

Updated: 2026-01-14

Background

Slovenia is a small EU Member State located at the intersection of Central Europe, the Western Balkans and the Adriatic region. Its geographic position and transport corridors contribute to cross-border trafficking exposure (including routes linked to the "Balkan route"), while also shaping domestic availability, retail markets and enforcement priorities.

Governance and coordination

Slovenia's drug policy is characterised by a balanced and intersectoral model combining public health and social responses with supply reduction measures. Coordination of government policy, measures and programmes for prevention, harm reduction, treatment, recovery and rehabilitation is ensured through the Commission of the Government of the Republic of Slovenia for Drugs, led by the Ministry of Health (MoH).

At local level, coordination is supported by Local Action Groups established in dozens of municipalities (often as advisory bodies to mayors). These groups coordinate drug-related measures and activities within municipalities, mostly in the field of prevention and harm reduction.

Strategy and action planning

The central strategic framework is the Resolution on the National Programme in the Field of Illicit Drugs 2023–2030, operationalised through multi-year action plans.

A notable policy development under the 2023–2030 programme is that Slovenia, for the first time, follows a principle of integration, explicitly linking illicit drugs with additional policy areas such as alcohol, tobacco, road safety, and non-chemical/behavioural addictions. Across these areas, prevention is framed as a crosscutting priority.

Financing and public expenditure

Based on the latest national reporting, labelled public expenditure from national and local budgets for drug addiction policy in 2024 totalled EUR 21,666,361.45 (compared with EUR 19,753,219.08 in 2023). Municipalities (115 of 212) additionally provided EUR 866,666.24.

The reporting notes methodological limitations: some co-financiers fund organisations as a whole, making it difficult to isolate exact spending for illicit drugs, and the total should be considered an approximate estimate based on available reports.

Drug use and prevalence

Slovenia's monitoring confirms that cannabis remains the most prevalent illicit substance in the general population and among adolescents, while other drugs (stimulants, opioids, NPS) are more concentrated in specific groups and contexts.

Children and adolescents

ESPAD 2024 (15–16 year olds) indicates a continued decline in adolescent illicit drug use since 2019:

- Lifetime use of any illicit drug: 19.8% (down from 24.3% in 2019)
- Lifetime cannabis use: 18.3% (down from 23.3% in 2019)
- Lifetime NPS use: 6.0%

Despite the reduction between 2019 and 2024, Slovenia still ranks well above the ESPAD average for cannabis use.

Adults

The latest reporting summarises national survey results (2023 data) for adults:

- Lifetime use of any illicit drug (15–64): 22.4%
- Lifetime cannabis use (15–64): 22.0%
- Lifetime ecstasy/MDMA use: 3.3%
- Lifetime cocaine use: 3.1%
- Lifetime amphetamine use: 2.7%

Among young adults (15–34) in the internationally comparable group, 30.0% reported lifetime use of any illicit drug.

Recent cannabis use (15+):

- Cannabis use in the past 12 months: 5.4%
- Cannabis use in the past 30 days: 2.8%

Use is reported as roughly twice as prevalent among men and among young adults up to age 34.

Trend notes (2012–2023):

- lifetime cannabis use increased overall (men and women) in 15–64,
- but cannabis use decreased notably among 15–24,
- and lifetime cocaine and ecstasy use increased (overall and both sexes).

Cannabis for health purposes and prescription drug misuse

- 11.5% of people aged 15–74 reported lifetime use of cannabis or a cannabis preparation for health purposes.
- 1.6% of people aged 15–74 reported using a prescription medicine at least once in the past 12 months for non-medical purposes.

Wastewater monitoring

In 2024, three municipalities (Domžale–Kamnik, Velenje and Kranj) participated in wastewater analysis covering cocaine, MDMA, amphetamine, methamphetamine, ketamine and cannabis markers.

Key signals included:

- highest loads of THCCOOH and amphetamines in Velenje,
- highest benzoylecgonine (cocaine marker) in Kranj,
- methamphetamine detected only in Kranj,
- highest MDMA in the Domžale–Kamnik area.

Long-term monitoring (six consecutive years) suggests relatively stable use for most drugs, with increases in cocaine consumption in Domžale–Kamnik and Velenje; Kranj also increased over the last three years.

High risk drug use and harm reduction client profile

Among harm reduction programme users (2024 survey):

- most frequently used substances: cannabis (73.2%) and cocaine (64.3%),
- heroin (56.0%) decreased slightly,
- NPS (13.9%) also decreased,
- injecting was reported by 48.1% - the lowest share recorded in Slovenia.

Injecting remains most common for heroin (62.3%) and cocaine (58.6%), with a decline in injecting cocaine and substitution medicines. The decline in injecting equipment distribution is interpreted as reflecting changes in routes of administration - more snorting and foil smoking.

