



Slovakia

Slovakia Drug Report 2018

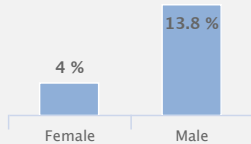
THE DRUG PROBLEM IN SLOVAKIA AT A GLANCE

Drug use

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

Cannabis

9.3 %



Other drugs

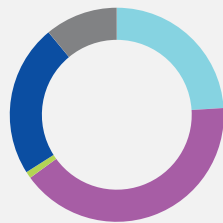
MDMA	1.2 %
Amphetamines	0.8 %
Cocaine	0.3 %

High-risk opioid users

No Data

Treatment entrants

by primary drug



- Cannabis, 24 %
- Amphetamines, 41 %
- Cocaine, 1 %
- Heroin, 23 %
- Other, 11 %

Opioid substitution treatment clients

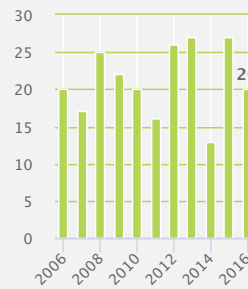
642

Syringes distributed

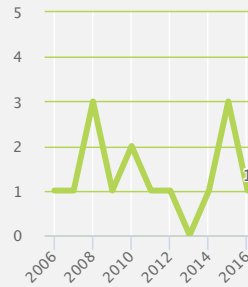
through specialised
programmes

357 705

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

No Data

Top 5 drugs seized

ranked according to quantities
measured in kilograms

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

Population

(15-64 years)

3 810 273

Source: EUROSTAT Extracted on:
18/03/2018

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

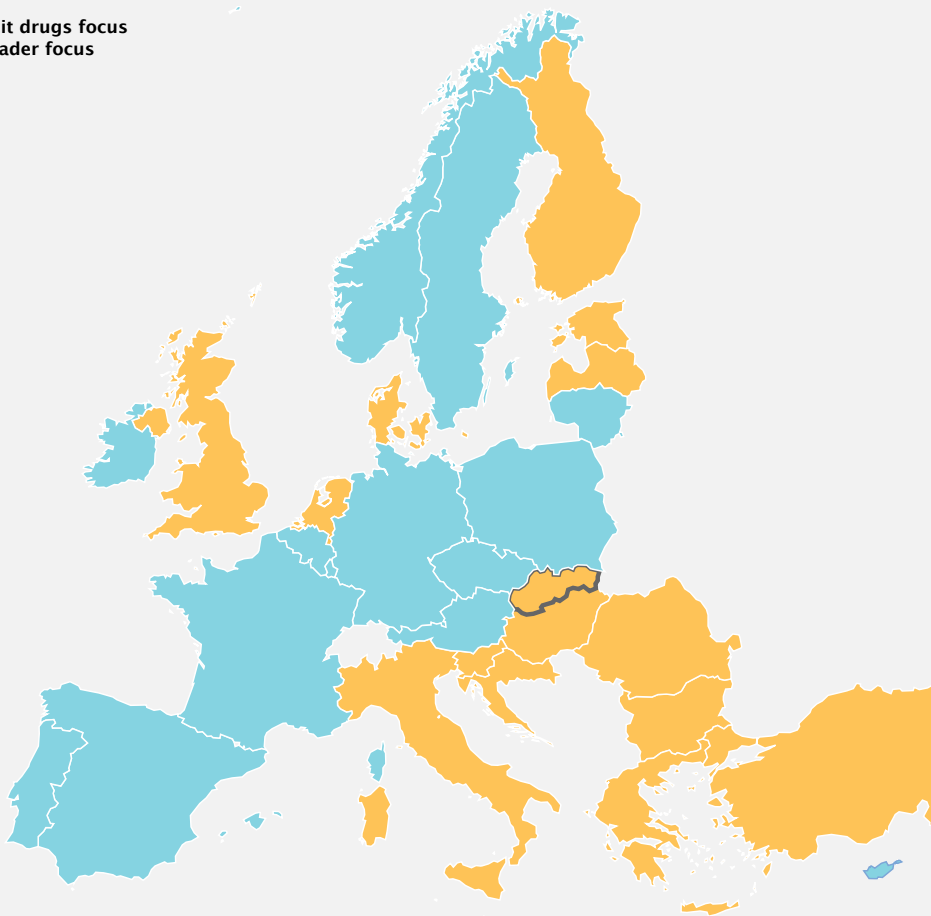
National drug strategy and coordination

National drug strategy

Slovakia's National Anti-Drug Strategy (2013-20), adopted in 2013, addresses illicit drug problems. It is built around two pillars addressing (i) demand reduction and (ii) supply reduction, and three cross-cutting themes focused on (i) coordination, (ii) international cooperation and (iii) research, information, monitoring and evaluation. The strategy builds on an awareness of current drug problems, including poly-substance use, stimulant (including methamphetamine) use, the need to control medications containing psychoactive or drug precursor ingredients, the challenges posed by blood-borne viruses (such as human immunodeficiency virus (HIV) and the hepatitis C virus), the need for improved treatment service coverage and the changing dynamics of the drug markets. The overall aim is to contribute to drug demand reduction and drug supply reduction, as well as the reduction of health and social risks and harms caused by drugs. These issues are addressed through the strategy's five top-level objectives. Like other European countries, Slovakia evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. A mid-term internal evaluation of the implementation of the National Anti-Drug Strategy (2013-20) was published in 2017, and progress on the current strategy's implementation is reported annually.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



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

National coordination mechanisms

Chaired by the Minister for Health, the Government Council for Drug Policy is responsible for inter-ministerial coordination and comprises representatives from all relevant ministries. It advises the government, develops and implements drug strategies, proposes financial arrangements for drug policy issues and suggests responses to serious drug problems. The Council is also involved in the drafting of drug-related legislation, coordinating Slovakia's obligations under international drug control treaties, and liaising with international organisations. The Department of Drug Strategy Coordination and Monitoring of Drugs is based within the Ministry of Health. It functions as the Council's Secretariat and oversees the strategic and operational coordination and implementation of the national drug strategy. The Department is the responsibility of the Director General of the Health Section at the Ministry of Health. The Department's Director also functions as the Secretary of the Council. The Department of Drug Strategy Coordination and Monitoring of

Drugs consists of two sections. The National Drug Strategy section is tasked with national coordination and implementation of the National Anti-Drug Strategy. It also includes a unit dealing with institutional and international relations and information transfer in relation to drug issues. The National Monitoring Centre for Drugs section functions as Slovakia's national focal point. It is responsible for monitoring the drug situation and managing national drug information systems. Regional coordinators for the prevention of criminality address illicit drug issues at a local level.

Public expenditure

Understanding of the costs of drug-related actions is an important aspect of drug policy.

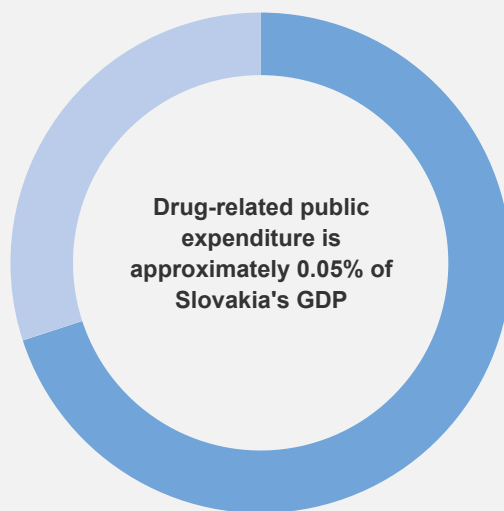
In Slovakia, drug policy documents have no associated budgets and estimates of the total executed expenditures are not made on a regular basis. One study estimated that total drug-related public expenditure represented 0.05 % of gross domestic product, or EUR 21.3 million, in 2006. Around 70 % of total public expenditure was allocated to public order and safety, while the rest was allocated to treatment, prevention, coordination, education and harm reduction.

The available information does not allow trends in drug-related public expenditures in Slovakia to be reported.

Public expenditure related to illicit drugs in Slovakia

NB: Based on estimates of Slovakia's labelled and unlabelled public expenditure in 2006.

