



Slovakia

Country Drug Report 2017

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THE DRUG PROBLEM IN SLOVAKIA AT A GLANCE

Drug use

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

Cannabis

9.3 %



4 % 13.8 %

Other drugs

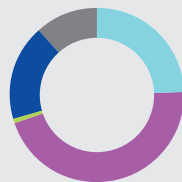
MDMA	1.2 %
Amphetamines	0.8 %
Cocaine	0.3 %

High-risk opioid users

No data

Treatment entrants

by primary drug



Opioid substitution treatment clients

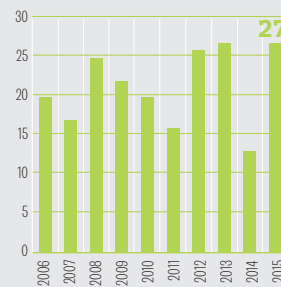
600

Syringes distributed

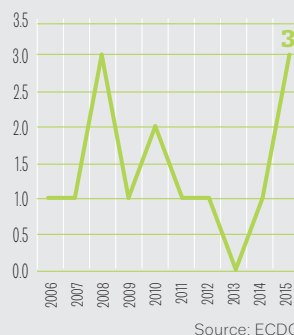
through specialised
programmes

347 162

Overdose deaths



HIV diagnoses attributed to injecting



Drug law offenders

969

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Methamphetamine
4. Heroin
5. Cocaine

Population

(15-64 years)

3 834 289

Source: EUROSTAT
Extracted on: 26/03/2017

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.

About this report

This report presents the top-level overview of the drug phenomenon in Slovakia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

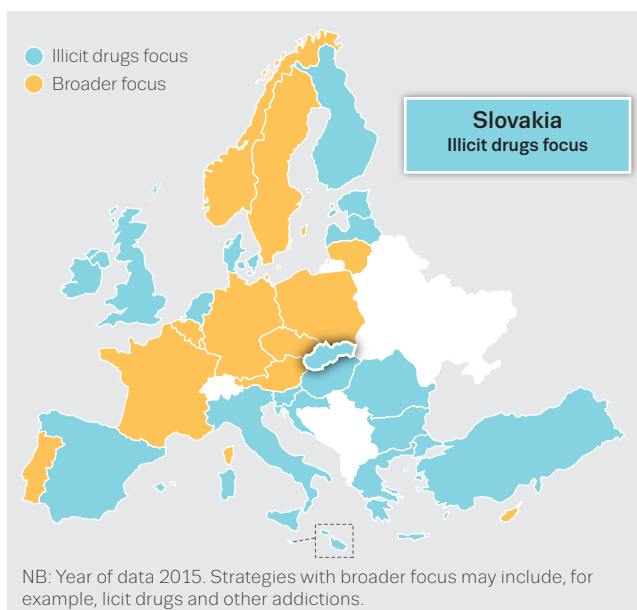
National drug strategy and coordination

National drug strategy

Slovakia's National Anti-Drug Strategy (2013-20), adopted in 2013, addresses illicit drug problems (Figure 1). It is built around two pillars addressing (i) demand 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 mirrors the approach taken at the European Union level. It 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 hepatitis C virus (HCV)), 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.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



Like other European countries, Slovakia evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. A final internal evaluation of the implementation of the National Anti-Drug Strategy (2009-12) was previously undertaken and used in the development of the current strategy. Progress on the current strategy's implementation is reported annually.

National coordination mechanisms

Chaired by the Minister for Health, the Government Council for Drug Policy is responsible for interministerial 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 Drugs 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 Drugs Strategy section is tasked with national coordination and implementation of the National Anti-Drugs Strategy. It also includes 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. 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

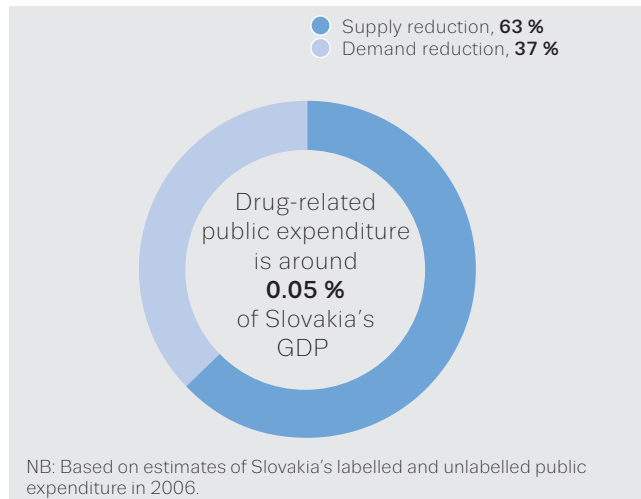
Understanding of the costs of drug-related actions is an important aspect of drug policy.

In Slovakia, drug policy documents have no associated budgets and estimates for the total executed expenditures are not made on a regular basis. A study of the total drug-related expenditure in Slovakia estimated that total drug-related public expenditure represented 0.05 % of gross domestic product (GDP) or EUR 21.3 million in 2006. Around 63 % of the total public expenditure was allocated for public order and safety, 15 % for treatment, 8 % for prevention, 2 % for coordination, 1 % for education, less than 1 % for harm reduction and 10.3 % for other drug-related areas (Figure 2).

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

FIGURE 2

Public expenditure related to illicit drugs in Slovakia



Drug laws and drug law offences

National drug laws

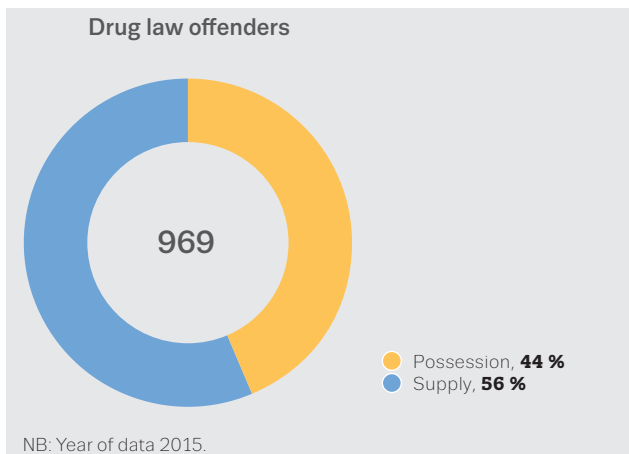
In 2005, Section 171 of the Penal Code changed the punishment for unauthorised possession for personal use, according to the amount of drug possessed: up to three years' imprisonment may be imposed for personal possession of an amount corresponding to a maximum of three times the usual single dose for 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 (Figure 3). 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 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 (repeated 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 of 25 years or even life.

With regard to the control of new psychoactive substances (NPS), from April 2013 the new §16a of the Drug

FIGURE 4

Reported drug law offenders in Slovakia



Control Act, Act No 139/1998 Coll, established the list of hazardous substances, in which NPS were classed as such for up to three years, and their supply and distribution were limited.

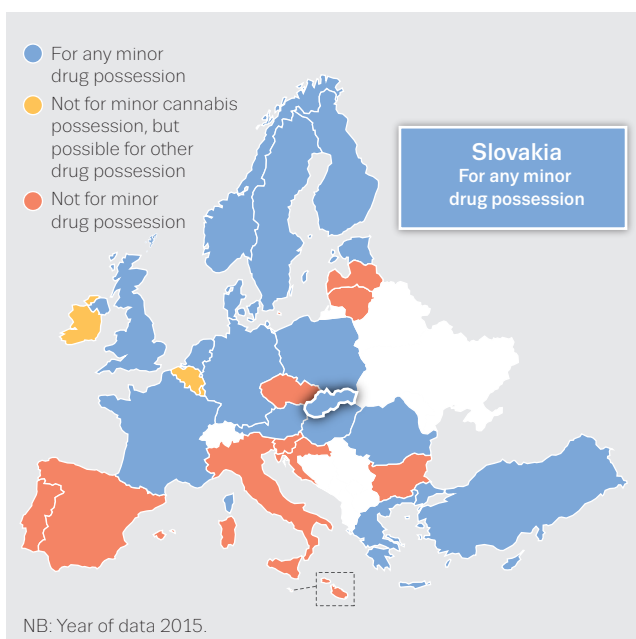
Drug law offences

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, a total of 1 466 persons were arrested for DLOs, of whom 969 persons were sentenced, which is a decrease from 2014. The statistical data indicate that the majority of convictions were for supply-related offences (Figure 4). Approximately half of all convictions were related to cannabis, followed by methamphetamine and amphetamine, and heroin.

FIGURE 3

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



Drug use

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. The 2015 survey found that slightly fewer than one third of young people had tried cannabis during their lifetime, but approximately 9 % had used cannabis during the last year. The last-year prevalence of cannabis use almost halved between 2006 and 2010, while the 2015 survey indicates an increase in cannabis experimentation among young adults.

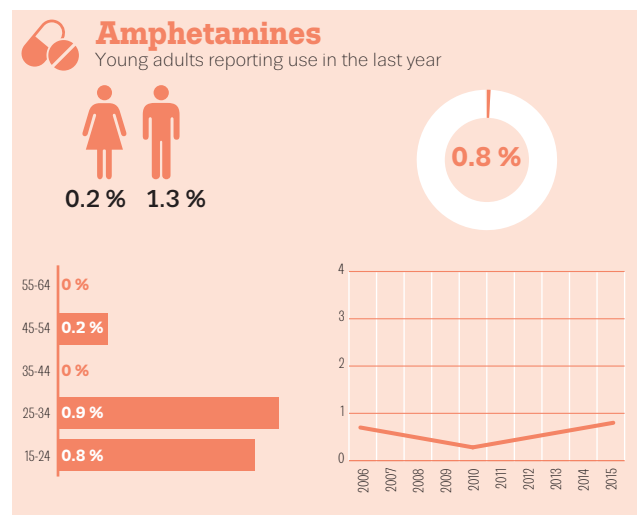
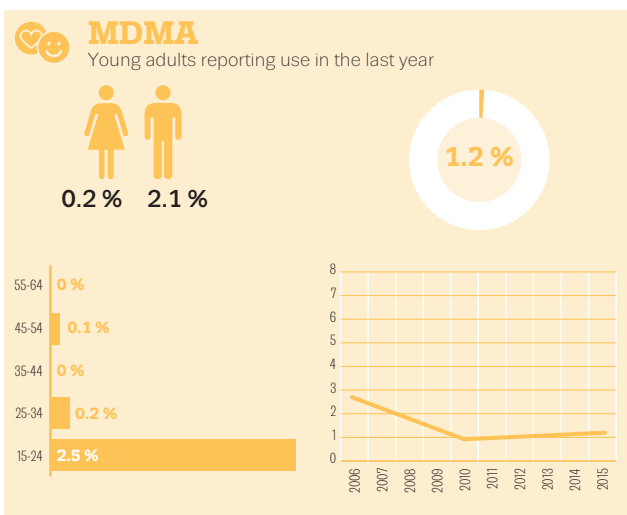
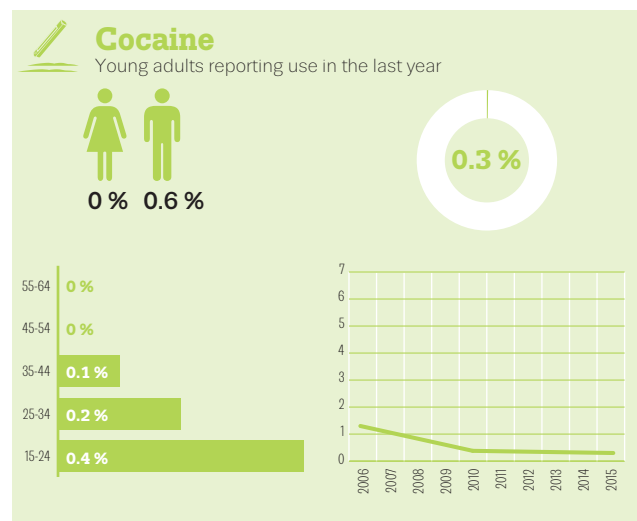
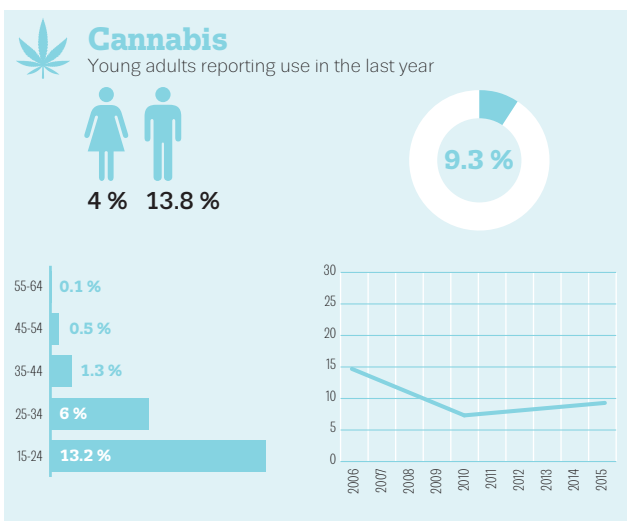
MDMA/ecstasy is the main illicit stimulant used among the adult general population and is particularly common among 15- to 24-year-olds (Figure 5). Methamphetamine is the second most prevalent stimulant; however, its use is mainly concentrated among some sub-groups of the population exhibiting high-risk drug use patterns.

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

Bratislava and Piestany 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 community level, based on the levels of different illicit drugs and their metabolites in a source of wastewater. The results indicated an increase in methamphetamine use in both cities between 2015 and 2016. Use of all stimulants (cocaine, amphetamine, methamphetamine and MDMA) appears to be more common in Bratislava than in Piestany. MDMA and cocaine metabolites were found to be present in wastewater at a higher level at weekends than on workdays in both cities.

FIGURE 5

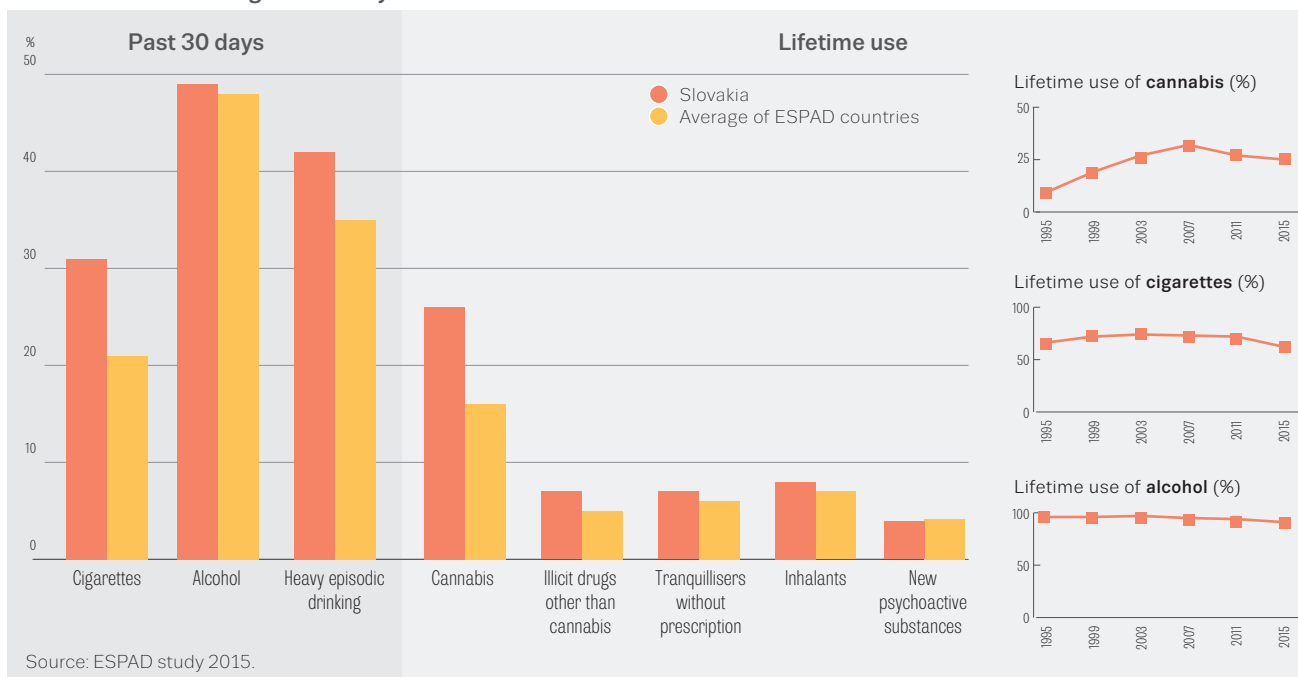
Estimates of last-year drug use among young adults (15-34 years) in Slovakia



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

FIGURE 6

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



Data on drug use among 15- to 16-year-old students are reported in 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. Slovakian 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 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, Slovakian 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 (Figure 6).

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 the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

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, dates back to 2008. It suggested that there were approximately 4 888 high-risk opioid users in Slovakia at that time (range 3 966-9 782) (Figure 7). The same study estimated that the number of methamphetamine (pervitin) users was 3 263 (range: 2 523-9 854).

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 (Figure 8).

The number of first-time treatment clients seeking treatment for methamphetamine use decreased slightly in 2015; however, this did not affect the overall dominance of methamphetamine users in the Slovak treatment services. In addition, the number of heroin users requiring treatment for the first time has halved in the past decade (Figure 8).

Injecting use of the primary substance is more common among opioids users than among stimulants users. Moreover, in recent years, a decline in stimulant injecting has been observed, and reports indicate that methamphetamine is increasingly being smoked.

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

FIGURE 7

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

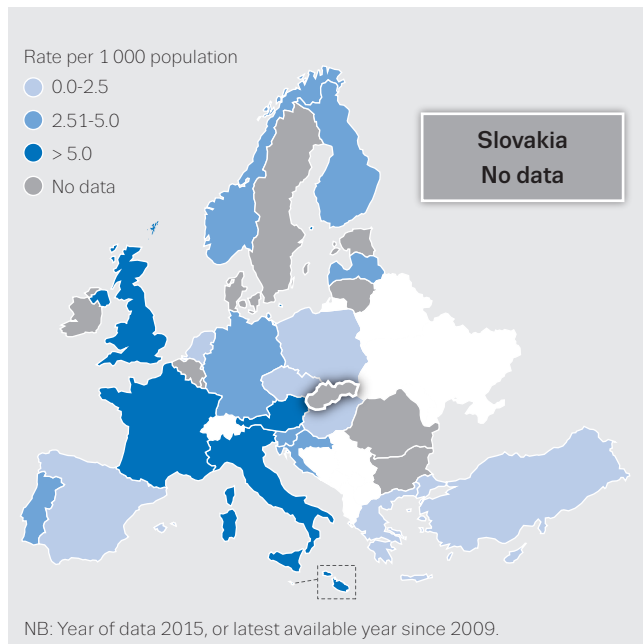
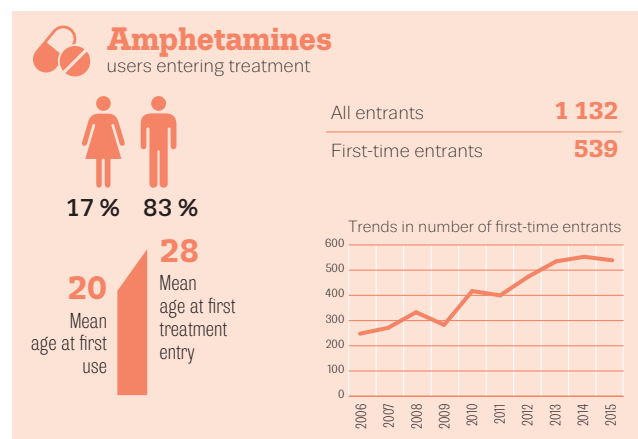
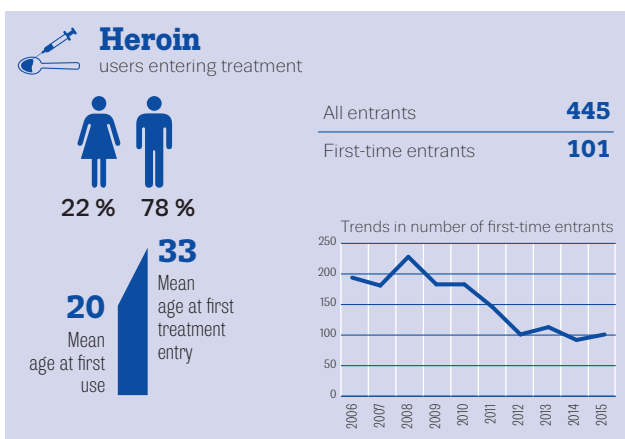
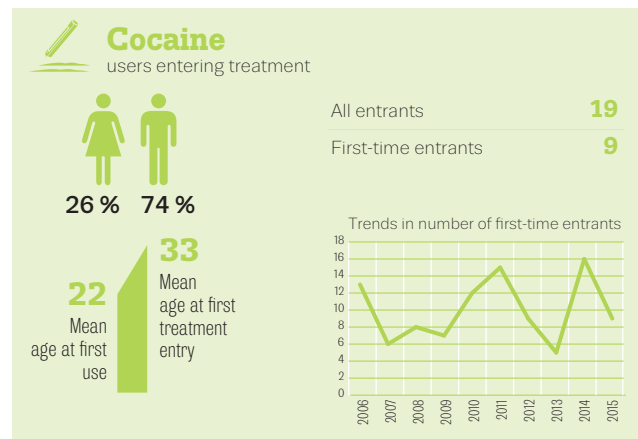
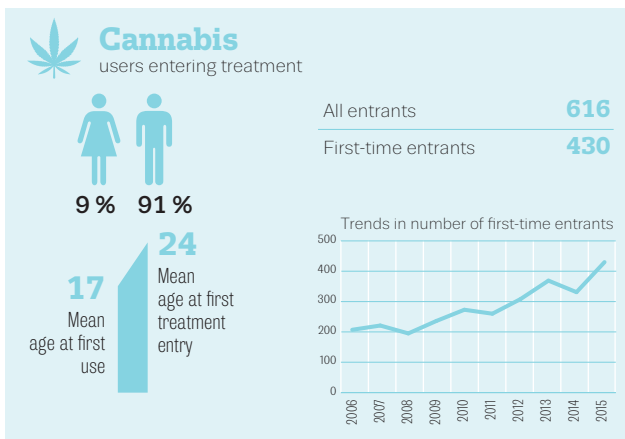


FIGURE 8

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



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

Available data on 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 2015, three HIV-positive PWID were reported (Figure 9).

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 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 2015 almost 6 out of 10 clients tested positive for HCV (Figure 10). HCV is more common among those who have been injecting 10 years or more. In 2015, a study in Bratislava found that around 2 out of 10 new treatment clients tested positive for hepatitis B virus (HBV — anti-hepatitis B core antibodies (anti-HBc)).

Drug-related emergencies

Routine data collection on drug-related emergencies in Slovakia has not yet been established. 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 National Toxicological Information Centre has participated in the European Drug Emergencies Network (Euro-DEN) project, which was established in 2013 to monitor drug acute toxicity in sentinel centres across Europe.

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

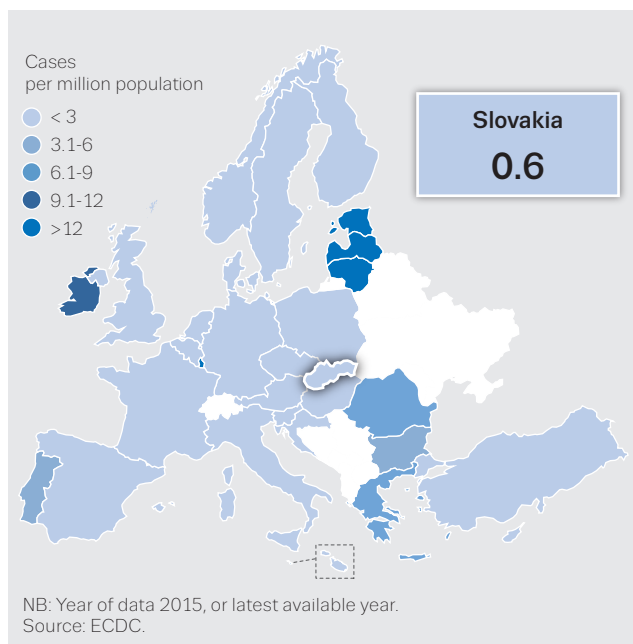
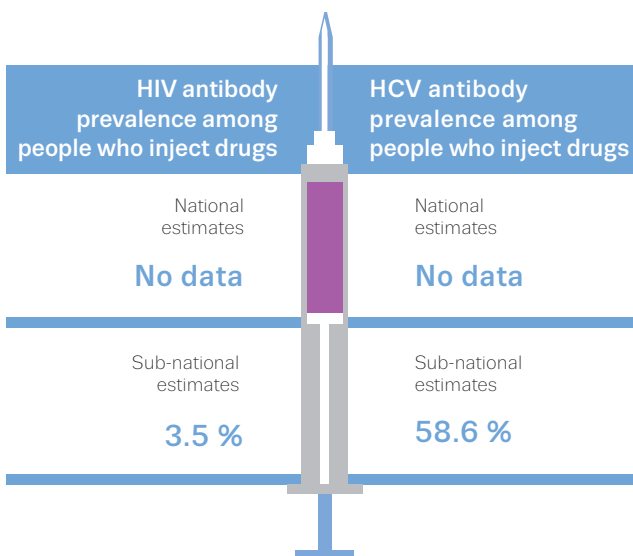


FIGURE 10

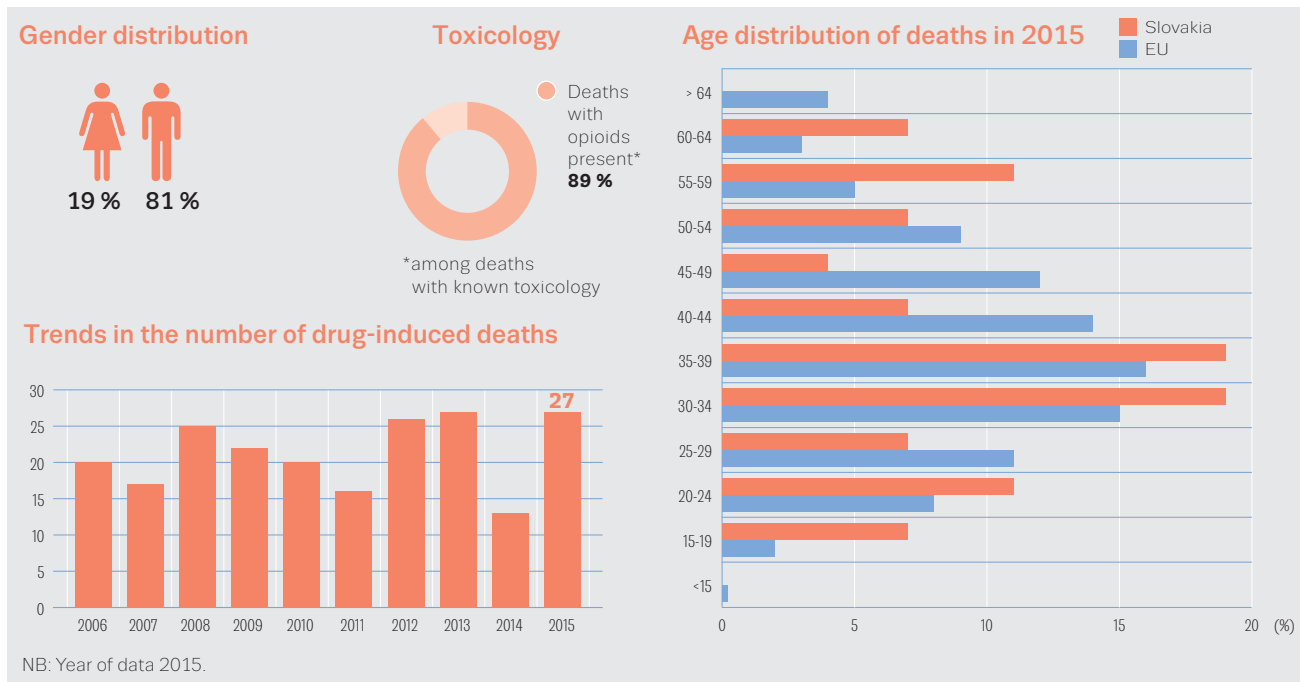
Prevalence of HIV and HCV antibodies among people who inject drugs in Slovakia



NB: Year of data 2015.

FIGURE 11

Characteristics of and trends in drug-induced deaths in Slovakia



Drug-induced deaths and mortality

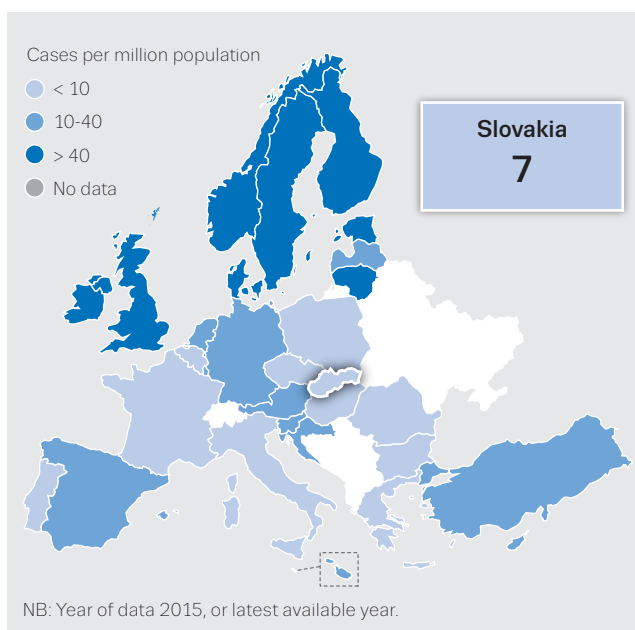
Drug-induced deaths refer to deaths directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

The number of drug-induced deaths reported in Slovakia has remained stable in recent years, with the exception of 2014, when the number of cases was half that reported in the preceding year. In 2015, all cases were toxicologically confirmed and approximately 9 of 10 drug-induced deaths were linked to opioids; more than half of these deaths were linked to pharmaceuticals. The majority of victims were males, and most of the deceased were 30 years old or older (Figure 11).

The drug-induced mortality rate among adults (aged 15-64 years) was 7 deaths per million in 2015 (Figure 12), which is lower than the most recent European average of 20.3 deaths per million.

FIGURE 12

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



Prevention

The National Anti-Drug Strategy for 2013-20 defines the main objectives and framework for drug prevention, which puts an emphasis on the enhancement of quality and improvement of the effectiveness of prevention activities, with particular focus on addressing risk factors leading to the initiation of substance use. Prevention is embedded in activities of numerous institutions representing educational, 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 drug 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 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.

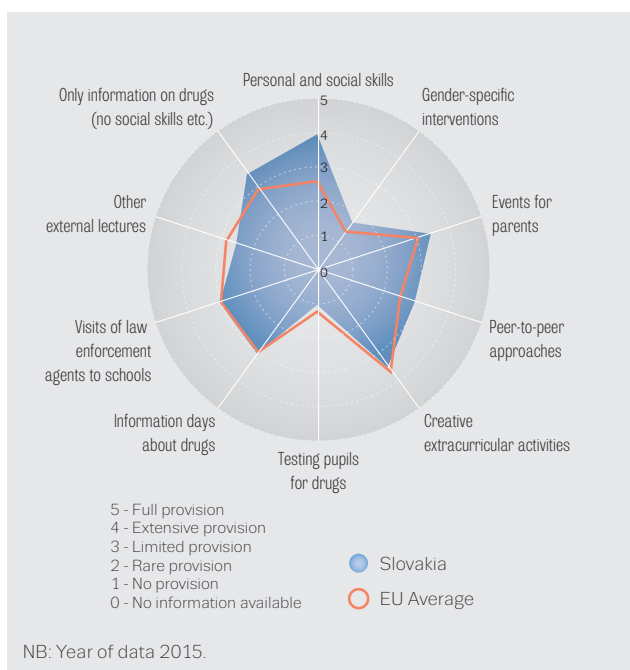
Educational and Psychological Counselling and Prevention Centres also provide prevention interventions, which focus on elementary school pupils and other young people. Primary and secondary schools have a drug prevention coordinator, who is usually a school psychologist or a teacher, who are part of a country-wide network, although integrated training or education programmes are rare (Figure 13).

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 also provided for families with drug dependence problems and for disruptive children in school settings.

FIGURE 13

Provision of interventions in schools in Slovakia (expert ratings)



Harm reduction

The Slovak National Anti-Drug Strategy for 2013-20 endorses the provision of effective risk reduction measures for people who use drugs. Four NGOs operate harm reduction programmes in five towns (Bratislava, Sered, Nitra, Trnava, Košice) and, in addition to the dedicated NGOs providing harm reduction services, three public drug treatment centres (in Bratislava, Banská Bystrica and Košice) 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.

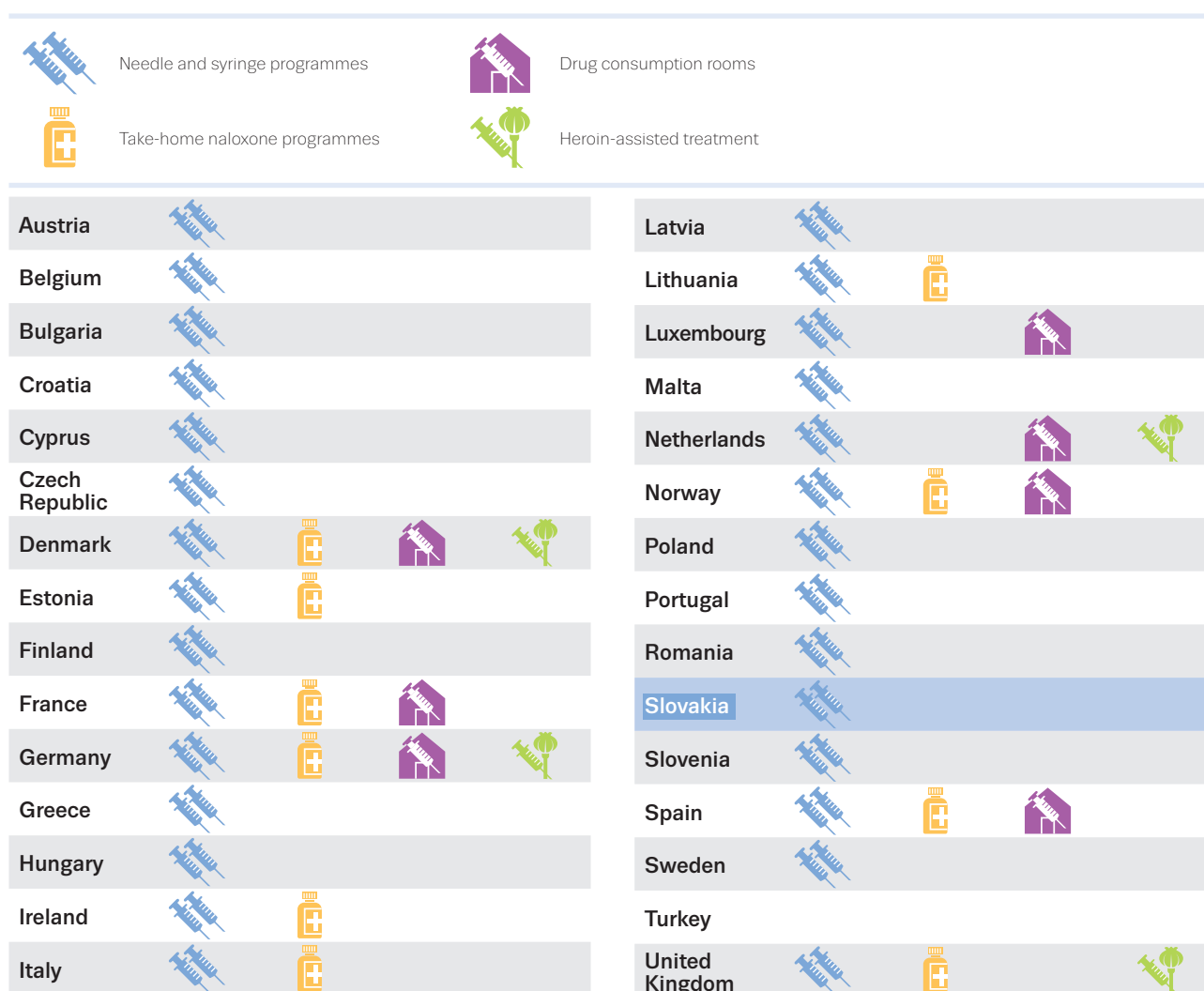
Harm reduction interventions

Harm reduction programmes, provided through fixed sites or by mobile outreach, primarily serve PWID; however, other high-risk groups, such as sex workers or 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 (Figure 14).

According to the most recent data, following a two-year decrease in the number of needles and syringes distributed by the NGO programmes, some increase in distributed syringes was reported in 2015. Methamphetamine (pervitin) users remain the majority of harm reduction services' clients; the proportion of clients who inject heroin has been declining over the years.

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

The syringe coverage provided by specialised harm reduction services is limited — only one fifth of the estimated number 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.

Methamphetamine (pervitin) users remain the majority of harm reduction services' clients; the syringe coverage provided by specialised harm reduction services is limited

Treatment

The treatment system

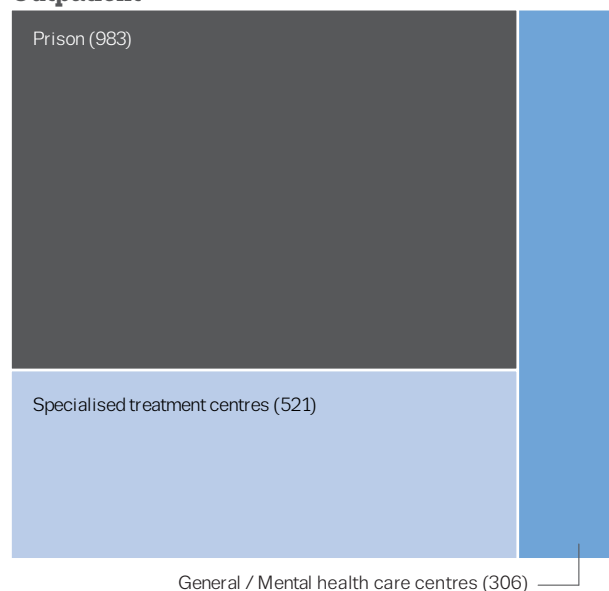
The current national drug strategy puts an emphasis on (i) the expansion of the availability and affordability of drug treatment; and (ii) the provision of effective and diversified nationwide treatment, with special focus on polydrug users and those suffering from mental and/or physical comorbidity. Implementation of drug treatment is the responsibility of the Ministry of Health, while the Ministry of Justice plays a role in the provision of treatment in prisons; however, the Ministry of Social 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.

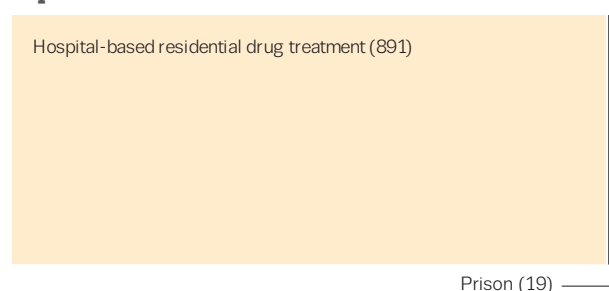
FIGURE 15

Drug treatment in Slovakia: settings and number treated

Outpatient



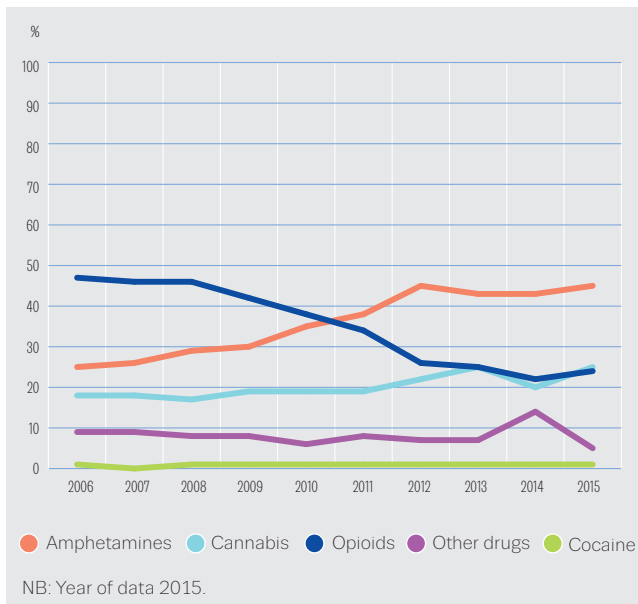
Inpatient



NB: Year of data 2015.

FIGURE 16

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



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 outpatient clinics, and outpatient units of psychiatric hospitals. Inpatient drug treatment is provided by the specialised wards in psychiatric hospitals, Centres for the Treatment of Drug Dependencies or psychiatric wards at 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 variable degrees by clients.

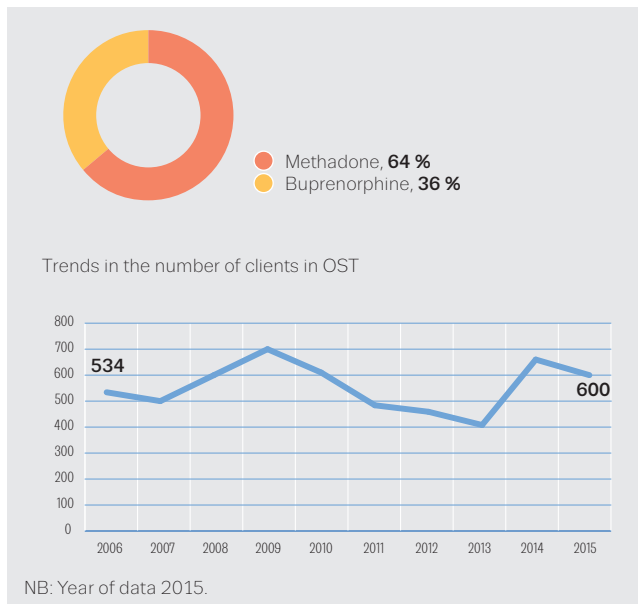
The Centres for the Treatment of Drug Dependencies are the main providers of all types of specialised drug treatment, while the mental outpatient clinics — available nationwide — offer outpatient diagnostic services, detoxification and long-term opioid substitution treatment (OST). In general, there is continuity between these two forms of the 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 NGOs 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 buprenorphine since 1999; the buprenorphine/naloxone combination was introduced in 2008. Methadone maintenance

FIGURE 17

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



treatment dominates in the Centres for the Treatment of Drug Dependencies, while buprenorphine-based medication is provided on prescription by psychiatrists with a drug dependence treatment licence in outpatient psychiatric clinics.

Treatment provision

In 2015, a total of 2 720 people entered treatment, which is an increase from 2014, and most of them were treated in outpatient settings (Figure 15).

More than 4 out of 10 new treatment clients cited stimulants as their primary substance of use, mainly methamphetamine. Many clients entering treatment for the use of methamphetamine were polydrug users, the majority of whom frequently combining the use of methamphetamines with cannabis, alcohol and sometimes with heroin. In 2015, the proportions of clients entering treatment who reported primary cannabis use and primary opioid use were similar. In general, the long-term trend indicates a reduction in opioid-related treatment entries in Slovakia, while cannabis-related treatment entrants have been increasing steadily in the past decade (Figure 16).

There is no complete reporting mechanism covering all OST providers and the prescription of both medications. It is estimated that 600 clients received OST in 2015.

Drug use and responses in prison

In 2015, one out of five prisoners in Slovakia had drug use-related health problems. Around 2 000 prisoners were screened for illicit substance use through saliva and urine tests. Overall, 3 out of 10 prisoners tested positive for illicit substances. The most frequently identified illicit drugs were cannabis, opioids and amphetamines; a large proportion of prisoners also tested positive for benzodiazepines.

With regard to drug-related infectious diseases, screening in 2015 revealed that around 14 % prisoners were positive for HBV, while 2 % tested positive HCV and 0.3 % for HIV; in all cases the proportions of prisoners testing positive were lower than in 2014.

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 regional offices of the Public Health Authority, health insurance companies, the Social Insurance Agency and inspection bodies of the Ministry of Justice. Voluntary and mandatory drug treatment is available in Slovakian prisons. Group psychotherapy represents 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 medical examination, which include tests for blood-borne infectious diseases.

**Overall, 3 out of 10
prisoners tested positive
for illicit substances in 2015**

Quality assurance

The current national drug strategy supports the use and exchange of the best practices and 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 founding procedure of services. The quality of drug-related inpatient care has been determined by the framework standards drawn up 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, 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.

The quality of drug-related inpatient care has been determined by the framework standards drawn up by the Ministry of Health and the chief expert of the Slovak Republic in the field of psychiatry

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 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) allocated the majority of its annual state budget and EMCDDA grant to different studies. The main areas of research interest to the NFP are 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; NPS: identification of substances and metabolites; health effects (hospital emergencies); trafficking/ways of distribution; drug market; prices; and 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 drug 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.

Funds for research allocated from the state budget are limited and research is also supported by funding from the European Union

Drug markets

Supply from neighbouring countries plays an increasingly import role in the illicit drug market in Slovakia, though 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 of Vietnamese ethnic origin; and a role for these groups in domestic methamphetamine production and distribution activities has also increasingly been identified. Domestic methamphetamine production is reported to primarily take place in small 'kitchen-type' laboratories, using ephedrine or over-the-counter medicines containing pseudoephedrine. Beyond the supply of the domestic market, police data and information indicate that methamphetamine produced in Slovakia may also be intended for further distribution to Hungary. Heroin, originating from Afghanistan and trafficked via the Balkan route, reaches Slovakia typically facilitated by Albanian criminal groups, while distribution throughout the country may be carried out in cooperation with retail networks managed by criminal groups of the Roma community.

In 2015, nine 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 trains), although the use of courier services is increasing.

In 2015, herbal cannabis was involved in the majority of the reported seizures, followed by methamphetamine. However, quantities seized (notably of herbal cannabis) were lower than in 2014 (Figure 18).

The retail price and purity of the main illicit substances seized are shown in Figure 19. With regard to the retail price and purity of methamphetamine in Slovakia, the available data indicate that the mean purity was 63.8 % and that the mean price was EUR 63/g in 2015.

FIGURE 18

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

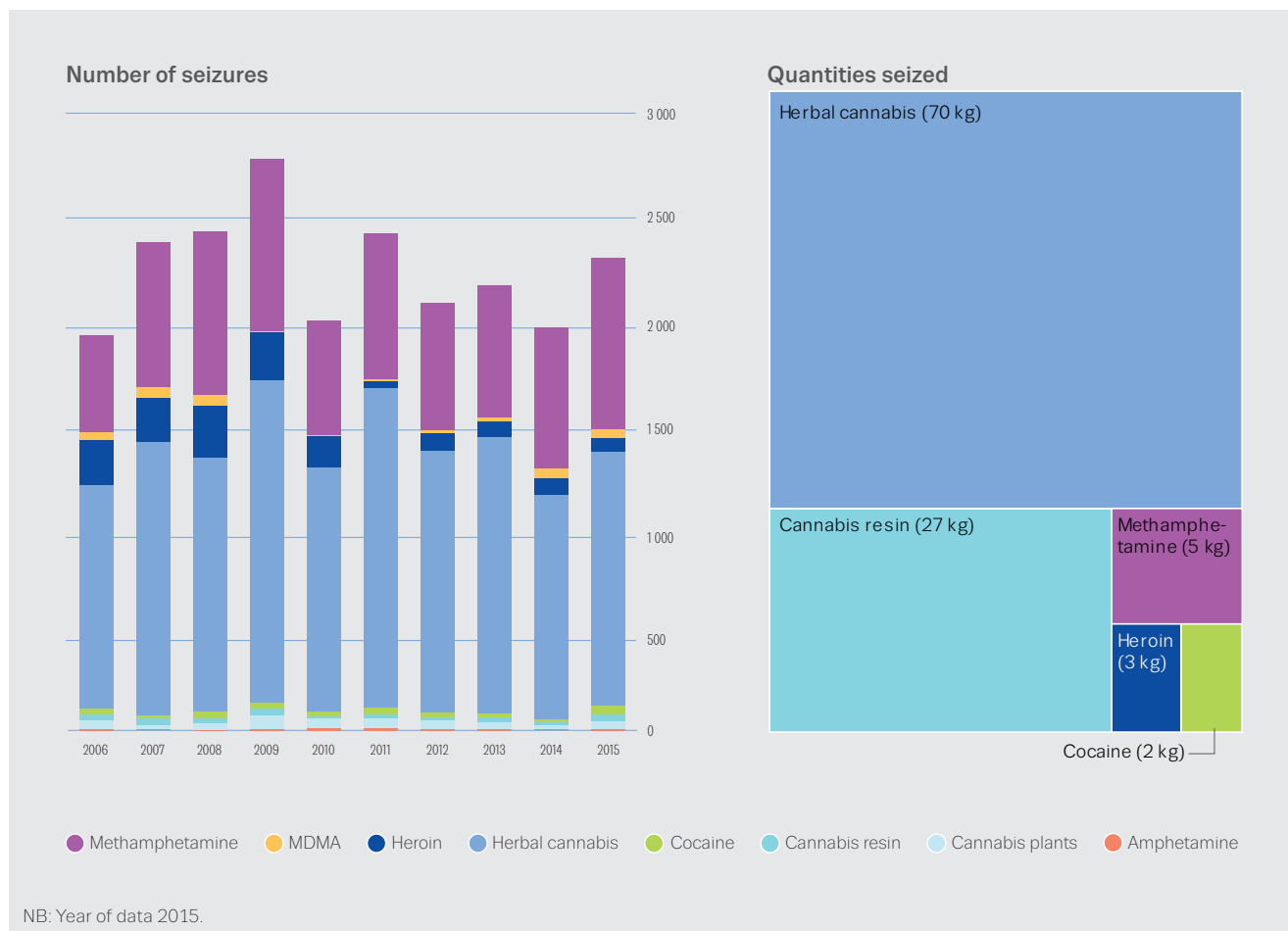
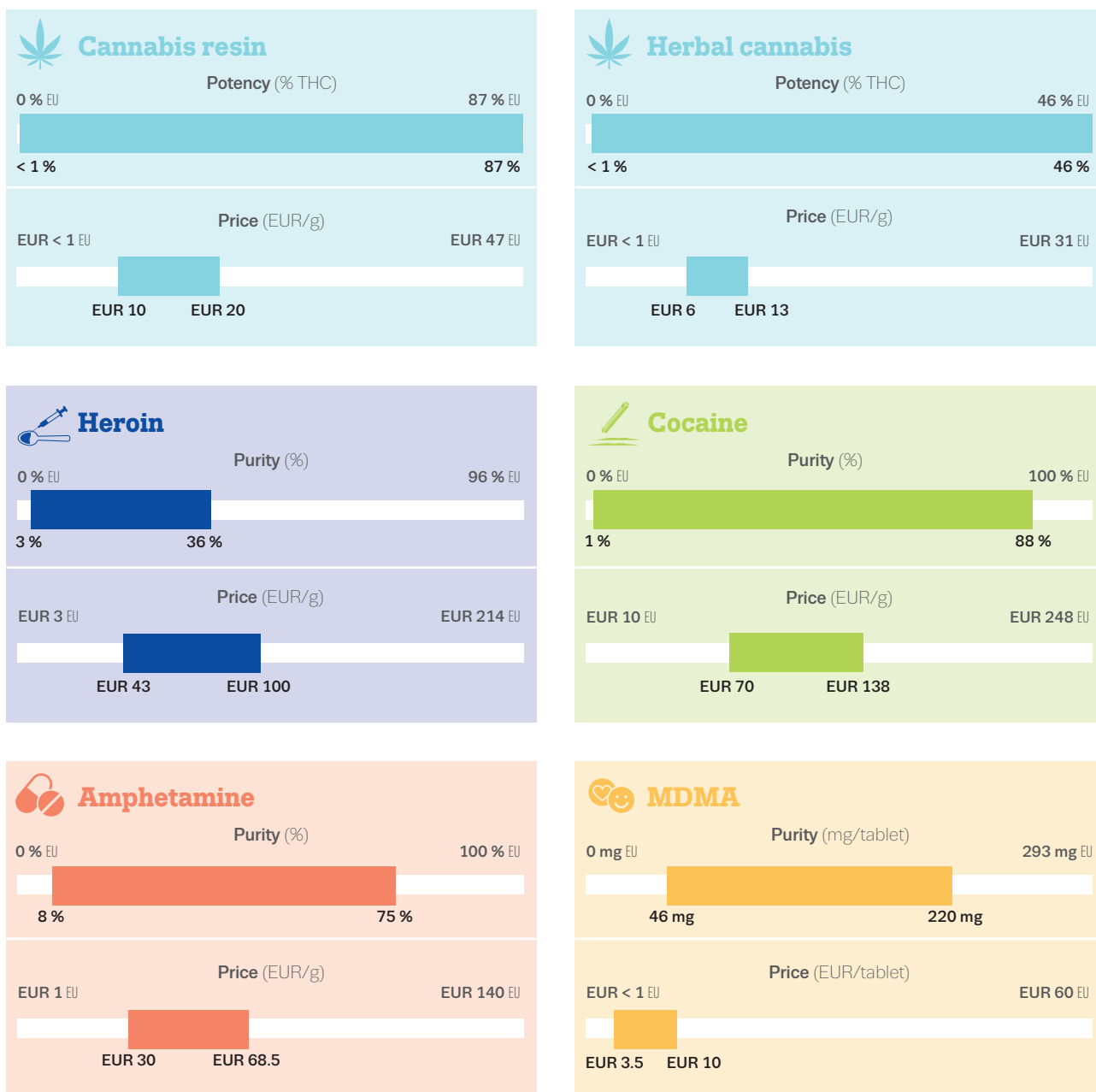


FIGURE 19

Price and potency/purity ranges of illicit drugs reported in Slovakia



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

The Slovakian law enforcement agencies focus their activities on the prevention and counteracting of cross-border trafficking of illicit drugs and precursors, in both physical and on-line markets. In addition, the country has been cooperating with international teams and operations to dismantle international organised crime groups.

KEY DRUG STATISTICS FOR SLOVAKIA

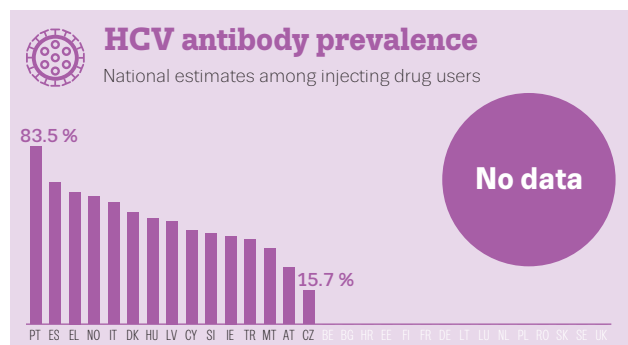
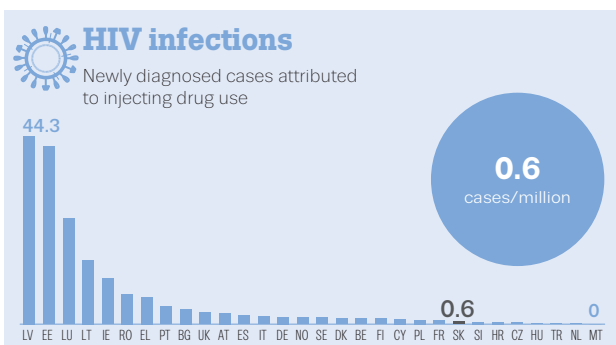
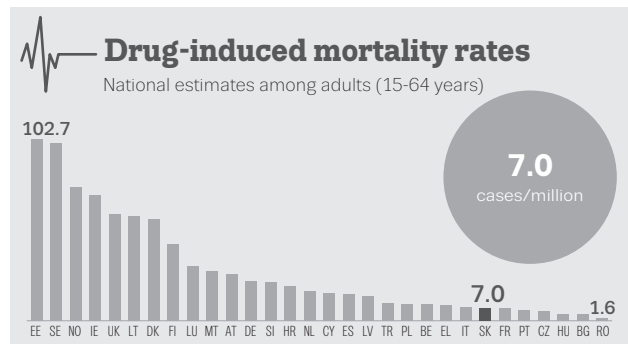
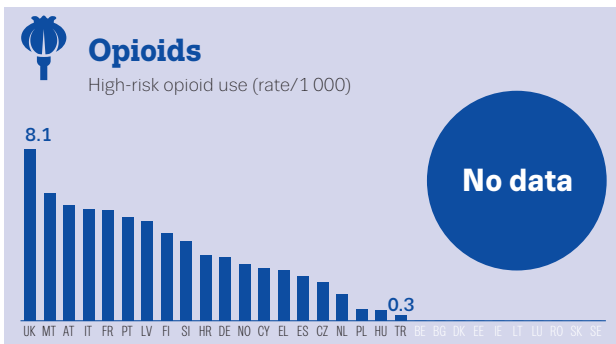
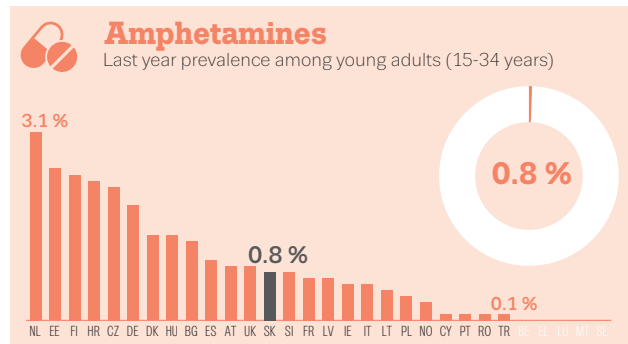
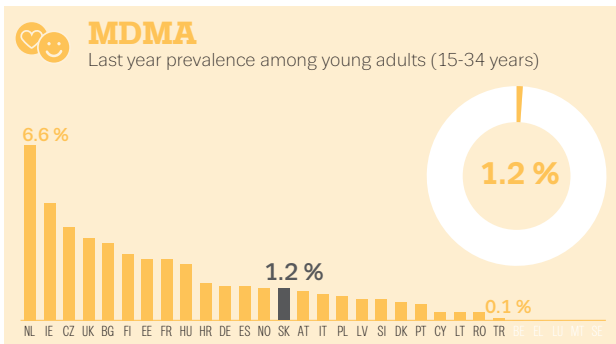
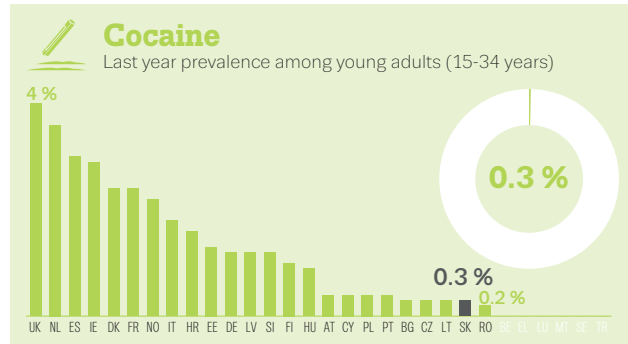
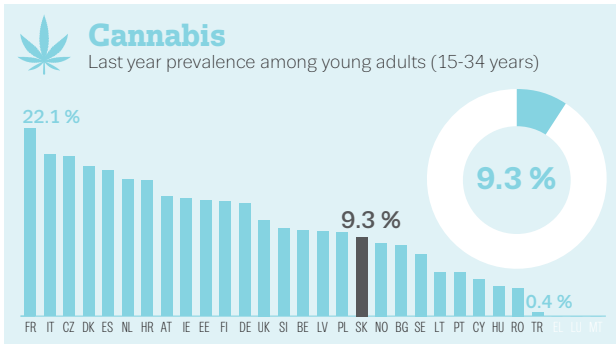
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	26.3	6.5	36.8
Last year prevalence of use — young adults (%)	2015	9.3	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	4.3	0.3	11.1
All treatment entrants (%)	2015	25	3	71
First-time treatment entrants (%)	2015	36	8	79
Quantity of herbal cannabis seized (kg)	2015	69.8	4	45 816
Number of herbal cannabis seizures	2015	1 204	106	156 984
Quantity of cannabis resin seized (kg)	2015	27.1	1	380 361
Number of cannabis resin seizures	2015	33	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.1-46	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	0.5-87.4	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	6-13	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	10-20	0.9	46.6
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
Last year prevalence of drug use — all adults (%)	2015	0.1	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	1	0	40
Quantity of cocaine seized (kg)	2015	2.3	2	21 621
Number of cocaine seizures	2015	42	16	38 273
Purity (%) (minimum and maximum values registered)	2015	0.6-87.6	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	70-137.5	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1	0.8	6.5
Last year prevalence of use — young adults (%)	2015	0.8	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	0.4	0	1.6
All treatment entrants (%)	2015	45	0	70
First-time treatment entrants (%)	2015	45	0	75
Quantity of amphetamine seized (kg)	2015	0	0	3 796
Number of amphetamine seizures	2015	5	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	8.3-74.6	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	30-67.5	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
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	6.6
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	1 460	54	5 673 901
Number of MDMA seizures	2015	40	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	46.2-219.5	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	3.5-10	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	24	4	93
First-time treatment entrants (%)	2015	15	2	87
Quantity of heroin seized (kg)	2015	3	0	8 294
Number of heroin seizures	2015	63	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	2.6-35.6	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	43-100	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	0.6	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	7	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	347 162	164	12 314 781
Clients in substitution treatment	2015	600	252	168 840
Treatment demand				
All clients	2015	2 720	282	124 234
First-time clients	2015	1 289	24	40 390
Drug law offences				
Number of reports of offences	2015	969	472	411 157
Offences for use/possession	2015	416	359	390 843

* PWID — People who inject drugs.

EU Dashboard



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.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



NMCD

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.

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