Drug-induced deaths and mortality trends

Overdose deaths and toxicology

In 2024, Slovenia recorded 87 fatal overdose cases involving illicit drugs (86 in 2023).

- 52 cases were classified as addiction involving multiple drugs simultaneously; 12 of these included opioids.

- Among identified drugs, deaths in 2024 were most often attributed to cocaine and methadone intoxication.
- In 66 % of all toxicologically defined deaths, an opioid was present.
- Additional substances frequently mentioned included benzodiazepines and alcohol.

In addition to EUDA methodology deaths, Slovenia records an additional 50–70 deaths per year under the influence of illicit drugs and psychoactive medicines not included in EUDA methodology; exceptionally, 2024 recorded 35 such cases.

Nonfatal poisonings and emergency-care

In 2024, 227 people were hospitalised for poisonings related to illicit drugs at UKC Ljubljana (secondary hospital for the Ljubljana region; ~600,000 population), representing around 1 of all patients seen in urgent internal medicine clinics in Ljubljana and the highest share to date.

The 2024 increase was driven particularly by poisonings involving cocaine and GHB. Cocaine and cannabis remained the most frequently misused illicit drugs among emergency patients.

Infectious diseases

New HIV infections among Slovenian people who inject drugs remain low; in 2024, one newly detected infection was reported.

Among PWID entering programmes in 2024 with known prior testing results:

- HBV results were known for 10 persons (negative),
- HCV results were known for 29 persons (six positive).

Limitations remain due to scarce reporting on transmission route for HBV/HCV.

Drug policy and legislation

Policy framework

The Resolution on the National Programme in the Field of Illicit Drugs 2023–2030 remains the central strategic document. Implementation is specified in action plans and coordinated via the Government Commission for Drugs led by MoH.

A key 2023–2030 innovation is Slovenia's explicit move toward integrated addiction policy, linking illicit drugs to alcohol, tobacco, road safety, and behavioural addictions, with prevention as the crosscutting axis.

Classification of substances (NPS response)

A new amendment to the Decree/Regulation on the Classification of Illicit Drugs was adopted (Official Gazette No. 50/2025), adding 23 new substances to Schedule/Group I, including semisynthetic cannabinoids, synthetic opioids, and cathinones. The updated regulation applies from 19 July 2025.

Related legislation in the integrated framework (tobacco)

Within the broader integrated addiction policy, Slovenia implemented strengthened tobacco control measures. After a one-year transition period, an April 2025 ban on all flavours except defined tobacco flavours came into force (Official Gazette No. 31/2024). Additional measures include restrictions for heated tobacco products under EU delegated legislation, bans on flavours in e-cigarettes (with limited exceptions), regulation of nicotine liquids with and without nicotine, restriction of certain smoking room exceptions, and regulation of nicotine pouches as related products. The abolition of smoking rooms came into force at the end of 2025.

Law enforcement and judicial approach

Criminal offences and misdemeanours

The downward trend in detected criminal offences continued in 2024.

- Police detected 813 criminal offences related to production and trafficking of illicit drugs, prohibited substances and procedures in sport, and precursors (about 30% less than 2023, when 1,161 were detected).
- Police also processed 4,182 misdemeanours under the Production of and Trade in Illicit Drugs Act, the vast majority for possession of illegal drugs.

Drug market and trafficking patterns

Key developments noted for 2024 include:

- increasing prevalence of trafficking via postal shipments (from third countries and EU Member States),
- continued concealment of large quantities in containers among legal cargo and in freight vehicles, with smaller quantities hidden in modified spaces in passenger vehicles and luggage.

Reported supply routes include:

- MDMA and amphetamine mainly trafficked from the Netherlands,
- smaller cocaine quantities from the Netherlands, Belgium and Spain, with some transit towards Western Balkans,
- larger quantities of cocaine still trafficked by sea routes from South America,
- the traditional Balkan route remains important.

Domestic cannabis cultivation

Cannabis is produced domestically. In 2024, police recorded:

- a 42% increase in adapted indoor cultivation spaces (74, up from 52 in 2023),
- 43 outdoor plantations.

No laboratories for synthetic drug production were discovered.

Purity and pricing (selected indicators)

Average purity of seized substances was reported as:

- cannabis 8.1%, hashish 7.3%,
- methamphetamine 80%, amphetamine 26.9%,
- heroin 9.2%, cocaine 81.6%,
- MDMA tablets 28.5%, MDMA crystals 76.9%.

No major price changes were reported.

Drug checking / anonymous testing

In 2024, 949 samples were analysed through anonymous testing at eight collection points. Most common submitted substances (as purchased) included: cocaine (189), MDMA (crystals/tablets, 150), amphetamine (106), heroin (87), cannabis (90), LSD (53), 3-MMC (40), 4-MMC (28), 2CB (38), ketamine (29), and benzodiazepines (11).

