2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point

SLOVAKIA
New Development, Trends and In-depth Information on
Selected Issues

REITOX
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Summary

The third consecutive National Programme for the Fight against Drugs (2005-2008) was completed in 2008. At its first session on April 1, 2009, the Government of the SR noted through its resolution the report on the comprehensive evaluation of its fulfilment. At the same time, the Government entrusted the Prime Minister to submit the Report to the National Council for discussion. The Report was discussed at the Committee of the SR National Council for Education, Youth, Science and Sports and at the Committee of the SR National Council for Health. The Committees of the SR National Council simultaneously discussed the draft National Anti-Drug Strategy for the Period 2009-2012. Both materials were approved by the SR National Council on June 18, 2009.

In 2008, Act No. 139/1998 Coll. on Narcotics, Psychotropic Substances and Preparations as amended extended drug control to include 1-benzylpiperazine (BZP) and other substances, and the tincture and extract of cannabis. The cultivation of opium poppy was partially liberalized. Handling narcotics and psychotropic substances and precursors for teaching, training and testing purposes by eligible individuals (military police) was legislatively facilitated. The further supplementing of the Act by new substances is expected.

The protection of non-smokers from the effects of tobacco smoke was broadened through Act No. 87/2009 Coll. that changes and amends Act No. 377/2004 Coll. on the Protection of Non-Smokers and on changes and amendments to certain Acts as amended.

In the course of 2008, all five key indicators established by EMCDDA were applied in monitoring and the data was continuously collected from the criminal areas (statistics from the police, the prosecutor’s office and the judicial system aimed at monitoring criminal offences and offenders according to the type of drug). Criminal statistics have recently constituted the subject of increased attention and the introduction of a new indicator is being considered on the European level.

The largest survey within the framework of indicator “Drug Use in the Population” in 2008 was oriented on the university population of the 19 to 24 age category. The survey was based on the ESPAD international method and was first conducted in this age category and specific environment in 1999. The data is related to the consumption of alcohol, smoking and experimenting with illegal drugs and it enabled the researchers not only to map out the current situation among the university student population between the ages of 19 to 24 and to compare the development trend within the period of 1999 – 2008, but through the back-estimate of use, to compare and confirm the development within the framework of a narrower period of five years. In addition, through the inclusion of additional screening scales, it also enabled the researchers to estimate the proportion of respondents with a more problematic form of drug use and to estimate the relative threat in connection to the use of other drugs.

According to the survey outcomes, the incidence of herbal cannabis use among university students of both genders grew substantially. After more than eight years, the prevalence among university female students is the same as it was with the male university students in 1999. In comparison according to age, it was also shown that the constant growth of the use of herbal cannabis and other drugs is also typical for secondary school students while in the case of university students the growth trend with increasing age is already stabilized, although on a higher level of use.

However, the use of herbal cannabis in the past year and past month is not more frequent than that of university students from 1999, nor even that of secondary school students (ESPAD 2003). And the accompanying problems mapped by CAST are relatively less frequent and less intensive among university students (2008) than they are among secondary school students (ESPAD 2007).
Female university students consume more legal and illegal drugs than their peers eight years ago and at the same time slightly less than male university students.

Data classified according to age showed growth in the consumption of all drugs in the 15 to 19 age category (ESPAD 2007) but most of all in relation to herbal cannabis. It seems that the life time prevalence (LTP) of herbal cannabis after the age of twenty becomes stable at values around 33 % (year 1999) or after over eight years around 50 % (year 2008) which means the experience with drugs in one third of all university students in 1999 and half of university students in 2008.

The difference between genders continues regarding the frequency of use, although the growth of the use of illegal drugs after eight years seems to be steeper in the case of girls especially in the case of herbal cannabis.

While the life time prevalence (LTP) of drug use in university students grew with both genders in 12-month (LYP) and 30-day prevalence (LMP) the use of herbal cannabis and other drugs together did not exceed one quarter in the majority of cases (use in the past year) or one tenth (past 30 days prevalence) of the monitored population.

Tobacco and alcohol consumption proved to be a factor which increases the relative risk of contact with illegal drugs in the entire spectrum – from herbal cannabis through opiates, stimulants and synthetic drugs.

In comparison of representative samples of the university student population, and the results in women in particular, evening up of young women with young men is rather frequent in the use of drugs – this phenomenon is present regarding both main legal drugs – tobacco and alcohol. Contrary of the young men, the prevalence of smoking and regular smoking increased significantly among young women after over eight years.

In the case of alcohol, the values of women for the following variables grew: alcohol drinking in general; lifetime prevalence of inebriation and the frequency of excessive and hazardous drinking in the last 30 days.

According to the last implemented estimate of problem drug use, by application of the same method as in the period 2005 - 2007 and the same data sources, there are probably from 8,200 to 33,500 problem drug users1 in Slovakia - with a central estimation of 10,600 problem users, which represents 2.68 per 1,000 inhabitants in the 15-64 age group. Most of them are users of heroin, the rest are users of pervitin. The extent of this problem among the community of clients of low threshold services (non-governmental organizations operating in the field and providing sterile needles and syringes in particular) underlines the fact that almost all of the clients are injecting users. Compared to the previous estimates, the most recent data appears as a decrease; this is however caused by the dropout of programmes especially in the regions outside Bratislava and subsequently by the dropout of relevant data from these programmes. The trend appears to be stabilized in a more detailed analysis, with a possible indication of growth.

Problem drug users (pursuant to the definition of EMCDDA) have long constituted a substantial share of the patients in treatment. Although their share, which in the 1990s was as high as 83%, has gradually dropped, it is still relatively high. In 2008, it comprised an estimated 60 to 75% of all patients in treatment.

2,065 patients treated due to drug-related problems were reported in 2008. The overall number was slightly higher (by 3.6%) than in 2007. An increase of 4.8% was also reported in health sector facilities.

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1 Definition according to EMCDDA: Injection use or long-term and regular use of opiates, cocaine and/or amphetamines during a year, of age 15-64
In terms of the structure of patients treated in these facilities, the average age in the population of treated patients grew, especially among inpatients. The proportion of treated men in comparison to treated women grew slightly and in 2008 it reached the value of 4:1. In terms of the representation of the primary drug as the cause for treatment, no essential changes occurred in the order of the most frequent problems. Over one third of the patients were in treatment due to problems with opiates, over one quarter due to problems with stimulants of amphetamine type, and cannabis, with a 17% share, was the third most common primary drug. The proportion of injecting drug users among the treated drug users in healthcare facilities stagnated in 2008 after a slight decrease.

The system of drug addiction treatment is well established and medical care is provided free of charge; its availability and accessibility depends on the specific agreements of the healthcare facilities with the health insurance companies.

Specialized centres for treatment of drug dependencies also provided maintenance (substitution) methadone and buprenorphine treatment to approximately 500 patients in 2008. In addition, several tens of patients were set up to maintenance treatment by buprenorphine within the framework of outpatient psychiatric care. The distribution and prescription of Subutex® (buprenorphine) was suspended in 2008 and was replaced by Suboxon® (a combination of buprenorphine and antagonistic naloxon) with a lower potential for abuse, in particular injecting.

The change in the structure of patients treated for drug-related problems in specialized medical facilities by professional psychiatrists and addictologists is also projected in the structure of clients at follow-up care facilities – re-socialization facilities (RC). In 2008, the largest number of clients among RC clients, whose primary problem was illegal substance use, was comprised of those with problems related to the use of methamphetamines, followed by the multi-drug users (poly-users) which represent a change in comparison with 2007, when users of opioids ranked second. Thus the structure of RC clients differs from the structure of patients in healthcare facilities. Currently, the RC clientele is comprised of a rather younger generation of users where pervitin and herbal cannabis are the most popular; they are clients with a short history of use and a lower share of drug application by injection.

In comparison with 2007, the number of deaths (direct and indirect) increased by 64% in 2008. Considering the relatively low values, especially due to the low autopsy rate (16.8% in 2008) this growth can also be attributed to the increased quality of data collection. The majority of deaths were caused by overdose/poisoning by opioids or poly-substances – 25 individuals (20 men and 5 women). The use of legal drugs (medicines – benzodiazepines) was the cause of death of 21 individuals.

The share of individuals infected by the HIV virus remains low and non-epidemic. This is also true for the high risk population of injecting drug users. Although in 2008 a low number of tested persons from this population was recorded, there were three drug users tested positive for HIV.

This sub-population traditionally includes high numbers of the prevalence of type C hepatitis antibodies, especially among the injecting users of opioids. According to the sentinel study at the CTDD Bratislava, the proportion of serum-positive VHC cases in patients reached 50%, which is a continuation of the growing trend from the period of 2006-2007 and constitutes the highest share in the monitoring history. According to this study, the percentage of patients with prevalence of antibodies of type B hepatitis equally increased, although in terms of absolute numbers it is not so high. A change in the policy of health insurance companies occurred in 2008, as a result of which interferon treatment for patients was fully paid. In comparison with the past, the fact that a patient not using illegal drugs was in a methadone maintenance programme was not a contraindication for this treatment.
Despite the fact that no systematic monitoring of psychiatric co-morbidity exists, based on clinical experience in 2008, there was an increase in toxic psychoses with clinical symptoms of paranoia, especially in connection with use of methamphetamine.

In 2008, two methadone substitution treatment programmes continued for the regions of Bratislava and Banská Bystrica and the wide distribution of buprenorphine substitution preparation Suboxon® through a network of psychiatric healthcare facilities. In addition to the therapeutic goals, the aim of the substitution programmes is to reduce social and health risks and to disseminate information and education.

The sterile needle and syringe replacement/distribution programmes constitute a significant part of the activities of low threshold organizations in the field of harm-reduction. In 2008, a total of 223,721 syringes were provided to clients of these facilities. Syringes for clients in Bratislava are also provided by the Centre for Treatment of Drug Dependencies within the framework of its programmes; in 2008, they provided 30,637 pieces. Together with relatively high availability of needles/syringes in most pharmacies, this constitutes good prerequisites for the reduction of the spread of infectious diseases among drug users.

The growth of drug-related criminal offences continued also in 2008. Most were committed in connection with herbal cannabis, methamphetamine (pervitin) and heroin. The trend of the slight growth of prosecuted, charged and convicted offenders continues. In 2008, the percentage of juveniles convicted for drug-related crimes was 8.2% (6.5% in 2007 and 6.9% in 2006).

Bratislava and the Bratislava self-governing region rank highest for all of the monitored indicators in the criminal area, but in 2008, drug-related crime (committed criminal offences and prosecuted offenders) grew most considerably in the region of Trnava.

Although herbal cannabis was still the most frequent subject of drug seizures, since 2004 the number of pervitin seizures has continuously grown and represents almost one third of all drug seizures. Pervitin strengthened its position on the market due to its stronger stimulation effects – in 2003, the average concentration of active substance grew by one fifth – and do to its affordability. The number of seizures of ecstasy and the number of seized pills also grew.

As in other countries, Slovakia also experienced the appearance of a new phenomenon - herbal mixtures containing new synthetic cannabinoids. No distinctive changes occurred in the prices of drugs sold on the street.

Cannabis is the most available drug on the market. Within the framework of the cannabis market, herbal cannabis is the most frequently consumed drug; cannabis resin and cannabis oil are rarer. Herbal cannabis originated almost exclusively from domestic production, while cannabis resin is imported. The relatively simple method of outdoor growing and the availability of quality imported seeds and technologies for indoor cultivation and accessories usually through on-line shops, has resulted in the development of domestic production. The distribution of herbal cannabis/cannabis products is most often accompanied by the distribution of pervitin, heroin or cocaine.

The highest share of cannabis product seizures was recorded in 2003 when it constituted two thirds; and in the course of the monitored period of seven years (from 2002) it did not drop below the half of the number of seizures.

With respect to drug problems, Bratislava and its surroundings remains the specific region in Slovakia. Not only because it is the metropolis, but also due to its geographical situation in close vicinity to three other states, along natural transition routes. Also in 2008, according to the
estimates, the concentration of problem drug users was high (10.6 – 14 per 1,000 inhabitants), and is anticipated to be 2.5 to 3-times higher than in the other regions of Slovakia. At the same time, the most available and highly spread services for people with drug-related problems are found in this region.

On the other hand, in 2008, Bratislava was the centre of drug-related crime in terms of the number of seizures and drug-related criminal offences as well as offenders.
Part A  Development and new trends

This part of the national report gives an overview of the situation in 2008 based on the key indicators and the current development and trends in 2009, especially in chapter 1.

1  Drug policy: legislation, strategies and economic analysis

The anti-drug policy of the Slovak government is based on the United Nations treaties on drugs, the Political Declaration on the Guiding Principles of the Reduction of the Drug Demand of the Special Session of the General Assembly of the United Nations, the EU Strategy and the current EU Action Plan on Combating Drugs.

The SR Government is responsible for achieving the objectives of its anti-drug policy. It cooperates with the National Council of the Slovak Republic to draft relevant legislation to support the main pillars of the strategy: prevention, treatment, reduction of harmful consequences of drug abuse and law enforcement.

In 2008, the SR government and the National Council of the SR discussed and adopted a comprehensive assessment of the last national strategy “The National Programme for Combating Drugs (hereinafter the “NPCD”) for the period 2005-2008 and the draft of the new fourth programme document on anti-drug strategy of the Government for the period 2009-2012. The framework of the system solution also incorporates creating the prequalification for a stable and long-term system of financial arrangements for anti-drug policy from public resources. On April 2009, the Government approved the Design of an inter-ministerial programme with the title Anti-drug Policy as Part of the State Budget. (See Chapter 1.3)

1.1  Legal Framework

1.1.1  Acts passed in 2008 and 2009


The Act regulated the terms and conditions for the cultivation of cannabis sativa for fibre and seeds if the cultivator is the recipient of direct payments pursuant to relevant legal regulations of the European Union. It specified the terms and conditions for the cultivation of cannabis sativa. Without permission, it is possible to cultivate varieties of cannabis sativa for fibre and seeds which were approved for direct payments pursuant to the Commission Regulation (EC) No. 796/2004. Annex No. 1 was added for 1-benzylpiperazine (BZP), a new synthetic psychoactive substance which, based on the decision of EU Council No. 2008/206/SVV, will be subject to control and criminal provisions. Annex No. 1 is also expanded by other substances which were included under the Cannabis plant genus; it pertains to the tincture and extract from cannabis. The Act added the grounds for the temporary suspension of activities and for the cancelling of activities. The requirements for the applicants for the cultivation of opium poppy for the materials, which are attached to the application for the issuance of permission for handling narcotics and psychotropic substances, were reduced. The Act established a new competence for the Agricultural Payment Agency and the Central Control and Testing Agricultural Institute for the performance of the state administration in the section of narcotics and psychotropic substances when supervising the elimination of the covers of opium poppy and cannabis and poppy straw and cannabis sativa cultivation. The provisions on fines were added. This Act supplements Act No.308/2000 Coll. on Broadcasting and Retransmission and on changes to Act No. 195/2000 Coll. on Telecommunications as amended so that the control of the hidden promotion of psychotropic substances in the broadcast programmes is established. Act No. 139/1998 Coll. was also changed by Act No. 393/2008 Coll. which amends Act No. 124/1992 (Digest) on Military Police. Pursuant to this amendment, designated military police officers are authorized to possess, store or use
dangerous substances and banned objects especially for the purpose of teaching, instructing or testing. Not only fire arms, submachine guns and ammunition, but also narcotics and psychotropic substances, precursors and poisons are understood as these substances and objects.

The intent of this Act is to ensure the prevention of crime and other anti-social activities on the basis of the legal obligation of the state authorities, territorial self-government bodies and other competent subjects and thus to achieve a qualitative change in the understanding and practical application of prevention, since the possibilities based on the principle of the volunteerism of participated subjects were already exhausted. The aim of this Act is the complex arrangement of the organization and competence of general government bodies in the area of the prevention of crime and other anti-social activities, including its staffing and financial arrangements. The Act also regulated the rights and obligations of natural persons and legal entities in this area, so that the prevention of crime and other anti-social activities becomes a matter of the entire society. The Act also regulated the rules for the financial arrangements of preventative activities.

The Act defined the structures and competences of general government authorities in the area of crime prevention. It pertains to state organs, central and local state administration authorities, municipalities and upper-tier territorial units (self-governing regions) in particular. According to this Act, the Ministry of Interior, through its special unit, processes the data on crime and other anti-social activities particularly the issues of combating human trafficking. On the local level, the relevant competences are entrusted to the district authorities in the seats of the regions which fulfil the coordination function in the area of the prevention of crime in the territorial districts of the regions. The rules for ensuring rational financing of crime prevention from the funds of the state budget are also established. The Council for Crime Prevention of the Government of the Slovak Republic is directly incorporated among the permanent consultative bodies of the Government through an amendment to Act No. 575/2001 – the Competence Act. Based on this Act, the position of regional coordinator for combating drugs was created at the district authorities in the regional seats. This person shall coordinate the activities of other local authorities of the state administration in the area of drug-related issues on the territory of the region and these authorities shall provide necessary cooperation to the district authority.

3. Act No. 245/2008 Coll. on Upbringing and Education (the School Act) and on changes and amendments to some Acts – effects as of September 1, 2008. The act gives a legal framework for institutional practice in upbringing and education. In line with that, besides others, legal procedures are defined for treatment of children with behavioural disorders – where majority of juvenile drug users falls according to diagnostic criteria – as well as institutions to which care of these children is laid. Also status and competency of organisations working in the area of prevention are specified in the law – that are centres of pedagogic-psychological counselling and prevention and centres of counselling in special pedagogy. In that part of the law, an institution of a prevention coordinator has been appointed too, to be acting at schools.

The above mentioned amendments complemented the legal framework for reducing the risk of the penetration of narcotics and psychotropic substances in the facilities for imprisonment and custody facilities. (Also see Report 2007 Chapter 1.1.1, p.13, Report 2008 Chapter 1.1.1.)

The purpose of the Bill is to increase the effectiveness of legislation to determine the presence of alcohol, narcotics and psychotropic substances in the organism of an affected person in accordance with EU strategic tasks and the tasks set by the NPCD and at the same time to
regulate the establishment and operation of sobering-up stations for persons under the influence of alcohol in order to ensure public order in towns and villages in accordance with the National Action Plan for Alcohol-related Problems. The Act banned the use alcoholic and other addictive substances by minors under the age of 15 and adolescents under the age of 18. These persons are obliged to undergo orientation breath analyses or orientation examinations by testing apparatus for the detection of narcotics or psychotropic substances. Pursuant to this Act, minors under the age of 15 are banned from admission to publicly accessible places serving alcoholic beverages after 9:00 p.m. without the supervision of their legal representatives. The violation of this ban by minors is subject to sanctions – the municipality may impose a fine up to 33 Euro on the legal representative, in the event of the violation of this ban by a minor, the municipality shall impose a censure; in justified cases, the municipality may also impose a ban to visit publicly accessible places and places serving alcoholic beverages. The Act also imposes a reporting obligation of the use of alcohol or other addictive substance by minors and adolescents on the directors of schools and other pedagogical staff, healthcare providers, members of the municipal police, the police force and the railway police.

   Act No. 466/2008 Coll. that changes and amends Act No. 305/2005 Coll. on the Social and Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended.

The Act, in regulating § 63 et seq., was based on the practical experience of re-socialization centres and the outcomes of the joint Slovak-French-Finnish twining project of the Government Office of the Slovak Republic, the Ministry of Labour, Social Affairs and Family of the SR and the Association of Re-socialization Centres for “The Improvement and Extension of Re-socialization and Rehabilitation Care for Persons with Addictions to the Psychoactive Substances” aimed at increasing the quality of professional assistance in re-socialization centres. The Act retained the conditions for acceptance in a re-socialization centre – however it specified a recommendation from the healthcare provider to a specialist who must issue the recommendation. The term “after completion of treatment” was omitted from the provision due to the fact that the clients frequently start the process of re-socialization after the phase of detoxication. The amendment also reacted to the fact that this Act may not regulate the issues of the other resort, i.e., the terms and conditions which should have been fulfilled before issuing the recommendation for starting the stay at the re-socialization centre. The Act also extended the circle of clients to addicted parents with children and to children for which institutional care was ordered and who need this type of professional assistance (reformatory and precautionary measures ordered by the court) in the event that the re-socialization centre has the conditions for this. The regulation of accepting clients in re-socialization centres based on precautionary measures in the case of filing a motion for reformatory measures was also the purpose of these changes and amendments. In the interest of preventing the abuse of the institute of the precautionary measures in cases when it could pertain to so called voluntary, albeit paid, re-socialization stays, the provisions of the Act were arranged so that the execution of the court decision – precautionary measures, would be replaced only in such case when the motion for its ordering was filed by the authority of the social legal protection of children and social guardianship. Furthermore, the Act regulates the necessary requirements of the re-socialization programme of the re-socialization centre so that the content and formal requirements of the programme would be publicly known for all of the clients and participating subjects, such as upper-tier territorial units and bodies for the social and legal protection of children and social guardianship.

Changes in the minimum scope of the activities are particularly related to the introduction of the obligation to carry out psychological care as compulsory minimum in all cases. Therapeutic and upbringing care is introduced as a compulsory component for minors in the case of the provision of professional care to a child who has not completed obligatory school attendance. The obligation to ensure the preparation for school and in the case of reformatory measures to keep established file documentation was also introduced. The Act also regulated the obligation of the re-socialization
centres to agree upon and proceed according to the agreement with the physician in charge in the
case of the clients infected by HIV or AIDS clients.

7. Act No. 5/2009 Coll. that changes and amends Act No. 301/2005 Coll., the Code of
Criminal Procedure,
has reflected the need for regulating current developments which also required the modification of
the provisions related to protective treatment and ensuring of persons for the needs of making a
decision regarding this treatment for the purpose of providing this treatment at a healthcare facility
for such cases in which the institute of custody can be used, since it pertains to the convicted who
have already served their prison sentences and should continue in institutional treatment, to a
person for whom it is necessary to impose protective treatment even though this person is not
criminally responsible but for whom it is necessary to escort for the provision of institutional
treatment or the convicted for whom it is necessary to escort for the provision of detention. The
regulation pertains to those decisions for which the length of the serving of imprisonment in the
imprisonment facility is not sufficient for the fulfilment of the purpose of the protective treatment;
the court may then decide on its continuation in a therapeutic or out-patient facility. If continuation
in an out-patient facility is decided on, the subsequent proceedings are carried out by the court
which imposed the treatment. In connection with these changes and amendments, it is necessary
to show that the provisions on the escort to the place of provision of protective treatment which
should have taken place in an institutional healthcare facility have not been changed; the chair of
the senate will order the therapeutic facility who is providing this treatment, in the event that it is
decided that the stay of the person, to whom the treatment was imposed, is dangerous, the chair
will arrange for the escort of such person to the therapeutic facility without delay; if it does not
pertain to such person, the chair may provide this person with an adequate period of time to take
care of his/her matters.

When deciding about the detention, the aim was to harmonize the process of the regulation of
execution procedure with the regulation on decision-making on the continuation in protective
treatment.

8. Act No. 87/2009 Coll. that changes and amends Act No. 377/2004 Coll. on the Protection
of Non-smokers and on changes and amendments to certain Acts as amended.
The purpose of this Act was to generally decrease the availability of tobacco products by extending
the places under which the ban on the sale of tobacco products is in force; the reduction of
the demand for tobacco products by the ban on smoking at public sites, especially in public catering
facilities, health care facilities, etc. The Act banned smoking in public catering facilities except for
facilities that have built-in separated areas for smokers and non-smokers and in which the section
for non-smokers covers at least 50% of the area of the facility and is located by the entrance to the
facility.

incorporated in its provisions measures in combating doping in sports and the status of the state
control structure – the Anti-doping Agency of the SR.

10. Act No. 405/2008 Coll. that changes and amends Act No. 163/2001 Coll. on Chemical
Substances and Chemical Preparations as amended and on changes and amendments to
certain Acts.
Due to the adoption of the REACH regulation, distinctive changes in the content of the Act have
occurred. The REACH regulation transfers the responsibility for information on chemical
substances and their evaluation from the state authorities to the industry and thus principally
changes the position of the state in the area of chemical substances. In connection with the
adoption of the REACH regulation, the competences, rights and obligations of the state
administration authorities in the area of the production and introduction of chemical substances on
the market are modified. The state administration authorities in the area of supervision and control
are extended by the Public Healthcare Authority of the SR, the Slovak Environmental Inspectorate
of the SR, the National Labour Inspectorate, the Central Mining Authority and the regional mining
authorities and customs authorities. The need for incorporating the Public Healthcare Authority of
the SR, the Slovak Environmental Inspection of the SR, the National Labour Inspectorate, the Central Mining Authority and the regional mining authorities and customs authorities arises from the Regulation of the EC (EC Regulation No. 1907/2006) and is also due to the fact that from 2001 the status of individual state authorities have changed. In the case of other general government bodies, some small supplements to the existing competences have been made in connection to EC Regulation (Regulation (EC) No. 1907/2006). This does not apply to the Centre for Chemical Substances and Preparations, the Ministry of Economy of the SR and the Slovak Commerce Inspectorate, whose competences are extended; they will fulfil the tasks arising from the REACH Regulation and will ensure the contact of the SR with the European Chemical Agency. The parts related to the reporting of chemical substances, safety data cards and the evaluation of risks of chemical substances dangerous to the health and environment were fully omitted from Act No. 163/2001 Coll. The majority of the basic terms are omitted in the Act because they are defined in the above mentioned REACH Regulation.

The provisions on the classification, packaging and marking of the chemical substances and preparations and detergents and on the correct laboratory practice remained unchanged. Nor were any changes made in the definition of dangerous qualities of chemical substances. The methods of their establishing will be incorporated in the following Commission Regulation.

In 2008 and 2009, the following international agreements were signed:

The Agreement between the Slovak Republic Government and the Government of the Kazakh Republic on Cooperation in Combating Organized Crime, Terrorism, Illegal Merchandizing with Narcotics, Psychotropic Substances and Precursors and Other Types of Criminal Activities (Notification No. 222/2008 was publicized in the Collection of Laws);

The Agreement between the Slovak Republic Government and the Government of the Republic of Macedonia on Mutual Assistance in Customs Issues (Notification No. 488/2008 was publicized in the Collection of Laws);

The Agreement between the Slovak Republic Government and the Council of Ministers of Bosnia and Herzegovina on Cooperation in Combating Crime, Especially Terrorism, Illegal Merchandizing with Narcotics and Organized Crime (Notification No. 178/2009 was publicized in the Collection of Laws).

1.1.2  Bills in the Legislative Process

In 2009, the governmental Bill submitted by the MH SR that changes and amends Act No. 139/1998 Coll. on Narcotics, Psychotropic Substances and Preparations as amended, was forwarded to the second reading at the National Council of the SR. A new form of handling narcotics, psychotropic substances and preparations, such as the processing of cannabis except for the varieties of cannabis sativa, which a farmer may cultivate without any permission or poppy straw for other purposes than acquiring narcotic or psychotropic substances has been proposed. The definition of the production of narcotics and psychotropic substances is extended to include the processing of poppy straw for the purposes of acquiring the concentrate of the poppy straw, for isolation or the synthesis of narcotics and psychotropic substances and for the production of medicines with the content of narcotics or psychotropic substances. Based on Council Decision No. 2003/847/SVV on Control Measures and Punitive Sanctions with Regard to the New Synthetic Drugs 2C-1, 2C-T-2, 2C-T-7 and TMA-2, four new synthetic psychotropic substances are proposed to be added to Group I of the psychotropic substances of Annex No. 1. It is proposed that the medicine ketamine, which has recently been abused for illegal purposes, be included in Group II of the narcotics of Annex No. 1.

The Bill enables the incorporation of narcotics and psychotropic substances based on the legal regulations of the EU and motions of the state administrative authorities competent for the area of legal motions for narcotics and psychotropic substances and for suppressing the illegal production and distribution of narcotics and psychotropic substances.

2 40 regular session of the SR National Council, Material No.1147
1.2 Institutional Framework, National Strategies and Policies

1.2.1 Coordination and Institutional Framework

1.2.1.1 Coordination on the National Level

As the most senior executive authority, the Government of the SR, through its consultative body, the Committee of the Ministers (the MC DADC) performs tasks which are incorporated in the comprehensive programming document, the strategy for anti-drug policy. It contains the definition of priorities and objectives for the period set by the government and the method for achieving them in the area of the reduction of the supply and demand of drugs.

In 1995, the General Secretariat of the MC DADC was authorized to methodologically coordinate and manage the preparation, implementation, monitoring and evaluation of the fulfilment of the NPCD, which is organizationally incorporated in the Government Office of the Slovak Republic (hereinafter the “General Secretariat”) which is the executive body of the MC DADC. The General Secretariat, in cooperation with the individual ministries, especially the Ministry of Interior of the SR, ensures the link and coordination of the national anti-drug strategy in the Slovak Republic and connected action plans with the European Strategy of Combating against Drugs and its Action Plan within the framework of the third pillar of the EU on safety and justice of the EU (Justice and Home Affairs – JHA).


In 2008, the monitoring of the drug situation in Slovakia was also carried out by the National Monitoring Centre for Drugs (NMCD) which was incorporated in the organizational structure of the Government Office of the SR as one of the departments of the General Secretariat. The information which the NMCD, as the National Focal Point of the International Information Network on Drugs (REITOX³) acquires within the framework of its competence for the needs of the monitoring agency of the EU in Lisbon – the European Monitoring Centre for Drugs and Drug Addictions – serve simultaneously for domestic needs, in monitoring the fulfillment of the objectives of the national strategy.

In 2009, the Government Council for Crime Prevention was established as the consultative body to the SR Government. The Act on the Prevention of Crime⁴ anticipated the creation of this structure, which should contribute to a better balance between prevention and repression within the framework of crime control and the control of other anti-social activities. Within the framework of its activities, the Council will discuss the analyses of the state and development of crime in the SR and propose measures for its control and elimination as well as for the control and elimination of other related social-pathological phenomena, among others. At the same time, it will support scientific research in the field of crime prevention and submit to the SR Government for approval draft strategies for prevention for four-year periods.

³ Réseau Européen d’Information Sur les Drogues et les Toxicomanies
⁴ Act No. 583/2008 Coll. on the Prevention of Crime and Other Anti-social Activities and on changes and amendments to some Acts
1.2.1.2 Coordination on the Local and Regional Levels

The passing of Act\(^5\) on Crime Prevention and Other Anti-Social Activities and on changes and amendments to Act No. 575/2001 Coll. on the Organization of the Government and the Organization of the Central State Administration as amended, re-created the prequalification for the development of cooperation and the improvement of the coordination of the fulfilment of the intents of the anti-drug strategy on the regional level; the positions of the coordinators and their competence in the field of the drug agenda in relation to the regions will be renewed\(^6\) in 2009.

1.2.2 National Strategic Documents

1.2.2.1 National Anti-drug Strategy


The following are the priorities of the strategy entitled the “The National Anti-drug Strategy for the Period 2009-2012”:

1. Reduction of demand
2. Reduction of supply
3. Coordination and cooperation
4. International cooperation
5. Information, research and evaluation

1.2.2.2 National Action Plan for Alcohol-related Problems (NAPPA) for the Period 2006-2010

The first evaluation report was elaborated in 2008 – for more information, see Chapter 1, Report 2008.

1.2.2.3 The National Action Plan for Tobacco Control for the Period 2009 – 2010

was approved by the SR Government in 2008. The Action Plan\(^8\) is based on the strategy of the National Tobacco Control Programme and defines the actual tasks, time frame for fulfilment, responsibility of individual ministries and financial coverage.

1.2.2.4 National Programme for HIV/AIDS Prevention in the Slovak Republic for the Period 2009 – 2012

On September 16, 2009, the SR Government adopted the National Programme of HIV/AIDS Prevention in the Slovak Republic for the Period 2009-2012, the main aim of which is the elimination of the spread of the HIV virus and the reduction of the impacts of HIV and AIDS in of

\(^5\) The Slovak Republic Government through its Resolution No. 598 of September 10, 2008 and the National Council of the Slovak Republic through its Resolution No. 1175 of December 3, 2008

\(^6\) In 2007, the SR Government through its Resolution No. 165 of February 28, 2007, approved the cancelling of the regional authorities as of September 30, 2007, by means of which, the position of regional coordinator was also cancelled.

\(^7\) http://www.rokovania.sk/appl/material.nsf/0/8942AB4BE2A497BC1257584004E3D2E/$FILE/Zdroj.html

\(^8\) Source: http://www.rokovania.sk/appl/material.nsf/0/293409DB3A05F559C125747400236B10/$FILE/Zdroj.html

\(^9\) Source: https://lt.justice.gov.sk/Attachment/vlastnymat%20so%20zapracovan%C3%BAdmi%20pripomienkami.rtf?insEID=1&attEID=14407&docEID=70705&matEID=1749&langEID=1&tStamp=20090907134241857, downloaded on September 9, 2009
the most affected parts of the society with the aim to turn back the spread of the AIDS pandemic in the world. It reflects the recommendations of the WHO and UNAIDS (Joint United Nations Programme on HIV/AIDS). All activities are in compliance with UNAIDS, based on the principles of the human rights protection, scientific knowledge and aimed at the involvement of the civil society and NGOs. The activities of the national programme are especially aimed at the testing, treatment and care for HIV/AIDS positive persons.

To date, Slovakia is one of the countries with a relatively low number of HIV/AIDS infected persons and this infection has not taken on alarming dimensions, although in the last eight years a case of HIV infection occurs every year. (For more information, see Chapter 6). That is why it is necessary to continue in the effective prevention of this disease. Young people, who represent a significant part of newly diagnosed HIV cases, constitute a critical element in changing the dynamics of the HIV/AIDS pandemic in the world. It is necessary to constantly repeat activities connected with the education and upbringing of young people. Since HIV has precisely defined forms of transmission, prevention is the most significant component in combating the spread of HIV.

1.3 Implementation of Policies and Strategies

The twinning component of the project of the MLSAF SR and the Government Office of the SR which is co-financed from EU funds: “Improvement and Dissemination of the Re-socialization and Rehabilitation Care for Persons Dependent on Psychotropic Substances” (total amount of 1,150,000 €), which began in August 2007, was completed by the final conference in December 2008.

The Manual of the Quality Standards and Good Experience of Re-socialization Facilities in the SR\textsuperscript{10}, which was discussed and adopted at the final conference with the participation of the pertinent cooperating ministries and organizations, was the most significant output. The Manual became the foundation for the legislatively anchored change of the terms and conditions for the activities of the re-socialization centres (RC) defined in the amended\textsuperscript{11} Act No. 305/2005 Coll. with effect as of January 1, 2009. In particular, the Act’s amendment led to the extension of the target group of RC clients, the terms and conditions for the provision of professional care and the minimum scope of activities carried out by the RC were regulated. The requirements necessary for the re-socialization programme and the specified content aspect of individual re-socialization plans were also extended. The Act also introduced the possibility of serving the decision of the court on precautionary measures and newly regulated the terms and conditions for the provision of financial contributions for serving the decision of the court in the RC.

20 employees of the RC passed the specialized training programme focused on various aspects of care provided to addicted persons at the RC within the framework of the past twinning and with the support of technical assistance. Each participant received the certificate on training confirmed by the organizations of the French party (Ministry of Social Affairs, MILDT and ANITEA – national expert associations) the Finnish party (STAKES) and the Slovak parties (General Secretariat of the CM DADC and the Saint Elizabeth School of Healthcare and Social Work in Bratislava). At the same time, the two modules of professional training for the staff of the re-socialization centres were designed and within the framework of Module 1, the needs for the training of other experts, whose work orientation also requires expert experience from the area of addictology, were incorporated.

In 2008, a total of 12 applicants for grants – individual RC - in the amount of up to 25,000 € (in the overall amount of 286,554.04 €) were supported through the Grant Scheme; the completion of the projects was planned for September 2009.

The project activities are targeted on:

1. expert training or psycho-social training for the RC staff,

\textsuperscript{10} Source: http://www.infodrogy.sk/indexAction.cfm?module=Library&action=GetFile&documentID=645

\textsuperscript{11} By the Act t No. 466/2008 Coll. that changes and amends Act No. 305/2005 Coll. on the Social and Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended.
2. performance of supervision in the RC,
3. psycho-social or other specialized training for RC clients (including the acquisition of new working skills or new experience in how to apply for and find a job), (See Chapter 8)
4. Improvement of the existing –re-socialization programmes and methods (such as work therapy, social interventions, design of individual re-socialization plans, upbringing-education programmes for minors, therapeutic work with families, field therapies with clients, etc.)
5. Extension of the spectrum of therapeutic and other programmes and methods (such as art-therapy, music therapy, canine-therapy, specialized social counselling through internet, etc.).

They also include activities that support the development of cooperation among the RCs, the development of cooperation with healthcare facilities and the availability of information on the re-socialization process to the general public through new/updated websites, bulletins, publications, etc. Information on the project and all the outputs are available at the information portal www.infodrogy.sk.

The Ministry of Labour, Social Affairs and Family fulfil the first phase of the Concept of the Counselling Services at the Ministry of Labour, Social Affairs and Family (see Chapter 1 of Report 2008) i.e., the staffing and professional backup and training of 8 specialized counsellors (one for each region) for drug-related issues.

The introduction of selective intervention arose from the recommendations and conclusions of the joint German-Czech-Slovak project (see Chapter 1 of Report 2006, Report 2007) and the aim of the intervention is to provide juvenile delinquents and the other target groups with basic information on the risks connected with the abuse of drugs and to motivate them to have a more responsible attitude to their own life.

Currently, the SR is one of the 17 EU countries participating in the FreD goes net. Project financed from EU funds from the financial programme Public Health 2003 – 2008. The project is based on early preventative intervention in the case of young first time violators of the law in connection with drugs. Since the first information on the FreD Programme was presented within the framework of the twinning project (Report 2006, Report 2007) it was not necessary to start from scratch. Moreover, there is a solid and sufficient network of educational-psychological counselling centres in the SR which can be quite helpful in implementing the programme on the national level. So far, the RAR analysis on the drug scene was carried out and the representatives of the SR participated in several seminars organized within the framework of this project. On the national level, the communication among the ministries which could be involved in the system – education, labour, social affairs and family, interior, justice, prosecutor’s office, is underway. The information material regarding the FreD Project and its possible implementing in the SR has also been prepared and it is to be submitted by the Ministry of Education to the session of the Council of Ministers at the end of October 2009. The aim is to prepare the legislative framework and the institutional anchoring of this project of selective prevention. (see Chapter 3 and Chapter 9)

1.3.1 Evaluation of the Application of Selected Drug Sections of the Slovak Criminal Code.

The following project partners participated from 2006 in the implementation of the research project, whose contractor is the Open Society Foundation (NOS-OSF) – the Department of Social Work of the University of Matej Bell, the Department of Psychology of Palacký University in Olomouc (Czech Republic), the Faculty of Social and Economic Sciences of Comenius University in Bratislava and the NMCD. The project supervision was ensured by a team of specialists from the Czech Centre of Addictology of the Psychiatric Clinic of the First Medical Faculty and the General Faculty Hospital of Charles University in Prague, Czech Republic, who participated in implementing the analogical study in the Czech Republic (Impact Analysis Project). The scientific examination was ensured by experts from the Netherlands, Poland and the USA.

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12 The associated country
13 Petřjanošová M., Masaryk R, Lášticová B. (Eds.): Qualitative Research on Public Space, Collection Bratislava 2008
14 Until August 2008
The evaluation research project of applying selected drug paragraphs of the Criminal Code of the SR was aimed at the evaluation of the impact of the introduction of the drug-related parts of current CC – i.e., it pertains to § 171 (possession for own consumption) and § 172 Artic. 1 d (possession or intermediation of narcotic and psychotropic substances or precursors in an amount higher than ten times than the usual dose) and the evaluation of the achievement/fulfilment of the objectives established in the Explanatory Report regarding the changes in the Criminal Code and the Rules of Criminal procedures and a description of the problems that occurred in the application section. The NMCD participated in one of the sub-studies, which is an analysis of the epidemiological situation, the trends in drug use, their availability, use patterns and trends in the enforcement of drug law based on statistical data published by the authorities responsible for criminal proceedings and by the courts. (2007 Report, chapters 1.1.2 and 13.2.1). Due to the reservations of the General Secretariat, regarding the methodology and interpretation of outcomes, the NMCD suspended its cooperation in this project in 2008.

The continuous report from 2008\textsuperscript{15} is available; the final output pursuant to the programme deadline of July 2009 for the completion of the study was not available at the time of the publication of this Report.

1.4 Budget and Financing of the Anti-drug Policy

Chapter 11: Public Expenditures of the 2007 Report, gave a detailed analysis of the problems involved in determining the overall volume of public expenditure (direct and indirect) on the drugs policy based on the outputs and their comparison from two studies of expenditures for 2004 and in 2007 for 2006.

1.4.1 Public Expenditures on the Fulfilment of the NPCD

In 2008, the General Secretariat acquired data from the relevant ministries (chapter of the state budget) and health insurance companies related to expenditures for drug related issues for the period 2005 – 2008 (the first half) through the \textit{top down} method in order to evaluate of the third NPCD in the period 2005 – 2008.

The data in the proposed structure for the needs of the comprehensive evaluation of the strategy with the possibility of its complementing by pertinent chapter of the state budget was collected for the first time within the framework of the SR.

The basic data was provided by: the Statistical Office of the SR, the Anti-drug Fund, the Government Office of the SR, the Ministry of Health, the Ministry of Labour, Social Affairs and Family, the Ministry of Education, the Ministry of Culture, the Ministry of Interior, the Ministry of Transportation, Post and Telecommunications, the Ministry of Defence, the Ministry of Finance, the Ministry of Justice, the Ministry of Economy, the Ministry of Agriculture, the Ministry of Foreign Affairs and the Office of the General Prosecutor of the SR. In addition, Všeobecná zdravotná poistovňa (the General Health Insurance Company) and Spoločná zdravotná poistovňa (the Joint Health Insurance Company) as public legal organizations and the private insurance companies Dóvera, APOLLO and UNION.

From the provided data it arises that the basic ensuring of the fulfilment of the tasks of the anti-drug policy in the period 2005 – 2008 (as of June 30, 2008) came from public\textsuperscript{16} funds (relevant chapters of the SB, funds from the EU) together with funds of the relevant health insurance companies, overall 53,901.720 € (1,623,843.217 SKK\textsuperscript{17}) were spent. The resources from the public funds (without health insurance companies) were in the amount of 41,739,459 € which constitutes 77.40 % of the relevant public funds.


\textsuperscript{16} except for municipal financial means

\textsuperscript{17} approximately at the exchange rate of 1 € =30.126 SKK
The expenditures of the public health insurance for the treatment of diagnoses from the category ICD-10 F11–F19, that were processed based on the data provided by the relevant health insurance companies operating on the Slovak market as of the end of 2008, for the period of 42 months (2005 – 30. 6. 2008) amounted to the overall volume of 12,162,261.00 €, which constitutes 22.60 % of the overall funds for this period. The insurance companies paid 6,402,043 € for the treatment of diagnoses connected with drug addictions in institutional care and 5,760,218.00 € for out-patient healthcare. Všeobecná zdravotná poisťovňa, which is a public legal organization, spends the most for the treatment of drug addictions.

37.30% of the funds were spent in the area of reducing demand (treatment, re-socialization, prevention) from the state budget for the monitored period; 2.40% of the funds were spent in the field of science and research, and 60.30% of the funds were spent in the area of reducing the supply (law enforcement, repression).

Thus the ratio of pro-active public expenditures towards expenditures for the reduction of supply/law enforcement remained – in both studies\(^{18}\) - to the disadvantage of the financial ensuring of activities for the reduction of demand (40% : 60%).

Also, in the case of this finding of the real public expenditures, we can state that no system source of information on the provision of public funds within the framework of separate chapters of the state budget is available for the given area. Slovak public expenditures on anti-drug issues through the state budget are not sufficiently and purposefully planned and systematically evaluated, despite the fact that the individual ministries and other state administration bodies spent significant financial means from their own budget chapters of the SB for the anti-drug activities. However the process is not coordinated and planned as a whole.