- Supply reduction, 70 %
- Demand reduction, 30 %



Drug laws and drug law offences

National drug laws

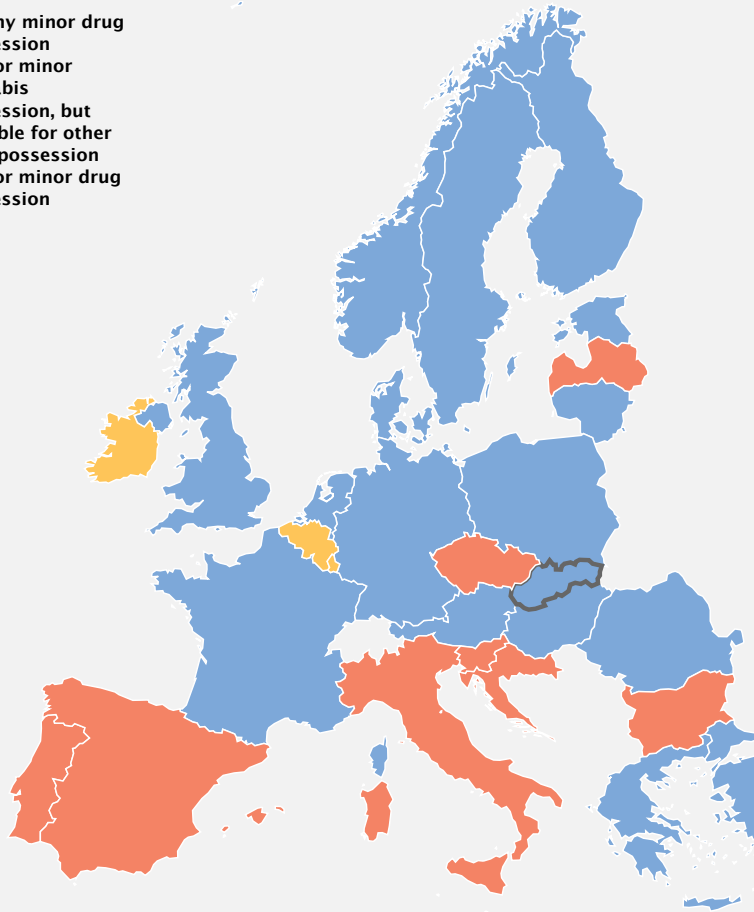
In 2005, Section 171 of the Penal Code changed the punishment for unauthorised possession for personal use, according to the amount of drug possessed: up to three years' imprisonment may be imposed for personal possession of an amount corresponding to a maximum of three times the usual single dose for personal use, and up to five years' imprisonment may be imposed for personal possession of an amount corresponding to a maximum of 10 times the usual single dose for personal use. New penalties such as home imprisonment and community service may apply, although sentences of immediate imprisonment remain available as the 'ultimate remedy'. Possession of any amount above 10 doses must be charged under Section 172.

Section 172 of the Penal Code lays down a penalty of 3-10 years' imprisonment for drug trafficking, supply or production. In 2013, the minimum sentence was reduced from four years to three years to enable alternatives to prison to be given. The penalty increases to a range of 10-15 years' imprisonment or 15-20 years, depending on the value involved and aggravating circumstances (repeat offence, involvement of minors), and up to 25 years if the crime was committed in the context of an organised group. Three convictions for certain serious offences may result in automatic imprisonment for 25 years or even life.

With regard to the control of new psychoactive substances (NPS), from April 2013 the new Section 16a of the Drug Control Act, Act No 139/1998 Coll, established a list of hazardous substances; supply and distribution of listed NPS can be limited for up to three years. At the end of 2017, the maximum period of limited supply was extended from three to six years.

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

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



NB: Year of data 2016

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.

In 2015, the number of people sentenced for DLOs was smaller than in 2014. The statistical data indicate that the majority of convictions were for supply-related offences. Approximately half of all convictions were related to cannabis, followed by methamphetamine and amphetamine, and heroin.

Prevalence and trends

Cannabis remains the most common illicit substance used among the adult general population in Slovakia, and its use is concentrated among young people aged 15-34 years.

A 2015 survey found that slightly less than one third of young people had tried cannabis during their lifetime, but approximately 1 in 10 had used cannabis during the last year. The last year prevalence of cannabis use almost halved between 2006 and 2010, while the 2015 survey indicated an increase in cannabis experimentation among young adults.

MDMA/ecstasy is the main illicit stimulant used among the adult general population and its use is particularly common among 15- to 24-year-olds. Methamphetamine is the second most prevalent stimulant; however, its use is mainly concentrated among some subgroups of the population exhibiting high-risk drug use patterns.

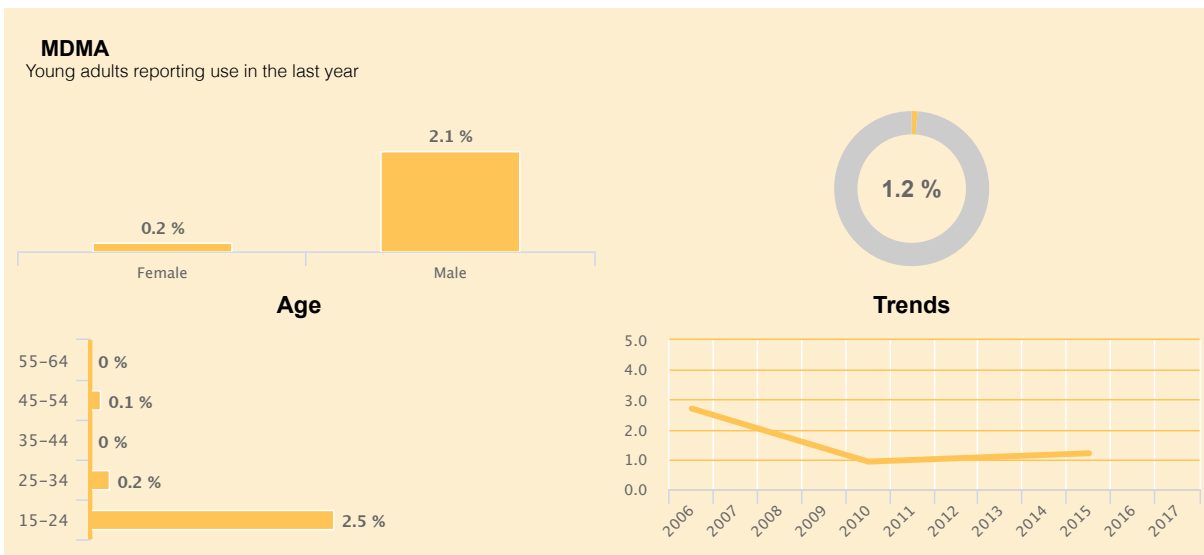
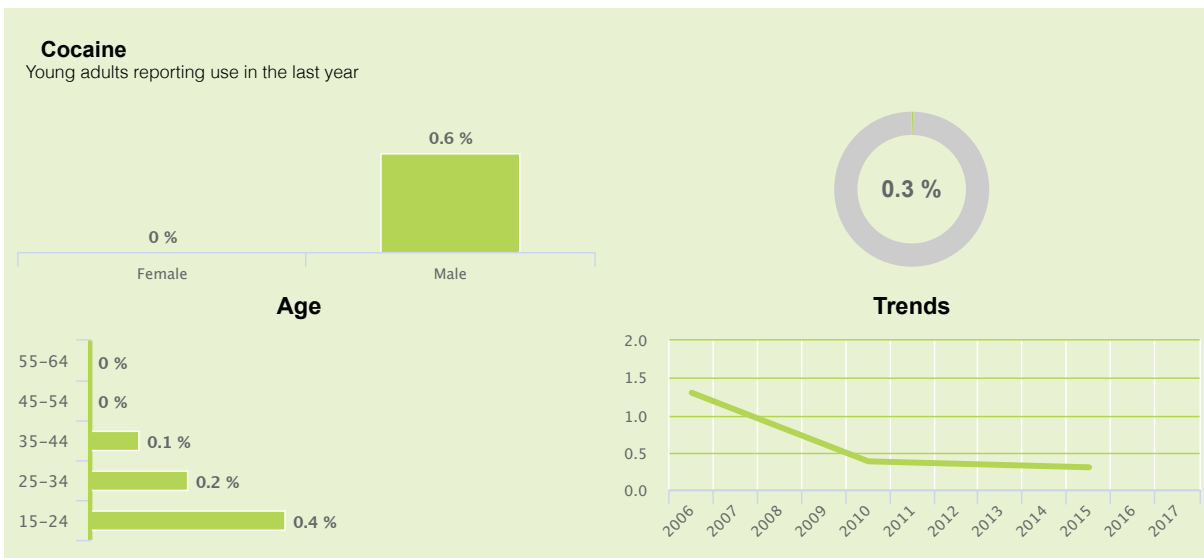
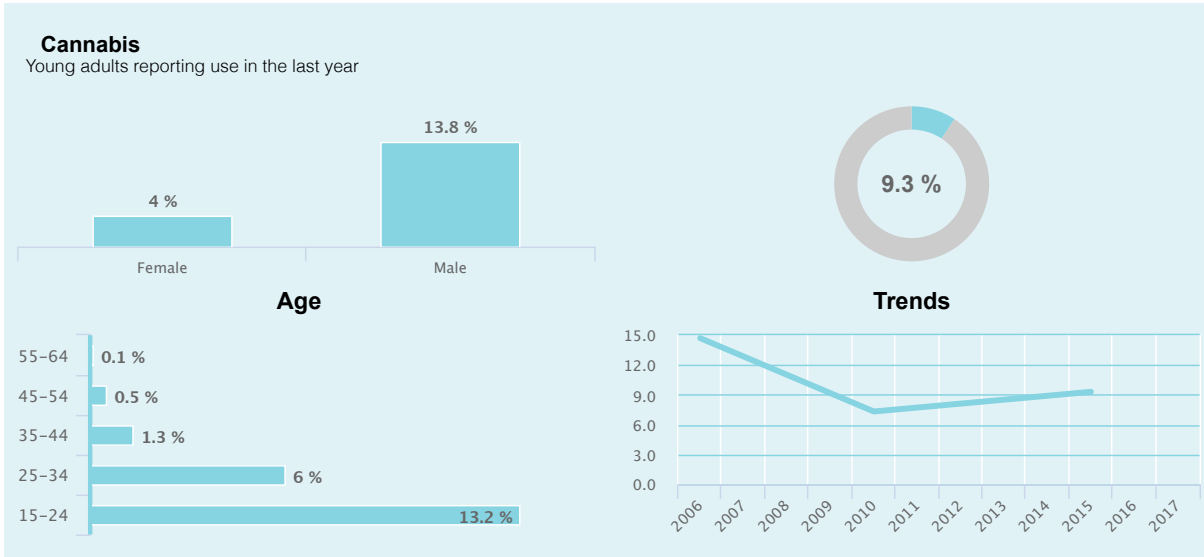
In 2015, less than 1 % of adults reported use of any new psychoactive substance in the past.

