

Slovenia

Slovenia Country Drug Report 2019



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 2017 (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 %

7 % (Female) | 13.4 % (Male)

Other drugs

MDMA: 0.8 %
Amphetamines: 0.8 %
Cocaine: 1.2 %

High-risk opioid users

4 873
(4 283 - 5 666)

All treatment entrants

by primary drug

● Cannabis, 6 %
● Amphetamines, 1 %
● Cocaine, 5 %
● Heroin, 75 %
● Other, 14 %

Opioid substitution treatment clients

3 042

Syringes distributed

through specialised programmes

578 926

Overdose deaths

2006: 26, 2007: 42, 2008: 36, 2009: 28, 2010: 24, 2011: 23, 2012: 26, 2013: 28, 2014: 28, 2015: 32, 2016: 40, 2017: 47

Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cannabis resin
- Cocaine
- Heroin
- Amphetamine

Population

(15-64 years)

1 366 875

Source: Eurostat Extracted on: 18/03/2019

New HIV diagnoses attributed to injecting

2006: 0, 2007: 0, 2008: 0, 2009: 0, 2010: 0, 2011: 0, 2012: 0, 2013: 2, 2014: 2, 2015: 1, 2016: 1, 2017: 0

Source: ECDC

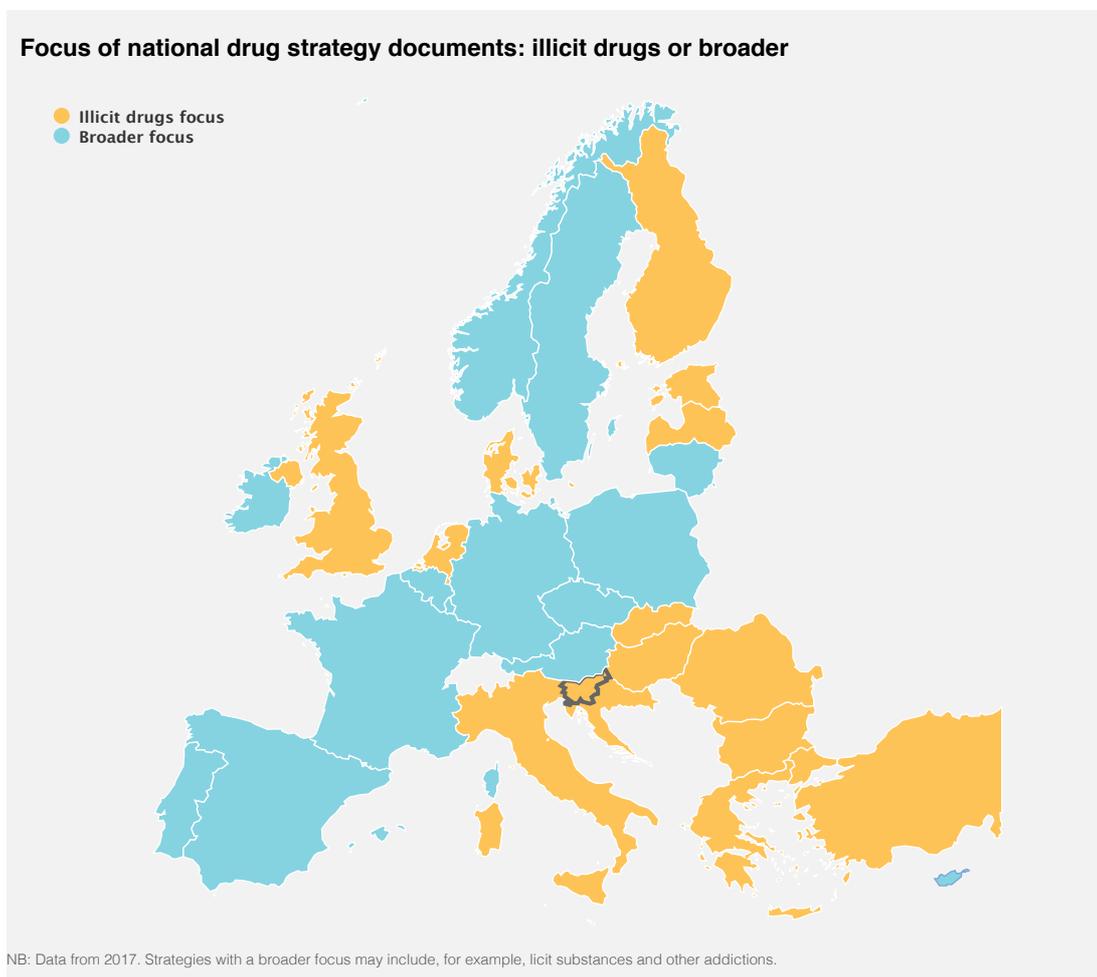
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations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

National drug strategy and coordination

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 action plans specifying priorities, stakeholders and time frames are being used to implement the programme, with the current one covering the period 2017-18. 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 on-going 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. A mixed-methods process and outcome evaluation of the 2015-16 action plan was undertaken by the Ministry of Health.



National coordination mechanisms

The Commission on Narcotic Drugs of the Government of Slovenia is responsible for drug policy at the interministerial 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.

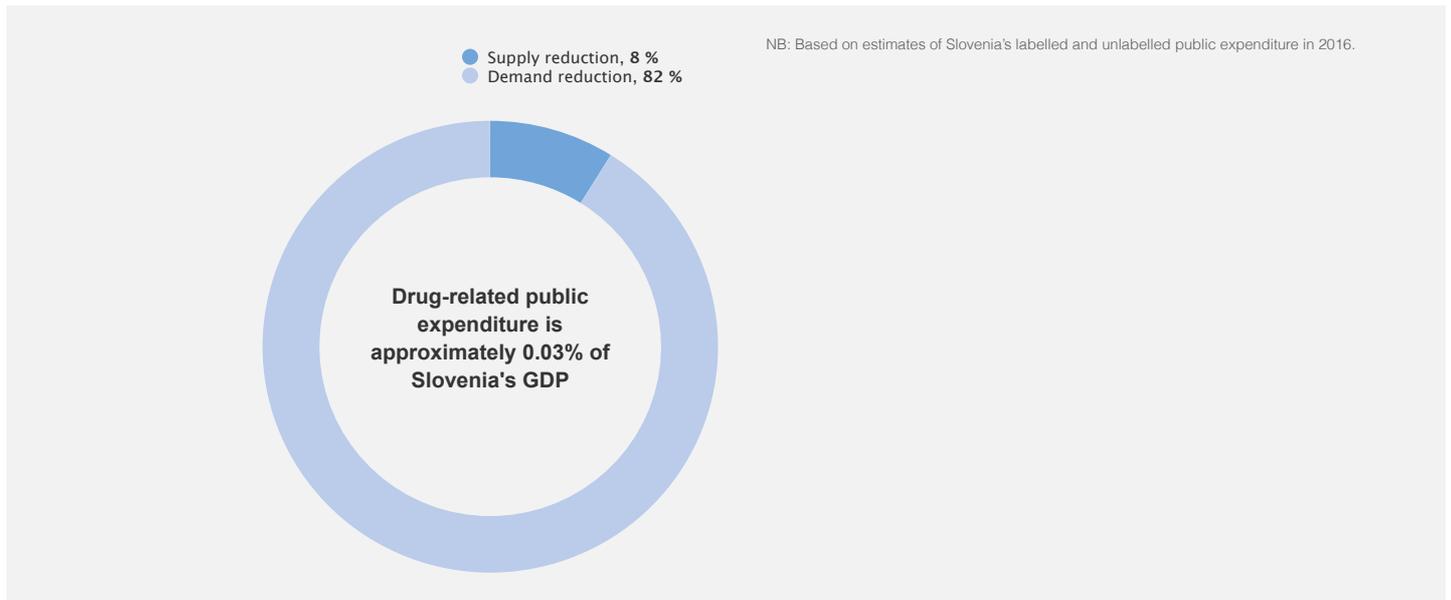
Public expenditure

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. Central, regional and social security 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 are not systematically reported.