**1.4.2 The Proposal of the Method of Financing of the Anti-drug Policy for the Upcoming Period in Compliance with the EU Strategy and the National Anti-drug Strategy for the Period 2009 – 2012 – Creation of an Inter-ministerial Programme Anti-drug Policy**

Despite the long-term existence of the anti-drug policy and the strategy of the society and adopted resolutions of the SR Government, only a few ministries (SB chapters) plan and apply the financial requirements of the state budget which are purposefully targeted on the anti-drug strategy and policy. This negatively affects the qualification, purposeful use and control of these funds. In some cases, it even created space for “duplicity” of part of requested and allocated funds of the pertinent ministries in the given period, for example through the requirements for the non-state Anti-drug Fund. That is why the existence of an effective, clear and long-term stable system of public financial arrangements of the intents and tasks of the national anti-drug strategy is necessary. The basic financial framework of the anti-drug policy will be created through identifiable public expenditures and relevant financial resources and its effective use and control will be ensured. The requirement for the design of a separate inter-ministerial programme entitled Anti-drug Policy is justified. This arises not only from the EU requirement for monitoring spent funds but also from the acquired experience of the financing of anti-drug policies in society in the previous period. The goal of the programme is its transparency for the general public and the identification of the pertinent field (anti-drug issues).

Based on the acquired information, the General Secretariat elaborated the draft for design of a time unlimited inter-ministerial programme with supra-ministerial intent within the framework of the state budget entitled the “Anti-drug Policy”. The Material with the title “The Proposal for the Method of Financing of the Anti-drug Policy for the Upcoming Period in Compliance with the EU Strategy and the National Anti-drug Strategy for the Period 2009 – 2012” was discussed at the Committee of Ministers and then submitted to the SR Government, which discussed the material and through

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\(^{18}\) Fazey, C.,2006: Social and Economic Costs of Drug Use in the SR in 2004 (bottom up and top down method) ratio of demand reduction is 43% versus 57% for supply reduction

its Resolution No. 308\textsuperscript{19} of April 29, 2009 and approved the creation of the inter-ministerial programme entitled Anti-drug Policy as part of the state budget. The relevant administrators of the chapters, within the competence of which is the participation in the fulfilment of the intents of the anti-drug policy and strategy, will participate in the fulfilment of the inter-ministerial programme within the framework of the state budget from 2011. There is a prequalification that the programme will strengthen the mutual cooperation and coordination of the state with the authorities of the territorial self-government and NGOs in ensuring the interests and needs of the state. A working group was established under the management of the General Secretariat with a view to the elaboration of the preliminary draft for the design of this programme.

The Government Office of the SR will be the administrator of the Anti-drug Policy inter-ministerial programme and the ministries, whose ministers are the members of the Committee of Ministers for Drug Addiction and Drug Control (13 members) will be the participants of this programme.

The Government Office of the SR will participate in this programme through its own sub-programme. The system of subsidies will be included in it, within the framework of which the funds will be allocated to the applicants for the support of anti-drug activities based on the elaborated projects.

The subsidy policy of the Government Office of the SR approves and allocates the funds from 2009 through the Committee of Ministers for Drug Addiction and Drug Control. Funds were allocated in the amount of 1,493,726.35 € (45 mil. SKK), from the budget chapter of the Government Office for this purpose for 2009.

\subsection*{1.5 Social and Cultural Context}

The current economic crisis has been projected in a number of social impacts which to date, despite its intensity, can not be realistically evaluated in the context of social pathology – especially the growth of crime.

Since 2008, unemployment\textsuperscript{20} grew (in July 2009 it reached 355,862 persons, which constituted 12.07\% with a year-on-year growth of almost 60\%). The 20-29 year old age category constitutes the largest share in this number – the statistics of the Office of Labour, Social Affairs and Family for the month of June 2009 talks about 99,300 persons. The largest amount comes from the regions of Prešov and Košice, which also have the highest representation of differently marginalized groups. It is expected that the unemployment rate will continue to grow and moreover, the graduates of secondary schools\textsuperscript{21} were added to the register in September. This fact means a significant growth in the number of vulnerable young people (Report 2006, Chapter 12.1.1). The respondents of the representative public opinion survey “Consumers’ Barometer”\textsuperscript{22}, which was conducted in July 2009 and mapped the opinion of the citizens regarding the economic situation in Slovakia, the self-reflection of the financial situation of the households and investment plans of the population, also expressed fears of the development of unemployment. A high share of pessimistic answers was also recorded in the internationally monitored indicator of the so-called index of consumer trust and Slovakia achieved a value of -32 points.

According to the publicized statements of experts\textsuperscript{24} although the trend of growth of the unfitness for work in general is obvious – the crisis can be blamed for this, but also the growth of

\begin{thebibliography}{99}
\bibitem[19]{19} \url{www.rokovanie.sk}
\bibitem[20]{20} \url{www.upsvar.sk} downloaded on 10.8.2009
\bibitem[21]{21} Ibid, 10.8.2008
\bibitem[22]{22} Information 12/2009 Statistical Office of the SR
\bibitem[23]{23} When estimating unemployment, optimistic prognoses represented only 7\% and the increase of the unemployment rate in the upcoming period is expected by 76 \% of the respondents (in 2008 it was only 16\%). When assessing the current development of the economic situation in Slovakia, the largest number of respondents (82 \%) stated that the economic situation had deteriorated in the past 12 months. When estimating the development of the economy of the Slovakia, at least two thirds of the respondents (65 \%) declared that the economic situation in Slovakia would deteriorate in the upcoming 12 months. The conditions for saving were assessed positively by 25 \% of the respondents. The negative standpoint (now is not a suitable time for saving) was declared by 68 \% of the respondents.
\bibitem[24]{24} http://hnonline.sk/slovensko/c1-37933170-hospodarska-kriza-vyhana-alkoholikov-do-liecebni
\end{thebibliography}
applications for treatment due to the alcohol addiction. The largest Bratislava Centre for Treatment of Drug Dependencies registered 30% more applications for treatment as of July 30, 2009 in comparison with the previous year.

1.5.1 Opinions on Drug Use and the Solution of the Situation

In June 2008, a representative sociological survey of the Institute of the School Information and Prognoses was also researching the occurrence of other phenomena of social pathology. Based on the detected statistical significance among the group of “experimenters”, which in this survey of 15-26 year old young people represented less than a third (for more information, see Chapter 2 Drug Use in Population) and the majority group, where the respondents had no experience with drugs, the data was repeatedly confirmed that the young people who have experience with drugs more frequently come from broken families and do not have good relationships with their parents. They have more financial problems (59.3%) and up to one fifth of them thought that their living standards were under the limit of satisfying the basic living needs. In addition, they more frequently avoided school intentionally (almost 60% / joint responses occasionally and frequently) and the most frequent reason for truancy was the lack of interest in school. The group of “experimenters” had more frequently experienced harassment and not only in the position of persons, who were harassed, but also as the perpetrators of harassment towards others. They are more informed, they showed larger interest in anti-drug issues and they acquired information about drugs from friends in particular (while the respondents having no drug experience acquired this knowledge from the radio and teachers to a greater extent). One fifth of the respondents mentioned the desire to go with the crowd of their peers among the most frequent reasons based on which young people take the drugs, followed by curiosity, escape from the family environment and boredom, use of drugs as a fashionable trend, easy availability, or by consuming drugs they expressed a protest towards the surrounding world or as an attempt to solve their school and personal problems. One third of the respondents included discotèques and concerts as the places where it is possible to buy or get drugs in the easiest way, followed by entertainment facilities and game rooms, dormitories, then public spaces, pubs and restaurants, but also clubs for young people and their events.

In this survey, heroin, cocaine and LSD were considered as dangerous to one’s health; one tenth of the respondents ascribed lower risks to health to pervitin, even less to crack, cannabis resin, volatile substances, ecstasy, herbal cannabis and pills. More than two thirds (69.3%) of the respondents with drug experience presented the opinion that they did not afraid of drug addiction because they had the situation under control. From 1996, the number of young people, whose opinion was that they had the situation under control and could not be drug addicts, dropped slightly and the number of young people, who did not care about this fact, also dropped. And so, the number of respondents feeling the fear from drug addiction grew and the number of young people, who never thought about this consequence of drug use, also grew. Although from 1996, the number of young people who did not have any fears about the transmission of infectious diseases, is dropping, an 84.7% share of those who did not have any fears and had the opinion that this problem was not about them, is still high. The number of respondents, who did not care about their own health, grew more distinctively.

Also, according to other surveys the solving of drug related issues is perceived from the position of repression/law enforcement for a long period of time, which in Slovakia is considered as the most effective way to reach a solution, i.e. it pertains to the measures of drug supply (merchandizing, production and spreading). (See Chapter 1.4 of the Report 2008).

25 In 2008, the repeated – in the interval of 3 years - opinion survey regarding drug use and related problems and the other social-pathological phenomena was implemented on the representative sample of young people of the ages 15 to 26. (N=989)

26 According to the survey of the Public Opinion Research Institute of the Statistical Office, since 1995, supply reduction measures in the form of increased activity by the police and customs authorities and strict anti-drug laws have been in first place, also in a comparable age group of 15–29 year olds in Bratislava (55% and 47% respectively).

On the other side, strict measures towards drug users and the legalization of drugs did not find many supporters in the offer of effective solutions of the last years of the Eurobaromenter survey, Young People and Drugs. In 2008, those respondents considered the elimination of poverty/unemployment as the least effective method (5%).

In the Institute of the Information and Prognosis in Education (IIPE) survey the respondents expressed their opinion regarding the legalization\textsuperscript{27} of drugs, or legalizing “soft” drugs which the authors of this survey declared\textsuperscript{28} as creating the legal possibility for possession and the use and control of the distribution of some types of drugs with the exception of their production and sale to children and juveniles. The outcomes of this survey showed that more than half of the respondents did not agree with the legalization understood in this way in Slovakia and only one tenth of young people reacted positively. More than one third of the respondents aged 15 to 26 did not have any own opinion regarding this serious problem. In the timeframe from 1996, the number of young people who agreed with the legalization of drugs in Slovakia slightly grew and the number of respondents who could not answer this question also grew. At the same time, the number of respondents expressing a negative attitude towards drug legalization decreased. More than one fifth of the respondents designated the Act\textsuperscript{29} as satisfactory; approximately the same number of young people thought that it was too benevolent and that the punishment for the production, sale and distribution of illegal drugs should be more strict, which is in compliance with the long-term trend. Only 5.5% of respondents considered the currently valid legislation as too strict. Almost half of the respondents did not know to answer the question of the evaluation of the currently valid legislation.

65.8% of the respondents responded correctly (positively) to the question of whether the production, sale and consumption of illegal drugs were criminal offences in Slovakia; however 10.1% of the respondents thought that only their sale and not consumption\textsuperscript{30} was a criminal offence. Especially the respondents, who have a sufficient amount of information on drugs from teachers and mass media, were familiar with the valid legislation, focused on the issues of illegal drugs and the legal awareness of the respondents, whose knowledge on drugs were mediated by the friends, was low.

\subsection*{1.5.2 Parliamentary and Civil Initiatives}

Limitation of the access of young people to gambling and the reduction of social risks was the aim of the amendment to the Act on Gambling which proposed to decrease the number of slot machines operated outside of game-rooms, by means of which it should have especially reduced the access of young people to the games and the social risks connected with gambling. However, the proposal was not passed in the further legislative process.

The full ban on the sale of alcohol and the ban of advertising were also in the position of the proposal and discussions.

In the course of 2008 and 2009, the media and general public paid more attention to legal drugs, alcohol and smoking, which is related to the good communication of both national programs / action plans related to legally available alcohol and tobacco and the related legislative tools for ensuring the necessary environmental measures (the ban on smoking in public catering facilities, the ban on the use of alcohol by persons under 18, the pricing policy – increasing the excise tax on alcohol and tobacco, taxing gambling). Some advertisements for beer, (the initial beverage for children and young people) which can be broadcast without time limitations (advertisements for alcohol only after 10:00 p.m.) are broadcast on TV with the accompanying warning “Drink rationally from the age of 18”.

\textsuperscript{27} De-criminalization
\textsuperscript{28} Zábranský, T.: Drug Epidemiology. 1\textsuperscript{st} edition, University of Palacký, Olomouc 2003, ISBN 80-244-0709-4, p. 16-17
\textsuperscript{29} Penal Code
\textsuperscript{30} Important editorial note: The use/consumption of drug itself is not a criminal offence
2 Drug Use in Population and specific targeted groups

The General Population Survey (GPS) on drug use in the general population is one of the five key indicators used by the EMCDDA to describe the situation regarding the use of legal and illegal substances in a country. The extent and pattern of consumption of different drugs in the general population (usually aged 15–64, or high-risk age groups and/or cohorts) and the attitudes of different population groups towards drug use are determined through surveys using standard sociological methods (standardized questionnaires, interviews) based on a representative sample of the population. The data is then used to assess the situation, identify priorities and plan responses, in particular at the level of universal and selective prevention. Drug use surveys provide indirect information on the availability of illegal drugs in the market. Survey results are combined with information from law enforcement sources to give a comprehensive image of the black market in drugs.

To ensure the comparability of data in Europe and globally, the European Monitoring Centre for Drugs and Drug Addictions (hereinafter the “EMCDDA”) recommends that the GPS indicator include the core items formulated in the European Model Questionnaire (2002). The following variables are obtained for each drug (including tobacco and alcohol): Prevalence, age of first contact with the drug, frequency of use (or the quantity of the consumed drug). Sets of questions targeted on more intense use are added to the basic module – screening spectrums for some drugs and the associated issues or findings on increasingly frequent poly-consumption.

Within the framework of the implementation evaluation of 5 indicators for monitoring the drug situation in Slovakia, the EMCDDA assessed the state of the GPS indicator based on the fulfilled criteria in repeated school surveys (ESPAD, TAD) and the surveys of the former Institute of Public Opinion Research of the Statistical Office of the SR, of which standard tables ST 01, ST 02 and ST 30 were and are generated. These surveys fulfilled 6 to 8 of the 11 criteria.

This chapter is based on data from the available representative surveys conducted in Slovakia in 2008, one of which used the international ESPAD questionnaire, which is described in detail. With respect for the complexity of the Report, it is outlined in order to complement the complex of information about the most frequent and most available drug in Slovakia (compulsory facultative theme, Marijuana Markets in Part B Selected Questions) and some available data in relation to the facultative chapter, Use of Methamphetamines from the Aspect of Population and School Surveys.

2.1 Drug Use in the General Population

The planned survey in 2008 on the population between the ages of 15 and 64 did not take place and only the outcomes from the cycle in 2006 are available (2007 Report, Chapter 2.1.1.1). At that time, the highest prevalence of current use (used last year, used last month) of marijuana was found among 15 to 24 year olds (LYP = 20.4% and LMP = 6%). In the

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31 E.g., specific preventative interventions intended for girls aged 15 to 19 or older those are catching up with boys in drinking alcohol, smoking and using illegal drugs.
32 Statistical reporting for the UNODC (United Nations Office on Drugs and Crime)
33 Prevalence of use at some point of one’s life, LTP (prevalence), use of the drugs in the past 12 months/year (LYP) and the last 30 days/month – current use
34 Simultaneous use of two or more psychotropic substances
35 Cancelled on May 1, 2009
specific NMCD survey targeted only on marijuana use, current use was declared in this age group as the highest; LYP = 13.1%, LMP=5.4%.

2.2 Drug Use among the School Population and Young People

2.2.1 ESPAD 2007 in Slovakia

The outcomes of the 2007 school survey on alcohol and other drugs in Slovakia (ESPAD 2007) using a sample of 15 to 19 year old secondary school students was incorporated in the 2008 Report (Chapter 2.1.1.1). The use of marijuana on the level "tried at some point of one's life" was determined in the range from 20.1% (15 year olds) to 51.5% among 19 year old students. Current use (LYP, LMP) grew with age in shares ranging from 15.6% to 32.7% (LYP among 15 and 19 year old students) and in the share ranging from 6.6% to 14.1% (LMP among 15 and 19 year old students).

2.2.1.1 International Comparison

The international comparison of data in the ESPAD 2007 survey, the outcomes of which were presented to the general public in March 2009, also incorporated a sample of Slovak secondary school students who in the years of the survey implementation reached the age of 16 (year of birth 1991).

This age cohort achieved a higher score than the average of the other participating countries in six variables (Figure 2.2.1) in relation to 9 selected variables incorporated in Table 2.2.1.

The difference 13 % is in favour of 16 year old Slovaks related to the variable use of cannabis 1x or more to date, comparing the all ESPAD countries average

<table>
<thead>
<tr>
<th>Table 2.2.1: Selected variables monitored within the framework of the ESPAD 2007 International School Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking cigarettes in the course of the past 30 days – LMP</td>
</tr>
<tr>
<td>2. Drinking of alcohol in the course of the past 12 months - LYP</td>
</tr>
<tr>
<td>3. Inebriation in the course of the past 12 months - LYP</td>
</tr>
<tr>
<td>4. Volume of alcohol (100 % in cl) on the last day of drinking,</td>
</tr>
<tr>
<td>5. Use of cannabis 1x or more to date (experimenting)</td>
</tr>
<tr>
<td>6. Use of any illegal drug except for cannabis (*)</td>
</tr>
<tr>
<td>7. Use of inhalants (*)</td>
</tr>
<tr>
<td>8. Use (to date) of tranquilizers or sedatives that are OTC drugs</td>
</tr>
<tr>
<td>9. Use of alcohol with pills (3)</td>
</tr>
</tbody>
</table>

2.2.1 Figure 2.2.1: Comparison of the Slovak sample with the average for all countries participating in ESPAD 2007. Data source: 2007 ESPAD Report, p.115

Note: Variable No. 4 presented in the volume units (cl) is not included in the graph; in addition, the figure 4.2 cl of alcohol of the Slovak sample is identical to the average of the other countries.

(1) "Any illegal drug except for cannabis" means ecstasy, amphetamines, LSD or other hallucinogenic substances, crack, cocaine and heroin.
(2) Inhalants: "... (Glue, adhesives, solvents, etc.) for mood inducing"
(3) With the formulation: „To get into the mood"; except for Cyprus: „to feel differently"; and Romania: “to feel better”.

2.2.2 Health Behaviour in School Children International Survey

The data from another school health survey were also publicized in 2008 or 2009.

The international report\(^{37}\) presented key findings on the health of 11, 13 and 15 year old students in 41 countries of the Euro-region (WHO) and North America based on the HBSC survey in 2005/2006. In addition to the positive aspects, the report states the problems of this population with excess weight, obesity, life satisfaction, harassment and the use of psychotropic substances (tobacco, alcohol, and marijuana). According to the publicized data (WHO 2008, p.139 – 142) 14% of Slovak girls, 15 years of age, used marijuana once or several times, 23% of boys of the same age tried marijuana. The current use of marijuana (in the past 30 days) was indicated by 2% of girls and 7% of boys of the age of 15. The data on marijuana in the case of 15-year olds in HBSC from 2005/2006 are generally comparable with the ESPAD 2007 data: LTP in the case of 15-year old girls constituted 16.8%, while in the case of boys it was 23.5%; and LMP in the case of girls was 5.9% and in the case of boys 7.3%, still with an obvious trend of growth in marijuana use with an interval of approximately 2 years in the case of girls, but not in the case of boys.

---

When analyzing the risky forms of behaviour in relation to health, the social and financial situation of the family was also monitored. The relation to family wellbeing (affluence) was confirmed in many countries; the statistically significant relation (p<0.05) is valid for Slovakia for 15 year old boys who used marijuana once or several times. (ibid p.135) – see also Chapter 1.4.1 Social Context.

2.2.2.1 HBSC 2005/2006 in Slovakia


Basic characteristics:

N=3,882 respondents (46.3 % boys) in three age categories (11 years old, 13 years old, 15 years old). The survey was conducted anonymously at schools and participation was voluntary. The questionnaires were administered by expert researchers – Regional Public Health Offices’ staff.

Key findings

The majority of 15 year old respondents began to smoke at the age of 13 or less; 52% of girls and 60% of boys (in comparison with 31% and 13% in the HBSC survey). The incidence of smoking at least once a week increased with age.

More boys than girls indicated that they drank alcohol at least once a week, 40% of boys and 31% of girls indicated that they were drunk for the first time in their lives at the age of 13 or less. These outcomes significantly exceed the average of the countries participating in HBSC; Slovak boys exceed the girls by more than 10% and the difference was statistically significant.

In response to the question “What is your experience with marijuana in the past 12 months” 21% of boys of the age of 15 and 15% of girls of the same age answered that they used marijuana (1-2x up to 40 times or more). The boys indicated statistically more frequent experience with the use of marijuana (OR/CI: 1.60/1.19-2.15).

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38 Hamade J., Janéchová H (2009): Information for NMCD
Current use of marijuana was detected through the question: “Have you had any experience with the use of marijuana in the course of the past 30 days?” 9% (boys) and 3% (girls) indicated a frequency of 1-2 times up to 40 times or more in the past 30 days (LMP). Use of cannabis in this frequency was higher for boys and the difference was statistically significant (OR/CI: 4.02/2.23-7.25).

### 2.2.2.2 Smoking Marijuana among Young People

The goal of this study was to find out how smoking, alcohol consumption and marijuana smoking was spread in relation to health, the comparison according to gender and the monitoring of currency according to location. The school survey was conducted in 81 randomly selected elementary schools in three large cities in Western, Northern and Eastern Slovakia and several smaller towns of the regions of Košice and Prešov.

#### Basic characteristics:

- N = 4,581. Sample stratified according to gender (49.6% of boys, 50.4% of girls). Average age of respondents = 14.3 ± 0.7. The response rate was 93.0%. The remaining 7% did not participate in the survey due to illnesses.

#### Outcomes:

- 84% of the respondents stated that they had never tried marijuana, 16% said they had - Of which 10% had tried marijuana once or several times, 5% smoked marijuana from time to time and 1% smoked daily. The outcomes of the chi-square test showed the significant relationship between gender and marijuana smoking $\chi^2$ (3, n=3.51) = 59.09, p<0.000) the size of the effect according to Cohen was small (H=0.23). Table 2.xxx shows more detailed data. Statistically, more girls (88.80%) than boys (79.70%) stated that they had never have tried marijuana (89% of girls - 80% of boys CAI=0.80-0.89). No differences were detected according to location.

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Table 2.2.2: Smoking of Marijuana - Frequency and Inter-gender Differences (Source: Orosová, O. et al.2008): Cigarette Smoking, Alcohol Consumption and Marijuana Consumption among Adolescents.

<table>
<thead>
<tr>
<th>Age 14.3 ± 0.7.</th>
<th>Never</th>
<th>I have tried</th>
<th>I smoke from time to time but not daily (occasionally)</th>
<th>I smoke daily regularly</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>boys</td>
<td>n</td>
<td>1,365</td>
<td>220</td>
<td>104</td>
<td>1,712</td>
</tr>
<tr>
<td>% within the gender</td>
<td></td>
<td>79.70%</td>
<td>12.90%</td>
<td>6.10%</td>
<td>1.30%</td>
</tr>
<tr>
<td>% from total</td>
<td></td>
<td>38.80%</td>
<td>6.30%</td>
<td>3.00%</td>
<td>0.70%</td>
</tr>
<tr>
<td>girls</td>
<td>n</td>
<td>1,602</td>
<td>141</td>
<td>57</td>
<td>1,805</td>
</tr>
<tr>
<td>% within the gender</td>
<td></td>
<td>8.80%</td>
<td>7.80%</td>
<td>3.20%</td>
<td>0.30%</td>
</tr>
<tr>
<td>% from total</td>
<td></td>
<td>45.60%</td>
<td>4.00%</td>
<td>1.60%</td>
<td>0.10%</td>
</tr>
<tr>
<td>total</td>
<td>n</td>
<td>2,967</td>
<td>361</td>
<td>161</td>
<td>3,517</td>
</tr>
<tr>
<td>% from total</td>
<td></td>
<td>84.40%</td>
<td>10.30%</td>
<td>4.60%</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

2.2.3 Opinions and Attitudes of Young People on the Consumption of Illegal Drugs in Slovakia - Social Context

In 2008, the issues of illegal drugs regarding young people between the ages of 15 and 26 was studied together with other socio-pathological phenomena as part of the research task, “Situational Analysis of the Status of Young People in the SR”. The task was researched by the IIPE (Institute of Information and prognosis in Education) in three year intervals from 1996. The positive aspect of this type of research is the possibility of monitoring development trends within the framework of finding the frequency of drug use on the level of experience/experimenting.

Basic characteristics:

N = 989 respondents who complied with the criteria for representativeness due to the basic set of young people living in the SR between the ages of 15 and 26. The questions in this questionnaire administered by the researchers at the homes of the respondents were aimed at finding out the standpoints and attitudes of young people regarding drugs, information and availability (see Chapter 1.4.) in addition to the personal experience of young people with the use of illegal drugs in particular.

Findings:

261 (26.4%) of respondents admitted to having had experience with at least one type of illegal drug – most frequently with marijuana, 1.1% responded through the alternative No comment and less than a percent (0.8%) of respondents did not react to this question at all. More than a third (36.2%) of men and one fifth (20.6%) of women have had experience with illegal drugs (in at least one form of drug use). From 1996, the number of young people between the ages of 15 and 26 with experience with illegal drugs is growing. (Figure 2.2.3). The trend in the consumption of illegal drugs is illustrated by Table 2.2.3; smoking is the dominant form of consumption.

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According to this survey, the determination of drug availability is the place where drugs can be purchased or obtained in the easiest way and the respondents included the following: discotheques and concerts (29.7%), entertainment facilities and gambling clubs (19.2%), dormitories and schools (13.4%) and public areas (11.2%). Less than one percent of respondents (0.6%) indicated that today drugs are available everywhere for young people. 9.8% of young people did not know how to answer to this question and 1.5% of respondents used the alternative No comment.

2.2.3.1 Age of First Experimentation with Drugs

This variable is monitored in the surveys of the IIPE from 2002 and the number of those who began to experiment with drugs at the age of around 14 and less is increasing. The age of first contact with drugs has dropped according to the data from this survey.
2.2.3.2 Frequency of Use of Drugs

This is determined through the question, “How many times did you use the drug in the course of the past month”.

Up to 69.7% of the respondents had not used illegal drugs in the past month even once (N = 989). (81.3% of women and 63.5% of men) One fifth (20.3%) of these young people indicated use of less than five times (so called weekend use at discothèques, various parties, etc.). 3.8% of respondents did not know how to determine the frequency of their drug consumption for the past month. In comparison with 1999, the number of respondents who did not use drugs even once for the past month grew. However, at the same time, the number of young people who could not determine the frequency of their drug use for the monitored period also grew.

2.3 Use of Drugs in Specific Groups/Environments

2.3.1 University Student Surveys with the Use of the ESPAD Method

University students have always constituted a certain “supplement” to other studies and surveys or ministerial statistics, such as according to education level in the case of population surveys or in reporting on treated drug addicted persons. Mostly regional surveys
of students of individual universities were conducted in order to monitor the smoking habits of future teachers and attitudes and knowledge regarding drugs among future physicians and future lawyers. In 1999, Focal Point undertook to map this segment of the young generation as a whole, although interest in learning about the drug situation among this group was minimal – allegedly it is too late for prevention in this age category. Although university students are not a primary target group from the aspect of prevention, they constitute an in-between group in the long-term horizon, where gradually in the context of the development phase (Emerging Adulthood) they assume their role in environments (school, work and family) which may become the targets in the future. According to Nociar (2000) evidence based preventative programmes may have greater importance (see also Chapter 3.2.1.1. Research of Protective and Risk Factors of Drug Use in Relation to the Effectiveness of Prevention with University Students) than it seemed.

In 1999, first university student survey based on ESPAD was conducted and the outcomes were publicised.

The survey of university students with the use of the ESPAD method was carried out for the second time in 2008. Acquired data enabled researchers to:

A) Map the current situation among the university student population between the ages of 19 and 24;
B) Compare the development trend in the span of years (1999 – 2008);
C) Compare the development within the cycle 2003 – 2008 through retrospective estimates of use; and
D) Estimate the risk of more serious patterns of alcohol consumption through additional scales for screening I (CAGE and ADS) and marijuana (CAST) and to estimate the share of respondents with a more problematic form of drug use, as well as to evaluate the relative risk for consumption of drugs.

Detailed outcomes, meta-analyses and interpretations in the context of the phenomenon of drug use among young people in Slovakia in the course of two decades based on data from the TAD and ESPAD school surveys and the university student surveys constitute the content of the prepared monograph of Alojz Nociar “Surveys of Smoking and the Use of Alcohol and Illegal Drugs by Slovak Young People” financed by the National Monitoring Centre for Drugs.

A) University Student Survey in 2008

Methodology

The ESPAD questionnaire with additional questions regarding the retrospective estimate was simultaneously distributed by peers and staff of the Regional Offices of Public Health at 42 universities of various types. Overall, approximately 3,600 questionnaires were handed out and 53.50% were returned via postal service (prepaid postal fees).

Table 2.3.1 incorporates the data of the entire sample (n=1,874) for LTP (prevalence “tried once or several times to date”). The level of experimenting is highly dominated by marijuana (50.2%) followed by ecstasy (8.2%) and hallucinogens in the form of magic mushrooms (7.5%). Methamphetamine “pervitin” use was declared by 8.2 % of men and 3.9 % of woman. GHB -liquid ecstasy is the least spread drug in this sample, only 0.7% of respondents declared experimenting with this drug.


Tobacco-Alcohol-Drugs: first ever representative school survey in Slovakia, obviously precedes the ESPAD survey

Table 2.3.1: Prevalence of the use of individual drugs by university students aged 19 to 24

<table>
<thead>
<tr>
<th>University Students, Age 15 to 24</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. any illegal drug (except for marijuana)</td>
<td>18.6</td>
<td>8</td>
<td>12.2</td>
<td></td>
</tr>
<tr>
<td>2. cannabis (marijuana and hashish)</td>
<td>61.3</td>
<td>43</td>
<td>50.2</td>
<td>1.</td>
</tr>
<tr>
<td>3. opioids (total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. heroin</td>
<td>1.6</td>
<td>0.7</td>
<td>1.1</td>
<td>9</td>
</tr>
<tr>
<td>5. other opioids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. cocaine (total)</td>
<td>4.1</td>
<td>1.6</td>
<td>2.6</td>
<td>7.</td>
</tr>
<tr>
<td>7. cocaine powder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. cocaine for smoking (crack)</td>
<td>2</td>
<td>0.5</td>
<td>1.1</td>
<td>9</td>
</tr>
<tr>
<td>9. amphetamines</td>
<td>4.2</td>
<td>1.5</td>
<td>2.6</td>
<td>7.</td>
</tr>
<tr>
<td>10. ecstasy</td>
<td>10.7</td>
<td>6.5</td>
<td>8.2</td>
<td>2.</td>
</tr>
<tr>
<td>11. GHB</td>
<td>1.5</td>
<td>0.3</td>
<td>0.7</td>
<td>10.</td>
</tr>
<tr>
<td>12. hallucinogens (total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. LSD</td>
<td>8</td>
<td>4</td>
<td>5.6</td>
<td>5</td>
</tr>
<tr>
<td>14. other hallucinogens (magic mushrooms)</td>
<td>12.4</td>
<td>4.3</td>
<td>7.5</td>
<td>3.</td>
</tr>
<tr>
<td>15. tranquilizers or sedatives (OTC drugs)</td>
<td>4.5</td>
<td>5.8</td>
<td>5.3</td>
<td>6</td>
</tr>
<tr>
<td>16. other medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. solvents or inhalants because of effects</td>
<td>8.2</td>
<td>4.7</td>
<td>6.1</td>
<td>4.</td>
</tr>
<tr>
<td>18. anabolic steroids</td>
<td>4.2</td>
<td>0</td>
<td>1.7</td>
<td>8</td>
</tr>
<tr>
<td>19. other methamphetamines – pervitin</td>
<td>8.2</td>
<td>3.9</td>
<td>5.6</td>
<td>5.</td>
</tr>
<tr>
<td>Overall size of sample (n)</td>
<td>739</td>
<td>1,135</td>
<td>1,874</td>
<td></td>
</tr>
</tbody>
</table>

The prevalence of three illegal substances (marijuana, ecstasy and solvents/inhalants) in level of experimenting (LTP) was determined also for the last year (LYP) and last month (LMP) prevalence.

Tables 2.3.2 a, b, c incorporate the individual levels of incidence of the use of marijuana, ecstasy and solvents or inhalants according to gender. N= 1,874 (Men = 739, Females = 1,135). The values of the current use of marijuana by university students exceed by several times the current use of ecstasy or inhalants.

Table 2.3.2

<table>
<thead>
<tr>
<th>Marijuana</th>
<th>M</th>
<th>F</th>
<th>Total</th>
<th>Ecstasy</th>
<th>M</th>
<th>F</th>
<th>Total</th>
<th>Solvents and Inhalants</th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTP</td>
<td>61.3</td>
<td>43</td>
<td>50.2</td>
<td>LTP</td>
<td>10.7</td>
<td>6.5</td>
<td>8.2</td>
<td>LTP</td>
<td>8.2</td>
<td>4.7</td>
<td>6.1</td>
</tr>
<tr>
<td>LYP</td>
<td>33.9</td>
<td>19.4</td>
<td>25.1</td>
<td>LYP</td>
<td>6.2</td>
<td>2.2</td>
<td>3.7</td>
<td>LYP</td>
<td>2.5</td>
<td>1.5</td>
<td>1.9</td>
</tr>
<tr>
<td>LMP</td>
<td>17.6</td>
<td>6</td>
<td>11.5</td>
<td>LMP</td>
<td>2.1</td>
<td>0.8</td>
<td>1.3</td>
<td>LMP</td>
<td>1.6</td>
<td>0.4</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Data source: Nociar, A.: 2009 | ST 30 for REITOX/EMCDDA

B) Comparison of University Surveys in 1999 and 2008

Table 2.3.3 incorporates the data documenting the extent of experience with psychoactive substances in the samples of university students in 1999 and 2008 and the age declared by the students at which they had their first contact with drugs. The size of the sample in 1999 was 1,602 university students; in 2008, it was 1,874 university students.
Table 2.3.3: Extent of experience and age of first experience with alcohol, tobacco and drugs: - University students

<table>
<thead>
<tr>
<th>Experience with Legal and Illegal Drugs: University Students</th>
<th>% of respondents</th>
<th>Age of First Experience (modus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking in the past 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>85.0</td>
<td>15</td>
</tr>
<tr>
<td>U – 2008</td>
<td>82.2</td>
<td>15</td>
</tr>
<tr>
<td>Repeated inebriation for 1 year (3-5-times or more)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>34.0</td>
<td>16</td>
</tr>
<tr>
<td>U – 2008</td>
<td>31.3</td>
<td>15 ◄</td>
</tr>
<tr>
<td>Drinking of 5 or more glasses consecutively (2 or more times) in 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>23.3</td>
<td>16</td>
</tr>
<tr>
<td>U – 2008</td>
<td>36.6 ▲</td>
<td>15 ◄</td>
</tr>
<tr>
<td>Regular smoking (1 up to 5x a day or more)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>20.1</td>
<td>13</td>
</tr>
<tr>
<td>U – 2008</td>
<td>23.3 ▲</td>
<td>14 ▲</td>
</tr>
<tr>
<td>Marijuana or hashish (1 or more times to date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>33.2</td>
<td>16 or older</td>
</tr>
<tr>
<td>U – 2008</td>
<td>50.2 ▲</td>
<td>16 or older</td>
</tr>
<tr>
<td>Amphetamines and opiates (1 or more times to date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>2.8</td>
<td>16 or older</td>
</tr>
<tr>
<td>U – 2008</td>
<td>3.7 ▲</td>
<td>16 or older</td>
</tr>
<tr>
<td>LSD and hallucinogens (1 or more times to date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>4.1</td>
<td>16 or older</td>
</tr>
<tr>
<td>U – 2008</td>
<td>5.6 ▲</td>
<td>-</td>
</tr>
<tr>
<td>Ecstasy (1 or more times to date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U – 1999</td>
<td>1.7</td>
<td>16 or older</td>
</tr>
<tr>
<td>U – 2008</td>
<td>8.2 ▲</td>
<td>16 or older</td>
</tr>
</tbody>
</table>


The lifetime prevalence of marijuana use among university students substantially grew for both genders. After more than eight years, the LTP among female university students is the same as it was with male university students in 1999.

Figure 2.3.1: Comparison according to Gender: Marijuana or hashish, once or more during his/her life (LTP)
C) Retrospective Self-Estimate of University Students in 1999 and 2008

In 1999, the collection of data for the retrospective self-estimate and subsequent comparison study was conducted within the framework of the survey of university students. The respondents completed the Supplement for the Retrospective Self-estimate (500 samples were handed out) with written instructions to answer the above mentioned questions in the way they would have probably answered them four years earlier, i.e., in 1995 when they were aged 16 – 17 – 18 or 19. A total of 336 Supplements were returned in the first survey in 1999 (67.2% return rate). The data were then compared with the data of two selections set up in the identical number from the set of Secondary Schools (SS) (ESPAD 1995) and from the set of Universities. (1999). Thus it enabled researchers to:

- estimate own use of legal and illegal drugs within the span of four years;
- ascertain the differences and possible trends among genders; and
- compare the University sub-group with the selection from the entire Secondary School set (ESPAD 1995).
Summary of Outcomes Acquired in 1999 – Comparison with ESPAD 1995:

The differences between the real outcomes of the secondary school (SS) selection from 1995 (ESPAD 1995) and the retrospective self-estimate of the university students in 1999 differed only in a few indicators (incidence of inebriation, use of inhalants and tranquilizers).

The internal development in the selection of university students estimated based on the comparison of their retrospective self-estimate (what was their situation in 1995) and their own real outcomes in 1999 showed that in the course of those four years, there was a significant growth and in particular, a statistically significant growth in the indicated incidence of smoking, drinking of alcohol, inebriation, drinking of alcohol with pills and the use of illegal drugs (marijuana, tranquilizers, LSD and hallucinogens). The growth in the use of other drugs was not significant.

Table 2.3.4: Comparison of the selections from ESPAD95 and 99 (SS students in 1995 vs. university students in 1999: retrospective estimate); and the estimate of internal development of drug use – overall prevalence

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>0.479</td>
<td>60.6 – 57.1</td>
<td>0.000***</td>
<td>57.1 – 71.9</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0.250</td>
<td>95.5 – 92.8</td>
<td>0.000***</td>
<td>92.8 – 98.5</td>
</tr>
<tr>
<td>Inebriation</td>
<td>0.030*</td>
<td>53.0 – 44.6</td>
<td>0.000***</td>
<td>44.6 – 71.5</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.086</td>
<td>11.1 – 15.5</td>
<td>0.000***</td>
<td>15.5 – 31.5</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.018</td>
<td>5.7 – 2.1</td>
<td>0.065</td>
<td>2.1 – 3.0</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>0.011*</td>
<td>6.6 – 2.4</td>
<td>0.005**</td>
<td>2.4 – 8.5</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.972</td>
<td>1.2 – 1.2</td>
<td>0.268</td>
<td>1.2 – 2.4</td>
</tr>
<tr>
<td>LSD</td>
<td>0.683</td>
<td>1.1 – 1.2</td>
<td>0.005**</td>
<td>1.2 – 5.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.000</td>
<td>0.6 – 0.0</td>
<td>0.163</td>
<td>0.0 – 0.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.861</td>
<td>1.2 – 1.5</td>
<td>0.598</td>
<td>1.5 – 2.1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.307</td>
<td>0.3 – 0.9</td>
<td>0.499</td>
<td>0.9 – 1.5</td>
</tr>
<tr>
<td>Alcohol + Pills</td>
<td>0.080</td>
<td>6.0 – 2.8</td>
<td>0.004**</td>
<td>2.8 – 7.8</td>
</tr>
<tr>
<td>Anabolics</td>
<td>0.173</td>
<td>1.8 – 0.3</td>
<td>0.110</td>
<td>0.3 – 1.5</td>
</tr>
</tbody>
</table>

Note: Non-parametrical statistics were used when comparing the groups – Wilcoxon’s test for two selections

* significant to 0.05;  ** significant to 0.01;  *** significant to 0.001

Retrospective Self-Estimate Acquired in 2008 – Comparison with ESPAD 2003

The same additional questions were also used in 2008 and were directly incorporated in the questionnaire (a total of 1,759 students from the overall number responded). The data for university students were compared with the data for SS students from 2003. For this comparison, we considered the selections of the SS students from four years ago, i.e., from the years 1995 and 2003 as the wider selections from the basic sets of 15 – 16 up to 18 – 19 year old SS students. Random selections were created by taking into consideration the anticipated share of school types. According to estimates, approximately 65 % of the university students had completed grammar school (gymnasium), approximately 30 % had
completed secondary vocational school and 5% had completed either secondary apprentice school or another type of school. These estimates were then used for the selection of the sample from the ESPAD 2003 for SS students for their comparison with the self-estimate by university students.

Table 2.3.5: Comparison of the selections from ESPAD03 and 08 (SS students in 2003 vs. university students in 2008: retrospective estimate); and the estimate of internal development of drug use – overall prevalence

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>0.083</td>
<td>70.1 – 67.2</td>
<td>0.000***</td>
<td>67.2 – 78.4</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0.017*</td>
<td>95.4 – 93.6</td>
<td>0.000***</td>
<td>93.6 – 99.0</td>
</tr>
<tr>
<td>Inebriation</td>
<td>0.664</td>
<td>72.6 – 72.3</td>
<td>0.000***</td>
<td>72.3 – 84.7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.141</td>
<td>29.8 – 32.8</td>
<td>0000***</td>
<td>32.8 – 49.5</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.033*</td>
<td>5.9 – 4.1</td>
<td>0.035*</td>
<td>4.1 – 5.7</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>0.000***</td>
<td>4.8 – 2.4</td>
<td>0.000***</td>
<td>2.4 – 5.1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.055</td>
<td>2.8 – 1.8</td>
<td>0.197</td>
<td>1.8 – 2.5</td>
</tr>
<tr>
<td>LSD</td>
<td>0.063</td>
<td>2.2 – 3.1</td>
<td>0.001**</td>
<td>3.1 – 2.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.782</td>
<td>1.4 – 1.5</td>
<td>0.027*</td>
<td>1.5 – 2.5</td>
</tr>
<tr>
<td>&quot;Magic Mushrooms&quot;</td>
<td>0.027*</td>
<td>3.4 – 4.8</td>
<td>0.003*</td>
<td>4.8 – 7.2</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.450</td>
<td>0.7 – 0.9</td>
<td>0.860</td>
<td>0.9 – 1.0</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.341</td>
<td>3.9 – 4.3</td>
<td>0.000***</td>
<td>4.3 – 8.2</td>
</tr>
<tr>
<td>Alcohol + Pills</td>
<td>0.193</td>
<td>11.7 – 10.3</td>
<td>0.000***</td>
<td>10.3 – 14.5</td>
</tr>
<tr>
<td>Anabolics</td>
<td>0.052</td>
<td>0.9 – 1.6</td>
<td>0.887</td>
<td>1.6 – 1.7</td>
</tr>
</tbody>
</table>

Note: Non-parametrical statistics were used when comparing the groups – Wilcoxon’s test for two selections  
* significant to 0.05;  ** significant to 0.01;  *** significant to 0.001

The situation after more than eight years was comparable: while the differences between the real outcomes of the SS student selection from 2003 and the retrospective self-estimate of the university students significantly differed statistically in a few cases (4 of 14 – with LTP for alcohol, inhalants, tranquilizers and “magic mushrooms”) the individual development of use by university students estimated based on the comparison of their self-estimate (their perceived state in 2003) and their real outcomes from 2008 shows a statistically significant growth in the indicated lifelong occurrence of smoking, alcohol drinking, inebriation and drinking of alcohol with pills and the use of the majority of other monitored drugs (marijuana, ecstasy, tranquilizers, LSD and hallucinogens, inhalants, “magic mushrooms”). However, the indicated growth of use of two drugs (amphetamines and heroin) was not as statistically significant as that of anabolics. The comparison of the selections from the outcomes of the SS students in ESPAD 2003 (n = 1,759), the retrospective estimate of university students (n =1,759) and the outcomes of university students in 2008 (n = 1,759) are illustrated by the Figure 2.3.4 up to Figure 2.3.6.
Figure 2.3.4: Smoking of Marijuana, once or more during his/her life (LTP)

Figure 2.3.5: Use of Ecstasy, once or more during his/her life (LTP)
D) Problem Use of Legal and Illegal Drugs

The estimates of problem drinking among SS and university students through the CAGE screening and the ADS Scale of Alcohol Addiction were used simultaneously with the TAD questionnaire in 2006 (The Report 2007, Chapter 2.2.1. – Tobacco-Alcohol-Drugs School Survey) and with the ESPAD questionnaire in 2007 (Report 2008). This was mainly due to the fact that in addition to pure epidemiologic descriptions, ESPAD and other studies attempt to search for causal relations and a better definition of acquired data, - either through psychometric screening and detection of the disease symptoms or through the use of a short scale for estimating the level of psychopathological changes (or their absence – if we monitor the protective factors along with the risk factors). The estimates and some relations to drug use are incorporated in the following tables and figures (see Table 2.3.6 and Table 2.3.7, Figure 2.3.7 and Figure 2.3.8).