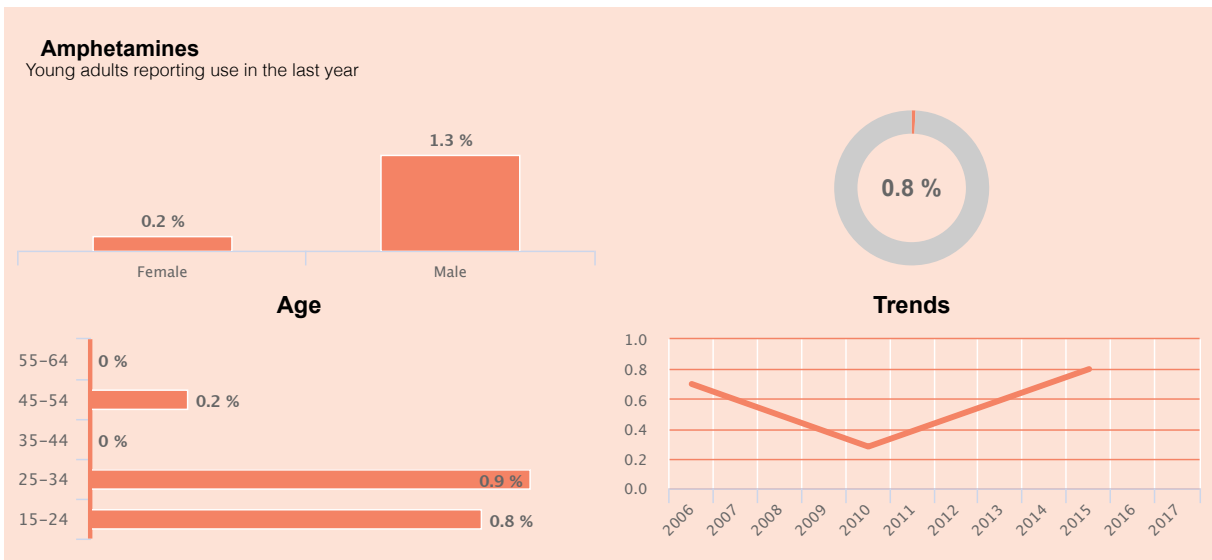
Bratislava and Piešťany participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate a decrease in methamphetamine use in both cities between 2016 and 2017. Use of all stimulants (cocaine, amphetamine, methamphetamine and MDMA) appears to be more common in Bratislava than in Piešťany; moreover, the levels of MDMA and cocaine metabolites increase at weekends in both cities.

Data on drug use among 15- to 16-year-old students are reported by the European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey has been conducted in Slovakia since 1995 and the most recent data are from 2015. Slovak students reported prevalence rates above the ESPAD average (based on data from 35 countries) for three out of the eight key variables, including lifetime use of cannabis. The long-term trend indicates that the lifetime prevalence rate of cannabis use among 15- to 16-year-olds more than tripled between 1995 and 2007, fell slightly in 2011 and has since stabilised at a high level.

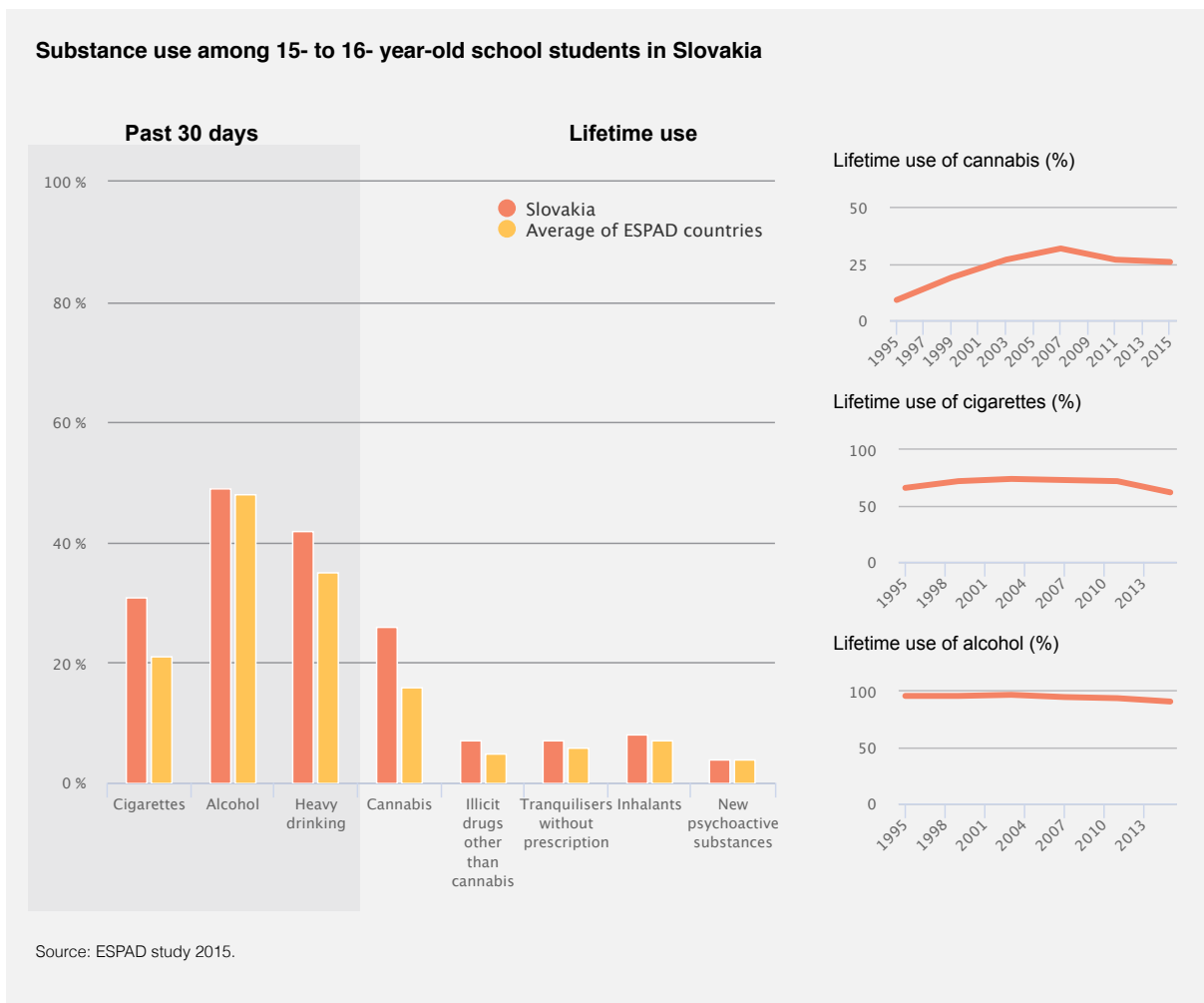
In 2015, Slovak students reported lifetime use of illicit drugs other than cannabis slightly higher than the ESPAD average, while lifetime use of NPS was more or less in line with the ESPAD average.

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





NB: Estimated last-year prevalence of drug use in 2015.



High-risk drug use and trends

Studies reporting estimates of high-risk drug 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.

In Slovakia, problem drug use is mainly linked to high-risk methamphetamine (domestically produced 'pervitin') use and high-risk opioid use. The last estimate of the number of high-risk opioid users, based on the multiplier method applied to data from harm reduction agencies, is from 2008. It suggested that there were around 4 900 high-risk opioid users in Slovakia. The same study

