPH). The NIPH collects, organises and analyses health-related statistical data in the fields of diagnoses, attendance, staff and visiting hours in outpatient facilities, outpatient specialist services and hospitals. The legal basis for the establishment of the Slovenian national focal point is the Prevention of Illicit Drug Abuse and Treatment of Drug Addictions Act (1999).

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