Operational developments

Police contributed to an Action Plan 2024–2025 on supply reduction under the 2023–2030 programme, focusing on preventing production and sale, strengthening national/international cooperation, preventing illegal online sales, and addressing misuse of postal shipments. Financial investigations and asset recovery related to drug trafficking proceeds remain part of the response.

Public opinion and political debate

Public debate in Slovenia has recently been dominated by cannabis (medical/scientific use and proposals for limited personal use), alongside growing attention to new psychoactive substances, visible harms in some local settings, and drug-related mortality.

Cannabis for medicinal and scientific use (new legislation)

Policy discussion over recent years reflected the fact that medical cannabis use was possible, while domestic cultivation for medical use was not. This context supported political momentum for legislative change. Slovenia adopted a dedicated legal framework in 2025 regulating cannabis for medical and scientific purposes, including licensing and oversight arrangements, with implementation requiring secondary legislation and operational guidance.

Cannabis for limited personal use (recent policy debates & proposed legislation)

Debates on limited personal use have been politically salient and polarised. Campaign and stakeholder positions have prominently included public health concerns, youth protection, road safety, and the feasibility of enforcement and regulatory safeguards.

The European Commission has currently imposed a moratorium on the law until February 2026, so the fate of the law is not yet known. Parliamentary elections will be held in Slovenia in mid-March 2026, and it is not expected that the law will be adopted during this parliamentary term.

TRIS Notification and European Commission Response

In mid-2025, Slovenia notified the European Commission of its Draft Law on Cannabis for Limited Personal Use under the EU Technical Regulation Information System (TRIS), in accordance with Directive (EU) 2015/1535. The notification was submitted through the Ministry of Health and the Slovenian Institute for Standardization, triggering a mandatory standstill period during which the law could not be adopted.

Following the notification, a coalition of Slovenian public-health and prevention NGOs, supported by European partners, raised concerns with the European Commission regarding the draft law's compatibility with EU law and international drug control obligations. These concerns focused in particular on provisions allowing cultivation, possession of significant quantities, and the non-commercial transfer of cannabis between adults, which were seen as exceeding the scope of "personal use."

In late October 2025, the Commission issued a Detailed Opinion under the TRIS procedure. In its assessment, the Commission identified potential incompatibilities with EU law, notably with obligations related to preventing unauthorised distribution of narcotic drugs, risks of cross-border effects within the Schengen area, and inconsistencies with the EU's legal framework on drug control, including minimum standards established under Council Framework Decision 2004/757/JHA. The Commission also raised concerns about legal certainty and enforcement, given that permitted "free transfer" of cannabis could facilitate de facto distribution beyond national borders.

As a consequence of the Detailed Opinion, the Commission automatically extended the standstill (moratorium) period until 2 February 2026, during which Slovenia is prohibited from adopting or implementing the draft law. The Commission further indicated that, should the law be adopted without adequately addressing the identified concerns, it reserves the right to initiate further action under EU law, including infringement proceedings.

The Commission's intervention significantly altered the legislative trajectory of the proposal. In practical terms, the extended moratorium prevents adoption of the law before Slovenia's next parliamentary elections in spring 2026 and requires the Slovenian authorities either to substantially revise the draft in line with EU legal requirements or to withdraw it altogether. The case illustrates the growing role of the TRIS mechanism in scrutinising national drug policy reforms with potential cross-border and internal market implications.

Harm reduction services

Slovenia is described as relatively well covered with harm reduction programmes, delivered through day centres, mobile units and outreach/field work. Needle and syringe programmes are described as a core service around which other low-threshold approaches are organised.

Coverage and service delivery

In 2024, outreach and field work operated in 69 towns across Slovenia, at 127 locations.

Programmes report challenges linked to worsening health and socioeconomic status among some service users, rising homelessness, and increasing needs for additional health services, safe consumption settings and more options for safe accommodation.

Injecting equipment and contacts

National reporting indicates stability in the number of clients and contacts overall, with a slight decline in contacts related to sterile injecting equipment exchange and the lowest share of injecting reported among harm reduction clients. The decline in injecting equipment distribution is interpreted as reflecting changing routes of administration (more snorting and foil smoking).

Take-home naloxone and overdose preparedness

Awareness of take-home naloxone improved substantially in 2024:

- the share of users familiar with the programme increased by +20.4 percentage points (including those not enrolled in CPZOPD¹),
- the share who received naloxone increased to 20.6%,
- 8.7% of respondents reported having used naloxone.

Treatment and recovery services

System overview

Care for people who use illicit drugs is framed as comprehensive and anchored in legislation covering illicit drugs, health and social welfare.