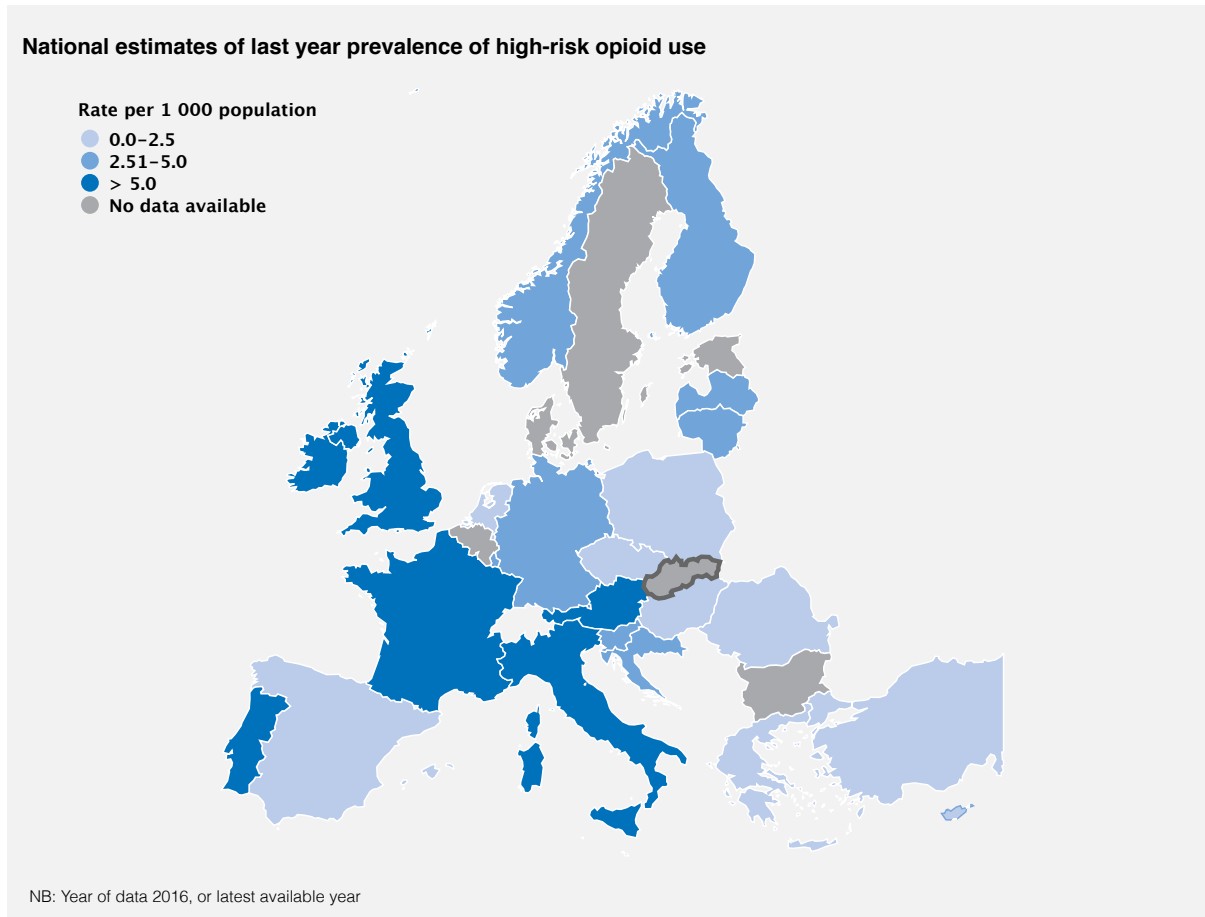
estimated that the number of methamphetamine (pervitin) users was around 3 300.

Data from specialised treatment centres indicate that amphetamines (mainly methamphetamine) are the main primary illicit drug used by first-time treatment clients, followed by cannabis and heroin.

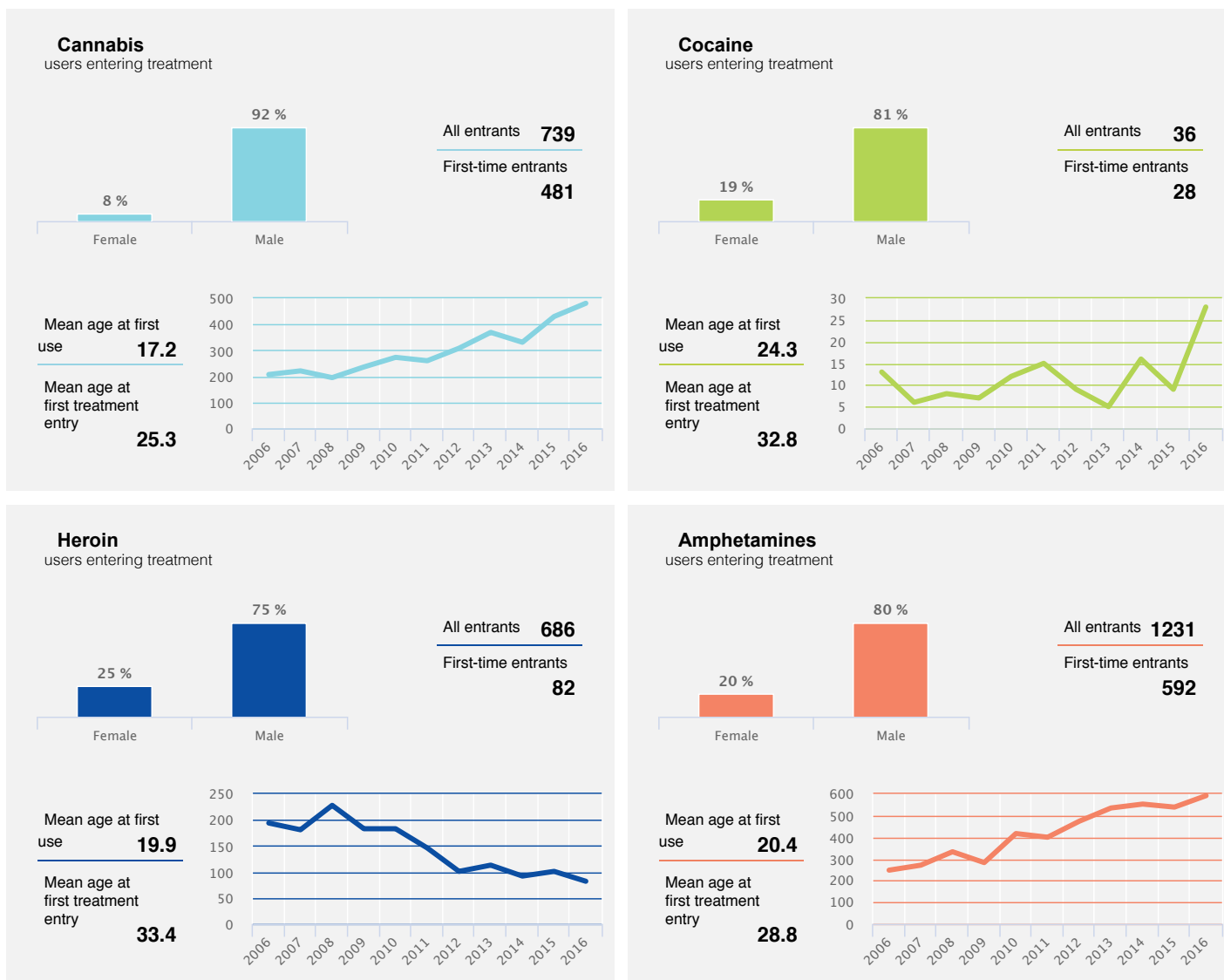
The number of first-time treatment clients seeking help for amphetamines (primarily methamphetamine) use continued to increase in 2016, while the number of heroin users requiring treatment for the first time has halved in the past decade.

In recent years, a decline in stimulant injecting has been observed, and reports indicate that methamphetamine is increasingly being smoked.

Overall 2 out of 10 clients entering treatment are female, but the proportion of females in treatment varies by treatment type and substance used.



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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

The available data on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) notifications indicate that the prevalence of HIV/AIDS infection among people who inject drugs (PWID) in Slovakia is very low. In 2016, one new HIV case linked to drug injecting was reported.

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

region	HCV	HIV
National	:	:
Sub-national	45.61	0

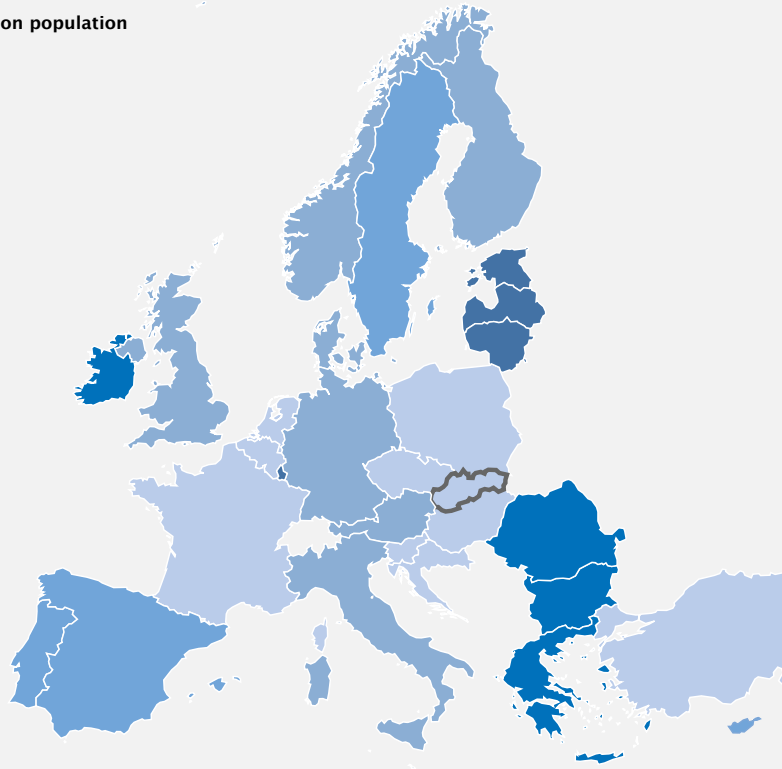
Year of data: 2016

A specific sentinel monitoring study among PWID treated at the Centre for the Treatment of Drug Dependencies in Bratislava reported stable low rates of HIV infection among this group. The same source confirms that hepatitis C virus (HCV) infection is the most common drug-related infection in Slovakia. Although the prevalence of HCV infection among new treatment clients in Bratislava has remained fairly stable, at around 40 %, since 2010, in 2016 almost 5 out of 10 clients tested positive for HCV, and additional analyses indicate that HCV is more common among those who have been injecting for 10 years or more. In 2016, a study in Bratislava found that around 1 out of 10 new treatment clients tested positive for the hepatitis B virus (anti-HBV core antibodies).

