

Drugs in Slovak republic in year 2018

Filled by Ministry of Health

1. Overview of the field

Assessment of trends and developments

Drug use, Prevalence and trends

In the Slovak Republic Cannabis remains, the most common illicit substance used among the adult general population, and its use is concentrated among young people aged 15-34 years. A 2015 survey found that slightly less than one third of young people had tried cannabis during their lifetime, but approximately 1 in 10 had used cannabis during the last year. The last year prevalence of cannabis use almost halved between 2006 and 2010, while the 2015 survey indicated an increase in cannabis experimentation among young adults. MDMA/ecstasy is the main illicit stimulant used among the adult general population and its use is particularly common among 15- to 24-year-olds. Methamphetamine is the second most prevalent stimulant; however, its use is mainly concentrated among some subgroups of the population exhibiting high-risk drug use patterns. Less than 1 % of adults reported use of any new psychoactive substance 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 municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate a decrease in methamphetamine use in both cities between 2016 and 2017. Use of all stimulants (cocaine, amphetamine, methamphetamine and MDMA) appears to be more common in Bratislava than in Piestany; moreover, the levels of MDMA and cocaine metabolites increase at weekends in both cities.

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

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment

centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In Slovakia, problem drug use is mainly linked to high-risk methamphetamine (domestically produced ‘pervitin’) use and high-risk opioid use. The last estimate of the number of high-risk opioid users, based on the multiplier method applied to data from harm reduction agencies, is from 2008. It suggested that there were around 4 900 high-risk opioid users in Slovakia. The same study estimated that the number of methamphetamine (pervitin) users was around 3 300. Data from specialised treatment centres indicate that amphetamines (mainly methamphetamine) are the main primary illicit drug used by first-time treatment clients, followed by cannabis and heroin. The number of first-time treatment clients seeking help for amphetamines (primarily methamphetamine) use continued to increase in 2016, while the number of heroin users requiring treatment for the first time has halved in the past decade. In recent years, a decline in stimulant injecting has been observed, and reports indicate that methamphetamine is increasingly being smoked. Overall 2 out of 10 clients entering treatment are female, but the proportion of females in treatment varies by treatment type and substance used.

Recent overview of statistics and research

The Slovak national focal point (NFP) to the EMCDDA allocated the majority of its annuals state budget and EMCDDA grant to various studies. The main areas of research interest to the NFP were prevalence/incidence studies at national, regional and local levels; harms and infectious diseases, mortality, crime, harm reduction programmes and effectiveness; social reintegration programmes; effectiveness of prevention measures; public expenditures and social costs; new psychoactive substances (identification of substances and metabolites); health effects (hospital emergencies); trafficking and means of distribution; the drug market; prices; and the impact of legislative measures. Recent drug related studies have focused on the prevalence of drug use, including wastewater analysis and responses to the drug situation. The NFP maintains a database on studies in the drugs field, including bibliographic references, which is available on its website. Drug-related research is conducted mainly by governmental agencies, university departments and hospitals, and also by the Slovak Academy of Sciences. National scientific journals play an important role in disseminating drug-related research findings.

Epidemiological statistics on drugs situation in Slovakia

	Year	Countr		
		data	Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	26.27	6.5	36.8
Last year prevalence of use - young adults (%)	2015	9.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	4.3	0.3	11.1
All treatment entrants (%)	2016	24.3	1	69.6
First-time treatment entrants (%)	2016	35.9	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	40.4	12	110855
Number of herbal cannabis seizures	2016	1303	62	158810
Quantity of cannabis resin seized (kg)	2016	0.4	0	324379

