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This report has been produced as part of the Civil Society in Drug Policy (CSIDP) Project. It summarises the National Action Plan (NAP) for Slovenia that was carried out as part of the project activity. The NAP in Slovenia was developed and implemented by UTRIP. Main objectives and expectations from the NAP were to extend the membership of the Commission on Drugs of the Government of Slovenia (Commission) to representatives of CSOs in the field of prevention, because in the period before the NAP they were excluded from policy and decision-making processes (including information, consultation, policy dialog and partnership).

Although the relevant legislation guarantees two representatives of civil society in the Commission, the system of elections of those two representatives gives very little chance to civil society organisations (CSOs) in the field of prevention to be elected. Currently, the two representatives of CSOs come from the field of harm reduction and recovery. The Ministry of Health have also expressed reluctance to amending the regulation to permit broader CSO participation. The main purpose of the NAP was therefore to advocate for the change at higher levels (government and parliament, political parties and important individuals in politics).

Additionally, the NAP included also activities to improve the involvement of the CSOs in another two interministerial or working bodies, being the Interministerial Council on Alcohol Policy (no activities of this body since 2010) and the Working Group on Tobacco Policy (only some CSOs participate). Ultimately, the NAP was interrupted by the new national elections in June 2018 and it is still ongoing process.

In 2000, the Commission on Drugs of the Government of Slovenia (Commission) was established by law to be responsible for drug policy at the inter-ministerial level. The Commission consists of representatives of nine responsible ministries (health, internal affairs, labour, family and social affairs, education, interior, justice, finance, agriculture, defence and foreign affairs, and additionally of two representatives of CSOs. As mentioned already, two members of the Commission are representatives of CSOs, but none of them is from prevention field. At the same time, in our face-to-face communication with the representatives of the Ministry of Health they expressed the rather negative position of the Ministry regarding a change of regulation which would allow extension of the Commission with another representative of CSOs (prevention) or change the election system which is really not in favour of CSOs in the field of prevention.
As noted, the Commission is an inter-ministerial body in charge of coordinating the policies, measures, and programmes adopted by the Government of the Republic of Slovenia. As regards the Resolution on the National Programme in the Field of Illicit Drugs 2014-2020, the Commission monitors the implementation of the strategy and action plans and coordinates policies between individual ministries. The Commission promotes and coordinates the government policy, measures, and programmes for reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use, treatment, and social rehabilitation. It is composed of representatives of all ministries that are indirectly or directly associated with the drug problem.

Ministries and other public authorities implement measures coordinated at the inter-ministerial level in their respective areas, provide funds for its operation, and coordinate their activities with other ministries through the Commission. Each ministry assumes responsibility for the implementation of their part of the Resolution on the National Programme in the Field of Illicit Drugs 2014-2020. The ministries responsible for the implementation of the National Programme are the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of the Interior, the Ministry of Agriculture, the Ministry of Education, Science and Sport, the Ministry of Justice, the Ministry of Defense, the Ministry of Foreign Affairs, and the Ministry of Finance.

The Ministry of Health is responsible for coordination in the field of drugs and monitoring the issue of reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use and the issue of treating and addressing social issues associated with illicit drug use. For this reason, the Ministry of Health is the appropriate primary focal point for CSO advocacy in the area of drug policy.

Additionally, an inter-ministerial working group has been established for operational monitoring of the implementation of the Resolution on the National Programme in the Illicit Field of Drugs. The members of this working group are representatives of ministries and the information unit and representatives of researchers, CSOs, and local action groups. However, there is the same issue as with regard to the Commission. No representative of CSOs in the field of prevention is involved in the work of this inter-ministerial working group as well.

UTRIP engaged with a range of several CSOs in the field of prevention (e.g. Coalition of CSOs in the field of addiction prevention, including UTRIP, Youth Association No Excuse, Slovenian Coalition for Health, Environment and Tobacco Control (SZOTK), Red Cross Slovenia, Network 25x25 etc.) to develop a plan which would target the specific issue of enhancing the involvement of prevention CSOs in policy and decision making processes, as well as supporting the inclusion of people who use drugs,
because they are also misrepresented in above mentioned drug policy bodies in Slovenia. The aim was to help reframe the whole system of civil society involvement (e.g. national drug strategy, national action plans, working groups, commissions etc.) in the field of drugs (including alcohol and tobacco). The relevant actions are identified below and were implemented in spring and autumn 2018.

Also some other relevant topics for CSOs and their involvement in the policy and decision making processes at national level, especially implementation and assessment of (quality) standards in prevention and involve the National Institute of Public Health (NIPH) in discussions as well (Pillar 3). The prevention quality standards were published by the NIPH in 2017 and there is an objective in the national drug action plan to establish a working group, which should deal with this issue. The working group is still not established, so this objective remains on the agenda for the next period of our advocacy actions. The NAP and CSI project as a whole enabled us to open several discussions regarding CSO involvement in different policy and decision-making processes at national and local level and gave us opportunity to build a platform for all future activities and discussions.

