European Monitoring Centre for Drugs and Drug Addiction

Slovakia

Slovakia Country Drug Report 2019

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 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

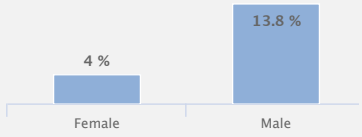
THE DRUG PROBLEM IN SLOVAKIA AT A GLANCE

Drug use

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

Cannabis

9.3 %

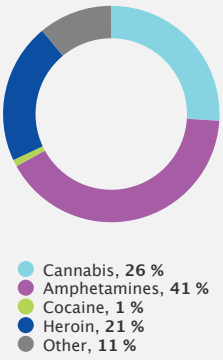


Other drugs

MDMA	1.2 %
Amphetamines	0.8 %
Cocaine	0.3 %

All treatment entrants

by primary drug



Opioid substitution treatment clients

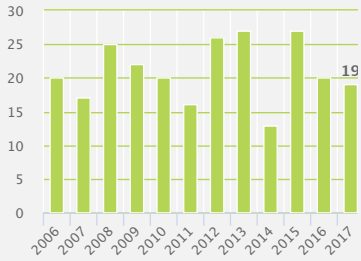
620

Syringes distributed

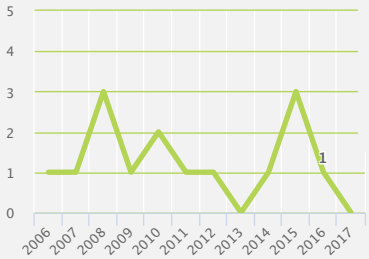
through specialised programmes

395 877

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

1 692

Top 5 drugs seized

ranked according to quantities meas
kilograms

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

Population

(15-64 years)

3 780 456

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, 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. Methamphetamine is the m
frequently used high risk drug in Slovakia, and it is the second most prevalent stimulant.

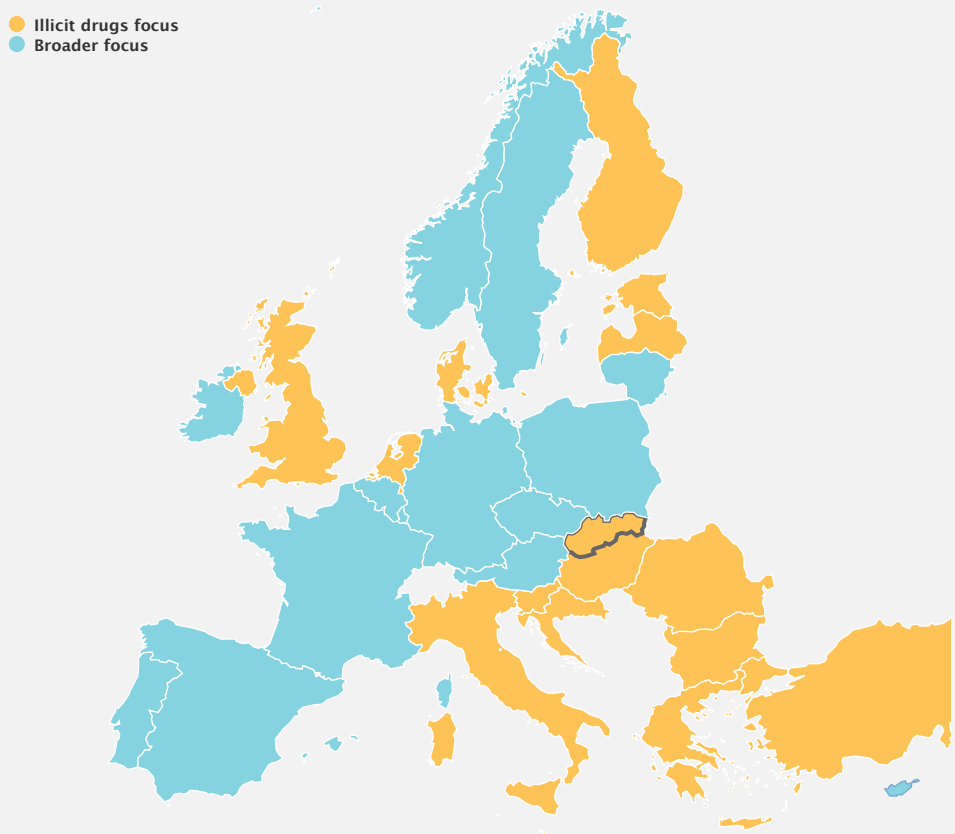
National drug strategy and coordination

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 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. The strategy is being implemented through two consecutive action plans covering 2013-16 and 2017-20 that define the measures being implemented by key stakeholders.

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



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

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 drug strategy. The Department is the responsibility of the State Secretary 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, established pursuant to the Act No 583/2008 Coll. on Prevention of Criminality (constituting the Government Council for 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. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget (‘labelled’). Often, however, most drug-related expenditure is not identified (‘unlabelled’) and must be estimated using modelling approaches.

In Slovakia, neither the National Anti-Drug Strategy 2013-20 nor the two consecutive Action Plans have associated budgets. Global estimates of the total expenditures are not made on a regular basis, although partial data from the central government are compiled. In 2017, labelled expenditure by the central government amounted to EUR 660 600 for drug-related health and EUR 123 000 for drug policy coordination.

The last estimate of total drug-related public expenditure in Slovakia is from 2006. At this time, it amounted to 0.05 % of the gross domestic product.

Drug laws and drug law offences

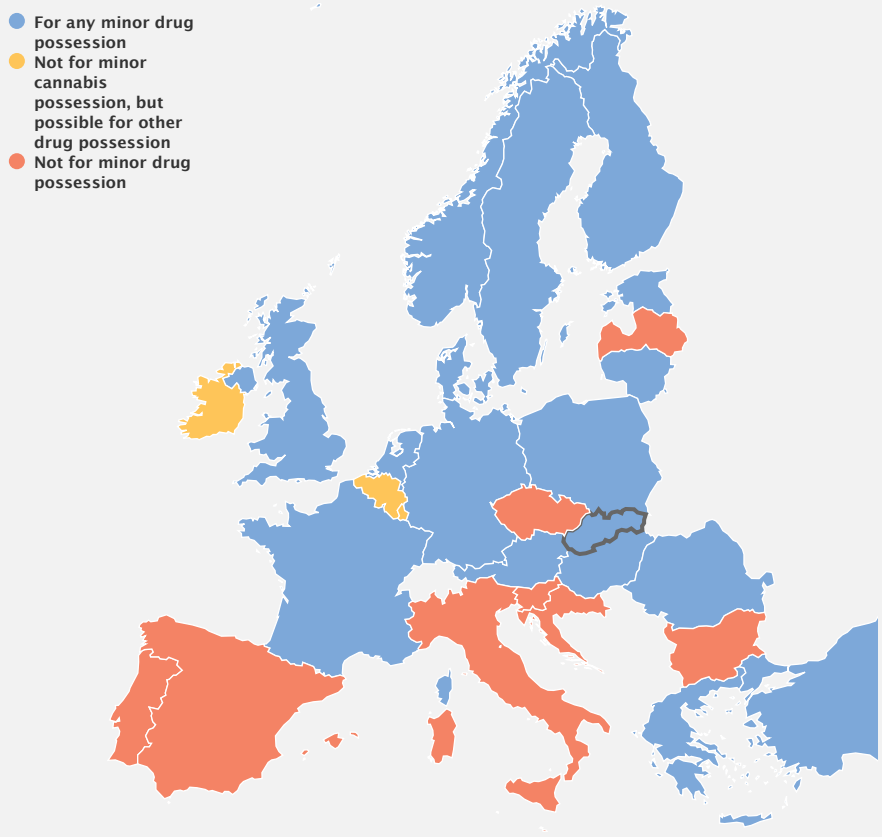
National drug laws

Section 171 of the Penal Code establishes the punishment for unauthorised possession for personal use: up to 3 years' imprisonment for personal possession of an amount corresponding to three times the usual single dose for personal use, and up to 5 years' imprisonment for personal possession of an amount corresponding to up to 10 times the usual single dose for personal use. Penalties such as home imprisonment and community service may apply, while sentences of immediate imprisonment remain available as the ultimate measure. Possession of any amount above 10 doses must be charged under Section 172. In 2013, the minimum sentence was reduced from 4 to 3 years to enable sentencing involving alternatives to prison.

Section 172 of the Penal Code lays down a penalty of 3-10 years' imprisonment for drug trafficking, supply or production. The penalty increases to a range of 10-15 years' imprisonment or 15-20 years, depending on the value involved and aggravating circumstances (such as a repeat offence or the 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 life.

With regard to the control of new psychoactive substances (NPS), from April 2013, Section 16a of the Drug Control Act, Act No 139/1998 Coll, established a list of hazardous substances. Since then, the supply and distribution of listed NPS can be restricted; an earlier time limit for these restrictions was removed in 2018.

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



NB: Data from 2017.