Newly diagnosed HIV cases attributed to injecting drug use

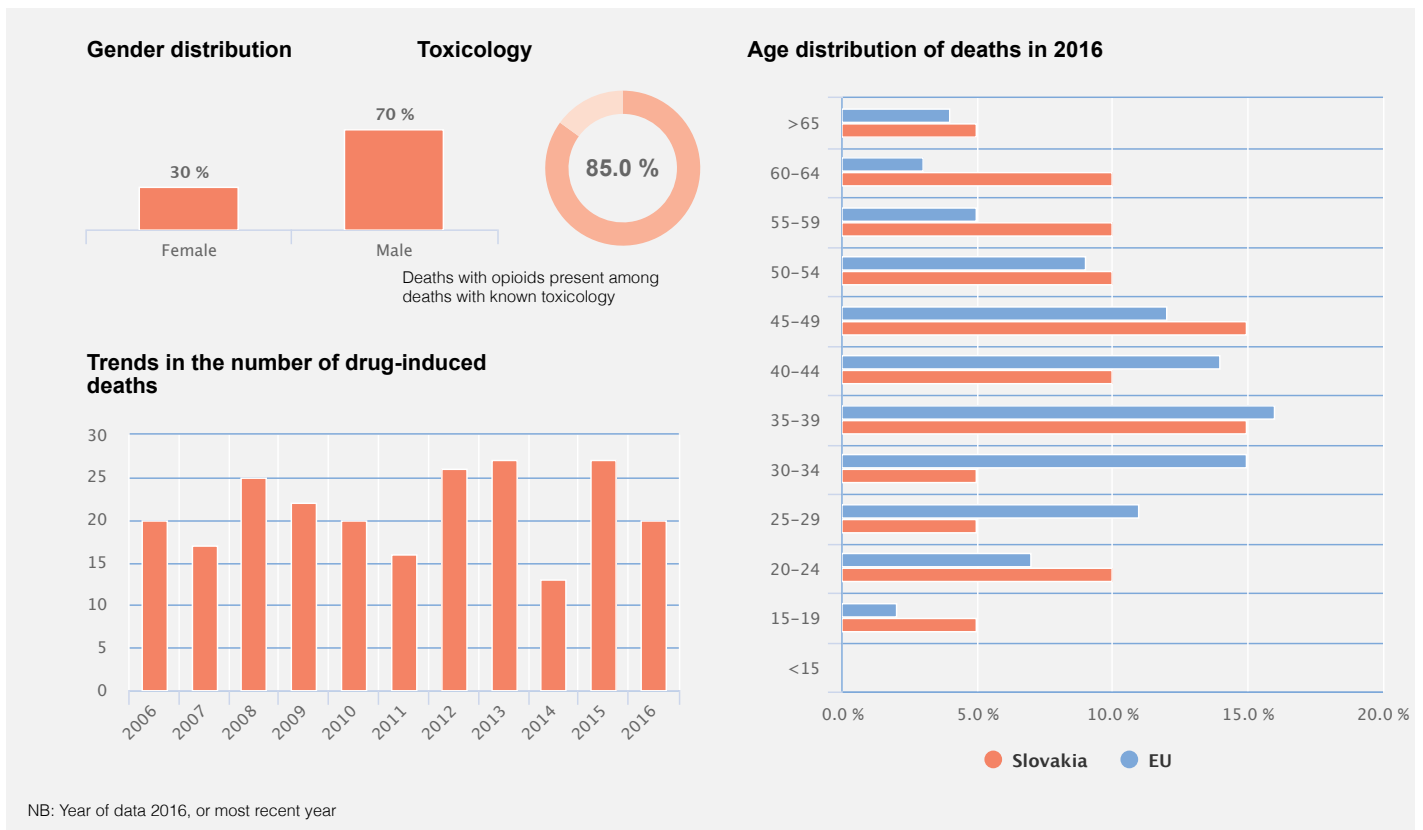
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



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

Characteristics of and trends in drug-induced deaths in Slovakia



Drug-related emergencies

In 2015, the National Toxicological Information Centre reported 122 cases of acute intoxication related to drugs, one third of which were caused by methamphetamine.

Since 2016, the Centre has participated in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

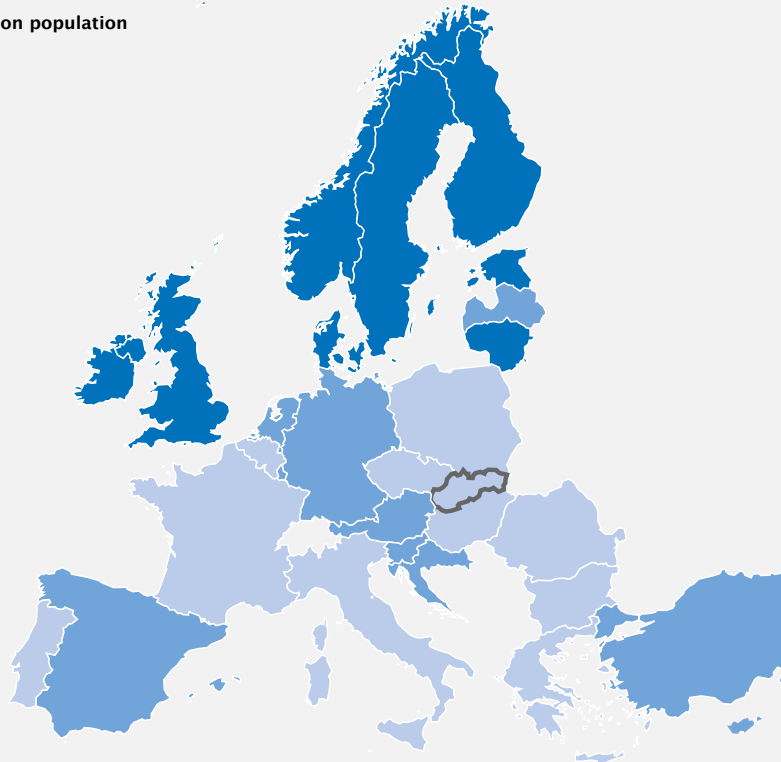
Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

The annual number of drug-induced deaths reported in Slovakia has fluctuated between 13 and 26 cases during 2012-16. In 2016, all cases were toxicologically confirmed and approximately 9 out of 10 drug-induced deaths were linked to opioids. The majority of victims were males, and most of the deceased were 30 years old or older.

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

Cases per million population

- <10
- 10-40
- > 40



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

The drug-induced mortality rate among adults (aged 15-64 years) was almost 5.0 deaths per million in 2016, which is lower than the most recent European average of 21.8 deaths per million.

Prevention

The National Anti-Drug Strategy (2013-20) defines the main objectives and framework for drug prevention; it puts an emphasis on increasing the quality and improving the effectiveness of prevention activities, with a particular focus on addressing risk factors leading to the initiation of substance use. Prevention is embedded in the activities of numerous institutions representing the education, health, social affairs and family, and criminal justice sectors. Non-governmental organisations (NGOs) also play an important role in the delivery of prevention programmes. Most prevention interventions are now centrally monitored, while evaluations of their effectiveness remain rare.

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 Slovakia, environmental strategies focus on controlling alcohol and tobacco.

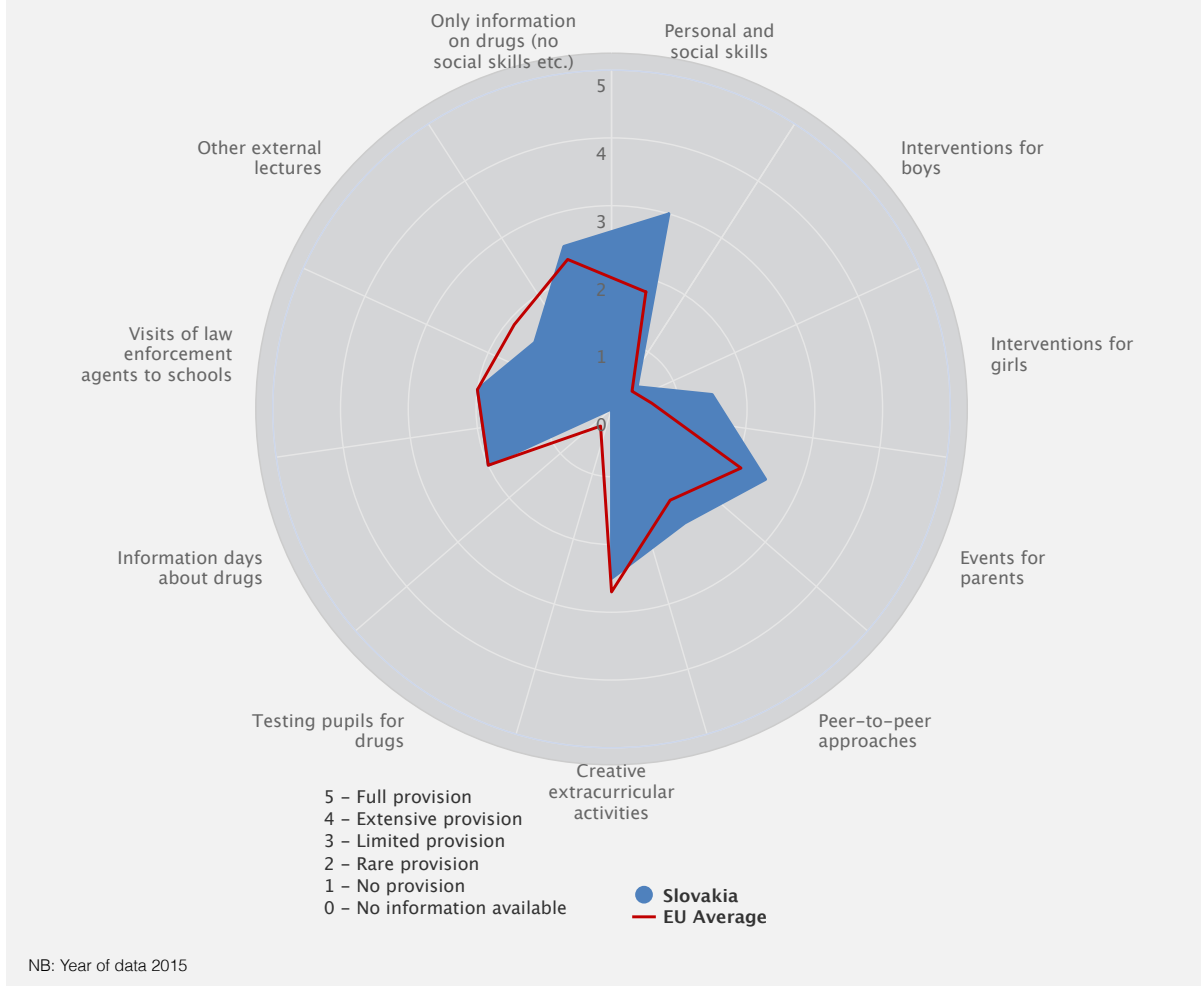
Universal prevention programmes are mainly implemented in school settings under the responsibility of the Ministry of Education in close cooperation with the Ministry of Health, the Ministry of Labour, Social Affairs and Family, and the Ministry of the Interior. Prevention activities in schools focus on alcohol, smoking, illicit drugs and risk behaviour. A few manual-based programmes are in place, including The Way to Emotional Maturity, a long-term national prevention programme for pupils aged 12-15 years (the sixth to ninth years of elementary school and the first year of secondary school), which develops and strengthens the psychological and social skills that can act as protective factors.