Available data suggest that total drug-related expenditure amounted to 0.03 % of gross domestic product (GDP) in 2016. This proportion varied between 0.02 % and 0.03 % of GDP in the past decade.

Public expenditure related to illicit drugs in Slovenia



Drug laws and drug law offences

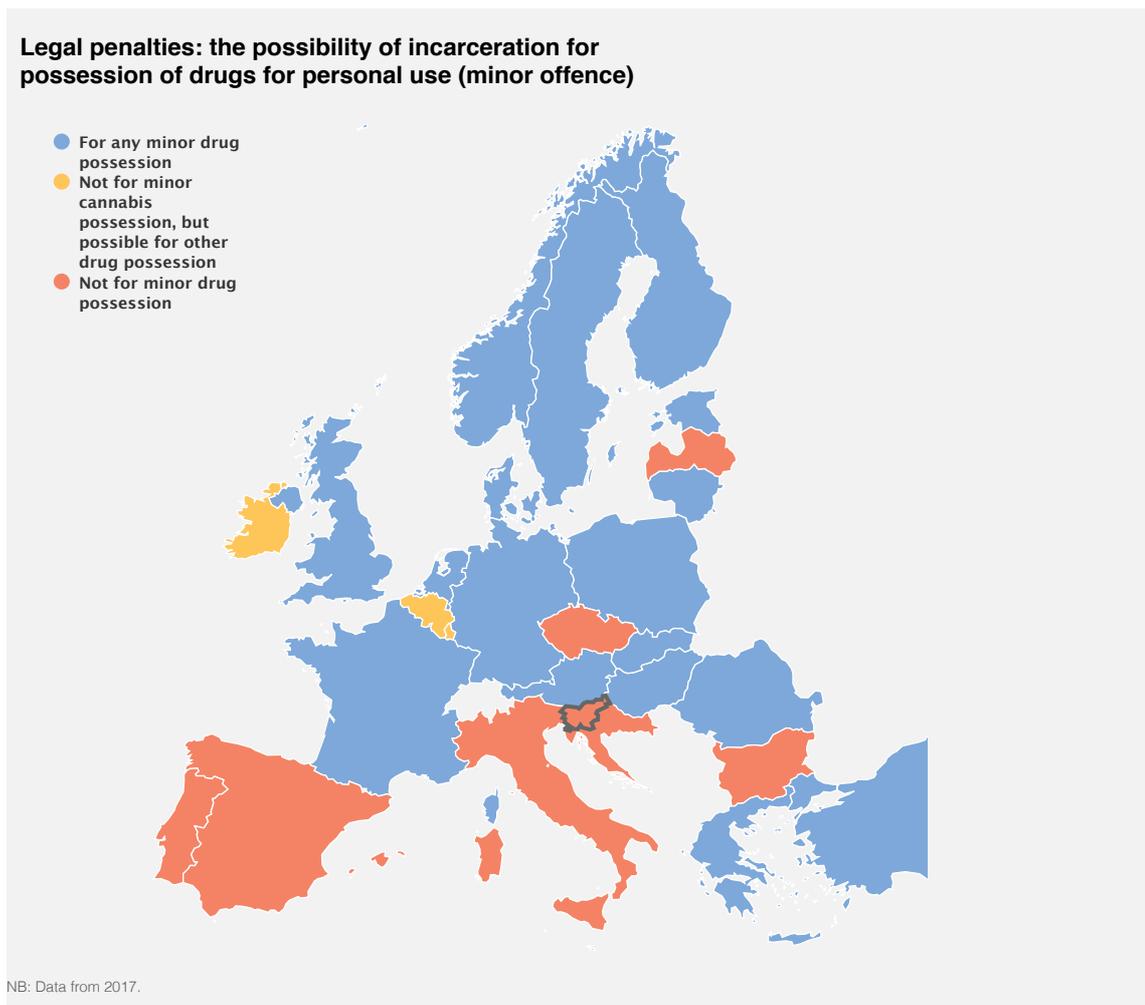
National drug laws

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. Individuals may be subject to more lenient punishment if they voluntarily enter treatment for illicit drug use or a social care 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 drug-related criminal offences: the manufacture and trafficking of illicit drugs, banned substances in sport and precursors for illicit drugs (Article 186), and facilitating the consumption of illicit drugs or banned substances in sport (Article 187). Article 186 covers the sale, manufacture and purchase of illicit drugs with the intention of sale, possession with the intent to resell, etc., all of which are punishable by 1-10 years' imprisonment, or 3-15 years if the offence involved 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 6 months and 8 years. Offences that involve vulnerable people or abuse of a position of trust are punishable by 1-12 years' imprisonment. The Criminal Code was amended in November 2011; since then, the facilitation of illicit drug use has not been punishable if it is in the context of a drug treatment programme or if it 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 2016, the large majority of offences were linked to use or possession of drugs.