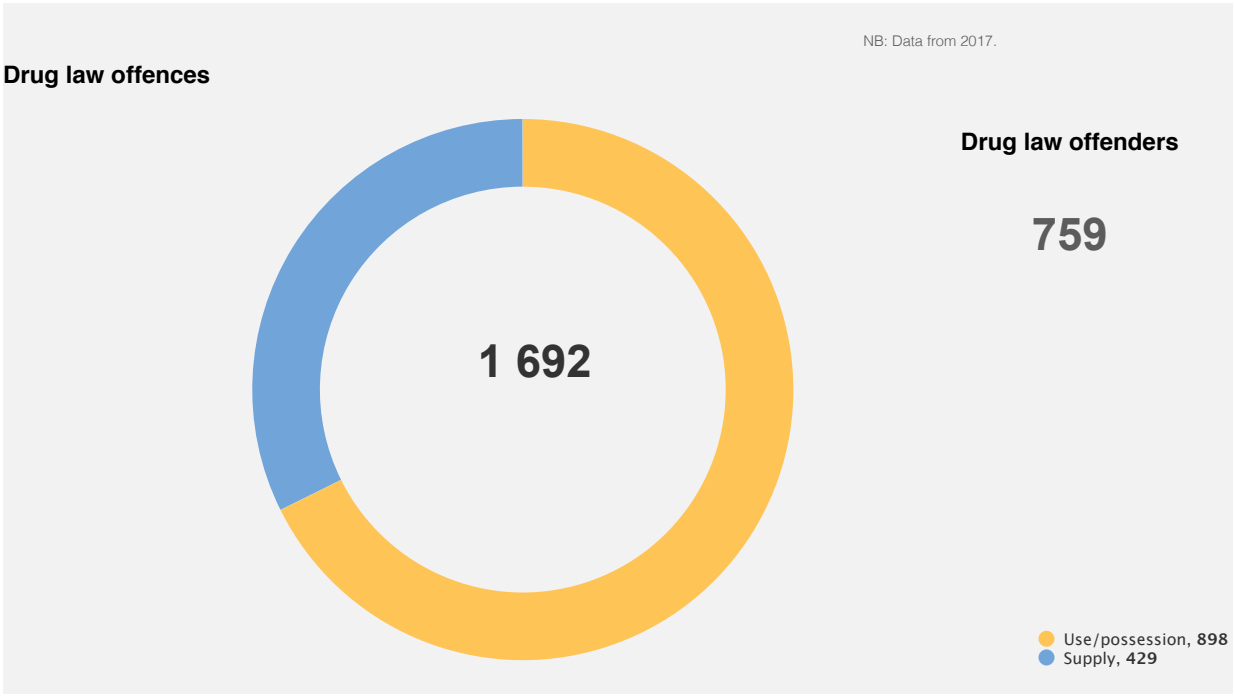
Drug law offences

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 2017, 1 692 DLOs were reported in Slovakia. The available data indicate that the majority of offences were related to

possession. That same year, a total of 829 people were sentenced for drug-related offences, a decrease compared with figures from the previous two years.

Reported drug law offences and offenders in Slovakia



Drug use

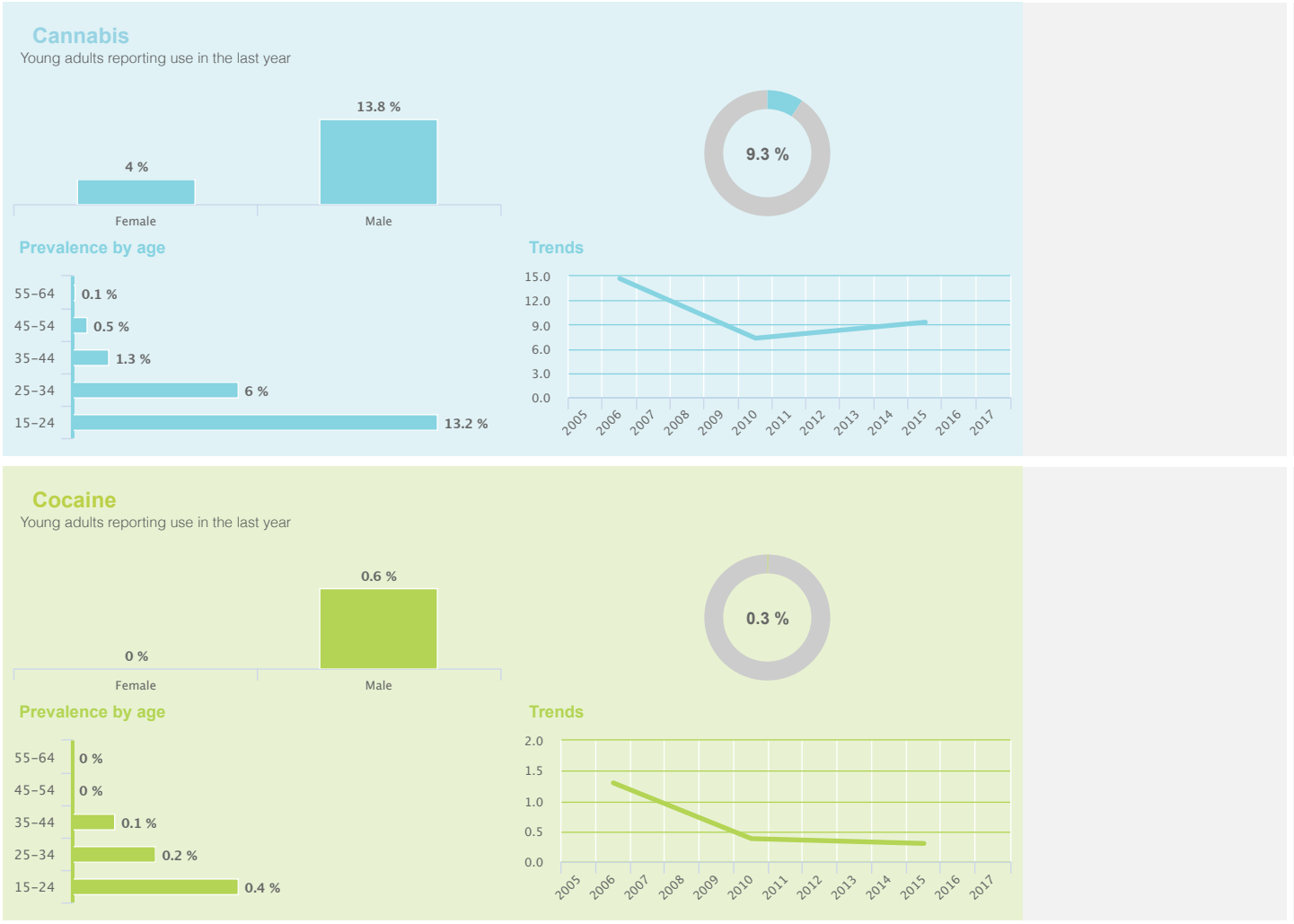
Prevalence and trends

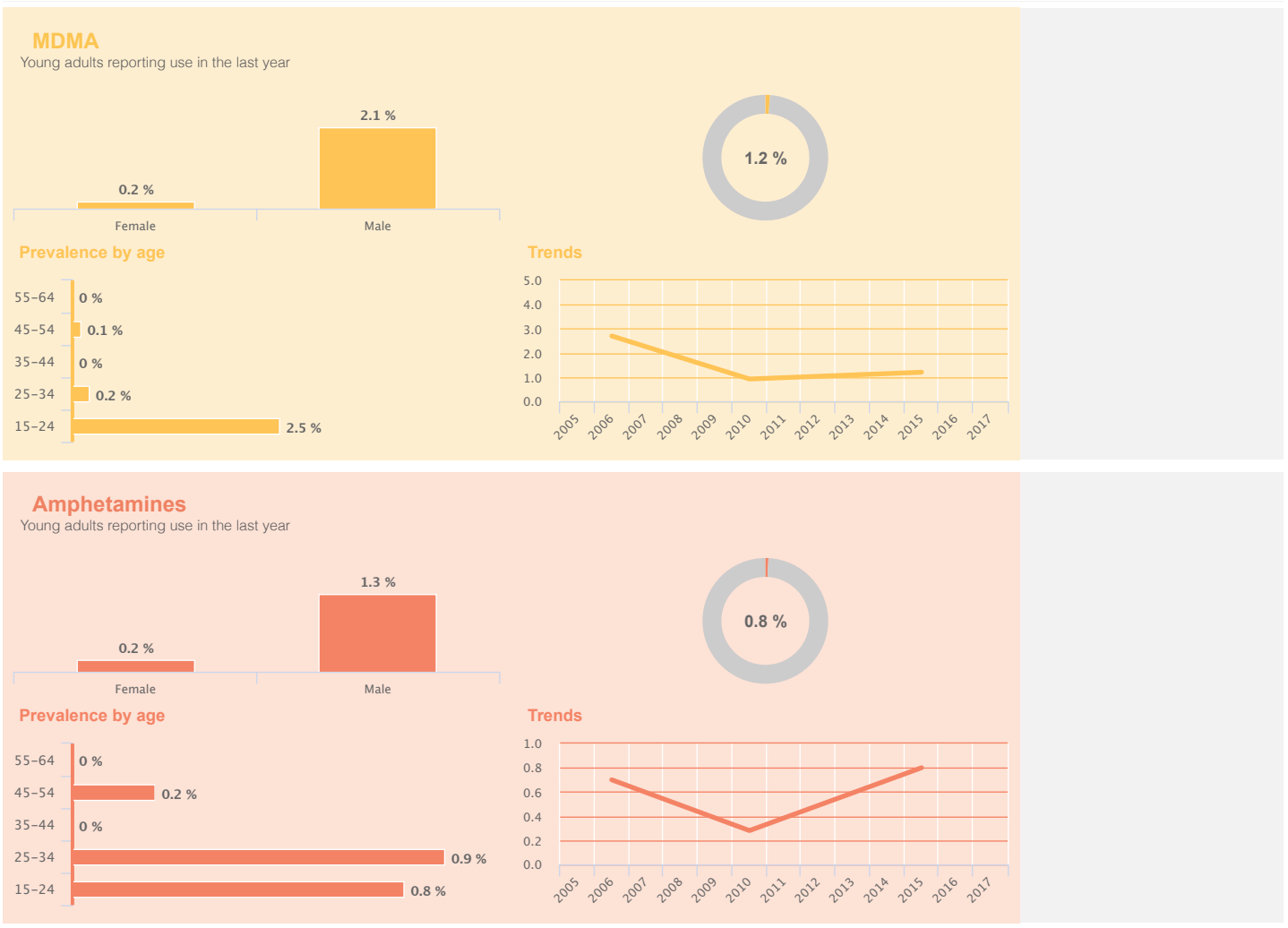
Cannabis remains the most common illicit substance used among the adult general population in Slovakia, and its use is concentrated among young people aged 15-34 years. A 2015 survey found that slightly less than one third of young people had tried cannabis during their lifetime, and approximately 1 in 10 had used cannabis during the last year. Last year prevalence of cannabis use almost halved between 2006 and 2010, while the 2015 survey indicated an increase in cannabis use among young adults.