Number of cannabis resin seizures	2016	15	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.002 - 59.9	0	59.9
Potency - resin (% THC) (minimum and maximum values registered)	2016	1.2-	0	70
Price per gram - herbal (EUR) (minimum and maximum values)	2016	5.15	0.6	111.1
Price per gram - resin (EUR) (minimum and maximum values)	2016	10.20	0.2	38
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 (%)	2016	1.2	0	36.6
First-time treatment entrants (%)	2016	2.1	0	35.5
Quantity of cocaine seized (kg)	2016	0.8	1	30295
Number of cocaine seizures	2016	36	19	41531
Purity (%) (minimum and maximum values registered)	2016	11.4-	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	70-140	3	303
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	3.6
Last year prevalence of drug use - all adults (%)	2015	0.4	0	1.7
All treatment entrants (%)	2016	40.5	0.2	69.7
First-time treatment entrants (%)	2016	44.17	0.3	75.1
Quantity of amphetamine seized (kg)	2016	0	0	3380
Number of amphetamine seizures	2016	4	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	6.7 - 81.7	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	30-70	2.5	76
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.3	0.5	5.2
Last year prevalence of use - young adults (%)	2015	1.2	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.6	0.1	3.6
All treatment entrants (%)	2016	0.2	0	1.8
First-time treatment entrants (%)	2016	0.4	0	1.8
Quantity of MDMA seized (tablets)	2016	8705	0	378373
Number of MDMA seizures	2016	84	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	1.9-194.7	1.9	462
Purity (MDMA % per tablet) (minimum and maximum values)	2016	n.a.	0	88.3
Price per tablet (EUR) (minimum and maximum values registered)	2016	3.12	1	26
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.3	8.1
All treatment entrants (%)	2016	28.6	4.8	93.4
First-time treatment entrants (%)	2016	13.5	1.6	87.4
Quantity of heroin seized	2016	0	0	5585
Number of heroin seizures	2016	48	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	1.9-13.3	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	30-100	4	296
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.2	0	33
HIV prevalence among PWID* (%)	na	na	0	31.5

HCV prevalence among PWID* (%)	na	na	146	82.2
Injecting drug use - aged 15-64 (cases rate/1 000 population)	na	na	0.1	9.2
Drug-induced deaths - aged 15-64 (cases/million population)	2016	4.99	14	132.3
Health and social responses				
Syringes distributed through specialised programmes Clients in	2016	357705	22	6469441
Clients in substitution programs	2016	642	229	169750
Treatment demand				
All entrants First-time entrants All clients in treatment	2016	3253	265	119973
First-time entrants	2016	1413	47	39059
All clients in treatment	2016	3253	1286	243000
Drug law offences				
Number of reports of offences Offences for use/possession	n.a.	n.a.	775	405348
Offences for use/possession	n.a.	n.a.	354	392900

2. Crime strategy and coordination

Implementation of the policy (which level is responsible for the implementation and how is the implementation coordinated?)

National coordination mechanisms

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

Drug laws and drug law offences

National drug laws

In 2005, Section 171 of the Penal Code changed the punishment for unauthorised possession for personal use, according to the amount of drug possessed: up to three years' imprisonment may be imposed for personal possession of an amount corresponding to a maximum of three times the usual single dose for personal use, and up to five years' imprisonment may be

imposed for personal possession of an amount corresponding to a maximum of 10 times the usual single dose for personal use. New penalties such as home imprisonment and community service may apply, although sentences of immediate imprisonment remain available as the 'ultimate remedy'. Possession of any amount above 10 doses must be charged under Section 172.

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

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

Stakeholders (working groups, specialised agencies, partners, etc)

Working Group on the Development, Implementation and Evaluation of the National Drug Strategy of the Slovak Republic for the Period 2013-2020

The Government Council for Drug Policy responsible for inter-ministerial coordination and comprises representatives from all relevant ministries creates expert working groups to solve specific problems in the field of drug policy to prepare materials to be discussed in the government or in the council, whether to solve tasks related to Slovak cooperation with foreign countries or to develop and implement the strategy. On the basis of the nomination, the Working Group on the Development, Implementation and Evaluation of the National Drug Strategy of the Slovak Republic was set up and coordinated by the Drug Policy Coordination and Drug Monitoring Department of the Ministry of Health

Working group on the solution of methamphetamine in the Slovak Republic

Due to the current situation regarding methamphetamine in the Slovak Republic was a need for a monitoring of the situation, evaluation and adoption of adequate measures to solve current problems in this area - prevention of production, distribution and use of methamphetamine. This issue is also a part of the Action Plan for the implementation of the National Drug Strategy of the Slovak Republic for the period 2017 - 2020 for the Ministry of Interior. As the methamphetamine problem touched various subjects, the Working Group on Methamphetamine in the Slovak Republic was established.

Working Party on the Early Warning System on New Psychoactive Substances (EWS)

The National Drug Monitoring Centre is responsible for coordinating the National Early

Warning System (EWS) of the European Monitoring Centre for Drugs . Working Party on the Early Warning System for New Psychoactive Substances (EWS) was established within the meaning of Article 9 of the Statute of the Government Council on Drug Policy to address specific problems in the field of state drugs policy; draws up opinions on the submitted materials, analyses, expertise, recommendations and opinions on the issue of new psychoactive substances, which will be subsequently discussed in the Council as appropriate. A renewed working group EWS is designed the way that allows to address (along with EWS implementation and practical problems) legislative measures towards national control of psychoactive substance, more precisely to submit qualified proposals, based on expert assessment, for putting (or dropping as well) substances onto (from) lists of controlled substances at national level.