Drug use

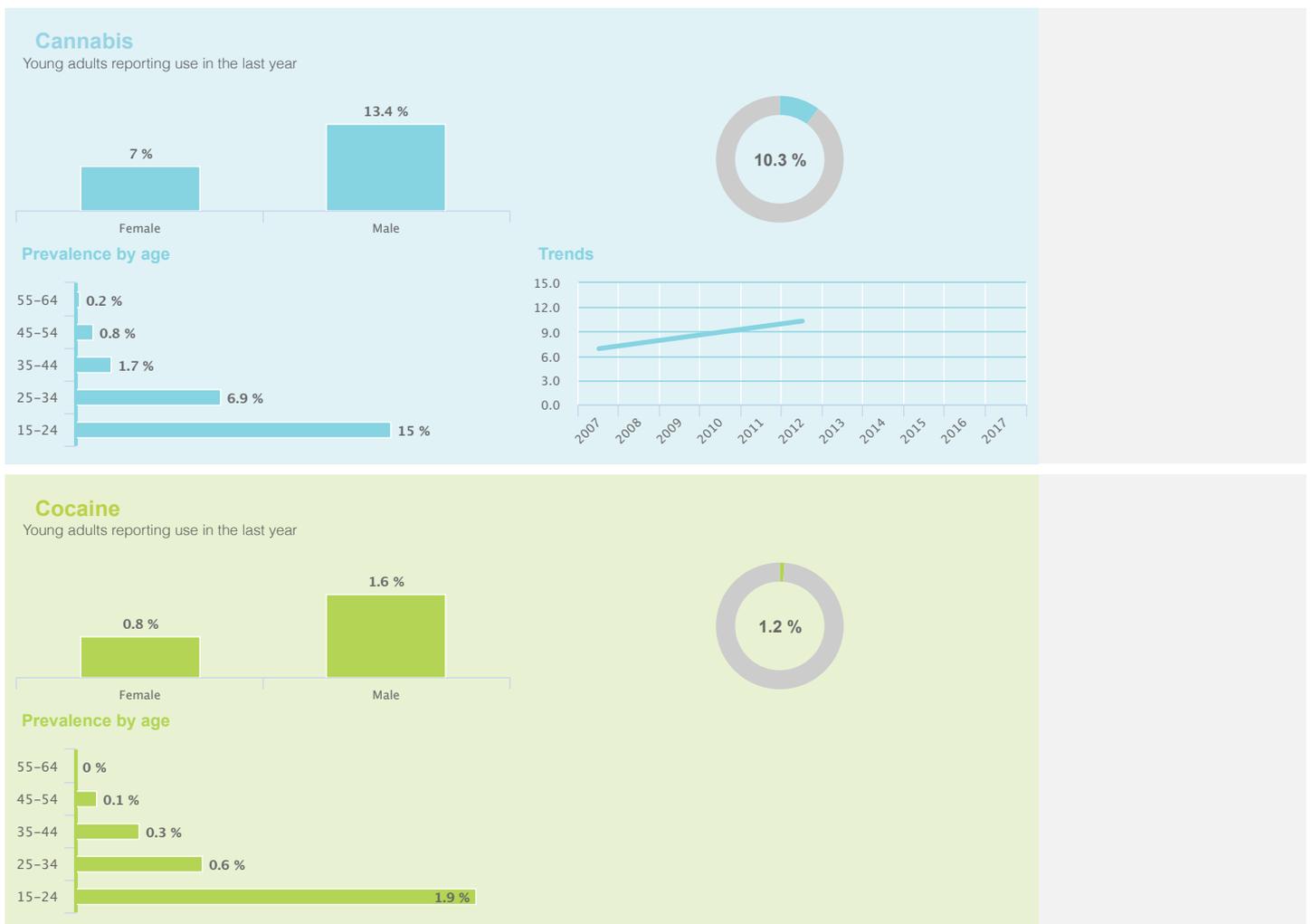
Prevalence and trends

The 2011-12 general population survey indicates that 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 was concentrated among younger age groups and, in particular, among those aged 15-24 years. Use of illicit drugs is, overall, higher among males than among 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 particular subgroups and in particular settings, such as among young people in recreational settings.

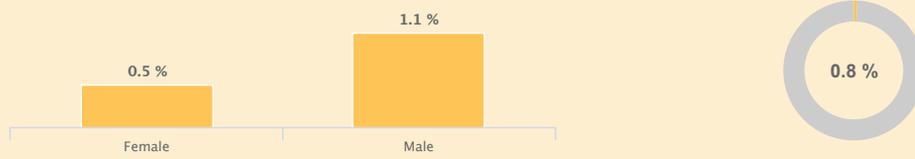
In 2018, Domžale-Kamnik, Ljubljana and Maribor participated in the Europe-wide annual wastewater campaign undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on illicit drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate relatively high levels of cocaine metabolites in Ljubljana (though lower than the levels reported in 2017), while the levels of amphetamine and methamphetamine detected remained low in all three cities, indicating limited use of these two substances in Slovenia.

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

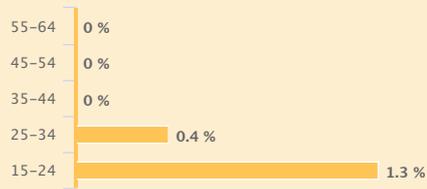


MDMA

Young adults reporting use in the last year

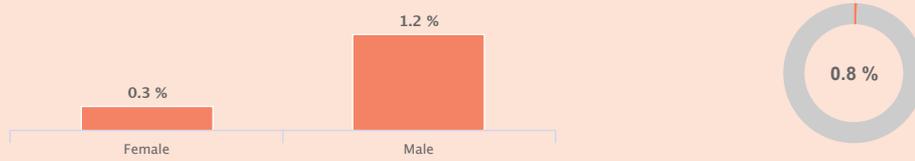


Prevalence by age

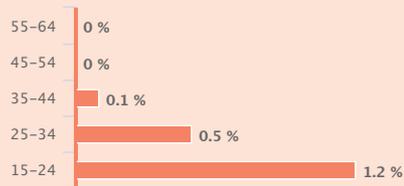


Amphetamines

Young adults reporting use in the last year



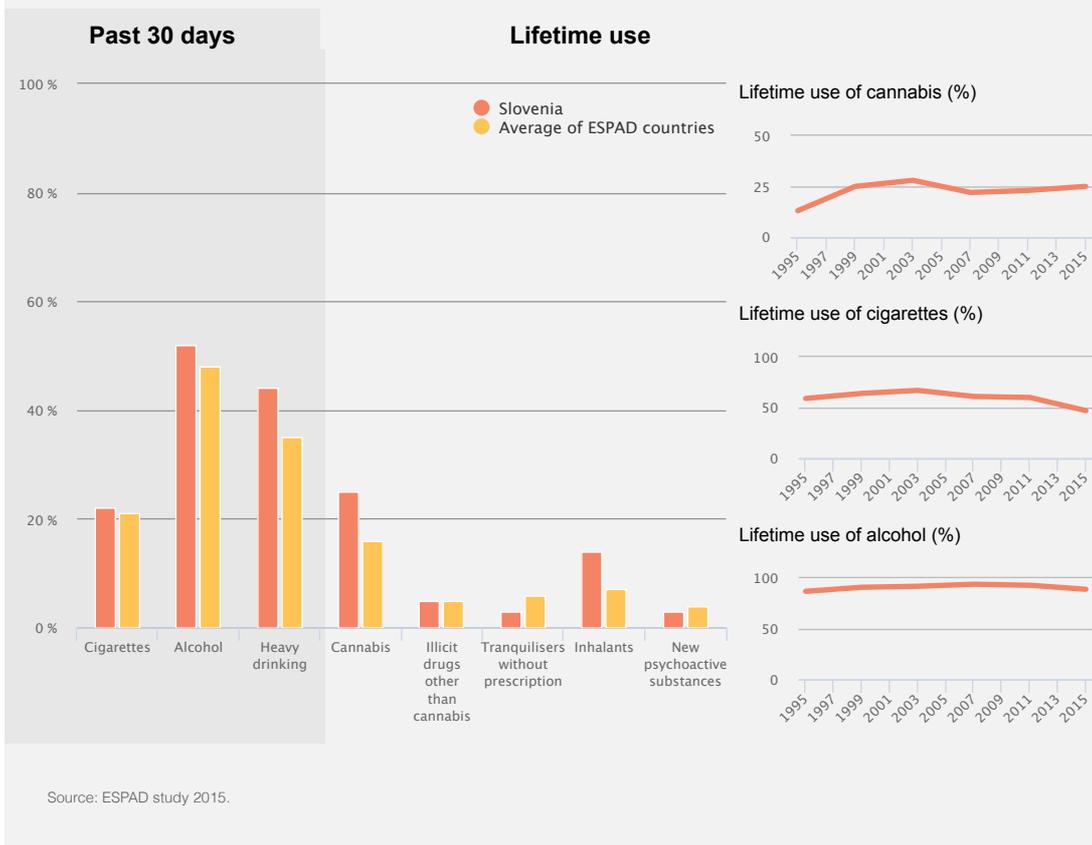
Prevalence by age



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

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. Lifetime use of cannabis among Slovenian students was above the ESPAD average (based on data from 35 countries), while lifetime use of illicit drugs other than cannabis and lifetime use of NPS was either very close to or the same as the ESPAD averages. Trend analysis indicates that cannabis use increased markedly among 15- to 16-year-old students between 1995 and 2003, decreased in 2007 and increased again in 2015.

Substance use among 15- to 16- year-old school students in Slovenia



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 4 900 in 2017 (3.58 per 1 000 adult population), and the majority of those users inject heroin.

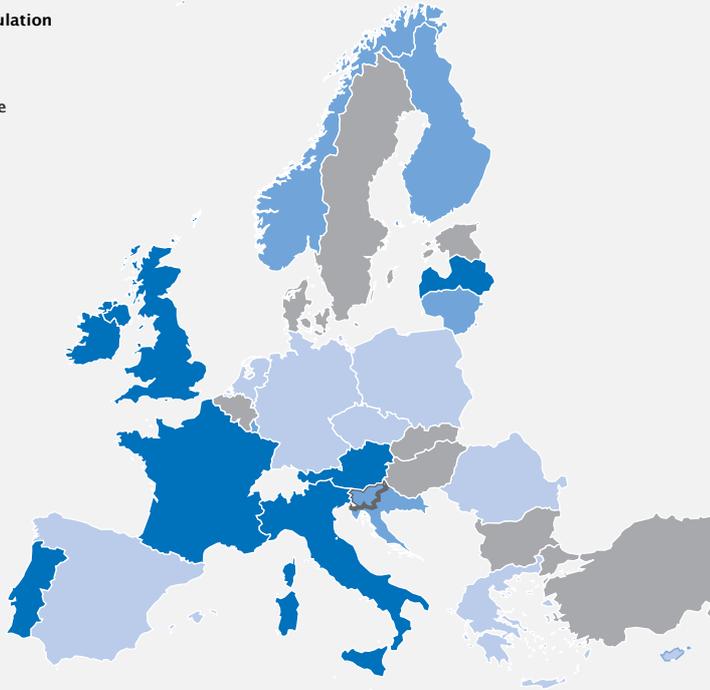
Data from specialised treatment centres in Slovenia indicate that first-time treatment entries attributable to primary heroin use have decreased significantly in recent years; however, they increased between 2016 and 2017. The proportion of patients entering drug treatment because of the misuse of substitution medications is also reported to have increased. Drug injecting has been declining among first-time treatment clients, and a shift towards other administration routes, such as sniffing, smoking or oral use of opioids, has been reported in recent years.

The population of high-risk drug users in Slovenia is ageing, and this presents new challenges, such as increased social problems, including homelessness, and a higher frequency of acute and chronic illnesses.

National estimates of last year prevalence of high-risk opioid use

Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available

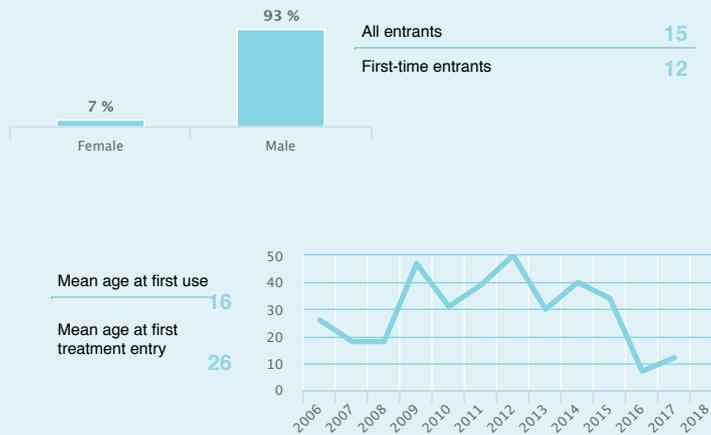


NB: Data from 2017, or the most recent year for which data are available.

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

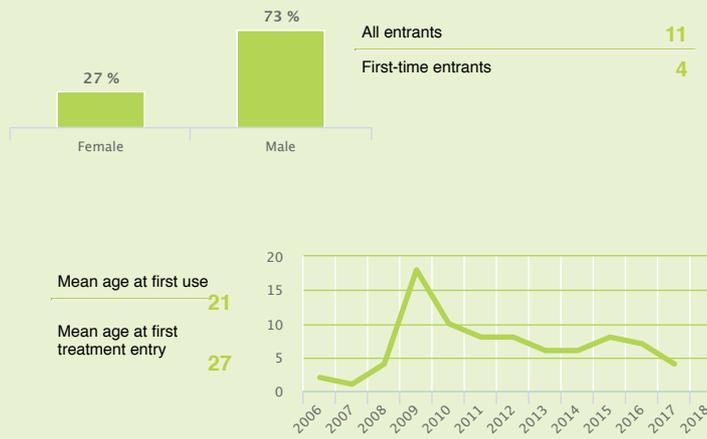
Cannabis

users entering treatment



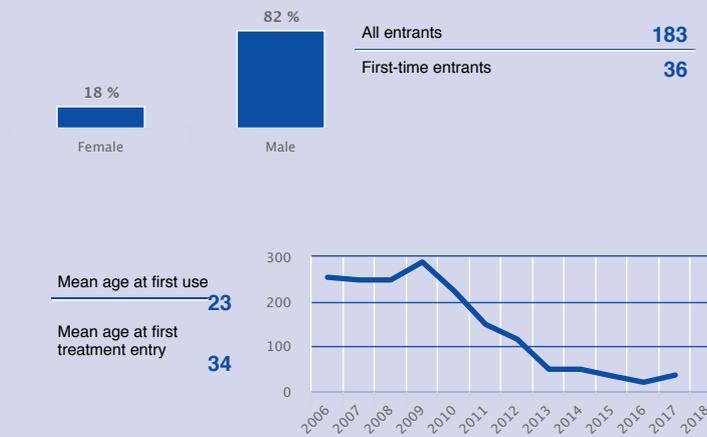
Cocaine

users entering treatment



Heroin

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

In Slovenia, the National Institute of Public Health collects notifications on drug-related infectious diseases and available test results from a convenience sample of clients entering treatment in the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction. The available data indicate that hepatitis C virus (HCV) infection is the most prevalent drug-related infection among people who inject drugs (PWID). In 2017, 43 % of PWID with available test results before entering treatment tested positive for HCV antibodies and 4.6 % tested positive for antibodies against hepatitis B virus.

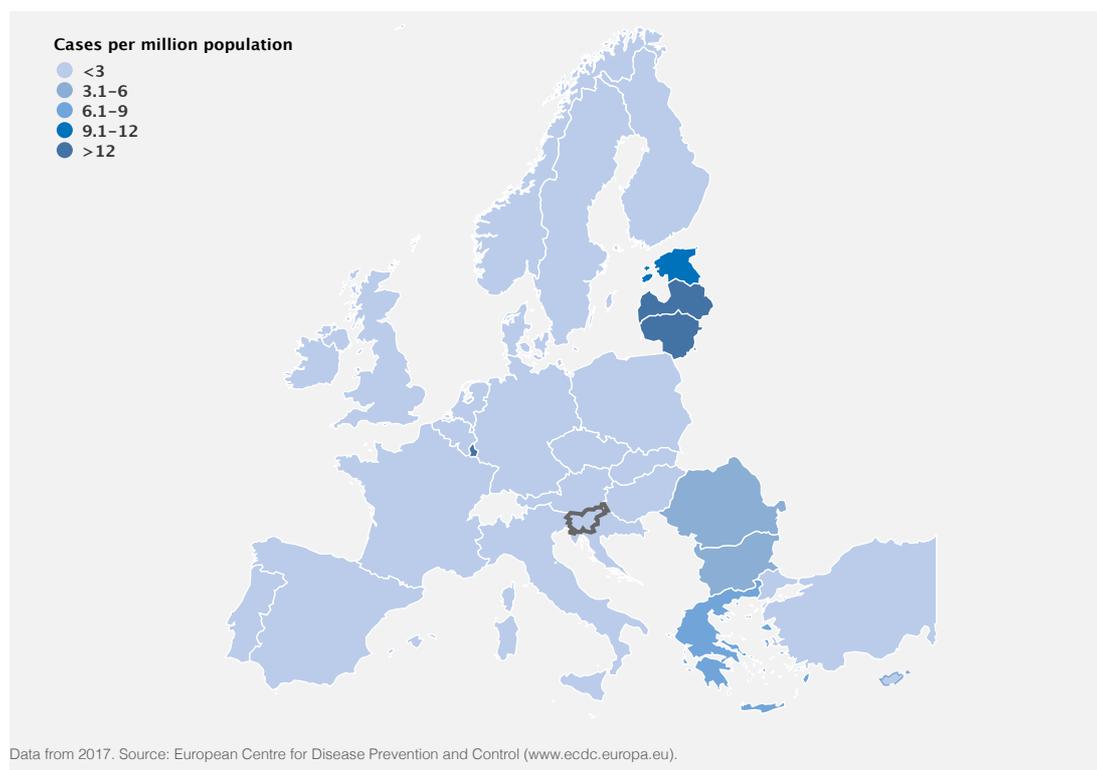
Prevalence of HIV and HCV antibodies among people who inject drugs in Slovenia (%)

Region	HCV	HIV
National	42.6	0
Sub-national	:	0

Data from 2017.

The number of newly diagnosed cases of human immunodeficiency virus (HIV) infection linked to injecting drug use remains low, with one case detected in 2016 and none in 2017.

Newly diagnosed HIV cases attributed to injecting drug use



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 2017, 143 drug-related emergencies were reported. The long-term trend indicates an increase in acute emergency cases since 2010, which is attributed to increased numbers of poisonings related mostly to cannabis but also to cocaine, amphetamine-type stimulants and gamma-hydroxybutyrate (GHB).

Since the end of 2016, the Detection System for Poisoning by New Psychoactive Substances in Slovenia has been operational. In 2017, a total of seven poisonings involving new psychoactive substances were 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).

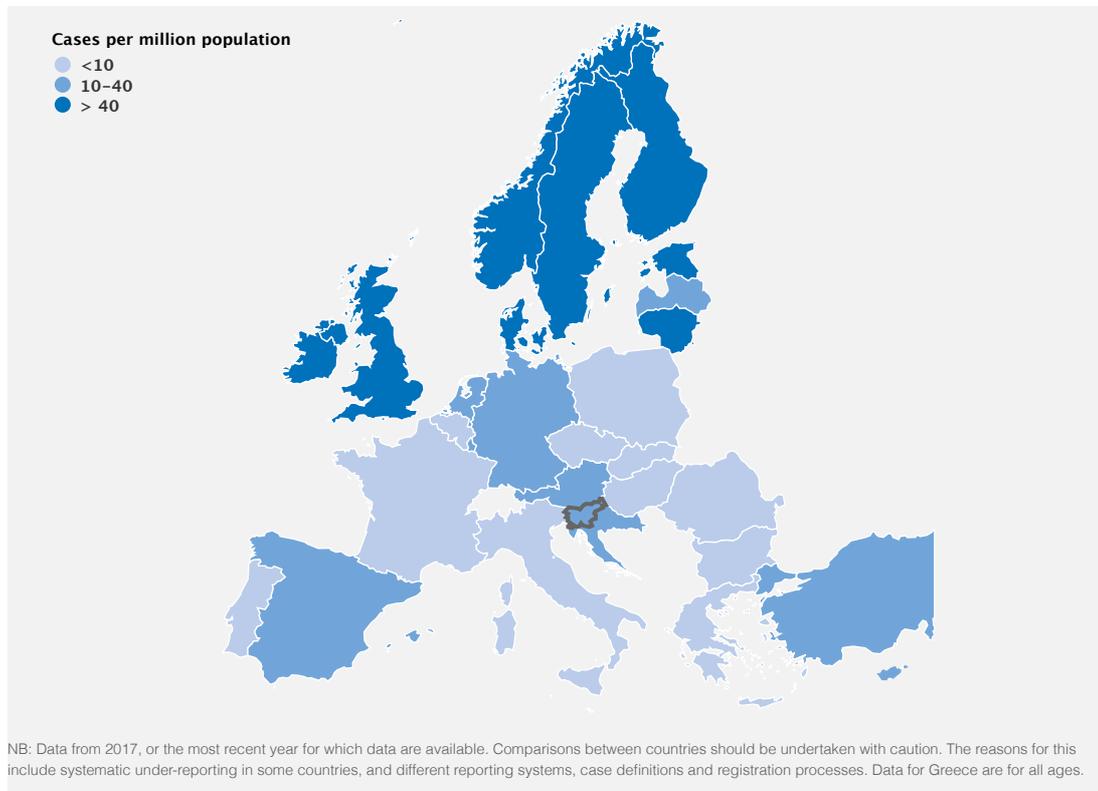
The available data indicate an upward trend in the number of drug-induced deaths in Slovenia since 2015. In 2017, the general mortality register reported the highest number of deaths since 2007. Toxicological testing results showed the involvement of heroin in 18 cases and the involvement of cocaine in 14 cases. For the first time, deaths related to tramadol

were reported.

The majority of deaths were among males. The mean age at death was 39 years in males and 45 years in females.

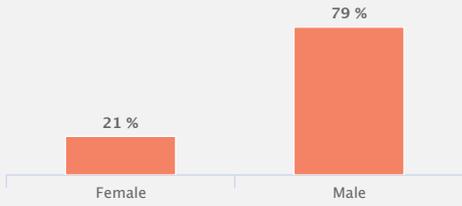
The drug-induced mortality rate among adults (aged 15-64 years) was 32 deaths per million in 2017, which is slightly above the most recent European average of 22 deaths per million.

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

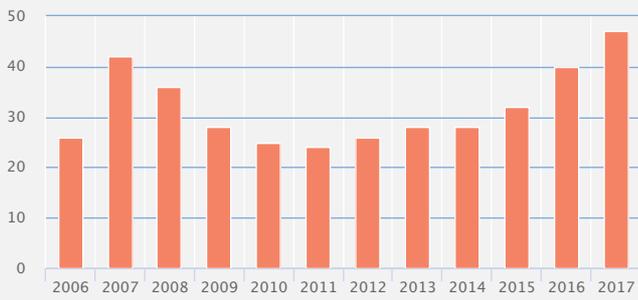


Characteristics of and trends in drug-induced deaths in Slovenia

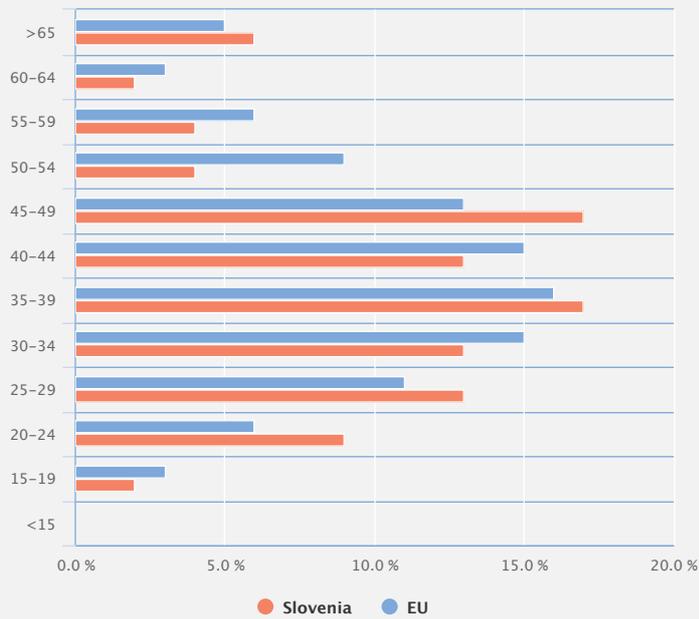
Gender distribution



Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



NB: Year of data 2017

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 have focused mainly on alcohol and tobacco use. NGOs actively advocate stricter policies in the field of tobacco, alcohol and illicit drugs control. In 2017, the amended Restrictions on the Use of Alcohol Act was adopted, allowing again the limited sale of alcohol before and during public sporting events. Furthermore, a local environmental strategy in a vulnerable residential area provides a support network to at-risk children and young people, to avoid risky and health-endangering forms of behaviour.

Universal prevention in Slovenia includes the implementation of evidence-based, evaluated, structured and manual-based prevention interventions, such as Unplugged ('Izštekanj'), Incredible Years and EFFEKT. Prevention activities in schools cover licit and illicit substances and are mainly carried out by the National Institute of Public Health, local health centres and NGOs. 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 are common.

Selective prevention in Slovenia is mostly developed from social work and, therefore, frequently contains elements of harm reduction. Available programmes include the early intervention programme FredGoes Net and programmes for vulnerable families, such as the Strengthening Family Programme and Family Centres. In addition, numerous programmes at the local level target children with social, developmental and learning problems, as well as those living in deprived neighbourhoods. The project Learning for Young Adults targets 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. Some local projects also 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.

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 2014-20. 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 to harm reduction programmes by the Koper Regional Unit of the National Institute of Public Health.

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 2017, around 579 000 syringes were distributed nationwide. Although Slovenia is overall well covered in terms of harm reduction programmes, there are still gaps in the north-east of the country.

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.

The long-established outreach work with mobile units in the country was boosted in 2018-20 when EU cohesion funding was received to upgrade and broaden the approach, including a focus on NPS, a mobile laboratory and an innovative mobile medical rehabilitation unit, addressing mental health issues of people who use drugs.

In addition to providing counselling and giving out a range of safer use materials, day centres play an essential role in helping people who use drugs address their housing and wider healthcare needs and find employment. Furthermore, at the Centres for the Prevention and Treatment of Illicit Drug Addiction, people who use drugs can avail themselves of free testing and vaccination and receive training in overdose prevention. Treatment for hepatitis C virus infection is free of charge in Slovenia.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

Treatment

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. 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 approaches 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.

Drug treatment in Slovenia: settings and number treated

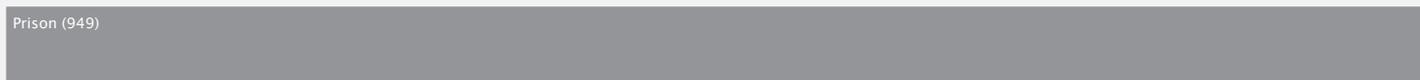
Outpatient



Inpatient



Prison



NB: Data from 2017.

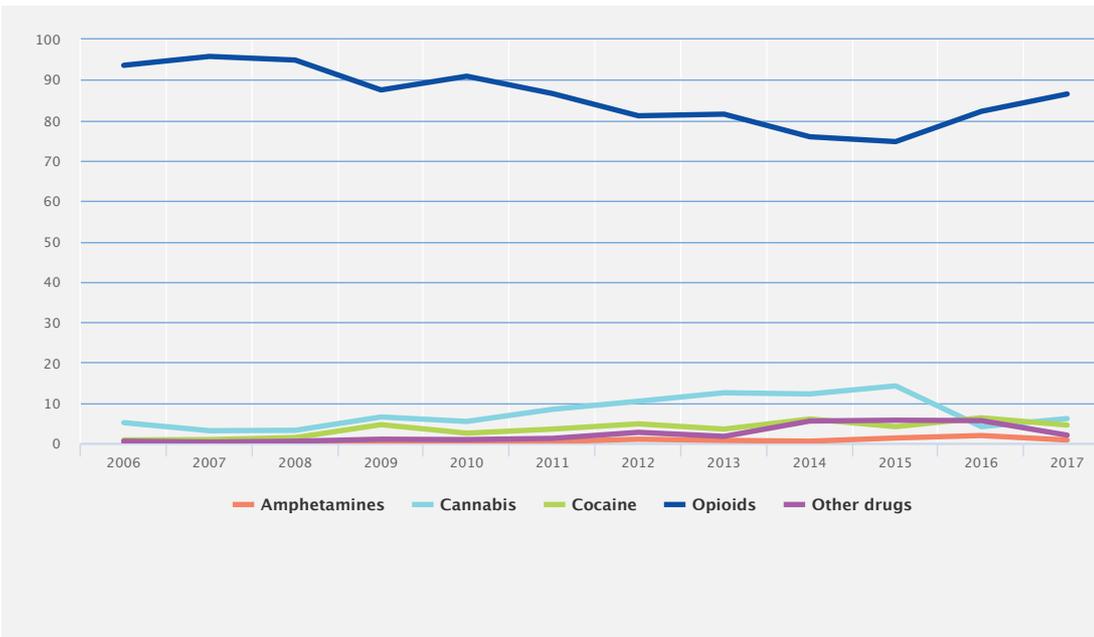
Treatment provision

In Slovenia, the majority of clients who received drug treatment in 2017 were treated in outpatient settings, with low-threshold facilities playing an important role as a first point of access to specialised treatment services for high-risk drugs users.

The majority of clients who entered specialised treatment in 2017 did so as a result of opioid, mainly heroin, use, although treatment requests linked to opioid use have dramatically decreased since 2009. An increasing share of patients who have problems with opioids otherwise prescribed as substitution treatment have been reported in 2017.

Opioid users remain the main client population of the Slovenian treatment system, and in 2016 the majority received OST. The latest available data indicate that more than 3 000 clients received OST in 2016; methadone remains the most commonly used OST medication.

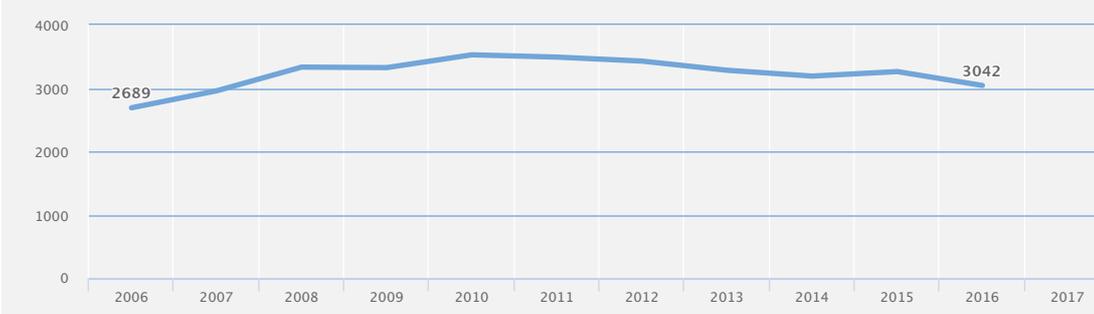
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Slovenia



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: Data from 2016.

Drug use and responses in prison

A survey conducted in 2015 found that more than one third of prisoners in Slovenia reported having used drugs during their lifetime. One in four inmates reported lifetime use of drugs in prison; cannabis was the substance most frequently reported, followed by heroin and cocaine. Around 2 % of prisoners had injected illicit substances while in prison.

In recent years, an increase in seizures of synthetic cannabinoids in prison has been observed. Although use of synthetic cannabinoids was initially concentrated among young people, but has now spread to older people. However, the number of poisonings in prison due to use of synthetic cannabinoids, which was high, has decreased since 2015. The prison administration organised a new workshop cycle on the harmful consequences of new psychoactive substances to address the issue and prepared a brochure on the subject.

In Slovenia, medical services in prison are provided by healthcare services under the authority of the Ministry of Health, such as primary healthcare centres operating in the areas where prisons are located. In general, drug treatment in prison follows the same guidance as that applied to drug treatment in the community, although in combination with internal guidelines. Drug treatment is primarily delivered by psychiatrists in healthcare clinics or medical practitioners in Centres for the Prevention and Treatment of Illicit Drug Addiction.

Available treatment approaches include opioid substitution treatment (OST), individual and group counselling, and psychosocial support programmes led by qualified professionals working in prisons. Prisoners with dependencies may enrol in low-, medium- and high-threshold programmes. Prisoners can also be prescribed substitution therapy. In 2017, almost 60 % of prisoners with drug use problems received OST. Those in OST also follow an educational programme and may receive specific benefits, such as spending a weekend at home or being granted annual leave.

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.

In 2018, the National Institute of Public Health prepared guidelines on fentanyl and its derivatives. These guidelines include recommendations for staff on how to proceed when fentanyl is suspected to be present in a drug sample.

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, treatment and social care programmes. The provision of quality programmes is also stipulated by individual laws in the field 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 specific requirements to be recognised as quality programmes and to be eligible for public funding. 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.

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 to evaluate their achievement, which ensures that related programmes are comparable. 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.

The Faculty of Social Work educates and trains undergraduate students in the field of social care and social work. The curriculum includes two courses in the area of drug demand reduction. In 2017, the Utrip Institute started preparing a 5-day informal training course intended for decision-makers and providers of prevention interventions; the training is part 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 harms caused by different methods of drug use; policy/social experiments, as the introduction of new programmes (heroin-assisted treatment, drug consumption rooms, etc.); assessment of programmes, approaches and procedures; epidemiological studies; studies that assess the harm to the economy and broader society caused by drug-related issues; and research into the effectiveness of new approaches in treating drug dependency and other medical conditions and dysfunctions. In addition, the 2017-18 action plan sets out the 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. Research studies are funded by the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Health Insurance Institute and, to a lesser extent, individual municipalities. 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 Balkans 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.

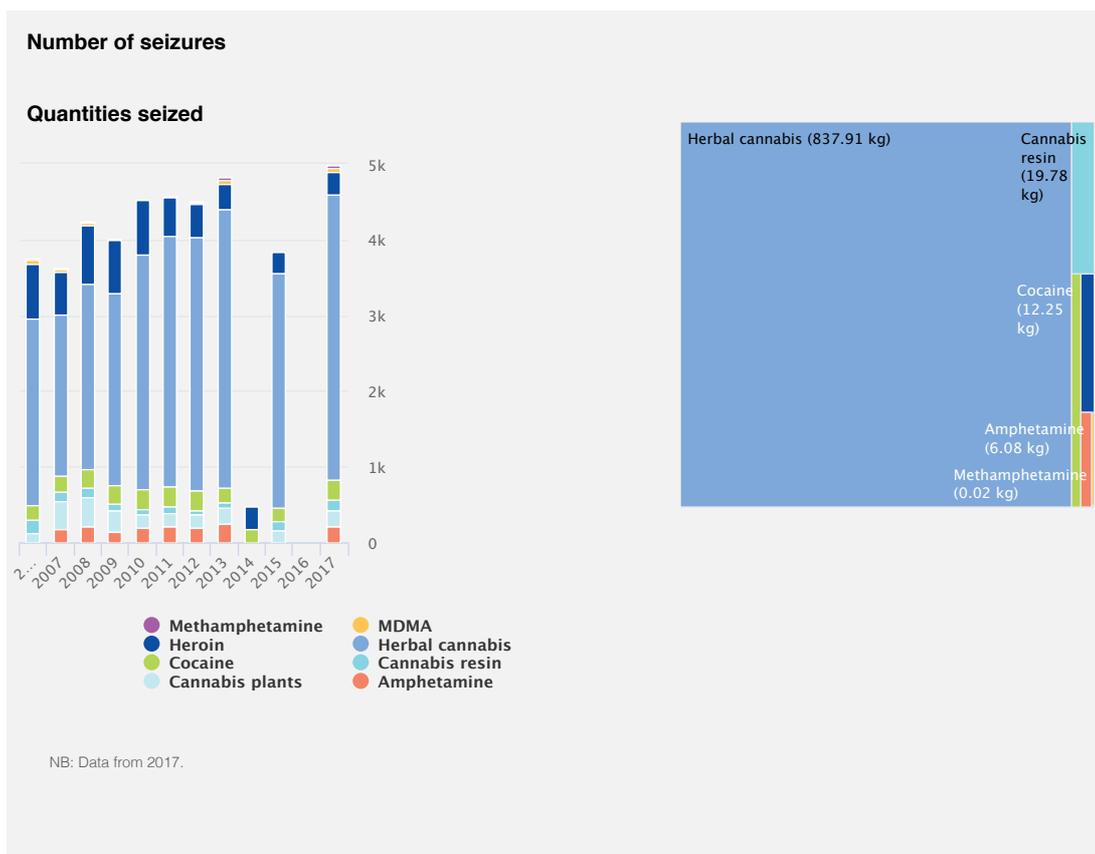
Cannabis is the most important locally produced illicit substance, and it is possible that local cultivation is sufficient to meet domestic demand. Recent data indicate increased levels of cultivation, mainly indoors, with some of the yield intended for neighbouring markets (Austria, Croatia, Germany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

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

Slovenia is reported to play an increasingly significant role in providing logistical support to criminal groups across Europe and beyond. To prevent and respond to this, law enforcement agencies are engaging in joint investigation teams. At the 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.

Data on the purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	24.85	6.51	36.79
Last year prevalence of use — young adults (%)	2012	10.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2012	4.4	0.9	11
All treatment entrants (%)	2017	6.1	1.03	62.98
First-time treatment entrants (%)	2017	19.4	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	837.9	11.98	94 378.74
Number of herbal cannabis seizures	2017	3 768	57	151 968
Quantity of cannabis resin seized (kg)	2017	19.8	0.16	334 919
Number of cannabis resin seizures	2017	126	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.1 - 23.3	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.8 - 34.4	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.19	0.85	4.85
Last year prevalence of use — young adults (%)	2012	1.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2012	0.5	0.1	2.7
All treatment entrants (%)	2017	4.5	0.14	39.2
First-time treatment entrants (%)	2017	6.5	0	41.81
Quantity of cocaine seized (kg)	2017	12.2	0.32	44 751.85
Number of cocaine seizures	2017	277	9	42 206
Purity (%) (minimum and maximum values registered)	2017	18.3 - 84.8	0	100
Price per gram (EUR) (minimum and maximum values registered)	n.a.	n.a.	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.89	0.84	6.46
Last year prevalence of use — young adults (%)	2012	0.8	0	3.9
Last year prevalence of drug use — all adults (%)	2012	0.3	0	1.8
All treatment entrants (%)	2017	0.8	0	49.61
First-time treatment entrants (%)	2017	3.2	0	52.83
Quantity of amphetamine seized (kg)	2017	6.1	0	1 669.42
Number of amphetamine seizures	2017	211	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	1 - 74.3	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.18	0.54	5.17
Last year prevalence of use — young adults (%)	2012	0.8	0.2	7.1
Last year prevalence of drug use — all adults (%)	2012	0.3	0.1	3.3
All treatment entrants (%)	2017	0	0	2.31
First-time treatment entrants (%)	2017	0	0	2.85
Quantity of MDMA seized (tablets)	2017	1 537	159	8 606 765
Number of MDMA seizures	2017	63	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	5.1 - 195.5	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	n.a.	n.a.	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	3.58	0.48	8.42
All treatment entrants (%)	2017	86.5	3.99	93.45
First-time treatment entrants (%)	2017	67.7	1.8	87.36
Quantity of heroin seized (kg)	2017	10.7	0.01	17 385.18
Number of heroin seizures	2017	286	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	1.4 - 55.2	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	n.a.	n.a.	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0	0	47.8
HIV prevalence among PWID* (%)	2017	0	0	31.1
HCV prevalence among PWID* (%)	2017	42.6	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	32.19	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	578 926	245	11 907 416

Clients in substitution treatment	2016	3 042	209	178 665
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Treatment demand

All entrants	2017	244	179	118 342
First-time entrants	2017	62	48	37 577
All clients in treatment	2017	27 685	1 294	254 000

Drug law offences

Number of reports of offences	n.a.	n.a.	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

EU Dashboard

Cannabis

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



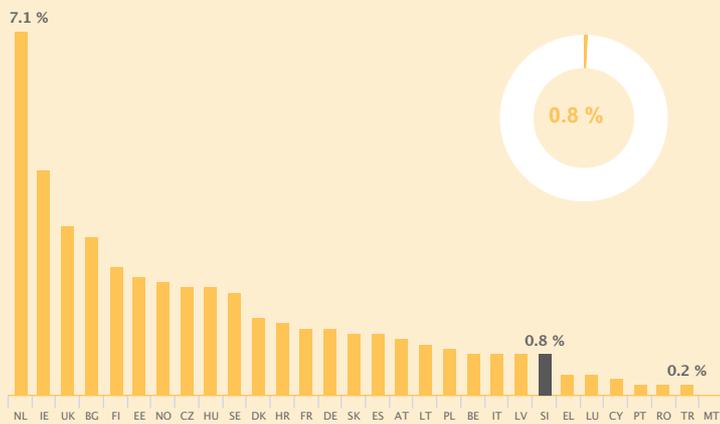
Cocaine

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



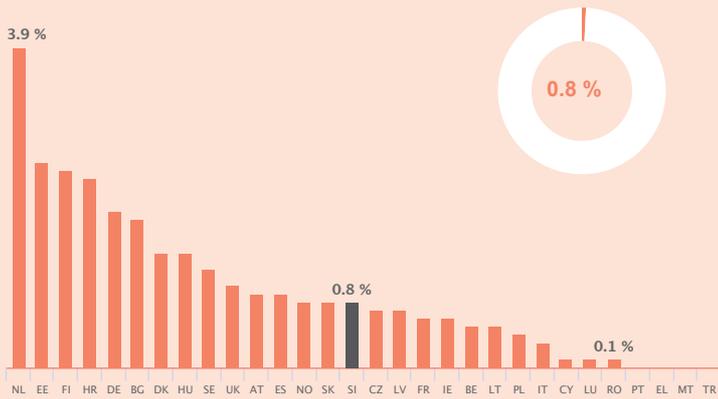
MDMA

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



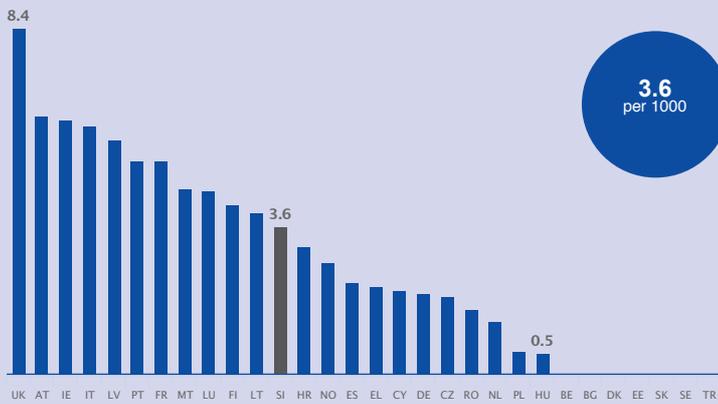
Amphetamines

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



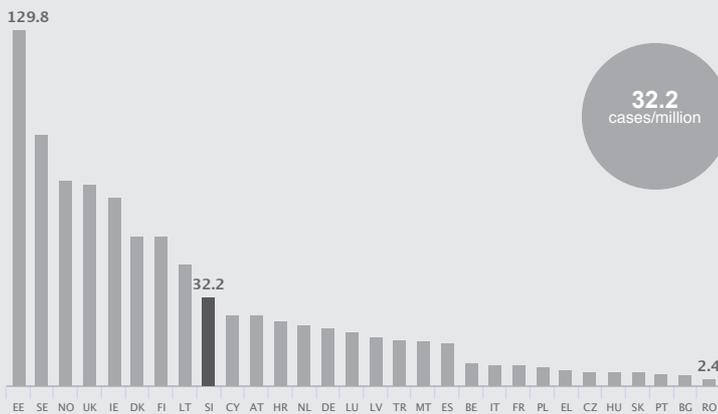
Opioids

High-risk opioid use (rate/1 000)



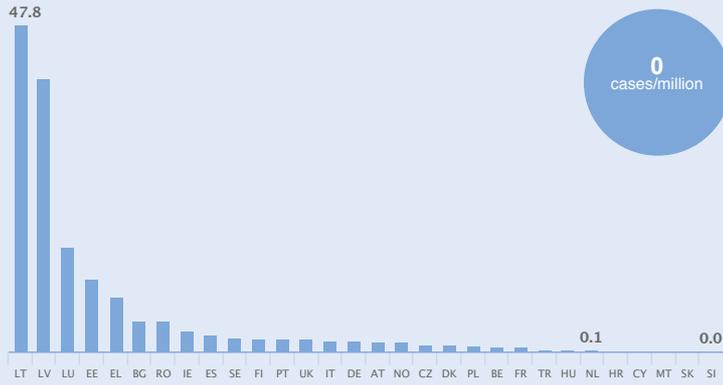
Drug-induced mortality rates

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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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).

[Click here to learn more about our partner in Slovenia.](#)

Slovenian national focal point



National Institute of Public Health

Trubarjeva 2

SI-1000 Ljubljana

Tel. +386 1 2441 400

Fax. +386 1 2441 447

Head of national focal point: Mr [Milan Krek](#)

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