MDMA/ecstasy is the main illicit stimulant used among the adult general population, and its use is most 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 lifetime use of any new psychoactive substance.

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 municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate a stable situation in regard to methamphetamine use in both cities between 2017 and 2018. Use of most stimulants appears to be more common in Bratislava than in Piestany, with recent increases in the levels of cocaine residue found when comparing 2017 with 2018. Moreover, the levels of MDMA and cocaine metabolites increase at weekends in both cities.

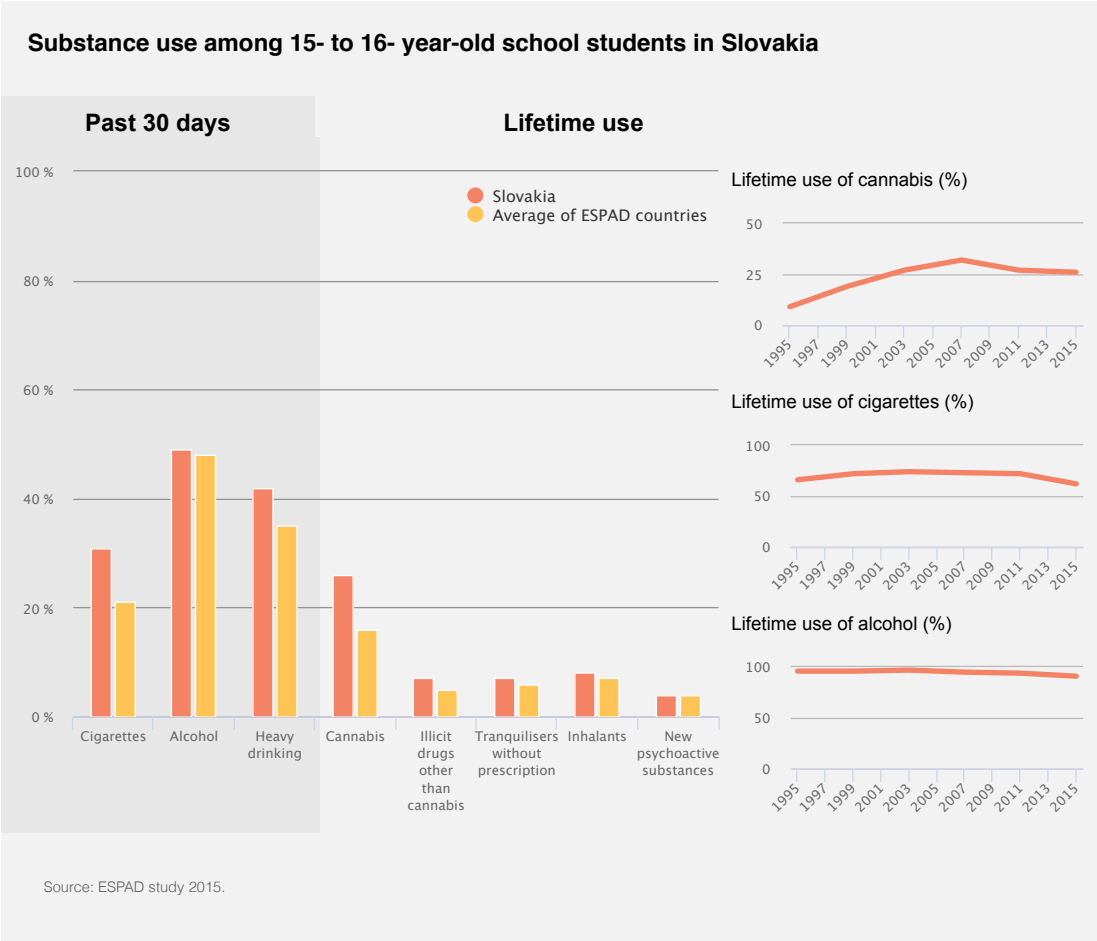
Estimates of last-year drug use among young adults (15-34 years) in Slovakia





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

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; it fell slightly in 2011 and has since stabilised, although 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 new psychoactive substances (NPS) was in line with the ESPAD average.



High-risk drug use and trends

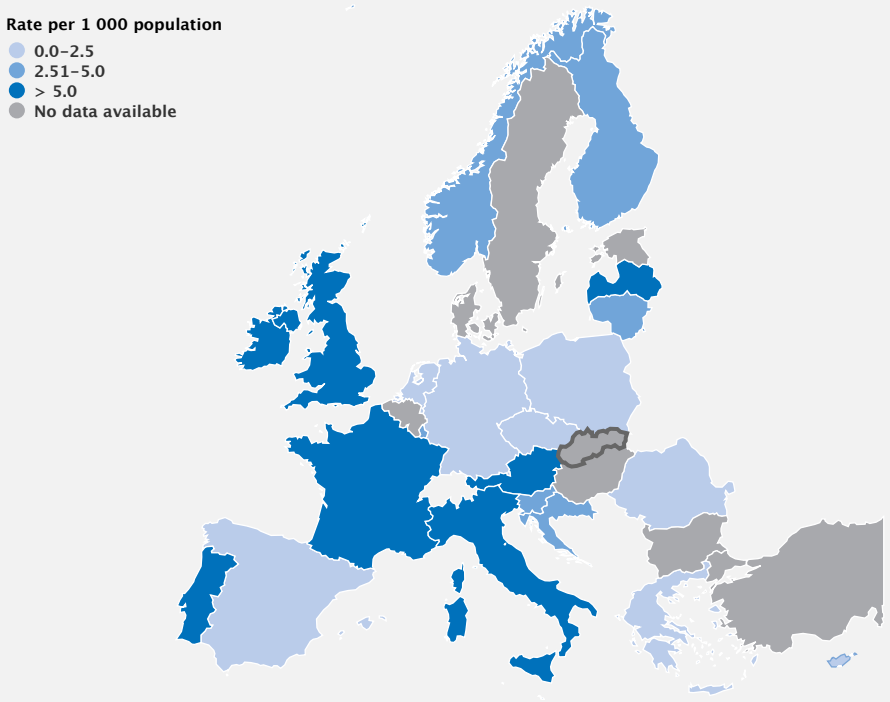
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk 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 and the number of methamphetamine (pervitin) users, based on the multiplier method applied to data from harm reduction agencies, is from 2008.

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) has risen since 2006, but it has remained rather stable in recent years. First-time treatment demands for primary cannabis use continue to increase, while the number of heroin users entering treatment for the first time has halved in the past decade. In recent years, a decline in stimulant injecting has been observed; reports indicate that methamphetamine is increasingly smoked.

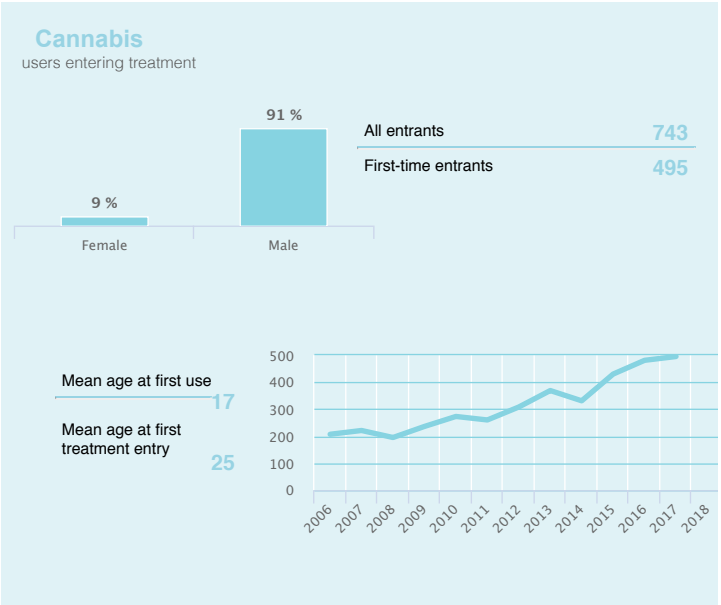
Overall, 2 out of 10 clients entering treatment are female, but the proportion of females in treatment varies by treatment type and by substance used.

