utrip

inštitut za raziskave in razvoj

Cannabis Policy Developments in Slovenia (2024–2026)

From Proposed Legalisation to Strategic Policy Reversal

A case study on public health, advocacy, and the EU TRIS procedure

PREPARED BY

Matej Košir

ORGANISATION

Institute for Research and Development "Utrip", Slovenia

DATE

September 2026

utrip
inštitut za raziskave in razvoj

Publication Information & Executive Summary

Date of publication:
September 2026

Publisher:
Institute for Research and Development "Utrip"

For publisher:
Matej Košir

Contact:
info@institut-utrip.si

Website:
www.institut-utrip.si

Co-funded by the Ministry of Health under the programme "Prevention Platform" (www.preventivna-platforma.si).

Executive Summary

Between 2024 and 2026, Slovenia pursued two parallel cannabis policy tracks. One focused on medical and scientific cannabis within a regulated framework and was successfully adopted. The other proposed legalisation of cannabis for limited personal use and ultimately failed.

A decisive turning point came when the draft law on personal use entered the EU TRIS procedure. In late 2025, the European Commission issued a Detailed Opinion, extending the standstill period until February 2026 and preventing adoption within the available political timeframe.

During this period, the proposal was not substantively revised to address the Commission's concerns. As national elections approached in March 2026, political attention shifted elsewhere and the proposal was effectively abandoned.

Throughout the process, civil society advocacy—coordinated by Utrip in close collaboration with the Slovenian NCD Alliance and supported by the professional services of the Ministry of Health and NIJZ—helped reframe the debate around public health, legal compliance, and cross-border risk.

utrip
inštitut za raziskave in razvoj

1. The Story in 5 Steps

Between 2024 and 2026, Slovenia experienced a dynamic and decisive policy process on cannabis regulation. What first looked like a straightforward legalisation effort evolved into a complex case shaped by legal constraints, public health concerns, and strategic advocacy.

The process is best understood as five connected steps in which timing, legal frameworks, and institutional readiness shaped the final outcome.

1

Referendum opens the door (2024)

A consultative referendum created political momentum for reform, but without a clear mandate, impact analysis, or strategic framework.

2

Two parallel laws emerge (2024–2025)

Slovenia pursued a regulated medical and scientific cannabis framework and a separate proposal to legalise cannabis for limited personal use.

3

Concerns escalate

Public health experts, legal professionals, and civil society raised concerns about youth vulnerability, mental health risks, legal uncertainty, and weak policy design.

4

TRIS changes everything (2025)

The draft law was notified under the EU TRIS procedure and the European Commission issued a Detailed Opinion, triggering a standstill period and blocking adoption.

5

Political window closes (2026)

No substantive revisions were made, elections approached, and the proposal was abandoned without adoption.

utrip
inštitut za raziskave in razvoj

2. Two Paths, Two Outcomes

A defining feature of the Slovenian process was the development of two parallel cannabis policy tracks with fundamentally different regulatory logics and contrasting outcomes.

Medical and Scientific Cannabis

SUCCESSFUL PATH

Developed within the existing pharmaceutical and regulatory system, ensuring a controlled, prescription-based access model.

- Defined supply chain under pharmaceutical standards
- Aligned with EU law and international conventions
- Perceived as legally robust, institutionally feasible, and consistent with public health objectives

Result:
Successfully adopted.

VS.

Cannabis for Limited Personal Use

FAILED PATH

Included home cultivation, possession limits, and free sharing between adults.

- Blurred the line between personal use and distribution
- Lacked a comprehensive prevention, monitoring, and public health response framework
- Raised significant legal concerns regarding EU obligations and cross-border effects

Result:
Blocked through TRIS and abandoned.

The Slovenian experience shows that medical cannabis policy and non-medical legalisation are fundamentally different policy domains. Clear design, legal alignment, and institutional readiness were decisive.

utrip
inštitut za raziskave in razvoj

3. Why the Law Failed

The law did not fail because of a single decision,
but because several structural weaknesses converged
across legal, public health, institutional, and political dimensions.

1. Legal vulnerability

The proposal raised EU law concerns, especially regarding unauthorised distribution and cross-border implications; legal weakness translated into political fragility.

2. Public health concerns

Experts highlighted youth vulnerability, mental health risks, rising THC potency, and the absence of a robust prevention and health system response.

3. Weak policy design

The model blurred decriminalisation and legalisation, lacked enforcement clarity, and left major implementation questions unresolved.

4. Timing and politics

The TRIS standstill period extended into the pre-election phase, and the proposal lost its window of opportunity.