In Slovakia, there is a specialised agency for national drug situation monitoring – **National Monitoring Centre for Drugs (NMCD)** at the Ministry of Health, which is a counterpart of EU agency in the area – European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Monitoring is based on 5 key epidemiological indicators. To every indicator, a working group has been established:

- Drug Related Deaths working group
- Drug Related Infectious Diseases working group
- Problem Drug Use working group
- General Population Surveys working group
- Treatment Demand working group.

In addition, working group has been established also for area of Law enforcement data. Groups are designed to solve problems that comes with implementation of indicators.

NMCD staff members participate within cross-sectional working group „**MISO**“– **Cross-sectoral Integrated Group of Experts for Drug Crime**) that has been appointed at the Ministry of Internal Affairs and that is to discuss drug crime and to collect views on particular points of drug crime from all bodies interested.

Participation in European/ international networks, working groups, etc.

Horizontal Working Party on Drugs (HDG)

At the level of working groups, HDG is the main coordinating body in the field of drugs in the General Secretariat of the Council. The group consists of representatives from the Member States' ministries and organisations responsible for national drug policies, which deal with both demand reduction and public order protection. Consequently, the ministries involved are usually those of health, internal affairs or justice. The main goals of the Group are the following:

- to exchange information and assess national drug policies and drug-related issues at an EU level.
- to identify key issues shared by more than one Member State;

- to improve coordination of actions taken by the Member States within the EU and beyond its borders;
- additionally, HDG prepares drafts of Drug Strategies and EU Action Plans in the field of drugs.

Pompidou Group

The Pompidou Group is the Council of Europe's drug policy cooperation platform. It is an inter-governmental body established in 1971 at the initiative of the then French President Georges Pompidou. It upholds the core values of the Council of Europe – human rights, democracy and the rule of law – and promotes a balanced approach in the response to drug use and illicit trafficking in drugs, supporting both demand and supply reduction. The Pompidou Group offers a forum for open debate, exchange of experiences and, as a platform for science and evidence-based innovation, it links policy, research and practice. At present, the Group is made up of 39 Member States, and its technical cooperation involves other countries all over the world, in particular around the Mediterranean.

REITOX

As mentioned above, NMCD is a focal point of the international network REITOX established and maintained by EMCDDA. Within routine cooperation, external and internal national experts for respective indicators participate in the annual meetings related to key indicators.

Besides, to established sixth key indicator, EMCDDA with cooperation of Europol has created Law Enforcement Data Reference Group that carried out preparatory works in methodological and organisational unification of law-enforcement data. A respective person from NMCD is a representative in this group.

The national EWS coordinator, in association with new psychoactive substances problem has been appointed as a coordinator of WHO Expert Commission on Drug Dependencies that provides expert opinion on that group of substances.

Head of Department of Drug Strategy Coordination and Drug Monitoring, as a National Drug Coordinator is a representative of the Slovak Republic at the Management Board of EMCDDA, which is EMCDDA's statutory body.

3. Good practices

Quality assurance

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

The Healthcare Surveillance Authority is responsible for promoting quality assurance in the drug treatment sector and maintains a list of providers and guidelines on its website. Some basic quality standards are required as a part of the set-up process for services.

The quality of drug-related inpatient care is determined by the framework standards established by the Ministry of Health and the chief expert of the Slovak Republic in the field of psychiatry.

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

Prevention

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

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In Slovakia, environmental strategies focus on controlling alcohol and tobacco. Universal prevention programmes are mainly implemented in school settings under the responsibility of the Ministry of Education in close cooperation with the Ministry of Health, the Ministry of Labour, Social Affairs and Family, and the Ministry of the Interior. Prevention activities in schools focus on alcohol, smoking, illicit drugs and risk behaviour. A few manual-based programmes are in place, including The Way to Emotional Maturity, a long-term national prevention programme for pupils aged 12-15 years (the sixth to ninth years of elementary school and the first year of secondary school), which develops and strengthens the psychological and social skills that can act as protective factors. Educational and Psychological Counselling and Prevention Centres also provide prevention interventions, with a focus on elementary school pupils and other young people. Primary and secondary schools have a drug prevention coordinator, usually a school psychologist or a teacher; these coordinators are part of a country-wide network. However, integrated training or education programmes are rare.

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

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