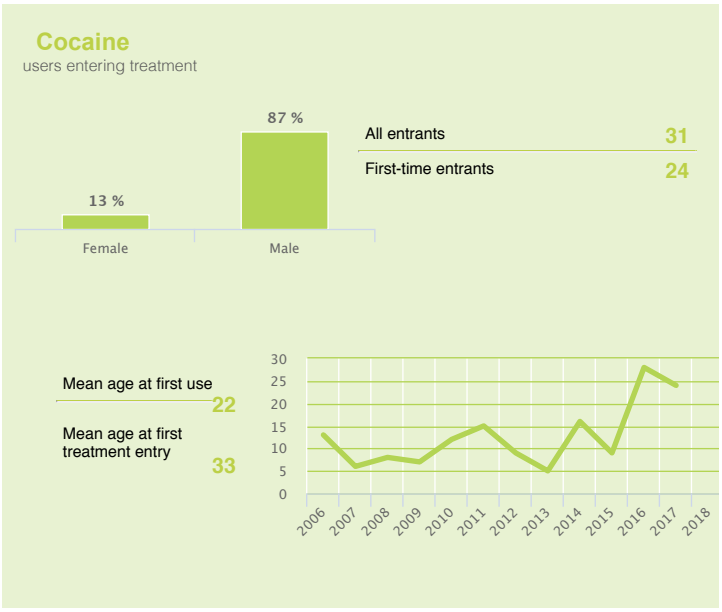
National estimates of last year prevalence of high-risk opioid use

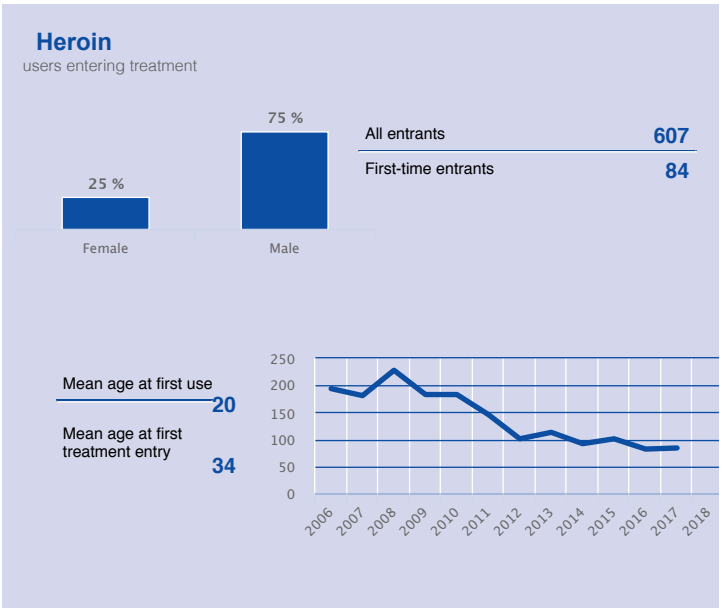


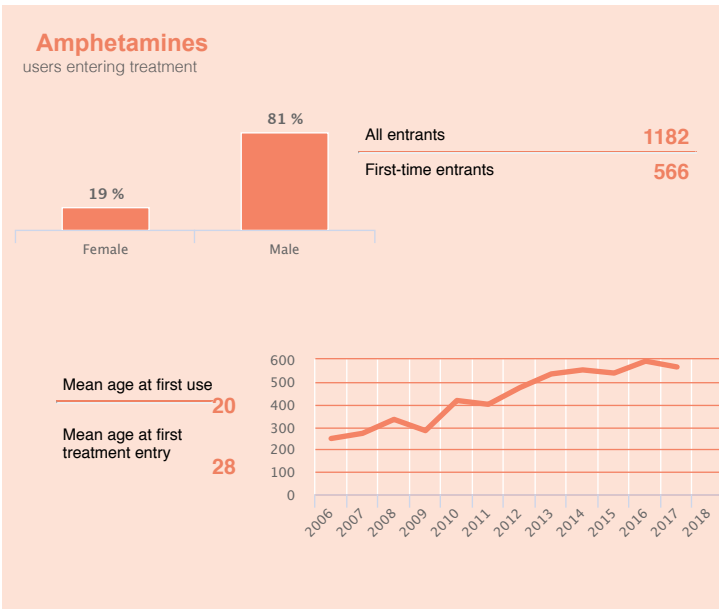
NB: Data from 2017, or the most recent year for which data are available.

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









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

Data from a drug treatment centre in Bratislava suggest that the prevalence of human immunodeficiency virus (HIV) among people who inject drugs (PWID) might be low in Slovakia. With regard to newly diagnosed cases of HIV infection, one case linked to drug injecting was reported in 2016 and none were reported in 2017.

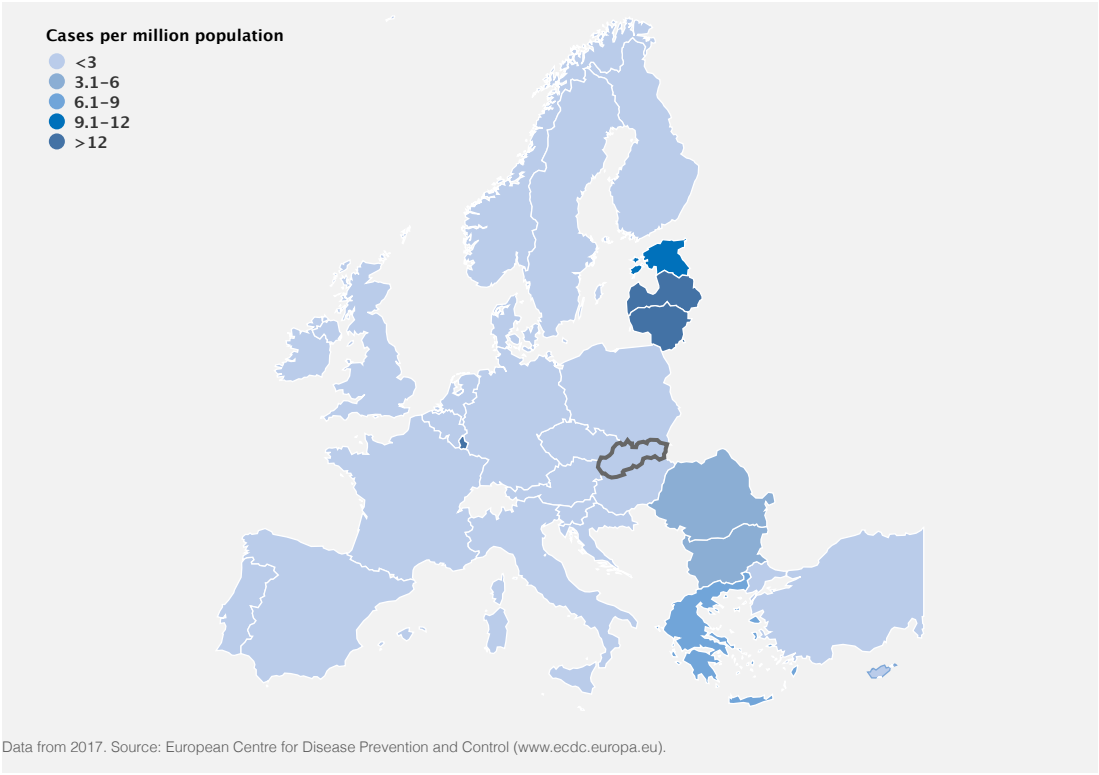
Prevalence of HIV and HCV antibodies among people who inject drugs in Slovakia (%)

	Region	HCV	HIV
	National	:	:
	Sub-national	42.3	0

Data from 2017.

Prevalence data from the Bratislava drug treatment centre in 2017 showed that 42 % of clients tested positive for hepatitis C virus (HCV) antibodies. The same source showed that 3.7 % of patients had a hepatitis B virus infection.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

In 2017, the National Toxicological Information Centre reported 117 cases of acute intoxication related to drugs. The substances most frequently attributed to the intoxication cases were amphetamine-type stimulants (including methamphetamine) and cannabinoids. Polydrug use was reported in one fifth of drug-related cases.

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.