Educational and Psychological Counselling and Prevention Centres also provide prevention interventions, with a focus on elementary school pupils and other young people. Primary and secondary schools have a drug prevention coordinator, usually a school psychologist or a teacher; these coordinators are part of a country-wide network. However, integrated training or education programmes are rare.

Community prevention programmes are targeted at recreational activities, such as organising summer camps and sports activities for young people and children within leisure centres. The website of the National Monitoring Centre for Drugs provides online information and consultation services.

Selective prevention interventions are organised by health and social welfare services and NGOs in recreational settings, such as festivals, for children and young people in disadvantaged and Roma communities, for marginalised families and for young offenders. Educational and Psychological Counselling and Prevention Centres provide counselling services to pupils with learning, personality, psychological or behavioural problems. As regards indicated prevention, specialised psychological counselling is provided for families with drug dependency problems and for disruptive children in school settings.

Provision of interventions in schools in Slovakia



Harm reduction

The Slovak National Anti-Drug Strategy (2013-20) endorses the provision of effective risk reduction measures for people who use drugs. Four non-governmental organisations (NGOs) operate harm reduction programmes in five towns (Bratislava, Sereď, Nitra, Trnava, Košice) and, in addition to the dedicated NGOs providing harm reduction services, three public drug treatment centres provide needle and syringe exchange services. The NGO-run programmes are licensed by the Ministry of Labour, Social Affairs and Family, and they are mainly funded by grants from the Ministry of Health or from local governments.

Harm reduction interventions

Harm reduction programmes, provided through fixed sites or by mobile outreach, primarily serve people who inject drugs (PWID); however, other high-risk groups, such as sex workers and homeless drug users, may also use such services. In addition to access to clean injecting equipment, harm reduction programmes provide counselling and information on safer drug use, screening for drug-related infectious diseases and other support services.

According to the most recent data, following a two-year decrease in the number of needles and syringes distributed by the NGO programmes, an increase was reported in distributed syringes between 2015 and 2016. Methamphetamine (pervitin) users represent the majority of harm reduction services' clients, while the proportion of clients who inject heroin has been declining over the years. It is estimated that a minority of problem drug users are reached by existing programmes. For this reason, pharmacies remain the main source of clean needles and syringes for PWID in Slovakia.

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	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

The current national drug strategy puts an emphasis on (i) the expansion of the availability and affordability of drug treatment; and (ii) the provision of effective and diversified nationwide treatment, with a special focus on polydrug users and those suffering from mental and/or physical comorbidity. Implementation of drug treatment is the responsibility of the Ministry of Health; however, the Ministry of Labour, Social Affairs and Family is responsible for social reintegration and aftercare of children and young adults with drug-related problems.

The distinctive features of the Slovak drug treatment services are close links to mental health services and integration with treatment services for alcohol, which permits mental health issues among drug users and consequences related to polydrug use to be addressed.

In the health sector, outpatient treatment is provided by the specialised Centres for the Treatment of Drug Dependencies, a network of independent, mostly private, mental health outpatient clinics, and outpatient units in psychiatric hospitals. Inpatient drug treatment is provided by specialised wards in psychiatric hospitals, Centres for the Treatment of Drug Dependencies or psychiatric wards in university hospitals and general hospitals.

Inpatient and outpatient drug treatment is funded by public health insurance, while residential care outside the healthcare sector is funded through local or regional budgets, co-financed to varying degrees by clients. The Centres for the Treatment of Drug Dependencies are the main providers of all types of specialised drug treatment, while the mental health outpatient clinics — available nationwide — offer outpatient diagnostic services, detoxification and long-term opioid substitution treatment (OST). In general, there is continuity between these two forms of treatment.

Detoxification treatment is available in outpatient and inpatient treatment centres. Residential drug treatment is delivered in inpatient departments. Aftercare and social reintegration services for people who are drug dependent are provided by non-governmental organisations outside the healthcare sector, in residential facilities or through self-help groups. There are also recognised socialisation centres accredited by the Ministry of Labour, Social Affairs and Family.

OST with methadone has been available since 1997, and with buprenorphine since 1999; the buprenorphine/naloxone combination was introduced in 2008. Methadone maintenance treatment dominates in Centres for the Treatment of Drug Dependencies, while buprenorphine-based medication is provided on prescription by psychiatrists with a drug dependency treatment licence in outpatient psychiatric clinics.

Drug treatment in Slovakia: settings and number treated

Outpatient

Specialised Drug Treatment Centres (785)

General Mental Health Care (329)

Inpatient

"Hospital-based residential drug treatment" (1023)

Prison

Prison (1116)

NB: Year of data 2016

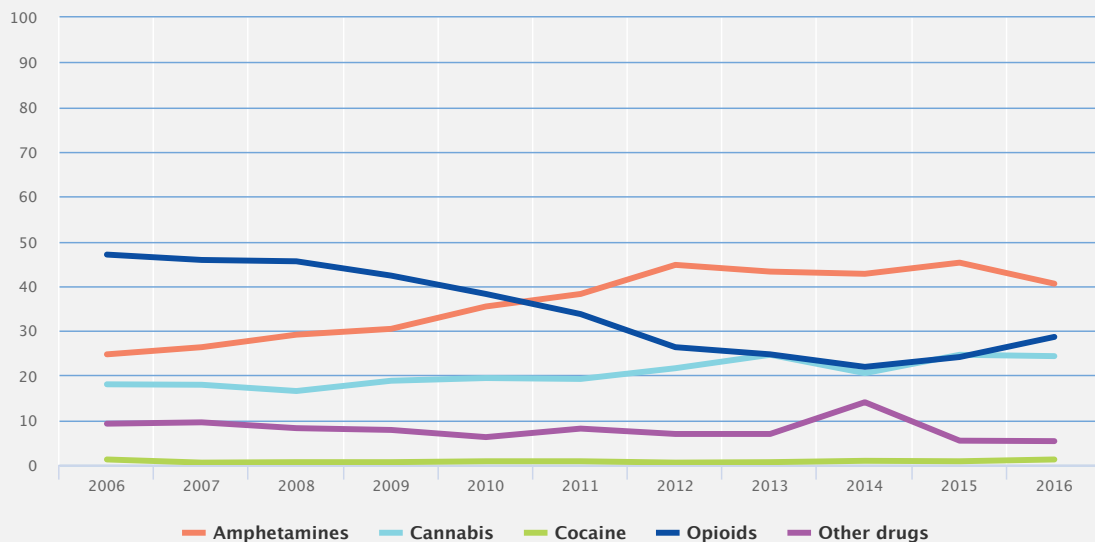
Treatment provision

In 2015, the majority of people who entered drug treatment were treated in outpatient settings.

More than 4 out of 10 new treatment clients indicate stimulants as their primary substance of use, mainly methamphetamine. Many clients entering treatment for the use of methamphetamine are polydrug users, the majority of whom frequently combine it with cannabis, alcohol and sometimes heroin. In 2016, the proportion of clients entering treatment who reported primary opioid use slightly increased compared with the previous year, while the proportion of clients reporting primary cannabis use remained stable.

In 2016, 642 clients received OST in Slovakia, mainly methadone.