Table 2.3.6: Score achieved in the four questions of the CAGE screening* in the TAD surveys (2006), ESPAD (2007) and University Survey (US) (2008)

<table>
<thead>
<tr>
<th>CAGE Screening</th>
<th>MALE STUDENTS</th>
<th>FEMALE STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26.7</td>
<td>30.2</td>
</tr>
<tr>
<td>2</td>
<td>16.9</td>
<td>14.4</td>
</tr>
<tr>
<td>3</td>
<td>5.5</td>
<td>5.6</td>
</tr>
<tr>
<td>4</td>
<td>1.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

* 3 to 4 points mean the possibility of significant problems with alcohol. Data source: Nociar, A. (2009)
Table 2.3.7: Percents according to the four quartiles of the ADS Spectrum of the Alcohol Addiction* in the TAD surveys (2006), ESPAD (2007) and the University Survey (2008)

<table>
<thead>
<tr>
<th>ADS Spectrum of Addiction</th>
<th>MALE STUDENTS</th>
<th>FEMALE STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Signs of Psychological Addiction</td>
<td>24.2</td>
<td>26.7</td>
</tr>
<tr>
<td>Q2: Signs of Physical Addiction</td>
<td>14.5</td>
<td>12.7</td>
</tr>
<tr>
<td>Q3: Signs of Essential Addiction</td>
<td>4.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Q4: Signs of Severe Addiction</td>
<td>1.1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

*Extents of quartiles according to the norms: Q1 = 1 – 12; Q2 = 13 – 18; Q3 = 19 – 24; Q4 = 25+ points of gross score (GS); only a percent higher from the boundary point for the case finding was calculated within the framework of the first quartile, i.e., 8 or more – up to 12 points of the GS.

The data incorporated in Table 2.3.6 and Table 2.3.7 show that problems with alcohol could begin or symptoms which used to occur among essential to severe alcohol addiction cases could apply to a fair percentage of SS and university students (roughly from 3 – 4 to 6 %; except for university students who have over 10% in CAGE). These data are particularly interesting in relation to the use of illegal drugs:

Figure 2.3.7: Outcomes in ADS and Prevalence of Marijuana and Three Synthetic Drugs among SS students, Nociar A. (2008)
Analysis\textsuperscript{46} of the Module on Marijuana: CAST

The Facultative CAST Module ("Cannabis Use Screening Test") was only included in the Slovak version of the ESPAD questionnaire in 2007 as the third screening spectrum. Six items of the CAST screening are used to estimate the level of the more problematic use of cannabis in the course of the previous year by those respondents who indicated that they used cannabis in the course of that period. This screening method is used to estimate the psycho-social consequences due to marijuana use.

The outcomes of the CAST module for SS students (ESPAD 2007) and university students (survey with the use of the ESPAD questionnaire in 2008) are presented without comparison because they pertain to different populations especially concerning the type of school. The ESPAD surveys in particular (4 cycles from 1995) repeatedly confirmed the growing prevalence according to the type of school in order from grammar schools (gymnázium) to secondary vocational schools to secondary vocational apprentice schools (hereinafter GYM, SVS, SVAS). The growth regarding marijuana according to the type of school was obvious, which is also true for the composite indexes (use of any illegal drug) or additional spectrums ADS, CAGE and CAST which were used in the Slovak version of ESPAD.

Table 2.3.8: Averages of the additional CAST spectrum and composite indexes of SS students - 2007 and university students – 2008 (data for respondents who indicated the type of secondary school)

<table>
<thead>
<tr>
<th></th>
<th>ESPAD 2007</th>
<th>CAST</th>
<th>Any drug including marijuana (composite index)</th>
<th>Any drug without marijuana* (composite index)</th>
<th>ESPAD 2008</th>
<th>Type of School*/Index</th>
<th>CAST</th>
<th>Any drug including marijuana</th>
<th>Any drug without marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School (GYM)</td>
<td>1.68</td>
<td>38.1</td>
<td>6.8</td>
<td></td>
<td>GYM</td>
<td>0.96</td>
<td>44.2</td>
<td>6.9</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{46} Nociar, A.,(2009) Analysis of Module on Marijuana: CAST and Relative Risk of Use of the Illegal Drugs by Secondary Schools and University Students
Among university students, CAST correlated on the level of 0.05 % with two items of the depression spectrum: “Decreased ability to concentrate on something” and “Experiencing depressed mood”. The correlations were negligible in the last four items. In the spectrum of the anatomy among these students the high score in CAST significantly correlated with the positive answer to the question “I act according to my rules in my life” (level 0.01%) and with the negative answer to the question “In fact nobody knows what’s expected from him/her in life” and “One can’t be ever sure of anything in one’s life”.

Regarding the problem use of marijuana by university students, it appears that despite its higher prevalence (over 50 %) use in the course of the past year and month is not more frequent than among SS students. Accompanying problems that are mapped by the items of CAST are less frequent and less intense (see Table).

### Table 2.3.9: Score in the CAST among SS students in 2007 and university students in 2008 (in %*)

<table>
<thead>
<tr>
<th></th>
<th>Boys: SS</th>
<th>Girls: SS</th>
<th>Total</th>
<th>Σ</th>
<th>Men: U</th>
<th>Women: U</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.3</td>
<td>29.1</td>
<td>23.3</td>
<td>0</td>
<td>34.0</td>
<td>50.3</td>
<td>41.0</td>
</tr>
<tr>
<td></td>
<td>21.5</td>
<td>22.3</td>
<td>21.2</td>
<td>1</td>
<td>24.5</td>
<td>25.5</td>
<td>24.9</td>
</tr>
<tr>
<td></td>
<td>17.4</td>
<td>17.5</td>
<td>17.3</td>
<td>2</td>
<td>25.5</td>
<td>11.4</td>
<td>19.5</td>
</tr>
<tr>
<td></td>
<td>13.9</td>
<td>12.9</td>
<td>13.7</td>
<td>3</td>
<td>10.5</td>
<td>7.4</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>10.3</td>
<td>8.0</td>
<td>9.3</td>
<td>4</td>
<td>4.5</td>
<td>4.0</td>
<td>4.3</td>
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<tr>
<td></td>
<td>9.3</td>
<td>6.0</td>
<td>7.8</td>
<td>5</td>
<td>0.0</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>8.5</td>
<td>4.1</td>
<td>7.5</td>
<td>6</td>
<td>1.0</td>
<td>0.0</td>
<td>0.6</td>
</tr>
</tbody>
</table>

*Percentages were calculated from the numbers of respondents who provided answers to the CAST items, i.e., not from the number of all cases in the selected sets.


The extent of experience with legal and illegal drugs among university students is a bit higher, which is true for their experience with alcohol, marijuana, LSD and ecstasy, but not for smoking and amphetamines. Aside from the limited comparability of both populations due...
to the diverse representation of school types, it is quite probable that in the population of university students, the shift upwards occurred in the level of emotional and personal maturity. The discrepancy between the higher prevalence of marijuana and lower level of the problem use of this drug estimated by the CAST could also be interpreted from the aspect of the differences of the university population, which uses marijuana recreationally, compared to the SS schools students with features of compulsiveness, abuse and with the occurrence of psychological and social issues.

In comparison, according to age, it was also shown that the permanent growth of marijuana use and that of other drugs with age is typical for SS students while among university students the trend of growth with increasing age is already stabilized although on a higher level of use (approximately ¼ up to ½ according to the drug).

However, the use of marijuana in the past year (LYP) and month (LTP) is not more frequent than among university students from 1999, but similar to that of SS students (ESPAD 2003). And the accompanying problems, which are mapped by CAST (2008), are relatively less frequent and less intense among university students than among SS students (ESPAD 2007).

Relative Risk of the Use of Illegal Drugs

The relative risk is calculated as the share of the respondents who use alcohol or tobacco or another drug, in this case, the marijuana, compared to the number (estimate) of those who do not use these two types of legal drugs or marijuana at all. The analyses are contained in Table, which shows the estimate of the relative risk of illegal drug use by the respondents with and without any experience in using legal drugs. Marijuana was included in the calculations of the relative risk of the use of so called “hard drugs”, where it was shown that its use in comparison to its non-use leads to a multiplication of the risk of their use.

### Table 2.3.10: Experience with alcohol and tobacco and the relative risk of use of illegal drugs: among university students

<table>
<thead>
<tr>
<th>Has experience with: alcohol, tobacco or other drug</th>
<th>Marijuana %</th>
<th>Related Risk</th>
<th>Amphet. and Opiates %</th>
<th>Related Risk</th>
<th>LSD, hallucinog. %</th>
<th>Related Risk</th>
<th>Ecstasy %</th>
<th>Related Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol in 30 days:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>YES</td>
<td>37.4</td>
<td>3.3</td>
<td>30</td>
<td>2.6</td>
<td>1.2</td>
<td>4.6</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol in 30 days:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>YES</td>
<td>56.5</td>
<td>2.6</td>
<td>3.9</td>
<td>2.1</td>
<td>1.9</td>
<td>6.3</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>21.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inebriation in 1 year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>YES</td>
<td>51.1</td>
<td>4.5</td>
<td>3.8</td>
<td>1.5</td>
<td>2.5</td>
<td>6.7</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>11.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>2008</td>
<td>YES</td>
<td>64.3</td>
<td>2.2</td>
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<td>0.6</td>
<td>9.3</td>
<td>8.7</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>NO</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5+ doses in sequel:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in 30 days</td>
<td>YES</td>
<td>55.3</td>
<td>2.7</td>
<td>4.0</td>
<td>2.1</td>
<td>1.9</td>
<td>7.5</td>
<td>3.4</td>
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<td>1999</td>
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<td>20.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5+ doses in sequel:</td>
<td>YES in 30 days</td>
<td>66.0</td>
<td>2.1</td>
<td>5.3</td>
<td>1.3</td>
<td>4.1</td>
<td>8.6</td>
<td>4.3</td>
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<tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
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Smokes regularly:

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<tr>
<td></td>
<td>61.1</td>
<td>18.7</td>
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<tr>
<td></td>
<td>3.3</td>
<td>1.8</td>
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<td></td>
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<td>2.7</td>
</tr>
<tr>
<td></td>
<td>8.3</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>3.0</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Smokes regularly:

<table>
<thead>
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<th>2008</th>
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<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.1</td>
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<tr>
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<td>2.0</td>
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<td></td>
<td>7.1</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
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<td>4.6</td>
</tr>
<tr>
<td></td>
<td>16.4</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Marijuana in general:

<table>
<thead>
<tr>
<th>1999</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>6.7</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>11.8</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>29.5</td>
<td>11.0</td>
</tr>
</tbody>
</table>

Marijuana in general:

<table>
<thead>
<tr>
<th>2008</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>–</td>
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<tr>
<td></td>
<td>6.2</td>
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<td></td>
<td>6.9</td>
<td>0.9</td>
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<tr>
<td></td>
<td>10.7</td>
<td>26.8</td>
</tr>
<tr>
<td></td>
<td>15.3</td>
<td>13.9</td>
</tr>
</tbody>
</table>

Within the space of more than eight years, the risk of marijuana use does not grow but rather drops slightly which is a statistical artefact which causes its very high prevalence in the population of users and non-users of legal drugs. The risk of the use of illegal drugs still grows since their prevalence in general and their use among non-users of legal drugs is substantially lower.

Female university students consume more legal and illegal drugs than their peers eight years earlier but slightly less than male university students.

Data sorted out according to age showed the growth of consumption of all types of drugs especially marijuana, from the age of 15 to 19 (ESPAD 2007). It seems that in relation to age, the total prevalence (LTP) of marijuana past the age of 20 stabilized at around 33% (1999) and after more than eight years at around 50% (2008) which means experience with this drug for one third of all university students in 1999 and half of the university students in 2008.

The difference between genders continues regarding the frequency of use although the growth of the use of illegal drugs seems to be faster among girls within the space of eight years and in the case of marijuana in particular. While the total occurrence of drug use by university students grew among both genders, in the 12-month (LYP) and 30-day prevalence (LMP) the use of marijuana and other drugs together generally did not exceed one quarter (use in the past year) or one tenth (occurrence of use in the past 30 days) of the monitored population.

The consumption of tobacco and alcohol appeared to be the factor which increases the relative risk of contact with illegal drugs in the entire spectrum – from marijuana up to opiates, stimulants and synthetic drugs.

When comparing the representative samples from the university student population, the outcomes of women in particular, the evening up of young women with young men is not occasional in the use of drugs – this phenomenon is present for the two main legal drugs – tobacco and alcohol. As opposed to young men, the occurrence of smoking and regular smoking is significantly higher among young women after more than eight years. Regarding alcohol, this is true for the variables: drinking alcohol in general; occurrence of inebriation to date and frequency of excessive and hazardous drinking in the past 30 days.
3 Prevention

Prevention with a special emphasis on children and youth was one of the pillars from the very beginning of the establishment of the national anti-drug strategy with the key responsibility of the Ministry of Education in cooperation with Health, Social Affairs and Family sectors and others.

On various levels prevention has the character of measures or interventions towards individual target groups starting from overall population (universal prevention) through vulnerable groups and groups at risk (selective prevention) to predisposed individuals requiring forms of indicated prevention in the school, community and family environments.

The data and information in this part provide an overview especially regarding the quantitative indicators and infrastructure from the sources of institutionalized prevention in the competence of Ministry of Education, Health and partially the Ministry of Labour, Social Affairs and Family and the Ministry of the Interior which document well established baselines and implemented activities.

However, according to the opinions of experts, many preventative approaches and programmes are built on isolated theories and "their integration and integrated theory of prevention are still lacking somehow". The efforts are fragmented into many isolated activities, but an integrated approach should have an equal impact on the cognitive side of the personality, attitudes, emotions, behaviour, motivation, creativity and self-regulation. The evaluation of the effectiveness of preventative interventions is rare; through the control group was implemented only on a scientific basis. This is a consequence of various priorities and methods of evaluation, the absence of a unified framework and standards for preventative programmes, effective communication and mutual information of subjects (including the civil society) which in a constantly growing number provide anti-drug preventative activities and programmes. Last but not least, the formal question of the terminology used in the information sources was a problem if the established structure of this Chapter is kept.

3.1 Universal Prevention

3.1.1 School - Interventions for Pupils and Students

No essential amendments comparing last year Report

Objectives: To prevent the occurrence of drug addiction and to increase the age of onset with drugs through health education, promotion and protection of health (alcohol, tobacco, illegal drugs, and sexual health), the reduction of the incidence of social-pathological phenomena. Primary prevention includes creating optimum conditions for the physical, mental and social development of children and youth; in concrete terms it means the integration of the prevention of abusing psychoactive substances and the origin of drug addiction in the curriculum and establishing coordinators for the prevention of drug addiction and socio-pathological phenomena at school (Kopányová 2008).

3.1.1.1 Some Programmes and Projects in 2008

A total of 56 projects on the local and regional levels and 2 national projects were selected from 366 assessed projects and implemented within the framework of the development project "Health at Schools" which was oriented on the prevention of bullying/harassment and HIV/AIDS. The healthcare experts involved through the regional public health authorities (hereinafter the “RPHA”) participated in this type of project either directly or through educating pedagogical staff, preparing peer activist and publishing activities (Hamade J., Janechová H. 2009).

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47 Prof. PhDr. Miron Zelina, DSc: Prevention – We Enter a New Year – Year of Creativity and Innovations, Prevencia (J. of Prevention) VII, 4/2008 p.3
48 EMCDDA (2008), 2009 National Report Guidelines
“Hrou proti AIDS” (The Anti-AIDS Game) project was implemented in the past year through 8 RPHA for over 2,000 pupils in Bardejov, Bratislava, Dolný Kubín, Nitra, Trebišov, Trenčín, Trnava, Rimavská Sobota. Other health-educational activities were also implemented at schools in the form of lectures, discussions, the distribution of health-educational materials and counselling in connection with HIV/AIDS. From February to March 2008, the survey focused on testing knowledge regarding HIV/AIDS (N= 402) of students in the 9th grades of elementary schools (herein after “ES”) in the district of Stará Lubovňa was implemented in addition to lectures. The survey was aimed at comparing the knowledge of students at schools where health interventions took place regularly with the students at schools where such activities were not implemented or were scarce. The average number of acquired points was higher with the students of ES with organized health educational activities and a higher knowledge level was detected with the students in towns than in rural areas and in the case of girls. The RPHA in Trebišov also implemented a questionnaire survey before and after the implemented lectures on HIV/AIDS. The increasing of information occurred with the questions on the method of the transmission of HIV/AIDS (from 10% to 40%) and the students also valued this information the most – the general knowledge on HIV and on the use of condom remained approximately on the same level.

Zdravie mladých ľudí mojimi očami (Health of Young People Through My Eyes) – Enhancement of the awareness of the importance of health and a healthy lifestyle was pursued through the national essay competition for secondary school students between the ages of 14 to 19, which was proclaimed by the Public Health Authority of the SR(hereinafter the “PHA SR”) under the auspices of the chief hygienist of the SR for the academic year 2008/09. The sub-title was “What Do I Mind about the Behaviour of Young People in the Area of Health, Negative Influences Affecting the Health, Possibilities and Means for Improving this Unfavourable State”. Almost half of the 218 essays were related to the topic: Tobacco, Alcohol and Drugs as Enemies to Health. No success was achieved in addressing boys - they only contributed less than 20% of the overall number of essays. At the same time, the competition provided feedback regarding how the issues of the protection of one’s own health resonated in the awareness of secondary school students.

The fourth and the last year of the project Smoke-free Classes Competition took pace in Slovakia from November 2008 to April 2009. A total of 3,493 students from 150 classes from 46 schools entered this competition (in the previous year more than 5,000 pupils and students from 252 schools entered). The civil association (hereinafter the “CA”) called “STOP FAJČENIU” (STOP SMOKING) was the initiator of this competition in Slovakia with the support of the WHO Office in Slovakia and the agency coordinating the activities of the European anti-smoking campaign HELP! – For Life without Tobacco. In addition to the competition itself, the accompanying activities in the form of a painting competition for postal stamp designs, stickers for smoke-free classes, a literary competition with the theme “I am glad to be a non-smoker” and the best school magazine with the same idea were also important. Visitors to the CA website: www.stopfajceniu.sk, could vote on the winners of the individual accompanying activities.

Cesta k emocionálnej zrelosti (The Path to Emotional Maturity) (programme of MUSTAP type)

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50 ES = Elementary School means 9 grades of schooling  
51 See further inter-gender differences  
53 See further inter-gender differences in the willingness to participate in drug prevention and health education programmes  
55 Smoke-free Classes Competition (SFC) was a project of the European Commission which co-financed it for 11 years from its sources. The EC did not participate financially in the last year of SFC 2008/2009. In course of the 12 year existence, of SFC, 18 countries joined this project. All of the countries except for the SR had the moral and financial support of their Ministry of Education or Ministry of Health.  
56 MUSTAP = Multi-session Standardised Printed Program
The ninth year of the nationally implemented preventative programme for the target group of students aged 12-15 aimed at acquiring and strengthening psychological and social competencies (life skills). The programme Way is evaluated in two year intervals by pedagogues and students and annually it is also evaluated quantitatively. In the academic year 2007/2008, the growth of quantitative indicators occurred again; the number of schools involved grew to 627 in comparison with 511 in the 2006/2007 academic year, the number of classes grew to 2,296 and the number of involved students to 30,893 (over 11% of the overall number of students in the education process). The number of professionally prepared teachers also grew to 1,077.

In 2008, the programme Way was evaluated by 437 teachers who were specially trained for the implementation of this programme. The most frequent specialisation of these teachers is ethics, civics or Slovak language; usually they are class teachers and predominantly women. The majority of them have implemented this programme for the fifth year. Almost one third (26.94%) highly evaluated the activities of students during the individual sessions of the programme. 66.82 % of the teachers noticed changes in students’ behaviour and improvement in their communication skills and creativity. Proposals for the modification of the entire programme (29.7%) or its parts (57.2%) indicated the need to incorporate new topics (such as solving stressful situations, relations to authorities) and like two years ago, proposals to incorporate the programme Way into the curricula.

40%, of the interviewed student – participants in the Way programme at schools where it was implemented (N = 872; the representation of girls was 55.73 %) evaluated the programme as interesting and approximately one third were interested only in some parts of it, the work methods, topics and activities were consider as attractive. As opposed to the pedagogues, students did not have any reservations or proposals for modifications. However the majority of them passed the programme for the first time and that is why they probably did not notice any changes in themselves.

Vieme, že… (We Know that…) (Preventative programme of the MUSTAP type)

This is the key project of the Presidium of the Police Force (hereinafter the “PPF”). The programme is aimed on combating violence, addiction, prejudice, racism and non-productive lifestyles.

From the pilot project in 2002/03 of 530 respondents in Nitra, it reached (Report 2007, Chapter 3.1.1.2, Report 2008 Part 3.1.1) the phase of a comprehensive programme with a growing number of involved students aged 12 to 17 (from the 7th year of elementary school to the 2nd year of secondary school). The methodological guidance and preparation of lecturers was ensured by the Regional PPCC in Nitra. The largest number of students was involved in the academic year 2008/09 in the regions of Košice and Žilina and the smallest number came from the region of Bratislava.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>2004/5</th>
<th>2005/6</th>
<th>2006/7</th>
<th>2007/8</th>
<th>2008/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Schools</td>
<td>6</td>
<td>34</td>
<td>223</td>
<td>116</td>
<td>156</td>
</tr>
<tr>
<td>Number of Students</td>
<td>268</td>
<td>902</td>
<td>4,878</td>
<td>2,576</td>
<td>7,336</td>
</tr>
</tbody>
</table>

Source: Mária Pauličková, PPCC Nitra for IIPE, 2009

57 In the course of the nine-year implementation period, 340,109 students passed this programme at the elementary and secondary grammar schools. The programme was implemented predominantly during ethics lessons (46.3%) and at various lessons (21.6%). In less than one third of the cases, students passed it also during homeroom lessons and extracurricular discussions.
58 Report 2007, Part 3.1.1.2
59 PPCC = Pedagogical and Psychological Counselling Centre
Infrastructure of Universal Prevention

The prevention programmes and projects for the school population are implemented directly or in close cooperation with counselling, pedagogical and psychological services in the competence of the Ministry of Education and the Ministry of Health (mainly PHA SR and its regional offices) which assume the role of expert guarantors of the projects; they cooperate in the methodological preparation and guidance/training of pedagogues – preventists and peer groups.

In the 2007/08 academic year, the PPCC and CEPP implemented 5,312 activities nationwide (Slovíková M., 2009) involving 114,112 participants. Preventist education (peer groups) was passed by 173 elementary school students. Less than half of the programmes were of a short term character under 3 months long. A total of 305 programmes were of a medium or long time character (up to and over 5 months long).

Table 3.1.2: Overview of preventative programmes in the 2007/2008 academic year according to implementation time and target group (Slovíková, M., 2009)

<table>
<thead>
<tr>
<th>Preventative programmes according to duration of the programme</th>
<th>Type of preventative programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>of which</td>
<td></td>
</tr>
<tr>
<td>short term</td>
<td>589</td>
</tr>
<tr>
<td>medium term</td>
<td>118</td>
</tr>
<tr>
<td>long term</td>
<td>187</td>
</tr>
<tr>
<td>Evaluation of programmes</td>
<td>53</td>
</tr>
<tr>
<td>(8.90% were evaluated)</td>
<td></td>
</tr>
</tbody>
</table>

Less than 9.0% of the preventative programmes were evaluated. The programmes for risk groups had the highest representation among the evaluated programmes from the individual types (23.29% of their overall number).

Lot of health educational activities provided in elementary and secondary schools are basically evaluated – mostly in form of questionnaires before and after the health education (i.e. lectures, discussions).

In 2008, Niklová implemented empirical survey with the goal of analysing the state of drug addiction prevention at elementary schools (ES) and secondary schools (SS) in all regions of Slovakia and students’ personal experience with psychoactive substances with a sample of 3,279 respondents from 22 randomly selected ES (grade 1-9) and 52 SS (grade 1-4). The largest number of respondents (35.59%) came from the region of Banská Bystrica followed by the region of Žilina.

According to the prevention coordinators (23%) and the students (34%) the most frequent form of prevention were the discussions with experts. One quarter of the students indicated that the film and video or CVD were the most frequent and attractive form of prevention. Students most frequently indicated the following programmes: Škola bez alkoholu, drog a cigariet (School Free of Alcohol, Drugs and Cigarettes), Zdravá škola (Healthy School), Policajt môj kamarát (My Friend the Policeman), Zdravý životný štýl (Healthy Lifestyle), Nenič svoje múdre telo (Don’t Mess Up Your Clever Body), peer programmes, Správaj sa normálne (Behave Normally), Cesta k emocionálnej zrelosti (The Path to Emotional Maturity), Kým nie je príliš neskoro (While It Is Not Too Late).

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60 Centre of Educational and Psychological Prevention and Educational and Psychological Counselling centres
62 It pertains to all psychoactive substances – alcohol, tobacco, illegal drugs.
63 Majority of pupils and students attended 9 grade of ES (age 15-16 years) and 3 grade of SS (17-18 years)
58.62% of prevention coordinators designated the implemented programmes as very effective; others considered them as only slightly effective or non-effective.

Niklová also determined the dependence between the results of students in relation to the frequency of the use of alcohol, cigarettes or illegal drugs and participation in leisure time activities – hobbies (the main variable) where however she did not find any distinctive differences.

![Figure 3.1.1: Frequency of drug use and participation in hobby activities. Data source: Niklová M., 2008](image)

For pupils who attend no school hobby clubs (N = 1,557) the statistically significant dependence is the most distinctive (p=0.000) in case of those with the worst results – failing who regularly use drugs (17 cases from the overall number of 38 failing /44.73%), a similar situation was however found among the group of students who attend some hobby club and regularly use psychotropic substances (number 8 of 23/34.78%) in comparison with other result groups. This data may indicate a certain relationship between insufficient results at school and experimenting with psychoactive substances; the relationship between participation/non-participation at hobby centres which were attended by 50.29% of the overall number of over three thousand students was not proved.

**Willingness to Participate in Peer Programmes**

The relationship between the availability of preventative activities at the ES, their form (active participation versus passive participation) and the willingness of adolescents to participate in the peer preventative programmes was determined within the framework of the research task. (Orosová O. et al. 2007⁶⁴). The research was based on the prequalification that voluntarily motivated participation constitutes a significant condition for the programme’s effectiveness. Young people can acquire exact and confidential information which could contribute to the development of detachment towards drug behaviour but without accompanying objectives and skills (life skills) these schemes might be redundant. (N= 4,581. Sample stratified according to gender - 49.6% of boys, 50.4% of girls – average age 14.3 ±0.7).

The willingness to participate in peer programmes was determined through the question: “If you had the chance to participate in a preventative peer programme, would you?” The possible answers were Yes, No, Don’t Know. 23% of the respondents expressed their willingness to participate.

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participate in a peer programme, within the framework of gender it was 17.7% of boys and 28.1% of girls. Significant statistical differences were detected between boys and girls (in favour of girls, $\chi^2$, n=3,606) =78.56, p=0.00, although according to Cohen’s size of effect H=0.21 this size is small).

Table 3.1.3: Willingness or unwillingness of adolescents to participate in peer programmes - gender differences (Source of data: Orosová O. et al. 2007)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Willingness</th>
<th>Unwillingness</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>312</td>
<td>966</td>
<td>489</td>
<td>1767</td>
</tr>
<tr>
<td>% within the framework of gender</td>
<td>17.7%</td>
<td>54.7%</td>
<td>27.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% from the overall amount</td>
<td>8.7%</td>
<td>26.8%</td>
<td>13.6%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Girls</td>
<td>517</td>
<td>761</td>
<td>561</td>
<td>1,839</td>
</tr>
<tr>
<td>% within the framework of gender</td>
<td>28.1%</td>
<td>41.4%</td>
<td>30.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% from the overall number</td>
<td>14.3%</td>
<td>21.1%</td>
<td>15.6%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Total</td>
<td>829</td>
<td>1,727</td>
<td>1,050</td>
<td>3,606</td>
</tr>
<tr>
<td>% from the whole</td>
<td>23.0%</td>
<td>47.9%</td>
<td>29.1%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The availability of preventative programmes was established through the question “What types of preventative drug programmes were available at school in course of the past year and how frequently?” Discussions and separately as peer training programmes (for example 2 hours per week), intensive peer training programmes (for example 2 to 4 days out of school) were considered as didactic and facilitation forms of prevention. Lectures and cultural and educational activities were considered as passive forms. Possible responses: Never, 1-2 x, 3 and more.

Only 2.7% of the respondents indicated that the didactic form of prevention as one of the most effective forms of prevention using the strategy of social influence was implemented at the ES as a long-term activity. The facilitation of a long-term form of prevention was offered only to 1.4% of respondents. (3x and more), 38.5% indicated a single short preventative activity (discussion, talk); 31.4% of adolescents indicated the unavailability of discussion, 37.1% of adolescents indicated a short term activity lecture and roughly the same share (34.5%) indicated its unavailability. The highest number of adolescents, 16.9%, indicated long-term availability (3 x and more) of cultural education activities. (Table 3.1.4)

Table 3.1.4: The availability of preventative programmes (Orosová O. et al., 2007)

<table>
<thead>
<tr>
<th>Availability</th>
<th>Discussion</th>
<th>Didactic form</th>
<th>Facilitating form</th>
<th>Lectures</th>
<th>Cultural education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Never</td>
<td>1488</td>
<td>31.4</td>
<td>3111</td>
<td>65.6</td>
<td>3246</td>
</tr>
<tr>
<td>Once</td>
<td>1827</td>
<td>38.5</td>
<td>343</td>
<td>7.2</td>
<td>310</td>
</tr>
<tr>
<td>Twice</td>
<td>501</td>
<td>10.6</td>
<td>90</td>
<td>1.9</td>
<td>120</td>
</tr>
<tr>
<td>3x and more</td>
<td>159</td>
<td>3.4</td>
<td>127</td>
<td>2.7</td>
<td>66</td>
</tr>
<tr>
<td>Total replies</td>
<td>3975</td>
<td>83.8</td>
<td>3671</td>
<td>77.4</td>
<td>3742</td>
</tr>
</tbody>
</table>

3. Personal experience with the type of preventative activities was determined through the question: “Have you participated in any preventative activity offered by your school in the course of
the past year? How frequently?” Discussions, lectures, peer training programmes (for example 2 hours per week) intensive peer training programmes (for example 2 to 4 days out of school), cultural and educational activities were in the offer. Possible responses: never, 1-2 x, 3 and more

The largest number of students (32.1%) participated once in a short term preventative activity – discussion/talk or had no experience (42.4%). Almost one third (31.2%) participated in a lecture but much more (43.6%) indicated that they had no experience even with this form. The highest number of students (11.9%) declared longer experience (3 x and more) with cultural education events.

Figure 3.1.2: Personal experience: Never and 3x and more with the preventative DA activities/programmes
Source: Orosová, O. 2007

The researchers determined the relationship between availability and personal activities in relation to the willingness to participate in the peer programmes on a sample of 1,027 adolescents aged 14.5, (53.5% of girls). The willingness or unwillingness to participate in the peer programmes was variable dependent. A significant correlation was found between availability and willingness to participate in peer programmes which is higher with girls.

The higher level of availability and personal experience with interactive forms of prevention (discussions, talks) and the relation with the variable of participation in peer programmes in peer programmes was found out among girls (p<0.003, p<0.000).

The higher level of the availability of short term training programmes (outdoor) was associated with the willingness of boys to participate in peer programmes (p<0.001) and in the case of girls (p<0.002). The higher level of the availability of cultural activities was connected with the willingness to participate in health support programmes among the girls (p<0.005) but in connection with personal experience, the unwillingness of girls to participate in the programme was associated (p<0.03, p<0.005).

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Another sub study analyzed the relationship between self-evaluation and personality factors which determine the willingness to decide to participate in health support programmes. (N= 3,694 of average age of 14.3, 48.7 % of the girls).

One fifth of the boys and one third of the girls manifested the willingness to participate in this type of programme. In the case of both genders, the personality variable “ability to reach agreement” and the lower level of the negative self-evaluation, which were significantly connected with the willingness to participate in health support programmes, played the key role. In the case of the girls, there was a higher level of positive self-evaluation and the factor of openness to the experience which are connected with the decision to participate in a health support programme. The discovered differences between the genders support the higher need for concentration on those factors which with adolescents determine their willingness to participate in preventative programmes. And so, it is not only the availability of preventative programmes, but the availability of long term programmes of an “active” type in particular that creates the conditions for protective normative effect and supports the positive attitude of adolescents towards specific drug addiction (DA) prevention and the programmes of health education.

The conclusions of both studies speak in favour of long term programmes based on the evidence and evaluations of the preventative programmes at ES. It is necessary to motivate young adolescents to participate in peer programmes, to support and develop their abilities to recognize protective and risky forms of behaviour and to increase their potential through developing life skills. It is also necessary to create conditions for the availability of training programmes for adolescents and opportunities for their active participation.

3.1.2 Universal Prevention in the Community

Interventions aimed at young people at alternative leisure time facilities, after school programmes for young people and sports clubs.

A legislatively arranged ban on the consumption of alcohol by juveniles was incorporated in environmental measures (Report 2008 part 3.1.2). Young people under the age of 18 (until now the ban of sale and serving alcohol) may not drink alcohol or beer and minors under 15 years of age also have restricted access to public places where alcohol is served. After 9:00 p.m., they will only be able to stay in such environment if they are accompanied by parents or other legal representatives. In the event of violations of this rule, the municipality may punish the parent by imposing a fine in the amount of up to EUR 33. Self-governments have the competence to censure minors under 18 years of age or ban then from visiting pubs or restaurants. Schools and healthcare workers are obliged to report the young people under the influence of alcohol to the municipalities.

Almost all towns have introduced the so-called “dry” law which bans or limits the consumption of alcohol in public places at certain concrete hours through generally binding regulation.

The 11th year of the campaign “Na veku záleží” (Age Matters) continues within the framework of the project covered by the Association of Trade and Tourism of the SR with the support of the Slovak Commercial Inspectorate and its primary objective is to reduce the availability of tobacco products to minors. In addition, it should instigate public discussion on the violation of the law by merchandisers who sell tobacco products to minors without any troubles. The availability of legal drugs is high in the SR.

3.1.2.1 Leisure Time Facilities

Statistical data (IIPEI, 2009) documents the growth of the number of school facilities offering the possibility of regular and occasional interests/hobby’s activities and leisure time centres/facilities. The number of leisure time facilities grew in 2008 by 34 and such trend of growth began in 2005.

In 2008, a total of 182 leisure time centres (LTC) and 157 school hobby centres/clubs (SHC) operated on the territory of the Slovakia. The most are situated in the region of Prešov (79). The lowest number of leisure time facilities is on the territory of the region of Bratislava (16). Table 3.1.5 indicates the most attended types of clubs at leisure time centres and the least attended ones.

Table 3.1.5: Preferred regular activities in school hobby centres

<table>
<thead>
<tr>
<th>Regular activity in the area of</th>
<th>number of hobby groups</th>
<th>number of registered members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports</td>
<td>4,022</td>
<td>67,450</td>
</tr>
<tr>
<td>culture and arts</td>
<td>2,812</td>
<td>38,618</td>
</tr>
<tr>
<td>parents and children activities</td>
<td>146</td>
<td>2,734</td>
</tr>
</tbody>
</table>


Neither the long-term trend of use of both structures only by children till 15 years, nor the interest preferences (most distinctively the sports) have changed. This statistical data is complemented by two surveys.

1. The survey in the regions of Bratislava and Trnava entitled Voľný čas, jeho aktívne a zmysluplné využívanie ako prevencia sociálno-patologických javov mládeže (Leisure Time and Meaningful Use as Prevention of the Social-Pathological Phenomena of Youth) was implemented by Jurkovičová67 and mapped the leisure time of young people aged 15-19, during their studies at secondary school equally from the aspect of providers (secondary schools (SS), school centres of hobby/interests (SHC), Leisure Time Centres (LTC) and the third sector youth organizations) and from the aspect of students68. The special asset of this survey was the determination of whether these leisure time activities were also targeted on young people whose behaviour shows social-pathological features or which is perceived as a problem.

Almost two thirds of the students (60.74%) did not attend any of the four structures. Students perceived the leisure time activities offered by SS and SHC as an obligatory part of teaching and the fact that hobby groups were lead by teachers at schools and were organized on the same premises as teaching contributes to that. Activities carried out by the SHC and LTC were not attended by secondary school students because in a majority of cases they did not know of their existence; a similar situation applies to youth facilities – little promotion and an uninteresting selection of activities for secondary school students are the causes.

Although the selection of regular and occasional leisure time activities in the environments of school and community is dominated by sports as the most attractive leisure time activity, followed by culture, even that is used only by a small number of secondary school students. Within the framework of peer groups among secondary school students, passive leisure time activity dominates (in bars, restaurants, discothèques and parties) and they rarely dedicate their time to hobby activities.

The respondents – third year students at secondary vocational schools (SVS) and apprentice schools (AS) evaluated the quality of the offered leisure time activities with grades 1 to 5. The activities of the youth organizations (third sector) achieved the best average evaluation (grade 2.2 in region of Trnava and 2.58 in the region of Bratislava), followed by the Leisure Time Centres and the leisure time activities offered by schools and the school hobby centres.

Schools, LTC and youth organizations, in particular, dedicate their time to the prevention of social-pathological phenomena, in most cases it is the prevention of drug addiction (DA). But these organizations only marginally work with problem youth and they participate only as invited partners; relatively speaking, the most active are the secondary schools. They stated that they do

67 PhDr. Anna Jurkovičová, State Institute of Vocational Training, Bratislava, year of study - n.a.
68 Number of respondents is not available
not work with the prevention of social-pathological phenomena because other institutions are specialized to these issues and due to the lack of experts for this area, unsatisfactory space or orientation to children under 15 only.

In her conclusions in this survey, Jurkovičová recommended to include the issues of education to leisure time in the curriculum, to improve and increase the promotion of activities for secondary school students organized by LTC, SHC and the third sector organizations and in particular to make their selection more attractive for this age category and especially for apprentices through their active participation in the planning process, organization and implementation of leisure time activities. It is necessary to coordinate the activities of individual subjects for secondary school youth (problem and problem-free) and to prepare experts for working with youth (social workers, social pedagogue) who are also able to handle solutions related to the social issues of the students’ families and the prevention of the social-pathological phenomena of the young people and to operatively interfere in the case of their occurrence because this area is currently not sufficiently covered by qualified experts.

2. A different survey by the GfK Agency “Podpora práce s mladými luďmi na Slovensku”\(^{69}\) (The Support of Work with Young People in Slovakia) determined that young people between the ages of 14 – 30 were not addressed by the offered leisure time activities within the framework of the community in 70% of cases. The most frequent reason for young people’s failure to attend leisure time activities is the allegedly shortage of free time; they invest time and energy in a different opportunities. On the other hand, almost three quarters of young people (73.6%) would be interested in sports, travelling and education stays. Both interviewed groups – young people and the representatives of self-governments - saw the main obstacle in organizing attractive activities in the shortage of finances. Self-governments also identified the lack of state support in organizing work with youth. (GfK, 2009)

The network of adult education centres, selected libraries and other cultural facilities also belong to the community leisure time infrastructure, which through their partial activities cover the area of social prevention and is ultimately coordinated by the Social Prevention Cabinet of the National Culture Centre (Ministry of Culture).

“Prečo som na svete rád/a”\(^{70}\) (Why I’m Happy in the World) the national thematic fine art competition with international cooperation and the follow-up travelling exhibition (at cultural centres), is the most famous non-specific DA prevention project (i.e., consumption of alcohol, tobacco and illegal drugs). In the course of the existence of this competition, 16,200 finalists were registered and over 500 reruns of the travelling exhibition were performed in the Slovak Republic and the world. A total of 1,224 works were entered and 249 facilities were involved in the jubilee fifteenth year. In addition to ES and SS schools, there were 21 orphanages and diagnostic centres and 38 special schools which shifted the objective of the activities – the enhancement of the awareness and forming of attitudes towards drugs – to the level of selective prevention.

The goal of the project Play True – ži pravdivo a neklam sám seba (Play True - Live Truthfully and Don’t Lie to Yourself) – was to inform young people about the dangers of drug use. The Play True project was originated based on the initiative of the CA Športom proti drogám (Against Drugs through Sports) and similarly as in the previous project “Sila osobnosti” (Power of Personality) well known and famous Slovak sportsmen supported it. The DVD video film accompanied by a book by a fitness coach is the central element of this first national educational project. This film informs young people of the dangers of the use of anabolic steroids which are also used in recreational sports, and is accompanied by authentic evidence of people addicted to

\(^{69}\) Research agency: GfK Slovakia, s.r.o. Bratislava
In the form of a telephone survey (CATI) 1,000 young people aged 14-30 from 200 representatives of self-governments in towns of Slovakia were addressed.

\(^{70}\) This project is incorporated in all three national strategies (tobacco, alcohol, illicit drugs).
anabolic steroids. The DVD and publication (print run of 2,000 pieces) were disseminated to schools free of charge as complimentary teaching aids and subsequently also to LTC, PPC and sports clubs.

Project “Zdravé mestá” (Healthy Towns) and events “Dni zdravia” (Days of Health) are targeted on a healthy lifestyle and changing social attitudes towards accepting situation abstinence and increasing the chances of young people in particular not drinking alcohol in society and to improve the image of non-drinkers. Educational activities on the themes of health and prevention are carried out in the location of the RPHA, in various forms (discussions, competitions, quiz programmes, exhibitions, hip-hop workshops, lecturing activities for pedagogues, prevention activists from schools and the police) especially on the occasion of the world day of health, international day against drug abuse and European week of combating drugs. The influence of the local media in the community environment is also important and contributes to higher effectiveness in enhancing awareness of responsibility for one’s own health. Within the framework of the project Mother Centres, discussions regarding a healthy lifestyle for children (addiction to sweets) and the negative effects of alcohol were conducted with mothers. (Hamade J., Janechová H., 2009)

The municipal and community police forces get involved in implementing activities on the level of universal prevention. According to information from the largest police force – Bratislava Municipal Police (MP) (Pleva P., 2009) the preventative activities of the MP in the capital of Slovakia are focused on experimentation with the illegal drugs and alcohol consumption71 among groups of children and young people. The concrete form is implemented through the project “Správaj sa normálne” (Behave Normally) designated for children aged 10-11. Two lectures are dedicated to the drug theme – Zákerná droga (Treacherous Drug) and Na zdravie! Ďakujem, radšej nie! (Cheers! Thank You, I’d Rather Not!) In the academic year 2008/09, a total of 8 members of the MP were involved in the implementation of this project in Bratislava. They carried out lectures for 247 pupils aged 10-11 at 9 ES in all five districts of capital Bratislava.

One member of the MP in the Bratislava borough of Petržalka72 researched the “field” among a group of secondary school students in the form of a questionnaire at a local school. A total of 23 students aged 16 - 17 completed an anonymous questionnaire dedicated to drug related issues. All of the students indicated that an adult had already offered them alcohol and more than a half had drunk alcohol on a school trip, i.e., directly within the framework of the education process; one student even admitted smoking herbal cannabis during a school trip. 2 students directly minded that someone from their family drank to excess. A total of 21 students (90%) have a friend who uses herbal cannabis. One third would vote for legalizing drugs in general, 14 (60%) would vote for legalizing herbal cannabis, 13 students already smoked cannabis. Fourteen students consider herbal cannabis as a drug, eight of them do not. 8 students started smoking occasionally, 15 are non-smokers. Eight students saw their pedagogues smoking. Two respondents tried ecstasy, one female student tried LSD.

3.1.3 Universal Prevention in Family

This form is still rare in practice, according to available information.

Preventative educational events for groups of young people and adults (previously organized by Counselling and Psychological Services Centres for individuals, couples and families – Ministry of Labour, Social Affairs and Family) are on the decline and are predominantly designated for young people from ES and SS on the themes of education regarding marriage and parenthood, prevention of bullying and the prevention of drug addiction and crime. In 2008, the Offices of Labour, Social Affairs and Family 73 organized 604 such activities with the participation of 8,792 participants (7,861 young people and 931 adults).

71 Current adherence to the law on protection against alcoholism - the ban of consuming alcohol to minors under 18
72 Borough of the capital of the SR Bratislava – the largest housing development in central Europe, with a population of 115,000, built in the 1970s due to the need for housing of the labour force from throughout Slovakia.
73 Czuczorová E.(2009)
3.2 Selective Prevention

3.2.1 School Interventions Designated for Pupils/Students with Learning problems, with Social Problems, Truancy.

The diagnostics of risk factors with clients is ensured through the network of school facilities of educational counselling and prevention within the competence of the Ministry of Education, which also incorporates an organization with the new title Pedagogical-Psychological Counselling Centres and Special Pedagogical Counselling Centres (until September 2008 they were entitled Educational and Psychological Counselling Centres and Centre of Educational and Psychological Prevention) in each district, including follow-up qualified outpatient services for selective and indicated prevention.

The clients’ reasons for visiting the Centre are classified in several categories in the statistical reporting (all reasons have the potential to be risky or co-factors for the occurrence of drug behaviour). From the overall volume of the activities of these special education facilities, problems in behaviour were presented in 7.29%, personality psychological problems in 4.46% and socio-pathological phenomena in 0.7%.

Within the framework of behaviour problems where the initiators of contact were clients (a total of 6,434) clients with a facility was school ranked first, followed by parents were identified by almost one fifth of children and young people (19.51%) with psycho-motor and emotional instability. Smoking, abuse of alcohol, medicines and illegal drugs, pathological gambling themselves are classified in the category of socio-pathological phenomena. In the 2007/2008 academic year a drop to 654 cases was registered (1,608 cases/14% in 2007/08 academic year).

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Asocial and Anti-social Activities</th>
<th>Pathological Gambling</th>
<th>Membership in Sect./Culture Groups</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>259</td>
<td>14</td>
<td>2</td>
<td>329</td>
<td>654</td>
</tr>
</tbody>
</table>

3.2.1.1 Research of Protective and Risk Factors of Drug Use in Relation to the Effectiveness of Prevention with University Students.

In connection with Chapter 2.3.1: Surveys of Drug Use among University Students, this part incorporates references and conclusions from the studies which were conducted within the framework of research tasks programmed for the period 2006-2009 (Report 2007, Chapter 13.2.1). In general, it pertains to the findings in favour of “tailor-made interventions” with an accent on individual, psychological, interpersonal and social factors which to various degrees affect the effectiveness of preventative interventions.

3.2.1.1.1 Selected socio-demographic factors and differences in the use of alcohol with the university students (Sabena et al., 2008). Findings: Students (men) consume alcohol more than girls. The study year is related only to the low level of excessive drinking (five drinks and more on one occasion) socio-economic status expressed by the education of parents has no influence; partnership relations and living with parents have a protective effect.

3.2.1.1.2 Depression symptoms, social support and religious beliefs in relation to problem drinking with university students/freshmen in five European countries. (Sebena et al., 2008).
A higher level of depression symptoms was found in students from Poland, the United Kingdom and Bulgaria. Religious beliefs as a protective factor worked only in Poland.

3.2.1.3 Personality, values in relation to use of health education programmes among university students. (Orosova, van Dijk, Gajdosova,79).

The study was aimed at finding the relationship between personality and value variables, the intention to use/take health education programmes and consumption of alcohol (more than once in the past month).

(N = 832, 42.7% men, average age 20.5). Findings: In the case of both genders, the factor of extroversion and a lower level of adherence to “conventions” are connected with alcohol consumption. Only with women was the consumption of alcohol associated with a higher level of the value variable “creativity” and a lower score in the spectrum of lies in Eysenck's Personality Questionnaire. The strongest inversion relationship between the consumption of alcohol and use of health education programmes was found out only with men. The findings supported the prequalification of the differences in relation to some personality qualities and values and alcohol consumption between genders which should be taken into consideration when designing specific “tailor-made” preventative interventions for university students.

3.2.1.4 Programme of the prevention of drug use and AIDS for university students. The primary aim of this programme is the prevention of risky behaviour in addition to personality development. These objectives were achieved through constructivist methods for developing cognitive, cognitive -behavioural and emotional skills (abilities of decision making/problem solving, understanding the consequences of one’s activities/behaviour, alternative problem solutions, ability of critical thinking, analysing peer and media influences, analysing one’s perceptions of social norms and beliefs, self evaluation and values clarification). The preventative programme of drug use and AIDS with university students is the first module of the DA preventative programme which is certified by the Ministry of Education of the SR80 and has been implemented since 2000 with the students of P.J. Safarik University in Košice and the Technical University in Košice.

3.2.1.5 Preventative programme of drug use and AIDS with university students and mediators of drug use. (Salonna et al., 200881). Significantly higher growth was detected in the case of Commitment, Goal-setting Skills, Social Skills and Assistance Skills with participants of training as opposed to those students who did not participate in training. (Table 3.2.2).

<table>
<thead>
<tr>
<th>Mean Rank</th>
<th>programme participant</th>
<th>control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs about Consequences</td>
<td>47.47</td>
<td>42.8</td>
</tr>
<tr>
<td>Commitment **</td>
<td>55.75</td>
<td>38.07</td>
</tr>
<tr>
<td>Decision-Making Skills</td>
<td>48.45</td>
<td>42.24</td>
</tr>
<tr>
<td>Lifestyle Incongruence with Substance Use</td>
<td>43.42</td>
<td>45.12</td>
</tr>
</tbody>
</table>


79 Orosova, O., van Dijk, J. P., Gajdosova, B.: Personality, values, the intention to use a health-related information program and alcohol consumption among Slovak university students. Studia Psychologica, submitted.

80 Certification No. 1321/1645/2000/56/1; FILIA, CA Košice

81 Salonna, F., Kalina, O., Orosová, O. Effectiveness of the drug prevention program for university students according to mediators of substance use. PSYCHOLOGY & HEALTH, (23), (2008)118-118.
3.2.1.1.6 Development of social intelligence and personality growth among the university students involved in the programme of prevention of drugs and AIDS. The research of the effectiveness of preventative programmes is insufficiently concentrated on factors affecting the perception of the usefulness/helpfulness of the preventative programme. The study was aimed at the relationship of social intelligence to the perception of the helpfulness of the drug and AIDS prevention programme. The subjective evaluation of the programme benefits in connection with the cognitive and behavioural factors of social intelligence was analysed and the hypothesis that the students with a higher level of cognitive and behavioural factors of social intelligence will differ in their evaluation of the programme's helpfulness from those of students with lower level of social intelligence was verified and confirmed in principle (Orosová, Salonna, 2006).

3.2.2 Interventions for Young Delinquents, Club Visitors, Ethnic Groups, Experimenting and Risk Groups

The Research Institute for Psychology and Psychopathology of Children (under the competence of the Ministry of Education) as a member of Euronet international network, and through the CA V&P, initiated and supported the participation of Slovakia as an associated partner in the international project of early intervention for children and young people who come in contact with drugs. (FreD goes net – Report 2007, Chapter 3.2.3). In 2010, according to the terms and conditions of this project, a programme of early preventative intervention with children and young people who have already come into contact with drugs should have been implemented in Slovakia (see also Chapter 9.2). Currently, necessary steps for the legislative anchoring of this intervention have been initiated by the General Secretariat of CMDADC. (See Chapter 1)

Programme of Support of the Health of Disadvantaged Communities

The processing of the outcomes of the Lifestyle and Health Status of the Population of Segregated and Separated Gypsy Settlements and Location Monitoring was completed. The above mentioned results were elaborated in the Evaluation Report on the Outcomes of the 1st Phase of the Programme for the Support of the Health of Disadvantaged Gypsy Community for the Period of 2007 – 2008.

A total of 30 healthcare education community workers (hereinafter the “HECW”), who within the framework of 10 RPHI (Poprad, Prešov, Košice, Bardejov, Spišská Nová Ves, Michalovce, Rimavská Sobota, Rožňava, Banská Bystrica, Stará Lubovňa) performed healthcare education in selected Gypsy settlements and locations, in families and at schools. They carried out assistance

<table>
<thead>
<tr>
<th>Goal-Settings Skills*</th>
<th>52.27</th>
<th>40.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress-Management skills</td>
<td>45.38</td>
<td>44.00</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>41.39</td>
<td>46.28</td>
</tr>
<tr>
<td>Resistance Skills</td>
<td>41.44</td>
<td>46.25</td>
</tr>
<tr>
<td>Social and Life Skills*</td>
<td>51.88</td>
<td>40.29</td>
</tr>
<tr>
<td>Normative Believes</td>
<td>40.52</td>
<td>46.78</td>
</tr>
<tr>
<td>Assistance Skills*</td>
<td>51.95</td>
<td>40.24</td>
</tr>
<tr>
<td>Alternatives to Substance use</td>
<td>45.83</td>
<td>43.74</td>
</tr>
</tbody>
</table>

1 Mann-Whitney U ** significant at the 0.01 level * significant at the 0.05 level


83 Orosová O., Salonna F.: Social intelligence and University students' ratings of type prevention program helpfulness: 14th Annual EUPHA Meeting "Politics and (or) the public's health". Montreux, Switzerland; 16-18 November 2006. EUROPEAN JOURNAL OF PUBLIC HEALTH 2006;16(supp1):171-172
to healthcare staff, cooperated with social community workers and ensured communication between the population and healthcare staff.

The mission of the HECW is to disseminate basic healthcare education and information in the community. The expected output of this programme is the enhancement of healthcare awareness with an orientation on learning the habits of a healthy lifestyle, caring for one’s own health and increasing responsibility for one’s own health. Health education also incorporates the education of the Gypsy population – education courses are conducted for those Gypsies who are able to become lay disseminators of health education in their communities in compliance with the adherence to basic hygienic habits, the provision of lay emergency aid and in preventing diseases of infectious and non-infectious character. The department of health support participated in the project “STOPA” (Systém Tinedžerskej Osvety, Prevencie Alkoholizmu a iných závislostí) (“TRACE” System of Teenage Education, Prevention of Alcoholism and Other Addictions) which was aimed at the training of peer activists in the issues of addiction prevention and was implemented from June 2008 in 9 Gypsy settlements in the greater Košice district. Addiction to alcohol, tobacco and volatile substances have spread fast in this environment and the issues of addiction are obviously deepening. The aim of this project was to leave a positive TRACE – to spread anti-drug prevention on the principle of peer work, i.e., by training and motivating local young people. The RPHA in Košice is the expert guarantor of this project. Thematically related health education materials were distributed and the questionnaire on the knowledge level of participants regarding the DA was conducted. Completed questionnaires “Why Do I Smoke” aimed at the relation to smoking. The Peer Activist Manual was published in October 2008.

Table 3.2.3: Some activities from the programme of the support of the health of disadvantaged communities in regions of Banská Bystrica, Košice and Prešov. Source: Hamade J., Janechová H. PHA SR (2009)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Region</th>
<th>BB</th>
<th>KE</th>
<th>PO</th>
<th>Others</th>
<th>Total number of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health State Monitoring Survey</td>
<td>BB</td>
<td>45</td>
<td>363</td>
<td>1,117</td>
<td>15</td>
<td>1,540</td>
</tr>
<tr>
<td>Health Education – basic hygiene habits, dental hygiene, lice infestation prevention, drug addiction prevention, issues of smoking, type A virus hepatitis – diseases of dirty hands, risky sexual behaviour, HIV/AIDS</td>
<td>KE</td>
<td>8,368</td>
<td>19,762</td>
<td>12,883</td>
<td>113</td>
<td>41,126</td>
</tr>
<tr>
<td>Number of Visits – Elementary Schools</td>
<td>PO</td>
<td>2,060</td>
<td>3</td>
<td>2,764</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation with the Field Social Workers</td>
<td>Others</td>
<td>1,250</td>
<td>2</td>
<td>1,267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td>1,536</td>
<td></td>
<td>1,536</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Programme of Social Community Work in Marginalized Communities
The creation of 343 field social worker positions (hereinafter the “FSW”) and 393 assistants to field social workers positions (hereinafter the “AFSW”) with 216 recipients were financially supported from the Social Development Fund in 2008. The FSW and AFSW operate in the field and carry out activities particularly in the areas of employment, school system, housing, social area, healthcare area and socio-pathological phenomena. The activities of the FSW are closely related to the orientation of the social guardianship conducted by the OLSAaF. Due to the cumulative job description of field social workers and their assistants, it is not possible to precisely quantify the number of interventions aimed at assistance to drug and other addicts and their families.

Aj my Rómovia dokážeme veľké veci I. Nesnívaj svoj život, ale ži svoje sny – bez drog
(Even We Gypsies Can Do Big Things I. Do Not Dream Your Life But Live Your Dreams –
Drug Free). This project is originated by the CA Športom proti drogám (Through Sports Against Drugs) and has the attribute of the first national film project oriented on the prevention of the occurrence of drug addiction in the Gypsy communities. It is an adaptation of three life stories of well known individuals who come from the Gypsy ethnic group - sportsman – a world champion in body building, a rap singer and a violinist. The promotion of positive models for a meaningful way of life is designated especially for young Gypsies aged 11-18 including young mothers. This free of charge DVD (2,000 pieces) should be distributed among schools and in the communities in interactive form through health and social community workers and teachers at schools. Detailed methodology is a part of the project.

3.2.3 Selective Prevention – Family

In 2008, counselling - psychological services in the competence of the Ministry of Labour, Social Affairs and Family aimed as assistance to families in which addiction is present and motivation in experimenting users or addicts to treatment constituted of 3% (153 registered cases – in 2007 143 cases) from the overall amount, although the issue of alcohol addiction is frequently part of another issue; partnership, family divorce, etc.

Solving the situation with the decrease of experts in specialized services within the framework of the ministry constitutes the content of the "Concept of the Development of Specialized Psychological Counselling Services for Drug and Otherwise Addicted Clients and Clients at Risk of Drug and Other Addictions in Terms of the Departments of Psychological Counselling Services of the Offices of Labour, Social Affairs and Family" with a model of specialists in every region. In 2008, the implementation of Phase I of the Concept began. The content of the training of specialists was elaborated and the amount of training and job description for specialized expert counsellors in the area of drug and other addictions were established. A specialized worker was hired for each department of the PPS of the designated Office of Labour, Social Affairs and Family in the regions.

RPHA health education on this level focuses on alcohol-related issues (tasks of the National Action Plan for Alcohol-Related Problems, CINDI Project). Consultative counselling services of the local RPHA are provided to family members in follow-up cooperation with professional healthcare, social and school services. The greatest interest in counselling is from individuals aged 35 – 44 who noticed problems with their children. Recently, the clinics have recorded increased requests from parents of minors for urine tests for the presence of addictive substances.

3.2.3.1 Assistance and Support to Families with Risky Children and Addicted Family Members

The activities within the framework of social guardianship (Ministry of Labour, Social Affairs and Family) which are extensive and widespread, play a key role. They include diagnostics and the monitoring of negative effects on the child and family, detecting their causes, and the provision or mediation of help to the child, parent or other adult person in solving upbringing and family problems. In this context, it incorporates organizing or intermediating participation in programmes aimed at assistance in solving problems of children at home, in school, at assistance to families in solving upbringing, social and other family problems and in interpersonal relations, organizing or intermediating participation in programmes aimed at assistance to children and adult natural persons at risk due to the behaviour of a family member or other persons as well as organizing or intermediating participation in programmes aimed at adult natural persons who put other members of the family at risk due to their behaviour.

84 Source: Kuchárová, B., Hažírová, J., Malchárek, J. Even We Gypsies Can Do Big Things Methodology for Use of DVD 2008
85 The intent of this concept was to elaborate the issues of the prevention of the occurrence of addiction and solving the situation in the area of drug and other substance abuse with an emphasis on the family, children and young adults (separately children placed in the facilities of the social legal protection and social guardianship authorities) for the terms of the RPPS.
86 Both proposals of job descriptions were re-evaluated at the ministerial working group and subsequently in the commission for the assessment of the job description of the MLSAF and as of January 1, 2009 they are incorporated in the Catalogue of Activities.
In 2008, measures of social guardianship were carried out for an overall number of 26,239 minors. Within the framework of this number, 305 minors (1.16%) were registered due to drug addiction or experimentation. It is a slight drop from the number of 338 registered cases in 2007. From this number, 53 children (23 girls) aged under 14 were the subject of social guardianship.\(^7\)

The upbringing measure - treatment at specialized outpatient care, was imposed on 5 children and the upbringing measure in the form of ordered stays at the RC for drug addicts was imposed on 24 children. (18 of the 21 currently operating RCs have the certification for conducting this measure).

Education and recreational activities and social programmes in obvious form of holiday camps are also significant and can be considered as a form of selective prevention. Upbringing recreation programmes in the form of stays constitute part of the social work with the child and his/her family. Their purpose is to bring expertise on the elimination or moderation of the behaviour disorder, development of social skills, the acquisition of necessary social and hygienic habits and the ensuring of suitable leisure time activities of the child. The programmes are conducted by local Offices of Labour, Social Affairs and Family (OLSAF) through or in cooperation with non-state subjects certified for their performance and are financed from so-called OLSAF priorities, i.e., from the state budget. In 2008, over a thousand children with behaviour disorders and 153 children, who are in substitution family care, completed upbringing recreation programmes. (Czuczorová E, 2009)

Upbringing and social programmes are one of the types of upbringing measures regarding which the authority of the social legal protection of children and social guardianship or OLSAF may decide. They are predominantly used in order to prevent the imposition of institutional care or protective upbringing of minors with behaviour disorders, especially in combination with truancy. According to data from the statistics report of the MLSAF SR 13-01, upbringing and social programmes were conducted for 1,888 children, of which almost a half (48.7%) involved children in the family environment. Conducting this type of upbringing measure may be carried out by certified subjects and the RPPS and pedagogical psychological facilities of the Ministry of Education.

The placement of the child in institutional care is decided by courts in the form of a preliminary ruling. In 2008, the preliminary rulings were related to the drug addiction of parents and in 3 cases the placement of the child in institutional care occurred; however there were 99 of them altogether in 2008 (of 4,357). Two children were placed in institutional care due to their own drug addiction – or rather problems with drugs – the overall number of children in 2008 were 12 children. Table 3.2.4 indicates the data on the serving of court decisions at the RC in comparison with all facilities for serving court decisions (orphanages, crisis centres, diagnostic centres, re-education homes and social services homes).

<table>
<thead>
<tr>
<th>Facilities for serving the court decision (except of RC)</th>
<th>Number of Children as of January 1, 2008</th>
<th>Accepted</th>
<th>Completed</th>
<th>Number of Children as of December 1, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities for serving the court decision (except of RC)</td>
<td>5,577</td>
<td>1,515</td>
<td>1,556</td>
<td>5,484</td>
</tr>
<tr>
<td>Re-socialization Centres (RC)</td>
<td>18</td>
<td>27</td>
<td>19</td>
<td>26</td>
</tr>
</tbody>
</table>

(Source: statistic statement of the MLSAF SR 12-01)

The Act enables an adult natural person, who is a parent, to complete a re-socialization programme together with his/her child. The main goal of such possibility is to support the preservation of family bonds between the addicted parent and his/her child and thus to increase

\(^7\) The Act on Social Legal Protection of Children and Social Guardianship created space for conducting various methods of work in an open environment, carrying out upbringing measures (such as ordering the stay of a minor in re-Re-socialization centre for drug addicts, imposing on the child obligations to participate in treatment at specialized outpatient care facilities, imposing on the child the obligation to participate in education or social programmes); possibility of establishing specialized independent groups for children addicted to drugs and other substances at orphanages; introduction of certification, etc.
the probability of a trouble-free course of re-socialization and to reduce the further traumatizing of the child due to his/her possible placement in a different facility (such as an orphanage or crisis centre) for serving the court decision.

Crisis Centres
The problems connected with drug use were also solved at crisis centres, including specialized ones, which in 2008 provided outpatient, inpatient and combined care for 1,241 child clients due to issues related to the service provision. This number included drug and other addiction-related 125 cases (106 cases due to drug addiction of parents and 19 cases of children with drug problems).

Counselling via Internet
On a different level (comparing to specialized healthcare facilities – Centres for Treatment of Drug Addiction – with the offer of their own help and information on-line services), since October 2005, there is a possibility of contacting specialists at www.infodrogy.sk. Most of the questions are addressed to the physicians, psychologists and lawyers – by the parents, relatives and friends of those who have problems with drugs. A total of 1,563 questions (as of July 20, 2009) were addressed in clinics in the course of four years. In 2008, at total of 480 questions were addressed, which constitutes an almost 14% growth in the interest in this form of counselling in comparison with the previous year. The questions and responses are available to other visitors of the info-portal with the consent of those looking for advice.

3.3 Indicated Prevention
3.3.1 Interventions aimed at pupils with ADHD Syndrome and Behaviour Disorders
The characteristics of special education facilities (SEF) in the competence of the Ministry of Education are defined in Slovak Republic National Council Act No.245/2008 on Upbringing and Education (the School Act). Their competence incorporates the provision of psychological, psycho-therapeutic, upbringing and education and re-education care. They do not provide therapeutic and re-socialization care. Currently, operations include 5 diagnostic centres (3 diagnostic centres for children under 15 and 2 for young people) and 19 re-education facilities including mother and child facilities in which 1,100 children were placed in 2008. The primary problems which lead to their placement in these special education facilities of institutional type were also related to the consumption of psychotropic substances (drinking, smoking, snuffing).

The list of approved projects of the Anti-drug Fund for 2008 incorporated the subsidizing of 5 preventative activities/programmes for diagnostic centres and the Re-education Home for Young People with the facility for young mothers in Zlaté Moravce. The projects Pút’ a Križovatky (Voyage and Crossroads) were designated for the treatment of girls with emotional and social disorders.

The SEF also include 8 therapeutic – education sanatoria which provide space for the indicated treatment of individuals with ADHD or special development learning disorders.

The data on provided subsidies from the non-state Anti-drug Fund included a specific stay programme for children with ADHD and their parents for several years (Reports 2006, 2007, 2008) as the only known programme of this type. Now the more details on camp were provided by the project author from the EPCC in Kežmarok. Havašová (2009) informed that the camp was organized every year for four years and was the culmination of all year care of the EPCC for

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88 For example, the specialised crisis centre UNICORNIS (Report 2006 Chapter 11 Drug Use in the Case of Children and Young People (under15) and Related Problems)
89 Frančík J. 2009: Information of webmaster of www.infodrogy.sk
90 www.protidrogovyfond.sk downloaded on February 11, 2009
91 PhDr. Viera Havašová (2009) Project Evaluation “Therapeutic Camp for Children with ADHD and Their Parents” - information for the NMCD
92 The first camp was attended only by the children diagnosed with ADHD or special development learning disorders plus 1 parent. The intact siblings participated in the second camp. The third camp was also attended by the children of lecturers whose mutual interaction created a model situation providing authentic experience for camp participants in the sense of greater mutual closeness. Both parents could participate in the fourth camp.
children diagnosed with ADHD disorders or special development learning disorders. Therapy in the form of regular sessions – with children once a week and with parents once every two weeks was conducted throughout the year. At the same time, there was individual work with both groups, in the form of special pedagogical re-education and psychotherapy. Every six weeks, a common outdoor activity involving parents and children was organized (tourist trips, sporting events) or activities were organized on the premises of the clinic (Christmas party, dances).

The therapeutic camp for children with ADHD and their parents was aimed at improving social relationships in families and other social environments. The participants in the most recent cycle included 29 children aged 6-15, 15 parents and 6 lecturers. The composition of the camp included families which had participated in previous camps and new families which were accepted without any problems. The clients were divided into three groups, two groups of children according to age and a group of parents; the groups worked individually and jointly. Group therapy was focused on the deepening of social skills, improvement of emotional self-expression and constructive handling of emotions, increasing empathy, conflict solving, positive acceptance of the child with upbringing and education problems, dealing with stress and anxiety, increasing the ability of empathy with the child’s experiences, etc. In the final community, children and parents evaluated the camp and they positively evaluated the possibility to spend time meaningfully, to share common experiences and the possibility of acquiring distance from their problems, new methods of spending leisure time and parental roles in other positions; on the contrary, parents could experience their children in cooperating situations with others. In the course of art-therapy and music-therapy, they acquired experience with new forms of work, relaxation methods and creativity, which they can transfer and use in everyday life. The feedback was highly positive. The opportunity for self-knowledge and improved knowledge and understanding of own children were appreciated from the party of parents, while interfamily and extra-family relations, tolerance and respecting differences were deepened. The pro-social behaviour of children was improved and their self-esteem and social skills in conflict solving and communications were enhanced. (Havašová V.2008),

Follow up Interventions for Paediatric Patients with ADHD, Depression, Behaviour Disorders

This part indicates only the data from the healthcare statistics on paediatric patients hospitalized with diagnoses in the group of MKCH-10 F90 – F98 Behavioural and Emotional Disorders with Usual Start in Childhood and in Course of Adolescence, the number of which illustrates the need for follow up interventions of the indicated prevention. In 2008, a total of 825 patients under 14 years were hospitalized, of which 632 were hospitalized for the first time (there were totally 1,323 l patients of age category under 24 years with predominance of men – 937)

The patients with the diagnosis in this group were hospitalized on the impulse of their psychiatrist, and after undergoing the inpatient treatment, they remain in outpatient healthcare.

According to Škodáček (2009) ADHD patients mostly abuse marijuana, ATS, cocaine and hallucinogens and than opioids what are not the preferable drugs. Inhibiting effect of alcohol is involved into self treatment of insomnia. The treatment of ADHD adolescents is very important due their higher affinity to abuse alcohol and drugs. Beside psycho-pharmacotherapy mostly with stimulants, which are to reduce the risk of alcohol and drugs abuse, Škodáček quoted psychotherapy in form of cognitive-behavioural psychotherapy, training and consultation for parents and those who take care on children?

The treatment of ADHD would begin in nursery school and to create modules of approaches to ADHD children for parents and people who care on children (for nurses, teachers and practitioners). There should be established an integrated network of psychologists, child psychiatrists, neurologists, experts in education, addictolgists and social workers. Škodáček concluded that children with ADHD differ from other chronic diagnosis in their educational activities and behaviour during the treatment, what could be carefully monitored.

The website of the civil association Dis94, which provides professional advice and information to parents of children with ADHD and other development defects, is in operation.

94 http://www.displus.sk/download/matem - downloaded on August 10, 2009
4 Problem Drug Use

The definition for problem drug use that is used to estimate of the prevalence and incidence of drugs in the Slovak Republic and for the collection and analysis of data for this report is based on the definition corresponding to the EMCDDA’s operational/pragmatic definition for the indicator Problem Drug Use: Injecting drug use or long term/regular use of opioids, cocaine and/or amphetamines in the 15–64 age group in the given year.95

A small deviation in the content of the definition in Slovakia relates to cocaine users. If this is their primary drug, they rarely come into contact with services from which the data are acquired. For example, in the last implemented general population survey in 2006, the current users (i.e., those who used cocaine within the last 30 days) did not constitute even one percent and those who had ever used cocaine (lifetime) represented approximately two percent. Even among patients entering treatment, cocaine users constituted only a very small share (see Chapter 5). In reports from low threshold facilities, not even one case of a client with whom cocaine was indicated as the primary drug was recorded.

In spite of this, cocaine is used by part of the population of problem drug users, but it is usually a secondary drug, beside amphetamine stimulants or opiates. Heroin is the most commonly used opiate and pervitin is the most frequently used stimulant.

According to the latest estimate in 2008 and based on the above definition, there may be between 8,200 and 33,500 problem drug users in the Slovak Republic, with a median estimate of 10 500, which represents 2.68 per 1,000 population in the given age group.96 The majority of them, approximately one half of the estimated population of problem drug users, use opiates, particularly heroin. The others use pervitin (about 35%) or a combination of the above mentioned drugs.

The extent of problem use in the given population is underlined by the fact that almost 100% of the clients of low threshold centres are injection users.

There has been change in the proportion of the estimated prevalence in Bratislava (up to approximately 37% of the total prevalence) in comparison with the other regions of Slovakia due to the reduction of coverage by low threshold programmes in the regions outside the capital. The situation in Bratislava itself has not changed considerably in comparison with the previous year.

Based on the analysis of the source data and other indicators, even despite the differences in comparison with the previous estimates of the prevalence of problem use made using the same method3, no major changes in overall situation were observed.

4.1 Estimates of the Prevalence and Incidence of Problem Drug Use

No estimate of the incidence of problem drug use in Slovakia has been made recently.

The estimate for the prevalence of problem drug use in 2008 used a multiplication method from data on clients of low threshold services – of non-governmental organisations that provide harm reduction services. This estimate methodologically continued in the estimates for 2005 and 2007, which used the same method and the same source of data.97 The basis for the multiplier in all consecutive estimates was the proportion of problem drug users who were in contact with low threshold services in 2005 (the “in-treatment rate”, ITR).

The results of the estimates are given below (Table 4.1.1).

95 EMCDDA: Key epidemiological indicator: Prevalence of problem drug use. EMCDDA recommended draft technical tools and guidelines. Lisbon, EMCDDA, 2004
Table 4.1.1: Estimate of problem drug users in the 15–64 age group in the Slovak Republic from 2005 to 2008.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate of PDU - median</th>
<th>Lower limit</th>
<th>Upper limit</th>
<th>Median rate/1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>14,800</td>
<td>10,300</td>
<td>28,100</td>
<td>4.18</td>
</tr>
<tr>
<td>2006</td>
<td>14,700</td>
<td>10,100</td>
<td>29,300</td>
<td>4.29</td>
</tr>
<tr>
<td>2007</td>
<td>13,900</td>
<td>9,300</td>
<td>30,300</td>
<td>4.03</td>
</tr>
<tr>
<td>2008</td>
<td>6,700</td>
<td>4,800</td>
<td>29,100</td>
<td>1.86</td>
</tr>
<tr>
<td>Total in Slovakia excluding BA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>18,300</td>
<td>13,500</td>
<td>32,200</td>
<td>4.76</td>
</tr>
<tr>
<td>2006</td>
<td>18,400</td>
<td>13,400</td>
<td>33,500</td>
<td>4.89</td>
</tr>
<tr>
<td>2007</td>
<td>17,900</td>
<td>12,800</td>
<td>34,800</td>
<td>4.71</td>
</tr>
<tr>
<td>2008</td>
<td>10,600</td>
<td>8,200</td>
<td>33,500</td>
<td>2.68</td>
</tr>
</tbody>
</table>

The data in the last year indicates a steep drop in problem drug use, but it probably does not reflect the reality. Although a drop in the use of opiate drugs, heroin in particular, has recently occurred recently in Slovakia in connection with changes on the drug scene, accompanied by an increase in the use of stimulants of amphetamine type and the further spread of the use of herbal cannabis, together with a drop in injecting use. However, this process has been developing over the course of several years\(^{98}\) and there were no signs of such a steep “plunge down” in problem drug use.

The explanation for this could lie in the methodology applied on one hand, and, on the other hand partly in possible changes related to the data acquisition – which is related to the first cause.

The low threshold services, particularly those provided by non-governmental, non-profit organizations in Slovakia, are the source of this data. The two largest such programmes operate in Bratislava – in 2007 they covered up to 76% of the clients in low threshold programmes while only 24% of such clients visited programmes in other towns in Slovakia. In 2008, the proportion of clients in Bratislava programmes was even higher - up to 88% - as opposed to the non-Bratislava share. This was due to the natural development from the outbreak of the epidemic of use of illegal drugs predominantly in the capital which only later spread to other areas, what generated pressure on the availability of the low threshold programmes in the most affected area. On the other hand, such heterogeneous geographic coverage by services is also reflected in attempts to determine the indirect relationship between the situation in the drug area and the number of service clients, as it is in the case of prevalence estimates according to the multiplication method. The above mentioned discrepancies in geographic coverage have already been discussed in contributions on the prevalence of problem drug use to specialised journals\(^{99}\). Even if the exact relation between problem drug use and the number of clients at low threshold programmes is formulated, the generalization of data acquired in such way for the entire territory of Slovakia is questionable. Though estimates from the previous period seem to be consistent not only with other findings but also internally, in annual trends.

However, the situation in 2008 changed in comparison with the previous year. While in 2007, seven organizations provided data on their clients through reports on fourteen programmes, a year later we can only refer to five organizations and nine programmes, of which, two organizations were from Bratislava. Only three organizations continued to be sources of data for estimates for the rest of Slovakia and in some of them there was a dramatic drop in the number of reported clients. For example, in 2007 data on 578 clients was reported from Eastern Slovakia; a year later only data on approximately 68 clients was provided. The other non-governmental organizations had terminated their activities.

The overall decrease in the reported numbers of clients from the regions outside Bratislava exceeded 60% of the figure for 2007. As a result of the spread of the use of methamphetamines in

\(^{98}\) For example TDI data.

Slovakia and the drop in the use of heroin in this period, a continuously decreasing rate of users coming into contact with services can be expected (and a simultaneous drop in the in-treatment rate) which could be one of the reasons for termination of the programmes. According to the estimate for 2008, the steep drop in the benchmark value, in multiplication by values in the intensities of the relevant population (of productive age) in corresponding area, was probably manifested by a decrease in the estimates which could be combined with the overestimation of the multiplier value (1 / in-treatment rate) in comparison with an already lower real value.

The estimate for the entire territory of the SR is a composition of the estimated prevalence for Bratislava and the estimated prevalence for the rest of Slovakia excluding Bratislava. The above mentioned problems in 2008 led to a strong underestimation of the second item of the estimate (estimated prevalence in Bratislava where no major changes occurred in the institutions providing source data, it preserves the consistency with the previous period) and the follow up impact on the overall estimate for the SR.

It is the territory of Bratislava which can serve as reference one for the trend assessment due to the fact that the already mentioned reduction of programmes and their clients did not take place here. By taking into consideration the stabilised values of the estimates for the recent period and the comparison of data from other indicators, it can be stated that the situation regarding the rest of the territory of Slovakia is also more or less stabilised even with respect to the changes in the structure of clients according to the primary problem drug. When analyzing the data from individual organizations, it is obvious that no significant changes occurred; the number of users of opiates and pervitin grew only slightly among the clients of low threshold programmes in Bratislava. In both Bratislava organizations a more distinctive drop in the reporting of poly-users occurred. However, regarding the current ways of use among this group of users, it does not necessarily have to mean an epidemiologic interpretation. On the contrary, in other areas of Slovakia the prevalence of clients using several drugs simultaneously grew slightly, also the number of clients primarily using opioids increased, especially in Eastern Slovakia. Taking into account the above mentioned decreases in the number of clients reported from organizations in these areas, this can not be considered as representative growth in the entire population; however, recent data from the other areas and indicators also demonstrates a slight growth in the use of opioids. In 2008, in addition to the heroin use, cases of the abuse of illegally acquired buprenorphine were again reported in Slovakia.

Since the estimates of problem drug user sub-groups according to primary drug is taken from the overall estimated population, the projection of the described deviation also occurred here (Table 4.1.2).

Table 4.1.2: Estimate of sub-groups of drug users satisfying the definition of PDU

<table>
<thead>
<tr>
<th>Year</th>
<th>Opiate users</th>
<th>Stimulant users</th>
<th>Injecting users</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Central</td>
<td>Interval</td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td>2005</td>
<td>10,200</td>
<td>7,500 – 18,000</td>
<td>2.7</td>
</tr>
<tr>
<td>2006</td>
<td>10,100</td>
<td>7,400 – 18,400</td>
<td>2.6</td>
</tr>
<tr>
<td>2007</td>
<td>9,800</td>
<td>7,000 – 19,000</td>
<td>2.5</td>
</tr>
<tr>
<td>2008</td>
<td>4,900</td>
<td>4,000 – 9,800</td>
<td>1.3</td>
</tr>
</tbody>
</table>

As indicated above, no significant reduction of clients who are primary users of opiate drugs was found in individual low threshold programmes – on the contrary, a slight year-on-year growth was recorded. Nor was there any distinctive drop in the number of clients who are primary users of pervitin in individual programmes. The proportions of sub-groups remained approximately on the same level as the previous year – the share of the estimated category of opiate users, who
constitute 48.5% of all clients using drugs was slightly higher (in 2007 it was 42.6%) and the proportion of poly-users dropped to 13.1% in comparison with 19.3% in 2007.

Among the group of injecting users, there was no major reduction in numbers as well, according to data from individual programmes – proportionally a slight growth was recorded, especially in the programmes in the east of Slovakia. However, the significance of this change largely decreased with the decrease of absolute numbers of clients in them by over 80% (from 374 to 68) because this is the consequence of the termination of other programmes in the region which dealt with injecting users to a lesser degree. In general, the share of injecting drug users among all clients in the programmes covered close to 100%.

4.2 Data on Problem Drug Users Out of Treatment
4.2.1 Characteristics of the Clients of Low threshold Programmes

Low threshold harm-reduction programmes offered to drug users constitute the most significant source of data regarding the problem drug use on which the prevalence estimate is also based. In Slovakia, these activities are conducted almost exclusively by NGOs. Most frequently, they involve field programmes with an active search for clients in their environment or stationary programmes providing a certain reliability and regularity in terms of contact site for the clients. The work in these programmes is difficult and not well paid. As a result it is frequently based on the enthusiasm of the voluntary field workers.

As already mentioned, in 2008, several programmes outside the Bratislava region terminated their activities, which resulted in the substantial reduction of clients there.

A special questionnaire related to the structure of clients in programmes and provided services has been used for data collection. Due to the character of the field work and since the principles of the provision of harm-reduction services is based on an effort to maintain the anonymity of the clients, it is not possible to check over the possible double-counting of clients in several programmes.

Table 4.2.1 describes the structure of clients of low threshold programmes in general.

Table 4.2.1: Structure of clients in harm reduction low threshold programmes

<table>
<thead>
<tr>
<th>Source: Report of low threshold programmes for 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td><strong>Clients</strong></td>
</tr>
<tr>
<td>of whom, users</td>
</tr>
<tr>
<td>of whom, injecting</td>
</tr>
<tr>
<td><strong>Heroin</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Pentazocine (Fortral)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Pervitin</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Combination of heroin and pervitin</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Subutex</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Volatile substances</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Ecstasy</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Cannabinoids</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Others (e.g. alcohol etc.)</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

* estimate

The high proportion of clients of low threshold services who use opioids as a primary drug is typical – as a result of the increased incidence of their risky behaviour. In 2008, this group constituted up to 48.5% of all users participating in the programmes.

In comparison with the previous years – also due to the finishing of programmes/clients reduction, in 2008 there is a lower number of users of other opioids (other than heroin).
The structure of clients of low threshold programmes is depicted by Figure 4.2.1.

In 2008, the average age of clients at low threshold facilities varied from 25.5 years to 33 years. Such relatively high age could indicate that a large portion of clients are made up of chronic long-term drug users.

The ratio of male to female clients who entered programmes was approximately 2:1.

Programmes for the exchange/distribution of sterile needles and syringes constituted a significant part of the activities of low threshold organizations in the field of harm-reduction. In 2008, a total of 223,721 syringes were provided to the clients of these facilities. Syringes for clients in Bratislava were also provided by the Centre for the Treatment of Drug Addiction. Within the framework of its programmes in 2008, they provided 30,637 pieces. Together with the relatively high availability of needles/syringes in the majority of pharmacies, this constitutes a good foundation for the reduction of the spread of infectious diseases among drug users.

4.2.2 Related Data and Indicators

Although the clients of low threshold facilities constitute a specific sub-population of users and certain group does not intend at all to take treatment due to their problem use, still a significant link between this group of users and the users in treatment exists.

In 2009, the number of those who were in treatment in healthcare facilities in Slovakia in connection with drug use was 2,056, i.e., it grew by 3.6% in comparison with the previous year. This increase was not only caused by the growth of the number of patients treated in facilities of the sector of justice (treatment in prisons) but also in the healthcare facilities in the sector of health where year-on-year growth reached as high as 4.8%. The growth of those in treatment for the first time (8.7% year-on-year) can also be a sign of the growth of problems regarding drug use. In 2008, there was also slight growth of treated for the first time due to opioids and (meth)amphetamine use, in comparison with the previous year.
It is probably methodologically more correct to determine the group of problem drug users among the patients from among all treatment demands, and in the sector of healthcare. This is because certain specific features prevalent in prison healthcare facilities could cause a bias in the analysis of treatment-related data (for example, the obvious pre-selection according to gender and age, different motives and circumstances of application for entering treatment, etc.). Although first treatment demands show more precisely the current trends in use, it does not incorporate the group of chronic users, which is important in relation to the most harmful drugs to health and (therefore) in terms of problem drug use.

In compliance with data protection regulations, only aggregate data on treatment was available for the purposes of this report. This prevented the selection of problem drug users according to the criteria of definition; their proportion can only be estimated. By combining the criteria based on the injecting use and current injecting use of any drug, we can estimate that the proportion of problem drug users in treatment in 2008 at healthcare facilities in the healthcare sector is approximately 60-75% of all patients treated, which is a consistent proportion in comparison with the trend of previous years.

Patients with problems related to the use of or addiction to cannabis do not appear in low threshold facilities; this is why there are differences in the proportion of the distribution of patients and clients of low threshold facilities according to the used substance. However, it can be noticed that similar to those patients in treatment for the use of pervitin and opioids, heroin users have the most distinctive representation. Despite the certain delay of data from treatment, especially information on first treatment demand also follows the trends recorded in low threshold programmes. The growth of problem drug users of methamphetamines in harm reduction institutions was also reflected in the growth of those treated due to methamphetamines. Our report for 2007 pointed out a possible slight growth in the use of opioids based on the data on first treatment demand, which to a certain extent is also manifested in data from low threshold programmes.

Despite the different representation according to primary drug among patients at healthcare facilities in comparison to clients of low threshold programmes, the proportion of pervitin users entering the programmes is approximately the same in both groups - around 35%. Similarly, the proportions of polydrug users are similar in both groups, around 10%. Patients in treatment due to dependence on opiates most frequently belong to the 25 – 29 age group, which significantly overlaps with the average age span of clients of low threshold programmes. Several circumstances point to the acknowledged fact of a certain overlap of the population of problem drug users and patients in treatment in healthcare facilities due to drug-related problems.

The injecting behaviour of a hidden part of the population can also be derived from the knowledge of the risky behaviour of patients in treatment (injecting use of primary drug or injecting use of drugs in general), at minimum as the shares of injecting drug users of opioids vs. injecting users of (meth)amphetamine stimulants. Up to 86% of patients at healthcare facilities injected opioids and 31.3% of patients injected (meth)amphetamine stimulants. But in the group of repeatedly treated patients, a proportion of stimulants injectors reached 45.6%.

The relationship between problem drug use and its manifestations in low threshold programmes and in treatment must be further studied, not only for the sake of their mutual influence but also because of the possibilities of utilisation other data sources for estimating prevalence and incidence. The estimate of the prevalence of problem drug use points to the need for the application of a different method and different data sources along with the traditionally used method. Due to global financial problems, as the exclusive source of data, low threshold programmes conducted by NGOs also suffer existential problems which can lead to the deterioration of the extent and availability of services to dependant individuals and other drug users and to the reduction of information flows.
In earlier work\textsuperscript{100}, the sensitivity to change of the multiplication method used for the estimates of the prevalence of problem drug use in Slovakia in some of the entry parameters even while preserving the values of the others was manifested. We can state that the estimate for 2008 again demonstrated the weaker sides of the used method and pointed to the need for alternative solutions.

\textsuperscript{100} Šteflar, I., Okruhlica, L. (2007): Contribution on issues relating to the estimate of problem drug use using Bratislava as an example, Alkoholizmus a drogové závislosti (Alcoholism and drug addiction), 42, 3 (2007), p.129 – 144, ISSN 0862-0350
Drug-related treatment: treatment demand and treatment availability

5.1 Introduction

In the Slovak Republic, the term treatment incorporates the definition of the procedures aimed at the elimination of or orientation on the reduction of health disorders at healthcare facilities. That is why the core of the treatment demand indicator (TDI) is the information provided from the reporting units of the network of healthcare providers within the framework of the sector of the Ministry of Health of the Slovak Republic. The following are the other sources (1) healthcare services in prisons within the framework of the Ministry of Justice of the Slovak Republic, where, however, there is a strong pre-selection of individuals and it is complicated to talk about treatment demand in many cases; and (2) re-socialization facilities within the competence of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. However, the re-socialization facilities provide follow up care within the system of problem drug users for abstaining clients after treatment at a healthcare facility. That is why their clients were already registered within the framework of TDI and reported as patients. Similarly, as in the case of prison treatment units, this is a pre-selected group which does not reflect the most current treatment demand trends due to drug use on the drug scene. In addition to the fact that treatment at the healthcare facilities within the sector of the Ministry of Health, which is fully paid from solidarity health insurance, constitutes an essential part of reported cases, historically, it also provides the longest time series within monitoring. Trends of information from the prisons and re-socialization facilities were only included into the reporting later. Due to the above mentioned facts the data for TDI from reporting units within the competence of the Ministry of Health remain the core of our analyses of the trends and interpretations. They are consistent with and based on diagnosed cases according to the ICD-10/WHO criteria.

5.1.1 Strategy and Policy

In 2008, no significant changes were recorded in the strategy and political approach to the issues of the treatment of drug addicted patients in the Slovak Republic. Only the change in the strategy of substitution treatment by buprenorfin is worth mentioning; and where due to the occurrence of problems with the intravenous abuse of Subutex® in the past, the pharmaceutical distribution switched to the replacement of the preparation by Suboxon©, which carries a significantly lower risk of intravenous application.

5.1.2 System of Treatment

In 2008, no changes in the organization of the system of treatment were experienced. The treatment of patients with problems with psychoactive substances remained in the competence of psychiatrists and specialised psychiatric care. The small coverage of the country by methadone maintenance treatment for opioids dependence only in Bratislava and Banská Bystrica was complemented by the wide distribution of Suboxon® in specialised outpatient offices of psychiatrists according to the epidemiological situation.

In addition to the centres for the treatment of drug dependences, the re-socialization centres also began to introduce ISO 9001 quality certificates. Only two studies of the regional character are associated with the outcomes of the effectiveness of the treatment: “The Fates of Patients with Drug Dependences Entering Treatment at the CTDD Bratislava” and “Monitoring of the Retention and Case Load in Methadone Maintenance Treatment at the CTDD Bratislava”. The availability of treatment is dependant on a contractual agreement between the director of the specialised healthcare facility and the representatives of the concrete insurance company within the system of several health and private insurance companies.

The TDI analysis of 2008 shows that, despite the registered growth in the number of treated individuals, the prevailing trend of the treatment demand by patients dependent on amphetamines
and cannabinoids became even more distinctive. The treatment demand due to opiate dependence has not grown reasonably.

5.2 Trends with Clients in Treatment

In 2008, the number of patients registered to treatment grew in general and also proportionally in healthcare facilities under the competence of the Ministry of Health and in prisons in the sector of the Ministry of Justice. The data from the department of the Ministry of Health is more informative due to the following reasons: (1) Quantitatively it constitutes three quarters of the entire population of the treated patients; (2) it enables the monitoring of the time trend of the treatment demand from the beginning of the TDI introduction, while the time sequel of data from the Ministry of Justice is shorter; and (3) the essential difference is in the pre-selection of patients reported from the prisons, contrary to the treatment demand at the healthcare facilities with patients who are not imprisoned. For this reason, analysis of the data from the treatment at the healthcare department is considered essential here for projections of information towards the general population.

A shift occurred in the prevalence of men over women in treatment demand, from a ratio of 3:1 in 2007 to 4:1 in 2008. Such deviation was recorded in the gender ratio oscillation in the past too. On the other hand, the gradually growing age of patients entering treatment is not evaluated as an oscillation but as the epidemiologically understandable growth of the prevalence of patients with a chronic course of dependence, mainly as a result of the epidemic of the use of illegal psychoactive substances which began and culminated in Slovakia in the 1990s and is currently fading away. It is characteristic that while outpatients in 2008 were younger - average age of 24, inpatients were older; women in particular - average age of 30. According to the primary drug, the patients treated due to dependence on cannabis were younger on average. They were followed by patients diagnosed as dependent on stimulants – methamphetamines, ranging in age from 19 to 24. The oldest age category on average comprised of patients dependent to opioids and was most frequently represented by patients aged from 25 to 29 (Figure 5.2.1).

After years of the decreasing trend in treatment demand at the facilities in the competence of the Ministry of Health of the SR, in 2008, the trend in treatment demand due to the illegal drug dependence turned to increase. Although the growth was not dramatic, the numbers of treated patients was higher than in the previous two years. In comparison with 2007, the order of the most frequent groups of patients classified according to diagnoses depending on the primary drug dependence remained unchanged: (1.) 36% were in treatment due to dependence on opioids (of which heroin 87%); (2.) 27% due to dependence on stimulants (cocaine + ATS; of which pervitin 95%); (3.) 17% due to dependence on cannabinoids. A growth of 5% in treatment demand for patients dependent on opioids was recorded in comparison to the previous year and in the case of the treatment of dependence on cannabinoids, the growth in the number of patients was more than 7%. Although the absolute number of patients whose primary diagnosis was dependence on opioids grew, the relative drop of their share in the overall treatment demand continued. In the case of the diagnosis of dependence on stimulants, 97% were represented by patients dependent on methamphetamines; the others demonstrated a dependence on cocaine.

The fact that stimulants (pervitin) were the most frequently used secondary psychoactive substance among patients dependent on other illegal substances also proves the wide spread use
of methamphetamines. In terms of frequency of use of secondary substance, stimulants were followed by cannabis and alcohol.

Approximately 10% of those treated were represented by individuals for whom the primary drug was not reported in the notification since it could not be determined. Most frequently it pertained to the diagnosis of the combined use of several drugs with the dependence, coded pursuant to the diagnostic category F19.2 in line with the criteria of the International Classification for Diseases of the WHO (ICD-10/WHO).

Only in the case of individuals treated due to dependence on opioids, outpatients prevailed significantly over inpatients. In the case of dependence on stimulants and cannabinoids, the ratio between outpatients and inpatients was rather even, although in those treated for the first time outpatients prevailed, and in those treated repeatedly it was the opposite.

In addition to the chemical group of psychoactive substances and the mechanism of their effect on the organism, one of the aspects that increase the probability of the risk of health damage is the level of exposition to certain psychoactive substances. One of the possibilities of assessing this aspect is the frequency of use. The higher frequency of use of psychoactive substance increases the risk of acquiring and spreading blood-borne infections, especially in groups who use substances intravenously. Daily use before entering treatment was detected among 68% of all those who were treated. The highest share of daily use was found in the group of patients treated for the dependence on sedatives and hypnotics – 80%, which however were injected only rarely; furthermore, their overall share among the number of patients was not large. In 2008, the highest share of daily users among the three largest groups of patients according to the type of primary drug were the patients dependent on opioids (heroin in particular) – 75%; followed by patients dependent on stimulants (pervitin in particular) – 31% and patients dependent on cannabinoids (herbal cannabis in particular) - 26% of daily use.

The composition of patients recorded in 2008 at re-socialization facilities was different, although it was consistent in terms of the care continuity and possibilities. The clients dependent on methamphetamines dominated there.

In 2008, after a distinctive prevalence of repeated treatments in the past, the number of patients treated for the first time became more balanced with the number of patients treated repeatedly. In 2008, repeated treatments significantly prevailed only with patients dependent on opioids, while among patients dependent on stimulants and cannabinoids, which represented the second and the third most frequent diagnosis, the patients who came for treatment for the first time prevailed. This data together with the above mentioned age structure according to diagnoses indicate a continuing drop in the popularity of opiates, heroin in particular, among young people; it is replaced by cannabis and methamphetamines (pervitin), which are the illegal psychoactive substances most frequently used by young people in the Slovak Republic.

The relative trend of the decrease of current IVDUs requesting treatment continued from 41% in 2007 to 40% in 2008. However with the above mentioned growth of the absolute numbers of applicants for treatment due to the dependence on opioids and stimulants, an approximately equal size of the group of current IVDUs in Slovakia is assumed. The significance of the trend is primarily due to the risk and prevalence of blood-borne infections among drug users. As indicated later in detail, in 2008, the most widespread infection among the IVDUs was the type C hepatitis virus again.

Reviewing socio-demographic characteristics, the fact should be mentioned that only approximately 5% of patients did not have stable housing. The possibility of stable housing creates better prognosis for abstinence after completing treatment. Only a minority of patients had regular work or attended school when entering the treatment programme.

In terms of mental health, the information on the number of combined diagnoses especially those related to serious mental disorders such as toxic psychoses is missing from the collected quantitative data on the users of psychoactive substances. The clinical impression points to the growth of toxic psychoses, mainly among users of methamphetamines. They are mostly expressed
in various clinical pictures with frequent occurrence of perception disorders of a hallucinatory nature and disorders of thinking, most frequently in the form of paranoid-persecution delusive contents, which spontaneously disappeared in a majority of cases after the subsiding of the effects of the drug. However, in the past year, the cases in which it was necessary to treat a continuous psychotic disorder in abstinence by neuroleptic pharmacotherapy were quite frequent. Trend in affective disorders in treated patients, predominantly of a depressive character, did not differ significantly from the findings of their prevalence in the past. Usually it referred to a fast retreat of symptoms of depression in the first days of abstinence and only in a minority of cases was it necessary to administer anti-depressants for a long time due to a depressive affective disorder, just as it was reported in several studies with patients in treatment due to dependence on opiates and alcohol (Okruhlica et all. 2002 a, b)).

We consider the limited staffing and financial resources as essential concerning the possibilities for the systematic extension of the network and increasing the availability and quality of specialized services for users of illegal psychoactive substances in the Slovak Republic. We do not see any perspective for improvement in the short term. On the contrary, we expect that the financial and economic crisis which also affected Slovakia in the second half of 2008 and in 2009, and which has not had any significant negative impact on treatment will fully show itself with its impacts in the area of epidemiology, surveys and the entire system and possibilities for the treatment of individuals with drug dependences in the upcoming years.

Figure 5.2.1: Comparison of ages of patients in treatment according to primary drug

![Graph showing comparison of ages of patients in treatment according to primary drug]
6  Health Correlations and Consequences of Drug Use

6.1 Introduction
The use of illegal psychoactive substances – drugs, besides the dependence itself – which is as such a serious mental disorder – a brain illness, has other negative health consequences, even fatal intoxications. The data on the other health damage related to drug use, except for the dependence itself, is not collected in the Slovak Republic as systematically as the treatment demand ones. TDI is included among the state tasks of statistical finding and it is the obligation of all contact healthcare providers to report the basic variables to the National Centre of Health Information which further processes it and provides it for the purposes of the National Focal Point (NFP) and through it to the European Centre for Drugs and Drug Addiction (EMCDDA) in the required aggregate form. Due to the above mentioned reasons, the collection of the other health consequences of drug use in the Slovak Republic is not as systematic and comprehensive, but according to the nature of health damage, it draws from several sources, frequently non-systematic surveys or regular but only sentinel monitoring with the limited possibility of the national generalization of the findings. The National Centre for HIV/AIDS, The Public Health Authority and the Centre for Treatment of Drug Dependences in Bratislava are among the most significant sources of information. Due to the above mentioned reasons we shall refer to incomplete information in several areas which must be interpreted in this sense.

6.2 Infectious Diseases Related to Drug Use
6.2.1 HIV/AIDS
In 2008, the National Centre for HIV/AIDS in the Slovak Republic registered new cases of HIV positive samples from drug users. The positive samples represented 2% of the 154 analysed drug users in 2008. All of them were men. Neither the prevalence nor prevalence differed distinctively from the findings in 2007. But the number of implemented check ups for detecting the possibility of the presence of the HIV virus is not satisfactory; it consists of only 154 cases, which is a distinctive drop in comparison with 2003, when 970 samples of drug users were checked for the presence of the HIV antibodies. As of 31 December 2008, a total of 7 intravenous drug users were positively tested for the entire period from the beginning of testing for HIV/AIDS antibodies, which constitutes 1.4% of all of the infected individuals in the Slovak Republic (Figure 6.2.1). This low incidence and prevalence of HIV among drug users in Slovakia must be seen in the context of one of the lowest findings of the prevalence of this infection in Europe. The findings of this relatively very good state are weakened and questioned by the low rate of testing for HIV antibodies in the Slovak population. On the other hand, the early introduction of harm-reduction programmes and the needles and syringes exchange programmes, the early introduction of methadone maintenance treatment at the centre of the epidemic intravenous use of opiates in the capital, Bratislava are facts which prove the possibility that the findings of the number of cases of HIV positive antibodies can be close to the real prevalence of infection in this sub-population.
6.2.2 Infectious Hepatitis

We consider as the most integral the information acquired by the same methodology for over ten years from the sentinel monitoring of the prevalence of hepatitis among drug users at the Centre for Treatment of Drug Dependencies (CTDD) in Bratislava (Figure 6.2.2).

The patients accepted in the CTDD for the first time constituted a large part of the patients treated in the region of Bratislava in this sentinel monitoring programme. 52% of the overall number of first-time contacts with this facility due to drug dependence was intravenous users. And, 50% of them tested positive or reactive for Type C hepatitis antibodies; 28% tested positive for the core antigen of the B hepatitis virus (anti-HBc) and 1% - 1 patient was diagnosed as having HIV virus antibodies.

Patients dependent on methamphetamines constituted the largest group of new patients, according to the type of drug and dependence. Among them, 27% were i.v. users. In the case of patients treated for the first time in Bratislava in 2008 due to opiate dependence (heroin) 72% were intravenous users and in the case of the third largest group of patients with combined dependences to several psychoactive substances, 36% were i.v. users. According to the type of dependence, the i.v. users of opiates had the highest prevalence of antibodies against C hepatitis – 57% while 33% of the i.v. users dependent on methamphetamines were anti-HCV positive.

Despite the joint possibilities of the application of heroin and pervitin, in the case of patients coming for treatment due to dependence, there is a difference in the prevalence of blood-borne infections. We recorded a higher prevalence, especially regarding C hepatitis, among patients treated for the first time due to opiate dependence (heroin). The different exposition of risky intravenous applications among the patients of these two groups, who requested dependence treatment for the first time in 2008 in Bratislava, is the most plausible hypothesis explaining this difference. The patients dependent on opium were older, had used drugs for a longer period of time and a higher percentage of intravenous applications of the drug as compared to patients dependent on methamphetamine (pervitin), who despite the fact that are younger on average, only in 1 in 3, were i. v. users, and moreover the frequency of intravenous applications was higher on average for patients dependent on opiates than in patients dependent on methamphetamine. They were more exposed to the risk factor in i.v. drug use. This led to the introduction of the harm-
reduction modality at the CTDD after the beginning of the pervitin use epidemic in the methadone maintenance programme in Bratislava, where many patients who used heroin and pervitin, and as opposed to heroin, they could not stop using it.

The data from notifications is less informative since it pertains to a different methodology of collection and it is only possible to interpret it to a limited extent in compliance with the above mentioned findings of the sentinel study. Growth was not found. On the contrary, in 2008, there was slight drop in new notified cases of confirmed HCV-RNA from 115 to 107, of which 42% pertained to intravenous drug users (IVDUs). The 78% share of notified men with HCV-RNA among the IVDUs is consistent with the share of anti-HCV positive men who for the first time entered the treatment due to drug dependence.

The results of the descriptive study from the target oriented study of clients of re-socialization facilities (Gazdíková et al., 2009) also provide a certain picture of the prevalence of genotypes among former IVDUs in Slovakia. From 2003 until the end of 2008, a periodical survey was conducted in these facilities to determine the prevalence of HCV infection among their clients. The population was dominated by men (82%) ranging in age from 15 to 40 with an average age of 25. The number of tested patients in individual years varied from two in 2003 up to 82 in 2005 and 2006. In 2008 it was 2. The drop can probably be explained by the increased testing of the other patients on one hand and the growth in the prevalence of clients with methamphetamine dependences in re-socialization facilities, where a large part of them did not use drugs intravenously on the other. However, in 2008, the higher relative share of anti-HCV positive (%) and the highest share of HCV-RNA positive (44%) clients among the tested users were recorded in this long-term observation study of the tested IVDUs at the re-socialization facilities. A total of 123 (36%) of the population were anti-HCV antibody positive and 96 (28%) were HCV RNA positive for the entire 6 year period of the tested clients in re-socialization. Only two HCV virus genotypes occurred: genotype 1 (34%) and genotype 3 (65%) with HCV RNA+. It means that the genotype with a better response to treatment prevailed. In the course of the years, no significant changes were recorded in the shifts between these two genotypes in the population. It's interesting from an epidemiological aspect that only two (0.6%) HBsAg– type B hepatitis positive clients were detected and only one (0.3%) tested positive for the antibodies of treponemum pallidum (syphilis) and none were anti-HIV positive.

Of the 72 notified HBc positive cases, 32% were comprised of IVDUs, which along with the stable absolute numbers of notified cases, was a distinctive drop in comparison with the past (23% in 2007). Due to the collection methodology and the relatively small numbers, if we take into consideration that as opposed to the sentinel study this data is from the national collection, they are not very conclusive. This is also illustrated by the predominance of women with HBc positive notifications, which is hypothetically affected by the increased testing and notification of pregnant young women. We can not exclude and specify a different form of transmission, especially through unprotected sexual intercourse with female drug users due to their frequent involvement in the sex business in order to get finances for drugs, since the sexual route of the transmission of Type B hepatitis is much more frequent in comparison to Type C hepatitis. However, the notifications do not have sufficient behavioural data on the cases in order to reliably identify the possible causes of these differences in the prevalence of various types of hepatitis among IVDUs.

The results of the study from the national centre for infectious hepatitis in Bratislava comprised the third source of data on the prevalence of blood-borne infections among IVDUs. Although the findings included relatively small numbers of subjects, in combination with the pre-selected sub-populations in prisons and re-socialization facilities it is possible to use them in compliance with the above mentioned findings for the confirmation of consistence. It pertains to the fact that Type C hepatitis is the most widespread blood-borne infection among IVDUs, followed by Type B hepatitis and the prevalence of HIV infection is practically non-epidemic, under 1%.

In addition to the growth of Type C hepatitis infected IVDUs indicated here among the patients requesting dependence treatment for the first time at the CTDD or in notifications, a significantly higher prevalence was found among patients treated repeatedly, especially due to opiate
dependence at a methadone maintenance treatment. They constitute the majority. Significant improvement occurred in approaches of the healthcare insurance companies which in 2008 fully paid for the interferon treatment of Type C hepatitis for abstinent illegal drug addicted patients in methadone maintenance treatment. It was a positive change on their part in comparison with the past when they refused to pay for HCV treatment for patients in substitution treatment. The treatment was no longer classified as a contraindication for interferon treatment.

Figure 6.2: Prevalence of HIV, HCV and HBV infections among IDUs requesting treatment at the CTDD Bratislava for the first time in the period of 1997 – 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>HIV</th>
<th>HCV</th>
<th>HBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>36.9</td>
<td>43.2</td>
<td>28.1</td>
</tr>
<tr>
<td>1998</td>
<td>34.4</td>
<td>39.6</td>
<td>34.4</td>
</tr>
<tr>
<td>1999</td>
<td>32.6</td>
<td>44.5</td>
<td>11.5</td>
</tr>
<tr>
<td>2000</td>
<td>32.6</td>
<td>45.8</td>
<td>4.4</td>
</tr>
<tr>
<td>2001</td>
<td>32.6</td>
<td>48.8</td>
<td>12</td>
</tr>
<tr>
<td>2002</td>
<td>32.6</td>
<td>48.8</td>
<td>12</td>
</tr>
<tr>
<td>2003</td>
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<td>32.6</td>
<td>50</td>
<td>25.71</td>
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<td>2005</td>
<td>32.6</td>
<td>50</td>
<td>25.71</td>
</tr>
<tr>
<td>2006</td>
<td>32.6</td>
<td>50</td>
<td>25.71</td>
</tr>
<tr>
<td>2007</td>
<td>32.6</td>
<td>50</td>
<td>25.71</td>
</tr>
<tr>
<td>2008</td>
<td>32.6</td>
<td>50</td>
<td>25.71</td>
</tr>
</tbody>
</table>

Source: CTDD, 2008.

6.2.3 Other Infectious Diseases

There were no records on any spreading of tuberculosis among drug users, which could be also attributed to their relative good physical state with very small prevalence of HIV/AIDS. In clinical practice in the capital, a drop of inflammatory skin abscesses among drug users is seen; in comparison with a decade ago they are rare today and we practically do not encounter necrotizing inflammations today. Although separate cases of endocarditis among IVDUs were detected probably due to the introduction of infection through the contaminated intravenous application of drugs, expensive screening in this respect which would enable epidemiological quantification was not conducted even on the local level. It is publicly known that the majority of cases of endocarditis among drug users have an asymptomatic course or sub-clinical difficulties and a chronic course.

6.3 Drug Related Deaths

According to the Statistical Office of the Slovak Republic, in 2008, a total of 53,164 people died in Slovakia. 8,938 autopsies were conducted. Thus the rate of autopsies performed in Slovakia was 16.8%. In 2008, a total of 46 cases of deaths that were directly caused by psychoactive substance were reported to the Healthcare Supervision Authority in the Slovak Republic from the forensic medicine workplaces. In 21 cases, it was due to an overdose of commonly available medicines. A total of 25 fatal intoxications in connection with drug use were recorded (Table 6.3.1), of which 20 were men with an average age of 32.3 years and 5 women with an average age of 36.8 years at the time of death. In the case of 20 deaths, opiates were found in the case of 20 of these cases and the other 5 were related to the presence of other drugs.
Table 6.3.1: Deaths caused by overdose of psychoactive substances in the SR in 2008 according to psychoactive substance group, age group and gender
Source: HSA, 2009 (elaborated by Šidlo, J.)

<table>
<thead>
<tr>
<th>Psychoactive substance/ age group</th>
<th>up to 14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>over 65</th>
<th>Total (M/W)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids only (without methadone)</td>
<td>-/-1/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>6 (5/1)</td>
</tr>
<tr>
<td>Methadone only</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-</td>
</tr>
<tr>
<td>Poly-substances including opioids</td>
<td>-/-1/-</td>
<td>3/-</td>
<td>3/-</td>
<td>3/-</td>
<td>3/-</td>
<td>-/-</td>
<td>2/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>14 (11/3)</td>
</tr>
<tr>
<td>Poly-substances without opioids</td>
<td>-/-</td>
<td>1/-</td>
<td>1/-</td>
<td>1/-</td>
<td>1/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>5 (4/1)</td>
</tr>
<tr>
<td>Psychoactive medicines</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>21 (15/6)</td>
</tr>
<tr>
<td>Non-specified substances</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
<td>-</td>
</tr>
<tr>
<td>Total (M/W)</td>
<td>-/-</td>
<td>1/-</td>
<td>1/-</td>
<td>3/-</td>
<td>8/-</td>
<td>4/-</td>
<td>3/-</td>
<td>4/-</td>
<td>5/-</td>
<td>5/-</td>
<td>-/-</td>
<td>-/-</td>
<td>46 (35/11)</td>
</tr>
</tbody>
</table>

There were 50 registered deaths of individuals who were under the influence of psychoactive substances in 2008. Medicines were detected in 18 (36%) cases of which 14 (77%) were constituted by benzodiazepines. Opioids contributed to 10 (20%) cases of death, stimulants of an amphetamine type were present in 11 (22%) deaths, cocaine in 2 (4%) cases and Cannabinoids in 5 (10%) cases. Accidents (40%) followed by suicides (36%) and pathological causes (16%) were the most frequent causes of death in this group. In 11 cases, death was caused by a car accident.

### 6.4 Conclusion

Blood-borne infections constitute the most serious negative physical consequences of the intravenous application of drugs. According to the findings in 2008, the growth in the share of Hepatitis C virus infection continued among IVDUs which has had the character of an epidemic for several years in this sub-population. Although according to the sentinel finding in Bratislava, also from the notification of the nationwide character, the spreading of the type B Hepatitis infection also reached epidemic proportions among IVDUs, although on a lower level as compared to HCVs. On the other hand, even in 2008, the prevalence of HIV infections among IVDUs remained very low and non-epidemic in the Slovak Republic. Other serious physical consequences in drug users were either not manifested or not detected systematically. The number of fatal intoxications by drugs remained on stable low level. No causes of death among drug users were selectively registered nationwide.
7 Measures Aimed at Drug Related Health Correlations and Consequences

7.1 Introduction

The measures aimed at the health correlations and consequences of drug use are understood in the entire scope of the health protection of the individual and the public ("Public Health"). We include here the approaches to preventing and reducing the damage of the negative physical consequences of drug use and the approaches to preventing the occurrence of mental damage.

A special category is constituted by the diagnostic category of dependence on psychoactive substances, which is crucial in terms of the entire issue, and the measures for its reduction practically overlap throughout entire report. In spite of this, the term, problem drug use, as well as the measures aimed at the health consequences of drug use are wider terms and are projected to areas that do not pertain to dependence on psychoactive substances.

7.2 Prevention of Urgent Cases of Health Risks and Drug-related Deaths

The approaches of health education in general in primary prevention, selectively among drug users and in prisons are targeted in a wider sense to prevent acute states of intoxication after drug use with the risk of serious harm up to death.

Emphasizing the risk of sudden harm to health in the case of the use of unknown substances – drugs in affecting a “naïve” organism without an established tolerance comprises part of the primary prevention programmes.

The inter-individual and intra-individual span of tolerance to a certain substance, which must not be underrated by the user if he/she wants to avoid the risk of health harm, is emphasized with the groups of drug users in low-threshold programmes in the field. In connection with that, in the case of users, we point out the careful dosage of drugs in smaller amounts. They are informed about the need for active assistance in the case of unconsciousness, the need to have the telephone number of urgent health aid and a cellular phone. The selected target group in this orientation of prevention is made up of people who have been or still are dependent on drugs but do not use them actively – those who were abstinent for a longer period of time. This pertains especially to prisoners before their release from incarceration and long term abstinent patients undergoing treatment. Primary information stresses the risk of fatal intoxication by drugs in the case of relapse due to a significant drop of tolerance during abstinence.

Within the framework of national information coverage and based on the UN ODC warning system, heroin users were informed through the mass media about the increased risk of possible overdose due to the introduction of highly concentrated heroin in sales as a result of overproduction in Afghanistan. All of these recommendations and information aimed at drug users are always connected with information on the possibilities of treatment and the motivation to change their lifestyle.

Special attention was paid to the preparation of new legislative and implementation measures for the detection of drug use by drivers through testing. The Ministry of Interior, in cooperation with the Ministry of Health, prepared alternatives for implementation of drug testing among drivers in 2009. Reducing serious traffic accidents caused by drivers under the influence of drugs was also the main goal.

As the results of the indicator of drug-related deaths show, drug intoxication as the main cause of determined death among their users remained on an equally low level as in the previous years. In 2008, for the second year, the key role in the prevention of intoxication leading to death caused not only by drugs but in all urgent cases of life threats was played by the new national emergency system of rapid health aid covering the entire territory of Slovakia, which made it possible to provide qualified health aid to the affected person within 12 minutes.
The change of the characteristics of drug users and the preferences of used substances also led to the fact that the number of direct deaths due to their use did not grow. Chapter 5: Treatment Demand Indicator – TDI, illustrates the dominance of first applicants for treatment for dependence on methamphetamines, and together with other non-opiate drugs, they constituted the majority of all treatments with a practically stable volume of treatment demand. This change in the characteristics of the applicants for treatment along with the shift from heroin to methamphetamines, to cannabis and combined use of several substances led to a lower frequency of intravenous application of drugs and thus also to a lower risk of grave intoxications and sudden death. In the case of patients in treatment for dependence there are only a few young, new users, i.e., we are referring to long-term users with tolerance to opiates and with experience with their application.

The intravenous use of drugs was also limited in certain regions by a change in the distribution of buprenorphine as a medicine for the substitution of dependence on opiates where the company replaced Subutex® by Suboxon® with a much lower risk of intravenous application. Subutex® in fact stopped being available at pharmacies and physicians stopped prescribing it.

The coverage and availability of the network of treatment providers for patients with problems with drugs was ensured for individuals dependent on opiates through the possibility of prescribing buprenorphine by practically every specialist – psychiatrist. However the insufficient coverage and availability of methadone maintenance treatment continued in the resort of healthcare and the possibility of substitution maintenance treatment, either new or continuing, was completely absent in the case of the imprisonment of users at incarceration facilities within the jurisdiction of the Ministry of Justice.

The outpatient psychiatric network covers all of Slovakia. Outpatient and inpatient care for patients with drug dependences is free of charge and covers the entire country. The factors, which in certain cases limit the availability of care, are insufficient staffing of addictologists and psychiatrists, and insufficient financial resources; some health insurance companies limit the volume of resources especially regarding the institutional treatment of patients with dependencies for individual providers and thus in some cases waiting lists for entering treatment last several months.

The transfer of children and juveniles dependent on psychoactive substances to specialized treatment programmes constitutes a special issue that persisted in 2008. Problems continued in the area of the capacity of specialized beds and in follow up care after the completion of their treatment and their return to highly risky domestic environments. Increased prevalence of the inhaling of volatile substances with dependence among children from weak social economic backgrounds in Gypsy settlements predominantly in Central and Eastern Slovakia is a specific feature of this age group. But with the high unemployment rate in these regions, we are talking about much broader problem which requires a more comprehensive and complicated solution than the relatively simple measures offered by the healthcare sector.

The effectiveness of treatment, more precisely, the prognosis of the course of dependence for patients requesting treatment due to problems with drugs is prospectively, periodically and in cohorts monitored in 3 year intervals with patients entering treatment in the largest specialized Centre for Treatment of Drug Dependences in Bratislava. The results from the monitoring of the cohort of patients who entered treatment in 2006 and were monitored until the end of 2008 show a high share of long-term abstinents, the prevailing number of drug abstinents after three years from the entering treatment (Figure 7.5.1). Availability and effectiveness of treatment contributed significantly to this relatively good prognosis in terms of future abstinence from this survey, as it is also mentioned in the foreign studies.

Non-healthcare programmes are especially provided by non-state, non-profit organizations or civil associations. This pertains to low-threshold programmes, field services for drug users and follow up care in social services facilities aimed at the social re-integration of clients – drug abstinents. While low-threshold contact services for drug users are especially oriented on the sterile needles and syringes exchange, i.e., on IVDUs, re-socialization facilities provide assistance to a wide
range of clients and to alcohol abstinenents if their situation so requires. While field work programmes oriented on drug users do not sufficiently cover the entire country, they provide services on a relatively good level in the capital, Bratislava and partially in Nitra, Banská Bystrica and Košice, and the capacity of the re-socialization facilities regarding the demand for care appeared to be sufficient in 2008. Re-socialization is requested and accepted only by a minority of drug users who were previously in treatment.

7.3 Prevention and Treatment of Drug-related Infectious Diseases

The National Programme of Combating Drugs and the National HIV/AIDS Prevention Programme permanently incorporate measures aimed at limiting the spread of blood-borne infectious diseases among drug users in general and among IVDUs in particular. Also due to these reasons, the prevalence of HIV infections among IVDUs in Slovakia remained among the lowest in Europe. The free of charge availability of instruments at low-threshold services, the availability and low price of sterile needles and syringes at public pharmacies, together with the education of drug users and the availability of and free treatment for patients with drug dependences has contributed to and still contributes to this. In summary, these measures and the low migration rate of the population and tourism, together with other social cultural factors have been effective in limiting the spread of the HIV epidemic among drug users. However, this does not pertain to the spread of the infectious hepatitis epidemic.

Sentinel monitoring of blood-borne infectious diseases even in 2008 shows the epidemic prevalence of Type C hepatitis infection (HCV) and Type B hepatitis (HBV) among IVDUs. The prevalence of HBV infection is not so high, although it grew just as with HCV. The spread of Type B hepatitis involves a much higher share of other forms of transmission, especially sexual transmission and a better prognosis in treatment. This is not the case however with the HCV virus infection.

In 2008, the share of HCV infected individuals exceeded half of the all IVDUs in the sample of patients starting treatment. We expect an even higher share among long-term patients in the maintenance substitution treatment programmes. On the contrary, their prevalence probably dropped in 2008 at re-socialization facilities (Gazdíková et al. 2009) which is probably related to the growth of the predominance of users of methamphetamines in these facilities which changed their ratio of clients with primary dependence on opiates who now constitute a minority.

According to the published study (Gazdik et al. 2009) the results in terms of the prognosis are very promising for the treatment of HCV infection among former IVDUs. Among the sample of 92 patients treated by a combination of pegylated interferon with ribavirine, 87 (95%) tested negative for the presence of the virus after 24 weeks. 86% of the patients with genotype 1 and 100% of the patients infected by genotype 3 HCV continuously tested negative for the presence of the virus. The very good response of patients to interferon treatment in combination with ribavirin can be explained by the following factors: all were continuous abstinenents, they were never treated for HCV infection before, they were so-called naive patients, they experienced a relatively short duration of HCV infection, they were young and had a low level of fibrosis of the liver. These results support the effectiveness of the HCV infection treatment with abstinenents and former IVDUs in the Slovak Republic.

The above mentioned facts show that the existing measures aimed at reducing health harm among drug users are effective in a differentiated way pertaining to the prevention of blood-borne infections and where they are broadly applied, just as it is for example in Bratislava. On one hand, it appears that they effectively prevent the spread of HIV infection among IVDUs; on the other hand, they are not sufficiently effective in preventing the spread of infectious hepatitis, type C hepatitis in particular.

The perspective and measures for reducing the spread of Type B hepatitis infection. We see a relatively good prognosis in terms of reducing the spread of the HBV infection among drug users. The reasons for this are the relatively lower extent in comparison with the HCV epidemic and especially the gradual maturing of the generation of young people who are part of the nationwide
vaccination against HBV. Another factor which retarded the spread of HBV in 2008 was the possibility of free vaccinations against this infection among IVDUs.

On the contrary, to date, no effective vaccination for the HCV infection exists. That is also why we see the perspective of the spread of this infection, especially among IVDUs as distinctively worse. The lower preference of intravenous use among new drug users requesting treatment especially due to the shift from opiates to methamphetamine can be a certain indication of improvement in this respect. Ensuring full compensation for the interferon treatment of the HCV infection by health insurance companies for patients in substitution treatment and prison inmates who are former drug users serving imprisonment is another active measure of the health system. These measures should either lead to the reduction of HCV prevalence among drug users or at least to the slowing down of the spread of the infection. Type C hepatitis infection among IVDUs remains the most serious infectious problem in this sub-population in Slovakia.

Other infections which may be associated with drug use, such as tuberculosis and botulism were not registered in our country in 2008, which in the case of TBC may also be the result of the insignificant prevalence of HIV. The increase was detected in sentinel with syphilis among treated patients, but more frequently among women, which indicated transmission via sexual intercourse due to their more frequent participation in sexual business.

7.4 Measures and Reactions to Other Drug-related Health Problems among Their Users

The shift from the dominance of heroin use, especially regarding such prevalence among new users to cannabis and synthetic drugs – pervitin, probably contributed to the reduction or maintenance of the low incidence of deadly intoxications by drugs. On the other hand, in practice, the number of psychotic mental disorders among users increased. Also in 2008, just as in the previous two to three years, we recorded the frequent prevalence of toxic psychoses. It pertained especially to acute states of schizophrenia with paranoid-persecution elements. The treatment of combined mental disorders: psychoses and dependences on cannabis also constituted a common practice in 2008.

The prevalence of these complicated combined diagnoses of mental disorders made the treatment of drug dependence as well as the maintaining of abstinence and re-socialization of patients suffering them more difficult. Current expert literature does not contain sufficiently elaborated effective procedures which are generally accepted and grounded on evidence based medicine (EBM); nor does it contain such guidelines for the care of these patients.

7.5 Conclusion

The drug scene in Slovakia is developing dynamically. It is closely related to developments in the surrounding countries and across Europe. It does not pertain only to the result of simple market mechanisms such as drug supply and demand. It also depends on complex macro-economic and macro-social transformations in the international context. That is why the world financial and economic crisis, which in 2008 also affected Slovak society, will necessarily have a significant impact on the situation in the drug area in Slovakia. It is related to the purchasing power of the population and the possibilities for re-socialization amidst the growth of unemployment and the number of relapses due to job loss; limited resources will also affect the resources for the adoption of effective measures. In 2008, the impacts of the economic and financial crisis only began to show. Although, as we have already stated above, the measures adopted by us for limiting the harmful consequences of drug use were not implemented in all directions, we will have to adapt the goals and tasks of our National Programme against Drugs in 2009 in compliance with the real possibilities offered by the current state of the economy. From this perspective, we will consider it a success even if we do not increase the quality and extent of the services and the impact of measures in 2009, but succeed in maintaining them on the 2008 level.
Figure 7.5.1: Fate of patients with drug dependences one and three years after entering treatment
Source: Centre for Treatment of Drug Dependences, Bratislava

- At the beginning: 100%
- After one year: 29% use drugs, 24% no response, 29% no response
- After three years: 17% use drugs, 28% no response
8 Social Correlates and Social Reintegration

Drug use can be understood as a consequence or cause of social exclusion. On the one hand, social marginalisation can be the reason to start using drugs and contribute to problem use; on the other hand, drug use may lead to deterioration in living conditions (income, employment, housing and so on).

The National Action Plan on Social Inclusion (hereinafter the “NAPSI”) defined the main groups of the population who are at risk of poverty and social exclusion, which is largely in line with the EMCDDA concept of vulnerable\textsuperscript{101} groups. The unemployed, marginalised Gypsy communities, the homeless affected by multiple exclusion, the disabled, migrants, families with children (those most at risk are incomplete families and families with three or more children) and other vulnerable groups in the population such as individuals with drug problems, gamblers, abused children, victims of domestic violence, prison inmates and former inmates and young people who have been brought up in institutional care. Drug addicts and individuals with other addictions are incorporated in NAPSI for the Period of 2008 – 2010 in connection with the group of former prison inmates since their problems overlap to a great extent and require a complex solution. (Czuczorová E., 2009).

The measures in compliance with the prevention of social exclusion and especially in favour of social re-integration\textsuperscript{102} are directed towards the target groups via three channels.\textsuperscript{103}

1. Measures for excluded groups with or without addiction problems;
2. Social re-integration of persons with addiction problem;

8.1 Social Exclusion among Drug Users

Information on the social exclusion or social problems of drug users and other vulnerable groups are still limited.

Information on dominant alcoholism and alcohol-related problems with the homeless from the field is frequently presented to the general public through the media; however, except for a local survey of 369 homeless people staying at the j study Nitra shelter (Chapter 8.1.1 Report 2007) other data is not available.

According to the study\textsuperscript{104} of the International Organization of Migrants, asylum seekers in Slovakia have problems with obtaining specialized healthcare, especially if they pertain to problems related to drug use or psychological problems.

8.1.1 Young People in Special Education Facilities

The material of the ME SR submitted to the Committee of Ministers in March 2009\textsuperscript{105} primarily dealt with the implementation of upbringing measures in its three types of special education facilities (SEF) (more about the SEF in Chapter 3.3 Indicated Prevention). The statistics regarding institutional care ordered by the court, protective education and preliminary rulings (re-education homes represent the largest number) were also complemented by information on the number of children and adolescents in diagnostic centres (DC) and re-educational facilities (RH) and the most

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\textsuperscript{98} ‘vulnerability’ at the group level is interpreted in a purely socio-demographic sense, i.e., groups that can be described by socio-demographic or geographic characteristics with known concentrated risk factors for drug use. The use of the word ‘vulnerable’ indicates a group’s exposure to social disadvantages or inequality that may result in limited individual choice.

\textsuperscript{102} These different channels and/or level are identified in subchapters 8.2 - 8.5, although without claim to be completed.


\textsuperscript{104} Bargerová Z., Divínsky B. Integration of Migrants in the Slovak Republic: Challenges and Recommendations for Policy Makers, EQUAL,ESF, IOM International Organization for Migration 2008

\textsuperscript{105} Ministry of Education of SR /IIPE (2009) Protective Measures and by the Court ordered Measures in Special Educational Facilities
frequent reasons for placement in these facilities, according to 18 of these facilities. The data illustrates the current situation regarding the use of psychoactive substances in this population – primarily vulnerable due to institutional care.

Table 8.1.1: the most frequent reasons for placement in 18 SEF (ME SR/IPE, 2009)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number of SEF indicating this reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>truancy</td>
<td>18</td>
</tr>
<tr>
<td>use, experimenting with drugs(nicotine, alcohol and illegal drugs)</td>
<td>13</td>
</tr>
<tr>
<td>crime (theft in particular)</td>
<td>13</td>
</tr>
<tr>
<td>behaviour disorders (not respecting adults, running away from home, bullying others, aggressiveness)</td>
<td>8</td>
</tr>
<tr>
<td>non-functional family</td>
<td>6</td>
</tr>
</tbody>
</table>

The psychoactive substances with which inmates came into contact were dominated by nicotine with a 90 to 100% share, followed by alcohol from 52% to 95% in almost all of the 18 SEF. The experience of the inmates with toluene and inhaling/sniffing was recorded in 3 RH, herbal cannabis in 2 RH (6 up to 53%) and sedatives and hypnotics in 1 re-education facility. We are referring to experience before placement in the DC and RH. Currently, according to the reports in the facilities, there is no incidence of that due to the unavailability of psychoactive substances.

According to the statements of L. Okruhlica (2008)\textsuperscript{106} the main expert of the MH SR for drug addiction, the inhaling of volatile substances by children and young adolescents in Gypsy settlements in Eastern Slovakia constitutes a special social-health problem, despite the fact that it is not projected in a more significant share or growth in the treatment demand indicator (TDI) monitored in specialized healthcare. However non-profit organizations, participating in projects aimed at improving the health status and increasing the living standards and quality of life in these locations, repeatedly noted the sniffing of toluene in the settlements. Similar information comes from field social workers and community healthcare workers. However, the inhaling of volatile substances in Gypsy settlements\textsuperscript{107} (see also Chapter 2 Report 2008) is only one aspect of the complex social economic phenomenon.

8.1.2 Social characteristics of drug users in treatment

Social characteristics on dependent patients treated in health care facilities are available from the health statistics. Within treatment demand indicator variables like housing conditions, the highest level of education completed, economic activity, living with other persons (including other persons with drug problems) are compared.

A significant percentage of patients treated for drug problems in Slovakia are people who have completed only the first level of education (elementary school) or less. 40% of patients were in this category in 2008. The major part in both sexes consist persons with completed secondary education – around 50%.

In terms of economic activity, the unemployed make up the majority of patients (53%). It is interesting that this proportion did not change markedly in comparison with 2007, despite overall aggravation of employment situation. More than a third of patients – 37% – were economically active (i. e. in employment or studying).

Changes in the drug scene since the 1990es mean that the number of users under the age of 20 years has gradually declined and stabilised in recent years. In 2008 such patients represented almost 20% of patients in all treatment facilities. A disadvantage of this seemingly gratifying result is that the increase in the proportion of patients in higher age groups increases the likelihood of problem use.

\textsuperscript{106} In: Chapter 7.4 of the 2008 Annual Report on the State of Drug Related Issues

\textsuperscript{107} Chapter 2 Drug Use in Specific Populations
The development of some social indicators since 2003 is shown in Table 8.1.2.

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable accommodation</td>
<td>6.6</td>
<td>7.6</td>
<td>8.9</td>
<td>8.6</td>
<td>9.6</td>
<td>7</td>
</tr>
<tr>
<td>Prison/institution inmate</td>
<td>1.9</td>
<td>1.6</td>
<td>1.6</td>
<td>1.0</td>
<td>0.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>55.2</td>
<td>54.2</td>
<td>54</td>
<td>55.2</td>
<td>56.5</td>
<td>53</td>
</tr>
<tr>
<td>Highest level of education:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>elementary</td>
<td>40.3</td>
<td>43</td>
<td>39.1</td>
<td>38.5</td>
<td>40.3</td>
<td>39.5</td>
</tr>
</tbody>
</table>

### 8.2 Social Re-integration

The terms social re-integration, social rehabilitation and re-socialization are used simultaneously as synonymous terms in the SR, however, re-socialization is the most used term. The content of this term arises from the context; the repeated inclusion of an individual in society where it is identical with the term re-integration as any method for the integration of drug users in the community (EMCDDA, 2003).

The National Anti-drug Strategy for the Period of 2009-2012 incorporates the need to continue in developing and improving the services/programmes of rehabilitation, re-socialization and social re-inclusion with the aim of achieving measurable progress among the priorities.

### 8.2.1 Legal and Institutional Framework of Measures – Social Guardianship and Re-socialization

In 2008, the amendment to Act No. 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended was passed. The Act, with the exception of some provisions\(^\text{108}\), came into in effect and validity on January 1, 2009. As indicated in Chapter 1, the positive aspect of the process of amending the legislative norm was the acceptance of the outputs and recommendations of the project for “Improving and Extending Re-socialization and Rehabilitation Care for Persons Addicted to Psychoactive Substances”.

In general, this Act opened the space for the provision of professional assistance to a wider spectrum of clients. Within the framework of social guardianship, a new type of educational measure was introduced – the obligation to undergo expert diagnostics in specialized outpatient healthcare – with a psychiatrist or clinical psychologist, in addition to the possibility of the participation of parents in social and education programmes imposed as educational measures on their child, mediation was added to facilitate conflict-resolving situations in families.

The institutional framework is considered as a priority by the MLSAF structures – in concrete terms, the regional and local OLSAF through and/or in cooperation with certified subjects (non-state organizations to which the MLSAF awarded certifications for conducting their activities), facilities founded by the municipality or upper-tier territorial unit, municipalities and other subjects whose activities ensure the comprehensive solution of the client’s problem related to drug use.

### 8.2.2 Social Guardianship Measures in 2008

#### A) For children and young people

In 2008, measures were conducted by 127 OLSAF employees for 26,239 children and young people under 18 (in comparison to 2007, a growth of 923). Crime and other criminal activities (39%) and truancy (29%) were the most frequent reasons for serving the social guardianship

\(^{108}\) except for § 93 Art. 8, point 129 in Article I, which enters into effect and validity as of January 1, 2010, point 42 of Article I, which enters into effect and validity as of January 1, 2011 and § 73 Art. 1 u) and point 84 in Article I, which enters into effect and validity as of January 1, 2010.
measures. Experimenting with drugs, addiction to drugs and other addictions constituted 2% of the reasons.

A total of 5 children were imposed with the educational measure of the obligation to participate in specialized outpatient treatment. In 2007, the same measure was imposed on 15 children. A total of 24 children were imposed with the educational measure of an ordered stay at an RC for drug addicts; 22 of these children had behaviour disorders. This status stabilized in comparison to 2007. (Czuczorová E., 2009)

Table 8.2.1: Experimenting and Addiction to Drugs vs all cases in which measures under the social guardianship were applied (Czuczorová E., 2009)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Overall Number of Children</th>
<th>Age from 0 to 14</th>
<th>Of Which Girls</th>
<th>Age from 15 to 18</th>
<th>Of Which Girls</th>
<th>Submitted Reports</th>
<th>Number of Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Number of Cases</td>
<td>26,239</td>
<td>9,188</td>
<td>2,975</td>
<td>16,952</td>
<td>3,729</td>
<td>19,765</td>
<td>25,305</td>
</tr>
<tr>
<td>Experimenting and Addiction to Drugs</td>
<td>305</td>
<td>53</td>
<td>23</td>
<td>251</td>
<td>49</td>
<td>309</td>
<td>416</td>
</tr>
<tr>
<td>Other Addictions</td>
<td>221</td>
<td>68</td>
<td>17</td>
<td>150</td>
<td>39</td>
<td>134</td>
<td>227</td>
</tr>
</tbody>
</table>

Table 8.2.2: Placing children based on court decisions in facilities for carrying out the court decision due to the drug addiction of children or parents (source: statistical statement of the MLSAF SR 12-01)

<table>
<thead>
<tr>
<th>Court Decision on Placement of Child in a Facility in From of</th>
<th>Number of Children</th>
<th>Drug Addiction of Parents</th>
<th>Drug Addiction of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>preliminary ruling</td>
<td>984</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>educational measure</td>
<td>146</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>institutional care</td>
<td>433</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>protective upbringing</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of registered children as of Dec. 31 placed based on the court decision on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>preliminary ruling</td>
<td>1 035</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>educational measure</td>
<td>77</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>institutional care</td>
<td>4 357</td>
<td>99</td>
<td>12</td>
</tr>
<tr>
<td>protective upbringing</td>
<td>41</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Carrying out the court decision in an RC in comparison to all facilities for carrying out court decisions (orphanages, crisis centres, diagnostic centres, re-education homes and social services homes) was low in 2008 (see Chapter 3)

B) Adult Clients

A total of 8,441 social guardianship measures for adult natural persons were conducted by 66 OLSAF employees (in comparison to 2007, the number of adult measures declined by 188).

Of this number, measures were conducted for 129 persons due to drug addiction (131 in 2007). From this number there were 20 women (one less than in 2007).

34 of these persons had been released from a healthcare facility for drug addiction treatment (an increase of 11 in comparison to 2007) of which, 15 were women (an increase of 13 in comparison to 2007). 22 of these persons had completed a stay in a re-socialization centre (two less than in 2007) of which, 3 were women (two more than in 2007).
The situation in the area of social guardianship for children and adult natural persons has stabilized; in some indicators the numbers are even declining, which can be positively evaluated. On the other hand, significant growth was detected in the number of female clients for whom measures were carried out due to their release from a healthcare facility for the treatment of drug addictions. It is necessary to focus attention on working with children with behaviour disorders since the relationship between children with behaviour disorders and use/experimenting with drugs was found, which means a high risk group of potential drug users.

8.2.3 Types and Availability of Interventions, Access to and Coverage by Services; Characteristics of Clients of These Services

In terms of the type and availability of interventions for preventing social exclusion and in favour of social re-integration, all three levels overlap with various levels of legislative, institutional, organizational and financial arrangements.

8.2.4 Re-socialization

Act No. 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended regulates the activities of the RC which is established for the purpose of activating the internal abilities of children and adult natural persons to overcome the psychological, physical and social consequences of drug and other addictions and inclusion in life in a natural environment. The amended Act defines the concrete activity of the RC, which from January 2009, only provides professional assistance based on the recommendation of an addictology professional or psychiatrist and the fulfilment of the conditions for acceptance indicated in the re-socialization programme. It is provided to: 1. an adult person, 2. a child based on an agreement with his/her legal representative or the person charged with his/her personal care or the facility for conducting the court decision, in which the child was placed based on a court decision ordering the institutional care, 3. an adult natural person who is the parent of a child - the RC may create conditions for the stay of this child with his/her parent.

The condition of the completion of treatment was omitted from the terms and conditions for the provision of professional assistance in the RC, especially due to the frequent commencement of treatment at the RC by clients after completion of detoxication, which however does not mean the completion of the treatment process. Furthermore, it is necessary to react to the needs of the clients with problem addictions not related to substances, which occurs with growing frequency. However, the provision of care to clients with sufficient prequalifications (preparation and motivation) for the successful completion of the entire process of re-socialization remains the philosophy of the current re-socialization system. The Act no longer determines the maximum length of stays at RC. On the other hand, it indicates the minimum length of a client’s RC stay, which is 8 months as a rule. In the area of the minimum scope of RC activities, the obligation to conduct (and not only to ensure) psychological care is introduced, which is the obligatory minimum in all cases of work with clients. Therapeutic-education care is a compulsory part of the work with minors. Changes were introduced also in the area of the living conditions, according to which the public marking of the facility with its name is not required. This change creates the possibility of reducing the probability of stigmatization of clients, which will contribute to their trouble-free re-socialization. The condition for the provision of financial contributions for carrying out court decisions at RC, which is provided in the amount of established real expenditures but with a maximum in the amount of the average current expenditure for each site, was regulated in a new way. The amount of this average current expenditure is annually publicized on the OLSAF websites. Based on the above mentioned facts, we can state that the Act undergoes a constant process of enhancement of the quality and quantity of individual measures of the SLPCH and SG and the implementation of quality supervision, ensuring the lifelong learning of the staff of the re-

Note: 96% of children who in 2008 were imposed with educational measure stays at RC — suffer from behaviour disorders.

www.upsvar.sk

The Act especially emphasizes the basic qualifications of employees who come into direct contact with the client. For an overall illustration of the information regarding the area of re-socialization, incorporates the structure of RS employees
socialization centres; good cooperation on the horizontal and vertical levels of operation of the involved subjects also contributes to this. (Czuczorová, E., 2009)

8.2.4.1 Re-socialization Centres

Establishing RC is within the competence of the upper-tier territorial units; the law also creates the possibility to establish re-socialization centres for municipalities. Non-state subjects who were awarded the certification for implementing social legal protection measures for children and social guardianship from the MLSAF SR can also found RC under the established terms. The founders of RC in the SR are predominantly certified subjects (20 in 2008); one RC was established within the competence of an upper-tier territorial unit and one by a municipality. (Czuczorová E., 2009)

In 2008, professional assistance was provided at the re-socialization centres for adult persons after completion of treatment based on the recommendation of a healthcare provider and for children, based on a court decision on imposing educational measures financed from the state budget. (From the overall number of 22 re-socialization centres, the carrying out of court decisions on educational measures could be ensured in 18 re-socialization centres in 2008)

According to the MLSAF SR 13-01 statistical record of 2008, professional assistance was provided to 667 clients in RCs. This number includes 464 newly accepted clients.

Table 8.2.3: Statistical data on RCs. MLSAF form 13-01, 2008

<table>
<thead>
<tr>
<th>Statistical statement of the MLSAF SR 13-01</th>
<th>Facility capacity</th>
<th>Overall number of clients</th>
<th>Number of children based on court decisions</th>
<th>Average length of re-socialization (in months)</th>
<th>Average amount of costs per one client per one month</th>
</tr>
</thead>
<tbody>
<tr>
<td>312</td>
<td>667</td>
<td>W = 103 15%</td>
<td>10</td>
<td>5.56</td>
<td>5,990.31 SKK (199 €)</td>
</tr>
</tbody>
</table>

From the analysis of the situation at re-socialization centres in 2007, it arose that the stay of a client at a re-socialization centre lasted 15 months on average, and was predominantly divided evenly into four phases (adaptation, “working on oneself”, stabilizing and becoming independent) in the course of which, the emphasis is laid on individual work with clients and their families; many of the activities are dedicated to ensuring training for future employment, assistance in job searching and in acquiring working skills.

The emphasis is laid on group and individual work therapy and the monitoring of re-socialization effectiveness after its completion, together with the intermediation of post-re-socialization care.

as of December 31, 2008. There are 152 workers, of which, 85 are women. Except “management a operation ” professionals (37%) the share of other professionals in the facilities was as follow: Wardens - 11%, Healthcare Staff - 11% Others for Group Therapy 7%, Special Therapeutic Pedagogues 7%, Psychologists 13% / Social Workers 14%. 91
8.2.4.2 Effectiveness of the Re-socialization Process according MLSAF

From Table 8.2.5 it arises that in 2008, 24.6% of the clients successfully completed the re-socialization process and 75.4% of the clients were unsuccessful. In 2007, this process was successfully completed by 27% of the clients and unsuccessfully by 73% of the clients. Interestingly enough, on the one hand this situation was stabilized; on the other hand, in 2008 only
a total of 142 clients completed the re-socialization process (of which 35 clients successfully) while in 2007, the number of clients was up to 377 (of which 102 clients were successful).

8.2.4.3 The NMCD Surveys in Relation to the Services of Social Reintegration

In 2009 NMCD carried out the second survey aimed on structure of clients of RCs (concerning their primary drug problem) and structure of services provided in 2008. Collection of data through questionnaire which could be filled in by responsible in house was realised during the months July-August 2009. RCs were financially motivated to provide data and information.

Amendments of the Questionnaire comparing 2008

The survey in 2008 was primarily aimed on missing „epidemiological” data, to find out the primary drug what had led to the stay in the community of RC. There was a new Epi module included into questionnaire – originally the form of statistical reporting for MLSaF 13-01.

Findings were publicised in Chapter 5.4 of Report 2008 as well as in Chapters 8 and 9.

In 2009 there were some other items involved as to set the „kick off” state in the new quality of services and their efficiency. The development in RCs/or the efficiency of their services (according the new legislative framework) will be monitored several criteria; the amount of former RCs clients who are abstaining from primary drug after one year, the ways and methods of catamnesis surveillance, as well as the items investigating three key criteria of reintegration: Education, Employment and Housing, etc.

The findings bellow represented 19 RC (the same number of RCs had taken part in survey in 2008), however in different structure due the presence of the oldest and the most bigger centre (capacity of 46 clients) Komunita (Community) Ľudovítov. The services of this RC were exploited by 108 clients. The average age of Komunita Ľudovítov clients in 2008 was 22,2 years, what determines this RC as the “youngest” one.

Findings

The total capacity of 341 places of 19 RC was exploited by 741 clients, majority of them were men (app. 69%). 470 new clients admitted during the year 2008. 80 clients were in age 16-18 years old, 5 minors were under 16 years. 11 clients came into RCs from prison (post- penitenciary care).

All 19 RCs have reported primary drug and/or addiction what had led to the participation in the therapeutical community of RC. However 3 RCs provided relevant information about in 2008 incoming clients only and 16 RCs reported primary drug/addiction of all clients who were in the facility over the year 2008. The difference between all clients in 2008 a new clients represents 35. Than the relevant number for the 2008 survey is 706 clients (95% from all 741 clients).

Primary drug in life history of 259 clients (36,6%) was alcohol.

438 (62%) clients suffered by abuse and/or dependence of illicit drug

150 clients (34% from 438) were reported as the clients with the history of injection drug use. The most frequented primary drug was methamphetamine “pervitin” (at 229 clients – 52,3%) followed by 117 poly-consumers (26,7%). 14%. The share of 14% belonged to heroin addicts. Presence of some other drugs as primary problem didn’t cross over 3, 4%.
98 clients have finished the entire programme of re-socialisation. 363 clients have aborted the programme of re-socialisation in different steps: after two weeks since entry 99 (27, 7%) clients and 31, 1% after two thirds of the re-socialisation programme.

The identical ratio between clients who completed the programme and those who interrupted was found in statistical form of MLSAF 13-1. The share of “successful” clients (at least 12 months) is markedly lower that of those who left RC before one’s time. In 2007 the ratio was 1:3, last year the ratio sized on 1:4. (21% vs 79%).

Figure 8.2.1: The share of primary psychoactive drugs abused by clients of RCs. N= 706 (NMCD, 2009b)

Figure 8.2.2: The comparison of amounts of clients, who completed the entire programme and those who aborted programme in 2007 and 2008 (NMCD, 2008b, NMCD 2009b)
15 RC have replied he question if they followed up their former clients after one year (i.e. who finished the programme in 2007). Total amount 205 persons was reported as those who were abstaining from primary drug after one year (medical indicator). 4 RC didn’t follow their clients after one year. The most usual form of contact is the phone call to client and some additional information from his/her family or from his/her place. (12 RC from 15 have reported). Personal meeting of clients, either individually or within the post community sessions, AA clubs, weekend communities were the further forms of surveillance. However only 4 RC have reported objective method – testing on the presence of drug.

10 RC from 19 RC investigated clients’ satisfaction via questionnaire and/or interview individually or in group within the community sessions. Only one RC has reported the method of SEIQo\(^{112}\). 9 RS didn’t make such inquiry.

**Re-integration criteria by EMCDDA in the survey**

1. **Education**
   
   The newly launched item in questionnaire investigated the situation in education, training, professional qualification in three different levels. 15 RC reported 106 former clients, who were to continue in schooling/completed the grade or they began to study on the higher level. Short-time courses of professional re-qualification were also counted as positive sign of this reintegration level.

![Figure 8.2.3: Education activities of different level in 106 former clients of 15 RCs (NMCD,2009b)](chart)

According hypothetical distribution of reporting RCs into three age levels \(^{113}\), the highest amount of clients continuing in education was reported by 13 RCs where younger clients were concentrated (in age up to 24 yrs and 24 - 35 years).

\(^{112}\) Schedule for the Evaluation of Individual Quality of life

\(^{113}\) 2007 survey has found some differences among RCs in “geographical” distribution - At the east part of Slovakia clients of RCs were older and mostly with alcohol problems. In the middle and west patients were younger, with better social background and their problems were caused by illicit drugs. Now the hypothetical distribution of 19 RCs into three age levels according the average age. I. group of 3 RCs with younger clientele up to 24 years. II. group of RCs consisting of 10 facilities where the average age of clients varies from 24 until 35 years. At last the III. group of 6 RCs with middle and older adults aged over 35 years.
2. Employment

According data obtained from 15 RC, majority of former clients are involved into economy activities (56%), from them 68% hold stable jobs, even 13% are running their own business. 33 clients (19%) used to work in part-time and/or short-time jobs.

Unemployed persons and persons entitled to social benefits (incl. retirement and health security benefits) created the share of 44%. It should be noted that such share can be markedly lower due concurrent status and double counting of the same clients – an unemployed person can be entitled to social security benefits.

According hypothetical distribution of reporting RCs into three age levels, the highest amount of unemployed clients (and/or entitled to social benefits) was in RCs with the residents of average age over 35 years.

Majority of economy active former clients was reported from “younger” RCs. (Figure 8.2.6).
3. Housing

15 RCs from 19 who took part in the survey (NMCD, 2009b), have reported totally 214 clients 56% returned back to their parents/families, or they lived in hired flats. Approximately one fifth have lived in their own apartments/houses. Almost one third (26-27%) of former clients lived in institutional facilities, incl. Half way homes, dormitories, etc.

Figure 8.2.6: Distribution of economic activities/inactivity according age of RCs (NMCD, 2009b)

Figure 8.2.7: Situation in housing of former clients of RCs (NMCD, 2009b)

According hypothetical distribution into three age levels, majority of former younger (up to 35) clients returned home, to family or they share accommodation as inmates. On the other hand, majority of older clients were provided by institutional form of housing.
The data from the survey supported the global potency of re-socialisation services to comply the goals of reintegration. The spectrum of offered services and/or programmes varies in individual RCs depending on structure of clients. It seems that RCs with younger clientele dispose of higher reintegration capacity due well balanced services/programmes.

The concentration of middle aged and older clients (mostly former alcoholics) seems to determinate the extent and type of services; the dominant activity is the work therapy in house or outdoor and social services in their fundamental reasons (housing and boarding).

At last such specialisation of RCs is seen as the pros more than cons and highlights the real needs - in generally the social reintegration demand.

### 8.2.5 Housing

As a social service, it is under the jurisdiction of Act No. 448/2008 Coll. on Social Services,\(^{114}\) which under established terms and conditions are provided by municipalities, legal

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\(^{114}\) **The Act defines social service** as a professional activity, a servicing activity or another activity or set of these activities which are targeted on:

- a) preventing the occurrence of unfavourable social situations, solving unfavourable social situations or moderating unfavourable social situations of natural persons, families or communities,
- b) preserving, renewing or developing the ability of natural persons to lead independent lives and for supporting their inclusion in society,
- c) ensuring necessary conditions for satisfying basic living needs of natural persons,
- d) solving crisis social situations of natural persons and families,
- e) preventing social exclusion of natural persons and families.

Pursuant to this Act, an **unfavourable social situation** is a situation in which a natural person is at risk of social exclusion or the limitation of his/her ability to be included in society and solve his/her problems independently:

- a) due to the fact that he/she has no necessary conditions ensured for satisfying the basic living needs,
- b) due to his/her life habits or way of life,
- c) due to a grave disability or unfavourable health state,
- d) due to reaching the age necessary for claiming old age pension according to a special regulation
- e) for taking care of a natural person with a grave health disability,
- f) for risks due to the behaviour of other natural persons or
- g) due to the fact that he/she became the victim of human trafficking.
entities established or founded by municipalities, legal entities established or founded by UtTU\textsuperscript{115} (public providers of social services) and other persons (non-public providers of social services). (Upper tier territorial units are providers of social services only if they provide basic social counselling.)

Act No. 448/2008 Coll. on Social Services does not separately regulate the terms and conditions for the provision of social services to natural persons with drug addictions.

The type, form and extent of the provision of social service is designated according to the unfavourable social situation and social services are provided for ensuring the necessary conditions for satisfying basic living needs, besides others, also to natural persons with drug addictions and other types of addictions in the following facilities:

**Home on Half Way Through** – for a certain period of time and in the event that the natural person does not have the necessary conditions for satisfying basic living needs and does not have ensured housing, for example after the completion of care at a facility of social legal protection of children and social guardianship or after being released from prison or detention.

**Emergency Housing Facility – Crisis Centre** for a certain period of time, housing is provided to natural persons who are victims of physical violence, natural persons who are victims of human trafficking, single pregnant women and a parent or parents with children who do not have housing ensured or who can not use their housing due to serious causes, and natural persons who have reached pension age or who are dependant on assistance from other natural persons and do not have housing ensured or can not use the housing due to serious causes.

The conditions for the preparation of meals, the provision of meals or food, carrying out basic personal hygiene, doing laundry, ironing and maintenance of laundry and clothing and for hobbies are created.

**Lodging and shelters** are other facilities of social services for drug addicts and individuals with other addictions, among others.

### 8.2.6 Possibilities for Training, Increasing of Qualifications and Finding Employment

The measures of the Operation Programme Employment and Social Inclusion enable the implementation of activities also for the target group of drug addicts and individuals with other addictions.\textsuperscript{116}

The project “Support of the Integration of Drug Addicts in Society through Enhancing Their Employability” is the only one known project to date with the real outcome of the integration of 31 addicted citizens (alcohol, gambling) in the work process. The project, with duration of 15 months from September 2007 to December 15, 2008, was broken down into several activities which proved the effectiveness of the social model of care over the medicinal model.

The activity entitled “The Analysis of the Needs of Participants and the Design of Individual Action Plans” helped the target group characterised by a high level of social exclusion and specific personality problems arising from addiction, in the orientation of their own specialization on the labour market. The outcome of the activity entitled “Designed Individual Action Plans” had a 100 % success rate. The analysis of the needs of the participants and the design of individual action plans, a motivational course, training in information-communication technologies, language

\textsuperscript{115} UtTu - Upper tier territorial units in SK language VÚC This term identified political and administrative control in eight regional units in SR with autonomous competencies in social affairs and services, and partly in health sector.

\textsuperscript{116} More detailed information can be obtained at the Operation Programme Employment and Social Inclusion and also in the Programme Manual for the Operation Programme Employment and Social Inclusion, publicized at [www.esf.gov.sk](http://www.esf.gov.sk). The above mentioned documents include the general terms and conditions for possible application for non-repayable financial contribution (NFC). These terms and conditions are more closely specified in prepared calls for the submission of projects. The timetable for calls for the pertinent calendar year is publicized at [www.esf.gov.sk](http://www.esf.gov.sk) or at the websites of the intermediary bodies of the Social Development Fund: [www.fsr.gov.sk](http://www.fsr.gov.sk) and the Social Implementation Agency: [www.sia.gov.sk](http://www.sia.gov.sk), which proclaim the calls.
preparation, theoretical training for jobseekers, training activities of practical skills, in particular, individual tutoring and group support (teetotallers’ clubs). The scheme\textsuperscript{117} of supported employment incorporated counselling, maintaining databases of clients, employers and vacant jobs, intermediation of information to clients and employers and individual support of clients. The individualized approach to individual participants and the design of training programmes based on the analysis of personal potential and the labour market requirements guarantees the adequacy and application of the implemented education and training of practical skills. Tutoring (individual guidance) and the organization of meetings of support groups helped individual members of the primary target group in overcoming specific problems related to drug addiction and personality barriers in their integration to society and job finding.

The number of persons who successfully completed the activities in the area of education and re-qualification was higher than expected. The implementation of the project was supported due to the partnerships of the applicant with the self-government of Bratislava, the capital of the SR, and the RC RETEST, the RC Návrat, the RC Road Tomky and other RC, treatment facilities, AA clubs and other organizations operating in this field.

In 2008, the projects within the framework of the twinning project grant scheme (See Chapter 1) were implemented; these projects were aimed at the support or extension of the improvement of the quality of work therapy forms within the framework of re-socialization programmes on one hand, and at the same time as a preparation or re-qualification for finding employment. Detailed outputs of project evaluation were not available at the time of the writing of this report, but some examples mentioned below can illustrate the main goal of projects.

1. Manus, c.a. Martin – This project pertains to training in the profession with an orientation on applied and decorative basketry as part of the life forming environment and through its style continuing in developing traditions with follow up job finding. The participants gain either knowledge from the history of traditional home and craft production in Slovakia or also the basics of business (ABC of entrepreneur) and within the practical training, knowledge regarding material-fine art depiction. 16 clients were participating in the programme – which comprises 60 seven-hour sessions. The products – baskets are the output and the clients obtain a Certificate upon Passing the Re-qualification Course.

2. Nelegál, c.a. Nové Zámky – the project goal was to improve the quality of provided services at the RC, to improve the adaptation of clients in finding employment and in building relationships within the framework of the family. Foreign Language Courses - English and German / 10 participants of the course each, obtained a certificate upon passing the course of English. Knowledge this foreign language (EN) will enable easier and clearer orientation on Internet and computers in general. The Computer Course - 16 participants acquired certificates upon passing the PC course.

3. Adam, c.a. Gbely – Adamov within the framework of work therapy to improve the work skills of clients and thus ensure the higher flexibility in finding employment after completing the re-socialization process. The training was oriented on communication and social skills (in model situations, training of the mastering of verbal and non-verbal communication and a higher level of preparation for interviews related to finding employment).

8.2.7 Information on ensuring employment for the target group of those addicted to drugs and other addictions

The measures of the Operation Programme Employment and Social Inclusion also enable the implementation of activities for the target group of those with drug and other addictions\textsuperscript{118} although

\textsuperscript{117} (The given scheme is described in the Publication on the Integration and Increasing Employability of Addicts (1.1. b9) published with a print run of 500 copies)

\textsuperscript{118} More detailed information can be obtained at the Operation Programme Employment and Social Inclusion and in the Programme Manual for the Operation Programme Employment and Social Inclusion, publicized at www.esf.gov.sk. The above mentioned documents include the general terms and conditions for the possible application for non-repayable financial contributions (NFC). These terms and conditions are more closely specified in prepared calls for the submission of projects. The timetable for calls for the pertinent calendar year is publicized at www.esf.gov.sk or at the websites of
pursuant to Act No. 5/2004 Coll. on Employment Services and on changes and amendments to certain Acts as amended, drug addicts and those with other addictions are not classified as disadvantaged jobseekers. (As a result, the statistical data related to the employment and unemployment of drug addicts and those with other addictions is not separately monitored and no specific re-qualification courses were conducted for groups of drug addicts in 2008.) However, in 2008, within the intention of the law, labour market education and training for the unemployed and jobseekers was organized which could also be attended by drug addicts and those with other addictions under the prequalification that they meet the conditions of a jobseeker.

8.2.8 Social integration of problem users of drugs (out of treatment and reintegration services)

In addition to harm reduction services, low-threshold agencies also provided other services for ensuring elementary social, and economic according to their capacity. Social mediation and social assistance through field (street) workers and low-thresholds programmes also plays a significant role.

9 Drug Related Crime, Drug Related Crime Prevention and Drugs in Prisons

Crime has been one of the most serious socio-pathological phenomena of the SR for an extended period of time (from 1990). According to the character and the level of crime, Slovakia can be classified among the countries belonging to the region of the post-Communist countries of the Central and Eastern Europe. Crime in this region is a reflection of the socio-political, socio-economic and historical-cultural development and radical changes after 1989 (Michálek A., 2009).

The above mentioned chapter comprehensively analyses the criminal aspects related to drugs: drug crime from the aspect of relevant drug criminal offences and other criminal offences related to drugs (such as criminal offences committed under the influence of drugs and secondary drug-related crime that were committed due to drug addiction). In addition to the direct indicators of drug crime (criminal offences of the offenders) this chapter analyses in greater detail the area of drug crime prevention, the alternatives within the framework of the penal (criminal-justice) system and the issues of drugs in prison.

In the context of this report, the term “drug crime” and relevant drug related offences include: illegal possession of drugs for personal use / §171 of the New Criminal Code (hereafter NCC) / §186 of the Old Criminal Code (hereafter OCC); illegal production, trafficking and possession of drugs / §172 NCC / 187 OCC; illegal production and possession of items intended for the production of drugs / §173 NCC / §188 OCC and promoting of drug addiction / §174 NCC / §188 OCC). The use of drugs is not classified as a criminal offence in the Criminal Code of the SR.

Drug crime is analysed from the aspect of committed criminal offences and the arrested/prosecuted/convicted offenders, the central statistics of which are compiled by the MI SR, GPO and MJ SR. In 2008, the GPO provided the first official statistics of persons charged for relevant drug related sections of the NCC/ OCC in the classification according to the type of drug (MI SR and MJ SR provided the first integral statistics of the criminal offences and perpetrators according to the type of drug in 2007).

9.1 Drug-related Crime

9.1.1 Drug Crime according MI SR / PPF

This section of the report is based on the information drawn from the statistical system of the Presidium of the Police Force (PPF) and the Administration (MJ SR) on the security situation in the SR from the aspect of drug crime in 2008.

In 2008, the growing trend in the commission of drug-related crime has continued, with the growth of the number of drug related criminal offences rising to the level of 2,259 (124 cases more than in 2007 and even 537 more than in 2006) and the slight growth of the number of prosecuted offenders to the level of 1,750 (in comparison to 2007 it pertains to a negligible growth by 33 persons, while in comparison with 2006, the number of prosecuted persons grew by 494) which is proof of that. In the monitored year, the number of foreigners prosecuted in connection with the relevant drug related offences has slightly grown - from 39 offenders (2007) to 42 offenders. In particular this pertained to citizens of the CZ (16), Hungary (6), Romania (3) and Ukraine (3).

According to the statistical data of the MI SR, the perpetrators in the 18-30 age category participated in drug related crime most distinctively in 2008; their share in the overall number of those prosecuted was 69%. The share of juveniles who committed drug related criminal

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119 §171-§174 of the NCC No.300/2005 Coll. and equivalent §186, §187, §188 and §188a of the OCC No.140/1961
120 Under the Criminal Code, Act 300/2005, a drug is any narcotic, psychotrophic substance, poison or precursor.
offences in 2008 constituted (equally as in 2006) – 8%. In 2008, the police prosecuted 3 children in connection with drug crimes of perpetrators under the age of 14; this constitutes the lowest number in the past three years (9 children in 2007 and 5 children in 2006). The following Figure 9.1.1 depicts the numerical quantification of prosecuted perpetrators (2006-2008) in compliance with the relevant drug related sections and according to age categories.

Figure 9.1.1: Number of prosecuted drug offenders according to the individual age categories in the period of 2006-2008 Source: MI SR, 2009

Note: Within the framework of the NCC which entered into effect on January 1, 2006 the lower limit of criminal responsibility was reduced from original age of 15 – to the age of 14.

The MI SR monitored drugs for the third time (in the case of §171-174 of the NCC) in its statistical system. From the overall number of registered criminal offences (2,259) and prosecuted perpetrators (1,750) a concrete type of drug was recorded in case of: 1,258 criminal offences and 928 prosecuted offenders. In the case of 44% of criminal offences and 37% of offenders, the police officers documenting the case did not indicate the concrete type of drug.

As in the previous years, the most abused drug was herbal cannabis; more than half of the committed criminal offences (735) and prosecuted offenders (468) are proof of that. The second mostly abused drug was pervitin, which was involved in almost one quarter of the criminal offences (307) and almost one third of the prosecuted offenders (285). Heroin with an 11.8% share of criminal offences and 13.3% share among the prosecuted perpetrators constituted the third most frequent drug. The share of other types of drugs from the aspect of criminal offences and prosecuted perpetrators did not exceed 2% (see Figure 9.1.2 and Figure 9.1.3).

According to the data of the PPF, 7 persons committed criminal offences in connection with precursors and other drugs of which 6 persons were prosecuted for production and trafficking

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121 In the case of 44% of criminal offences and 37% of offenders, the police officers documenting the case did not indicate the concrete type of drug.

122 Of the overall number of committed criminal offences (2008) pursuant to §171-174 of the NCC registered according to the type of drug (1,258)

123 Of the overall number of prosecuted offenders (2008) for drug related criminal offences registered according to the type of drug (928)
ephedrine/pseudo-ephedrine and 1 person was prosecuted by the police for trafficking in methadone.

Figure 9.1.2: Criminal offences pursuant to §171-174 of the NCC according to the type of drug in 2008
Source: PPF, 2009b

Note: As opposed to the previous report, in this report the group with the largest number categorized in the statistical system of the PPF as “other precursors” is omitted in Graphs 9.2 and 9.3. The above mentioned group also included cases of non-identified substances besides precursors, which could significantly affect the final picture.

In 2008, the criminal offence of illegal possession of drugs for personal use - §171/NCC constituted the most frequently charged offence by the police in cases related to herbal cannabis. On the contrary, the criminal offence of illegal production and trafficking drugs - §172/NCC prevailed in cases related to pervitin and even surpassed herbal cannabis (see Figure 9.1.4).
9.1.2 Drug Related Crime according GPO

The GPO primarily registers the number of persons whose criminal prosecution was completed (by bringing in the indictment, concluding the agreement on a guilty plea, approval of conciliation and conditional suspension of criminal proceedings) and the number of persons charged and convicted – according to the concrete sections of the NCC and OCC.

The GPO began monitoring the type of drugs in its statistical system in 2008.

In 2008, the prosecutor completed criminal prosecution against 1,965 drug offenders, and in the case of almost half of the offenders the prosecutor completed the prosecution by bringing in an indictment – altogether in the case of 971 persons. From the overall number of those charged for drug-related criminal offences (971) the type of drug was indicated in 859 cases (88.4%). A total of 640 persons were charged for possession drugs for personal use, while more than half of these persons – 309, were charged with the production and trafficking of drugs.

More than half of the persons charged for drug-related crimes in 2008 were prosecuted in connection with herbal cannabis (52.9%) – similar to the percentage of persons prosecuted pursuant to the PPF (50.4%) and the percentage of persons convicted according to the MJ SR (53.2%). The following Figure 9.1.5 depicts the number of persons charged (2008) for the relevant drug paragraphs of the NCC/OCC according to actual drug type.

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124 Of which: 1,842 persons pursuant to §171-174/NCC and 123 persons pursuant to §186-188a/OCC
125 Of which: 898 persons for §171-174/NCC and 73 persons for §186-188a/OCC
From the overall number of persons charged for herbal cannabis offences (514) the largest share of these persons were charged for: illegal possession of drugs for personal use – over 73% (373 of the charged). On the contrary, from the overall number of persons charged for drug-related criminal offences related to pervitin (82) the highest share was charged for: illegal production, trafficking and possession drugs – over 69% (54 of those charged).

9.1.3 Drug Related Crime according MJ SR

The Ministry of Justice (MJ SR) registers in its statistical system the number of persons convicted according to the individual sections of the NCC and OCC. Although the NCC has been in force for three years (from January 1, 2006) even in 2008 very few cases occurred in which the persons were convicted pursuant to the OCC (in force until December 31, 2005) due to the fact that the proceedings of some cases took several years. That is why the realistic picture of overall drug related crime, as in 2006 and 2007, is constituted by the summary of the convicted for the relevant criminal sections of the ACC and the OCC.

In 2008, a total of 912 persons \(^{126}\) were convicted in connection with drug-related crime, which constitutes a growth of 16 % in comparison with 2007 (the growth by 26.3% in comparison with 2006). The number of convicted juveniles (of age of 14 to 18) increased to 75 persons as opposed to 2007 (-24) and in 2006 (-25). In 2008, the court convicted one 14 year old perpetrator for possession of drugs for personal use.

In 2008 the courts suspended sentences in two thirds of offenders (66.6%), convicted of drug-related crimes, and in 22% there were sentences of imprisonment, followed by fines (8%) and other separately imposed punishments (1.5%). Imprisonment was imposed especially to offenders convicted for illegal production and trafficking (59.2%), on the contrary, persons who were convicted for the possession of drugs for personal use were predominantly released on suspended sentenced (56.9%). The courts (2008) discharged 16 drug offenders – of which 8 were juveniles, from punishment (see Table 9.1.1).

\(^{126}\) the number of convicted persons incorporates the convicted persons pursuant to the OCC (54) + convicted persons pursuant to the NCC (858)
Table 9.1.1: Punishments imposed on persons convicted for relevant drug related sections of the NCC/OCC in 2008 Source: MJ SR, 2009

<table>
<thead>
<tr>
<th>§ NCC/OCC</th>
<th>(n) Convicted</th>
<th>Imprisonment</th>
<th>Suspended Imprisonment</th>
<th>Fine</th>
<th>Other</th>
<th>Discharged from Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ 171</td>
<td>511</td>
<td>77</td>
<td>338</td>
<td>68</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>§ 172</td>
<td>328</td>
<td>110</td>
<td>213</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>§ 173</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>§ 174</td>
<td>12</td>
<td>1</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>§ 186</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>§ 187</td>
<td>44</td>
<td>9</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>§ 188</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>§ 188a</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>912</td>
<td>201</td>
<td>608</td>
<td>73</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

In 2008, the MJ SR kept a second statistical monitoring of the convicted (§171-174 of the NCC) according to the type of drug. From the overall number of convicted perpetrators (912) the type of drug was specified in 838 cases (91.9%). The most frequently convicted persons were perpetrators of crimes related to: herbal cannabis (53.2%), heroine (14.3%) and pervitin (14.1%) – in comparison with 2007, the share of convicted with this type of drug grew by to 51.3%. (The numerical quantification is depicted in Figure 9.1.6). In connection with other amphetamines, the number of convicted persons more than tripled (from 33 persons in 2007 up to 112 persons in 2008).

Figure 9.1.6: Number of convicted offenders to § 171-174 of the NCC according to the type of drug in 2008 Source: MJ SR, 2009

Note: The category “other drugs” incorporates all other unspecified drugs.

The continual growth of the number of the convicted persons (from 2006) from the aspect of selected drug sections NCC/OCC is depicted by Figure 9.1.7. In 2008, the number of persons convicted for the possession drugs for personal use grew by 12.8% (in comparison with 2007) and at the same time the number of convicted for the production and trafficking in NPS also grew by 16.6%
9.2 Other Drug-Related Crime / Secondary Drug Related Crime

This part is based on the data acquired from the criminal institutions: MI SR (PPF), GPO SR and MJ SR.

The MJ SR registers secondary criminal offences in its statistical system pursuant to the particular reason for their commission. The indicated reason is recorded as standard in the T statistical sheet, concretely in item No. 30, in which case, reason No. 11 drug addiction, is indicated as the reason for the commission of the crime.

According to the data of the MJ SR in 2008, drug addiction was indicated as the reason for the commission of the following criminal offences: theft (9), dangerous threats (8), obstructing the execution of an official decision (7), assaulting of a public servant (3), robbery (2), blackmail (2), aggravated battery (2), credit fraud (2), damage to another person’s property (2), illegal entry into a dwelling (2), and one time in cases such as blackmailing kidnapping, bribery, disturbing the peace and forging or modifying the identification data of a vehicle.

For comparison, “drug addiction” was most frequently indicated as the main motive for committing the crime in case of the relevant drug-related offences (NCC/OCC); the courts sentenced 409 persons in this way in 2008.

9.2.1 Money Laundering

In the SR, the legislation legalizing income from crime (§ 233 of the NCC) is based on the Convention on Money Laundering adopted on November 8, 1990 in Strasbourg. The Criminal Code enables the prosecution of crimes in connection with the Act on Protection against Legalizing Income from Criminal Activities and Protection against Financing Terrorism (Act No. 297/2008) (Centéš, J., 2009). In the SR, no separate section exists which would specifically deal with the legalization of income from the drug related crime, however the prosecution of such perpetrators is possible through the provision of §233/4b of the NCC.
The above mentioned section enables the strict prosecution of the perpetrator\(^{127}\) if he/she commits the given criminal offence in connection with matters that originated from the trafficking of NPS, nuclear or high risk chemical substances, arms or people or from other extremely grave offences. According to the PPF data, no case of criminal offence qualified pursuant to §233/4b/NCC was recorded in 2008.

### 9.2.2 Crimes Committed Under the Influence of Drugs

The MJ SR also processes the statistics on the convicted persons who committed criminal offences “endangerment under the influence of an addictive substance”\(^{128}\). The commission of a criminal offence under the influence of other addictive substances than alcohol is also monitored by the GPO in its statistical system.

In 2008, a total of 406 persons were convicted for committing criminal offences under the influence of another addictive substance (with the exception of alcohol) from the overall number of the convicted in the given year (28,681) which constitutes a share of 1.42% (similarly to 2007 – 1.46%). More than one third of the convicted came from the region of Bratislava (157); on the contrary the smallest number of convicted (12) came from the regions of Žilina and Prešov. (MJ SR, 2009c).

In 2008, the GPO registered\(^{129}\) 283 persons for whom criminal prosecution in connection with the commission of a criminal offence under the influence of an addictive substance other than alcohol was closed (of which 37 were juvenile) while in 2007, it was by 20 persons less (263).

### 9.3 Drug Crime Prevention

#### 9.3.1 Prevention and Assistance to Drug Users in Prisons

The operation of so called drug-free zones within the framework of 6 prison institutions is a significant project of the General Directoriat of the Prison and Court Force (GDPCF) in the area of drug related crime prevention. (See Table 9.3.1) The drug-free zone is preferentially designated for the placement of convicts who have not used drugs, ones who have not trafficked in drugs but used them and the convicted who have voluntarily undergone treatment for drug addiction or treatment ordered by the court.

<table>
<thead>
<tr>
<th>Drug-free Zone in prison facilities</th>
<th>Number of Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>ÚVTOS Košice – Šaca</td>
<td>54</td>
</tr>
<tr>
<td>ÚVTOS Sučany</td>
<td>18</td>
</tr>
<tr>
<td>ÚVTOS Nitra - Chrenová</td>
<td>15</td>
</tr>
<tr>
<td>OO Opatovce</td>
<td>56</td>
</tr>
<tr>
<td>OO Prešov</td>
<td>191</td>
</tr>
<tr>
<td>ÚVTOS Želiezovce</td>
<td>33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>367</strong></td>
</tr>
</tbody>
</table>

Operating in the drug-free zone is targeted on:

---

\(^{127}\) Sentence of imprisonment for 12-15 years

\(^{128}\) §201/NCC and §289/OCC, term of addictive substance included alcohol and illicit drugs.

\(^{129}\) from the overall number of persons for whom the prosecution was closed (51,029)
- “primary prevention” of the abuse of addictive substances with the convicted who have not used drugs but who may be at risk due to their inclination to conformity and imitation,
- “secondary prevention” for the convicted who already used drugs and they are in risk of repeated abuse of addictive substance.

Table 9.3.2: Implemented preventative activities for drug addicts within the framework of individual institutions (2008)
Source: GDPCF, 2009

<table>
<thead>
<tr>
<th>The CPCG Institutes</th>
<th>Lectures/Discussions</th>
<th>Social-Psychological Training</th>
<th>Relaxations</th>
<th>Sports Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Bystrica</td>
<td>14</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>B. Bystrica-Kráľová</td>
<td>17</td>
<td>31</td>
<td>51</td>
<td>48</td>
</tr>
<tr>
<td>Bratislava</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dubnica</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hrnčiarovce</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ilava</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Košice</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Košice-Šaca</td>
<td>34</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Leopoldov</td>
<td>43</td>
<td>28</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Levoča</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nitra</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nitra-Chrenová</td>
<td>9</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Prešov</td>
<td>27</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ružomberok</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sučany</td>
<td>293</td>
<td>52</td>
<td>121</td>
<td>48</td>
</tr>
<tr>
<td>Trenčín</td>
<td>26</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Želiezovce</td>
<td>24</td>
<td>30</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Žilina</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: The table has the character of an object example and does not have to strictly reflect the realistic state since some prisons do not keep such statistics in this form. In different places the activities for the drug addicts may overlap with the activities for other convicts. That is why it would be fairly difficult to express the ratio of activities designated only for drug addicts in comparison with the activities for other convicts.

9.3.2 Penitentiary and Post-penitentiary Care

The execution of probation and mediation is regulated by Act.550/2003 Coll. on Probation and Mediation Officers. This Act is connected with the basic legal codices (Criminal Code and the Code of Criminal procedures) and equally regulates the professional terms and conditions under which it is possible to conduct probation and mediation.

The statistical evaluation is based on the questionnaire survey of the MJ SR in which 52 of 53 district courts of the Slovak Republic participated in the given year.

In 2008, a total of 7,276 cases were committed for probation in the Slovak Republic, i.e., 5% more than in 2007 (6,938). The cases of relevant drug-related offences made to 601 cases, which out of the overall number of committed cases for probation in 2008 constituted a comparable share as in 2007 - over 8%. The most probations in connection with drug related crime were committed in the region of Bratislava (although in comparison with 2007 the number of filings dropped by 12 cases); on the contrary the smallest number of filings was recorded in the region of Košice (see Table 9.3.3).

130 Act is in effect as of January 1, 2004
131 The above mentioned number incorporates the summary of the relevant drug sections of the ACC + OCC
### 9.3.3 Number of committed cases for probation pursuant to §171-174/NCC and §186-188a/OCC (2007-2008)

Source: MJ SR, (Mrázek, P.), 2009b

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>§171-174/NCC</td>
<td>§186-188/OCC</td>
</tr>
<tr>
<td>Bratislava</td>
<td>422</td>
<td>50</td>
</tr>
<tr>
<td>Trnava</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Trenčín</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Nitra</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Žilina</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Banská Bystrica</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>Prešov</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Košice</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td><strong>Σ</strong></td>
<td><strong>527</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

Note: The probation and mediation service are conducted by the probation and mediation officials at the district courts of the SR (45), however the statistics are summarily processed for the regions (8).

### 9.4 Drugs in Prisons

The CPCG statistics constitute part of the central statistics of the MJ SR (Report 2008, Chapter 11).

In 2008, a total of 8,549 charged and convicted persons were placed in the facilities of the Corps of Prison and Court Guards, of which 996 persons (11.65%) declared the use of primary drugs before starting to serve their sentence of detention or imprisonment (in 2007, a comparable share of drug addicted persons of 11.93% was found in the facilities of the CPCG).

The highest number of registered drug addicts was recorded by the detention facility and prison in Leopoldov (176) and the lowest number was recorded in the detention facility in Levoča (1).

The use of primary drugs before starting to serve imprisonment was confirmed at the entry check-ups in the case of 651 persons; in comparison with 2007, it is a drop of drug use in the prison population (-97 persons). The most frequently used illegal drug (2008) was heroine, just as in 2007, followed by pervitin and herbal cannabis (see Chart 9.8). From among the forms of application, the intravenous form distinctively dominated (372) followed by: smoking (111), other not closely specified application forms (81), oral application (74) and snorting (13).

The screening for the presence of drugs in urine was implemented for the fifth year in terms of the CPCG. In 2008, an overall number of 1,333 charged/convicted were involved in the testing (1,935 persons less than in 2007). A total of 325 of the charged/convicted were tested positive, which in comparison with 2007 represented a growth of almost 65%. In 5 CPCG facilities no positive cases were identified. The following drugs were the most frequently identified: benzodiazepines (113), herbal cannabis (60), opiates (31) followed by barbiturates (24), amphetamines (23) and other substances (24).

132 Persons are noted in particular who are serving detention and imprisonment for the first time and they indicated the use of drugs or experience with drugs before imprisonment during the initial examination and also the persons in which there is a certain suspicion of the presence of drugs at the beginning or in the course of serving detention (for example, persons charged/convicted for relevant drug related criminal offences).

133 The growth of positive cases could also have been affected by a new testing method in which testing for 1 detection substance is abandoned and multi-detection testing cassettes for the detection of the presence of several banned substances in one person are used to a larger extent (for 5 substances as a rule).

134 Prison facilities in: Košice – Šaca, Martin – Sučany (for juveniles), Nitra, Prešov and Želiezovce.
9.5 Measures Related to the Health Consequences of Drug Abuse

At the psychiatric wards of the Corps (2008) 439 convicts underwent protective treatment ordered by the court (11 cases less than in 2007) and 49 convicts entered voluntary treatment of alcoholic and drug dependences (4 cases less than in 2007).

Although the enforceability of anti-alcoholic and anti-toxicomanic addiction treatment ordered by the court has dropped slightly, considering anti-drug addiction treatment separately (outpatient and inpatient), the trend has been growing continuously since 2005, and in 2008 the level of provided drug addiction treatment – outpatient reached the highest share for the past 7 years – 144 (see Figure 9.5.1).

Figure 9.5.1: Number of persons in protective drug addiction treatment (inpatient and outpatient) implemented in terms of the corps in the period of 2002-2008
Source: GDPCF, 2009

Figure 9.4.1: Spectrum of primary drugs used by the charged/convicted before starting to serve the imprisonment
Source: GDPCF, 2009
At the beginning of 2008, the project entitled “the Risk of the Origin of Selected Infectious Diseases Transferable by Blood among Persons in Detention and Imprisonment” was first implemented in the healthcare facilities of the Corps\(^{135}\). It was assigned by the Government Office of the SR (NMCD) and the GDPCF. The National Referential Centre for the Treatment of Chronic Hepatitis at the Slovak Healthcare University and the Department of Healthcare at the GDPCF are the implementers. A total of 247 persons underwent the screening examination for the presence of HBV/HCV/HIV (of the 628 charged/convicted persons to whom participation in this project was offered). From the acquired data to date, the high incidence of HBV and HCV infected persons starting detention or serving imprisonment was confirmed, in the prison facilities in the SR, varying from 15 to 35.5%. Since the data on risk factors for the transfer of selected infectious diseases\(^{136}\) was not evaluated in this phase of the project (due to technical problems with their collection) it was not possible to determine the share of persons who were infected by the HBV/HCV virus due to the intravenous use of drugs. (Holomáň, 2009)

9.6 Interventions within the Framework of Criminal System

The current legislation of the Criminal Code in principle provides sufficient space for the effective punishment of producers, traffickers, dealers, inter-mediators and other offenders who participate in illegal dealing with NPS and their precursors. In the case of these persons, the general agreement of strict punishment is in force, especially in form of imposing sentences of imprisonment. In relation to users of NPS, the possibilities of using penal alternatives of the judiciary should be taken into consideration and where possible the measures leading to the treatment, upbringing and re-socialization of these persons should be used. (Čentéš, J., 2007, p.173)

9.6.1 Alternative Punishments to Imprisonment Applied in the SR

The Criminal Code\(^{137}\) in §32 establishes a valid system of punishment, of which the following are considered as alternatives to the sentence of imprisonment: home curfew\(^{138}\), community service\(^{139}\), pecuniary punishment\(^{140}\), conditional adjournment of the sentence and conditional adjournment of the sentence with probation supervision\(^{141}\) and conditional adjournment of the sentence with probation supervision\(^{142}\). The home curfew, community service and the conditional adjournment of the sentence with probation supervision were added to the Slovak legal order within the framework of the re-codification of the Criminal Code (2006). The other alternative punishments were regulated in the Slovak legal order before the re-codification. The use of alternative punishments comes up especially in the case of illegal possession of NPS for own consumption (§171 of the NCC) and other less serious criminal offences, whose maximum sentence does not exceed 5 years.

When applying alternative punishments: the conditional adjournment of the sentence and the conditional adjournment of the sentence with probation supervision, the court determines the probation period or the probation supervision over his/her behaviour during the probation period for 1 to 5 years (in the case of juveniles for 1 to 3 years).

\(^{135}\) Of the overall number of 18 detention facilities and imprisonment facilities, 10 facilities joined the project.

\(^{136}\) including the of intravenous use of drugs.

\(^{137}\) 300/2005 Coll. in effect and validity as of January 1, 2006

\(^{138}\) The court can impose this on a perpetrator for a maximum period of one year.

\(^{139}\) The length of this punishment constitutes 40 – 300 hours, in the case of juvenile offenders, a maximum of 150 hours.

\(^{140}\) The amount of the pecuniary punishment varies from 160 € to 331,930 €, in case of juvenile offenders from 30 € to 16,590 €.

\(^{141}\) The above mentioned punishment is applied if the length of the sentence of imprisonment does not exceed 2 years.

\(^{142}\) The above mentioned punishment is applied if the length of the sentence of imprisonment does not exceed 3 years.
9.6.2 Other Alternative Measures within the Criminal System

The Criminal Code, in particular, those sections that relate to NPS users regulate the obligations or limitations which the court may impose on the offender in the event of the conditional adjournment of the sentence or conditional adjournment of the sentence with probation supervision. The following are among the above mentioned measures: ban on use of other addictive substances and obligation to submit to treatment of addiction from the addictive substances if the offender was not ordered by the court with protective treatment\(^{143}\).

Currently, in terms of the SR, a project aimed at the development and support of secondary prevention, which is the outcome of the twinning cooperation with Germany and the Czech Republic from 2006 (Report 2006, Report 2007 Chapter 1) is being prepared. The basic project concept lies in early preventative interference in the case of young people who violated the law in connection with drugs for the first time. The aim of such early intervention is to provide juvenile delinquents with basic information on risks connected with the use of drugs and to motivate them to have a more responsible attitude towards their own lives. The preventative interference should be outlined in the form of an eight-hour course aimed at the key topic points (legal status, health consequences, social behaviour and others) and by passing the prequalification is created with the young first-offenders for the use of alternatives to the sentence or punishment.

9.7 Social Reintegration of Drug Users after Their Release from Prison

The MLSAF SR does not keep quantitative statistics of the cases of the social re-integration of drug users after their release from prison, but keeps track of individual cases casuistically as the probation officers deal with them.

According to the information of the GDPCF (2008) attention is paid to convicts upon their release from prison by the social worker of the facility and special attention is paid to drug addicts. The social worker processes the notification on a convict’s upcoming release from imprisonment before the actual release from the prison, which is sent to the relevant Office of Labour, Social Affairs and Family at his or her place of the permanent residence and in which, besides others, he/she incorporates the areas, in which it is necessary to work with the convicted also after his/her release from the prison. In addition, the social worker conducts individual interviews with convicts who are approaching the date of their release from prison, in the course of which he/she provides the convict with basic information from the area of arranging for documents, accommodations, work and in case of drug addicts, about the re-socialization centres and treatment centres, in which the treatment of drug addictions is conducted. In selected cases, a lump sum re-socialization allowance is awarded and paid to persons after their release from prison (its amount is determined by the probation officer based on the analysis of the client’s situation) for ensuring the provision of necessary personal items.

\(^{143}\) Criminal Code 300/2005 Coll. regulates the possibility of imposing protective treatment either separately or along with the punishment or in the discharge from punishment.
10 Drug Markets

In 2008, the Slovak drug scene was characterised by an increased variety of synthetic drugs - pervitin and ecstasy in particular. The growing number of pervitin seizures (since 2003) and the precursors to its production are proof of this. The number of ecstasy seizures has also grown continuously since 2005.

2008 was characterised by a growing number of seizures and at the same time, among the several types of drugs\textsuperscript{144} that were seized, only cannabis products: herbal cannabis and cannabis resin recorded decreases in comparison with 2007.

The overall number of seizures grew by 2.6% in comparison with 2007. Although the seizures of herbal cannabis slightly dropped (-34) in comparison with 2007, in 2008 they also constituted more than half of the overall number of drug seizures (51%). Pervitin maintained the highest increase similar to last year (in comparison with 2007, the number of seizures increased by 12.2%) and in 2008 it constituted almost one third of the overall number of seizures (31%). However, the volume of seized drugs did not increase.

A record amount of 378.38 kg of 45% cocaine solution (163.8 kg of pure 100% cocaine solution) was seized in Slovakia in 2008.

The abuse of Subutex (containing buprenorphine) the distribution of which was carried out just like any other drugs, is a new phenomenon seized in Western Slovakia (2008).

In general, the concentration of the active substance of almost all monitored types of drugs increased. The only exception was cocaine, in which the medium concentration value dropped below 30% - to the level of 29% for the first time since 2004.

Similar to other European countries, various types of “Spice products”, which were distributed and sold especially through internet, appeared in Slovakia. By the end of May 2009, new synthetic cannabinoids: JWH-018 and CP 47/497 (in two samples of Spice Diamond) were identified in the SR.

10.1 Availability and supply

Decreasing the variety of drugs and their precursors constitutes one of the key tasks within the framework of the anti-drug policy strategy of the SR which is based on the EU Strategy of Combating Drugs for the Period 2005-2012. Decreasing the variety of drugs includes enforcement of the law and repressive and legislative measures implemented by the criminal justice institutions (Ministry of Interior of the SR, Office of the Prosecutor General and the Ministry of Justice of the SR) on various levels of the legal system.

10.1.1 Perceived Availability in the general population

The availability of selected types of illegal drugs\textsuperscript{145} in the 27 states of the EU (including Slovakia) was analysed in the third Eurobarometer survey. It was implemented in May 2008 and targeted on the attitudes of young Europeans (from 15 to 24 years of age) towards drugs and issues connected with their use - details are described in Chapter 1.1 and Chapter 10.1 of the Report for 2007.

The ESPAD questionnaire in 2008 identified the perceived availability of drugs among university students through the question: “How easy or how difficult is it for you to obtain these\textsuperscript{146} drugs?” The students responded to the above mentioned question that it would be

\textsuperscript{144} Heroin, cocaine, pervitin, ecstasy and LSD
\textsuperscript{145} Cannabis, heroin, cocaine and ecstasy
\textsuperscript{146} The herbal cannabis/cannabis resin, amphetamines, ecstasy, tranquilizers/sedatives and inhalants.
very easy or quite easy to obtain: herbal cannabis/ cannabis resin (63.4%), inhalants (43.7%), ecstasy (33.6%), tranquilisers/sedatives (23.8%) and amphetamines (14.3%).

In the last 10 years (1999-2008) no distinctive shift in the perceived availability of selected types of drugs has been recorded; the increased availability of ecstasy is a new trend, which increased from 18.8% (1999) to up to 33.6% (2008).

10.1.2 Sources of supply – production and trafficking

The indicated information is drawn from the reports of the National Drug Service Bureau Of Fight Against Organised Crime Of the Police Force Headquarters\(^\text{147}\) (NDS BFAOC PFH) which acquires the relevant information by operative-investigative activities.

Once again, the herbal cannabis was the most frequently abused drug on our territory in 2008. Its dominant position on the Slovak drug scene is confirmed by several crime statistics, according to which more than half of those prosecuted according to the PPF, those charged according to the GPO and those convicted according to the MJ SR committed marijuana-related crimes (see Chapter No. 9.1 Drug Delinquency).

The information related to the production, distribution and trafficking of herbal cannabis / cannabis resin are specifically described in Chapter 11 – The Cannabis Market.

The production of pervitin in 2008 was primarily carried out in small "kitchen laboratories" whose number distinctively exceeds the number of specialized high productivity laboratories. According to NDS BFAOC PFH data, ephedrine imported via some of the Balkan Trail branches, from Turkey, is in particular used as a precursor. The dealers used calicor or some human/veterinary medicines for diluting pervitin. Commonly available pervitin produced in a small laboratory of a kitchen type reached an active substance concentration of over 50%.

Pervitin was mostly distributed by small communities of producers and dealers and only sporadically were their activities characterized by signs of organized groups. The offenders used so called “dead letter boxes” for distribution and they buried or hid the drug close to the distribution place. They informed each other via telephone of the place in which the drugs were hidden with the use of passwords agreed upon ahead of time. Some dealers and drug-pushers usually had only a minimum amount of drugs on them which can indicate the fact that the offenders adjusted to the changes in criminal legislation (see Report 2008, Chapter 8.2.3).

Heroin trafficking in 2008 was controlled by offenders with contacts with the Albanian community according to NDS BFAOC PFH information. Gypsy Citizens in particular were used to distribute the drug to final consumers. The main heroin sources and trafficking centres on our territory were concentrated in the surroundings of Bratislava and Sered. In the region of Central Slovakia, it almost disappeared from the drug scene except for sales in small amounts. Heroin was diluted (2008) by caffeine, paracetamol and in one case it was replaced by fentanyl and offered as heroin on the illicit market.

In the monitored year, the SR was a transit country for heroin; the large seizure (11.75 kg) of heroin smuggled from Turkey which was designated especially for the foreign market\(^\text{148}\) is proof of that.

The import, transit and distribution of cocaine on our territory were under the control of organized groups under the leadership of members of the Albanian ethnic group with links to organized groups in South America and the Caribbean. The seizure of 378.38 kg of 45% cocaine solution in 2008 (see Chapter 10.2. Drug Seizures) indicates the fact that similar to the case of heroin, Slovakia serves as a transit country. Paracetamol, Lidocaine and

\(^{147}\) The previous name was National Anti-Drug Unit of the Office for Combating Organized Crime of the Presidium of the Police Force (NAU OCOC PPF).

\(^{148}\) The Switzerland, Poland and Italy.
phenacetine were used for the dilution of cocaine (2008). According to the NDS BFAOC PFH, Bratislava, Senec and Sereď were the centres for cocaine trafficking.

We can divide cocaine consumers into two groups:

- The first group is socially integrated with a regular income and their own housing – this group prefers to snort cocaine.
- Second group of users with bad financial background (unemployed and persons from poor living conditions) prefer smoking and injecting cocaine or combining it with heroin. In addition to the increased risk of infectious diseases, this group also actively participates in cocaine trafficking and committing secondary drug crimes (see Chapter 9.2.3 – Secondary Drug Delinquency).

Ecstasy was imported to our territory (2008) primarily from Hungary, Poland and the Netherlands. The distribution took place in entertainment facilities and clubs, in some cases ecstasy was distributed together with pervitin.

LSD consumption was as sporadic as in the previous year. Other hallucinogenic substances that appeared on the drug scene (2008) included: psilocibe, nutmeg, datura, mandragora, salvia divinorum and myrtle flag (Acorus calamus).

A new drug phenomenon called “Spice,” in which new synthetic cannabinoids JWH-018 and CP 47/497 were identified, appeared in Slovakia and other EU countries in 2008. It is a specific mixture that comes in various types (Spice Gold, Silver, Diamond, Ganja, etc.) and is available in aromatherapy shops and through internet in particular.

The most frequently abused precursor in the SR was pseudoephedrine, which is acquired from over-the-counter medicines designated especially for the treatment of influenza and colds. Ephedrine was most frequently imported to Slovakia from Hungary (via the Balkan Trail). In May 2008, the Commission for Drugs of the State Institute for Drug Control adopted a measure based on which medicines with pseudoephedrine content higher than 30 mg per dose or higher than 720 mg per package are only subject to sale in pharmacies with a physician’s prescription.

The abuse of the medicine Subutex for its illegal distribution was a new phenomenon in 2008 in the region of the Western Slovakia (distribution was carried out via telephone and internet).

10.2 Drug Seizures

This section of the Chapter is based on IFS PPF and CCO data, whose summary incorporated in EMCDDA table No.13, is dedicated to drug seizures together with the seizures of different types of drugs.

The overall number of seizures in 2008 reached the level of 2,412, which was an increase of 2.6% in comparison with 2007 and 25.8% in comparison with 2006.

The amount of seized cocaine, heroin and ecstasy pills increased markedly in 2008. The significant growth in cocaine seizures was influenced by a large seizure of 378.38 kg of 45% solution of cocaine (see casuistry No.1). The growth of heroin seizures was influenced by a single seizure of a large amount of the drug (11.74 kg) and in the case of ecstasy pills, 3

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149 The identification of new synthetic cannabinoids was carried out in May 2009 by the IFS PPF at the request of NDS BFAOC PFH, in concrete terms in 2 samples of Spice Diamond.
150 [www.spice-shop.sk](http://www.spice-shop.sk), currently [www.spice-store.sk](http://www.spice-store.sk)
151 The following were the most frequently abused medicines: Nurofen Plus, Paraten Plus, Modafen, Clarinasse, Disophrol and Repetabs.
152 Official medicine with contain of Buprenorphine used in the treatment of drug addictions.
153 This pertains to all other types of drugs which are not specifically recorded in the standard EMCDDA table dedicated to seizures (ST 13).
seizures in particular, totalling 4,033 pills affected this growth. Amount of seized herbal cannabis decreased by 42.32 kg (the number of seizures also decreased by 67 cases). Seizures of cannabis (cannabis resin, plant and herbal cannabis) still dominate in the overall number of seizures with a balance of 53% (see Chart 10.2). The volume of the other types of drug seizures remained unchanged in comparison to 2007 (see Table).

Table 10.2.1: Number of cases and amount of seized drugs in the SR (2005 - 2008), ST 13, IFS PPF, (A., Bolf, 2009a).

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>Unit</td>
<td>Number of Seizures</td>
<td>Seized Amount</td>
<td>Number of Seizures</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Cannabis Resin</td>
<td>kg</td>
<td>29</td>
<td>0.27</td>
<td>30</td>
</tr>
<tr>
<td>Herbal Cannabis</td>
<td>kg</td>
<td>981</td>
<td>34.82</td>
<td>1,059</td>
</tr>
<tr>
<td>Cannabis Plants</td>
<td>kg</td>
<td>58</td>
<td>1,137.92</td>
<td>40</td>
</tr>
<tr>
<td>Heroin</td>
<td>kg</td>
<td>235</td>
<td>3.71</td>
<td>214</td>
</tr>
<tr>
<td>Cocaine</td>
<td>kg</td>
<td>18</td>
<td>0.36</td>
<td>25</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>kg</td>
<td>9</td>
<td>0.014</td>
<td>6</td>
</tr>
<tr>
<td>Pervitin</td>
<td>kg</td>
<td>326</td>
<td>1.99</td>
<td>459</td>
</tr>
<tr>
<td>Ecstasy Pills</td>
<td>pill</td>
<td>26</td>
<td>1.698</td>
<td>34</td>
</tr>
<tr>
<td>LSD</td>
<td>dose</td>
<td>2</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td>42</td>
<td>50</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,726</td>
<td>1,918</td>
<td>2,350</td>
</tr>
</tbody>
</table>

Note: In 2008, other drugs include the following substances: mCPP, psilocin, buprenorphine, methadone, flunitrazepam, diazepam, bromazepam, zolpidem, morphine, pentazocin, klonazepam, opium and alprazolam

Casuistry No.1 – Record-breaking Cocaine Seizure in 2008

On February 09, 2008, the CCO in cooperation with the NDS BFAOC PFH carried out an inspection of a naval shipment (2 containers) which was declared as wine. The containers were loaded in Argentina and transported to Europe through the harbour in Hamburg. After their arrival in Slovakia, they were deposited at the reloading place for goods and the customs warehouse in the district of Dunajška Streda (in south-west of Slovakia). During the inspection, “Cabernet Sauvignon” bottles were discovered to contain a crystalline substance partially dissolved in a liquid. Based on expert analyses carried out by the IFS PPF, this liquid was identified as 45% cocaine solution. A total of 35 cartons (420 bottles) declared as wine, but which contained 163.8 kg (100%) of cocaine were seized.

Source: CCO, 2009

In the past 6 years, the number of instances in which pervitin was seized (157 cases in 2003 up to 774 cases in 2008) has increased while the amount of the seized drug remained unchanged (see Figure 10.2.1). The above mentioned fact confirms the findings of the NDS BFAOC PFH, according to which, the drug is produced and distributed in Slovakia more frequently and in small amounts (in doses).

154 These three seizures were implemented within the framework of one NDS BFAOC PFH operation.
The Joint Police-Customs Unit of the National antidrug unit monitors and controls the movement of precursors.

In the past, pure ephedrine was predominantly abused as a precursor for the production of pervitin, while from 2000 it was replaced by pseudo-ephedrine. In 2006, the largest amount of pseudo-ephedrine in the form of pills (159,357) was seized. However, since then, the seized amount of this form of precursor has decreased; on the contrary, seizures in the form of powder have grown (see Table 10.2.2).
Table 10.2.2: Seizures of ephedrine/pseudo-ephedrine according to the IFS PPF (2006-2008) Source: MI SR, 2009a

<table>
<thead>
<tr>
<th>Form/ Unit</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cases</td>
<td>amount</td>
<td>cases</td>
</tr>
<tr>
<td>pills (pieces)</td>
<td>10</td>
<td>159,357</td>
<td>13</td>
</tr>
<tr>
<td>powder (g)</td>
<td>5</td>
<td>1.52</td>
<td>20</td>
</tr>
<tr>
<td>solution (ml)</td>
<td>1</td>
<td>179</td>
<td>1</td>
</tr>
<tr>
<td>Σ</td>
<td>16</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

Police statistics do not register as standard the cases of uncovered laboratories for the cultivation and production of cannabis and pervitin. Only information related to the number of laboratories uncovered by NDS BFAOC PFH are available. Figure 10.2.3 demonstrates the growing trend in the area of pervitin production; the growing number of seized laboratories and seizures of precursors for its production are proof of that (16 cases in 2006 to more than double that amount (35) in 2008).

Figure 10.2.3: Seized laboratories for pervitin and cannabis production (2005-2008), NDS BFAOC PFH, 2009d.

Note: The cannabis laboratory seizures refer to laboratories designated for indoor cultivation (the hydroponic method or in green houses). In such laboratories, marijuana is cultivated and technically processed.

10.3 Drug Price and Purity

10.3.1 Price of Drugs

The data on drug prices are based on information from NDS BFAOC PFH members which was acquired by operative-investigative activities.

In 2008, the price for heroin and cocaine stabilized while the prices of herbal cannabis, pervitin and ecstasy depended on the offer and demand (see Table 10.3.1).

Prices grew most significantly in the region of Central Slovakia; on the contrary, the greatest drop in prices was recorded in the regions of Western Slovakia and Bratislava.

Although the price of cocaine fluctuated between the 2007 level, its stagnation and slight drop is influenced by increased interest in the use of pervitin. According to NDS BFAOC
PFH, the stagnation of cocaine prices and the growth of the interest of the use of pervitin were related to the decrease of cocaine concentration per dose. While in the previous years, cocaine was available on the streets in a concentration of 30%, in 2008 its concentration dropped to 15-20%. Thus, pervitin provided better stimulation for a lower price and was more accessible than cocaine.

Table 10.3.1: Retail/wholesale prices of drugs in according to region of the SR in 2008 NDS BFAOC PFH, 2009b

<table>
<thead>
<tr>
<th>Drug/ Region</th>
<th>“Retail” Price (SKK / €)</th>
<th>Bratislava</th>
<th>Western</th>
<th>Central</th>
<th>Eastern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbal Cannabis (dose)</td>
<td>60-150 / 2-5</td>
<td>50-150 / 1.6-5</td>
<td>60-300 / 2-10</td>
<td>60-100 / 2-3.3</td>
<td></td>
</tr>
<tr>
<td>Pervitin (dose)</td>
<td>200-300 / 6.6-10</td>
<td>200-300 / 6.6-10</td>
<td>450-600 / 15-20</td>
<td>300-400 / 10-13.3</td>
<td></td>
</tr>
<tr>
<td>Heroin (dose)</td>
<td>200-300 / 6.6-10</td>
<td>200-300 / 6.6-10</td>
<td>300 / 10</td>
<td>300-400 / 10-13.3</td>
<td></td>
</tr>
<tr>
<td>Cocaine (dose/ g)</td>
<td>500-1000 / 16.6-33.2</td>
<td>2,200-3,000/g / 73 – 100</td>
<td>500 / 16.6</td>
<td>3,000/g / 100</td>
<td></td>
</tr>
<tr>
<td>Ecstasy (pills)</td>
<td>70-150 / 2.3 – 5</td>
<td>100-300 / 3.3 – 10</td>
<td>150-480 / 5 – 16</td>
<td>200-350 / 6.6–11.6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“Larger Purchase” Price (SKK / €)</th>
<th>Bratislava</th>
<th>Western</th>
<th>Central</th>
<th>Eastern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbal Cannabis</td>
<td>500-700/g / 16.6-23.2</td>
<td>500/g / 16.6</td>
<td>700-1,100/g / 23.2 – 36.50</td>
<td>300-400/g / 10 – 13.3</td>
</tr>
<tr>
<td>Pervitin</td>
<td>1,100-1,700/cm3 / 36.6 – 56.4</td>
<td>600-1,800/cm3 / 20 – 59</td>
<td>1,500-2,400/cm3 / 50 – 80</td>
<td>1,800-2.000/cm3 / 53 – 66.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>700-1,200/g / 23.2 – 40</td>
<td>600-1,600/g / 20 – 53</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2,000/g / 66.4</td>
<td>2,200-3,000/g / 73 – 100</td>
<td>3,000/g / 100</td>
<td>2,500-3,000/g / 83 – 100</td>
</tr>
<tr>
<td>Ecstasy (pills)</td>
<td>70-100/pcs / 2.32 – 3.3</td>
<td>NA</td>
<td>60/pcs / 2</td>
<td>150-200/pcs / 5 – 6.6</td>
</tr>
</tbody>
</table>

Prices are provided in SKK and Euro (Exchange rate 1€ = 30.1260 SKK).

Note: There is no exact definition of “larger purchase”. According to NDS BFAOC PFH information, it is possible to designate even several tens of grams as a larger amount. Especially in the case of cocaine and heroin, we are referring to approximately 200-300g. Since pervitin goes “bad” quickly (the “best before” period is short, approximately 2-4 days) even 50g is considered a larger amount.

10.3.2 Purity and Composition of Drugs

Drugs seized on the territory of Slovakia are analysed by the Institute of Forensic Science of the Police Presidium in Bratislava and its offices in Slovenská Lupča and Košice. The Central Register is kept at the IFS PPF in Bratislava.

In 2008, the IFS PPF carried out 3,201 quantitative analyses of drugs, which constitutes 1.1% more than in 2007 (3,166 analyses) and 23.5% more than in 2006 (2,592 analyses) (See Figure 10.3.2).

In 2008, the active substance concentration in heroin grew in both indicators to the highest values since 2001 (median 13.0% and weighted average 15.4%).

The average active substance concentration in both indicators also grew for herbal cannabis (Figure 10.3.1) and pervitin to the highest values since 2001 (Herbal Cannabis: median 9.6% and weighted average 7.6%, pervitin: median 69.8% and weighted average 63.5%).

The active substance concentration on the analysed samples of cannabis resin in 2008 grew after three years of decreases (median 10.1% and weighted average 13.4%).

The median value dropped most distinctively in the case of cocaine to the level of 29.0% (i.e., the lowest value since 2001); on the contrary, ecstasy recorded the highest increase in medium concentration value (of active substance from 2002 - 81.8 mg per pill).
Figure 10.3.1: Development in median concentration of selected drugs in the SR (2004 - 2008), ST 14, IFS PPF (A. Bolf) 2009a

Table 10.3.2: Number of samples, weighted average and median concentration of active substances in selected drugs (2005-2008), IFS PPF (A. Bolf) 2009a

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>No. samples</td>
<td>weight. aver.</td>
<td>median</td>
<td>No. samples</td>
</tr>
<tr>
<td>Cannabis Resin (% THC)</td>
<td>32</td>
<td>13.2</td>
<td>12.8</td>
<td>34</td>
</tr>
<tr>
<td>Herbal Cannabis (% THC)</td>
<td>1,219</td>
<td>6.1</td>
<td>7.8</td>
<td>1,379</td>
</tr>
<tr>
<td>Heroin (%)</td>
<td>898</td>
<td>12</td>
<td>12.5</td>
<td>1,224</td>
</tr>
<tr>
<td>Cocaine (%)</td>
<td>20</td>
<td>34.8</td>
<td>37.1</td>
<td>29</td>
</tr>
<tr>
<td>Amphetamine (%)</td>
<td>10</td>
<td>12.8</td>
<td>40.5</td>
<td>3</td>
</tr>
<tr>
<td>Methamphetamin (%)</td>
<td>386</td>
<td>46.7</td>
<td>58.3</td>
<td>636</td>
</tr>
<tr>
<td>Ecstasy (mg MDMA/ pill)</td>
<td>1,684</td>
<td>52.7</td>
<td>54.6</td>
<td>13,398</td>
</tr>
</tbody>
</table>

Figure 10.3.2: Number of quantitative drug analyses in the SR in the period of 2004 – 2008, IFS PPF (A. Bolf) 2009a
Figure 10.3.3: Average THC content in herbal cannabis in the period of 2001 – 2008, ST 14, IFS PPF (A. Bolf) 2009a
Part B  Selected Issues

11    Market with Cannabis

Cannabis products are the most abused illegal drug in the world - in 2006, they constituted 65% of all of the global drug seizures. Cannabis has also maintained its dominance as the world most frequently consumed drug – in 2006, approximately 166 million people, i.e., 4% of the world’s population aged 15 to 64 used cannabis. Since the 1990s, herbal cannabis has also maintained its leading position as the most frequently abused and consumed illegal drug in Slovakia. The following are the terms used for designating herbal cannabis among consumers and dealers: tráva, grass, marjánka, mariša, pot, joint, smoke, kanuma, skunk, maslo, kreš, seno, slama, ganja, bhang.

11.1  History, Trafficking and Use of Cannabis

11.1.1 History and Cultivation of cannabis

In the past, Cannabis Sativa was a commonly cultivated plant on our territory, especially as a “technical crop” designated for the textile industry. Cannabis also found its use in traditional medicine in which its plant oils and extracts were used in the treatment of various skin and internal diseases. Cannabis seeds were used for the preparation of meals; oil acquired by pressing was also used for cooking, for lamps and soaps. The waste acquired by pressing the seeds also found its use as food for live stock. Poultices from the root were used for reducing pain from fractures and open wounds. The narcotic effects of the leaves and flowers were also noticed. Just as in the case of other plants, the use of cannabis became part of some religious rituals.

Until the beginning of the 1990s, cannabis was cultivated on the territory of the SR, especially as the above mentioned technical crop and the level of THC used to reach a maximum of 2-4%. Cultivation took place on limited and state controlled areas and places where cannabis occurred accidentally (for example by auto-sewing).

The beginning of the illegal cultivation of cannabis (in the 1990s) was characterized by its cultivation outdoors (due to suitable climatic conditions) and offenders tried to increase the content of the active substance THC above 5%. The disadvantage of this method of cultivation was: lower quality of the drug (THC content up to 5%), higher possibility of the accidental discovery of the field and only 1 harvest per year.

According to data from NDS BFAOC PFH, the interest in herbal cannabis cultivated by the so-called hydroponic method increased among consumers after 2000. The extreme growth of the number of laboratories oriented on this method of cannabis cultivation was obvious after 2003. The following are its advantages in comparison with the outdoor cultivation: higher quality of cultivated cannabis (THC content in plants over 10%) the laboratory is easy to conceal (located, for example, in the cellars of houses) and the stable harvesting (3-4x a year).

In our country in 2008, herbal cannabis was most frequently cultivated by the so-called hydroponic method in laboratories (especially in the surroundings of Bratislava) green houses and foil houses (especially in the south of Slovakia). This year, cases of the outdoor cultivation of herbal cannabis were revealed and the THC content was high (approximately 13-17%).

The plants on the territory of the SR are predominantly cultivated from seeds imported from the Netherlands and Austria or purchased through internet and e-shops. They are also cultivated and multiplied from grafts or shoots of high-quality plants. The technical equipment of laboratories such as fertilizers, crop spraying and other chemicals are obtained through internet sale. In terms of the SR, the most widespread Slovak internet shop is www.grower.sk, which consists of three separate sections: growshop, headshop and smartshop.

- **“Growshop”** – offers various technical aids and equipment for growing cannabis such as: lighting equipment (light diffusers, lamps, etc.) air conditioning (fans and filters), cultivation media and substrates, fertilizers (Plagron, Canna, Grotec), cultivation boxes, humidifiers, hydropony (aqua-system hydroponic) chemical water treatment substances (HNO3, HPO3 and KOH) measuring devices (EC-meters, Ph-meters, temperature and humidity meters) substances for the protection of plants (insecticides and fungicides) green houses and other aids for cultivators (such as microscopes and drying nets).

- **“Headshop”** – offers additional aids and products such as: scales, vaporizers (for digital regulation of temperature) smoking devices (pipes, papers, filters, bags, etc.) air fresheners, canned cosmetics (pain-relief ointment, massage oil, etc.), personal cleaners (tissues, sprays) and others.

- **“Smartshop”** - sells various types of cannabis seeds (over 300 types) – see Table 11.1.1.

Table 11.1.1: Cannabis seeds sold through the smartshop (www.grower.sk)

<table>
<thead>
<tr>
<th>No.</th>
<th>Type - Name</th>
<th>Reference to information source</th>
<th>Pack. content</th>
<th>Price (min - max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nirvana</td>
<td><a href="http://www.nirvana-shop.com">www.nirvana-shop.com</a></td>
<td>10 pcs.</td>
<td>25 - 55 €</td>
</tr>
<tr>
<td>2.</td>
<td>Green House Seed</td>
<td><a href="http://www.greenhouseseeds.nl">www.greenhouseseeds.nl</a></td>
<td>5 pcs., 10 pcs.</td>
<td>15 – 74.99 €</td>
</tr>
<tr>
<td>3.</td>
<td>White Label Seed</td>
<td><a href="http://www.whitelabelseeds.com">www.whitelabelseeds.com</a></td>
<td>10 pcs., 25 pcs.</td>
<td>21.01 - 110 €</td>
</tr>
<tr>
<td>4.</td>
<td>Serious Seed</td>
<td><a href="http://www.seriousseeds.com">www.seriousseeds.com</a></td>
<td>10 pcs.</td>
<td>71.5 – 82.98 €</td>
</tr>
<tr>
<td>7.</td>
<td>Sensi Seed</td>
<td><a href="http://www.sensi-seeds.com">www.sensi-seeds.com</a></td>
<td>10 pcs.</td>
<td>19.98 - 150 €</td>
</tr>
<tr>
<td>8.</td>
<td>Dutch passion</td>
<td><a href="http://www.dutchpassion.nl">www.dutchpassion.nl</a></td>
<td>5 pcs., 10 pcs.</td>
<td>16 - 120 €</td>
</tr>
</tbody>
</table>

Young people usually start to grow cannabis out of curiosity or based on information and impulses from friends, through internet, etc. The primary motives are to ensure the cheapest possible stable supply of quality cannabis. For example, larger amounts of cannabis with a higher THC content are often purposefully cultivated for a closed group of students in dormitories in wardrobes (the costs for establishing such a wardrobe are approximately 150-200 EUR).

11.1.2 Distribution and Prices of Cannabis Products

The data on the distribution and prices of herbal cannabis/cannabis resin are based on information from members of the NDS BFAOC PFH acquired by operative and investigative activities.
Cannabis distribution depends on the quality and amount of the harvest. The cones and leaves are collected separately, dried, packed and distributed. The cones are sold for higher price due to their higher THC content. The leaves with the lower THC concentration are used for “dilution” or are sold for a lower price. The stalks are liquidated after the harvest and are not used for distribution.

The price of this drug purchased directly from the cultivator/producer is affected by:

- % of active THC substance
- the amount of drug (to buy)
- the purity of drug
- the season of the year in which the drug is purchased or was cultivated (if the market is saturated or not).

In the case of a larger amount of cultivated cannabis (several tens of kilograms) the perpetrators and the interested party, usually the dealer purchasing the larger amount, agree ahead of time on:

- the location of the take over of the drug (in order to conceal the site of cultivation),
- the price (for cones, leaves, etc.),
- the quality (cones only, mixture, etc.),
- the amount of the drug,
- the method of packaging, etc. (one kg packaging, only the amount agreed upon ahead of time per one package, etc.).

In 2008, the prices for herbal cannabis varied from 2 to 10 EUR/ dose. The price from 2 EUR began from herbal cannabis cultivated “outdoors”, the quality of which is low (i.e., with low THC content and various additives). The price of “lamp herbal cannabis”, i.e., herbal cannabis cultivated in a laboratory varies from 5 to 10 EUR.

In case of larger purchases it is possible to bargain on the price. In addition to the season (at the time of collection and drying the price is lower than in the period when the plants are only growing). The price is affected also by regional differentiation. Dealers in Bratislava give a relatively higher discount for larger purchase as for example in Banská Bystrica in Central Slovakia (max. 15% discount).

The quantity of the herbal cannabis doses distributed in the streets for final users varies from 30 to 50g, (and doses of 50g occur only rarely in the case of a quick purchase, at various social events). Purchases of more than 100g are not classical street sales, but intermediary sales to a dealer and subsequently to the final user. Wholesale transactions are conducted at prices from 10 – 25 EUR per 1g (the quality of the product is higher than in purchases by the final user, in majority of cases we are referring to herbal cannabis cultivated in a laboratory or green house.

The business and the sale itself take place away in a location other than the location in which the drug was cultivated. Thus, the perpetrators reduce the risk of uncovering the laboratory where the drug was cultivated. After the purchase, the dealer dilutes the drug for the required quality (leaves and cones) and the amount according to the needs of the consumer. He/she also gives the final shape and form to the drug in which it will be distributed (cigarettes, zip-lock bags). If the drug is distributed in zip-lock bags, the minimum amount for purchase is 1g.

The offenders who carry out criminal activities related to cannabis in Slovakia as a rule belong to a group with secondary school or higher education with knowledge of languages and information technologies necessary for example for ordering technical equipment or...
seeds or fertilizers via internet. Some of these perpetrators, who were active in cultivating and distributing herbal cannabis, carried out these illegal activities within the framework of an organized or criminal group. According to the information from NDS BFAOC PFH, the groups operating on our territory do not focus on committing crime related to only one type of drug. Recently, the fast growth of number of groups trafficking in a wide spectrum of drugs has been recorded (pervitin or heroine most frequently).

Cannabis resin is not produced on our territory; it is imported. Its sale is concentrated in the region (Piešťany), which is frequently visited by the nationals from Arabic countries. The trafficking is carried out by a close community of offenders also with origins from the above mentioned area. Its price has been stable for a long period of time. In 2008, it varied from 7 to 20 € per dose.

11.1.3 **Availability and Consumption of Cannabis in the SR**

The estimate of the real consumption of drugs in terms of the SR in the selected population of the secondary school students aged of 15 to 19 is arrived at through the European School Survey on Alcohol and Other Drugs. According to the above mentioned survey, in 2007 the share of current users of cannabis constituted 27.3%, which in the real population of the students of age of 15 to 19 represented approximately 99,000 individuals. The estimate of the current users of cannabis in the given age category has had a growing tendency since 1995 (in 1995 - 33,000, in 1999 – 59,000, in 2003 – 85,000 and in 2007 – 99,000). (Report 2008, Chapter 2.1.1)

At the age of 15, experience or experimenting with cannabis has almost doubled in the past 10 years (from 10.3% in 1999 up to 20.1% in 2007) as well as in the 16 year age group (from 19% to 32%).

The survey on drugs with university students (2008) confirmed a similar trend as in the case of the secondary school student population when the question: “Have you ever used herbal cannabis/cannabis resin in the past?” was answered positively by 50% of the respondents of the age of 23 (in 1999 only 33.6%) and 53.6% from the age of 22 (in 1999 less than 34%).

(For more about herbal cannabis use, see Chapter 2.).

According to the information from the NDS BFAOC PFH, the share of cannabis products (herbal cannabis, cannabis resin and cannabis oil) constitutes approximately 60 – 70% of the Slovak drug scene. One of the possible reasons for which the cannabis products so significantly dominate the drug market is their easier spatial and price availability. The above mentioned claim is proved by the outcomes of the latest Eurobarometer survey (2008), according to which almost 70% of Slovaks perceive the acquiring of cannabis (herbal cannabis/cannabis resin) as fairly or very easy (for a comparison in 27 EU countries, approximately 64% respondents answered this way).

NDS BFAOC PFH informed that herbal cannabis is mostly distributed with heroine, pervitin or cocaine.

According to the NDS BFAOC PFH estimates, herbal cannabis is the most frequently consumed cannabis product with a share which is almost absolute (96%). The consumption of cannabis resin is much less frequent in Slovakia (3%) and is concentrated in the region of the spa town of Piešťany, which is frequently visited by nationals of Arabic countries. The remaining 1% of users only sporadically focuses on the consumption of cannabis oil. The given estimates reflect a stabilized trend in the past 10 years.

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156 The share of the current drug users is constituted by individuals who used the drug in the past 12 months (LYP) and past month (LMP).

157 Implemented on the basis of ESPAD in the 19 – 24 age category.
11.1.4 Legislative measures Related to Herbal cannabis in the SR

Handling of the plant genus cannabis and its products is regulated by Act No. 139/1998 Coll. on Narcotics and Psychotropic Substances and Preparations as amended (see Chapter 1.1 Legal Framework).

The cultivation of cannabis is forbidden\textsuperscript{158} on the territory of the SR with the exception of cultivation for industrial\textsuperscript{159} or research purposes. In the event of the violation of the given provision, a fine up to the amount of 33,193 Euro may be imposed on the perpetrator.

Cannabis products such as: resin, tincture (ethanol extract) and dry extract from the plants genus Cannabis and the Cannabis species (with the exception of the varieties of cannabis sativa incorporated in a special regulation) are forbidden in the SR through the Act of the MH SR on Narcotics, Psychotropic Substances and Preparations and incorporated in Annex No.1 of Act No. 139/1998 Coll. and classified in the strictest\textsuperscript{160} group I. of narcotics. However the ban does not pertain to the seeds from the plants of genus Cannabis, whose THC content is negligible.

From the aspect of the Criminal Code, the illegal possession of herbal cannabis in the SR can be assessed as a criminal offence according to §171 or §172 Article 1d/NCC. The quantification of the extent of the illegal possession of herbal cannabis depends on the number of usual single doses for use. If the amount of herbal cannabis corresponds to more than three times the usual single dose, the act of the offender may be assessed according to § 171 Article 1/NCC (in this case, the punishment is up to 3 years of imprisonment). If the possessed amount of herbal cannabis exceeds more than three times the usual single dose but does not exceed ten times the usual single dose, the act of the offender may be assessed according to § 171 Article 2 of the NCC (in which case, the punishment is up to 5 years of imprisonment). If this quantitative amount is exceeded, it is assumed that the

\textsuperscript{158} according section 15 Article 2 of Act. 139/1998 Coll.

\textsuperscript{159} Cultivation of cannabis for industrial purposes is possible based on the ministerial permit which is valid for the period of 1 year from the date of its issuance. The holder of the permit is obliged to supply the entire harvest of the cannabis to the processing organization within the deadline designated in this permit under the price agreed upon ahead of time. Each permit holder is obliged to carry out such measures so the abuse of cannabis for the production of the MPS would be prevented.

\textsuperscript{160} Pursuant to § 4 Article 3 of Act No. 139/1998 Coll. it is possible to cultivate, produce, import, export, hand out, etc. the group I narcotics and psychotropic substances only for the purposes of research, teaching and expertise activities with the exception of cultivation of cannabis for industrial purposes.
offender’s possession is connected with the aim to distribute or traffic and such act is assessed as a criminal offence of the illegal production of drugs, its possession and trafficking pursuant to § 172 Article 1d /NCC (in this event, the punishment varies from 4 to 10 years of unconditional imprisonment). An equal extent of punishment is also applied in the event of the production, smuggling and trafficking of herbal cannabis (§172 Article 1a, b, c of the NCC).

11.2  Seizure and Origin of Cannabis Products

11.2.1  Origin of Herbal cannabis/Cannabis resin Distributed in the SR

The origin of herbal cannabis consumed on our territory is almost exclusively domestic (95-98%) the remaining 2-5% of herbal cannabis is of unknown origin (some is imported to Slovakia from the Czech Republic).

Within the framework of the SR after 2005, the cases of growing cannabis designated for export were sporadically detected. One example is the police case from 2006, when 460 kg of cannabis plants designated for export, especially to Austria, were seized in a warehouse near Nitra. The offenders were predominantly nationals of Hungary and the origin of the main organizer was Austria.

Of all of the cannabis products, Cannabis resin is most frequently imported to Slovakia - 98% of the cannabis resin found on the Slovak drug scene comes from the countries of North Africa (Morocco and Algeria in particular), the remaining 2% is of domestic production. Moroccan cannabis resin is imported to Europe through Spain, France and Belgium to the Netherlands, which is another source of Moroccan cannabis resin. These doses travel from the Netherlands to Great Britain or Scandinavia or Germany and Denmark\(^\text{161}\).  

11.2.2  Seizures of Herbal cannabis/Cannabis resin

The orientation statistics implemented by the departments of the NDS BFAOC PFH relating to detected laboratories for cultivating/producing herbal cannabis and pervitin (2005-2008) are depicted in Figure 10.2.3, Chapter 10.

From the regional aspect, the largest number of laboratories was found in the surroundings of Bratislava from 2000. Since 2003, according to the information of the NDS BFAOC PFH, when building laboratories, the perpetrators choose more remote, less busy places such as areas with cottages and weekend houses.

The cannabis seizures (of herbal cannabis and cannabis resin) were distinctively dominated by cases in which the volume of the seized drug did not exceed 150g. In 2008, the police registered 1,165 such cases in connection with herbal cannabis which constitutes almost 97% of the overall number of seizures (in 2007 – 96%, in 2006 – 94%). The number of cannabis resin seizures up to 150g constituted the absolute 100% share (2008); in 2007 and 2006 there were sporadic cases in which the police seized cannabis resin in a larger amount than 150g (see Table 11.2.1)

Since cannabis resin is principally imported to Slovakia and there is a smaller demand for it – no larger seizures have occurred on our territory (over 1kg). In the case of herbal cannabis, which is produced domestically, in 2008 the largest share\(^\text{162}\) (over 69%) was constituted by seizures from 1kg to 50 kg (in 2007, the share was over 78% and in 2006 it was over 65%).

\(^{161}\) Current situation with regard to Cannabis from the Europol perspective, 21.5.2008

\(^{162}\) from the overall number of seized herbal cannabis in (72.95 kg)
Table 11.2.1: Seizures of herbal cannabis and cannabis resin according to the size of the seized production (2008-2006)
Source: IFS PPF, A. Bolf, 2009b

<table>
<thead>
<tr>
<th>2008/ Category</th>
<th>herbal cannabis</th>
<th></th>
<th>cannabis resin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cases (n)</td>
<td>volume (kg)</td>
<td>cases (n)</td>
<td>volume (kg)</td>
</tr>
<tr>
<td>up to 150g</td>
<td>1,165</td>
<td>7.64</td>
<td>21</td>
<td>0.052</td>
</tr>
<tr>
<td>150g - 1 kg</td>
<td>31</td>
<td>14.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 kg - 50 kg</td>
<td>6</td>
<td>50.51</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>over 50 kg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Σ</td>
<td>1,202</td>
<td>72.95</td>
<td>21</td>
<td>0.052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2007/ Category</th>
<th>herbal cannabis</th>
<th></th>
<th>cannabis resin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cases (n)</td>
<td>volume kg</td>
<td>cases (n)</td>
<td>volume (kg)</td>
</tr>
<tr>
<td>up to 150g</td>
<td>1,216</td>
<td>9.5</td>
<td>32</td>
<td>0.308</td>
</tr>
<tr>
<td>150g - 1 kg</td>
<td>30</td>
<td>15.53</td>
<td>1</td>
<td>0.434</td>
</tr>
<tr>
<td>1 kg - 50 kg</td>
<td>23</td>
<td>90.24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>over 50 kg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Σ</td>
<td>1,269</td>
<td>115.27</td>
<td>33</td>
<td>0.742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2006/ Category</th>
<th>herbal cannabis</th>
<th></th>
<th>cannabis resin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cases (n)</td>
<td>volume (kg)</td>
<td>cases (n)</td>
<td>volume (kg)</td>
</tr>
<tr>
<td>up to 150g</td>
<td>1,000</td>
<td>9.61</td>
<td>29</td>
<td>0.15</td>
</tr>
<tr>
<td>150g - 1 kg</td>
<td>40</td>
<td>18.62</td>
<td>1</td>
<td>0.39</td>
</tr>
<tr>
<td>1 kg - 50 kg</td>
<td>19</td>
<td>53.74</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>over 50 kg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Σ</td>
<td>1,059</td>
<td>81.97</td>
<td>30</td>
<td>0.54</td>
</tr>
</tbody>
</table>

Note: The above mentioned table does not contain data on seizures of cannabis plants; that is why it is impossible to present the data summary as a complex number of herbal cannabis seizures in the given year and to compare them with the data in the ST13. The overall number of herbal cannabis seizures (of all three types) is depicted in Table 10.1, Chapter 10.2.

Cannabis products have maintained the majority representation in the overall number of seized drugs in the SR for a long time. The summary of seizures of herbal cannabis and cannabis resin in 2003 recorded the highest share (70.9%) – from the given year they have had a descending tendency and in 2008 their share reached the lowest level for the past 7 years (53.2%). The development of the share of the cannabis products among the overall number of seizures (2002-2008), from the aspect of herbal cannabis and cannabis resin in particular, is depicted in Figure 11.2.1.
11.2.3 Detected Laboratories for the Illegal Cultivation of Herbal Cannabis

In the SR, the specialized units of the CCO and NDS BFAOC PFH carry out activities related to the detection of laboratories for cultivating drugs. Traditionally, neither mentioned agency keeps the statistics of dismantled laboratories (only the cases of seized drug production are incorporated in the standard statistical monitoring). The number of seizures and the seized amount of drugs (origin from the dismantled laboratories too) are systematically monitored by the IFS PPF, which carries out the qualitative forensic analysis of all seized drugs in the SR (see Chapter 10, Table 10.2.1).

11.3 Criminal Offences Related to Cannabis

The MI SR registers the statistics of criminal offences and offenders according to the individual sections and articles of the Criminal Code and since June 2006 also according to the type of drug. The MJ SR (2007) and the GPO (2008) also began to monitor the type of drugs due to the harmonizing of the criminal statistical systems - you can find a detailed analysis of the data collection system (MI SR, GPO and MJ SR) in part 11.3 of the 2008 Report.

The Criminal Code of the SR, in particular § 172 of the NCC, differentiates the illegal production of drugs (§172 1a); smuggling as import, export and transport of drugs (§172 1b); trafficking in such as purchase, sale, exchange and procuring of drugs (§172 1c); and dealing as possession of drugs in the amount exceeding the 10 times the usual single dose (§172 1d).

11.3.1 Criminal Offences/Prosecuted Offenders in Connection with Cannabis According to the MI SR (PPF)

This part analyzes only §171-174 of the NCC (valid as of January 1, 2006) since in the case of the equivalent §186, §187, §188 a §188a of the OCC (valid until December 31, 2005) the type of drug was not obligatorily monitored.
In 2008, according to police records, a total of 474 persons were prosecuted for drug-related criminal activities (§171-174/NCC) connected with herbal cannabis/cannabis resin and the special share of prosecuted persons for the illegal production, trafficking and possession of herbal cannabis/cannabis resin (§172/NCC) constituted 29.7% (141 cases). In 2007, the police recorded 387 such cases and the share of prosecuted persons according to §172/ NCC were 30.5% (118 cases).

Pursuant to §172/ NCC, the share of herbal cannabis in criminal offences was over 98%, while cannabis resin was involved in less than 2% of the cases in 2008 (in 2007, the share of herbal cannabis was absolute - 100%).

In 2008, the police most frequently began prosecution against perpetrators for illegal trafficking of herbal cannabis (56.8%) and for its illegal production (23%). Equally in the case of cannabis resin, both offenders were prosecuted in connection with §172 Art.1c (see Table 11.3.1).

### Table 11.3.1: Number of persons prosecuted for production and trafficking of herbal cannabis, cannabis resin (2008)

<table>
<thead>
<tr>
<th>Offence</th>
<th>Herbal cannabis</th>
<th>Cannabis resin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>§/NCC</td>
<td>N</td>
</tr>
<tr>
<td>production</td>
<td>§172 Art.1a</td>
<td>32</td>
</tr>
<tr>
<td>smuggling</td>
<td>§172 Art.1b</td>
<td>5</td>
</tr>
<tr>
<td>trafficking</td>
<td>§172 Art.1c</td>
<td>79</td>
</tr>
<tr>
<td>dealing</td>
<td>§172 Art.1d</td>
<td>23</td>
</tr>
<tr>
<td>in larger extend</td>
<td>§172 Art.2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>§172</td>
<td>139</td>
</tr>
</tbody>
</table>

Although in terms of overall drug crime, 163 herbal cannabis/cannabis resin is the most abused drug in the SR – in terms of the separate criminal offence of the illegal production, trafficking and possession of NPS, the number of persons prosecuted in connection with herbal cannabis/cannabis resin (2008) exceeded the number of persons prosecuted in connection with pervitin.

Cannabis products maintained a positive balance in association with pervitin only in the case of production and smuggling. The detailed balance of the number of prosecuted offenders in connection with herbal cannabis/cannabis resin and pervitin divided according to §172 Art. 1a, b, c, d /NCC are described by Figure 11.3.1.

In addition to the prosecuted offenders, the police recording of criminal offences detected in the given year in its statistical system (MI SR) is a standard procedure.

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163 Number of persons prosecuted (MI SR) pursuant to §171-174/NCC and equivalent §186, §187, §188 and §188a/OCC.
In 2008, the police registered 159 criminal offences\textsuperscript{164} for illegal production and possession of herbal cannabis/cannabis resin (§172/NCC) which constitutes a share of approximately 30% of the overall number of detected criminal offences for the above mentioned §172/NCC (510). More than half of the cases (90) related to trafficking and almost one quarter (35) to production, followed by dealing (26) and smuggling (8) - the percentage is depicted by the following Figure 11.3.2

\textsuperscript{164} 158 criminal offences were related to herbal cannabis and 1 criminal offence was related to cannabis resin – concretely with §172 Art. 1 c/ NCC.
11.3.2 Criminal Offences Related to Cannabis According to the GPO SR and the MJ SR

In general, the GPO does not indicate individual articles of criminal offences in its surveys on crime (that is why it is not possible to specify in greater detail §172/NCC for production, trafficking, dealing, etc.). Only summary statistics of persons charged for illegal production and trafficking in herbal cannabis and cannabis resin are available (§172/NCC + §187/OCC).

In 2008, a total of 137 persons charged with the offence of illegal production, trafficking and possession of herbal cannabis/cannabis resin were registered in the statistical system of the GPO SR (123 persons were charged pursuant to the NCC and the remaining 14 pursuant to the OCC). In 2008\(^\text{165}\), the share of criminal offences relating to herbal cannabis/cannabis resin constituted the highest share of 44.3% from the overall number of persons charged for illegal production, trafficking and possession of NPS.

The MJ SR registers criminal offences in its statistical system according to the specific articles of the sections of the Criminal Code (NCC/ OCC).

In 2008, the courts sentenced 155 persons in connection with the production, trafficking and possession of herbal cannabis/cannabis resin (in 2007 by 50 less). The majority of these persons were constituted by dealers convicted for the possession of herbal cannabis/cannabis resin in an amount exceeding ten times the usual single dose of the drug (see Table 11.3.2).

Table 11.3.2: Number of persons convicted for the production and trafficking of herbal cannabis/cannabis resin (2007-2008)
Source: MJ SR, 2009a

<table>
<thead>
<tr>
<th>Convicted / herbal cannabis + cannabis resin Criminal Offence</th>
<th>§/NCC</th>
<th>2007 N</th>
<th>%</th>
<th>2008 N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>production §172 Art.1A</td>
<td>10</td>
<td>9.5</td>
<td>19</td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>smuggling §172 Art.1B</td>
<td>3</td>
<td>2.9</td>
<td>1</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>trafficking §172 Art.1C</td>
<td>12</td>
<td>11.4</td>
<td>35</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>dealing §172 Art.1D</td>
<td>70</td>
<td>66.7</td>
<td>78</td>
<td>50.3</td>
<td></td>
</tr>
<tr>
<td>in a larger extent §172 Art.2</td>
<td>10</td>
<td>9.5</td>
<td>22</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>Total §172</td>
<td>105</td>
<td>100</td>
<td>155</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

\(^\text{165}\) Overall, 309 persons were prosecuted in 2008 pursuant to §172/NCC + §187/OCC with whom the concrete type of drug was recorded.
12 Problem Use of Amphetamines and Methamphetamines and Related Consequences and Reactions

12.1 Epidemiology

12.1.1 History of Use of (Meth)amphetamines

The history of use of stimulants in Slovakia extends back to the period of the united Czechoslovak Republic in the second half of the 20th century. In the 1960s, the Czechoslovak pharmaceutical industry began to produce Fenmetrazín® and Dexfenmetrazín® Spofa. These drugs were first designated for weight reduction, but at the beginning used for the treatment of fatigue, depression and narcolepsy. These were synthetic substances of an amphetamine type. It was in the period before amphetamine type stimulants were put on the list of substances under international control. The lay public quickly found out about their psycho-stimulation affects and their non-medicinal use spread, especially among young people, students trying to increase performance at school, especially at universities during exam periods. They were also frequently used by professional drivers in order to overcome fatigue. In the course of the 1970s, their use culminated not only for a pleasant feeling of energy burst. The growing cases of dependence on these drugs and the spreading use for euphoric purposes, frequently in combination with other psychoactive substances led to administrative measures to limit access to Fenmetrazín® and Dexfenmetrazín® in the former Czechoslovakia. After tightening control in terms of prescribing, by the end of the last century especially on the so called alternative scene, among “the avant-garde” of artists and some university students, in addition to other drugs, the use of illegally produced methamphetamines began, from over-the counter pain relieving drugs and medicinal drugs for cold, containing the precursors – ephedrine and pseudo-ephedrine besides other psychoactive substances. The methamphetamine produced by the so-called Czech method with the title pervitin or Czech ‘gingerbread’, was widespread among the above mentioned sub-populations, especially in big cities. In Slovakia, even after the split of the former Czechoslovakia, the level of pervitin use was much lower than in the Czech Republic, but a small group of young people with experience with this drug appeared in Bratislava at the beginning of the 1990s. Pervitin was purchased from the Czech Republic, but at the beginning of the 1990s its domestic production took place as well – “cooks” were also found in Bratislava. However, the abuse of methamphetamines did not have an epidemic character in Slovakia in the 1990s, the epidemic of the use of a new drug – heroin dominated in the country that time.

Three studies aimed at the recreational environment in Slovakia indicated the popularity of the use of amphetamine type stimulants by young people in connection with the dance scene (Somošová et al., 2002, 2003; Bušová et al., 2006). Their use was the most preferred in connection with the techno and house scene. Ecstasy (MDMA: 3,4- methylene dioxy methamphetamine) was the most popular and was followed by methamphetamine pervitin in this association. In two comparable studies between 1999 and 2002, a slight decrease occurred in the users of ecstasy and the share of the regular use of pervitin significantly grew from 3% to 14%, although the overall share of users with experience with pervitin in these environments dropped from 73% to 43% (Somošová et al. 2003). Analogical results but with a smaller share of users were recorded in a survey among open-air events participants (Bušová et al. 2006). Ecstasy was most associated with the style of music (techno, house) the dance scene and most of all, the parties. Only then pervitin followed, which was however frequently used by the population examined also out of the association with music.

Signals about the increased production, distribution and use of methamphetamines in Slovakia in 2004 also came from drug supply institutions (police, customs). As it is mentioned in the Chapter 10 (Figure 10.2.1), the quantity as well as the number of seizures in Slovakia grew markedly.
The purchase of over-the-counter medicines with pseudo-ephedrine content grew reasonably, in line with the above mentioned statistics on seizures of methamphetamines by the police in Slovakia, but without mirroring the growth of illnesses, especially the common cold of a viral nature for which these drugs are indicated. The results of the statistical findings by the State Institute for Drug Control, based on the incentive of the chief expert for medicines of drug dependencies at the Ministry of Health, indicating the significant growth of the supply of medicines to healthcare organizations (including pharmacies in particular) in the past four years (Figure 12.1.1) are proof of that. It is assumed that a large part could have been used for the production of pervitin.

Figure 12.1.1: Total supplies of drugs with PSE content to healthcare facilities
Source: MCR Modra State Institute for Drug Control Bratislava

The results of an anonymous general population survey which was conducted from 2006 in two-year intervals by the Public Opinion Institute at the Statistical Office of the Slovak Republic, also prove the existence and increased use of pervitin (Statistical Office of the Slovak Republic, 2006). The highest lifelong prevalence of three examined samples of the population was found in young people from the capital, Bratislava. In 2006, it grew markedly to 6% of respondents (Figure 12.1.2).
12.1.2 Treatment demand due to problems related to the use of (meth)amphetamines

The field programmes for exchange of used needles and syringes for sterile needles and syringes are considered as pre-treatment care and it is not assessed in Slovakia as a treatment demand by intravenous drug users (IDUs). But they have their place in the continuum of our system of care for drug users; they are often a contact point for entry to further treatment and they provide the possibility for studying of problem drug users’ behaviour (NMCD, 2008). From the qualified estimates of numbers of problem drug users, based on anonymous surveys among IDUs using the services of the field programmes for the replacement of needles and syringes in Slovakia in 2008 and 2009, it arose that the users of heroin prevailed among them and that users of pervitin ranked only second in terms of numbers. The finding was consistent with the representation of all applicants for treatment at healthcare facilities in 2008 – see Chapter 5 – TDI Indicator.

However, this is in contradiction to the first treatment demand at the healthcare facilities, where recently in Slovakia the applicants dependent on amphetamines prevail among the patients treated for the first time and heroin addicts are only second (TDI). First treatment demand also reflects the higher popularity and use of amphetamine-type stimulants, compared to heroin, among the respondents of general population studies (The Statistical Office of the Slovak Republic, 2006).

Persisting of the higher overall representation of opiates users in care programmes is explained with the high probability by the fact that the epidemic of heroin use, as opposed to the epidemic of pervitin use, is of an older origin and there are more chronic patients in treated population who enter treatment repeatedly. Many of them are in substitution treatment programmes. The proportion of the overall number of methamphetamine users involved in care programmes however is gradually approaching the proportion of opiate users.

Contrary of the pervitin users, the prevailing share of heroin users who request treatment applied the drug intravenously, which together with the above mentioned facts, explains their greater presence in the field needles and syringes exchange programmes.

The first official data from the National Centre of Health Information on numbers of treated individuals due to dependence on methamphetamines in the Slovak Republic is from 1997. It involved 37 patients who constituted only 2% of the overall number of drug users in treatment. As Graph No.5 shows, this low share continued until 1999 but was followed by
steep increase culminating in 2004, when they constituted 27% (484 patients) of the overall number of treated patients (Figure 12.1.3, Figure 12.1.4). This trend of treatment demand continued with a slight decrease until 2008.

Figure 12.1.3: A proportion of patients dependent on stimulants among the overall number of treatment demand in Slovakia
Source: National Centre of Health Information, Bratislava

Figure 12.1.4: Stimulants – number of treatment demand of patients with dependence in Slovakia
Source: National Centre of Health Information, Bratislava

Bratislava, the capital of the Slovak Republic, is the centre of the epidemic of methamphetamines use. This is also illustrated by the share (Figure 12.1.5) and numbers (Figure 12.1.6) of those treated for dependence on methamphetamines at the largest specialized healthcare facility in Slovakia, the Centre for Treatment of Drug Dependencies (CTDD) in Bratislava. The trends are consistent with those at national level mentioned above mentioned, except for a significantly higher percentages in Bratislava. Also at the CTDD Bratislava, we can observe the culmination of requests for treatment by patients dependent on methamphetamines in 2004.
In connection with the increase of the methamphetamines use in Slovakia, the number of users also grew among those whose primary drug was not a methamphetamine. This is also very graphically illustrated by Figure 12.1.7 and Figure 12.1.8 that relate to the positive urine tests for methamphetamines among patients entering the methadone maintenance programme. In the past two monitored years, practically half of the patients dependent on opiates entering the methadone maintenance treatment (MMP) at the CTDD, Bratislava had positive urine tests for methamphetamines.
Figure 12.1.7: Share of patients entering MMP with positive urine tests for methamphetamines from the overall number of patients entering the MMP at the CTDD, Bratislava
Source: CTDD, Bratislava, Slovak Republic

Figure 12.1.8: Methamphetamines – number of patients entering MMP at the CTDD Bratislava with urinalyses positive for methamphetamines
Source: CTDD, Bratislava, Slovak Republic

12.1.2.1 More detailed analysis of patients treated for (meth)amphetamines dependence
Practically all of the treated patients were diagnosed as dependent on methamphetamines – pervitin. The detecting of amphetamines in toxicological analyses in urine screening was so rare that they are no longer performed as a routine.

The methamphetamines used by patients in Slovakia are produced from medicine precursors containing pseudo-ephedrine. The most frequent form of use among patients in treatment due to dependence on methamphetamines was snorting (43%) followed by injection (31%) and smoking/inhaling (14%).
Regarding intravenous use, the comparison of patients in treatment due to dependence on methamphetamines to patients in treatment due to dependence on opiates produced the following data acquired from a sample of patients from throughout Slovakia. Drug was injected at least once in their lives by 13% of patients in treatment for (meth)amphetamines, which is comparable with 12% of patients in treatment for opiates. However at the time of the beginning of treatment, 26% of patients in treatment for dependence on methamphetamines used the drug intravenously; this is a substantial difference in comparison with 81% of the patients in treatment for dependence on opiates. 45% of the patients in treatment for methamphetamines never used the drug intravenously, while only 7% of the patients in treatment for dependence on opiates never used the drug intravenously.

If we concentrate more closely on the intravenous use of the first contacts (first treatment demand), 10% of the patients in treatment for methamphetamines used the drug intravenously at some point in their lives. Again, patients in treatment from opiates recorded a similar percent (9%). At the time of entering treatment, 21% of patients in treatment for methamphetamines used the drug intravenously and 76% of patients in treatment for opiate dependence. 58% of the patients in treatment for dependence on methamphetamines never injected a drug but only 15% of the patients in treatment for dependence on opiates.

Among, methamphetamine users, 33% used the drug daily, 35% used it 2 to 6 times per week and 21% used the drug only once a week or less frequently. 8% had not applied the drug in the course of the last month. For comparison with patients dependent on opiates, 76% of them used the drug daily, 10% used the drug 2 to 6 times per week and 6% used it once a week or less and 6% of them had not used the drug in the course of the past month. Among the patients dependent on cannabinoids, 23% used the drug daily, 33% used it 2 to 6 times a week, 28% used it once a week or less and 6% had not used the drug in the course of the last month before entering treatment. This demonstrates that among the three groups of patients who enter treatment most commonly, methamphetamines users have the highest frequency of use after opiates users, not taking into consideration the group of sedatives, hypnotics and volatile substances, where the frequency of use is higher but pertains to relatively small shares of patients in treatment.

Methamphetamines as a secondary drug, occurred most frequently throughout Slovakia among addicts to opiates (30%); then among patients in treatment for dependence on cannabis, methamphetamines occurred as the secondary drug with 29% of patients.

Patients of the 20 to 24 years age group were the most frequent applicants for treatment due to dependence on methamphetamines as opposed to applicants due to dependence on opioids, where the largest number of applicants for treatment ranged in age from 25 to 29. Thus, they were older. The third largest group of patients in treatment for dependence on cannabinoids was predominantly younger, ranging in age from 15 to 19.

The following socio-demographical data comes from the patients’ records at the CTDD Bratislava from all applicants for treatment due to dependence on methamphetamines in 2008.

From the overall number of 91 patients requesting treatment due to dependence on methamphetamines at the CTDD, 76% were men and 24% were women. Their average age was 24 and they ranged in age from 16 to 52. From the overall sample of patients in treatment due to dependence on methamphetamines in Slovakia, 63% were men and 37% were women, which is comparable to the share of men treated for cannabinoids (62%). However, the share of male patients treated due to the dependence on opiates was higher (77%). From the entire sample of patients in treatment in Slovakia, 82% were men and 18% were women. Only 3% of users of methamphetamines at the CTDD did not have stable housing (were homeless). In comparison with the entire sample of all patients with drug dependences in treatment, 9% did not have stable residence in Slovakia, which was 3 times higher. 95% of patients in treatment due to methamphetamines at the CTDD Bratislava had a
stable residence, while 90% of patients in the sample of all drug addicts in treatment in Slovakia had a stable residence.

30% of patients in treatment due to the dependence on methamphetamines at the CTDD Bratislava in 2008 were unemployed when they entered treatment in comparison with a 55% share of unemployed among the whole population of treated drug addicts in Slovakia. 28% of the patients in treatment due to methamphetamines at the CTDD Bratislava had employment vs. 19% of the whole population of treated patients in Slovakia and the percentage of students from these categories was 19% and 12% respectively. This can be due to the fact that a higher employment rate is concentrated right in the region of Bratislava.

The characteristics of methamphetamines users according to the level of education: 1% of those in treatment at the CTDD Bratislava had not completed elementary education in comparison with 3% within the whole sample of those in treatment in Slovakia; 34% of those in treatment due to methamphetamines at the CTDD had completed elementary school education compared to 41% in the sample of Slovakia.; 51% had completed secondary education compared to 48% and 3% had completed university education compared to 2%.

### 12.2 Health and social correlations of the chronic use of (meth)amphetamines

Health and social correlations for the chronic use of (meth)amphetamines were studied on a sample of patients who entered treatment due to dependence on methamphetamines at the CTDD in Bratislava in 2008. According to the BMI indicator, the state of nourishment of the treated patients who were dependent on methamphetamines when entering the treatment was within the norm. The average BMI was 23 and ranged from 15.4 to 35 (SD±3.9).

9% of HCV positive/reactive patients were detected in this sample. 3% of the patients were HBV positive and 1% of the patients were HIV positive.

According to the screening questionnaire, 46% patients had a BDI\(^{166}\) score in the range of depression, 4% patients were non-smokers and according to the scores in the FTQ\(^{167}\) questionnaire, 17% had a high dependence on nicotine. According to the modified Michigan Alcohol Screening Test, a questionnaire for alcohol-related problems (VAST\(^{168}\)) 23% of the patients had had serious problems with alcohol at a certain point in their life.

The clinical experience without quantitative expression shows the frequent incidence of psychotic mental disorders of a schizophrenic character with these patients. Predominantly this pertained to short term toxic psychoses with hallucinatory disorders of perception and paranoid persecution delusion contents in thinking, which quickly receded in the course of abstinence. However, long term neuroleptic treatment was also necessary in several cases.

### 12.3 Reactions to chronic use of (meth)amphetamines

The ratio between outpatients and inpatients treated for dependence on methamphetamines was balanced, in contrast to those treated for dependence on opioids, where outpatients predominated highly. These differences in the distribution between outpatient and inpatient treatment are significantly affected by the existence of substitution treatment in the case of dependence on opiates, which does not exist for dependence on methamphetamines in Slovakia. Due to the above mentioned facts, drug free treatment dominates after detoxification, with the predominance of regime and psycho-therapeutic approaches. Psychopharmaceuticals (anti-depressives, hypnotics, neuroleptics) are administered symptomatically for early abstinence symptoms at the beginning of detoxification which is professionally implemented at the specialized psychiatric departments. Striving to find

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166 Beck Dependence Inventory  
167 Fagerstrom Tolerance Questionnaire  
168 Veterans Alcoholism Screening Test
optimum therapeutic approaches, the staff of the CTDD studied the MATRIX programme of
cognitive-behavioural therapy designed and used in the USA (Rowson, 2002) and tried to
apply it. Its implementation was not as effective as in the country of its origin due to the
different selection and motivation levels of the patients. In spite of that, some of its elements
are still used in our facility. The outpatient treatment is implemented especially in the case of
dependences to methamphetamines not complicated by another mental disorder. Hospital
treatment is frequently entered by patients who use methamphetamines with acute toxic
psychosis. After detoxification and the 12-week hospital treatment, patients are usually
recommended to continue either in outpatient treatment according to the situation of his/her
state or to transfer to the re-socialization facility.

A certain picture of the prognosis of people dependent on methamphetamines, who
requested treatment, is provided by the outputs of the prospective study of monitoring of the
cohort of patients treated for the first time at the Centre for Treatment of Drug Dependences
in Bratislava. The study has been implemented since 1997 (Okruhlica et al. 2002) in three-
year intervals. Figure 12.3.1 illustrates the outcomes from the third monitored cohort in the
sub-group of patients requesting treatment due to dependence on methamphetamines
(pervitin). Patients are presented who entered treatment for the first time in 2006. Their state
was evaluated one year and three years later. 68% - a majority of them became abstinent.
12% continued to use drugs and with 20% it was not possible to find out data regarding their
state. It pertained to a relatively small group (n=81) of monitored patients, but it included all
of them with such diagnosis who requested treatment at the CTDD in Bratislava in 2006. It is
also interesting to note the fact that the majority of them (45) continuously abstained from
drugs after three years, even for a longer period of time than a year.

Figure 12.3.1: Fate of patients with MA dependence, one year and three years after entering the treatment at the
CTDD Bratislava

12.4 Methamphetamines in combination with opioids

The beginning of the use of methamphetamines by patients dependent on opioids in
maintenance treatment caused a significant problem. Contrary of the frequent abuse of
cocaine in methadone treatment programmes in the countries of the Western Europe, after
2000, the abuse of pervitin began in the methadone maintenance programme in Bratislava.
The epidemic of the use of methamphetamines negatively affected the methadone
maintenance treatment in two ways: 1. a sizeable and growing proportion of patients who
upon entering methadone treatment had already used methamphetamines besides opiates (Figure 12.1.7 and Figure 12.1.8); and 2./ the start of pervitin abuse by stabilized patients in the MMP, who never used it before or who did not use any drugs for a longer period of time. Although increasing the daily dose of methadone was effective in eliminating further use of heroin, it did not lead to limiting the use of pervitin. In addition to their return to intravenous use, now of pervitin, a new form of dependence on a psychoactive substance with stimulating effects was created by some of the patients in the methadone programme. It was impossible to achieve any social integration with them, and previously stabilized patients in the MMP were losing their jobs, etc.

12.4.1 Good Practice Example

Due to the above, the epidemic of the use of methamphetamines in therapeutically oriented methadone maintenance programmes (MMP) resulted in the distinctive drop in the 12-month retention of patients. It dropped from 77% in 1999 to 46% in 2003 (Figure 12.4.1). This occurred despite the fact that the maximum daily dose of methadone was not limited. After repeated positive urinalyses for methamphetamines, the patients were offered the possibility of a free 14-day detoxification from methamphetamines at the hospital and continuing in the MMP. If they refused this and continued to use pervitin, the patients from the therapeutic MMP were gradually detoxicated. But the possibility of detoxification from methamphetamines in hospital was chosen only by a minority of them. Due to these reasons, after dropping out of the MMP, the detoxicated patients no longer received specialised care and returned to the abuse of heroin. It was necessary to search for a solution. That is why in 2004 a harm-reduction (HR) modality was introduced at the largest substitution methadone treatment programme in Slovakia, the one in Bratislava. In this modality, providing a limited maximum daily dose of 40mg of methadone, the patients using other psychoactive substances and pervitin in particular remained even without being detoxicated and without being toxicologically checked for urine. The introduction of the HR modality halted the drop in retention and resulted in the follow-up stabilizing of a number of patients; in 2008, the retention rate reached 54% (Figure 12.4.1). But what is even more interesting from the reason of maintaining contact with the users is that their overall number (caseload) in MMP increased. The caseload even reached permanently higher level after 2005 compared to the one of up to 2002 with a high retention over 60% (Figure 12.4.2). Another benefit in comparison with the full dropping out of the programme is the fact that if the patients in the HR modality of the MMP use other psychoactive substances, even through intravenous application, their frequency is not so high as it would have been if they had used heroin without methadone. And even though they use heroin, thanks to methadone they use it less frequently. Methamphetamines, even in cases of dependence to them, are used with a lower frequency on average than heroin and less frequently intravenously. That is why due to the reduced exposition of intravenous use, the risk of the transmission of HIV is reduced in the HR branch of the MMP. At the same time, due to the ongoing contact with the facility, the possibility of other medicinal and psychological interventions remains preserved. If patients show sufficient motivation, the possibility of starting the detoxification at the ward or re-inclusion in the therapeutic modality of the MMP is facilitated. It’s interesting that after the introduction of the HR modality in MMP, there were no serious shifts of patients from the therapeutic modality to the HR modality. The ratio between them has oscillated for a long period of time approximately from 4 or 3 to 1 in favour of the therapeutic modality.
We consider the splitting of the methadone maintenance treatment programme into two modalities: therapeutic and harm-reduction in response to increased use of stimulants – methamphetamines, as an example of good therapeutic practice, which in addition to the individual medicinal treatment of the patients, also strengthens the benefits in the area of public health.

In the organizational and legislation area, the Ministry of Health of the Slovak Republic began to deal with the possibilities of increased control of over-the-counter sale drugs with the
content of precursor – pseudo-ephedrine for the production of methamphetamines. The working group created for this purpose is considering several alternatives for reducing the availability of these medicines in order to prevent their abuse. This process is currently in progress.
Part C  Annexes

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13.4 List of abbreviations:

ADF – Anti-Drug Fund
ADHD – Attention Deficiency Hyperactivity Disorder
ADS – Alcohol Dependence Scale
AIDS – Acquired Immune Deficiency Syndrome
AMT – Amphetamines
BAT – Barbiturates
BDZ – Benzodiazepines
CA – Civil associations
CAGE – Cut-Annoyed-Guilty-Eye, screening test
CAST – Cannabis Abuse Screening Test
CATI – Standardised interview by telephone
CCO – Customs of Criminal Office
CCP – Code of Criminal Procedure
CCPS – Centres for Counselling and Psychological Services
CEPP – Centre for Educational and Psychological prevention
CTDD – Centre for the Treatment of Drug Dependencies
CTDD-DD – Centre for the Treatment of Drug Dependencies - Institute of Drug Dependencies
CZ – Czech Republic
CWS – Community Social Work Programme
DRID – Drug Related Infection Diseases
EC – The European Commission
EMCDDA – European Monitoring Centre for Drug and Drug Addictions
EMO – European model questionnaire
EPIS – Epidemiological information system
EPPC – Educational and Psychological Prevention Centres
ESPAD – European School Survey Project on Alcohol and Other Drugs
EU – European Union
EUROPAD – European Opiate Addiction Treatment Association
IFS PPF – Institute of Forensic Science of the Presidium of Police Force
FreD – German model of timely intervention for first-time drug delinquent
CPCG – Corps of Prison and Court Guards
GPO – General Prosecutor Office
GS – General Secretariat of the Board of Ministers for Drug Addiction and Drug Control
HAV – hepatitis type A
HBsAg – antigen hepatitis type B
HBSC – Health Behaviour of School aged Children
HBV – hepatitis type B
HCV – hepatitis type C
HIV – Human Immunodeficiency Virus
HCSA – Health Care Surveillance Authority
IDU – Injection drug user
IIPE – Institute of Information and Prognoses of Education
ITR – In-treatment rate
LMP – Last month prevalence
LSAF – Labour, Social Affairs and Family
LSD – Lysergic acid diethylamide
LTP – Lifetime Prevalence
LYP – Last Year Prevalence
mCPP – 1-(4-chlorophenyl)piperazine
MDMA – methylendioxymetamphetamine
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<th>Full Form</th>
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<tr>
<td>ME</td>
<td>Ministry of Education</td>
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<tr>
<td>MF</td>
<td>The Ministry of Finance</td>
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<tr>
<td>MGS</td>
<td>Grant Scheme of EU project</td>
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<td>MH</td>
<td>Ministry of Health</td>
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<tr>
<td>MI</td>
<td>Ministry of Interior</td>
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<tr>
<td>MLSAF</td>
<td>Ministry of Labour, Social Affairs and Family</td>
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<td>MJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>MO</td>
<td>Morphines</td>
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<tr>
<td>MUSTAP</td>
<td>Multisession Standardised Printed Programme</td>
</tr>
<tr>
<td>NA</td>
<td>Not available</td>
</tr>
<tr>
<td>NDS BFAOC PFH</td>
<td>National Drug Service Bureau Of Fight Against Organised Crime Of the Police Force</td>
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<tr>
<td>NAPAP</td>
<td>National Action Plan for Alcohol Problems</td>
</tr>
<tr>
<td>NC SR</td>
<td>National Council of the Slovak Republic (Parliament)</td>
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<tr>
<td>NCMTCB</td>
<td>National Centre for the Management and Treatment of Chronic Hepatitis</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NHIC</td>
<td>National Health Information Centre</td>
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<tr>
<td>NMCD</td>
<td>National Monitoring Centre for Drugs</td>
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<td>NCC</td>
<td>New Criminal Code</td>
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<tr>
<td>NPFD</td>
<td>National Program for the Fight against Drugs</td>
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<tr>
<td>NPS</td>
<td>New psychoactive substance</td>
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<td>NRC</td>
<td>National reference centre</td>
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<tr>
<td>OCC</td>
<td>Old Criminal Code</td>
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<tr>
<td>OP</td>
<td>Opioids</td>
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<td>OSF</td>
<td>Open Society Foundation</td>
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<tr>
<td>GD PCGF</td>
<td>General Directorate of the Prison and Court Guard Force</td>
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<td>PDU</td>
<td>Problem Drug Users</td>
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<tr>
<td>PHA SR</td>
<td>Public Health Authority of the Slovak Republic</td>
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<tr>
<td>PORI at SO SR</td>
<td>The Public Opinion Research Institute at the Statistical Office of the Slovak Republic</td>
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<tr>
<td>PPF</td>
<td>Presidium of the Police Force</td>
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<tr>
<td>PF</td>
<td>Police Force</td>
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<tr>
<td>REITOX</td>
<td>The European Information Network on Drugs and Drug Addiction</td>
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<tr>
<td>RICPaP</td>
<td>Research Institute of Child Psychology and Pathopsychology</td>
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<tr>
<td>RNA</td>
<td>Ribonucleic acid</td>
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<tr>
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<td>Regional Public Health Authority</td>
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<tr>
<td>RR</td>
<td>Reasonable restrictions</td>
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<tr>
<td>SKK</td>
<td>Slovak koruna</td>
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<td>SR, SK</td>
<td>The Slovak Republic</td>
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<tr>
<td>SRC</td>
<td>Social reintegration centre/facility, resocialisation centre</td>
</tr>
<tr>
<td>SO SR</td>
<td>Statistical Office of the Slovak Republic</td>
</tr>
<tr>
<td>SQ</td>
<td>Standard questionnaire</td>
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<td>Standard table</td>
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<tr>
<td>2-CB</td>
<td>4-bromo-2,5-dimethoxyphenethylamine</td>
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<tr>
<td>SYPH</td>
<td>syphilis</td>
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<tr>
<td>TDI</td>
<td>Treatment demand indicator</td>
</tr>
<tr>
<td>THC</td>
<td>Tetrahydrocannabinol</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<th>Collection of Laws No/Year - Part No</th>
<th>Pages</th>
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<td>Z z 29. apríla 2009,</td>
<td>ktorým sa mení a dopĺňa zákon Národnej rady Slovenskej republiky č. 219/1996 Z. z. o ochrane pred zneuţívaním alkoholických nápojov a o zriaďovaní a prevádzke protialkoholických záchytných izieb a o zmene a doplnení niektorých zákonov</td>
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<td>Strana 1547 – 1548</td>
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<td>87/2009</td>
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<tr>
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