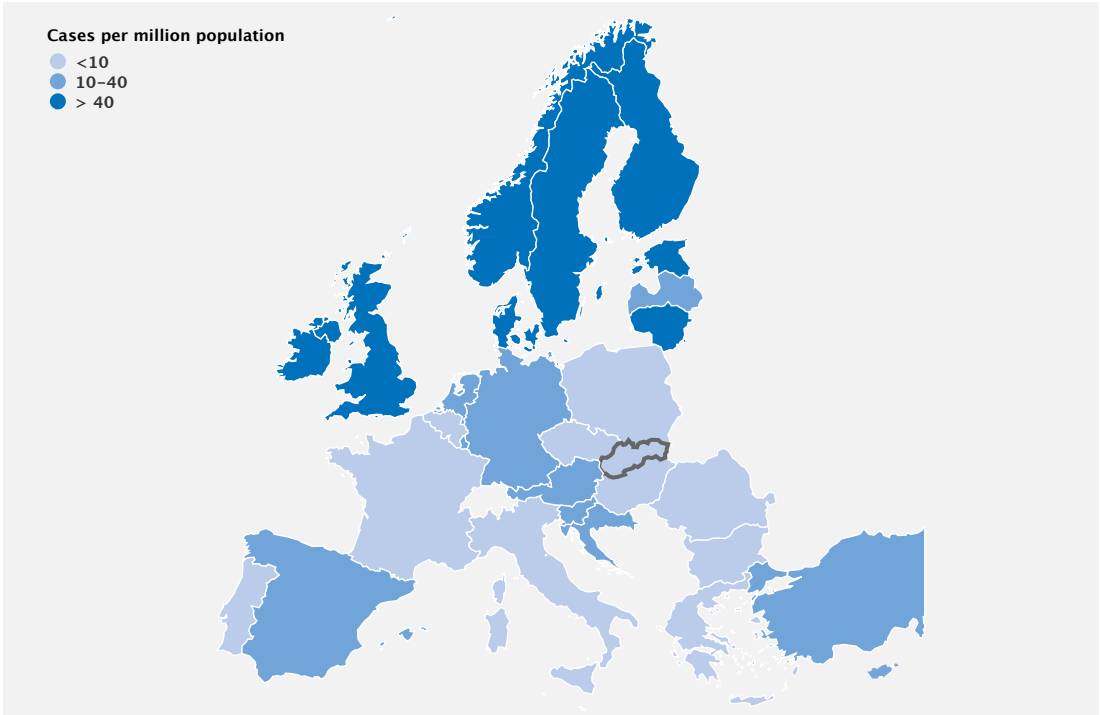
Drug-induced deaths and mortality

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 in Slovakia, reported by the Forensic Medicine Registry, fluctuated between 13 and 27 during 2012-17. In 2017, all cases were toxicologically confirmed. Of the 19 drug-induced deaths reported in 2017, 15 were linked to opioids, primarily tramadol, and four to amphetamine or methamphetamine. The majority of the deceased were male and were aged 30 years or older.

The drug-induced mortality rate among adults (aged 15-64 years) was almost five deaths per million in 2017, which is lower than the most recent European average of 22 deaths per million.

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

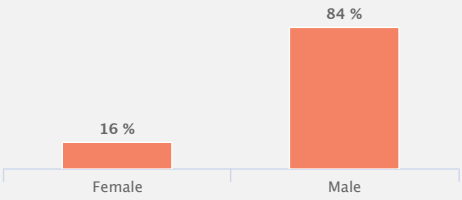


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

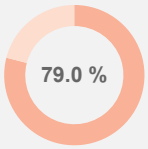
Characteristics of and trends in drug-induced deaths in Slovakia

NB: Year of

Gender distribution

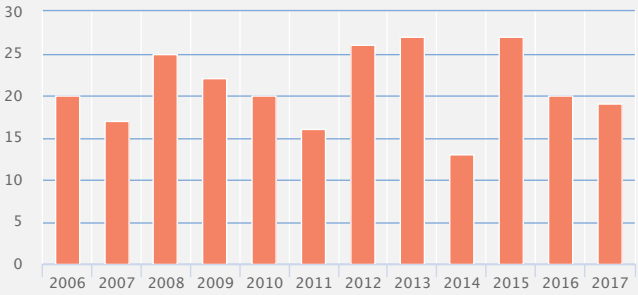


Toxicology

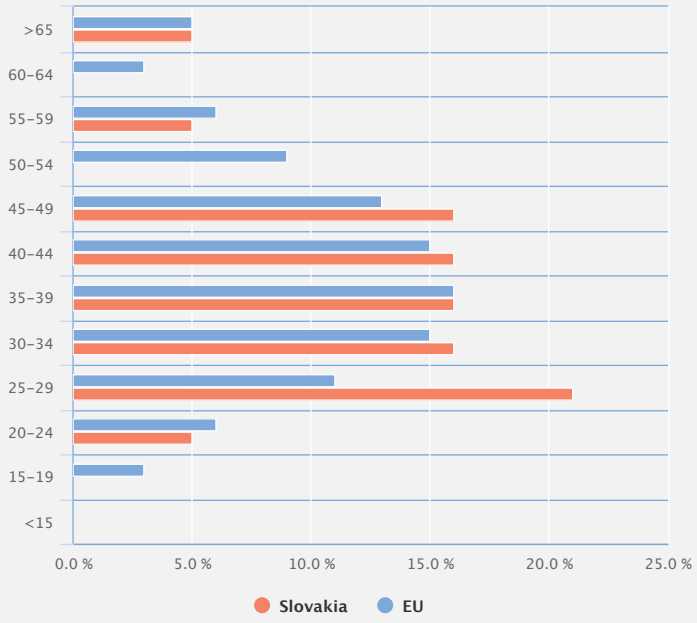


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

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, as they are co-financed by the Subsidies Scheme of the Ministry of Health, 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.

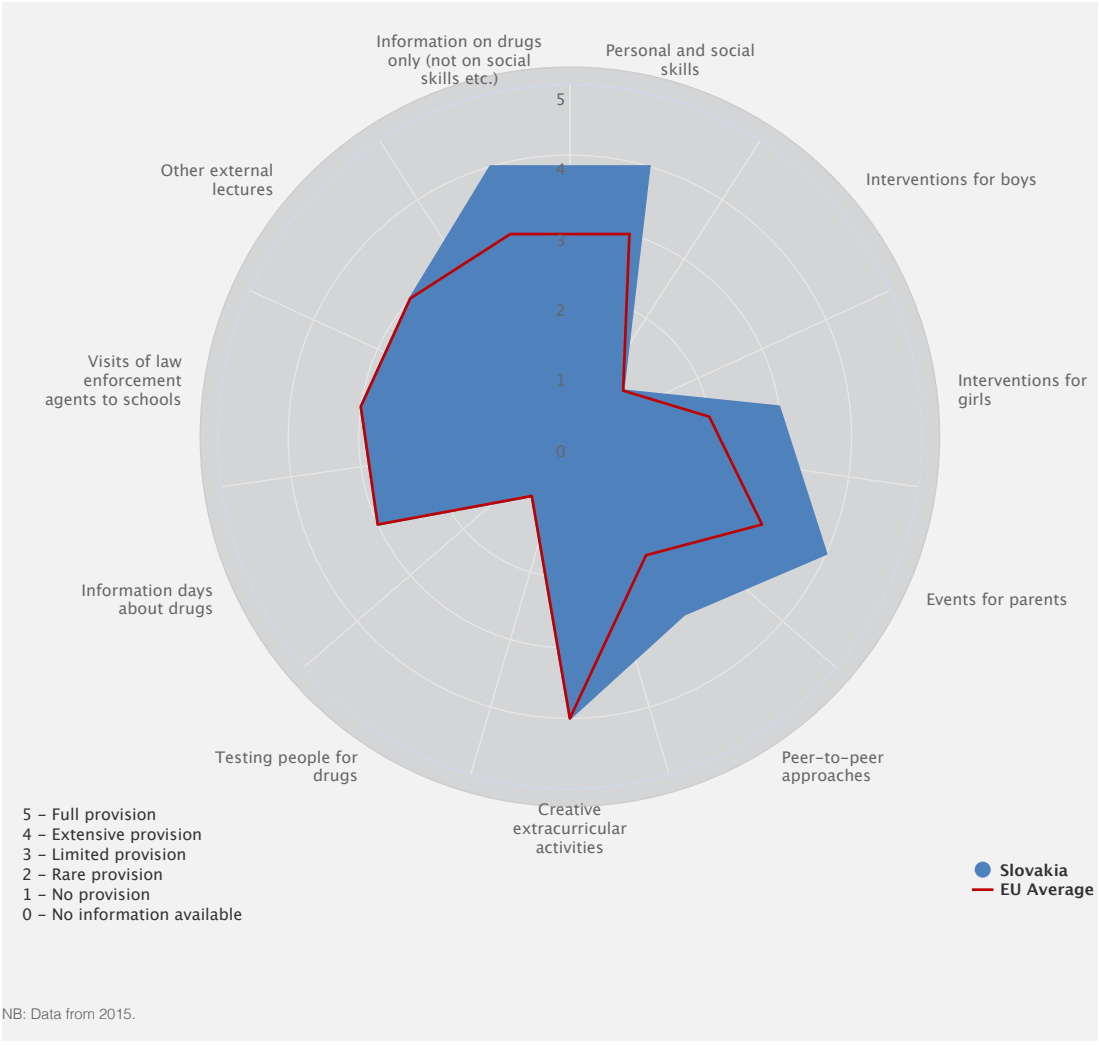
In Slovakia, environmental prevention strategies focus on controlling alcohol and tobacco use and on providing safe school environments.