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

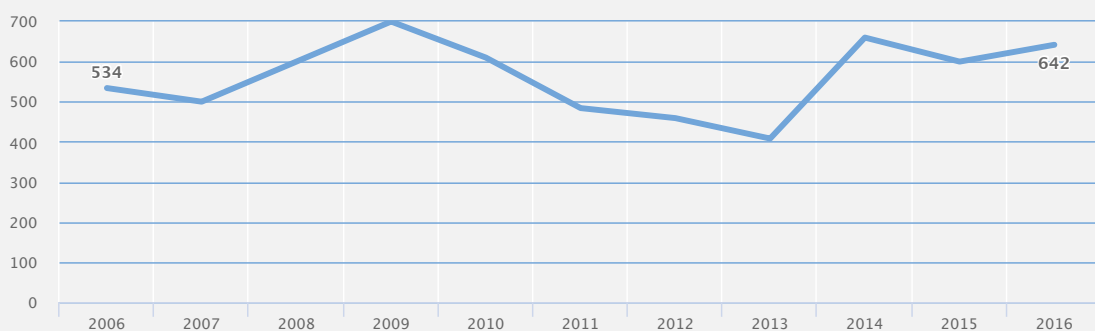


NB: Year of data 2016.

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



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

In 2016, one out of five prisoners in Slovakia had drug use-related health problems. One out of ten prisoners screened positive for illicit substance use based on saliva and urine tests, with benzodiazepines being the most commonly detected substances, followed by opioids and cannabis.

The Ministry of Health is responsible for healthcare in prison. The quality of drug-related treatment in prison is determined by framework standards prepared by the Ministry of Health, and the provision of healthcare is supervised by the regional offices of the Public Health Authority, health insurance companies, the Social Insurance Agency and the inspection bodies of the Ministry of Justice.

Health screening is conducted at prison entry and includes an assessment of drug use and related problems.

Voluntary and mandatory drug treatment is available in Slovak prisons. Group psychotherapy is one of the main components of mandatory and voluntary drug treatment. Drug treatment also includes educational work and training. Mandatory drug treatment is preceded by a medical examination, which includes tests for blood-borne infectious diseases.

Quality assurance

The current national drug strategy supports the use and exchange of best practices and the implementation of standards in the areas of prevention, early detection and intervention, reduction of risks and harms, treatment, rehabilitation, social reintegration and recovery.

The Healthcare Surveillance Authority is responsible for promoting quality assurance in the drug treatment sector and maintains a list of providers and guidelines on its website. Some basic quality standards are required as a part of the set-up process for services. The quality of drug-related inpatient care is determined by the framework standards established by the Ministry of Health and the chief expert of the Slovak Republic in the field of psychiatry.

Implementation of drug prevention in schools is supported by the Educational and Psychological Counselling and Prevention Centres, the Methodological and Educational Centres, the National Institute for Education, the Institute of Information and Prognoses of Education of the Centre of Scientific and Technical Information, and the Research Institute for Child Psychology and Pathopsychology. A special web portal has been designed to support teachers in implementing and drafting prevention programmes based on best practice.

Drug-related research

The role of drug-related research and the use of research findings and best practices in the formulation and implementation of interventions are endorsed by the current national drug strategy.

Research is funded from the state budget, through the Ministry of Education, in the form of grants that either are intended for a specific research project or are provided to the research institution itself. In general, funds for research allocated from the state budget are limited and research is also supported by funding from the European Union. In 2015, the Slovak national focal point (NFP) to the EMCDDA allocated the majority of its annual state budget and EMCDDA grant to various studies. The main areas of research interest to the NFP were prevalence/incidence studies at national, regional and local levels; harms and infectious diseases, mortality, crime, harm reduction programmes and effectiveness; social reintegration programmes; effectiveness of prevention measures; public expenditures and social costs; new psychoactive substances (identification of substances and metabolites); health effects (hospital emergencies); trafficking and means of distribution; the drug market; prices; and the impact of legislative measures. Recent drug-related studies have focused on the prevalence of drug use, including wastewater analysis and responses to the drug situation.

The NFP maintains a database on studies in the drugs field, including bibliographic references, which is available on its website.

Drug-related research is conducted mainly by governmental agencies, university departments and hospitals, and also by the Slovak Academy of Sciences.

National scientific journals play an important role in disseminating drug-related research findings.

Drug markets

Supply from neighbouring countries plays an increasingly important role in the illicit drug market in Slovakia, although domestic production is also reported to occur. Herbal cannabis and methamphetamine remain the most frequently seized illicit drugs in the country. Reports indicate that both drugs are increasingly sourced from the Czech Republic. In addition, herbal cannabis is supplied by domestic growers, and a role of these groups in domestic methamphetamine production and distribution activities has also increasingly been identified. Domestic methamphetamine production is reported to take place primarily in small 'kitchen-type' laboratories, using ephedrine or over-the-counter medicines containing pseudoephedrine. Heroin originates from Afghanistan and is trafficked via the Balkan route.

In 2015, nine new psychoactive substances (NPS) were reported in Slovakia for the first time. NPS, mostly synthetic cannabinoids and cathinones, are imported from the Czech Republic, Poland and Hungary, or arrive directly from countries in East Asia (mainly China).

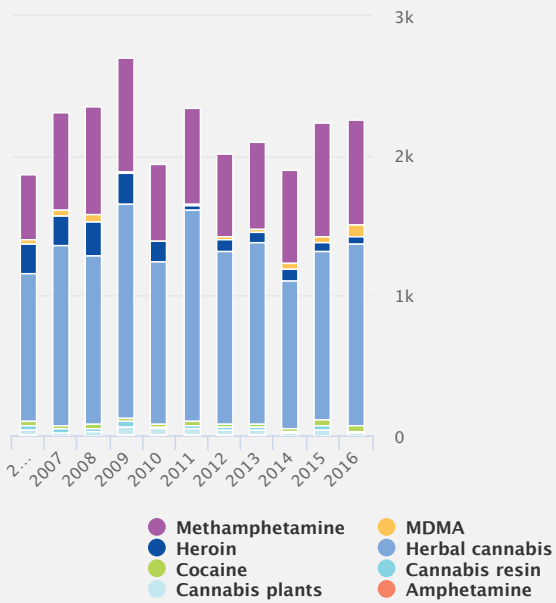
Typically, illicit substances are transported into Slovakia by road (in passenger vehicles, by bus or train), although the use of courier services is increasing.

In 2016, herbal cannabis was involved in the majority of reported seizures, followed by methamphetamine. However, the quantities seized (notably of herbal cannabis) were the lowest on record.

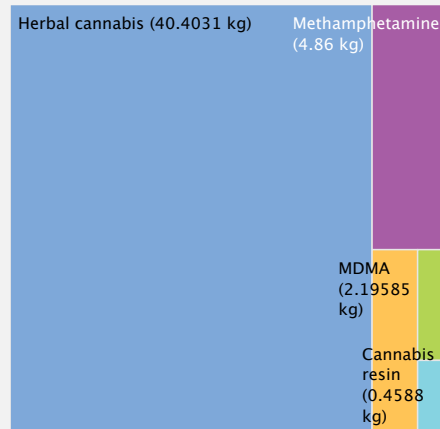
With regard to the retail price and purity of methamphetamine in Slovakia, the available data indicate that the mean purity was 59.5 % and that the mean price was EUR 65/g in 2016.

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

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	26.27	6.5	36.8
Last year prevalence of use - young adults (%)	2015	9.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	4.3	0.3	11.1
All treatment entrants (%)	2016	24.3	1.0	69.6
First-time treatment entrants (%)	2016	35.9	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	40.4	12	110855
Number of herbal cannabis seizures	2016	1303	62	158810
Quantity of cannabis resin seized (kg)	2016	0.4	0	324379
Number of cannabis resin seizures	2016	15	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.002 - 59.9	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	1.2 - 53.2	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	5 - 15	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	10 - 20	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.6	0.9	4.9
Last year prevalence of use - young adults (%)	2015	0.3	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.1	0.1	2.3
All treatment entrants (%)	2016	1.2	0.0	36.6
First-time treatment entrants (%)	2016	2.1	0.0	35.5
Quantity of cocaine seized (kg)	2016	0.8	1.00	30295
Number of cocaine seizures	2016	36	19	41531
Purity (%) (minimum and maximum values registered)	2016	11.4 - 84.4	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	70 - 140	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1	0.8	6.5
Last year prevalence of use - young adults (%)	2015	0.8	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	0.4	0.0	1.7
All treatment entrants (%)	2016	40.5	0.2	69.7
First-time treatment entrants (%)	2016	44.17	0.3	75.1
Quantity of amphetamine seized (kg)	2016	0	0	3380
Number of amphetamine seizures	2016	4	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	6.7 - 81.7	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	30 - 70	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.3	0.5	5.2
Last year prevalence of use - young adults (%)	2015	1.2	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.6	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.4	0.0	1.8
Quantity of MDMA seized (tablets)	2016	8705	0	3783737
Number of MDMA seizures	2016	84	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	1.9 - 194.7	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3 - 12	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.3	8.1
All treatment entrants (%)	2016	28.6	4.8	93.4
First-time treatment entrants (%)	2016	13.5	1.6	87.4
Quantity of heroin seized (kg)	2016	0	0	5585

Number of heroin seizures	2016	48	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	1.9 - 13.3	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	30 - 100	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.2	0.0	33.0
HIV prevalence among PWID* (%)	n.a.	n.a.	0.0	31.5
HCV prevalence among PWID* (%)	n.a.	n.a.	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	4.99	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	357705	22	6469441
Clients in substitution treatment	2016	642	229	169750
Treatment demand				
All entrants	2016	3253	265	119973
First-time entrants	2016	1413	47	39059
All clients in treatment	2016	3253	1286	243000
Drug law offences				
Number of reports of offences	n.a.	n.a.	775	405348
Offences for use/possession	n.a.	n.a.	354	392900