**ACTIONS**

Due to very limited possibilities of CSOs in the field of prevention to be involved in the work of the Commission and other interministerial bodies in the field of drugs (including alcohol and tobacco), its extension was proposed by group/network of CSOs in the field of prevention (such as Prevention Platform (coordinated by UTRIP), Red Cross Slovenia, Slovenian Coalition for Health, Environment and Tobacco Control, Network 25x25 and Youth Association No Excuse Slovenia).

The NAP was divided into three different segments of actions, covering structural (Pillar 1), process (Pillar 2) and content issues (Pillar 3) (see tables in the next page).

In the process of the NAP, we were able to discuss

**IMPLEMENTATION**

As mentioned above, the Ministry of Health is responsible for coordination in the field of drugs and monitoring the issue of reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use and the issue of treating and addressing social issues associated with illicit drug use. That is why we addressed our national action to the Minis-
### Pillar 1: Structural issues

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Activities</th>
<th>Deliverables</th>
<th>By whom</th>
<th>By when</th>
<th>Potential problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>[What issue are we trying to address]</td>
<td>[What are we going to do?]</td>
<td>[What is the specific deliverable?]</td>
<td>[Who (named person/organisation) is responsible for delivery?]</td>
<td>[When will they deliver it by?]</td>
<td>[What are the barriers to success?]</td>
</tr>
<tr>
<td>Reframing CS involvement in drug policy (incl. alc &amp; tobacco)</td>
<td>Advocacy action &amp; civil dialog to include CSO proposals into the strategic docs &amp; possibly legislation</td>
<td>Proposals for the next NDS / NAPD, alcohol &amp; tobacco policy docs &amp; laws</td>
<td>UTRIP, Coalition, SZOTK - partner RKS – partner Other relevant CSOs (all areas of work)</td>
<td>Spring 2018</td>
<td>Inactivity of the Ministry of Health due to lack of resources (especially human)</td>
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### Pillar 2: Process issues

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<td>[What are the barriers to success?]</td>
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<tr>
<td>Under- or no representation of CSOs in the field of prevention (&amp; PUD as well)</td>
<td>Advocacy action &amp; civil dialog for improvement of present/existing mechanism(s)</td>
<td>Proposal of improvement of present/existing mechanism(s)</td>
<td>UTRIP, Coalition, SZOTK - partner RKS – partner Other CSOs</td>
<td>Autumn 2018</td>
<td>Present(existing regulation of CSI in the field of drug policy</td>
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### Pillar 3: Content issues

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<tr>
<td>CS involvement in implementing and assessing the EU MQS</td>
<td>Establishing collaboration with NIPH (e.g. working group) &amp; preparation of guidelines, tools, education etc.</td>
<td>Established working group (formal or informal) &amp; guidelines, tools and education concept</td>
<td>UTRIP SZOTK - partner RKS – partner Other CSOs</td>
<td>Spring 2018</td>
<td>Lack of human resources and interest by NIPH</td>
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try of Health, although they seemed to be reluctant to change the regulation and composition of the Commission.

The core set of activities was implemented in spring and autumn 2018, but the NAP was seriously interrupted by the national elections in June 2018. New government (including minister of health) was appointed in the National Parliament in August 2018, so the process of the NAP implementation is still going on. However, many activities were implemented in that period, especially several face-to-face meetings with the high-level officials at the Ministry of Health, two meetings with position political parties in the parliament (LMŠ and Social Democrats), two national meetings with CSOs in the field of prevention involved, meetings with the National Institute of Public Health etc. During this process, the Coalition of CSOs in the field of addiction prevention was established by key CSOs involved in the NAP to deal with several opened issues between civil society and government in the field of prevention.

One of the main lessons learned is that advocating for changes in drug policy and the involvement of CSOs in policy and decision-making processes at higher levels is needed (government as a whole and parliament, political parties and important individuals in politics). UTRIP lost a lot of time due to national elections in June 2018, so we had to repeat advocacy action with the new government/parliament again in autumn 2018 and winter 2018/2019.

The NAP is still ongoing process, because new the government (including a new Minister of Health) was appointed in August 2018 (after national elections in spring 2018). There are some positive signs from high-level officials at the Ministry of Health (expressed in face-to-face communication at the end of 2018), so the proposals from the NAP might be taken into consideration during the process of establishing new Commission for the period of 2019-2022. Finally, the CSI project and the NAP generally improved communication between CSOs themselves and CSOs and governmental/political stakeholders in the field of prevention, which is definitively a great added value of the project. The platform and infrastructure will be used in all our future advocacy activities, not only related to the issues addressed in this project.