Universal prevention programmes are mainly implemented in school settings under the responsibility of the Ministry of Education in close cooperation with other relevant ministries. Prevention activities in schools focus on alcohol, smoking, illicit drugs and risk behaviour. Some manual-based programmes are in place, including The Way to Emotional Maturity, a long-term national prevention programme for pupils aged 12-15 years, which develops and strengthens the psychological and social skills that can act as protective factors. All certificated and evidence-based programmes are available online and are accessible to registered users (teachers and school psychologists).

The Educational and Psychological Counselling and Prevention Centres (EPCPCs) provide qualified prevention interventions for the school population. School prevention coordinators in every school, and psychologists in some schools, cooperate closely with the EPCPCs. Community prevention programmes focus on recreational activities, such as summer camps and sports activities for young people and children. The website of the National Monitoring Centre for Drugs provides online information and consultation services.

Selective prevention interventions are organised by NGOs and health and social welfare services and target (i) children and young people in disadvantaged and Roma communities, (ii) marginalised families and (iii) young offenders. Recreational settings, such as festivals, are also targeted by selective prevention interventions. The EPCPCs provide counselling services to pupils with learning, personality, psychological or behavioural problems. With regard to indicated prevention, specialised psychological counselling is available to families with drug dependency problems and to disruptive children in school settings.

Provision of interventions in schools in Slovakia (expert ratings)



NB: Data from 2015.

Harm reduction

The Slovak National Anti-Drug Strategy 2013-20 endorses the provision of effective risk reduction measures for people who use drugs, emphasising measures that reduce overdose deaths and drug use-related infectious diseases, such as human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted infections and tuberculosis. Three non-governmental organisations (NGOs) operate eight harm reduction programmes in Bratislava, the capital city, and in three cities in western Slovakia (Sered', Nitra and Trnava). The NGO-run programmes are accredited by the Ministry of Labour, Social Affairs and Family. In addition, the Centre for Treatment of Drug Dependencies in Bratislava offers two low-threshold needle and syringe programmes.

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 these 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.

Data show that the number of needles and syringes distributed by harm reduction agencies has continued to increase, and reached almost 400 000 syringes in 2017. Methamphetamine (pervitin) users represent the majority of clients of harm reduction services, while the number of clients who inject heroin has declined substantially over the past decade. Polydrug use has increased. It is estimated that only a minority of problem drug users are reached by existing services; pharmacies remain a key source of clean needles and syringes for PWID in Slovakia.

Availablity 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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

Treatment

The treatment system

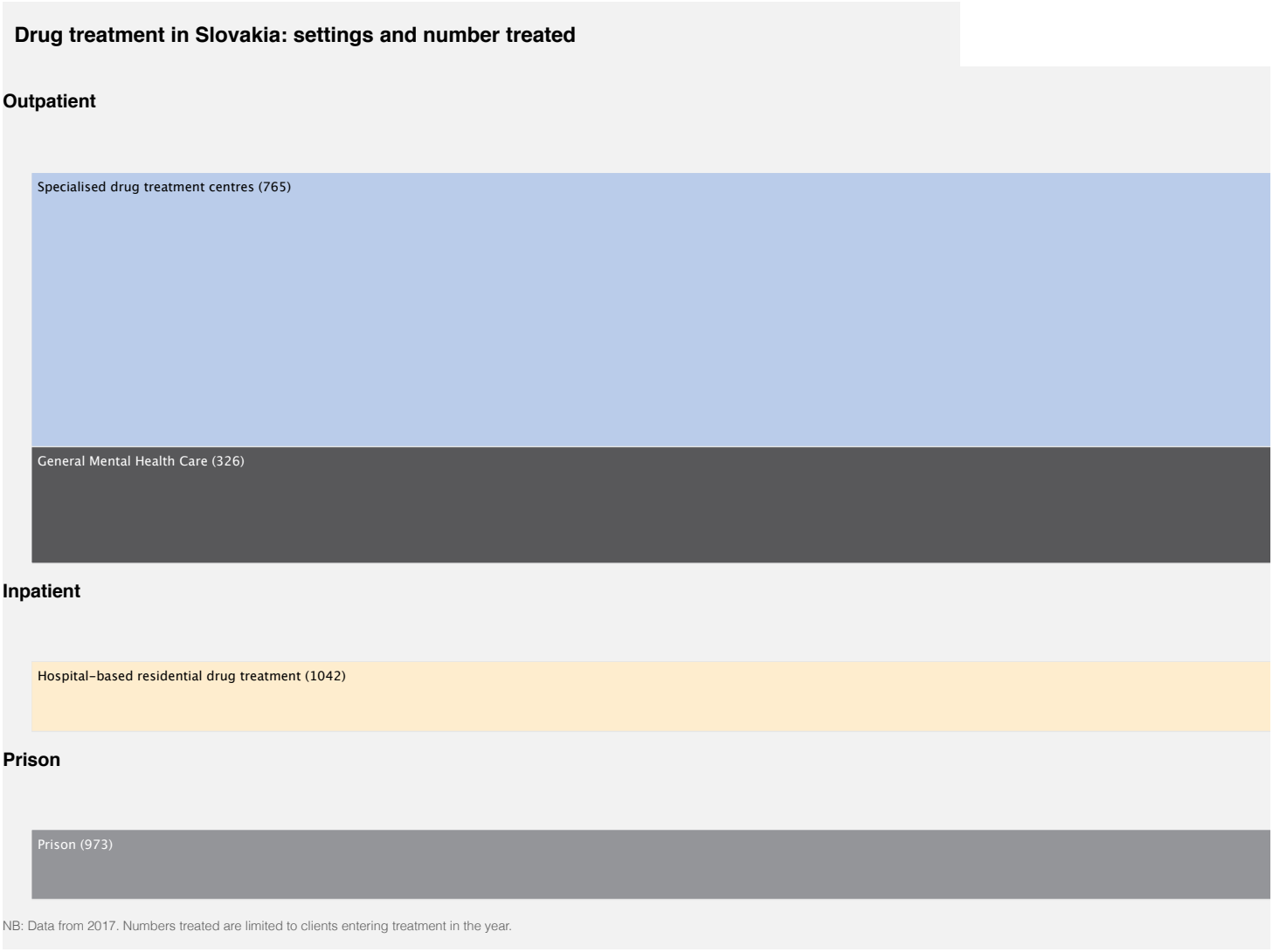
The current national drug strategy puts an emphasis on (i) the expansion and affordability of drug treatment; and (ii) the provision of effective and diversified nationwide treatment, with a special focus on polydrug users and those suffering from mental and/or physical comorbidity. Implementation of 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. Slovak drug treatment services are closely linked to mental health services and are integrated with treatment services for alcohol use.

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.