TRIS

TRIS: The Game Changer

TRIS is the EU Technical Regulation Information System. After Slovenia notified the draft law, the European Commission issued a Detailed Opinion in late 2025, extending the standstill period until February 2026 and effectively preventing adoption.

utrip
inštitut za raziskave in razvoj

4. Advocacy: What Made the Difference

Coordinated advocacy led by Institute Utrip, in collaboration with the Slovenian NCD Alliance and partners, helped shape the policy outcome by combining evidence, law, communication, and EU engagement.

THE SNCDA ADVOCACY MODEL

1 Evidence-based approach

Arguments covered not only mental health risks, but also youth vulnerability, higher THC potency, dependence, impaired driving, public disorder, family-related harms, demand for treatment and mental health services, and pressure on public systems; these concerns were communicated through press releases, media appearances, expert commentary, and parliamentary debates.

2 Legal framing

The debate was reframed around EU law, regulatory coherence, and cross-border risk rather than ideology alone.

3 Europeanisation of the issue

Partners across Europe were mobilised and encouraged to engage with their governments and institutions.

4 Strategic timing

Interventions focused on parliamentary debates, the TRIS process, and the Commission phase.

5 Coordination and message consistency

Prevention, treatment, recovery, and public health actors aligned around shared core messages.

Effective advocacy bridged science, law, and communication across national and European levels.

utrip
inštitut za raziskave in razvoj

5. International Evidence: What We Know

The Slovenian debate was informed by international evidence on the broader health and social consequences of increased availability and normalisation of cannabis use.

FIVE KEY IMPACT AREAS

1. Health impacts

Evidence links cannabis use, especially early and frequent use, with anxiety, depression, suicidality, psychosis, dependence, cognitive impairment, reduced academic and work performance, and impaired driving; rising THC potency amplifies risk.

2. Safety and public order

Higher prevalence of use may be associated with more traffic incidents, public disorder, and challenges for law enforcement and emergency services.

3. Family and social impacts

Normalisation can affect parental behaviour, family dynamics, children's exposure to substance use, and vulnerable social environments.

4. System-level pressure

Legalisation may increase demand for treatment, emergency care, mental health support, and prevention services, while illegal markets may persist.

5. Policy complexity

No one-size-fits-all model exists; outcomes vary and trade-offs remain.

SOURCES (examples)

EUDA 2025 — European Drug Report 2025
Gobbi et al. 2019 — Lancet Psychiatry
Di Forti et al. 2019 — Lancet Psychiatry
NIJZ 2025 — Slovenia – National Report

utrip
inštitut za raziskave in razvoj

6. What This Case Really Shows

The Slovenian experience with cannabis policy reform (2024–2026) reveals that outcomes are shaped by more than political will. It exposes the structural, legal, and strategic factors that determine whether reform can move forward—or comes to a halt.

Not a Political Defeat, but a Structural Stop
The reform did not fail due to a lack of political support, but because it collided with legal and regulatory barriers that could not be overcome within the given framework.

Law Shaped Policy More Than Politics
Legal interpretations, constitutional constraints, and the EU legal order had a stronger impact on outcomes than party politics or public opinion.

Policy Design Determined Outcomes
A narrow, inconsistently designed model created legal vulnerabilities and practical incoherence that undermined the reform's viability.

The EU Context Changed Everything
EU law and the TRIS procedure reframed the reform debate, introduced external scrutiny, and imposed constraints that national policy could not ignore.

Advocacy Shifted the Arena
Persistent, evidence-based advocacy moved the discussion from politics to law, and from domestic forums to the European level.

Reform Is Conditional, Not Inevitable
Progress depends on legal compatibility, institutional capacity, strategic adaptation, and alignment across multiple levels of governance.

Key Lessons for Policymakers and Advocates

- Legal feasibility must be addressed from the beginning.
- EU-level mechanisms are integral to national policymaking.
- Policy design and regulatory coherence are decisive.
- Timing matters.
- Distinguish clearly between medical and non-medical cannabis policy.
- Evidence-based, coordinated advocacy can influence outcomes even in constrained environments.

Cannabis policy reform is not linear or inevitable; it depends on the alignment of law, institutions, evidence, timing, and advocacy.

utrip

inštitut za raziskave in razvoj

About Utrip

Institute for Research and Development 'Utrip' is a Slovenian think tank working at the intersection of prevention science, public health policy, advocacy, and capacity building. Utrip played a coordinating role in the advocacy process described in this publication, in close collaboration with the Slovenian NCD Alliance and with support from the professional services of the Ministry of Health and the National Institute of Public Health (NIJZ).

Contact

Institute for Research and Development 'Utrip'

www.institut-utrip.si

info@institut-utrip.si

Co-funded by the Ministry of Health

PREVENTIVNA PLATFORMA

www.preventivna-platforma.si