Outpatient treatment is delivered through a nationwide network of specialised centres (CPZOPD), while inpatient treatment is provided at dedicated hospital units (including adolescent capacity).

¹ Network of centres for the prevention and treatment of addiction to illicit drugs.

Outpatient treatment (CPZOPD)

In 2024, 3,611 people were included in outpatient addiction treatment through the CPZOPD network; 2,881 received opioid agonist/substitution therapy.

Medication breakdown (2024):

- methadone: 1,689
- buprenorphine: 926
- slow-release morphine: 258
- buprenorphine + naloxone combination: 191
- long-acting buprenorphine depot: 244

Access to OAT is described as ensured, with minimal waiting lists. Reported system gaps include shortages of outpatient psychotherapists and psychologists, and in some areas shortages of physicians willing to work with people who use drugs, including shortages of specialists for children and adolescents.

Inpatient treatment and psychiatric hospitalisations

In 2024, 282 people were treated in inpatient addiction treatment at the dedicated centre. Additionally, around 950 people per year are hospitalised in psychiatric hospitals in relation to illicit drugs (mental health problems and intoxications).

Take-home naloxone distribution

In 2024, naloxone nasal spray (Nyxoid) distribution through addiction treatment centres included 111 boxes distributed. No reports were received of opioid overdoses prevented via Nyxoid in 2024.

Social rehabilitation, recovery and digital services

In 2024, Slovenia operated an estimated ~38 social rehabilitation programmes across low and high-threshold models, including therapeutic communities, residential groups/communes, night shelters for homeless drug users, a safe house for women, day centres and outreach.

Service contacts (2024) included:

- 2,783 people in contact with low threshold programmes linked to illicit drugs (outreach, day centres),
- 87 people in contact with shelters and safe houses,
- and 14,726 people seeking support through a youth-focused programme on reducing harms linked to club drugs.

Digital and technology enabled service delivery is increasing: in 2024, online interventions reached 469 users, and online individual counselling was provided to five users.

Prison treatment and programmes

In 2024, one quarter of incarcerated people had problems related to illicit drugs. Among 1,088 individuals with drug problems, 730 (67.1 %) received substitution therapy.

Participation in prison programmes in 2024 included 970 people:

- 675 in low-threshold,
- 197 in medium-threshold,
- 98 in high-threshold programmes.

Testing for HIV/hepatitis in prison is free, anonymous and voluntary. Prison administration does not collect testing counts due to health data protection. Access to condoms, gloves and disinfectants is facilitated.

Recent developments and future outlook

Recent developments (latest reporting)

Key developments reflected in the latest national summary include:

1. Stable but high concern around overdose harms: fatal overdoses remained stable (87 in 2024 vs 86 in 2023), with a strong role for polydrug toxicity and frequent opioid presence.
2. Rising emergency-care burden: 227 drug-related poisonings treated at UKC Ljubljana in 2024, the highest proportion recorded; driven particularly by cocaine and GHB.
3. Shifts in harm reduction patterns: lowest share of injecting among harm reduction clients (48.1%), with indications of increased snorting and foil smoking; strong cannabis and cocaine prevalence among harm reduction clients.
4. Strengthened monitoring and market intelligence tools: wastewater monitoring in three municipalities and expanded anonymous drug testing (949 samples).
5. Supply reduction dynamics: continued decline in detected drug trafficking offences; increasing relevance of postal shipments; continued regional trafficking routes; increased detection of indoor cannabis cultivation spaces.
6. Legal updates responding to NPS: 2025 classification regulation update adding 23 substances (semisynthetic cannabinoids, synthetic opioids, cathinones).
7. Integrated addiction policy: the 2023–2030 programme's integration principle is being operationalised, including strong prevention focus and linked policy measures beyond illicit drugs (e.g., tobacco measures).

Future outlook

The effectiveness of Slovenia's approach over the coming years will likely depend on:

- Overdose prevention: sustaining and expanding take-home naloxone awareness and access, strengthening early warning, and addressing polydrug toxicity (opioids + stimulants + benzodiazepines/alcohol).
- Stimulants and cocaine: scaling tailored harm reduction and treatment responses for stimulant users, as emergency-data and harm reduction surveys point to increasing cocaine-related harms.
- Youth protection and prevention systems: continuing the decline in adolescent drug use while ensuring highquality, evidence-informed prevention, early intervention, and mental health support.
- Service integration and social determinants: improving pathways from low-threshold services to treatment and recovery, addressing homelessness and housing insecurity, and strengthening workforce capacity (psychotherapy/psychology) for complex needs.
- Market monitoring and risk communication: continued investment in drug checking/testing, wastewater surveillance, and rapid public risk communication.

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