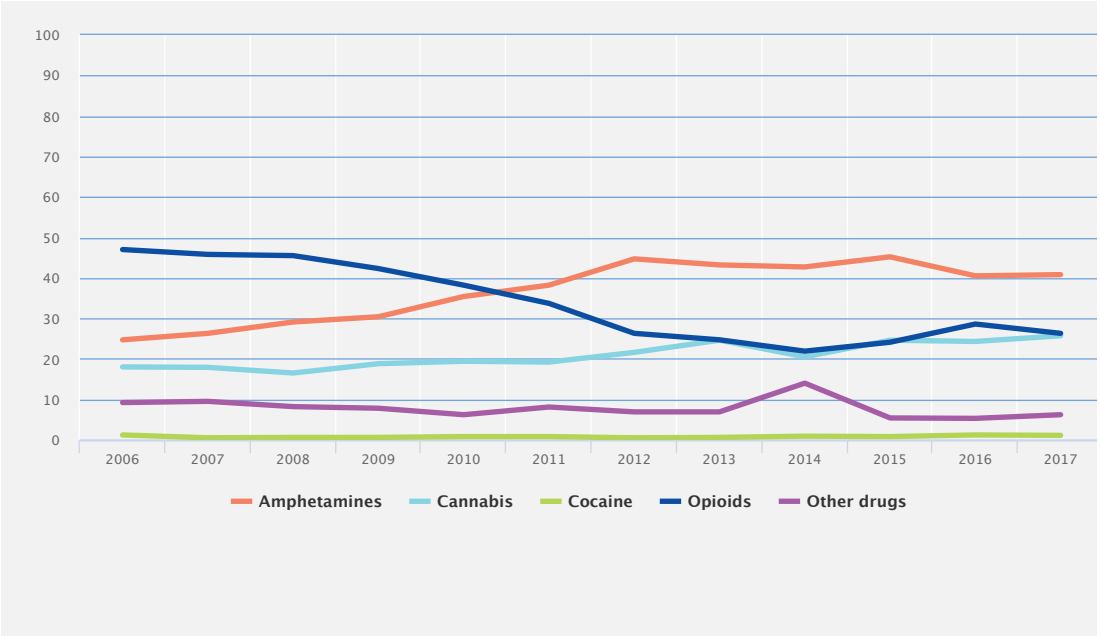


Treatment provision

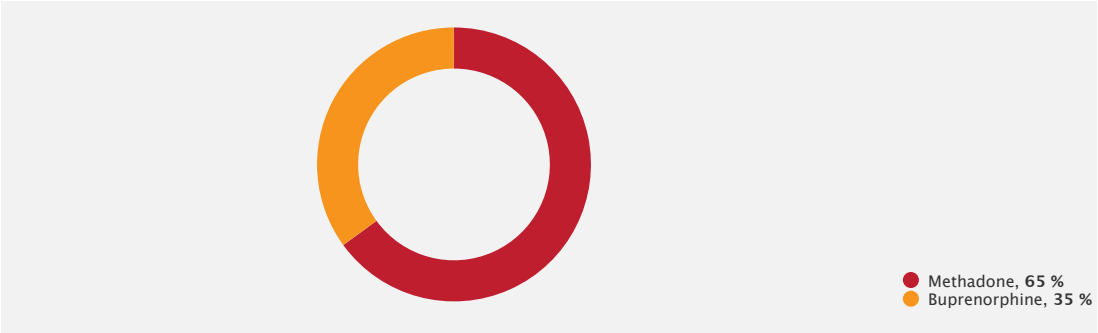
In 2017, half of clients who entered drug treatment in the community were treated in outpatient settings. More than 4 out of 10 new treatment clients (including those in prison) indicate stimulants as their primary substance of use, mainly methamphetamine. Many clients entering treatment for the use of methamphetamine are polydrug users, the majority of whom frequently combine it with cannabis, alcohol and sometimes heroin. No significant changes in trends were reported in 2017.

In 2017, 620 clients received OST in Slovakia, mainly methadone; OST coverage is estimated to be low.

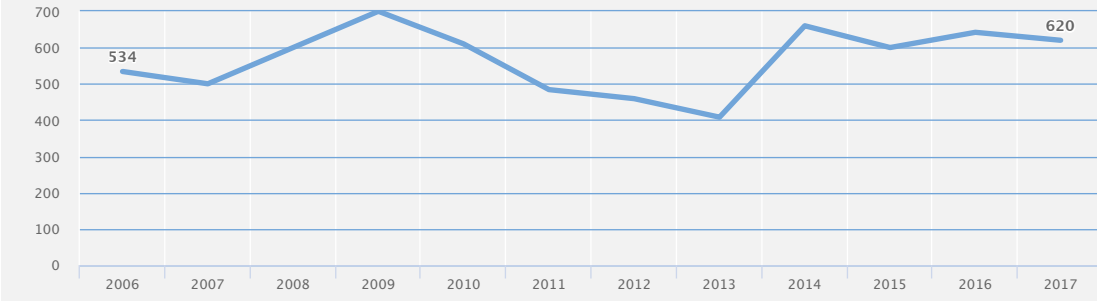
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Slovakia



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: Data from 2017.

Drug use and responses in prison

In 2017, one in five prisoners in Slovakia was a registered drug user, the proportion having increased continuously over the previous decade. Most prisoners reported using methamphetamines, followed by cannabis and heroin. One in 10 prisoners screened positive for illicit substance use based on saliva and urine tests, with benzodiazepines the most commonly detected substances, followed by opioids and cannabis.

The Ministry of Health is responsible for methodological guidelines for drug treatment, while the Ministry of Justice and its prison administration play a key role in providing drug treatment 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 Healthcare Surveillance Authority, health insurance companies, the Social Insurance Agency and the inspection bodies of the Ministry of Justice.

Health screening is conducted at the time of prison entry and includes an assessment of drug use and related problems. Both voluntary and mandatory drug treatment are available in Slovak prisons. Group psychotherapy is one of the main components of 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. Around one quarter of prisoners registered as drug users are undergoing mandatory drug treatment.

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 promotes quality assurance in the drug treatment sector and maintains a list of providers and guidelines on its website. Some basic quality standards are required when establishing new services. The quality of drug-related inpatient care is determined by the framework standards developed by the Ministry of Health and the chief expert of the Slovak Republic in the field of psychiatry.

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 best practices in the formulation and implementation of interventions is endorsed by the current national drug strategy.

Research is publicly funded through the Ministry of Education in the form of grants that are either intended for a specific research project or are provided to the research institution itself. Research is also supported by funding from the European Union. In 2015, the Slovak national focal point to the EMCDDA allocated the majority of its annual state budget and EMCDDA grant to various studies. The main areas of research 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 national focal point maintains a database of studies in the drugs field, which is available on its website.

Drug-related research is conducted mainly by governmental agencies, university departments and hospitals, and by the Slovak Academy of Sciences. National scientific journals play an important role in disseminating drug-related research findings.

Drug markets

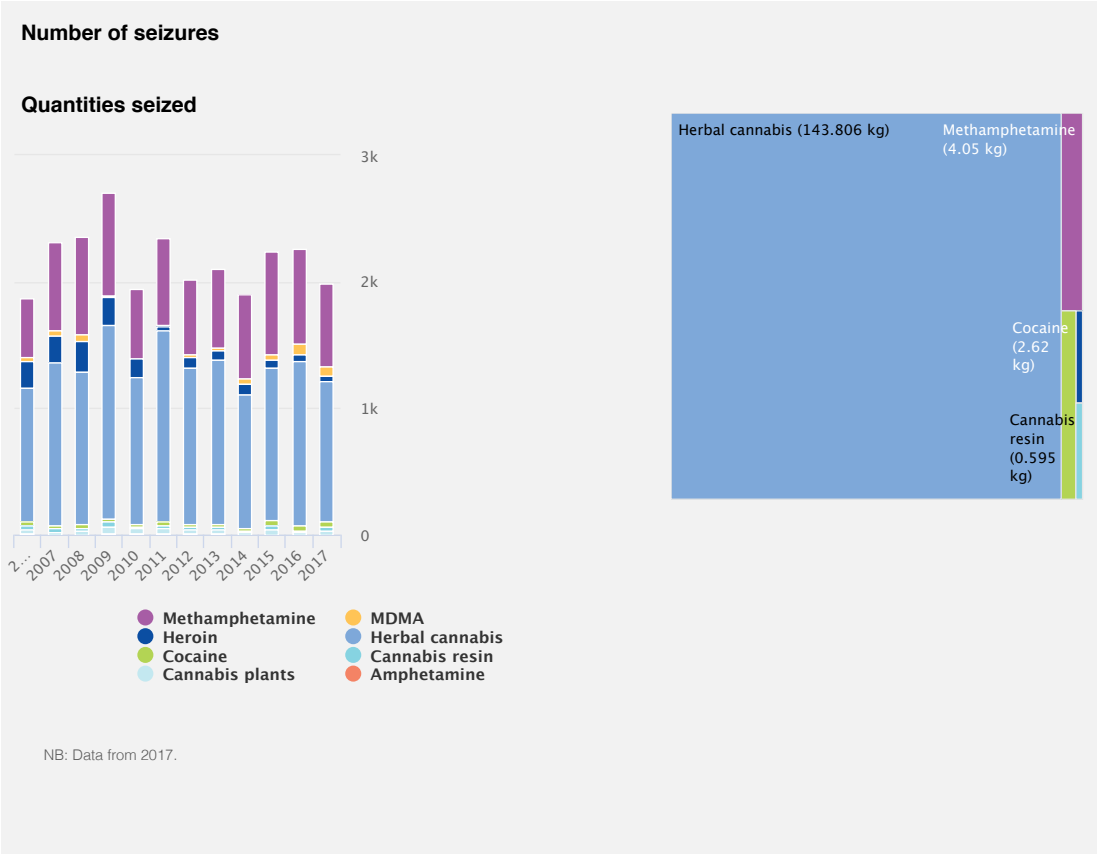
Slovakia's drug market is characterised by the domestic production of (herbal) cannabis and methamphetamine. Both drugs are also imported from Czechia by national and international organised crime groups (OCGs). Domestic methamphetamine production is reported to take place primarily in small 'kitchen-type' laboratories, using ephedrine or over-the-counter medicines containing pseudoephedrine. Heroin originates from Afghanistan and is trafficked via Hungary, using the Balkan route, into Slovakia.

In 2017, herbal cannabis was the most seized drug, followed by methamphetamine. There was an increase in cocaine seizures, with cocaine being the third most seized drug. The majority of reported seizures of new psychoactive substances (NPS) in Slovakia in 2017 concerned synthetic cannabinoids and synthetic cathinones. These were mainly imported via Czechia, Poland and Hungary, or arrived directly from producing countries in East Asia (mainly China). Typically, illicit substances are transported into Slovakia by road, although the use of postal packages and courier services for online orders is increasing. Polish OCGs are reported to be increasingly more involved in the trade of NPS.

Slovak law enforcement agencies focus their activities on preventing and counteracting cross-border drug and precursor trafficking as well as the illicit trade in prescribed medicines in both physical and online markets. In addition, law enforcement authorities have cooperated with international teams on several operations to dismantle international OCGs. The highest priority has been the infiltration and monitoring of illicit drug trafficking on the internet and the darknet.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



NB: Data from 2017.