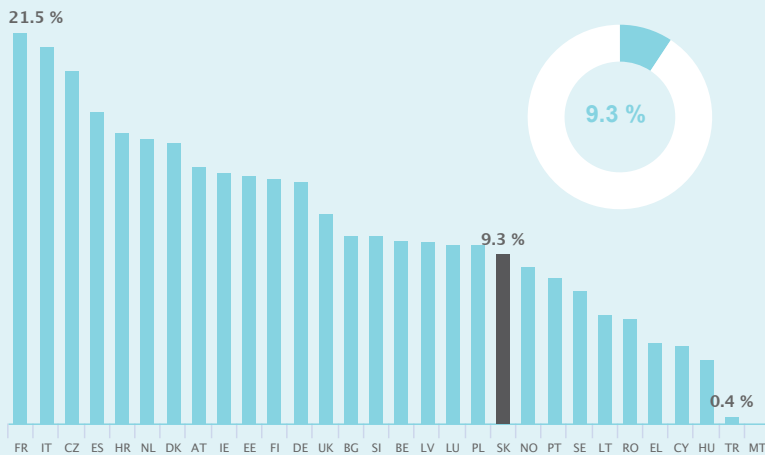
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

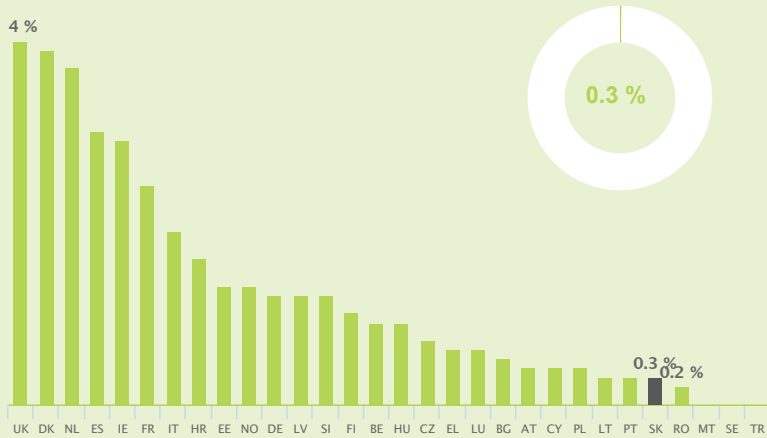
Cannabis

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



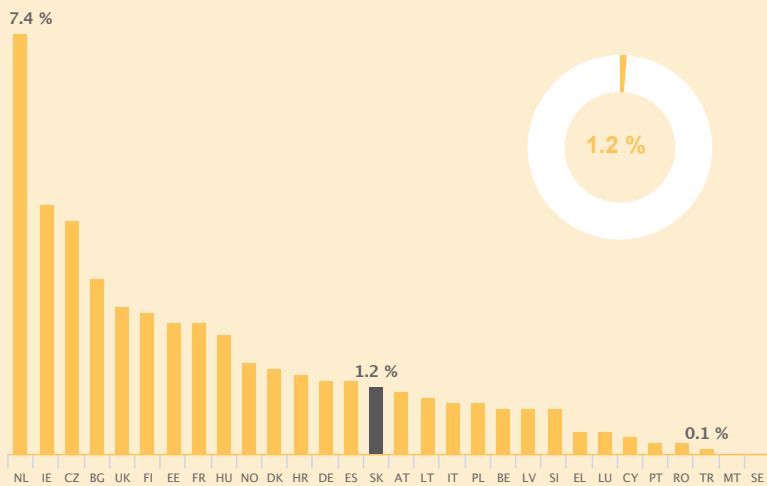
Cocaine

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



MDMA

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



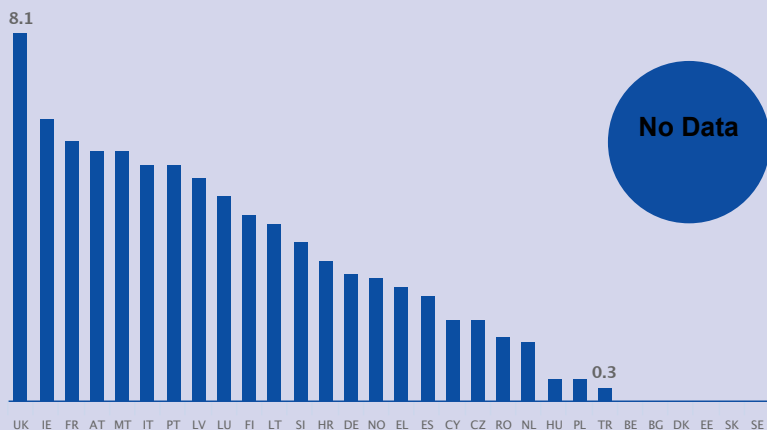
Amphetamines

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



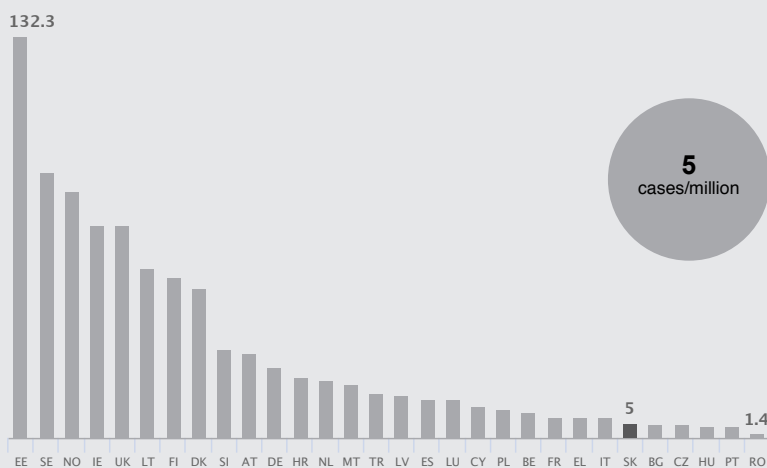
Opioids

High-risk opioid use (rate/1 000)



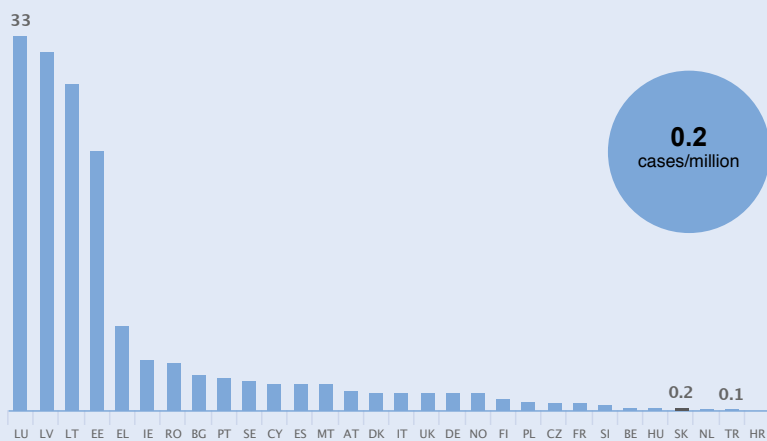
Drug-induced mortality rates

National estimates among adults (15-64 years)



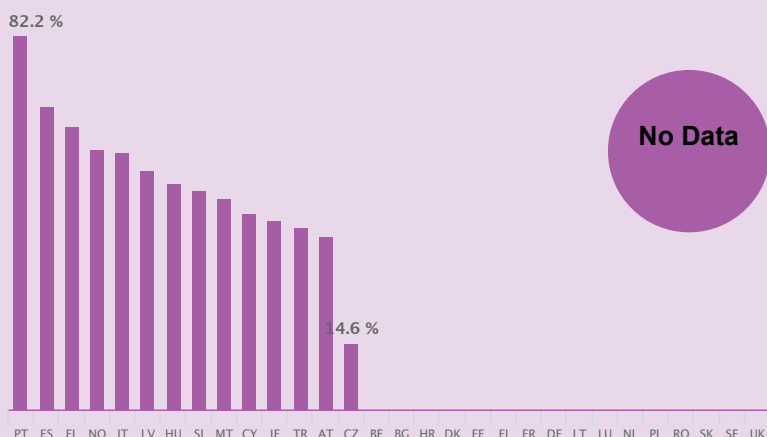
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



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

About our partner in Slovakia

The national focal point is located within the Department of Drug Strategy Coordination and Monitoring of Drugs, which is based within the Ministry of Health. Under the responsibility of the Health Ministry's State Secretary, the Department functions as an executive body/secretariat of the Government Council for Drug Policy and oversees the coordination and implementation of the national drugs strategy. The Department's Director is also the Secretary of the Council and ex officio National Drug Coordinator. The department consists of two sections. The National Drugs Strategy section is tasked with national coordination and implementation of the National Anti-Drugs Strategy. It also contains a unit dealing with institutional and international relations and information transfers related to drug issues. The National Monitoring Centre for Drugs section functions as Slovakia's national focal point to the EMCDDA. It is responsible for monitoring of the drug situation and managing national drug information systems.

National Monitoring Centre for Drugs



NMCD

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