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	26.27	6.51	36.79
Last year prevalence of use — young adults (%)	2015	9.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	4.3	0.9	11
All treatment entrants (%)	2017	25.7	1.03	62.98
First-time treatment entrants (%)	2017	38.5	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	143.8	11.98	94 378.74
Number of herbal cannabis seizures	2017	1 115	57	151 968
Quantity of cannabis resin seized (kg)	2017	0.6	0.16	334 919
Number of cannabis resin seizures	2017	26	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.03 - 34.1	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.1 - 42.6	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	5 - 15	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	10 - 20	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.63	0.85	4.85
Last year prevalence of use — young adults (%)	2015	0.3	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.1	0.1	2.7
All treatment entrants (%)	2017	1.1	0.14	39.2
First-time treatment entrants (%)	2017	1.9	0	41.81
Quantity of cocaine seized (kg)	2017	2.6	0.32	44 751.85
Number of cocaine seizures	2017	42	9	42 206
Purity (%) (minimum and maximum values registered)	2017	13.3 - 92.6	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	60 - 140	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1	0.84	6.46
Last year prevalence of use — young adults (%)	2015	0.8	0	3.9
Last year prevalence of drug use — all adults (%)	2015	0.4	0	1.8
All treatment entrants (%)	2017	40.8	0	49.61
First-time treatment entrants (%)	2017	44	0	52.83
Quantity of amphetamine seized (kg)	2017	0	0	1 669.42
Number of amphetamine seizures	2017	5	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	2.4 - 33.3	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	30 - 70	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.31	0.54	5.17
Last year prevalence of use — young adults (%)	2015	1.2	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.3
All treatment entrants (%)	2017	0.1	0	2.31
First-time treatment entrants (%)	2017	0.1	0	2.85
Quantity of MDMA seized (tablets)	2017	2 448	159	8 606 765
Number of MDMA seizures	2017	74	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	9 - 239.8	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	3 - 12	1	40
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.48	8.42
All treatment entrants (%)	2017	26.3	3.99	93.45
First-time treatment entrants (%)	2017	12	1.8	87.36
Quantity of heroin seized (kg)	2017	0.6	0.01	17 385.18
Number of heroin seizures	2017	41	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	3.1 - 30.7	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	40 - 100	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0	0	47.8
HIV prevalence among PWID* (%)	2017	n.a.	0	31.1
HCV prevalence among PWID* (%)	2017	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	4.76	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	395 877	245	11 907 416

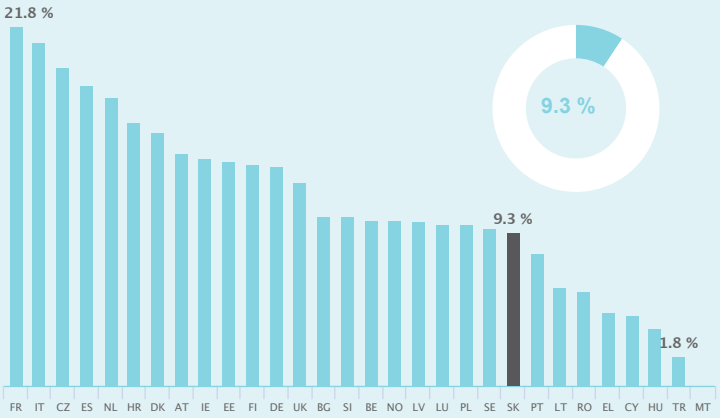
Clients in substitution treatment	2017	620	209	178 665
Treatment demand				
All entrants	2017	3 106	179	118 342
First-time entrants	2017	1 360	48	37 577
All clients in treatment	2017	3 106	1 294	254 000
Drug law offences				
Number of reports of offences	2017	1 692	739	389 229
Offences for use/possession	2017	898	130	376 282

Price for heroin is for heroin white. The number of all clients in treatment is limited to clients entering treatment in the year.

EU Dashboard

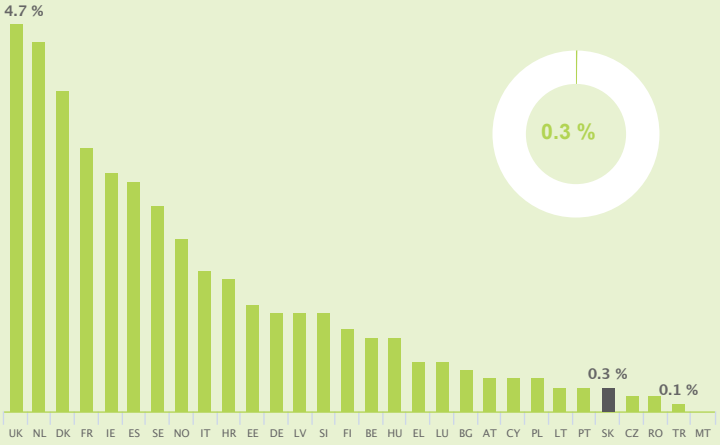
Cannabis

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



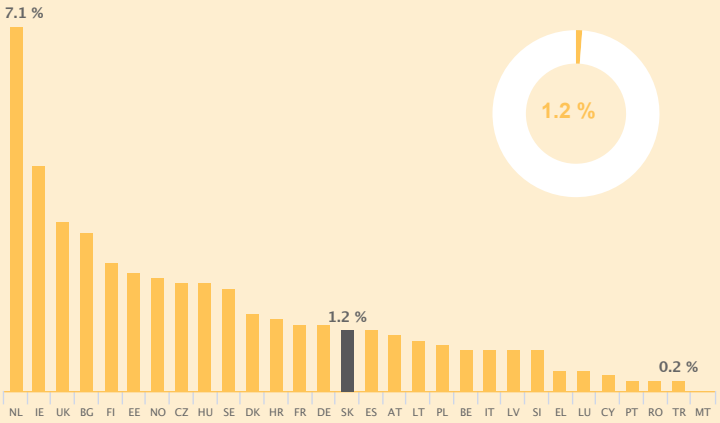
Cocaine

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



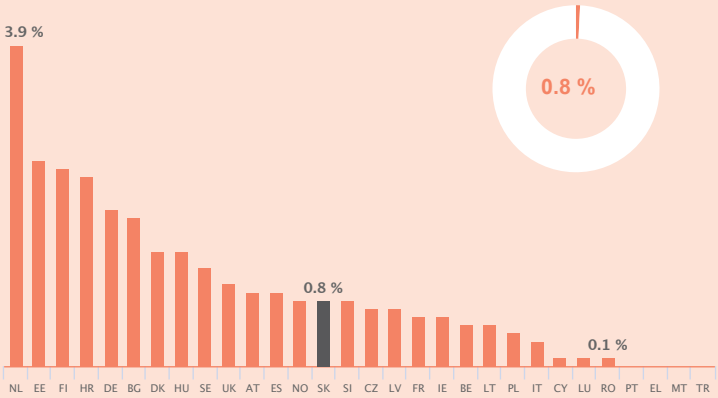
MDMA

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



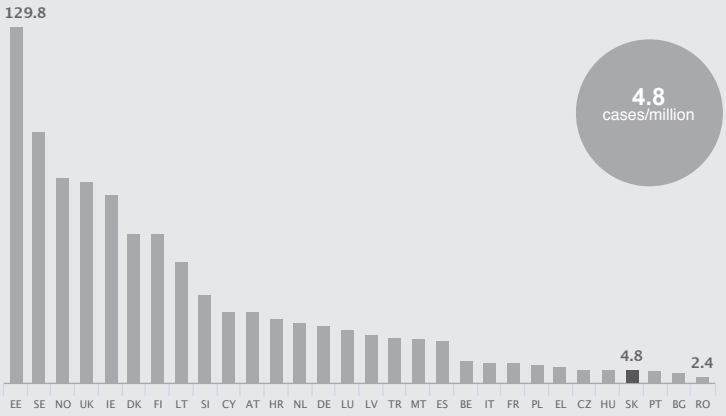
Amphetamines

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



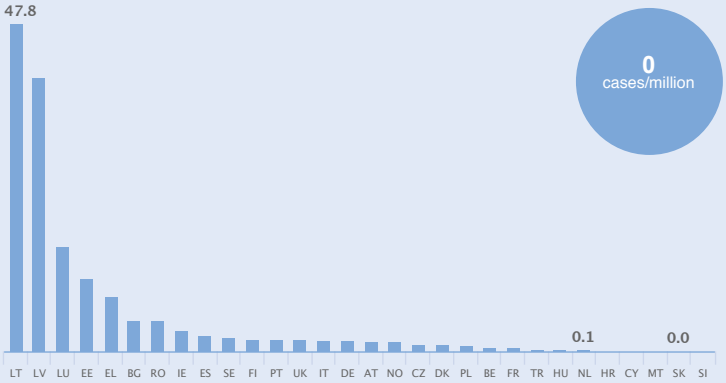
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



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, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

Click here to learn more about our partner in Slovakia .

Slovakian national focal point

NMCD

Ministerstvo zdravotníctva Slovenskej republiky (Ministry of Health of the Slovak Republic)

Limbová 2 (P.O.Box 52)

SK–837 52 Bratislava 37

Tel. +421 2 59 373 218

Head of national focal point: Ms Terézia Weinerová

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .