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for Drugs and Drug Addiction



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ÚRAD VLÁDY SLOVENSKEJ REPUBLIKY

2007 NATIONAL REPORT (2006 data) TO THE EMCDDA

by the Reitox National Focal Point

„SLOVAKIA” New Development, Trends and in-depth information on selected issues

REITOX

**Slovak Republic Government Office
National monitoring centre for drugs**

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**National Report on Drugs in Slovakia
for the year 2006**

2007 National Report (2006 data) to the EMCDDA
Slovak National Focal Point

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Content

- Summary..... 7
- Part A: Development and new trends..... 9**
- 1. National policy and its context..... 9**
- 1.1 Legislative framework..... 9
 - 1.1.1 Legislative development..... 9
 - 1.1.2 Law implementation..... 11
- 1.2 Institutional framework, strategies, and policies..... 11
 - 1.2.1 Coordination and institutional framework..... 11
 - 1.2.2 National strategic documents..... 13
- 1.3 Implementation of policies and strategies..... 15
- 1.4 Budget and public expenditure..... 16
- 1.5 Social and cultural context..... 16
 - 1.5.1 Public opinions on drug issues..... 16
 - 1.5.2 Attitudes to drugs users..... 18
- 2. Drug use in the General Population and specific sub-groups..... 20**
- 2.1 Drug use in the general population..... 21
 - 2.1.1 Marijuana 21
 - 2.1.2 Heroin..... 25
 - 2.1.3 Cocaine..... 25
 - 2.1.4 Amphetamines..... 26
 - 2.1.5 Ecstasy..... 26
 - 2.1.6 Poly-drug use..... 26
- 2.2 Drug use in the school population and amongst young people..... 27
 - 2.2.1 School survey Tobacco – alcohol – drugs..... 27
 - 2.2.2 Youth (15 – 26) surveys..... 28
- 2.3 Drug use in specific population groups..... 29
- 2.4 Drug use in recreational settings..... 29
- 3. Prevention 31**
- 3.1 Universal prevention..... 31
 - 3.1.1 Prevention in schools and drug education..... 31
 - 3.1.2 Family-based prevention 35
 - 3.1.3 Community prevention – free-time activities..... 36
- 3.2 Selective and indicated prevention under the Ministry of Education..... 37
 - 3.2.1 Early identification of risk factors..... 37
 - 3.2.2 Prevention in recreational and specific environments..... 38
 - 3.2.3 Prevention in high-risk groups..... 38
- 3.3 Other forms of selective prevention and measures for high-risk groups..... 39
 - 3.3.1 New technologies for prevention activities..... 40
- 4. Problem drug use..... 41**
- 4.1 Prevalence and incidence estimates..... 41
- 4.2 Treatment Demand Indicator..... 43
- 4.3 Problem users in non health care facilities..... 46
 - 4.3.1 Clients in re-socialisation centres..... 46
 - 4.3.2 Problem drug users attending needle and syringe exchange programmes.... 46
- 5. Drug related treatment..... 49**
- 5.1 Treatment system..... 49
- 5.2 Drug free treatment..... 49
 - 5.2.1 Inpatient and outpatient treatment..... 50
 - 5.2.3 Convalescence and re-socialisation..... 51
- 5.3 Pharmacologically assisted treatment..... 51

5.3.1 Detoxification treatment.....	51
5.3.2 Substitution treatment.....	51
5.4 Information dissemination.....	52
6. Health correlates and consequences.....	53
6.1 Drug related deaths and mortality of drug users.....	53
6.1.1 Direct drug related deaths (overdoses, poisoning).....	53
6.1.2 Deaths under the influence of psychoactive substances.....	54
6.1.3 Comparison with data acquired in the period 2004-2006.....	54
6.1.4 Comparison of data for individual kinds of psychoactive substance in the 2004-2006 period.....	56
6.2 Drug-related infectious diseases.....	58
6.2.1 HIV/AIDS among injecting drug users.....	58
6.2.2 Viral hepatitis among injecting drug users.....	59
6.3 Psychiatric co-morbidity (dual diagnosis).....	63
6.4 Other drug –elated health correlates and consequences.....	63
6.4.1 Pregnancy and children born to drug users.....	63
7. Responses to health correlates and consequences.....	64
7.1 Prevention of drug-related deaths.....	64
7.2 Prevention and treatment of drug-related infectious diseases.....	65
7.2.1 Services provided by outreach programmes – needle and syringe exchange Programmes.....	65
7.2.2 Counselling and testing.....	66
7.2.3 Infectious diseases treatment.....	67
8. Social correlates and consequences.....	68
8.1 Social exclusion and inclusion.....	68
8.1.1 Homelessness and drug use.....	68
8.1.2 Drug use in Roma communities.....	69
8.1.3 Drug users working in the sex business.....	69
8.1.4 Social characteristics of drug users in treatment.....	70
8.2 Drug-related crime.....	70
8.2.1 Number of offences and arrests according to police data.....	71
8.2.2 Number of convictions according to the Ministry of Justice.....	73
8.2.3 Young offenders.....	74
8.2.4 Other drug-related crime.....	74
8.3 Drugs in prison.....	75
8.4 Social costs associated with drug use.....	75
9. Responses to social correlates and consequences.....	76
9.1 Institutional and legal framework for measures directed towards the social consequences of drug use.....	76
9.1.1 Social guardianship measures.....	77
9.1.2 Re-socialisation centres.....	78
9.2 Prevention of drug crime.....	79
9.2.1 Treatment for drug users in prisons.....	79
9.2.2 Penitentiary and Post-penitentiary treatment.....	80
10. Drug market.....	81
10.1 Availability and supply.....	81
10.1.1 Perceived availability in the general population.....	81
10.1.2 Sources of supply - production and trafficking.....	81
10.2 Seizures.....	83
10.3 Price and purity.....	84
10.3.1 Price.....	84
10.3.2 Purity.....	85

Part B: Selected issues	87
11. Public expenditure	87
11.1 Labelled drug-related expenditures.....	87
11.2 Non-labelled drug-related expenditures.....	88
11.3 Studies carried out at national level.....	88
11.3.1 Study carried out in 2005.....	88
11.3.2 Study carried out in 2007.....	89
12. Vulnerable groups of young people	92
12.1 Epidemiology related to vulnerable groups (prevalence, patterns of use; risks, correlates and consequences).....	92
12.1.1 Definitions and profile of vulnerable groups.....	92
12.1.2 Drug use and problem drug use in vulnerable groups.....	92
12.1.3 Drug use in relation to other risk factors.....	97
12.1.4 Vulnerable groups amongst drug users in treatment.....	101
12.2 Responses to drug problems among vulnerable groups.....	101
12.2.1 Measures aimed at children in institutional care.....	102
12.2.2 Measures aimed at early school leavers.....	102
12.2.3 Measures aimed at young people in high-risk families.....	102
12.2.4 Measures aimed at the prison population.....	103
12.2.5 Responses to public nuisance.....	103
12.2.6 Measures aimed at homeless people.....	104
12.2.7 Measures aimed at the Roma community.....	104
12.2.8 Measures aimed at party goers.....	104
13. Drug research in Europe	105
13.1 Research structure.....	105
13.1.1 Drug-related research in national policy.....	105
13.1.2 Relationship research – policy.....	105
13.1.3 Main national structures for drug-related research.....	106
13.1.4 Main funding framework.....	111
13.2 Main recent studies and publications.....	112
13.2.1 Main recent studies.....	112
13.2.2 Publication activity relating to research for 2006 and 2007.....	116
13.3 Collection and dissemination of research results.....	117
13.3.1 Information flow.....	117
13.3.2 National scientific journals dedicated to drug-related research.....	117
13.3.3 Other means of disseminating information.....	119
Part C	120
14. Bibliography	120
15. Annexes	126
15.1 List of tables used in the text.....	126
15.2 List of figures used in the text.....	128
15.3 List of maps used in the text.....	128
15.4 List of abbreviations used in the text.....	129
Part D: Standard tables and structured questionnaires	132

SUMMARY

In 2006 and at the start of 2007 the Slovak government approved two strategic documents on legal drugs: The 2006–2010 National Action Plan for Problems with Alcohol and the National Programme for Tobacco Control. A new statute of the Board of Ministers for Drug Dependencies and Drug Control entered into force, extending the Ministerial Board's area of competence to include these psychoactive substances.

The Twinning part of the project Support for the Implementation of the 2004–2008 National Programme for the Fight against Drugs was completed and the Final Report of the project made recommendations for the next period. At present there is a new project under the EU Transition Facility focussed on the re-socialisation of persons with drug addictions – Improving and broadening the re-socialisation and rehabilitation care for persons addicted to psychoactive substances.

In 2006 new cycles of population surveys were carried out by the Public Opinion Research Institute of the Statistical Office (PORI SO) and the school survey Tobacco-Alcohol-Drugs. Results show that there has been an increase in lifetime prevalence for marihuana use in the population aged 15–64, although the increase is not as great as in the 1998–2002 period; in 2006 it increased to 16.1%. Results of the school survey (10–19) show greater prevalence of experimentation with marihuana among 14-year-olds and this experimentation increases with age (38.8% prevalence in 19-year-old students).

The rising trend in ecstasy use continued (4.3% in 2006). The lifetime prevalence of drugs representing a more serious risk to health and society, such as heroin, pervitin (methamphetamine powder) and cocaine, remains low and stable at around 1%.

The falling trend in the number of people receiving treatment for problems with illegal drugs continued. In 2006 the reporting to Treatment Demand Indicator has slightly changed - poly-drug use began to be reported. The most common drug for which persons received drug treatment was heroin, followed by methamphetamine (pervitin) – among first treatment pervitin was the first followed by heroin – then marihuana and poly-drug use. There are regional differences in the drug use. Bratislava region strongly exceeds the other regions of Slovakia in all epidemiological indicators. According to information from treatment, opioids dominate in West Slovakia, while marijuana use is stronger in Central Slovakia, especially in the Žilina region. Use of volatile substances is greater in East Slovakia compared to other regions.

The population of problem drug users was estimated to be 13 800 – 34 500 persons in 2006. At most only third of them are in contact with low threshold harm-reduction services whose purpose is to reduce the social and health effects of (problem) drug use. Despite efforts to broaden their services, there is a problem with maintaining the long term sustainability of these programmes, resulting from financial instability and other problems (available personnel, lack of client interest).

Compared to 2005, there has been a slight fall in total reported drug-related deaths. Most such deaths are due to pharmaceutical drugs, in particular benzodiazepines, and take place in higher age groups (over 35 years). Opioids and volatile substances are also frequent among causes of death. In 2006 there was a fall in the number of deaths directly caused by medicines and the number was the same as the number for opiate overdoses.

The rate of HIV infections for intravenous drug users remained below 1%. In 2006, one new HIV case was detected in an intravenous user. Testing for infection diseases of drug users entering treatment was carried out above the framework of basic duties in centres for the treatment for drug dependencies. The prevalence of Hepatitis-C antibodies in patients receiving treatment in Bratislava was over 45% since 2003 (the most recent data is for 2005). Testing of users who are not in contact with health-care facilities is not at present a routinely available service. In 2006 and at the start of 2007, studies were successfully implemented or

prepared focused on testing drug users and identifying the prevalence of HIV and hepatitis infection among intravenous drug users.

The rise in the number of drug-related offences continued in 2006 though the number of arrests fell slightly. In 2006 it became compulsory for the Police Force to record crimes committed and perpetrators by type of drug. Most drug crimes were committed in relation to marihuana, methamphetamine (pervitin) and heroin.

The number of drug seizures compared to 2005 increased by 9.8%. 59% of all seizures in 2006 (1 868) were seizures of marihuana. At the same time there was a fall in the quantity of marihuana, methamphetamine and heroin seized.

The number of seizures of cocaine and the quantity of cocaine seized were both slightly higher than in the previous year. Tablets sold as ecstasy were increasingly likely to contain 1-(meta-chlorophenyl) piperazine (mCPP) as their main active ingredient. 10 368 tablets were seized, on sale at a relatively low price of SKK 100–200 per tablet.

The prices of marihuana, hashish, cocaine, heroin and LSD remained relatively stable in 2006 while prices of ecstasy and methamphetamine fell.

TRENDS

Marihuana, methamphetamine and heroin are drug that are characterised by such indicators as: largest numbers of drug-users in treatment, largest numbers of perpetrators of drug crimes and the largest proportion of drugs seized. In the case of marihuana also the highest prevalence in the population, especially the 15–34 age group.

The situation with regard to heroin use is more or less stable. The lifetime prevalence of heroin use in the general population remains approximately the same and low; the number of opioid users in treatment is falling; increased consumption has not been observed in the drugs market; prices have remained at the same level and in the last year there was a fall in the number of heroin seizures and a fall in the volume of heroin seized.

Although public opinion surveys showed a slight fall in the prevalence of pervitin (methamphetamine) use in the general population, there was an increase in the prevalence among 15–24 age group. The largest number of persons receiving treatment for the first time was pervitin users, with an average age of 23 years. According to the Presidium (central headquarters) of the Police Force, pervitin production is expanding and spreading to other regions – East Slovakia. The concentration of active substances, and the number of seizures of pervitin have been rising for a long time, as did the volume seized until 2005 (in 2006 there was a slight fall in the volume seized).

According to police reports there is an increase in the availability of ecstasy and according to population surveys there is an increase of experimenting with ecstasy especially among young people. The lifetime prevalence of cocaine has remained low, at around 1%, but there has been a very slight increase since 1998. In 2006 there was also an increase in the reported number and volume of cocaine seized and the number of cocaine users receiving treatment also increased in 2006.

Part A: Development and new trends

This part of the National Report gives an overview of the situation in 2006 and new developments and trends regarding the year 2007, which are covered mainly in chapter 1 but are also relevant with regard to sudden changes in infectious diseases, drug-related deaths and the like. It also includes the results of the most important national research and studies.

1 National policy and its context

In its manifesto of August 2006, the new Slovak government affirmed its commitment to the original foundations of drug policy established by UN Conventions, the conclusions of the special General Assembly of the United Nations in 1998 and the current European drugs strategy 2005–2012 and the European drug action plan. The Slovak government thus continues to take responsibility for the creation and implementation of the national strategy, the definition of its objectives, rules and principles, including the appropriate legislative framework.

The strategy is formulated in the document “National programme for the fight against drugs” (hereinafter referred to as “the NPDF”). Currently implemented third NPDF is covering the period 2004–2008 and was further developed into Action Plans of ministries and regional offices in 2005. The medium term achievement of its goals and objectives was evaluated in 2007.

The Board of Ministers for Drug Dependencies and Drug Control (hereinafter referred to as “the Ministerial Board”) is an advisory body to the government on issues of drug policy. Its members are ministers with responsibility for relevant areas and the prosecutor general. At the start of 2007 the government approved a new statute, giving the Ministerial Board responsibility for the legal drugs – alcohol and tobacco.

The executive of the Ministerial Board – the General Secretariat of the Board of Ministers for Drug Dependency and Drug Control (hereinafter referred to as “the General Secretariat”) is responsible for coordination, methodological guidance and control of the implementation of drug policy at a central and regional level and also provides for the representation of the Slovak Republic on drug issues in international institutions at the EU and UN level.

Government Resolution 534/2002 established the National Monitoring Centre for Drugs (hereinafter referred to as “the NMCD”) under the General Secretariat as the national contact point for the specialised European Union agency – the European Monitoring Centre for Drugs and Drug Addiction with the task of monitoring the psychotropic drug situation at a national level. In 2007, new organisational regulations for the Government Office were approved, detaching the NMCD from the General Secretariat and establishing the NMCD as an independent unit. In this way the coordination and decision making function of drug policy was separated from the monitoring function of drug epidemiology.

The “National Action Plan for Alcohol Problems” was adopted in 2006 and the “National Programme for Tobacco Control” was adopted in May 2007.

1.1 Legal framework

1.1.1 Legislative development

Act 475/2005 on imprisonment and Act 221/2006 on custody

The new legislation gives a better specification of the rights and duties of prison inmates when serving sentences or awaiting trial. The aim was to create a legislative framework that would reduce the risk of drug infiltration in prisons. It sets more precise conditions for the exercise of certain rights and the performance of certain obligations by prisoners and the powers of prison staff to minimise the negative effect of the prison environment, in particular

with a view to strengthening measures for fighting drugs. For example, conditions for visits, the receiving of packages and letters and bans on receiving or sending items through third parties were specified. The amendments also made changes to the rules for cashless transactions to limit opportunities for drug dealing and introduced an obligation for prisoners to undergo personal searches and tests for the presence of drugs in the body¹.

Psychological services were introduced for drug users on remand suffering from withdrawal symptoms that can not overcome themselves; before the amendment the law did not support the provision of psychological services. The greatest need for such services was in the time of enforced withdrawal immediately upon admission of a drug user into prison. A legislative framework has been created to establish Special Treatment Units² for convicted drug users, in which the prison creates conditions for the convicts to overcome a crisis or receive court-ordered or voluntary treatment.

Amendment of Act 372/1990 on misdemeanours

Act 211/2006 on amendments and supplements to Act 372/1990 allows deputies of the National Council of the Slovak Republic (hereinafter referred to as “the NC SR”) to be prosecuted for breaking the law, in particular for driving motor vehicles under the influence of alcohol or other addictive substances. Before the amendment was passed, politicians were protected from such prosecution by parliamentary immunity. The amendment was passed in response to events that have taken place in recent years and received widespread attention in the media, leading to widespread public criticism of the status of deputies of the NC SR with regard to their liability for breaches of road traffic regulations as compared to other road users.

Amendment of Act 140/1998 on medicines and health care aids/instruments

Act 342/2006 increased the supervision of medicines, supervision of the market and penalties for breaches of applicable regulations. The act strengthened requirements for all subjects handling medicines and health aid instruments, especially for the holders of licences to provide medical care. It also modifies relevant provisions of the law on advertising³. Under the new legislation it is forbidden to present any form of advertising containing narcotic or psychoactive substances or precursors⁴.

Act 124/2006 on occupational health and safety

In 2006 a new act on occupational health and safety was passed⁵. This did not introduce significant changes in the area of drugs. The legislation left intact previous rules on the duties of employees and employers in the area of drugs, alcohol and tobacco. (Ban on using and being under the influence of the stated substances during working time, obligation of employees to undergo tests for the presence of such substances in the body⁶, obligation of the employer to check for compliance with the stated provisions and so on.)

At present an amendment to Appendix 1 of the Act 139/1998 on narcotics, psychoactive substances and precursors, as amended, is going through the legislative process. This will add a new psychoactive substance, 1-(meta-chlorophenyl) piperazine (mCPP), to the first category of psychoactive substances. The amendment was approved by Government Resolution 380 dated 25 April 2007 and submitted to the National Council of the Slovak Republic. The decision to outlaw mCPP was based on experience in practice of an increased number of seizures and the impossibility of prosecuting those who traffic in this substance⁷.

¹ Before the act was amended, the provisions were included in various regulations of lesser legal force.

² Such units already existed but the amendment gave their establishment a legislative foundation

³ Act 147/2001

⁴ The full text of the law on medicines and health aids/instruments was issued as Act 545/2006

⁵ The act came into effect on 1.7. 2006.

⁶ The persons authorised to order employees to undergo testing is defined by the law or an internal regulation of the employer.

⁷ The amendment was approved by the National Council 13th September 2007

1.1.2 Law implementation

There is not a great deal of qualitative information available on practical responses to drug crime. In 2006 the Open Society Foundation began a research programme to evaluate the implementation of Sections 171 and 172 (1) of the penal code, Act 300/2005 (hereinafter referred to as “the New Penal Code”). The project focuses on the evaluation of consequences of the New Penal Code and the Code of penal Procedure implementation, particularly as they affect drug users. It includes three sub-studies, one of which focuses on the practical application of the stated drug sections and analyses the characteristics and procedure of penal proceedings. The research will be carried out through semi-structured interviews with specialists in the field of penal law (police officers, investigators, prosecutors, judges, defence lawyers) and an analysis of case files.

The other two sub-studies focus on identifying the consequences and the extent to which the implementation of the stated drug sections influence drug users - their life, health, social inclusion, social status and so on. It works with the statements and observations of representatives of the medical and helping professions acquired in focus groups. In addition it studies the epidemiological situation, the trends in drug use, drug availability, patterns of use and finally trends in the application of drug law based on statistical data published by law enforcement agencies. The final report of the project is scheduled for publication in 2009 (See also Chapter 13.2.1 – Main recent studies).

The practical drug law application by law enforcement authorities can also be seen through statistics published by these authorities on the number of arrests, prosecutions and convictions for drug-related crime. It is as described in more detail in chapter 8. 2 - Drug-related crime.

1.2 Institutional framework, strategies and policies

1.2.1 Coordination and institutional framework

1.2.1.1 Coordination at the national level

The advisory body of the Slovak government, responsible for coordination, initiatives and control in the area of drug policy is the Board of Ministers for Drug Dependency and Drug Control (“the Ministerial Board”). Two meetings of the Ministerial Board took place in 2006. The most important documents presented at the spring meeting included the Rules for Financing the Drug Policy of the Government for the next period, which was later on adopted by the government in April 2006⁸ and the Report on the Implementation of the Slovak-German-Czech Twinning Project aimed at support for the implementation of the NPDF.

At the autumn meeting, the new chairperson of the Ministerial Board – the deputy prime minister for knowledge society, European affairs, human rights and minorities – confirmed the foundation of state drug policy given in the manifesto of the new government coalition. The government will pay particular attention to the development of programmes to prevent drug addiction, giving priority attention to children and young people and issues of the treatment, re-socialisation and reintegration of drug addicts with an emphasis on the further employment and housing. The new government will be much more active in issues of prevention and the growing risk of addiction to legal drugs, especially alcohol and tobacco. This objective was incorporated into the new Statute of the Ministerial Board, extending its mandate to cover the legal drugs alcohol and tobacco, which was subsequently approved by the government in February 2007⁹.

⁸ Resolution 288 of 5 April 2006

⁹ Resolution 147 of 21 February 2007

The executive of the ministerial board with responsibility for coordinating the performance of tasks adopted by the ministerial board and providing for the implementation of government drug policy is the General Secretariat of the Board of Ministers for Drug Dependency and Drug Control in the Government Office (the General Secretariat), which used to include the National Monitoring Centre for Drugs (NMCD). On 1st June new organisational regulations of the Government Office came into force, under which the NMCD is an independent department reporting directly to the deputy prime minister for knowledge society, European affairs, human rights and minorities and organisationally subordinate to the head of the Slovak Republic Government Office. This measure contributed to the separation of the coordination and decision making function in the drug policy and the monitoring function of drug epidemiology; the status of the NMCD has been clearly defined not only in the context of the Government Office, but also in the individual components/elements of the drug information system in Slovakia, in which it functions as the national coordinator for drug information networks. As a national focal point of the REITOX network (the European Information Network on Drugs and Drug Addiction), the NMCD monitors the situation with regard to psychoactive substances at a national level and provides information on drugs in the Slovak Republic in order to ensure the direct and regular exchange of information required by the EMCDDA.

1.2.1.2 Coordination at a regional level

Coordination of state drug policy at the local and regional level is the role of regional authorities (the territorial state administration). Every regional authority employs a local coordinator who coordinates responses to the drug problem – prevention, treatment, re-socialisation. Methodological direction is provided by the General Secretariat. (For more detailed information see the 2006 Report, chapter 1.2.2 – Coordination and institutional framework.)

In 2007, Government Resolution 165 of 28 February 2007 approved the dissolution of the stated regional authorities with effect from 30 September 2007. In this resolution the government also took note of the material prepared by the Ministry of Interior under the title “Report on the analysis of developments and the current situation in public administration”, which included a request of the General Secretariat that the drug problem should remain the responsibility of the proposed local offices in regional capitals. The National Council of the Slovak Republic also took note of the stated material, in the form of “Information on the results of the analysis of development and the current situation in public administration and proposed measures”, in resolution 277 of 21 March 2007. The Ministry of Interior subsequently proposed an organisation structure for the local offices in regional capitals that did not include provision for drug issues. At present the deputy prime minister for knowledge society, European affairs, human rights and minorities together with the General Secretariat is working to have the position included in accordance with the above resolutions.

Support to the coordination at a regional level

Various projects are used to support the improvement in the implementation of drug policy, the development of coordination and cooperation on drug issues at a local and regional level. For example, in 2006, still in the framework of the twinning project, Support for the Implementation of the NPF – component 4, the NMCD in cooperation with the General Secretariat, compiled and disseminated a methodological manual “Assistance and practical support in defining the characteristics of the drug situation at the regional level”.

In 2007 (January – September) implementation of the project “Educational Activities on drug issues”¹⁰ took place. The main aim of this project was to raise the professional level of persons responsible for the creation of drug policy at a local and regional level. A further aim of the project is to increase the qualifications of persons responsible for reducing drug crime

¹⁰ Under the Transition Facility, supported by EU funding and national co-financing under the Technical Assistance for the project Support for the Implementation of the NPF.

in the Ministry of Defence within the competence of the Military Police¹¹. The project includes the preparation of methodological guidelines, the first entitled “Rules and criteria for the creation and evaluation of regional anti-drug policy” and the second “Investigating drug crime”.

A specific complex project to provide regional support for drug policy at a regional level is the project “Concept for activating regional resources in the creation, implementation and evaluation in the drug policy of the Prešov region”¹². Its aim is to create a concept to identify resources in the region (expertise, personnel, institutions and auxiliary resources) and to define their skills and abilities for implementing drug activities. It also defines the status of such resources and their involvement in the creation, implementation and evaluation of drug activities in the region.

1.2.2 National strategic documents

1.2.2.1 National anti-drug strategy - NPDF 2004–2008

In April 2007, the government discussed and took note of¹³ the “Report on the medium-term achievement of the objectives and tasks of the NPDF drug strategy in the period 2005–2006”. It was based on the evaluation reports of the individual ministries represented in the ministerial board and the 2005 National Report on Drugs for REITOX. The Report on the medium term achievement was also discussed at the 2007 spring meeting of the ministerial board.¹⁴

In the area of demand reduction, the report states that drug prevention was incorporated into the curriculum of individual subjects and became an integral part of the education process¹⁵ in elementary and secondary schools; there was improved coordination and cooperation between preventative and counselling facilities of the ministries of education, health care and social affairs and the police in individual areas. Furthermore, a series of successful measures were implemented in health care and the social sector to provide assistance to addicts and vulnerable groups and reintegrate them into society. In the area of supply reduction, measures are being taken to support various forms of judicial cooperation, legislation has been improved and there is better control over legal production of narcotic and psychotropic substances to prevent the illegal trafficking of such substances.

The report indicates rising cannabis use among young people and increasing numbers of crimes committed in relation to the production, distribution and consumption of drugs, and also increased numbers of arrests.

The report emphasises the need to change current methods of financing and create a stable system for financing drug strategies and programmes. The government already approved¹⁶ Rules for the financing of drug policy in 2006. These Rules are to be developed by 2009 to take into consideration the new NPDF for the 2009–2012 period. The report also emphasises the need for increased participation in the performance of tasks related to drug problems at a regional and local level and calls for the reinforcement and further development of cooperation and coordination between state and local authorities, civil activities and the practical and scientific sectors in implementing drug policy

¹¹ In 2006 another project was carried out to increase the professional skills of the Military Police “Training and Education for Military Police Specialists in Detecting and Solving Cases of Drugs Crime”. Specialists from the police criminalistics-expertise institute and the customs authority participated as lecturers. 24 military police officers took part.

¹² Supported by EU funding and national co-financing under the Technical Assistance for the project Support for the Implementation of the NPDF.

¹³ Government Resolution 314 dated 4 April 2007

¹⁴ Government Resolution 314 dated 4 April 2007

¹⁵ Ministry of Education 2007, materials for the education sector for the medium term evaluation of implementation of the 2004–2008 NPDF within the area of responsibility of the Ministry of Education

¹⁶ Resolution 288 of 5 April 2006

1.2.2.2 The National Action Plan for Alcohol-related Problems

Government resolution 974 of 29 November 2006 approved the 2006–2010 National Action Plan for Alcohol Problems submitted by the Ministry of Health.

The National Action Plan for Alcohol Problems (hereinafter referred to as “NAPAP”) contains objectives, basic principles and key aspects of this issue. It has been prepared in accordance with the Framework for Alcohol Policy in the World Health Organisation European Region¹⁷. The NAPAP sets out the importance of prevention in particular as regards the prevention of alcohol-related harm to children and young people, in transport and in the workplace. Emphasis was also given to ensuring the availability of treatment for persons suffering from alcohol problems, especially addiction syndrome. The key roles of NAPAP include two main objectives that focus on changing the attitudes of people to the consumption of alcohol and to those who consume alcohol. One focuses on disseminating throughout society the view that every person is entitled to “situational abstinence”. The aim is to change the social stereotype under which there are certain social circumstances in which drinking alcohol is the rule and not drinking is an eccentricity; or in another words to make socially unacceptable the pressure and repeatedly offer of alcohol to someone who has once refused it. The second important target for the NAPAP is to change the attitudes of health professionals towards patients with alcohol addiction. (Okruhlica Ľ., Stowasserová N., 2007) Performance of tasks under the NAPAP will be reviewed every two years in a report that the Ministry of Health will submit for consideration by the government; the first report will be issued by 30 April 2008.

1.2.2.3 National Programme for Tobacco Control

The government approved the National Programme for Tobacco Control in May 2007 (resolution 398 of 2 May 2007). Its main objective is to achieve twice the annual reduction in the number of smokers compared to the current reduction. The programme provides a framework for measures at a national and regional level to reduce the prevalence of smoking and protect people against passive smoking; it is expected to contribute to the construction of a tobacco-free social environment and support multi-sectoral cooperation in reducing supply and demand for tobacco products. Under the national programme, such approach should be applied that leads to stricter control of tobacco, especially in the sphere of legislation and tax policy. Implementation is directed by the Ministry of Health.

In 2008, the minister of health will present a draft action plan developed under the National Programme for Tobacco Control.

1.2.2.4 Strategy document on doping

In 2006 there was also discussion of a new national strategy for the fight against doping, but no final document on this matter was completed.

1.2.2.4 New concept of counselling services in the education sector

At the start of the year, Government Resolution 283 of 21 March 2007 approved the new concept of counselling services in the education sector “The concept of the educational-psychological counselling system and its practical implementation.” The aim of the concept is to define and improve the counselling system in education for the prevention of developmental problems in children – including drug problems. The concept will also be used in the preparation of a new education act.

17

[http://www.rokovania.sk/appl/material.nsf/0/97EE1E2DD1B8C97BC125722D00363C95/\\$FILE/Zdroj.html](http://www.rokovania.sk/appl/material.nsf/0/97EE1E2DD1B8C97BC125722D00363C95/$FILE/Zdroj.html) (accessed 21.08.2007)

1.3 Implementation of policies and strategies

Support to the Implementation of the 2004–2008 National Programme for the Fight against Drugs in the Slovak Republic

The twinning part of the project Support to the implementation of the 2004–2008 NPDF supported by EU funds and national co-financing was officially completed and the results achieved were presented at the final conference in December 2006. (Further information on the project is given in the 2005 and 2006 Reports.)

The final report, submitted in April 2007, made the following recommendations:

- Establish the position of “drug policy coordinator” in those ministries that do not yet have such a position, in order to create a flexible network and strengthen personnel capacity at a national level. In this context it should be noted that the government instructed¹⁸ the ministers who are members of the ministerial board to take the appropriate organisational and personnel measures in order to ensure more effective implementation of drug policy.
- To create in ministries budgets for the approved drug Action plans in the areas of competence of the ministries and to recommend that they be placed under the control of the “ministerial drug policy coordinators” (this could strengthen their competence and ability to finance planned activities).
- Civil society involved in the system of assistance for drug addicts, as represented by NGOs, should be strengthened and provided with reliable financial foundations. Quality standards should be applied for those who want to obtain public funding.
- The report further recommends that regional drug coordinators should be based in community administration rather than the state administration. Their areas of competence should be reviewed and they should have their own budget to finance activities according to local needs. It is however generally necessary that cooperation at the national level should be preserved.
- There should be discussion and clarification of the method of financing for activities relating to drug problems and cooperation with the Anti-Drug Fund, and development and implementation of measurable methods of financing.
- For the implementation of secondary (selective) prevention, the report recommends amending the legal framework with regard to young users, who break the law for the first time. The aim should be to provide young offenders with assistance, which is more effective than prison, while they can still avoid becoming criminals for life.
- For maintaining the process in the future the report states that it will be necessary to develop conditions for international cooperation where relevant representatives could take part e.g. in the European network in the field of prevention and treatment.

Two technical assistance sub-projects begun in 2006. One of them addressed the creation of new opportunities for making use of the drug information portal, simplification of its administration, increased efficiency in communication between organisation and institutions cooperating with the General Secretariat and the NMCD. The second is the project “Education activities on drug problems” – see part 1.2.1.2 – Coordination at a regional level.

Two funding rounds of the project Grant Scheme provided a total of EUR 920,304 to 25 subjects. All subjects have begun implementation of their projects, which should be completed in the third quarter of 2007.

¹⁸ Government Resolution 314 dated 4 April 2007

“Improving and broadening the care for the re-socialisation and rehabilitation of persons addicted to psychoactive substances”.

This project under the 2006 Transition Facility was approved by the European Union in 2006. EU funds amount to EUR 950,000 and national co-financing provided EUR 200,000. The aim of the project is to develop quality standards for the provision of professional assistance to addicts and use them to increase the quality of personnel and institutional resources in re-socialisation facilities by improving their professional readiness and skills for working with persons addicted to psychoactive substances in order to raise the standard of the provided services. The partners in the project are France as the senior partner and Finland as the junior partner.

The project was developed by the General Secretariat in cooperation with the Ministry of Labour, Social Affairs and Family (hereinafter referred to as “MLSAF”) and the Association of Re-socialisation Centres. It will be implemented by means of three components – Twinning, Technical Assistance and a Grant Scheme. The project began officially on 8 August 2007 and will continue until January 2009. The final beneficiaries of the project are the MLSAF, the regional governments and municipal authorities, as the establishing authorities of re-socialisation centres, and re-socialisation centres themselves.

The twinning part of the project is aimed at the preparation of an analysis of the current situation in re-socialisation facilities, the preparation of staff and professional standards for re-socialisation centres and the implementation of continuing education and training for employees of such facilities. Technical assistance will be used in the project to provide for project education activities. The grant scheme is intended to finance projects submitted by non-governmental organisations, non-profit organisations and local authorities that provide re-socialisation and rehabilitation treatment for persons addicted to psychoactive substances. In order to qualify for financing under the grant scheme, projects must lead to the improvement and broadening of services provided by the facilities, including assistance in returning to normal life.

Another important project coordinated by the Slovak Republic, the Centre for the Treatment of Drug Dependencies in Bratislava, is a project aimed at improving access to treatment for people with alcohol and drug problems – IATPAD (Improvement of Access to Treatment for People with Alcohol- and Drug- Related Problems). For more information on the project see chapter 13.2.1. – Main recent studies and chapter 5.1 – Treatment system.

1.4 Budget and public expenditure

Information on drug related public expenditure is covered in chapter 11 –Public expenditure.

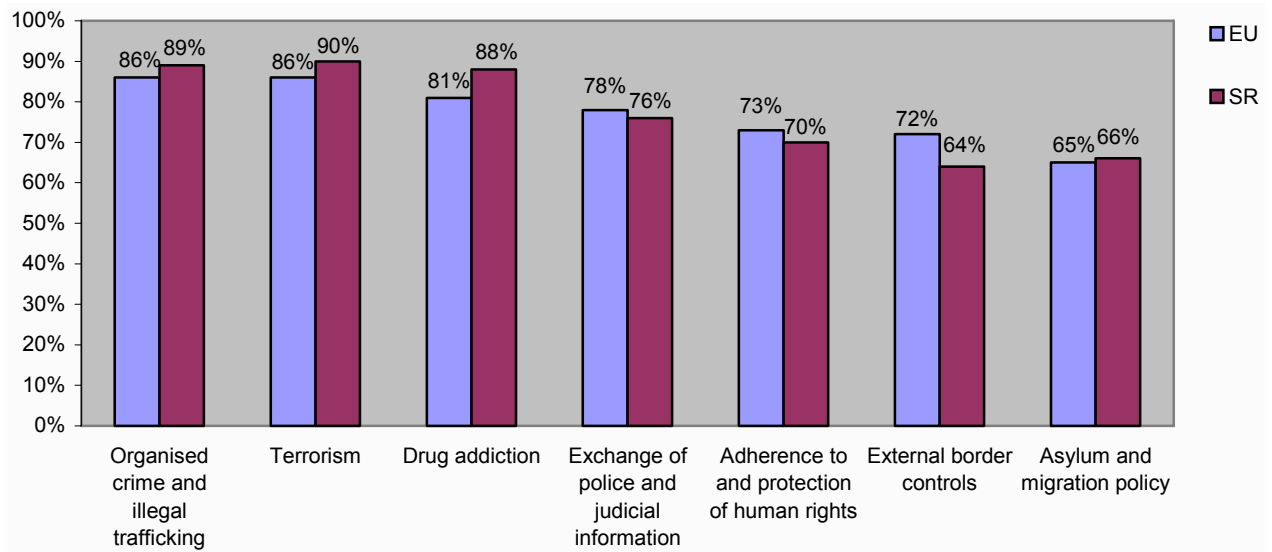
1.5 Social and cultural context

1.5.1 Public opinion on drug issues

According to research carried out in 2006, the adult population does not tend to see drug addiction as a threat (Public Opinion Research Institute (PORI) of the Statistical Office, 2006). Just under a quarter of respondents see it as a large threat. Slovak society sees drugs mainly in terms of rising crime and considers strict drug laws as the most effective measure (55% of respondents) and increased activity of the police and customs control (53%) (PORI at SO, 2006).

Slovaks would welcome greater interest on the part of the EU in initiating measures against organised crime, the fight against terrorism and in the fight against drug abuse, at levels that are higher than the EU average (Eurobarometer, 2006).

Fig. 1.1: Comparison of the opinions of Slovak citizens on the role of the EU with the EU average in various areas (Eurobarometer, 2006)



A large majority of adults reject any legalisation of any kind of drugs. The majority opinion is that any legalisation would increase the number of addicts and demand for drugs; but also that drugs and alcohol cause nearly the same problems for society (PORI at SO, 2006).

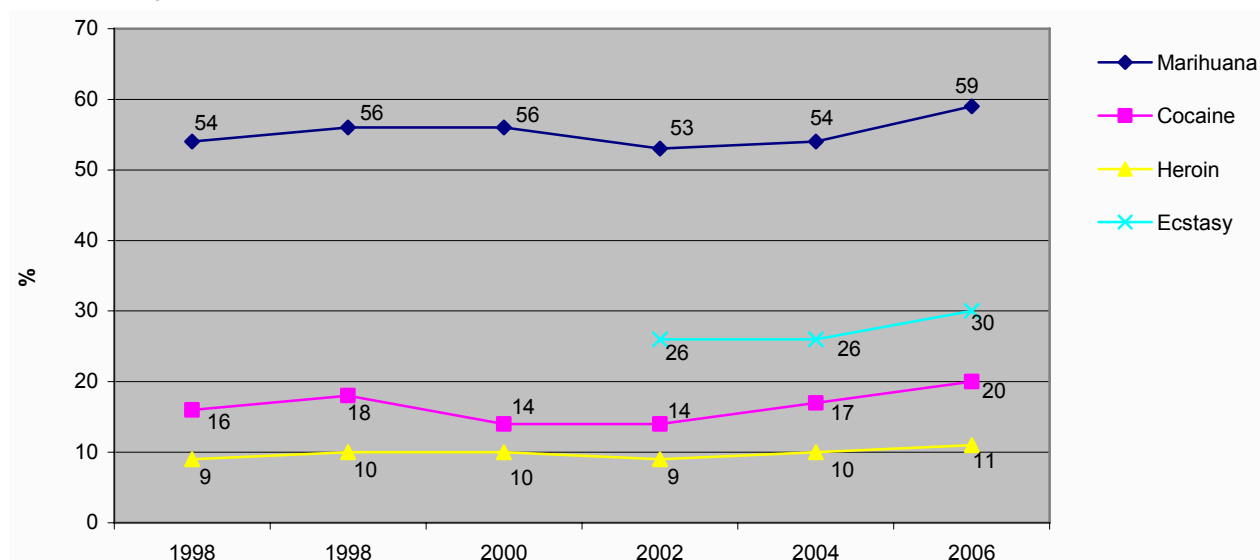
In another Eurobarometer survey, 16% Slovaks approved of the legalisation of marihuana – placing the country eighteenth out of 25¹⁹. The low rate of agreement with the legalisation of marihuana is confirmed by the results of other opinion polls, for example 9.8% of the 15–26 age group (Institute of Information and Prognoses of Education (IIPE), 2006), In the NMCD survey²⁰ (focussed solely on the use of cannabis) nearly 81% of the population (15–64) fundamentally or partly disagree with the opinion that people should be allowed to smoke marihuana/hashish, and this number rises to 87% in the 15–24 age group.

Several surveys show that in Slovakia marihuana is considered to be the least dangerous drug, especially among young people. More than half of young people (15–29 years) consider that trying it once or twice in a lifetime represents little or no risk (PORI at SO, 2006).

¹⁹ The greatest agreement was from respondents in the Netherlands (49%), the least in Finland (8%), in the Czech Republic 32% of respondents agreed.

²⁰ The extent of marihuana use in Slovakia and the screening of marijuana users with problems is discussed in Chapter 2 – Drug Use in the Population

Fig. 1.2.: Little or no risk from occasional use of cannabis, cocaine, heroin and ecstasy as declared by respondents aged 15–29 in Bratislava (PORI at SO, 2006)



As regards regular drug use, the percentage of young respondents in Bratislava who consider drug use as with little or no risk is much lower – compared to the data shown in fig. 1.2. In 2006, 12% of respondents saw regular marihuana use as a low risk activity; the proportion varied in surveys from year to year – from 16% in 1996 to 25% in 2002.

1.5.2 Attitudes to drug users

The majority of the Slovak population (60%) continues to think that drug users are sick people or eccentric people dissatisfied with the lifestyle of the majority (54%). The second opinion predominates mainly among younger group of the population. Overall the dominant opinion remains that drug addicts should be required to undergo treatment for their addiction (PORI at SO, 2006).

Since 2000 there has been a strong increase in the number of those who would not remain in a relationship with a person who underwent treatment for drug or alcohol addiction, up to 69% (from the previous 50%) and married couples would insist on their addicted spouse undergoing treatment (71%).

Marijuana, the media and society

At the end of 2005 and the start of 2006 a number of products appeared on the Slovak market that drew attention to themselves by the use of the characteristic marihuana leaf (posters, figures smoking joints, place mats, t-shirts, lighters). A number of food products also appeared promoting as “marijuana” products despite containing no THC. The presence of such products in ordinary shops may give consumers the impression that marijuana is a normal, legal and socially acceptable product.

The image of marihuana as a low risk drug is, although rare, supported by statements in the media that popularise its natural origin and a positive relaxation and therapeutic effects on the secondary symptoms of certain serious chronic illnesses. They also emphasise freedom of choice in the use of this illegal drug.

The general secretariat reacted to some comments in the media by asking the ethics and regulatory authorities for the given media to investigate them. The first case was the publication of a recipe involving marihuana in the former Live weekly, and its recommendation that smoking cannabis produces a faster effect than eating it. The

independent ethics authority (the Press Council) gave the weekly a serious warning. In the second case the Regulatory Authority for Radio and Television Broadcasting rejected the General Secretariat's complaint against the imbalanced broadcast "For and Against", which was in favour of marijuana.

The issue of the cannabis drink freely available in a chain of supermarkets²¹ was reopened in June 2006 (in the context of the International Day against Drug Abuse and Illegal Trafficking). Measures taken by the General Secretariat and support from the media lead to the product's removal from the market.

²¹ 2006 Report, p. 6

2. Drug Use in the General Population and specific sub-groups

Surveys of drug use in the general population are a good guide into the current situation and in its development if the surveys are conducted continuously. The results in individual survey cycles document the trend, whether rising, falling or stabilising. In the national context they contribute to our understanding of the problem of drug use and the formulation of strategic approaches and measures.

The highest level of international²² comparability of survey results is provided by the following surveys carried out in Slovakia in 2006: survey by the Public Opinion Research Institute (PORI) at the Statistical Office; the NMCD survey on estimates of the prevalence of marihuana use and the Tobacco-Alcohol-Drug (TAD) survey in part 2, where the questionnaire for students aged 16–19 is identical to the ESPAD questionnaire.

This chapter is based mainly on the results of population and school surveys carried out in Slovakia in 2006 (summarised in Table 2.1)

Table 2.1: Summary of population and school surveys in 2006

Name of survey/ publication	Institution	No. respondents	Selection method	Age group	Survey method	Field phase in 2006	Output for EMCDDA
Index: o = repeated p/ = periodicity							
Prevalence of drug use in Slovakia and public opinion on problems related to drug addiction O – P/2	PORI at SO	N=1305	quota	15-64	Face-to-face Standardised interview ²³ in home of respondent	October	ST 01
Prevalence of marihuana use in Slovakia and screening of marihuana users with problems Publication planned in 2007	NMCD	N=3039	quota	15-64	CATI Standardised interview by telephone – fixed line and mobile network	November	ST 01 CAST
Opinions and attitudes of young people to drug consumption in relation to individual regions of Slovakia	IIPE	N= 1526	quota	15-26	Face- to face Standardised interview in home of respondent	June	/
Tobacco-alcohol-drugs 1	Coordinator ²⁴ A. Nociar	N=6620 (+)	Stratified random selection	10-15	Anonymous questionnaire given in	April	ST 02 / TAD 1

²² Comparability with the European model questionnaire (EMQ), or ESPAD

²³ Guided interview supported by a questionnaire containing 83 questions relating to the subject matter of the survey and 7 demographic questions. All but 4 questions are closed and answers are given on a scale. An analysis of the items in the PORI at SO questionnaire, which is basically the same as the 1995 draft questionnaire of the Epidemiology Group of the Pompidou Group at the Council of Europe, showed that 61 questions were identical with the EMQ before adjustment (version published in Handbook of GPS, 2002 pp. 62-65). As regards content 50 items of the EMQ are covered by 25 questions in the PORI at SO questionnaire.

²⁴ The Research Institute for Child Psychology and Pathopsychology became the coordinating authority for the implementation of TAD and ESPAD in 2006. Other participating institutions: the Public Health Authority; the IIPE; the PORI at SO, the Ministry of Education and the NMCD.

O –P/4 Unpublished					classes		
Tobacco-alcohol- drugs 2 O – P/4 Unpublished	Coordinator A. Nociar	N= 6935	Stratified random selection	16-19	Anonymous questionnaire given in classes	April	ST 02/ / TAD 2

2.1 Drug use in the general population

2.1.1. Marijuana

The Slovak population has the greatest experience is marihuana/hashish use. Growth has slowed down since 2002. The greater prevalence of marihuana use compared to other drugs relates to its perceived and actual availability, low price, simple “production” (chapter 10 – Drug Markets) and underestimation or ignorance of the possible risks, especially those resulting from occasional use. For a certain age group, marijuana use is also a symbol of rebellion, an expression of freedom and refusal to conform, especially for young adults (15–34) and youth (15–24). Experimental and casual use is seen as part of a modern lifestyle, culture and youth values (NMCD, 2007c).

This section gives results on the prevalence of marihuana use in the general population based on two surveys carried out in November 2006 – the PORI at SO survey and the NMCD survey.

2.1.1.1 Results of the PORI at SO survey

Methodology

This survey has investigated prevalence of marijuana use in the population six times since 1996. The methodology was described in the 2006 Report chapter 2.

For the purposes of comparison with the European situation and the EMCDDA, since 2000 research data have been reprocessed in order to respect the different age group given in ST 01²⁵. Survey data given in this chapter apply for the population aged 15–64 and then for its age subgroups. In this case, the sample for ages 15–64 was 1 305 respondents.

Results

The estimated lifetime prevalence²⁶ for marijuana use recorded in the last survey cycle was 16.1%, which shows increased experimentation with this drug compared to the previous survey (15.6%). The increase is much less rapid than in the period 1998–2002 (See the 2006 Report, chapter 2.1 – Drug use in the population).

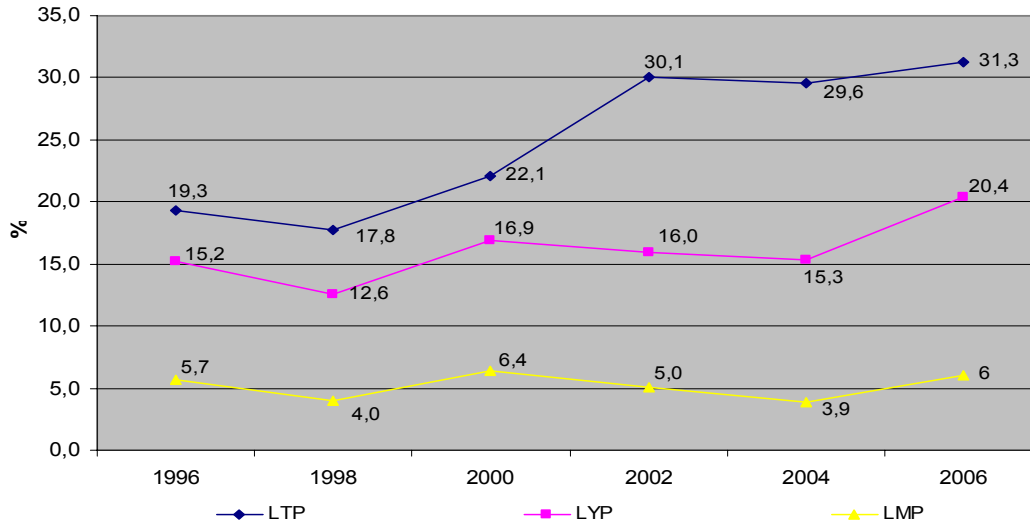
In the age group 15–24 the ten year period 1996–2006 show sharp growth in lifetime prevalence of marijuana use and slight growth in last year²⁷ prevalence. However the current use of the drug, in the last 30 days (LMP), shows an unchanged stable rate of around 5% (Fig. 2.1.).

Fig. 2.1: Development trend in the prevalence of marihuana use in the 15–24 age group (Luha J., ST 01 for REITOX (1996 – 2006), SO SR, 2006)

²⁵ The only identical age group is the 15–24 age group since 1996

²⁶ Lifetime prevalence (LTP) means experience in drug use at any time in the past (respondent has tried drugs one or more times in their life)

²⁷ Last year prevalence (LYP) means experience with drugs in the last 12 months



Men are found to have a higher prevalence. Gender differences shrink, however, as age decreases. In the 15–64 age group the ratio of men is three times higher, but in the 15–24 age group, the ratio of men to women is 2:1 (see the following table). The declining difference between genders can also be seen in the TAD survey data, where the ration of boys and girls in lifetime prevalence is 1.5:1 in the 16–19 age group and 1.2:1 in the 14–15 age group (TAD2, Table 2.10)

Table 2.2 a): Prevalence of marihuana use in the 15–64 age group by gender in 2006 (Luha J., ST 01 for REITOX (1996 – 2006), SO SR, 2006)

Used marihuana	Adults 15–64 %	Men 15–64 %	Women 15–64 %
Some time in life (LTP)	16.1	23.6	9.2
In the last year (LYP)	6.9	10.4	3.6
In the last month (LMP)	2	3.2	0.9

Table Tab.2.2 b): Prevalence of marihuana use in the 15–34 age group by gender in 2006, (Luha J., ST 01 for REITOX (1996 – 2006), SO SR, 2006)

Used marihuana	Adults 15–34 %	Men 15–34 %	Women 15–34 %
Some time in life (LTP)	28.6	39.0	17.1
In the last year (LYP)	14.7	20.4	8.4
In the last month (LMP)	4.2	6.2	1.9

Table 2.2 c): Prevalence of marihuana use in the 15–24 age group by gender in 2006, (Luha J., ST 01 for REITOX (1996 – 2006), SO SR, 2006)

Used marihuana	Young people 15 – 24 %	Men 15–24 %	Women 15–24 %
Some time in life (LTP)	31.3	39.0	22.3
In the last year (LYP)	20.4	26	13.9
In the last month (LMP)	6	8.4	3.1

2.1.1.2 NMCD Survey

Methodology

The survey conducted by the National Monitoring Centre for Drugs focussed on the use and abuse of marijuana. The sample (n=3039) included a larger number of young adults in the 15–34 age group (n=2020), which was subsequently weighted within the whole 15–64 age group (Luha J., Sádovská M., 2007). Respondents were contacted by telephone using the CATI method.

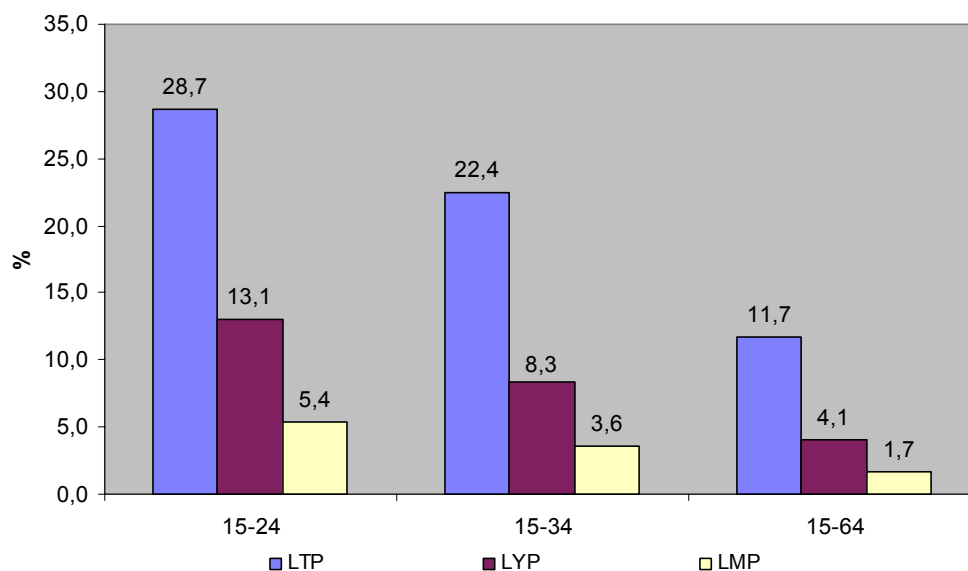
For the first part of the standardised interview used questions from the EMQ relating to marijuana and the second, “abuse” part of the interview used the French CAST (Cannabis Abuse Screening Test) module, which is a fast screening method to identify users who could have psychological or psycho-social problems as a result of intensive consumption of marijuana. CAST²⁸ comprises 6 questions and is one of 4 current EMCDDA test scales for identifying the effects of intensive marijuana use and near clinical diagnosis of the symptoms of intensive marijuana use. The objective of the NMCD survey was to determine whether there is a real need for selective prevention or other measures for marijuana-using populations.

The NMCD survey (2006) filtered questions relating to intensity of use (CAST) according to last month prevalence. In this it differs from other surveys (France, Spain), where the target group was very young people (15–19 years) and the CAST questions were given to respondents who had used marijuana/hashish during the last 12 months.

Results

As Fig. 2.2 shows, among young adults aged 15–34 (n=2020), lifetime prevalence was 22.4% and last year prevalence 8.3%. Of those who had tried marijuana, most were in the 15–24 age group. Current use (LMP) of marijuana was reported by 3.6% of respondents (73 persons after weighting, originally 77 respondents). In the 35–64 age group only one current user was identified.

Fig. 2.2: Prevalence of cannabis use in the population by individual age groups, (NMCD, 2006)



N= 3039

²⁸ At the annual EMCDDA meeting of national experts on population surveys in June 2006 CAST was presented as a reliable instrument for the quick selection of users who may have problems resulting from intensive use.

Attitude and perception of risk

In the cited survey 73.1% of respondents mainly or strongly felt that people should not be permitted to use marihuana or hashish and 13% were undecided. 89.4% of respondents felt that regularly smoking marihuana or hashish represented a medium or high risk and 10.6% felt that there was no risk or only a small risk.

Age of first use

More than half of respondents (56.1%) who admitted having used marihuana/hashish at some time, were 17 or younger at the time of first use. The age mentioned most frequently for first use of marihuana/hashish was in the 15–17 range. The average age for first use was 17.72 years; the lowest age given was 11 and the highest 32 years.

Frequency of use among current marihuana users

Results for the question: “How often have you used marihuana or hashish in the last 30 days?” are given in the following table. % of users is given in relation to the 15–34 age group (n=2020).

Tab. 2.3: Frequency of cannabis use for current users (Luha J., Sádovská M., 2007)

Frequency of cannabis use in last 30 days	%
Every day or nearly every day	0.3
Several times a week	0.9
at least once a week	0.8
Less than once a week	1.7

In the young adult group (15-34 years) 3.6% stated that they currently use marihuana/hashish. Based on the partial score in the 6 CAST questions, the survey found that 0.9% of respondents could be considered consumers whose use of marihuana would cause certain socio-psychological problems (based on a score of 4+).

The authors of CAST also defined a medium level of risk in marihuana use, represented by a score of 2+. If this level of risk is accepted the proportion of respondents rises to 1.6%. The following problems were mentioned most frequently: an unsuccessful attempt to reduce the dose or completely give up the use of marihuana/hashish, memory problems, use of marihuana in the morning (needing to calm down and relax in the morning contradicts the proclaimed social and recreational function of the drug).

More detailed results of the survey will be given in a publication whose working title is Distribution of Marihuana Use in Slovakia and Screening of Marihuana Users with Problems. It will also include a study comparing the results of the surveys by the NMCD and the PORI at SO relating to marihuana.

Table: 2.4: Comparison of estimates of prevalence in individual age groups in the two surveys (Luha J., Sádovská M., 2007)

		NMCD	PORI at SO
15 - 64	LTP	11.7*	16.1*
	LYP	4.1*	6.9*
	LMP	1.7	2
15 - 34	LTP	22.4*	28.6*
	LYP	8.3*	14.7*
	LMP	3.6	4.2
15 - 24	LTP	28.7*	31.3*
	LYP	13.1*	20.4*
	LMP	5.4	6

* Significant difference identified by a two-tailed Fisher test, P=0.000.

All data on prevalence estimates in the NMCD survey, obtained by using a different survey method and a nearly four times larger sample of respondents in the 15–34 age group are lower. The differences in the case of LTP and LYP are statistically significant, while for prevalence of current use (LMP) the difference is not statistically significant. The differences may be due to methodological differences between the surveys, but also the fact that the sample size for LMP is so much smaller.

As additional information that contribute to our understanding of lifetime prevalence of marihuana use could be used the results obtained by the Institute of Information and Prognoses of Education²⁹ (hereinafter referred to as “the IIPE”) in its research on “Opinions and attitudes of young people to drug consumption in individual regions of Slovakia” (repeated surveys from 1998 and 2001). In a representative sample of 1 526 respondents aged 15–26, 249 respondents (16.3%) admitted experience of using at least one kind of illegal drug, most of whom – 92.6% (230) or 15% of the total sample – had experience with marihuana use.

The data given below on the prevalence of other types of drugs is based on the results of the survey conducted by the PORI at SO, calculated for the population aged 15–64 as provided to the EMCDDA.

2.1.3 Heroin

Compared to 2004, when the lifetime prevalence (LTP) of heroin use in the population aged 15–64 increased to 1.1%, in 2006 it fell to 0.9%. In the 15–34 age group 2.5 times more men than women had used heroin. In the last three waves of research (2002–2006), no women were found who had used heroin in the last 30 days, in contrast to cocaine use.

Table 2.5: Prevalence of heroin use among men and women in 2006 by age group in % (Luha J., ST 01 for REITOX 2006, SO SR, 2006)

Used heroin	Adults 15–64		Young adults 15–34		Youth 15–24	
	Men	Women	Men	Women	Men	Women
Some time in life (LTP)	1.3	0.6	2.4	1.1	3.3	1.5
In the last year (LYP)	0.5	0.2	1.1	0.4	1.3	0.8
In the last month (LMP)	0.2	0.0	0.4	0.0	0.7	0.0

2.1.4 Cocaine

Lifetime prevalence for cocaine use in the 15–64 age group increased very slightly in 2006 to 1.2%. The ratio of men to women in last year prevalence is approximately 3:1, this difference balances out in last month prevalence, however, where there are slightly more women than men.

Table 2.6: Prevalence of cocaine use among men and women in 2006 by age group in % (Luha J., ST 01 for REITOX 2006, SO SR, 2006)

Used Cocaine	Adults 15–64		Young adults 15–34		Youth 15–24	
	Men	Women	Men	Women	Men	Women
Some time in life (LTP)	1.9	0.6	3.5	0.4	4.0	0.8
In the last year (LYP)	1.0	0.3	2.1	0.4	2.6	0.8
In the last month (LMP)	0.2	0.3	0.4	0.4	0.7	0.8

²⁹ In. Drogy a životný štýl mládeže (Drugs and youth lifestyle), IIPE 2006

2.1.5 Amphetamines

Use of amphetamines has been reported independently in the standard table ST 01 for REITOX since 1998. In Slovakia it is characterised by use of methamphetamine in powder form – pervitin. (Pervitin is usually cited to respondents as an example of an amphetamine.)

Lifetime prevalence of amphetamine (pervitin) use in the sample 15–64 age group was 1.2% in 2006. Compared to 2004 there was a slight reduction from 1.5%. Last year prevalence in 2006 was 0.3% and last month prevalence was 0.2%.

The highest rates of prevalence are found in the 15–24 age group. Lifetime prevalence in this age group is estimated at 3.6%, compared to the 2.4% in the 15–34 age group and 1.2% in the 15–64 age group. Since 1998 there has been a slight increase in last year prevalence from 2.4% to 3.6% with use by men clearly predominating.

Table 2.7: Prevalence of amphetamine use among men and women in 01 by age group in % (Luha J., ST 2006 for REITOX 2006, SO SR,)

Used amphetamines	Adults 15–64		Young adults 15–34		Youth 15–24	
	Men	Women	Men	Women	Men	Women
Some time in life (LTP)	1.9	0.6	3.5	0.4	5.3	1.5
In the last year (LYP)	1.0	0.3	2.1	0.4	1.3	0.8
In the last month (LMP)	0.2	0.3	0.4	0.4	0.7	0.8

2.1.5 Ecstasy

Ecstasy use also shows a slight rising trend. Since 2002 it has increased from 1.8% through 4% in 2004 to 4.3% in 2006. Use is slightly more common among men than women. Approximately twice as many men as women had used ecstasy in the last year. A comparison of results with the previous survey wave reveals stable growth in the prevalence of ecstasy use among women. The ratio of men to women in LYP in 2002 was 3:1 and this fell to 2:1 in 2006.

Table 2.8: Prevalence of ecstasy use among men and women in 2006 by age group in % (Luha J., ST 01 for REITOX 2006, SO SR, 2006)

Used ecstasy	Adults 15–64		Adults 15–34		Young adults 15–24	
	Men	Women	Men	Women	Men	Women
Some time in life (LTP)	6.1	2.7	10.8	5.7	11.8	7.7
In the last year (LYP)	2.1	1.2	4.2	3.0	5.3	5.4
In the last month (LMP)	0.5	0.5	1.1	1.1	2.0	1.5

2.1.6 Poly-drug use

Although the PORI at SO survey does not track poly-drug use, according to Luha (2007) combined use of drugs can be at least partially investigated using contingency tables. Due to the low absolute numbers, the prevalence of combined use of two drugs in terms of LTP has been studied.

The most frequent combination found was cannabis and ecstasy (3%) and cannabis + medicines at 2.4%. Other pairs are shown in Table 2.10

Table 2.9.: Overview of combined prevalence of “drug pairs”. Luha J. National Report on GPS in Slovakia, June 2007

	cannabis	heroin	Cocaine_crack	amphet.	ecstasy	LSD_halucinog..	Pharma.	anabol.	Volatile subst.
cannabis	***	9; 0.7%	15; 1.2%	12; 0.9%	39; 3.0%	9; 0.7%	31; 2.4%	12; 0.9%	15; 1.2%
heroin		***	4; 0.3%	2; 0.2%	2; 0.2%	2; 0.2%	4; 0.3%	1; 0.1%	0
Cocaine_crack			***	3; 0.2%	8; 0.6%	2; 0.2%	4; 0.3%	1; 0.1%	2; 0.2%

Amphet.				***	12; 0.9%	2; 0.2%	3; 0.2%	2; 0.2%	1; 0.1%
ecstasy					***	6; 0.5%	11; 0.9%	5; 0.4%	6; 0.5%
LSD haluc.						***	6; 0.5%	3; 0.2%	2; 0.2%
Pharma.							***	13; 1.0%	7; 0.5%
anabol.								***	3; 0.2%
Volatile subst.									***

Given different numbers of missing data, the total sample size is changed from n = 1305 to n = approx. 1290
Data are reported as: number of cases; %

2.2 Drug use in the school population and amongst young people

2.2.1 School survey Tobacco – alcohol – drugs

Methodology

Between 24th and 28th April 2006, the data collection for the national representative school survey Tobacco – Alcohol – Drugs (hereinafter referred to as “TAD”) took place, which is conducted in Slovakia in four-year cycles. TAD consists of three separate modules: TAD1 for students of elementary school aged 10–15, TAD2 for secondary school students aged 16–19 and TAD3 for teachers in elementary and secondary schools. Data collection is carried out by means of anonymous questionnaires administered in classes. Questionnaires were placed in empty envelopes on being completed, which are then sent from the class and the school for central processing, which ensures that neither individuals, nor classes nor schools can be identified. The section of the TAD2 questionnaire on illegal drugs is largely identical with the items in the ESPAD questionnaire. The sample size for TAD 1 was 3 603 boys and 3 263 girls (aged 10–15) while for TAD2 it was 2 629 boys and 3 831 girls aged 16–19.

Results

Schoolchildren aged 10–13 are most likely to have experience of tranquilisers and sedatives³⁰. These are followed by inhalants and marihuana. There is a greater prevalence of marihuana among 14-year-olds (8.7%) and its frequency increases rapidly as schoolchildren and students get older (38.8% for students aged 19). The second most widely tried group of psychoactive substances in the 14–19 age group was tranquilisers and sedatives. The third most frequently tried drug, which appears at age 17, is ecstasy.

Girls are more likely than boys to experiment with tranquilisers and sedatives, with a clear predominance appearing around the age of 14.

Table 2.10.: Lifetime prevalence of drug use for schoolchildren and students according to TAD1 and TAD2 for 2006 in % (Nociar A., ST 02 for REITOX, 2007)

Drug		Age									
		10	11	12	13	14	15	16	17	18	19
Marihuana	B	0.9	1.0	2.5	5.1	9.5	16.6	29.2	41.0	45.5	48.6
	G	0.8	0.4	1.9	2.1	7.9	13.4	20.0	27.6	29.0	32.9
	Σ	0.8	0.7	2.2	3.7	8.7	14.6	25.1	33.4	35.3	38.8
Tranquilisers and sedatives	B	0.9	1.1	2.7	4.5	5.5	5.2	6.1	8.0	8.4	10.0
	G	1.8	1.1	3.1	4.1	8.3	10.5	11.8	15.3	13.8	14.9
	Σ	1.3	1.1	2.9	4.3	6.8	7.6	9.4	10.8	11.9	13.1
Ecstasy	B	0.9	0.0	1.3	1.4	2.0	2.5	2.4	7.0	8.8	11.7
	G	0.9	0.4	0.6	0.9	0.6	1.7	3.7	5.3	6.1	8.7
	Σ	0.9	0.2	1.0	1.2	1.4	2.0	3.2	6.0	7.2	9.8
Amphetamines	B	0.0	0.0	0.7	0.7	0.5	1.8	2.4	5.9	6.0	6.9

³⁰ The TAD questionnaires include questions on medicines formulated to suit the age of the respondent; e.g. pain killers (without prescription), sleeping pills (without prescription).

	G	0.0	0.2	0.0	0.5	1.1	1.9	3.1	3.5	4.6	5.8
Total	Σ	0.0	0.1	0.4	0.6	0.8	1.8	2.8	4.5	5.2	6.2
Inhalants	B	2.6	0.7	2.2	4.3	4.3	5.5	6.4	5.6	5.2	6.5
	G	0.0	1.3	2.3	3.8	2.8	2.7	5.5	4.5	3.3	4.1
Total	Σ	1.3	1.0	2.3	4.1	3.6	4.2	5.9	5.0	4.1	5.0
LSD, or hallucinogens	B	0.9	0.4	0.8	1.1	1.3	1.2	2.4	4.3	3.8	6.1
	G	0.0	0.2	0.0	0.3	0.5	1.1	1.6	1.4	1.9	2.4
Total	Σ	0.4	0.3	0.4	0.7	0.9	1.0	2.0	2.6	2.6	3.8
Heroin	B	0.9	0.2	0.6	0.6	0.9	0.4	0.3	1.4	1.1	1.0
	G	0.0	0.2	0.2	0.2	0.2	0.4	0.7	0.7	0.7	0.4
Total	Σ	0.4	0.2	0.4	0.4	0.6	0.4	0.5	1.0	0.9	0.6
Cocaine	B	0.9	0.2	1.0	1.3	0.4	0.9	0.8	2.1	2.8	2.5
	G	0.0	0.6	1.1	0.5	0.3	0.6	1.4	1.5	1.7	1.6
Total	Σ	0.4	0.4	1.0	0.9	0.4	0.7	1.1	1.7	2.1	2.0

2.2.2 Youth (15–26) surveys

Methodology

The IIPE has studied consumption of illegal drugs by young people aged 15–26 as part of its research tasks with a much wider scope since 1995. In June 2006 a regular survey was conducted focussed on comparing the situation in all regions in Slovakia in the period 1998–2006.

The questionnaire is completed by an interviewer during a face-to-face interview with the respondent in their home. 1 526 questionnaires were processed in 2006, of which 752 (49.3%) were for male respondents and 774 (50.7%) were for female respondents. The IIPE survey also studies the frequency of drug use in the last month³¹.

Results

16.3% of respondents (249) admitted experience of at least one kind of illegal drug in 2006. 20.2% of men and 10.7% of women have experience of using illegal drugs. Again in 2006, marihuana was the drug tried most frequently – by around 15% of respondents.

Although prevalence was lower than in 2005 (20.8%), at 16.3%, the long term trend observed among young people aged 15–26 is for a slight rise in the numbers who have tried illegal drugs at some time in their life. The percentage of those who had used drugs in the last month fell.

Table 2.11.: Comparison of frequency of drug consumption in IIPE surveys in 1998, 2001 and 2006 (Pétiová M. et al., 2006)

Frequency of drug use in the last month (LMP) Q.78 how many times have you used an illegal drug (other than alcohol and nicotine) in the last month	1998 N=232	2001 N=271	2006 N=249
Not once	63.9	59.5	68.1
Less than 5 times	23.9	23.7	21.4
More than 5 times	8.0	11.7	9.6
Don't know	4.2	5.1	0.9
Total	100%	100%	100%

The most frequent age when young people start to experiment with drugs is between 14 and 18. 11.3% of young people tried drugs before 14; 68.1% did so aged 15–17 and 20.9% of those asked had their first drug experience aged 18–22.

³¹ Less than 5x and more than 5x

More than half of respondents obtained their first drug from a friend (53.3%) and a third of young people (31.4%) obtained it from a schoolmate. It is interesting that the number who was offered drugs by a sibling³² increased compared to 1998 and 2001.

Comparison of the results of the IIPE for individual Slovak regions

The results of the survey for 2006 show increased experience of drug use in Košice and Trenčín regions.

Table 2.12. Comparison of results for individual Slovak region in % (Bieliková M., Pétiová M., 2006)

Experience of drugs	Bratislava	Trnava	Trenčín ▲	Nitra	Žilina	Banská Bystrica	Prešov	Košice ▲
2006	18.4	10.7	19.8	16.0	11.8	15.7	11.6	19.9
2001	24.9	15.7	16.0	16.9	15.3	21.4	15.0	14.3
1998	21.6	15.1	15.6	15.4	12.5	15.7	10.9	16.9

As in the surveys cited above, respondents in all regions have the most experience of marihuana. In second place, respondents are most likely to experiment with ecstasy in the Bratislava, Trnava and Košice regions, with volatile substances in Trenčín, Žilina, Banská Bystrica and Prešov regions and with tablets in the Nitra region. The third place in all regions was taken by tablets (medicines), in Trenčín and Nitra together with alcohol (Bieliková M, Pétiová, and M. 2006).

2.3 Drug use in specific population groups

In 2006 there is no information available about surveys conducted in Slovakia on the use of illegal drugs in specific³³ population groups. Chapter 8 includes some information from the Bordernet survey (drug users among sex workers) and a local survey of homeless people. In terms of research tasks, Prešov University implemented a biomedical survey of smoking among pregnant women including comparison of the majority population and the Roma ethnic minority. More information can be found in chapter 12 – Vulnerable groups of young people subchapter 12.1.2.8.

2.4 Drug use in recreational³⁴ settings

A NMCD survey in 2006³⁵ focussed on the use of legal and illegal drugs in discotheques and clubs. The interviewers – social workers from the Prima civil association – interviewed respondents – patrons of 20 Bratislava clubs and discos – during the months of May and June 2006. In total 300 questionnaires were completed and analysed. 233 patrons (77.6%) admitted experience of legal and illegal drugs.

The most common illegal drug of which visitors to clubs and discos had experience was marihuana, which 209 respondents admitted to using at some time in their life (the ratio of 113 men to 96 women is not statistically significant). Only 42 (20.1%) of respondents stated that they had used marihuana directly in a bar, club or disco.

³² Siblings as a source of illegal drugs (including paid) appear in information from the PORI SO survey. The largest number of those in the 15–34 age group who said that they had tried drugs – 35.2% – some time gave this answer to the question “Who did you get drugs from?” Friends came after this.

³³ The EMCDDA definition (children in surrogate institutional and protective care, young offenders, young people coming from socially and culturally disadvantaged backgrounds, the homeless, immigrants, ethnic groups...)

³⁴ Recreational drug use – usually involving illegal drugs – in a social or relaxing context, without consequences, i.e. without drug addiction or other problems. The term recreation use (WHO, 1994) is expanded by the EMCDDA to cover drug use in nightclubs for entertainment purposes (2002) and UNODC even adds a social motivation to the term – drug use amongst friends in a sociable and accepting environment. Source: Young People and Drugs, 2006, 252 pp

³⁵ 2006 Report, p. 40.

The most likely illegal drug to be taken in a recreational setting according to this survey is ecstasy. Of all the types of drug, the largest proportion (50.7%) replied that they used ecstasy in clubs and bars.

3. Prevention

The main objectives and framework for drug prevention are defined in the 2004–2008 NPDF, where prevention is one of the four pillars of the national strategy. Implementation of drug prevention is the responsibility of the three key ministries – Education, Health and Labour, Social Affairs and Family, with further significant contributions from the Ministry of Interior and increasingly also civil society and community structures.

The institutional and organisational system for implementing prevention for the largest and currently most accessible target group, which is children and young people in schools and educational facilities at various levels, is described in detail in the 2006 Report. In the area of education for children and young people, universal prevention is understood from multiple perspectives and the central idea in the prevention of addiction is support/protection of health and/or the development and strengthening of life skills.

In the network of education facilities, every district has a pedagogical and psychological counselling centre (hereinafter referred to as “PPCC”) and a centre for educational and psychological prevention (hereinafter referred to as “CEPP”), that play the key role in preventing anti-social influences. In 2006 there was a change in these institutional framework whereby the CEPP were incorporated into the PPCC.

The function of drug prevention coordinator in schools, which is established in almost every school, contributes a further approach to prevention provision. The new concept of counselling services in the education sector gives the school drug prevention coordinators and school psychologists and educational advisors a new and stronger status. The concept was developed in 2006 and approved by the government in 2007.

3.1. Universal prevention

Compared to 2005 there were no significant changes in the concept or content of drug prevention from the information given in the 2006 Report. Likewise, a description of the most important interventions under individual sectors/ministries carried out by public authorities and NGOs is given in Chapter 3 – Prevention and Chapter 11 – Drug use and related problems among very young people in the 2006 Report, and in older reports.

EMCDDA added a structured questionnaire on universal prevention to this year’s report (SQ 22-25), which is standardised for all countries. Given the extent of the relevant information given in the previous reports and the questionnaire, this chapter presents statistical information monitored by the IIPE that gives a quantitative illustration of the activities and programmes that are provided and available and the size of the target groups.

3.1.1. Prevention in schools and drug education

Prevention in schools is the responsibility of the Ministry of Education and has two levels. One is the area of education towards health and health protection, in which the Ministry of Education cooperates with the Ministry of Health³⁶. Drug prevention – as a part of prevention of behaviour that represents a risk to health and other health risk factors is addressed comprehensively – it focuses on alcohol, smoking and illegal drugs and partially on risk behaviour. For example, between November 2005 and May 2006, there was a contest for non-smoking classes, which took place in 285 classes in 109 schools. More than 9 000 pupils entered the competition and by the end of the competition 227 classes from 76 schools had not broken the basic rules. Another example of the prevention of risk behaviour

³⁶ Also with its institutions such as: regional public health authorities, specialised centres for the treatment of drug dependencies.

is the prevention programme “With game against AIDS” which is implemented in schools under the supervision of the Public Health Authority.

The second level of prevention in schools is the strengthening of social skills and abilities (life skills), as a necessary protective factor in the psychological and personality profile of the individual in relation to anti-social influences.

This form of prevention is carried out in close cooperation with the pedagogical and psychological counselling centres of the Ministry of Education (PPCC), which can be found in every district centre. At this level of prevention, the PPCC (and CEPP) provide professional supervision of prevention activities and programmes for the local level, where they cooperate with many other organisations. They provide training for education and prevention workers. The provision of prompt and necessary diagnosis for specific individuals/groups and subsequent interventions in special educational facilities operate at the level of secondary (selective) prevention.

Law enforcement authorities (under the Ministry of the Interior) also play a part in the prevention of anti-social influences in schools, in particular the Prevention Department of the Office of the President of the Police Force and the Regional Headquarters of the Police Force. These authorities also carry out prevention activities and programmes.

The new Concept of counselling services

Government Resolution 283 of 21 March 2007 approved a new concept for counselling services in the education sector “The concept of the pedagogical-psychological counselling system and its implementation in practice”³⁷ (hereinafter referred to as “the Concept”).

The Concept tightens the definition of the content and form of education and psychological counselling for children and young people, especially in the prevention of development problems in the education process in elementary schools, secondary schools, education facilities and the family. It is a realistic vision of an efficient and connected system of counselling, prevention and interventions in the education system. It provides above all the possibility to build a synergistically connected counselling and prevention system in all district centres for children and young people from the age of 3 years to the end of vocational training.

The construction of the system requires a strengthening of human resources in all parts of the system and at all levels. The Concept also increases the powers of school psychologists, educational advisors and drug prevention coordinators in schools.

3.1.1.1 Statistics on prevention activities carried out in schools

The provision of statistics in the education sector is the long-term responsibility of the IIPE, which pays particular attention to information on preventative activities carried out in schools.

The CEPP are of key significance in the area of prevention, both in universal prevention and also in selective (secondary) and indicated (tertiary) prevention, in which they also cooperate with other organisations (e.g. psychological and consulting services in the Offices of Labour, Social Affairs and Family).

In the 2005–2006 school year, most of the activities of the CEPP and PPCC were one-off or short term activities such as lectures, talks and the like, including interactive activities, which also received the largest number of attendants.

3 019 people took part in 201 training activities for prevention workers in the CEPP (mainly drug prevention coordinators for schools). There were 586 more activities than in the

³⁷ <http://www.rokovania.sk/appl/material.nsf/0/A637C04B755E271EC1257291002F7EDB?OpenDocument>

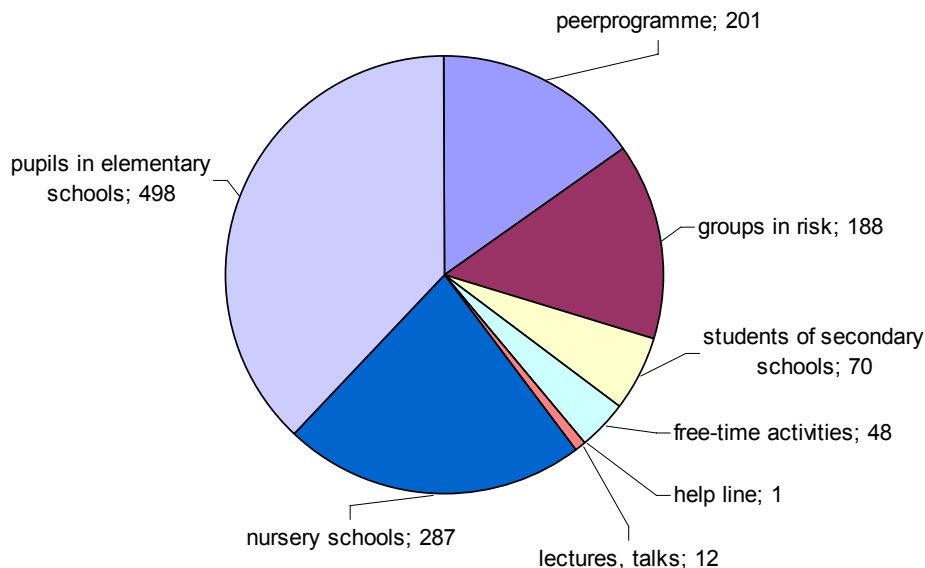
previous year with slightly fewer participants. The PPCC prepared 107 activities, which were attended by 1 926 participants.

Table 3.1: Prevention activities carried out in school year 2005–2006 by CEPP and PPCC (Slovíková M., 2007)

		CEPP				PPCC			
		Activities		Participants		Activities		Participants	
		No.	%	No.	%	No.	%	No.	%
Group activity with a client		2 869	74.56	56 722	83.46	1 743	75.91	43 453	66.72
Of which	Training groups	1 267	44.16	20 192	35.60	454	26.05	9 216	21.21
	Lectures, talks	1 602	55.84	36 530	64.40	1 289	73.95	34 237	78.79
Services for education workers		542	14.09	1 925	2.83	275	11.98	1 330	2.04
Of which	Methodological consultation	486	89.67	1 009	52.42	234	85.09	581	43.68
	Courses, seminars	56	10.33	916	47.58	41	14.91	749	56.32
Training for prevention workers		201	5.22	3 019	4.44	107	4.66	1 926	2.96
Other expert activities		236	6.13	6 294	9.26	171	7.45	18 419	28.28
Of which	Publications and public education activities	102	43.22	3 146	49.98	74	43.28	12 031	65.32
	Publications and information events	65	27.54	1 888	30.00	78	45.61	6 031	32.74
	Residential events	69	29.34	1 260	20.02	19	11.11	357	1.94
T O T A L		3 848	100.00	67 960	100.00	2 296	100.00	65 128	100.00

In the studied period, CEPP carried out 1 305 long and medium term prevention programmes. The activities targeted pupils of elementary schools and nursery schools and students in secondary schools through peer programmes (see figure 3.1). More than a half of programmes aimed at nursery schools, peer groups and risk groups were long-term programmes. 56.4% of programmes had regional and super-regional scope.

Figure 3.1: Prevention activities in 2006 by type (Slovíková M., 2007)



The PPCC carried out prevention programmes 943 times in school year 2005–2006. The majority were programmes of a regional or super-regional character (54%). Programmes for risk groups took place mainly at a local level. The most frequent target group in programmes implemented by the PPCC was pupils of elementary school, who were the target of prevention programmes in 606 cases. More information is given in Table 3.2

Table 3.2: Summary of PPCC prevention programmes in school year 2005–2006 (Slovíková M., 2007)

No. prevention programmes		total	Target group – type of prevention programme						
			Pre-school	Pupils of ES	Peer group	Risk group	Sec. school	Free time activity	Lectures, talks
		943	45	348	107	306	92	4	41
%		100.00	4.77	36.90	11.35	32.45	9.76	0.42	4.35
By target group	Pre-school	45	43	2	0	0	0	0	0
	Pupils of elementary school	606	0	327	50	204	0	2	23
	Secondary school students	228	0	1	57	83	87	0	0
	Pupils in special elementary schools	7	0	2	0	5	0	0	0
	Parents	12	1	1	0	2	0	0	8
	Teachers (coordinators., educational advisors)	45	1	15	0	12	5	2	10
	Others	0	0	0	0	0	0	0	0
Duration	Short term	405	25	160	9	141	31	2	37
	Medium term	227	15	81	17	92	19	2	1
	Long-term	311	5	107	81	73	42	0	3
Evaluation of programmes		93	8	55	6	17	3	2	2
(36.81% assessed) %		9.86	17.78	15.80	5.61	5.56	3.26	50.00	4.88

3.1.1.2 Evaluation of prevention programmes

According to the statistical data from the IPE, fewer programmes were evaluated in 2005–2006 than in the preceding period. The CEPP evaluated a fifth of their programmes and the PPCC just under 10%.

In the case of peer programmes, “Minimum standards for peer programmes”³⁸ have been in effect for a long time, guaranteeing the standard of these programmes. Other standards have been prepared with the same objective of guaranteeing quality in the “Proposal for application of minimum rules for prevention programmes in schools and educational facilities”. At present, the material has been considered by the Expert Group of the General Secretariat for Prevention and will be transferred to the Ministry of Education for further use.

Evaluation of the Programme The Way to Emotional Maturity (*Cesta k emocionálnej zrelosti*)

Information on this universally³⁹ implemented prevention programme⁴⁰, aimed at developing the life skills of pupils in the 12–15 age group is given in Chapter 3 – Prevention of the 2006 Report. In this section we discuss it in relation to its regular biannual evaluation, to which contribute not only the implementers of the programme (specially trained education workers) but also participants in the programme (pupils in years 6–9 of elementary school).

A third of all the schools in Slovakia took part in the “Way to Emotional Maturity” programme (hereinafter referred to as “the Way programme”) in school year 2005–2006. 9% of pupils in years 6–9 (27 735 children) took part. The PPCC and CEPP that coordinate this prevention programme trained 279 new teachers for this programme. The Way programme is taught mainly as part of the curriculum (63%) and is used mainly by teachers of ethics and Slovak language, class teachers, drug prevention coordinators in schools and educational counsellors.

³⁸ Matula, Š.: Minimálne štandardy rovesníckych programov (Minimum standards for peer programmes)

³⁹ In its seven-year history the “Way” prevention programme has been used in 16 892 classes with 278 846 pupils and secondary school students.

⁴⁰ See also appendix II. SQ 22-25 for REITOX MUSTAP

Teachers' experience of implementing the "Way" prevention programme was studied through a survey in which 526 teachers took part (478 women and 44 men). The programme is generally perceived positively. More than half of respondents considered the programme interesting and a quarter of them said that it was effective.

Teachers see the main benefit of the programme for pupils in the fact that pupils become more open and are able to work in a team and find more effective solutions to problems. In the teachers' opinion there is a notable increase in self confidence and psychological resistance, a change in behaviour, reflected in appropriate and effective communication and creativity. More than 80% of teachers (who took part in the research) were interested in using the programme again. They recommend improving the programme by incorporating it into the curriculum and using it in cooperation with parents.⁴¹

In the set of pupils comprising 527 girls (56%) and 415 boys (44%), the Way programme was assessed as follows: Nearly half of the pupils providing feedback stated that the programme was interesting and it brought something new to every third participant. Approximately a fifth of pupils, mainly boys, stated that only some parts of the programme were interesting while girls evaluated the programme as a whole as interesting more frequently than boys. Of the themes, preference was given to interpersonal and partnership relations and the solving of life problems and conflicts. A positive evaluation was also given to the creation of space for communication, the more open approach of the teacher and the possibility to express oneself and defend one's opinions in the group.

The pupils were also given an open question on the negative aspects of the programme. Pupils responded sensitively to discussions of private and family problems. There was dissatisfaction with the large number of participants in the group or the composition of the group (boy-girl, old-young ratios), the lack of time given to certain interesting themes and the timetabling of the programme after regular hours (or in the last hour). Respondents are more likely to ask for changes in the programme the longer they have been following it.

Evaluation of the programme We know that....!

Another of the programmes and processes that have undergone evaluation⁴² is the prevention programme "**We know that ...**" (*Vieme, že...*) (2006 Report, chapter 3 – Prevention). The participants of this prevention programme which was implemented during the 2005–2006 school year in various types of school in the Nitra region completed a questionnaire on starting the course in September 2005 and an identical questionnaire on completing the course in June 2006. End-of-course data was received from 796 respondents. Comparison of the information given at the start and the end of the course showed an increased awareness at the knowledge level (knowledge of terms, the legal context, better self-knowledge and the acquisition of a critical approach to the assessment of the respondent's own conduct) in all⁴³ the studied topics. On the other hand, the final information showed that in ten months there was an increase in pupils' declared interest in using marihuana, an increase in the number of pupils who smoked, an increase in the number of frequent and occasional consumers of alcoholic drinks and in the number of respondents who had frequent or single experiences of illegal drugs.

The increase in the number of respondents with experience of legal and illegal drugs cannot be linked to participation in the prevention programme however, because no control group (outside the programme) was studied and especially since we do not know the other variables that could affect respondents during this period.

⁴¹ The programme includes a module for parents

⁴² The EMCDDA requires that "best practice" be assessed at least one of three levels: description, process evaluation, use of control groups without intervention. Process evaluation is the second level. Optimal evaluation requires the use of a control group. (Evaluated Good Practice Example) according to Report on selective prevention in the EU and Norway, EMCDDA 2004 p. 10

⁴³ The drug problem is one of a number of anti-social problems.

3.1.2 Family-based prevention

This form of prevention is still rarely applied in practice at the level of universal prevention, and although specialists in the field are trying to introduce it, they continue to encounter rather low levels of interest and information on the side of parents⁴⁴. According to a more widely oriented representative survey carried out by the AKO agency in 2006, drug addiction is not a topic that families talk about. Two thirds of respondents talk about it with their children and/or partner approximately once every half year, once a year or even less.

3.1.3 Community prevention – free-time activities (provision of alternatives)

In Slovakia free-time activities⁴⁵ are given great emphasis as a positive way of spending free time, which is also declared in the drug strategy NPF 2005-2008. According to Maľová, the most effective instrument of primary prevention against anti-social influences is organised and long-term activities of interest to pupils. At present not many schools offer appropriate conditions for regular organised activity for children and young people, which may affect the effectiveness of prevention (Maľová M., 2007).

Care for the free time activities of children and young people is the focus of the work of free time centres and school centres for extra-curricular activities, which provide children and young people with a range of opportunities for self-expression through extra-curricular activities. In 2006 there were a total of 257 free time centres in operation (in 2005 – 219) with a total of 8 915 regular extra-curricular activity groups, attended by 128 915 members, of whom 80% were children aged under 15. The largest number of occasional/single events in Free Time Centres were related to exercise and sports (4 689). Events attracted more than a million participants of whom 830 453 were aged under 15. The culmination of a year's work with children are summer holiday camps (729 summer camps), which were attended by 20 436 children aged under 15.

Regular sports activities were provided by 251 sports centres attended by 12 936 pupils, of whom more than an third (37%) were girls (Prutkay I., Slovíková M., 2006a).

Civil associations for children and young people are non-state entities that play an important role in developing the personality of children and young people and are supported by the Ministry of Education. 60 civil associations applied for financial support for work with children and young people in 2006, and 38 received funding, which amounted in total to SKK 64 million (Prutkay I., Slovíková M., 2006b). The activities of 30 of these included primary prevention through work with children and young people (31 603 members), 20 are directly engaged in the prevention of anti-social influences (criminality and drug addiction).

The Ministry of Culture is also active in the area of primary (universal) prevention in two levels: in the non-specific prevention of addiction – by free time activities and saturation of cultural needs of inhabitants (including children and youth). A specialized department of the National edification Centre - the Cabinet of social prevention carries out a specific prevention of addiction through complex of project of pedagogical-educational and advisory character. In 2006 the national painting competition "Why I am happy in the world" was organized for the 12th time (see also 2006 Report, p.39).

An interesting example of commercial activity was a presentation entitled "Why I must never take drugs, not even once" for the 9–13 age group during the Children's University event at Comenius University in Bratislava⁴⁶. The Children's University in Bratislava and now also in other cities is becoming an attractive event for children and prestigious event for their parents

⁴⁴ The Anti-Drug Fund provided funding for several local activities in 2006 – joint educational activities for parents and children in the project "Let's go the same way" (*Vykročme na spoločnú cestu*) or joint sports activities in Family Olympics etc.

⁴⁵ This is also emphasised in the 2005–2008 NPF 2005-2008

⁴⁶ Special educational/free-time activities are organised during the summer vacation for elementary school pupils in Slovak universities (e.g. the Technical University in Košice, Žilina University in Žilina).

due to the experts⁴⁷, who present their subject in a manner that is appropriate for the age group of this audience.

3. 2 Selective and indicted prevention under the Ministry of Education

3.2.1 Early identification of risk factors

Early diagnosis (identification) of risk factors in the sector of the Ministry of Education is performed by the network of PPCC (and CEPP) mentioned above, including selective and indicated interventions. In the routine statistical data collection from both facilities the reasons why clients attend counselling centres, including the provision of psychological and educational services are reported.

In the studied period, the problems recorded most frequently by the CEPP are behavioural problems (development problems), personality and mental problems and anti-social phenomena (14.5% from a total of 2 273 cases). Anti-social phenomena include problems related to drugs, asocial and anti-social behaviour, compulsive gambling, and membership of a sects or cults and so on. Drug problems make up 6% (136 cases) and include smoking and the use of alcohol, medicines and illegal drugs (Table 3.3). The most clients seen in relation to drugs in school year 2005–2006 were recorded in Trnava region.

Table 3.3: Anti-social phenomena as a reason for referral of clients to CEPP in school year 2005–2006 (Slovíková M., 2007)

	Drugs	asocial and anti-social behaviour	compulsive gambling	membership of a cult or sect	other	total
total	136	107	16	31	1 983	2 279

Clients of the PPCC were less likely to show anti-social phenomena⁴⁸ and clients were referred for drug use in 46 cases. A summary of the reasons for referral of clients to PPCC is given in Table 3.4

Table 3.4: Anti-social phenomena as a reason for referral of clients to PPCC in school year 2005–2006 (Slovíková M., 2007)

	drugs	asocial and anti-social behaviour	compulsive gambling	membership of a cult or sect	Other	total
total	46	147	5	4	370	572

For complex solutions to problems that cannot be managed without institutionalisation, among other purposes, the education sector has special institutional education facilities, whose structure and use in 2005–2006 is shown in the following table:

Table 3.5: Structure, number and use of special educational facilities – situation as at 31 October 2006 (Slovíková M., 2007)

	No. facilities.	<i>Pre-school age</i>	<i>Compulsory school attendance age (6–16)</i>			<i>After completion of compulsory school attendance</i>		total
			total	Of whom, girls	Under 16	total	Of whom, women	
Re-education homes for	8	-	302	81	207	-	-	302

⁴⁷ The topic “Why I must never take drugs, not even once” was presented by prof. MUDr. Vladimír Novotný, CSc, head of the psychiatric clinic of the Teaching Hospital of the Faculty of Medicine of Comenius University, Bratislava.

⁴⁸ Due to the different areas of activity of PPCC and CEPP

children								
Re-education homes for young people	9	-	-	-	-	441	162	441
Re-education homes for mothers and children (incl. church)	2	26	-	-	-	26	26	52
Therapeutic-educational sanatoria (incl. private)	7	8	296	37	254	22	-	326
Diagnostic centres for children	3	27	126	38	104	-	-	153
Diagnostic centres for young people	2	-	-	-	-	61	33	61
TOTAL	31 (+1)	61	724	156	565	550	221	1 335 (incr. + 13)

The IIPE also monitors statistics on truancy, which, together with problem behaviour among pupils at elementary or secondary school, is one of the risk factors for the development of other antisocial behaviours, including delinquency (Slovíková M., Dugovičová, M., 2007). During the school year 2005–2006 there was a slight rise in indicators (number of hours missed and reduced marks for behaviour) compared to the school year 2004–2005 in all levels and types of school except for conservatoires, where there was a fall in truancy and fall in the number of pupils with reduced marks for behaviour. The lowest results are for gymnasiums' (*high schools*). (See also chapter 12 – Vulnerable groups of young people in the subchapter 12.1.3.2).

3.2.2 Prevention in recreational and specific environments

The NMCD does not have any information on new forms of prevention activities other than occasional interventions⁴⁹ by health services and NGOs. The experts in CTDD – IDD recommend more intense activity on the part of civil society to reduce the risk not only of drug use but also of alcohol consumption. These experts carried out activities relating to alcohol consumption at this year's *Pohoda* festival.

In 2006 the Ministry of Defence continued education activities aimed at preventing the development of drug addiction through the project "Prevention in the fight against alcohol, drugs and drug addiction in the armed forces of the Slovak Republic."⁵⁰ It is implemented in the form of socio-psychological training (4 tutors of whom 2 are Ministry of Defence psychologists, one is Military Police officer and one is a psychiatrist in the field of drug addiction). 24 persons were assigned for training in 2006, and have now completed in three 3-day training sessions (2 in 2006). The training for prevention workers (multipliers) will be completed in October 2007.

Drug addiction is incompatible with the work of a professional soldier and is grounds for the discharge of professional soldiers and termination of employment of civilian employees⁵¹. No professional soldiers or civilian employees were discharged on these grounds in 2006.

3.2.3 Prevention in high-risk groups

Selective prevention aimed at high-risk groups mainly involves services provided in health, education sectors and the labour, social affairs and family sector. The activities of the non-governmental sector should also be noted, both in the area of direct prevention and in providing training for qualified experts. In 2006 the Ministry of Education provided financial support to 16 civil associations working with high-risk groups of children and young people

⁴⁹ CTDD Hraničná ul., Bratislava

⁵⁰ Gašparová M.: Report for the NMCD, 2007

⁵¹ Order of the head of the General Staff of the Armed Forces no. 1/2002 on provision for the implementation of the NPF to 2003, with planning to 2008

and 4 that directly targeted their activities at young people who were vulnerable to drug addiction.

With regard to coverage of the family environment and the family itself, it is necessary to mention the NGO the Virginia Satir Institute (IVS), which has operated in Slovakia since 1996 and since 1998 has trained a large number of professionals to implement the prevention programme “Say it straight” (*Povedz to priamo*) The programme⁵² aims to prevent addiction and other high-risk behaviour. Another education programme that is offered is the anti-alcoholism prevention programme “Thirst for freedom” (*Smäd po slobode*) and training for building relations within the family and managing anger. Tutors from the IVS in Slovakia teach the Virginia Satir model to experts and the general public in more than 20 workshops each year. The IVS in Slovakia is a member of the League for Mental Health and is accredited by the Slovak Psychotherapeutic Society and the International Family Therapy Association (IFTA).

Its trained experts are currently applying these programmes in specialised centres – the departments for social and legal protection of children and social guardianship of the Offices of Labour, Social Affairs and Family, which have taken over the original Centres for Counselling and Psychological Services, for individuals, couples and families. Family therapy based on Satir model is provided in 10 centres, another 20 centres provide family counselling (the total number of psychological departments is 79). Specialised psychological counselling for families with drug addiction problems and the implementation of prevention programmes for children and young people in children’s homes and other groups in the labour, social affairs and family sector are tasks that must be performed by law.

9 943 persons made use of free psychological and counselling services in 2006, and these are the target group for authorities in the area of social and legal protection and social guardianship. The basic target groups were identified as clients of the authorities for the social and legal protection of children and social guardianship who: are at risk of becoming addicts; who experiment with psychoactive substances; or activities that can lead to addiction; members of addicts’ families; clients who have undergone treatment and re-socialisation for addiction and members of their families. Activities are also aimed at specialists in facilities for the social and legal protection of children and social guardianship who carry out addiction prevention activities in their professional work.

In 2006, as part of the Twinning Project (Support to the Implementation of the NPF) participants were introduced to the German model of timely intervention for drug users – FreD (Frühintervention bei erstaußälligen Drogenkonsumenten), which is mentioned in the 2006 Report (p. 34). Although the idea of short interventions for users when they come into contact with public order and safety authorities for the first time is not new in Slovakia (especially as regards marijuana, such intervention was proposed by the chief expert of the Ministry of Health for drug dependency Ľ. Okruhlica in 2004)⁵³, it is inspirational above all as a model for cooperation between the helping services and the repressive authorities, who have managed to find a common platform in Germany. The adopted conclusions of the Twinning Project include a recommendation for the implementation of such a selective prevention project. At present there is an agreement on the participation of Slovak experts in the project “FreD goes net” (EU – public health area), in the implementation of which the main partners will be experts and authors of FreD from North Rhine – Westphalia.

3.3 Other forms of selective prevention and measures⁵⁴ for high-risk groups

In 2006 the Anti-Drug Fund supported a broad range of projects in schools⁵⁵ aimed at high risk groups, including day residential camps for children with behaviour disorders and

⁵² The programme is accredited by the Ministry of Education

⁵³ Online with Ľ. Okruhlica, Pravda daily newspaper 30.09.2004

⁵⁴ See also chapter 12 – Vulnerable groups of young people)

ADHD⁵⁶, summer camps for children from socially disadvantaged backgrounds and also year-round creative workshops, low threshold clubs such as Klub Maják in Poprad, Klub M in Košice, the Mirroring project, focussed on prevention and re-socialisation of emotionally and socially disturbed girls in re-education homes, the establishment of peer clubs and so on.

The Slovak UNICEF committee, the Presidium of the Police Force and the supermarket chain TESCO stores launched a national campaign “Hľadané deti” (Looking for Children) in 2006. Photographs of children and young people who had run away from home for various reasons were placed at busy points in 39 stores. The objective of the campaign under the slogan, “Lets get children back to safety” was to find them before they could become the victims or even criminals also in the areas including drug crime⁵⁷.

In its two-year programme, “Relations between the capital city and young people” the government of the city of Bratislava has made available financial resources for crime prevention, drug prevention and the prevention of other anti-social phenomena, and also for the creation of ways for children and young people to spend their free time (in particular those with unequal opportunities, i.e. those from socially and economically disadvantaged backgrounds). The programme also aims to create conditions for raising the level of the qualifications of children leaving children’s homes (by provision of accommodation, schools, public education etc.)

3.3.1 New technologies for prevention activities

Use of the Internet or mobile communication equipment in universal and selective/indicative prevention is still limited, but there has been a certain observable growth in the number of organisations providing advice on the Internet.

At present, four out of six Centres for the Treatment of Drug Dependencies (CTDD) provide professional, anonymous advice via the Internet – CTDD Bratislava, CTDD Nové Zámky (also for registered clients of the Alcoholics Anonymous Section), CTDD Predná Hora and CTDD Žilina.

Other possibilities are available on www.infodrogy.sk. Since the establishment of four counselling facilities on www.infodrogy.sk – in October 2005 - 300 anonymous interventions were provided to June 2007, of which over 75% were provided by medical experts. In 2006 one of the 8 regional PPCC applied for a grant from the Anti-Drug Fund to build and operate an internet counselling facility.

In 2006 the telephone helpline QUITLINE began to operate, providing interactive advice for giving up smoking.

Part of the campaign in support of vaccination against HCV (advertising in the media, information on web sites) includes a free information line that operates on working days and, according to oral information obtained directly from the helpline, receives about 20 calls per day requesting information on the means of transmission and the possibilities for testing for HCV.

⁵⁵ Projects submitted by schools or educational facilities

⁵⁶ Kežmarok - Therapeutic camp for children with ADHD. The project builds upon previous camps for children with ADHD and their parents, aimed at developing core educational skills, strengthening concentration and so on.

⁵⁷ “Let’s get children back to safety” (*Vrátme deti do bezpečia*).

4 Problem Drug Use

The definition of problem drug use in Slovakia is based on the definition used by the EMCDDA, according to which problem users are injecting drug users or long term or regular users of opioids (heroin, buprenorphine (Subutex) and other opioids), cocaine and/or pervitin in the 15–64 age group. Cocaine use is rare in Slovakia and is therefore excluded from estimates.

The population of problem drug users in Slovakia is estimated to be in the range 13 800–34 500 with a central estimate of 19 000 users. Out of this total, it is estimated that there are 7 500–19 000 users of opioids, 6 000–15 000 users of pervitin and 13 700–34 300 injecting users. Around 21% (12%–29%) of problem users are in contact with needle and syringe exchange programmes.

There continues to be a falling trend in the number of drug users in treatment. In 2006 there were a total of 1 927. In 2006 records began to be kept of poly-drug use without the identification of a primary drug (190 persons in treatment). This resulted in a real but also an artificial fall for all main drug types for all treatment and first treatment demand.

4.1 Prevalence and incidence estimates

The results of the studies cited in this Report are based on the EMCDDA's definition of problem drug use. Cocaine is used rarely in Slovakia and so the definition is practically limited to intravenous drug users and regular users of opioids and/or pervitin (methamphetamine powder). The results are calculated relative to the population aged 15–64.

The estimate of problem drug users in 2006 was made by means of the multiplication method using information on the number of clients in contact with harm reduction organisations and is thus linked to the 2005 estimates made using the same method using the same data sources (Mravčík V., Kiššová L, 2006). The calculation was based on information on the number of problem users (according to the EMCDDA definition) who were clients of harm-reduction organisations in the given year. The estimated proportion of problem users in contact with such organisations (the in-treatment rate, hereinafter "ITR") was obtained using a nomination method in a survey carried out in 2005 among clients of harm-reduction programmes (further information on the method is given in the 2006 Report, Chapter 4 – Problem Drug Use).

Estimated population of problem drug users in Slovakia in 2006 is around 19 000, with a 95% confidence interval of 13 800–34 500 PDU's⁵⁸. The estimate was made for Slovakia as a whole and Slovakia excluding the capital city, Bratislava (Table 4.1).

Table 4.1: Estimated number of problem drug users in Slovakia for 2005 and 2006 (NMCD, 2007a)

	Year	Estimate of PDU – median	Lower limit	Upper limit	Median rel./1000
Total in Slovakia excluding BA	2005	14 800	10 300	28 100	4.18
	2006	15 200	10 500	30 300	4.29
Total in Slovakia	2005	18 300	13 500	32 200	4.76
	2006	18 900	13 800	34 500	4.89

The method used allows an estimate of sub-populations of PDU within the total estimated population of problem drug users. Users of opioids are estimated in the range 7 500–19 000, users of pervitin 6 000–15 000 and injecting users 13 700–34 300 (Table 4.2).

⁵⁸ See also Standard tables 7 and 8

It is not yet possible to see trends in problem use due to the short time for which estimates have been made using the same method. It can only be said that in 2006 there has been a slight increase in the number of users of pervitin having contact with harm reduction organisations compared to users of opioids.

Table 4.2: Estimates of sub-groups of drug users included in the definition of PDU (NMCD, 2007a)

Year	Opioid users			Pervitin users			Injecting users		
	Median	Interval	Rate	Median	Interval	Rate	Median	Interval	Rate
2005	10 200	7 500 - 18 000	2.7	8 100	6 000 - 14 200	2.1	18000	13 300 - 31 600	4.66
2006	10 400	7 500 - 19 000	2.7	8 500	6 000 - 15 500	2.2	18800	13 700 - 34 300	4.86

We can further estimate problem drug use in individual towns in which harm-reduction programmes have been introduced and where a questionnaire survey was carried out in 2005 to identify the ITR. In Košice there was a fall in the number of clients in contact with the needle and syringe exchange programme and in Žiar nad Hronom there was also a lower number of clients reported maybe due to the fact that the programme functioned for only 8 months. This could have affected the estimate for PDU, which is lower in these towns than in the previous year.

Table 4.3: PDU estimate in selected Slovak towns in 2006 (NMCD, 2007a)

Town	Estimate of PDU - median	Lower limit	Upper limit	Median rel./1000 in 2005	Median rel./1000 in 2006
Bratislava	3 600	3 300	4 200	11.21	11.51
Banská Bystrica*	300	162	5 500	3.66	5.09
Žiar nad Hronom	60	40	80	6.61	4.08
Prešov	200	160	300	2.71	3.00
Košice	800	500	1800	6.24	4.77
Nitra	130	100	200	n.a.	2.12
Sereď	150	100	400	n.a.	12.02

*The large confidence interval in Banská Bystrica is probably due to the low number of respondents in the nomination survey and the small stated proportion of drug users in contact with the needle and syringe exchange programme (low ITR).

Higher results for Bratislava were provided by the prevalence estimates made by the Bratislava CTDD for 2005. The same multiplier method was used based on information on drug users from Bratislava or the Bratislava region receiving treatment recorded by the National Health Information Centre (NHIC, 2006) and the multiplier (ITR) was acquired through a nomination technique – a survey of 409 clients of harm-reduction programmes in Bratislava. The authors give a central estimate of 5 600 problem users in Bratislava and 6 600 in the Bratislava region, with 95% confidence intervals of 3 600–12 300 and 4 400–14 800 (Šteliar I., and Okruhlica Ľ., 2007)⁵⁹. The fact that this estimate is higher than estimates using data from harm-reduction organisations (see above) can be explained by, amongst other factors, the effect on the result of information about treated drug users and the collection method – e.g. the absence of reports of completion of treatment, which the authors discuss, and also the existence of various types of treatment (e.g. out-patient and in-patient), which complicates the use of one multiplier for the whole group of persons receiving treatment.

⁵⁹ In addition, the authors made an estimate of problem users based on data acquired by the nomination method for clients of the needle and syringe exchange programme in the CTDD (central value 1 050, 95% CI 900–1 200), but the authors themselves admit an selection biased in the for this estimate (Šteliar I. and Okruhlica Ľ., 2007).

4.2 Treatment Demand Indicator

Methodology - Data collection

Information on drug users in treatment are obtained from the information system on health care and health care statistics, which is managed by the National Health Information Centre (hereinafter referred to as “the NHIC”) The NHIC collects data and processes data in accordance with the methodology of the EMCDDA indicator Treatment Demand Indicator (TDI). All **health care** organisations and natural persons authorised to provide treatment for drug addiction are obliged to report into the indicator⁶⁰.

In 2000 treatment facilities under other ministries⁶¹ than the Ministry of Health were included into the TDI reporting system. Data is not collected from low-threshold services and therapeutic communities (re-socialisation centres) despite the fact that they can contribute to TDI under EMCDDA guidelines. 328 facilities – reporting units – providing treatment and subject to the obligation to provide information for TDI were contacted in 2006. 65 outpatient units, 35 inpatient units and 18⁶² prison treatment facilities under the Ministry of Justice⁶³ reported a treatment of a drug user. Some additional information from TDI on the structure of clients in outpatient and inpatient treatment is reported in Chapter 5 – Drug-Related Treatment.

In 2006 reporting to TDI was changed slightly in the area of defining the primary drug. In cases where it is not possible to identify the primary drug – poly-drug use (diagnosis F19) was reported (NHIC and NMCD 2007). The change is a reaction to developments and trends in drug use. Into the reporting form different drugs that patients had problems with were recorded without specifying one main or primary drug. This created an artificial reduction on top of the real reduction in treatment according the types of primary drug in 2006.

Profile of the clients in treatment

Since 2000 the number of drug users in treatment has fallen from a total of 2 619 in 2000 to 1 927 in 2006. Compared to the previous year, there has been a 7.3% fall in the number of all treatment demands. Of these, 848 (nearly 12% fewer than in the previous year) were the first treatment. The largest part of whole treated population comprised users of opioids (816 persons receiving treatment – 42%), especially heroin (39%). The second most numerous group is made up of users of stimulants, especially pervitin (22.6%) Among those receiving treatment for the first time the order is reversed, the largest group being users of stimulants such as pervitin (29.6%) and the second being users of opioids (25%). The third most numerous group for all and first treatment was marijuana (16% and 24%) followed by poly-drug users (9.8% and 9.3%).

The proportion of patients treated according to primary drug in 2006 is shown in Fig. 4.1 and the development of treatment demand by primary drug is shown in Fig. 4.2.

⁶⁰ The obligation derives from Act 540/2001 on state statistics and Decree of the Statistical Office 428/2005 of 31.10.2005 which issued the programme for obtaining state statistics in the 2006–2008 period

⁶¹ The Ministry of Interior, Ministry of Transport, Posts and Telecommunications, Ministry of Justice and Ministry of Defence

⁶² Out-patient units of general practitioners in institutes, independent psychiatric out-patient units, psychiatric departments of the hospital for prison inmates.

⁶³ Information in this part of the chapter is based on the standard table EMCDDA 34 – TDI data

Fig. 4.1: Proportion of patients treated according to primary drug in 2006 (NHIC and NMCD, 2007)

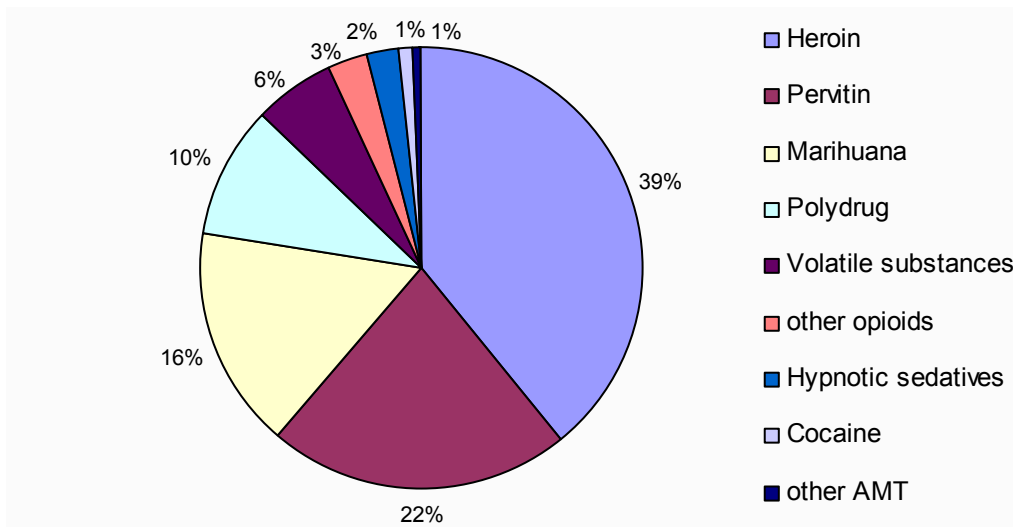
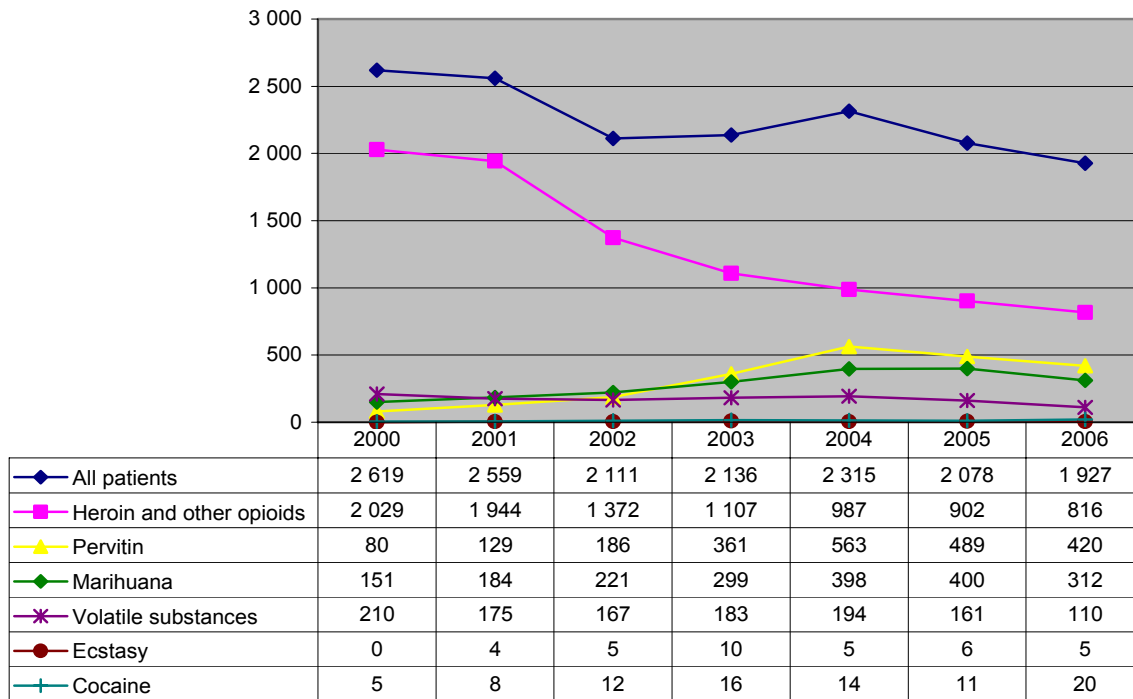
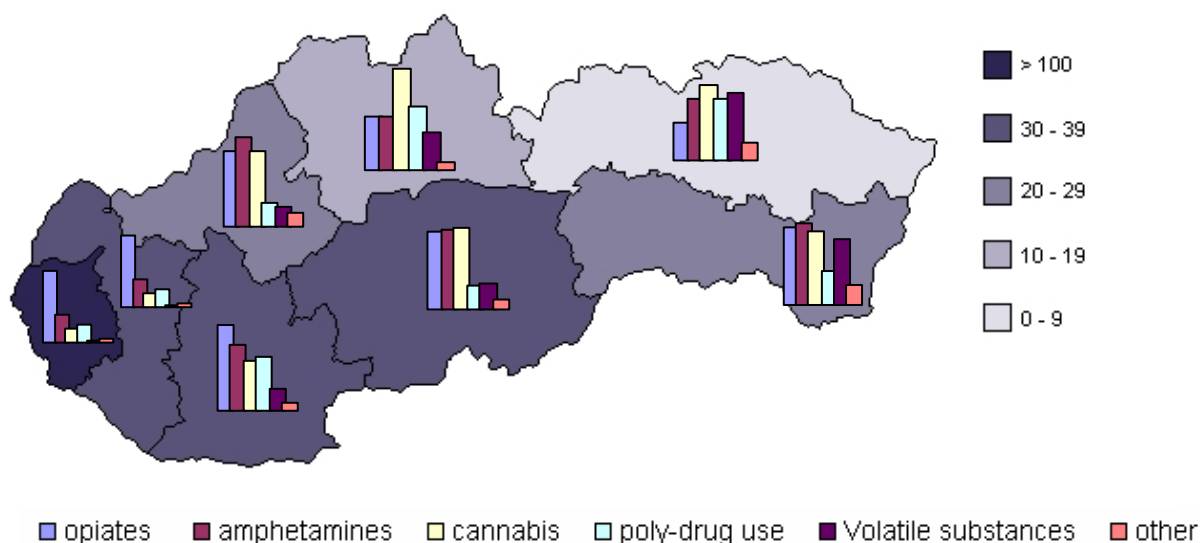


Fig. 4.2: Treatment demand by primary drug (NHIC and NMCD, 2007)



The number of demand for treatment in Bratislava region is much greater than in other regions (132 per 100 000 inhabitants compared to 36 per 100 000 inhabitants in Banská Bystrica region, which has the second highest prevalence), and the fall in the number of patients is the largest in this region too. A gradual but long-term stable fall in the prevalence of treatment demand can be observed in Trnava and Žilina regions. The individual regions differ not only in the prevalence of treatment demands but also in the proportions of the types of drugs – reported as patients' primary drugs. In Bratislava and Trnava regions, most users are opioid users (60% and 52%). Opioid users are also the largest group in Nitra region (30%). There is significant use of methamphetamines (pervitin) in Trenčín and Košice regions and cannabis in Žilina, Banská Bystrica and Prešov regions (NHIC and NMCD, 007).

Map 4.1: Users receiving treatment per 100 000 by permanent address and primary drug in 2006 (HIC and NMCD, 2007)



Certain basic characteristics of the drug users in treatment also differ according to the type of drug used. On average the youngest are users of marijuana (20 years). The average age of methamphetamine (pervitin) users is 23 years and the proportion of men in this group is 77%. There is the same proportion of men among users of opioids, who have the highest average age, 28 years. The most numerous age group in the treated population regardless the drug used remained the same as in the previous year – the 20–24 age group (29.5%), while 26% were in the age group 25–29 years. First time treated were also most numerous in the 20–24 age group, which represented a change from the previous year (15–19 years in 2005). There were approximately 3.6 times more men than women in treatment in the year in question (78.3% men and 21.7% women).

In terms of studied social characteristics, the unemployed make up the most numerous group (55.2%). The unemployed are most frequent among users of opioids or polydrug users (both 64%) and pervitin users (54.5%). Marijuana users are, schoolchildren and students who have completed elementary education (45%), which corresponds with their average age. Schoolchildren and students are also common amongst users of volatile substances.

A large proportion of users receiving treatment are single (82%), have stable accommodation (89%) and 66% live with their parents. Opioid users are most likely to live alone. These users also make up a relatively high proportion of those who declared that they live with a person using drugs in 2006, compared to users of other drugs (Table 4.4).

Table 4.4. Selected social characteristics of drug users in % (NHIC, 2007a)

	Opioid users	Pervitin users	Marijuana users	Volatile substance users	Combination of substances
Unstable accommodation	11.4	7.4	4.2	10.9	5.8
Live with a person using drugs	13.7	5.0	5.0	7.0	6.0
Alone	16.2	7.4	8.0	5.0	9.0
With a partner	10.5	6.2	2.0	1.0	7.0
With a partner and child	8.2	3.3	2.0	3.0	6.0
Alone with a child	1.5	1.0	0.0	1.8	3.7

The most frequent way of administration is injecting, 46.2%. The number of injecting users (claiming to inject their primary drug) has fallen in absolute numbers over the last 4 years. Their proportion in the total number receiving treatment has grown slightly compared to the

previous year (Table 4.5). In 2006 the proportion of injecting users was 83% of all users of opioids and 43.8% of all users of pervitin.

Table 4.5.: Injecting use of primary drug – number of users (NHIC and NMCD, 2007)

Year	Number of injecting users	Total number receiving treatment	Proportion in %
2003	1 051	2 136	49.2
2004	1 024	2 315	44.2
2005	921	2 078	44.3
2006	890	1 927	46.2

4.3 Problem users from non-health care facilities

4.3.1 Clients in re-socialisation centres

In last year's report, for 2006, we presented an outline of the basic characteristics of clients in re-socialisation centres. Re-socialisation centres do not contribute to the health care information system on treatment for drug users (TDI), even though they provide one of the services (phases) in the treatment of drug users. (See the 2004 Report, p. 85)

The collection of data for 2006 was carried out through the Ministry of Labour, Social Affairs and Family as part of supplementary monitoring as part of one universal questionnaire. The questionnaire was developed with the aim of avoiding excessive load and duplicating requests for information from the re-socialisation centres by various state institutions. It was not possible, however, to assess the collected data statistically.

4.3.2 Problem drug users - clients of needle and syringe exchange programmes

As in 2005, information on the structure of clients in field programmes is available thanks to direct cooperation between all the NGOs and the NMCD. Data was collected using a special questionnaire on the structure of clients and the kinds of service provided to the clients. It is not possible to exclude duplication in the tables given in this chapter resulting from the number of persons attending multiple facilities, especially in Bratislava but in 2006 also in Banská Bystrica.

In 2006 there were 7 organisations providing such services in 10 Slovak towns. The needle and syringe exchange programmes in Žiar nad Hronom and Banská Bystrica operated for only 8 months, however, and in Púchov the programme ended at the end of the year⁶⁴. The total number of persons making use of harm-reduction programmes was the same as in the previous year. A fall in drug users in contact with the programme was observed in Košice.

Table 4.6 Clients in contact with harm-reduction programs in each town (NMCD, 2007b)

	2004	2005	2006
Bratislava	2 639	2 853	2 944
Banská Bystrica	40	67	91
Žiar nad Hronom	35	73	47
Nitra	80	88	105
Sereď	70	92	84
Trnava	-	-	17
Púchov	80	111	49
Prešov*	192	225	260

⁶⁴ A programme operated in Zvolen from September 2006, but did not have any registered clients

Košice	265	470	360
Total	3 401	3 979	3 957

*In Prešov a large proportion of the clients are alcohol users

90% of the clients are drug users, representing mainly injecting users due to the character of the programme. A primary drug was identified for around 87% of drug users. Of these, 40% used heroin and 39% pervitin. Users of pentazocine (Fortral) in Košice made up 4.5% and just as last year 3% of users were taking buprenorphine (Subutex), mainly in Žiar nad Hronom and Nitra. The differences between individual towns are described in the previous Report, in Chapter 4 – Problem drug use.

Table 4.7. Problem drug users in contact with harm-reduction programs (NMCD, 2007b)

	Number of clients classified as PDU		- of whom, injecting users		- of whom opioid users		- of whom, pervitin users	
	2005	2006	2005	2006	2005	2006	2005	2006
Bratislava	2657	2736	2594	2736	1244	1285	977	1033
Banská Bystrica	64	89	64	88	50	60	14	10
Žiar nad Hronom	76	47	76	47	74	47	2	0
Nitra	172	105	172	104	145	76	27	28
Sereď		77		76		66		11
Trnava	-	9	-	9	-	9	-	0
Púchov	110	47	110	47	0	0	110	47
Prešov	91	101	90	93	19	19	72	82
Košice	470	360	470	360	254	162	216	192

Note: In 2005 the data for Nitra and Sereď was provided collectively for the organisation and not for the individual towns.

The social characteristics of problem users who are clients of harm-reduction programmes are similar to those of drug users in treatment. Information on their characteristics was drawn from statistics processed from the so-called in-come forms for clients. Such forms are completed only in certain organisations and are not completely standardised. Not all forms were filled in completely, the clients omitted much information. Out of 275 clients of field exchange programmes⁶⁵, who completed in-come forms in 2006, 54.5% were users of opioids and 45.5% were users of pervitin. The average age was 26 years. General conclusions cannot be drawn from this information because of the limitations mentioned above. Selected characteristics of clients classified as PDU are given here by way of illustration.

Table 4.8 a): selected characteristics of clients of NSP – for 148 opioid users and 125 pervitin users (NMCD, 2007d)

Employment status	Opioid users In %	Pervitin users In %
Pupil / student	6.8	9.6
Regular employee	13.5	18.4
Economically inactive	0.7	1.6
Unemployed	31.1	37.6

Table 4.8. b) Selected characteristics of clients of NSP - for 150 opioid users and 125 pervitin users (NMCD, 2007d)

Education	Opioid users In %	Pervitin users In %
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⁶⁵ Information provided by the civil associations Risen and Storm at UKF Nitra

Incomplete elementary	1.3	1.6
Complete elementary	16.7	5.6
Secondary without final <i>maturita</i> exam	15.3	33.6
Secondary with final <i>maturita</i> exam	18.7	43.2
Higher education	1.3	2.4
Unknown	46.7	13.6

Table 4.8 c): Selected characteristics of clients of NSP (NMCD, 2007d)

Accommodation situation	Opioid users In %	Pervitin users In %	This applies to the following number of users	
			opiods	pervitin
Stable accommodation	56.5	48.4	147	91
With parents	37.8	65.8	143	93
Alone	11.2	8.2	143	73
With a partner	7.7	5.5	143	73
Unstable accommodation	2.7	1.1	147	71
Live with a person using drugs	17.3	19.2	150	125

5 Drug related Treatment

Treatment is one of the basic pillars of the national drug strategy. The priority area is to provide accessible, quality treatment for drug users.

Treatment for drug users is provided mainly by specialised facilities – centres for the treatment of drug dependencies. The provider network is wider though and includes nearly all specialised doctors and psychiatrists in state and non-state health care facilities providing outpatient or inpatient treatment.

5.1 Treatment system

The system for providing health care for drug users has been described in detail in previous reports.

The concept of health care in the field of drug addiction

With effect from 1 August 2006, the Ministry of Health adopted a new concept of health care in the field of drug addiction. The field comprises the provision of treatment to persons who are addicted to psychoactive substances and persons who abuse such substances.

The concept defines three main points: the content of treatment in the field, the development of treatment and education for practitioners.

The first point regulates, amongst other things, the formal categorisation/classification of facilities providing treatment to patients in the field of drug addictions, which are:

- specialised outpatient units for the treatment of drug dependency
- centres for the treatment of drug dependencies
- short duration inpatient units (e.g. day centres)
- specialised psychiatric outpatient units
- inpatient units providing psychiatric treatment

In its second point, the concept goes on to outline the direction for drug treatment in the next 5–10 years. Treatment should focus on current issues such as: polydrug use (a combination of multiple psychoactive substances), the increased number of persons with long duration dependency and the increased number of injecting users currently suffering the effects of infectious diseases such as hepatitis C, HIV and so on.

Improvements in access to treatment for persons dependent on alcohol and drugs

An international project to improve access to treatment for people with alcohol and drug related problems was started in 2006, IATAPAD (Improvement of Access to Treatment for People with Alcohol- and Drug- related problems) (For more information see chapter 13.2 – Main recent studies and publications)

The project is based on the claim that one aspect of the availability of treatment that is rarely taken into consideration is the attitude and prejudices of medical personnel to people suffering problems related to the use of psychoactive substances⁶⁶. The aim of the project is to carry out a comparative study in various countries to investigate these problems. The objective is to identify common factors that could form the basis for various measures that EU countries can take to reduce the negative impacts of this aspect of the availability of treatment for people with alcohol and drug problems.

5.2 Drug free treatment

Drug free treatment is the most widely used form of treatment for patients with drug addictions in Slovakia. In response to the changing structure of drug use, the decline in the use of opioids in recent years and the increase in the demand for treatment for problems with

⁶⁶ www.ec.europa.eu

stimulants and marijuana where only this form of treatment comes into consideration, it can be expected that it will also dominate in the near future (Ministry of Health, 2007)

5.2.1 Inpatient and outpatient treatment

5.2.1.1 Information sources – statistical form for patients hospitalised in psychiatric facilities

Some of the information on the number of patients diagnosed as suffering from drug addiction in inpatient and outpatient treatment is obtained by processing the statistical forms for patients hospitalised in psychiatric facilities⁶⁷ (hereinafter referred to as “statistics forms”). The NHIC is responsible for collecting and processing this information. It is a non-standard output of the system because information is not usually processed and published in such a form. The method used to process information and criteria for including/excluding the case is different from that used in TDI. The primary purpose of this form is to gain information on the population hospitalised in psychiatric facilities and requirements for further treatment after release. The information on the number of patients diagnosed as suffering from drug addiction is not the same as for TDI.

In 2006, analyses of statistics forms showed that the total number of patients for all diagnoses was 28 919, of whom approximately 28% were diagnosed as being dependent on alcohol and 6% were drug users. The average length of hospitalisation for drug users receiving treatment in facilities classified as specialised drug addiction units was 42 days (6 weeks) in 2006. The average number of hospitalisations per patient was 1.3. Out of the total number of drug users receiving treatment (1 373), nearly 6% were continuing in drug addiction treatment from the previous period. According to the available information, the capacity/number of beds in drug treatment facilities was almost unchanged from the previous year.

Table 5.1: Inpatient treatment in Slovakia by basic diagnosis (which need not result automatically in admission of the patient) (NHIC, 2007c)

	Alcohol (F10)				Drugs (F11 - F16, F18 – 19)			
	No. departments	Hospitalisations	Patients	Of whom, patients continuing from the previous period	No. departments	Hospitalisations	Patients	Of whom, patients continuing from the previous period
Total in the Slovak treatment system	73	10702	8195	768	73	1775	1373	82
- of which, CTDD	10	1481	1350	176	10	468	419	21

Information on patients in outpatients treatment are taken from the reporting form Annual Statement A (Ministry of Health) 4 – 10 on the activity of psychiatric outpatient departments (NHIC, 2007c). According to this information source, 4 805 patients diagnosed as suffering from drug addiction received treatment in outpatient units, which makes up nearly 2% of all persons (247 812) receiving outpatient treatment. (20 179 patients received treatment for problems with alcohol (8%).

Table 5.2: Outpatient treatment in Slovakia by basic diagnosis (which need not result automatically in admission of the patient) (NHIC, 2007c)

	Alcohol (F10)			Drugs (F11-F16 - F18, F19)		
	No. outpatient facilities	Consultations	Patients	No. outpatient facilities	Consultations	Patients

⁶⁷ ZS (Ministry of Health) 1-12 Statistics form for a patient admitted to inpatient care in a psychiatric facility

Total for Slovakia	367	176 944	20 179	367	142 996	4 805
Of which, in outpatient facilities of CTDD	8	81 561	1 588	8	128 371	1 685

5.2.1.2 Information sources – TDI

Information on the characteristics of drug users receiving individual forms of treatment can only be acquired from TDI data. According to TDI⁶⁸ more drug users received inpatient treatment (56%) than outpatient treatment (44%). In total inpatient facilities under the Ministry of Health (35 facilities) reported 653 patients, which is 116 patients (15.1%) less than in 2005. The largest group of these patients (25%) was stimulant users (particularly pervitin), followed by opioids users (20%), poly-drug users (19%) and then users of marijuana (18%) and volatile substances (12%). The average age of patients receiving inpatient treatment in the studied year was 24 years, while those receiving treatment for the first time had an average age of 22. The most numerous age group in inpatient treatment were users aged 20–24 (31%) and users aged 15–19 (26%) (NHIC, 2007b).

In 2006 TDI reports were submitted by 65 outpatient units. The total number of patients covered by such reports was 826 (13% less than in the previous year). The largest group of users receiving outpatient treatment was users of opioids (49%), followed by stimulants (23%) and marijuana users (19%). Polydrug users made up 4%. The average age of persons receiving outpatient treatment was 25 years. For patients receiving treatment for the first time it was 22 years. As in the case of inpatient treatment, the largest age group for patients was the 20–24 age group (19%) followed by the 15–19 age group (14%) (NHIC, 2007b).

5.2.3 Convalescence and re-socialisation

Patients who have completed withdrawal treatment, who express an interest and show the appropriate indications are admitted for convalescence in re-socialisation facilities, which are usually within the domain of the Ministry of Labour, Social Affairs and Family, or they can continue to receive treatment in outpatient convalescence facilities, in group therapy activities and social and therapeutic clubs (Ministry of Health, 2007).

Further information on re-socialisation and re-socialisation centres is given in chapter 9 – Responses to Social correlates and Consequences.

5.3 Pharmacologically assisted treatment

5.3.1 Detoxification treatment

No new information is available compared to the situation described in the previous reports. Statistical data on individual forms of treatment such as detoxification, drug free treatment and substitution treatment are not available. Data collection from health care units through the NHIC still does not permit the processing of information on individual forms of treatment.

5.3.2 Substitution treatment

Two methadone substitution programmes for patients addicted to opioids were run in Slovakia through CTDD in 2006 – in Bratislava and Banská Bystrica – and there was a substitution programme making use of buprenorphine in Košice. In this case, however, substitution treatment involves not only the prescription of medicines but also counselling, psychotherapy and didactic therapy services. Buprenorphine is available on prescription in

⁶⁸ For further information see chapter 4 – Problem drug use. Treatment of a drug user is reported only once for TDI purposes, for the first treatment of the user in each year.

the Slovak Republic and may be prescribed by psychiatrists with additional attestation in the field of drug addiction or psychiatrists working in a CTDD.

Information on the guidelines/rules governing substitution treatment (methadone) is given in the previous reports.

The results of the follow-up study of patients receiving buprenorphine treatment in Outpatient Unit for Addicts in Nitra have been published and show that out of 86 patients studied, 39% were still not using drugs one year after completing treatment, somewhat more were cooperating in treatment despite lapses and there was less unemployment and criminal activity (Višňovský E., 2006).

5.4 Information dissemination

A more comprehensive overview of organisations working on drug issues, including the provision of drug services for people seeking assistance is available on the web portal of the NMCD www.infodrogy.sk in the section *Adresár inštitúcií a organizácií* (Directory of institutions and organisations). The portal provides basic contact data for the organisations and enables visitors to search for them by location/region and type. It includes categories of organisations such as: coordination, local government, organisations providing prevention, counselling and law enforcement authorities. There is contact information for the following types of treatment facility:

- needle and syringe exchange programmes
- centres for the treatment of drug dependency, treatment for alcoholics, psychiatric facilities
- abstainers' clubs
- re-socialisation centres

In addition, the *Akreditácia* (Accreditation) section of the MLSAF website www.employment.gov.sk provides a list of accredited organisations classified as re-socialisation centres, crisis centres, children's home and accredited NGOs. (An organisation must be accredited under Act 305/2005 on the social and legal protection of children and social guardianship in order to perform or participate in the performance of measures for the social and legal protection of children and social guardianship.)

A comprehensive alphabetical list of health care facilities is maintained on the website of the Ministry of Health www.health.gov.sk giving contact information for all health care units in its area of responsibility, with no more detailed information on departments/specialisations such as drug treatment.

Organisations providing drug services operate their own websites, where they publish information on their activities.

6 Health Correlates and Consequences

Compared to 2005, there has been a slight fall in total reported deaths caused by psychoactive substances. Most such deaths are due to pharmaceutical drugs, in particular benzodiazepines, and take place in higher age groups (over 35 years). Opiates and volatile substances are also frequent among causes of death. In 2006 there was a fall in the number of direct deaths related to medicines and the number of such cases was the same as opiates overdoses.

The prevalence of HIV infections for injecting drug users remains below 1%. In 2006 one new injecting drug user was found to be HIV positive, having become infected abroad. In 2006 and at the start of 2007 a number of studies (projects) were in preparation or were being implemented to determine the prevalence of HIV and hepatitis infections among injecting drug users.

According to the results of a prenatal study of data for Bratislava region in the 2000–2006 period, 0.5%–0.8% of the total number of children born in Bratislava are born to drug users.

6.1 Drug related deaths and mortality of drug users

Information on drug-related deaths is monitored by means of a special register based on data from 11 forensic medicine facilities of the Healthcare Supervision Authority (hereinafter referred to as “the HSA”). In all cases an autopsy and chemical toxicological examination⁶⁹ was done. Data from 2004 were analysed retrospectively in close cooperation with the NMCD and the cases monitored in 2006 were for the first time reported by means of electronic forms on the NMCD’s internet portal. Continuous collection of data began in 2007.

6.1.1 Direct drug related deaths (overdoses, poisoning)

32 deaths caused by the direct effects of psychoactive substances were reported in 2006. The largest proportion of these were caused by opioids (12 cases); in particular their combination with various substances – 11 cases, which represents around a third of all direct deaths. In two cases, death was caused by methadone in combination with other substances. Another 12 deaths were caused by medicines, among which benzodiazepines predominated (9 cases). Benzodiazepines were also identified in another five cases in combination with opioids, i.e. a total of 14 cases. Other substances excluding opioids were identified in 8 cases and one case there was an overdose of heroin alone. Men made up nearly 66% of cases. A detailed overview of the identified cases is given in Table 6.1

Table 6.1: Direct death related to psychoactive substances in Slovakia in 2006 (Šidlo,J.: Special deaths register, NMCD/HSA, 2007)

Psychoactive substance/ age group	0- 14	15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	50- 54	55- 59	60- 64	65+	Total	Share in %
Opioids alone (excluding methadone)	-	-	1/-	-	-	-	-	-	-	-	-	-	1	3,1
Methadone alone	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Polysubstances including opioids	-	-	1/-	3/-	1/-	-	1/-	2/-	-1	-	1/1	-	11	34,4
Representation of opioids – total	-	-	2/-	3/-	1/-	-	1/-	2/-	-1	-	1/1	-	12	37,5
Polysubstances excluding opioids	-	1/-	-1	2/-	3/-	-	-	-	1/-	-	-	-	8	25
Psychoactive medicines	-	-	2/-	-	-	1/-	-2	-	-2	-2	-2	1/-	12	37,5
Unspecified substances	-	-	-	-	-	-	-	-	-	-	-	-	-	-

⁶⁹ There were a total of 53 301 deaths in 2006 (www.statistics.sk). According to information from the Health Care Supervision Authority autopsies were carried out in 9 141 cases, i.e. the autopsy rate for 2006 was 17.1%.

Total - 1 5 5 4 1 3 2 4 2 4 1 32
 Note: the first number in the cell identifies men; the number after the slash indicates the number of women (M/W)

6. 1. 2 Deaths under the influence of psychoactive substances

This group includes all deaths under the influence of psychoactive substances where the cause of death is other than poisoning or overdosing with the given substance, i.e. drugs are an indirect cause of death. In 2006 a total of 70 deaths were reported in this category. Medicines were identified in 36 cases (51.4%), among which benzodiazepines predominated (24 cases). In comparison with the category of direct drug-related death, men made up an even greater proportion, nearly 89%. The greatest mortality was in the 20–34 age group, in which 31 cases were reported.

Table 6.2.: Deaths under the influence of psychoactive substances in 2006 (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Psychoactive substance/ cause of death	Natural/internal	Accident	Suicide	Murder	Unidentified	Total	Share in %
Opioids	-	4/1	2/-	-	-	7	10
AMT/MAMT	2/-	5/1	3/-	1/-	-/1	13	18,6
Cannabinoids	-	6/-	3/-	1/-	-	10	14,3
Solvents	2/-	1/-	-	-	-	3	4,3
Cocaine	-	-	1/-	-	-	1	1,4
benzodiazepines	6/2	7/2	7/-	-	-	24	34,3
Other medicines	3/-	6/-	2/-	-/1	-	12	17,1
Total	15	33	18	3	1	70	

Note: AMT – amphetamine, MAMT – methamphetamine.

Note: the first number in the cell identifies men; the number after the slash indicates the number of women (M/W)

Table 6.3.: Deaths under the influence of psychoactive substances in 2006 by cause of death and age group (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Cause of death / age group	under 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	over 65	Total
Natural/internal	-	1/-	-	1/-	3/-	-	1/-	4/-	-	1/2	-	2/-	15
Accident	-	2/-	7/-	5/1	2/-	4/-	2/1	-	2/-	1/1	4/-	-/1	33
Suicide	-	-	4/-	3/-	2/-	-	2/-	3/-	1/-	1/-	1/-	1/-	18
Murder	-	1/-	-	-	1/1	-	-	-	-	-	-	-	3
Unidentified	-	-	-/1	-	-	-	-	-	-	-	-	-	1
Total	-	4	12	10	9	4	6	7	3	6	5	4	70

Note: the first number in the cell identifies men; the number after the slash indicates the number of women (M/W)

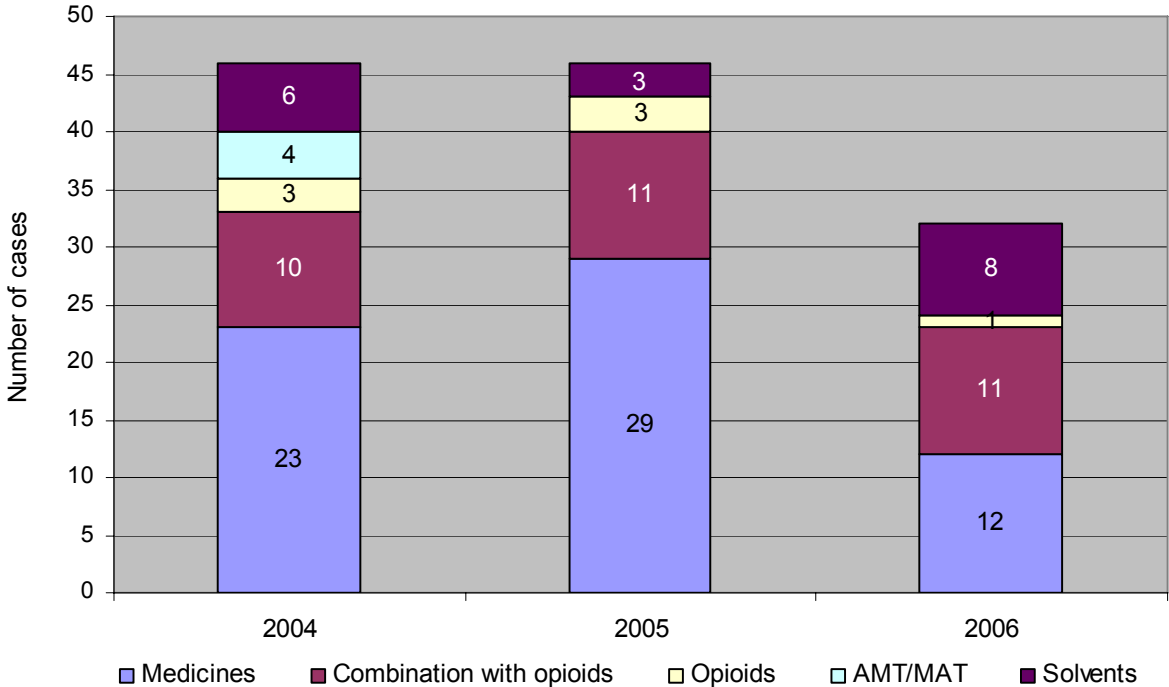
6. 1. 3 Comparison with data acquired in the period 2004–2006

The number of drug-related deaths reported in 2006 was lower than in 2004 and 2005. The total number of cases reported in each year were 124 (2004), 123 (2005) and 102 in 2006.

Direct drug-related deaths were the same in 2004 and 2005 – 46, while in 2006 there were 32 cases. Poisoning with medicines occurred in 2004 and 2005 mainly in the over-35 age group and opioid poisoning was much more common in younger age groups. In 2006 relations between substances used and age group changed slightly; substances in other categories than medicines were found more frequently in the over-35 group.

The number of direct D-r-deaths in individual substance categories changed only slightly. A significant fall in the number of deaths caused by combinations of substances excluding opioids was recorded in 2005. In 2006 there was a fall in the number of deaths caused by medicines (Fig. 6.1).

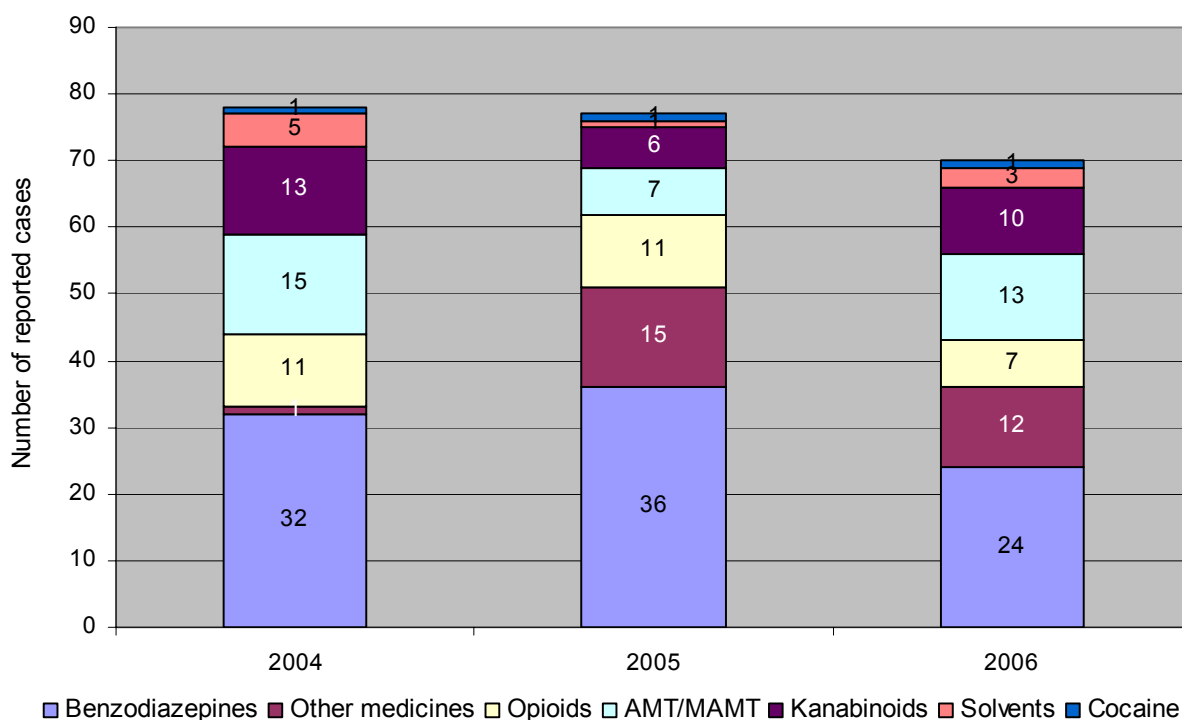
Fig. 6.1: Direct drug-related deaths in the 2004–2006 period (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)



78 cases of indirect drug-related death were recorded in 2004, 77 in 2005 and 70 in 2006. The proportions of individual kinds of psychoactive substances in indirect drug-related deaths in the individual years of the 2004–2006 period were approximately the same except for cannabinoids and amphetamines/methamphetamines. Reports of these substances halved in 2005 but increased again in 2006 (Fig. 6.2). The distribution of cases by cause of death⁷⁰ changed only slightly in the 2004–2006 period. Mortality was most frequent in various accidents. The number of cases with an unidentified cause of death fell sharply in 2005 and 2006.

⁷⁰ natural cause of death, accident, suicide, murder, unidentified cause of death

Fig. 6.2: Indirect drug-related deaths in the 2004–2006 period (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)



The above analysis of reported drug-related deaths by categories of psychoactive substances is based on the EMCDDA categorisation, i.e. deaths in which a combination of methamphetamine and opioid substances was detected were categorised as “polysubstances including opioids” or in Fig. 6.1 “combination with opioids”.

In 2007 a secondary analysis of data for the 2004–2006 period was conducted focussing on the prevalence of specific kinds of psychoactive substance in death reports. The results of the analysis are given below⁷¹.

6.1.4 Comparison of data for individual kinds of psychoactive substance in the 2004–2006 period

Heroin-related deaths

Between 2004 and 2006 there were 23 recorded heroin-related deaths. There were 11 cases in 2004, 9 cases in 2005 and 3 cases in 2006. Nearly all deaths (21) were reported from Bratislava. In 2006 cases were also reported from Banská Bystrica and Martin (1 case each). Out of the stated total number, 12 deaths were caused by a direct overdose of heroin alone (5 cases) or in combination with other substances (7 cases). 11 deaths took place under the influence of heroin.

Table 6.4: Cases of heroin overdose 2004–2006 (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Year	Gender	Age (years)	Cause of death (heroin/combined overdose)	ST code
2004	male	18	heroin	(18)
	male	18	combination of substances	(20)
	male	25	combination of substances	(20)
	male	26	heroin	(18)
	male	26	combination of substances	(20)
	male	30	combination of substances	(20)

⁷¹ Data is processed by a method different to the EMCDDA methodology. For this reason there is a slight discrepancy between the results given in 6.1.1–6.1.3 and 6.1.4.

2005	female	21	combination of substances	(20)
	male	23	combination of substances	(20)
	female	23	heroin	(18)
	male	32	combination of substances	(20)
	female	41	heroin	(18)
2006	male	23	heroin	(18)
Total	12	Average: 25.5	5 / 7	

Note: ST code – code for the cause of death used in EMCDDA standard tables

Table 6.5: Deaths under the influence of heroin 2004–2006 (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Year	Gender	Age (years)	Cause of death	ST code
2004	female	21	road accident	(25)
	male	22	gunshot wounds – unidentified	(28)
	male	25	suffocation by hanging	(26)
	male	27	road accident	(25)
	male	43	suffocation by hanging	(26)
2005	female	19	suffocation by strangulation	(27)
	female	29	exposure	(24)
	female	30	disease	(24)
	male	54	gunshot wounds – suicide	(26)
2006	male	24	suffocation by contents of stomach	(25)
	male	28	road accident	(25)
Total	11	Average: 29.3		

Note: ST code - code for the cause of death used in EMCDDA standard tables

Methadone-related deaths

In the studied three-year period 6 methadone-related deaths were recorded. There were 3 cases in 2004, 1 case in 2005 and 2 cases in 2006. One death was the result of a methadone overdose alone and in 5 cases methadone was identified in combination with other substances.

Indirect marijuana-related deaths

In the 2004–2006 period a total of 29 deaths under the influence of cannabinoids were recorded. 13 such deaths were recorded in 2004, 6 in 2005 and 10 in 2006.

Amphetamine and methamphetamine related deaths

10 deaths were reported that were directly caused by this category of substances: 7 cases in 2004, 2 cases in 2005 and 1 case in 2006. 4 deaths resulted from the use amphetamines and methamphetamines alone and 6 resulted from their combination with other substances.

Table 6.6: Deaths caused by overdoses involving amphetamines and methamphetamines in the 2004–2006 period, by gender and age (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Year	Gender	Age (years)	Cause of death (AMT/MAMT/combined overdose)	ST code
2004	male	18	combination of substances	(20)
	male	21	AMT	(21)
	male	21	combination of substances	(20)
	female	22	combination of substances	(20)
	male	25	AMT/MAMT	(21)
	male	31	MAMT	(21)
	male	74	AMT	(21)
2005	male	20	combination of substances	(20)
	male	30	combination of substances	(20)
2006	male	22	combination of substances	(20)
Total	10 (9/1)	Average: 28.4	4 / 6	

Note: ST code - code for the cause of death used in EMCDDA standard tables

Cocaine-related deaths

Since 2003 no deaths have been reported in which cocaine was a direct cause of death either alone or in combination with other substances. 1 indirect cocaine-related death, i.e. a death that took place under the influence of cocaine, was reported each year in the 2004–2006 period.

Solvent-related deaths

A total of 17 such cases were reported. Their numbers in individual years were as follows: 6 cases in 2004, 3 cases in 2005 and 8 cases in 2006. In 13 cases the overdose was caused by toluene alone, in 2 cases it was caused by toluene in combination with other substances. 1 death was found to be the result of a combination of toluene and acetone and 1 death was caused by a combination of acetone and other substances.

Table 6.7: Deaths caused by solvent overdose in the 2004–2006 period in Slovakia (Šidlo, J.: Special deaths register, NMCD/HSA, 2007)

Year	Gender	Age (years)	Cause of death (toluene/combined overdose)	ST code
2004	male	21	toluene	(21)
	male	22	toluene	(21)
	male	23	toluene	(21)
	male	29	toluene	(21)
	male	29	toluene	(21)
2005	male	31	toluene	(21)
	male	23	toluene	(21)
	male	28	toluene	(21)
2006	male	34	toluene	(21)
	male	18	toluene	(21)
	male	26	combination of substances	(21)
	male	29	combination of substances	(21)
	male	31	combination of substances	(20)
	male	31	toluene	(21)
	male	31	toluene	(21)
	male	32	toluene	(21)
	male	53	combination of substances	(21)
Total	17 (17/-)	Average: 28.9	13 / 4	

Note: ST code - code for the cause of death used in EMCDDA standard tables

6.2 Drug related infectious diseases

6.2.1. HIV/AIDS among injecting drug users

Slovakia has one of the lowest prevalence of HIV infection in the European Union and also the lowest prevalence in central Europe. Data on recorded cases of HIV/AIDS are provided by the National Reference Centre for HIV/AIDS. 27 new cases of HIV infection were reported in 2006 (an incidence of 5.0/1 million inhabitants). The most frequent transmission routes are homosexual and heterosexual intercourse (table 6.8).

Infections were registered in all eight regions in Slovakia in 2006. Cases of infection were first recorded from all regions the year before.

A total of 197 368 tests for anti-HIV antibodies were carried out in 2006. Drug taking was given as a reason for testing in 194 cases. One case of infection resulting from injecting drug use was detected in 2006 but this took place outside the territory of Slovakia – in Portugal (NRC HIV/AIDS, 2007). This is the third case in history, after two cases recorded in 1985 and 1986.

Table 6.8: Incidence of HIV in Slovakia in the last 5 years, by means of infection (NRC HIV/AIDS, 2007)

Means of infection	before 2002	2002	2003	2004	2005	2006
Homo/bisexual intercourse	61	6	10	12	9	13
Heterosexual intercourse	26	3	3	2	11	11
IDU	2	0	0	0	0	1
Haemophiliac	0	0	0	0	0	0
Blood recipient	1	0	0	0	0	0
Homosexual intercourse and IDU	0	0	0	0	0	0
Mother to child	0	0	0	0	0	0
Unidentified	8	2	0	1	1	3
Total	98	11	13	15	21	27

According to expert opinion there may be a number of reasons for the low prevalence of HIV in Slovakia: for example, the long isolation of Slovakia from the western countries the same as in the case of most countries in the former Soviet bloc. After the opening of the borders prevalence increased gradually but not as rapidly as in other countries. Immediately after the first HIV infection in 1986 compulsory testing for blood donors was introduced, this was later extended to sperm, tissue, organ and milk donors. At the same time the first specialised facility dedicated to HIV/AIDS diagnosis was created in the Virology Institute of the Slovak Academy of Science and the first National Programme for the Prevention of HIV/AIDS in Slovakia was established. The Ministry of Health established the National Reference Centre for the Prevention of HIV/AIDS in the Institute of Preventative and Clinical Medicine⁷² in 1994 (Staneková D., 2007).

Relatively soon non-governmental organisations began to work on HIV/AIDS prevention, especially those working in harm-reduction, particularly in Bratislava, which was the area with the highest risk due to its status as the capital city and the high prevalence of drug use. When they were established, low threshold organisations had already had a chance to learn from their more experienced western partners and make immediate use of more effective prevention mechanisms developed in other countries (Staneková D., 2007).

On the other hand, the extremely low prevalence may also be due to a very low rate of testing in the population (around 100 000 tests for anti-HIV antibodies annually) and general underestimation of the problem. The majority of people are unaware of the risk of infection. They do not protect themselves or go for tests. This suggests that the currently know number of persons infected with HIV may be just the tip of the iceberg (Staneková D., 2007).

6.2.2 Viral hepatitis among injecting drug users

6.2.2.1 Information from the national register of infectious diseases

Data on the number of cases of infectious disease in Slovakia are collected by the Regional Public Health Authority in Banská Bystrica (hereinafter referred to as “the RPHA”) which processes information acquired at the regional level and stores it in the national register of reported infectious diseases.

In comparison with the previous year there was an increase in reports of chronic hepatitis C in particular. 239 cases were reported in total in 2006 (in 2005 – 110 cases)⁷³. One of the possible explanations for this increase is that it is being more actively sought⁷⁴, together with the introduction of a more modern diagnostic technique and improvement in the system of

⁷² It is now the Slovak Medical University – Scientific research establishment, see also chapter 13.1.3 – Principal national research institutions

⁷³ Data are also reported in the Standard Table 9 for the EMCDDA

⁷⁴ based on the national programme coordinated by the National Centre for the Management and Treatment of Chronic Hepatitis based in Bratislava

reporting incidents of hepatitis in the EPIS system⁷⁵. This change has revealed deficits and areas requiring improvement in the reporting of hepatitis and confirms the theory that the numbers of cases of chronic hepatitis C are higher than originally thought. It is not thought, however, that the increase in the number of reported cases of hepatitis indicates the onset of an epidemic (Lokša, P., 2007, Holomáň, J., 2007)

A similar increase in the number of reported infectious diseases resulting from the changes listed above took place in cases where there was a history of injecting drug use. 13 cases of acute hepatitis C were detected among injecting drug users in 2006. 108 drug users had chronic hepatitis; in 2005 only 27 such cases were reported. Among persons with a medical history of injecting drug use, 1 case of acute hepatitis A was recorded in 2006 and 7 cases of acute hepatitis B.

From a long term point of view, there is a clear reduction in the incidence of transmissible infectious diseases as a result of preventative vaccination, i.e. hepatitis A and B.

Table 6.9: Incidence of hepatitis virus infections by region and number of injecting drug users (RPHA, 2007)

Region	HAV		HBV		acute HCV		chronic HCV	
	Total	IDU	Total	IDU	Total	IDU	Total	IDU
Bratislava	6	1	24	5	3	0	32	23
Trnava	5	0	6	1	9	1	55	22
Nitra	4	0	12	1	7	5	41	19
Trenčín	2	0	11	0	4	2	12	1
Žilina	43	0	8	0	1	1	5	0
Banská Bystrica	13	0	9	0	1	0	48	27
Prešov	138	0	18	0	3	1	13	0
Košice	251	0	25	0	3	3	33	16
Total	462	1	123	7	31	13	239	108

The proportion of men and women in cases reported to the RPHA fluctuates. It ranges from 2:1 to 5:1 except for 2004 when it was 10:1.

6.2.2.2 Infectious diseases among drug users receiving treatment

Results of tests in the CTDD – IDD in Bratislava

The CTDD – IDD in Bratislava has been carrying out sentinel monitoring of trends in the incidence of infectious diseases that are transmitted via blood (HIV, HCV, HBV) among drug users who request treatment for the first time in the relevant calendar year. The results reported to the EMCDDA⁷⁶ show an incidence of hepatitis C antibodies of 44.6% in the given facility in 2003, 45.8% in 2004 and 53% in 2005. Data for 2006 were not available at the time of writing. The number of patients tested was something over 100. AntiHCV serological markers were used. Positive responses to antiHbC markers (hepatitis B) made up 11.5% in 2003, 4.4% in 2004 and 10.1% in 2005. (EMCDDA – ST09, 2005)

Hepatitis C in injecting drug users in the Banská Bystrica region

In 2006 the team of Lovrantová, Skladaný, Bachová began a research programme to map the prevalence/incidence of hepatitis C among intravenous drug users in this region. The study is divided into two stages: retrospective analysis of selected data for the 2000–2006 and subsequently a prospective study for the 2007–2009 period.

The population studied are the patients of the centre for the treatment of chronic hepatitis in the F. D. Roosevelt Teaching Hospital in Banská Bystrica, patients of the centre for the

⁷⁵ Epidemiological information system

⁷⁶ In Standard Table 9

treatment of drug dependencies and clients of re-socialisation centres in the region. The family and persons close to drug users with HCV are also involved in the study.

The aim of the retrospective stage was to map the population of intravenous drug users in the Banská Bystrica region and the sub-population of carriers of the HCV virus among IDU. Information was acquired through a review of medical records, questionnaires and personal interviews. 73 patients (58 men and 25 women) took part in the retrospective stage. The average age of first contact with drugs among the patients studied was 15.6 years and the length of intravenous drug use was 4.8 years on average, ranging from 1 month to 11 years. Hepatitis C infection was diagnosed at most 5 years from the start of drug use and the average age at the time of diagnosis was 20.5 years (15–29 years). In addition to intravenous drug use, the HCV risk factor tattoos/piercing (50.1%) and sexual transmission (3.1%) dominated the aetiology of HCV among the studied patients.

3.8 times more men than women were diagnosed with HCV. Medical records for the studied population showed that genotype 3 was dominant among them at 54.7% while 13.7% had genotype 1 and 1.2% had genotype 2. No genotype was given for 30.7% of patients.

The aim of the stated work is to find and exploit spare capacity in the process of identifying, recording, assignment to a clinic and treatment of HCV virus. The authors expect that the information acquired through this project will be used to increase the success of HCV treatment, to support work to prevent the spread of infection and to spot predictive parameters for the success of hepatitis C treatment for injecting drug users (Lovrantová et al., 2007).

6.2.2.3 Incidence of infectious diseases among drug users entering prison

In prisons (including remand prisons) and in the hospital for prison inmates in Trenčín, screening takes place continuously for the timely diagnosis of infectious diseases in persons with high risk behaviour. This takes the form of blood tests for HIV and the hepatitis B and C viruses. Previous statistical measures did not permit the extraction of data relating specifically to drug users, however. Since 1 January 2007 the General Directorate of the Prison and Court Guard Corps (hereinafter referred to as "PCGC") has changed the system for recording test results. This change is intended to ensure the immediate availability of real-time information on the prevalence of infectious diseases among drug users entering prison in the structure required by the EMCDDA.

Project: Risk of the incidence of blood-borne infectious diseases among prison inmates in the Slovak Republic

During 2006 and 2007 this project was prepared under the supervision of the General Directorate of the PCGC and the National Centre for the Management and Treatment of Chronic Hepatitis (NCMCH). It will be implemented in the course of 2007.

The primary objective of the project is to determine if the imprisonment is the risk factor of infection (if any) with the blood-borne infectious diseases HCV, HBV and HIV. The study will also examine the risk factors, including combinations of factors that most strongly influence the incidence of HCV, HBV and HIV before imprisonment and the factors that influence infection while in prison. The output of the project will include findings on the prevalence and incidence of infection during imprisonment (Holomáň J., 2007).

6.2.2.4 Incidence of infectious diseases among clients of outreach programmes

The civil association Risen in Prešov offered its clients tests for syphilis and HIV in 2006. No positive result was found in 60 tests for HIV and 40 tests for syphilis.

ERATO Project

In 2006 the civil association Odysseus carried out tests for syphilis antibodies, HIV antibodies, hepatitis B antibodies (HBsAg) and hepatitis C antibodies (anti-HCV and HCV RNA PCR) for clients of outreach programmes in Bratislava as part of the international ERATO project. Further information on the project is given in chapter 7 – Responses to health correlates and consequences. The results relating to the prevalence of infectious diseases were not published yet by the time this report went to press.

Project: Testing of the hidden population of active drug users

A project for the testing of the hidden population of active drug users was also prepared in 2006⁷⁷. The project is being carried out by the following harm-reduction organisations: the civil associations Prima (Bratislava), Heuréka (Banská Bystrica, Žiar nad Hronom, Zvolen), Risen (Prešov) a Storm at UKF (Nitra, Sereď, Trnava). The aim of the project is to determine the prevalence of the following infectious diseases: hepatitis B and C, HIV and syphilis among active drug users and also to direct/motivate clients with suspected infections to health care units and medical professionals.

Testing began in 2007 and it is expected to be completed in autumn 2007. Testing is being conducted in eight towns in Slovakia in the form of fast screening tests. Tests are conducted on drops of capillary blood from the pad of the finger. Preliminary results from tests carried out to the end of May 2007 show relatively high prevalence of hepatitis B (13.3%) and syphilis (26.3%) among intravenous drug users, with a high rate of infection in Prešov. The prevalence of hepatitis C antibodies in preliminary results is 47.3% of 91 persons tested.

The test results must be interpreted carefully. Firstly, they are tests for antibodies, which need to be confirmed and furthermore the testing project is incomplete and therefore the results are only preliminary. The results may also be affected by the environment in which the harm-reduction organisations work. For example, whether the environment is a stable environment with a stable clientele or have the organisations broadened their activities to include a new target group. For example, the relatively high percentage of prevalence for hepatitis B and syphilis infections in Prešov was caused when services began to be provided to a new group of drug users in the Roma community, where the users were infected by their partners working in the sex-business (Risen civil association, 2007). The effect of opening a new programme in this community can also be seen in comparisons with the results obtained by the Risen civil association in syphilis tests conducted in 2006 and 2007. While none of 40 tests for syphilis antibodies were positive in 2006, 20 out of 37 tests were positive in 2007 when the organisation began to provide services in the new client community.

Table 6.10. Results of the project Testing of the hidden population of active drug users – results to May 2007 (Prima - civil association, 2007a)

Infectious diseases	HIV	HCV	HBV	SYPH.
Number of tests performed	98	91	90	95
Number of positive tests	1*	43	12	25
Percentage of positive tests	1%	47,3%	13,3%	26,3%

* After only one test, confirmation tests not carried out

⁷⁷ The project received financial support under the small grant scheme of the project for the support of the implementation of the 20042008 NPF declared and implemented by the General Secretariat of the Government Office.

6.3 Psychiatric co-morbidity (dual diagnosis)

Some information on psychiatric co-morbidity for patients with drug addictions was published in the 2006 Report.

Turček (2007) has studied the excessive use of psychoactive substances in 55 hospitalised patients with eating disorders. His research found that 43.5% of patients were dependent on or abused at least one psychoactive substance. The most frequent substances were tobacco, alcohol and caffeine (Turček M., 2007).

6.4 Other drug related health correlates and consequences

6.4.1 Pregnancy and children born to drug users

In 2006, 68 pregnant women with drug dependencies were reported, giving birth to 52 babies (5 more than in 2005). At the end of the 1990s such births were recorded almost only in Bratislava but now children of mothers with drug addictions are appearing in other towns. Although health workers are better able to diagnose neonatal abstinence syndrome, it is thought that there are still some cases where it goes undiagnosed. Patients with such a diagnosis are sent for intensive care (Type III neonatal facilities) or to specialised perinatal centres because they require long term specialised care⁷⁸.

A perinatal analysis of results for the Bratislava region in the 2000–2006 period (Korběl 2001, 2002) shows that children born to mothers with drug dependency make up 0.5%–0.8% of all children born. In the last two years (2005 and 2006) the number of children born to mothers with drug addictions in Bratislava has been the same (39 babies).

Children born to drug users in the Cyril and Methodius hospital in Bratislava

In 2006 the perinatal care centre at the Cyril and Methodius hospital in Bratislava diagnosed neonatal abstinence syndrome in 15 of 2 194 hospitalised children (0.68% of cases).

The main drug used during pregnancy by the mothers of these patients was heroin or combinations including heroin, which was usually injected: in 4 cases heroin was used alone, in 4 cases heroin was used with methadone, in 2 cases heroin was used with pervitin (methamphetamine) and in one case heroin was combined with Diolan. 3 babies and their mothers were addicted to pervitin. Polydrug use was diagnosed in 1 case (a combination of heroin, methamphetamines and amphetamines). All the drugs were diagnosed by means of toxicological analysis of the babies' urine. In 6 cases babies had low birth weight and two children died as a result of complications (with weights of 760g and 1450g). Only 4 mothers in the population did not carry the hepatitis C virus, 5 children required treatment with penicillin because their mothers did not complete treatment for syphilis during pregnancy.

⁷⁸ Children born to mothers with addictions receive long term treatment in clinics for children with perinatal pathology. Their psychomotor development and later behaviour and education must be monitored. In addition they are often placed in institutions for young children.

7. Responses to health correlates and consequences

Measures aimed at reducing health risks associated with drug use are carried out not only by health care units but also notably through the activity of non-governmental organisations that provide low threshold social services (harm reduction organisations).

Since 1994, when the first programme to distribute needles and syringes began at the Bratislava CTDD, 7 organisations have been established to operate needle and syringe exchange programmes. Odyseus, Prima, Storm at UKF, Risen, Heuréka, Pomocná ruka and Centrum dobrovoľníctva – project V.I.S. Services were provided during the year in ten towns, though not all functioned for the whole year. The needle and syringe exchange programme in Púchov closed down at the end of 2006. New needle and syringe exchange outreach programmes were established in Trnava, Banská Bystrica, and Košice and, after a two year break, in Zvolen. In this year preparations also began for the opening of a new contact centre in Nitra.

In 2006, work began on preparation of minimum standards for low threshold services for drug users in accordance with the principle of harm reduction. These standards will be used as an instrument to ensure the quality of low threshold services provided to drug users.

The importance of harm reduction organisations derives mainly from their efforts to reduce the incidence of infectious diseases such as hepatitis, HIV and syphilis among drug users, to educate users on safe use, to provide counselling and so on. Despite the importance of the low threshold services provided by harm-reduction organisations there are relatively few of them. It is estimated that 21% of problem drug users are in contact with low threshold services⁷⁹.

Map 7.1: Availability of NSP's



Note: The NSP in Žiar nad Hronom and Banská Bystrica operated for only 8 months (from May 2006) and in Zvolen from September 2006. In Košice there is one organisation providing both fixed and outreach exchange programmes.

7.1 Prevention of drug-related deaths

Measures to prevent drug-related death or unintentional overdosing include: substitution programmes, where addicts are transferred from uncontrolled drug use to controlled use; education and training for drug users on safer ways to take drugs and measures to avoid fatal overdoses or to provide first aid to other drug users. Education is provided by harm reduction organisations and health care facilities through direct communication with drug users or through brochures and information leaflets.

⁷⁹ See the estimates for problem drug use in chapter 4 – Problem drug use

Apart from the above there are currently no activities available in Slovakia that could be considered as measures to reduce overdoses, such as consumption rooms for safe drug use or the direct distribution of antagonists to drug users.

7.2. Prevention and treatment of drug-related infectious diseases

In the prevention of infectious diseases priority is also given to suitable education for drug users, provided through harm reduction organisations and health care facilities in direct communication with users or through brochures and information leaflets. The availability of needle and syringe exchange programmes also contributes to such prevention. Organisations taking part in harm reduction programmes provide information on infectious diseases, train and motivate users to practise safer consumption methods and safer sex, distribute condoms, operate needle and syringe exchanges, distribute material on safer methods for taking drugs and facilitate the safe disposal of waste materials.

Vaccination is an important method to prevent hepatitis B infections. The centres for the treatment of drug dependency continued to provide vaccination free of charge to injecting drug users coming into contact with the centres for the first time in 2006. (Ministry of Health 2007)

7.2.1 Services provided by outreach programmes – needle and syringe exchange programmes

In 2006 work began on a document on minimal standards for low threshold services for drug users in accordance with the principle of harm reduction⁸⁰ in response to long standing requests from existing harm reduction organisations. Its purpose is to standardise terminology, set rules for the functioning of services and the methodology for work in the area of harm reduction in Slovakia. It is expected that these standards will serve as an instrument to ensure the quality of low threshold services provided to drug users.

In 2006 there were 7 organisations running needle and syringe exchange outreach programmes. In 3 towns – Bratislava, Banská Bystrica and Košice – there were both outreach and fixed needle and syringe exchange programmes. In 2006 new outreach programmes opened in Banská Bystrica (the civil association Centrum dobrovoľníctva – projekt V.I.S.), in Trnava (the civil association Storm at UKF Nitra) and in Košice (the Pomocná ruka civil association).

Services were provided in 10 towns in total, though not all functioned all year round. The needle and syringe exchange programme in Púchov (Odyssey civil association) closed down in October 2006 and the programmes in Žiar nad Hronom and Banská Bystrica were in operation only for 8 months⁸¹. An outreach programme was reopened in Zvolen in September 2006 but it did not have a stable clientele. According to the organisations, the problem of sustainability in these programmes is largely due to uncertain long-term funding⁸² but there are also problems with staffing.

Data was again collected on the clientele structure of harm reduction organisations and their services in 2006 (see chapter 4.3 – Problem drug users from non healthcare sources), using a questionnaire completed by all organisations performing such activities in 2006. It is not yet possible to present information on the number of actions carried out by harm reduction organisations or the number of persons served (Table 7.1) because not all organisations keep such records. The total number of contacts with users and non-users for all harm

⁸⁰ The preparation of the document is supported in part by the Open Society Foundation – Bratislava as a project of the civil association Storm at UKF.

⁸¹ In Banská Bystrica two exchange programmes operated in parallel, established by the civil associations Heureka and Centrum dobrovoľníctva – projekt V.I.S, both of which began in May 2006.

⁸² Odyssey civil association 2007b

reduction organisations in 2006 was 30 142, of which 602 cases were first contacts. In 2005 the numbers were 29 657 contacts, of whom 627 were first contacts.

Table 7.1: Number of actions carried out and number of persons making use of selected services of harm reduction programmes (NMCD, 2007b)

Service provided	Number of persons	Number of organisations providing information	Number of actions	Number of organisations providing information
Exchanges in exchange programme	1965	5	9784	7
Catering	442	4	6372	5
Medical treatment	316	4	806	6
Individual counselling	218	4	1446	6
Crisis intervention	33	2	105	2
Referrals to K-centre and other programmes*	1273	3	4359	3
Referrals for treatment*	101	3	300	5

* Approximate information only. It is not possible to give precise information because referrals and contacts are also provided by means of leaflets during counselling.

The Pomocná Ruka civil association in Košice provided group counselling for 132 persons (27 sessions) in 2006. The counselling sessions took place in the premises of the CTDD but drug users who were not in treatment were able to attend anonymously.

The numbers of needles and syringes issued and collected are given in the following table.

Table 0.1: Needle and syringe exchanges in outreach programmes (NMCD, 2007b)

Year	Number of needles/syringes collected	Number of needles/syringes issued	Number of needle/syringe exchange programmes* providing information
2004	249 322	297 935	8
2005	254 730	362 055	10
2006	327 665	384 293	13

* Programmes are understood here to cover independent exchange programmes provided by field services, institutions and the K-centre.

7.2.2 Counselling and testing

The centres for the treatment of drug dependency carried out tests on drug users in treatment to detect HIV or hepatitis B or C infections in 2006 (Ministry of Health 2007).

Testing for infectious diseases of drug users who are not in contact with health care units (in treatment) is not a regularly available service and most harm reduction organisations provide it only occasionally.

In 2006 the Odysseus civil association in Bratislava provided testing for infectious diseases and hepatitis for the clients of its outreach programmes. It was possible to carry out low threshold testing for antibodies for syphilis, HIV and hepatitis B (HBsAg) and hepatitis C (anti-HCV and HCV RNA PCR) thanks to the ERATO international research project. The project was financed by the Greek ministry of foreign affairs (HELLENIC AID) and operated in 3 countries: in Slovakia, by the civil association Odysseus, ACT UP HELLAS in Greece and SALUS in Ukraine.

The testing service was provided as part of the *Chrán sa sám* (Protect yourself) project⁸³ and was offered to injecting drug users, sex workers and their partners and customers. The service included pre-test and post-test counselling. For taking part in the research, participants received condoms and a brochure published specially for the purposes of the

⁸³ Project for field social work related to the exchange of syringes, the distribution of health material and condoms for injecting drug users and sex workers.

project. Blood samples were taken in a specially adapted mobile unit by qualified medical personnel (who also provided counselling). A total of 62 persons made use of the testing service in 2006, of whom 35 were men. In addition to the quick tests, the Odysseus civil association carried out 104 tests for syphilis antibodies, 68 tests for HIV antibodies, 66 tests for hepatitis B and 66 tests for hepatitis C (including confirmation if necessary) (Odysseus, 2007a).

In 2006 the Risen civil association also carried out tests for syphilis and HIV antibodies for drug users.

During 2006 a project was prepared to test the clients of harm reduction programmes for antibodies for hepatitis B and C, syphilis and HIV. The project is implemented by four civil associations (Prima, Storm at UKF, Risen and Heuréka) in eight Slovak towns (Bratislava, Nitra, Sereď, Trnava, Banská Bystrica, Žiar nad Hronom, Zvolen and Prešov). Testing began in 2007 (for further information see chapter 6 – Health Correlates and Consequences).

7.2.3 Infectious diseases treatment

The treatment of injecting drug users for infectious diseases is described in the 2006 Report, chapter 7 – Responses to health Correlates and Consequences).

7.3 Interventions related to psychiatric comorbidity

The treatment of patients with a dual diagnosis, with psychiatric comorbidity, takes place in the Slovak healthcare system; patients are admitted for treatment in hospital psychiatric units (2004 Report).

8. Social correlates and consequences

Drug use can be understood as a consequence or cause of social exclusion – because social marginalisation can be on the one hand a reason to start using drugs or can lead to problem use, and on the other hand (problem) drug use may lead to a deterioration in living conditions (income, employment, housing and so on). The most serious social problems facing drug users include unemployment, low education, family and employment problems, a worsening of their housing situation.

In addition to drug users, groups vulnerable to social exclusion include the unemployed, migrants, marginalised Roma communities, the homeless, persons released from prison and the disabled.

Crime is one of the social consequences of drug use. The rising trend in the number of offences committed continued in 2006 (84 cases more than in the previous year); there was a slight fall in the number of arrests. During the year it became compulsory for the Police Force to record drug-related offences and offenders by type of drug. In addition to the broad category of synthetic substances, most drug-related offences were committed in relation to marijuana, pervitin (methamphetamine) and heroin. In 2006 the new penal code came into effect and the new provision disturbed the continuity in the monitoring of the number of persons convicted under individual sections and thereby limits the interpretation of data for 2006. A total of 722 persons were convicted of drug-related offences (an increase of 132).

8.1 Social exclusion and inclusion

The 2004–2006 National Action Plan on Social Inclusion defines the main population groups at risk of poverty and social exclusion as follows: The unemployed, families with children (with an increased risk in incomplete families and families with a large number of children), Roma communities, people with disabilities, migrants, the homeless and other vulnerable population groups such as drug addicts, gamblers, abused children, victims of domestic violence, prison inmates and former inmates, young people who have been brought up in care.

Information on social exclusion among drug users or on drug use in marginalised groups is not extensive. The relationship between on the one hand social exclusion and its consequences such as unemployment, homelessness, financial problems etc. and drug use on the other is not a specific area that is monitored or studied, nor is there information on specific studies being performed in this area.

8.1.1 Homelessness and drug use

It likewise applies that there is little information on drug use among the homeless. A survey of current and potential clients of social service was conducted⁸⁴ in the Bratislava region in November 2006, focussing on the following groups: people with disabilities; seniors, families and individuals in crisis (female victims of domestic violence, homeless people etc.) and users of psychoactive substances (Kusá Z., 2007). The survey was aimed at possibilities and barriers for the use of social services among the individual categories of clients and the area of psychoactive substances was not a part of the survey.

A survey of the case-history (anamnesis) of addictive behaviour of 369 homeless people living in a shelter in Nitra was conducted. The published results found that 37.9% of homeless people had alcoholic parents and 25.7% had relatives involved in crime. It was also found that 66.4% of the homeless respondents were addicted to alcohol, 92.9% smoked tobacco, 7.9% used other psychoactive substances and 6.5% gambled. 1.9% had undergone protective treatment (Kasanová A., 2007). In the article the author states that the numbers

⁸⁴ Carried out by the Institute of Social Sciences of the Slovak Academy of Sciences

given could be higher for homeless people who do not live in a shelter but other forms of temporary accommodation. The low prevalence of other psychoactive substances and gambling may be a result of the homeless spending their money on cheap alcoholic drinks and tobacco products. Drug use and gambling are behaviours/commodities that they cannot afford to finance.

Information on certain measures aimed generally at the homeless has been included in previous reports in chapter 8 – Social correlates and consequences.

8.1.2 Drug use in Roma communities

Information of a mainly qualitative nature is provided by the studies of Roma pupils in 3rd school year in 2003–04 and 2004–05 (Liba, 2006) and Roma children aged 5–10 (Farkašová et.al. 2005), which are discussed in the 2006 Report in chapter 2 – Drug use in the population and chapter 11 – Drug use and related problems among very young people (under 15 years). Chapter 12 gives the basic results of biomedical research into smoking among pregnant women in the majority and minority (Roma) population, which show both the known negative effects of nicotine on unborn children but also significant differences between women who smoke in the majority population and women who smoke in the socially and culturally marginalised group.

In the course of the project Concept for using regional resource in the creation, implementation and evaluation of drug policy in the Prešov region⁸⁵, a survey of 70 Roma communities in the Prešov region was planned for 2007. The research took the form of semi-guided interviews with two categories of respondents: important community figures (mayors, teachers, religious leaders, local activists and the like) and inhabitants of the Roma communities and drug users.

8.1.3 Drug users working in the sex business

The BORDERNET project ran in Slovakia and five other European countries with the support of the European Commission⁸⁶. The project was aimed at people working in sex-business in order to improve prevention and diagnosis of HIV/AIDS and other sexually transmitted diseases in a number of European border regions. It also includes monitoring of the risks that various groups are exposed to. The project inquired into personal mobility, HIV/AIDS and other STDs and awareness of them and sexual behaviour.

The hidden population of drug users currently also active in the sex-business in the city of Bratislava also took part in the project. The Prima civil association collected the data and identified certain characteristics of the target group of the survey, which are almost identical with selected characteristics of the target group of clients of harm reduction programmes.

The survey population consisted of 98 respondents, 76 women and 22 men. The main primary drug used was pervitin (methamphetamine powder) (62); 36 used heroin. The average age of persons was 27 years and the most numerous age group was 20–25 (36% of respondents). The largest group of respondents (35%) was persons who had achieved secondary education; this was followed by 30% who had qualifications from vocational schools.

The survey also inquired about employment; 61% of respondents were unemployed and 14% worked part time. Only 8 respondents worked full time or were self employed.

46% of respondents lived without a partner at the time of the survey and 29% had a partner. 45% of respondents had children. The youngest child of clients of the outreach social

⁸⁵ In 2006 it was supported from the small grant scheme of the project Support for the Implementation of the 2004–2008 NPF

⁸⁶This study was carried out in Slovakia under the supervision of the Slovak Medical University in Bratislava under the leadership of RNDr. D. Staneková, CSc.

programme of the Prima civil association was 1 year old and the oldest was 30. Respondents had 64 children in total with an average age of 11 years; 78% of children were minors.

Table 8.1: Number of children of respondents in the BORDERNET survey, clients of the outreach programme for drug users (Prima civil association, 2007b)

Number of children	Number of respondents
1 child	26
2 children	16
3 children	2

Table 8.2: Age structure of children of respondents in the BORDERNET survey, clients of the outreach programme for drug users (Prima civil association, 2007b)

Age group	Number of respondents
1- 5	18
6-10	23
11-15	9
15-20	4
21-25	6
26-30	4

The full results of the complete BORDERNET survey for all 6 countries were not yet available when the report was written.

8.1.4 Social characteristics of drug users in treatment

Some indicators of the worsened conditions in which drug users live can be found in the socio-demographic data from the TDI (Chapter 4 – Problem drug use). The social characteristics of drug users in treatment do not vary significantly; a large proportion are unemployed and have completed only elementary education, more than 8% had no stable accommodation in 2006 and over 1% had been in some form of state custody (prison, diagnostic institution and the like). Chapter 4.2 – Treatment Demand Indicator has already presented some of the basic social characteristics of drug users in treatment and the clients of low threshold organisations.

Table 8.3: Selected social characteristics of drug users in treatment from the TDI – all treatment, in % (NHIC, 2007b)

	2003	2004	2005	2006
Unstable accommodation	6,6	7,6	8,9	8,6
Prison/institution inmate	1,9	1,6	1,6	1,03
Unemployed	55,2	54,2	54	55,2
No education	5,8	4,4	5,3	4,1
Elementary education	40,3	43	39,1	38,5

Table 8.4: Selected social characteristics of clients first treated from TDI, in % (NHIC, 2007b)

	2003	2004	2005	2006
Unstable accommodation		6,3	7,4	7,1
Prison/institution inmate		0,9	1,4	1,1
Unemployed	33,1	49,7	44,4	46,9
No education	7,1	5,4	5,5	4,2
Elementary education	40,1	43,3	39	38,4

8.2 Drug-related crime

The term “drug-related crime” as defined by the EMCDDA means: Psychopharmacological crimes (crimes committed under the influence of a psychoactive substance, as a result of its acute or chronic use), economic-compulsive crimes (crimes committed in order to finance drug use); systemic crimes (mainly violent crimes committed within the functioning of illicit

drug markets, as part of the business of drug supply, distribution and use) and finally crimes committed in violation of drug legislations (EMCDDA, 2007).

This chapter presents mainly data for the last category – crimes committed in relation to violation of applicable drug legislation. Drug-related crime and drug-related criminal acts are offences committed under section 171 – illegal possession of drugs⁸⁷ for personal use, section 172 – illegal production, distribution and possession of drugs, section 173 – illegal production and possession of items intended for the production of drugs and section 174 – promoting drug addiction of the New Penal Code (and the equivalent sections of the Penal Code, Act 140/1961 hereinafter referred to as “the Old Penal Code”)⁸⁸.

At a national level, records and statistics on offences and offenders are provided by the law enforcement and judicial authorities, in particular: The Ministry of Interior (MI), the Office of the Prosecutor General (OPG) and the Ministry of Justice (MoJ). There are discrepancies in the data that these institutions provide on the numbers of arrests, prosecutions and convictions. One of the reasons may be the lack of mutual connections between statistical systems. The MI and the Presidium of the Police Force began to monitor drug-related offences and offenders by drug type on 1st June 2006. The OGP and the MoJ introduced this system on 1st January 2007.

This report uses information on the number of offences and arrests drawn from the police system for recording crime. This statistical information covers the total number of offences and arrests in the given year, including drug-related offences. Information on the number of persons convicted of drug-related offences is taken from MoJ statistics.

8.2.1 Number of offences and arrests according to police data

The rising trend in recorded drug-related crime that we have seen in the last 7 years continued in 2006 (see the 2006 Report, chapter 8.2 – Drug-related crime). According to information from the Presidium (central headquarters) of the Police Force (hereinafter referred to as “the PPF”), 1 722 offences relating to the production, distribution and consumption of drugs were recorded (84 more cases than in 2005), although the number of arrests fell to 1 256 persons in 2006 (53 fewer).

Out of the total number of persons prosecuted (as in the previous year) the majority belong to the 18–30 age group. The proportion of women prosecuted rose from 8.6% (2005) to a round 10% in 2006. (In 2004 their share was 10.2%). In terms of level of education, the distribution of offenders was not significantly different from that in previous years – 50% of offenders had completed elementary education, 19% had secondary education and only 1% was persons with a university education.

On 1st June 2006 the Police Force introduced compulsory reporting of drug-related offences and perpetrators by drugs. For its purposes it has included monitoring of abuse of medicines and precursors in addition to “traditional drugs”⁸⁹.

467 offenders are recorded for the period 1st June–31st December 2006. The police recorded the largest number of offenders as committing offences related to so-called “other substances” (38%). This group includes, amongst the chemical substances (ephedrine and pseudoephedrine) also equipment for drug production. This was followed by offenders who committed offences related to marijuana (34%), pervitin (12%) and heroin (9.6%). Most offenders committed offences related to one type of drug (457 arrests) and only 10 cases involved combinations of 2 or 3 types of drugs.

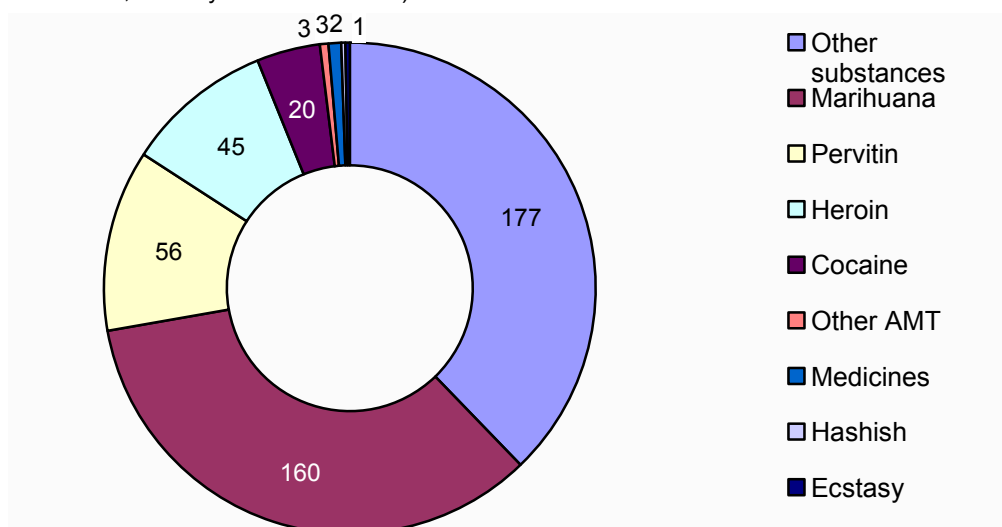
⁸⁷ Under the penal code, Act 300/2005, a drug is any narcotic, psychotropic substance, poison or precursor

⁸⁸ Section 186 – illegal possession of drugs for personal use, section 187 – illegal production and possession of narcotic and psychotropic substances, section 188 – illegal production and possession of an item intended for the production of narcotic and psychotropic substances and section 188a – promotion of drug addiction

⁸⁹ marijuana, hashish, heroin, pervitin, other amphetamines, cocaine, LSD, ecstasy

The same ranking was found in offences. In the period 1st July–31st December 2006, 1 032 offences were reported in the system. 493 offences related to “other substances”, 303 related to marijuana, 103 to pervitin, 100 to heroin and 11 to cocaine.

Fig. 8.1 Number of perpetrators of offences under section 171–174 by type of drug for the period 1.6. 2006–31.12. 2006, Ministry of Interior 2007b)



Medicines abused: rohypnol, modafen, nurofen, clarinase and other medicines

Other substances: ephedrine, pseudoephedrine, anabolic steroids, equipment for drug production (driers, pressure vessels) and other poisons and precursors.

8.2.1.1 Drug-related crime in regions, according to police data

Bratislava has for a long time had the largest proportion of national drug-related crime reported in terms of the number of drug-related offences, arrests and convictions and the other regions follow behind. (Office of the Prosecutor General, 2007; Ministry of Justice, 2007a). Once again in 2006 the fewest offences were committed in the Prešov region (see Table 8.5).

In 2006 the largest rise in the number of offences was recorded in Trnava region (an increase of 55 compared to year 2005) and Nitra region had the highest growth in arrests. On the other hand, the sharpest fall in crime was reported in Trenčín region. (for long term trends in drug-related crime in the regions over the last 8 years, see the 2006 Report, chapter 8.2 – Drug-related crime)

Table 8.5: Comparison of crime trends in individual regions of Slovakia (in terms of offences and arrests), Ministry of Interior, 2007a)

Region	Number of offences		Difference	Number of arrests		Difference
	2006	2005		2006	2005	
Bratislava	1055	1024	31	750	802	-52
Trnava	195	140	55	107	97	10
Trenčín	64	83	-19	44	69	-25
Nitra	131	119	12	116	80	36
Žilina	57	65	-8	34	70	-36
Banská Bystrica	131	111	20	111	96	15
Prešov	35	34	1	30	32	-2
Košice	54	62	-8	64	62	2
Total	1722	1638	—	1256	1308	—

8.2.2 Number of convictions according to the Ministry of Justice

The statistics of the Ministry of Justice (MoJ) record the number of persons convicted of offences under individual sections of the penal code in each year. Due to the long time it takes to complete some cases, which can take several years, it is not possible to consider these data an accurate up-to-date reflection of trends in crime in the year under analysis and the data is not compatible with the police statistics for the given year.

The New Penal Code entered into effect in 2006. This legislative change means that great care must be taken in interpreting the data. The overall picture of convictions in 2006 covers total convictions under sections 171–174 of the New Penal Code and total convictions under section 186, 187, 188 and 188a) of the Old Penal Code.⁹⁰

A total of 722 persons were convicted of drug-related offences in 2006, 132 more than in 2005 (see Table 8.2). 442 persons were convicted under the Old Penal Code – majority of them (158) was convicted for illegal production and possession of drugs. 280 persons were convicted under the New Penal Code, majority was convicted for possession of drugs for personal use – 248 persons. (See Table 8.6).

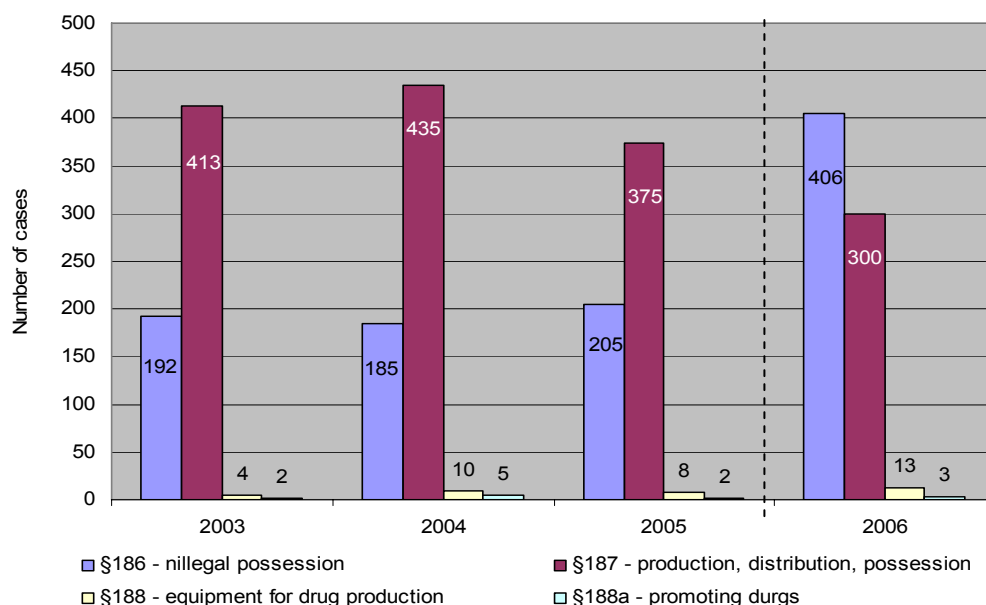
In comparison with previous years, the statistical data reported by the Ministry of Justice shows an increase in the number of persons convicted of possession of drugs for personal use. (See fig. 8.2) This increase may relate to the wording of the New Penal Code, under which the offenders previously prosecuted under section 187 of the Old Penal Code can be prosecuted under section 171 of the New Penal Code. The New Penal Code allows clearer distinctions between persons who possess drugs for personal use and drug dealers and the statistical data should give a better reflection of reality.

Table 8.6: Number of persons convicted under individual sections of the New and Old Penal Code by region in 2006 (Ministry of Justice, 2007a)

Region	Penal code, Act 140/1961				Penal code, Act 300/2005				Total
	§186	§187	§188	§188a	§171	§172	§173	§174	
Bratislava	123	114	2	0	154	4	1	0	398
Trnava	9	34	3	0	22	6	0	0	74
Trenčín	1	25	1	0	9	5	0	1	42
Nitra	7	38	0	0	28	8	0	0	81
Žilina	9	15	0	1	6	1	0	0	32
Banská Bystrica	5	14	5	0	21	4	0	0	49
Prešov	1	12	0	0	2	0	0	0	15
Košice	3	18	1	1	6	2	0	0	31
Total	158	270	12	2	248	30	1	1	722

⁹⁰ The trials of persons prosecuted while the old penal code was in effect were conducted under the old provisions.

Fig. 8.2: Comparison of the number of persons convicted under each section by year (Ministry of Justice, 2007a)



Note: the graph for 2006 combines provisions of the Old Penal Code (OPC) and New Penal Code (NPC) as follows: section 186 OPC + section 171NPC, section 187 OPC + section 172 NPC, section 188 OPC + section 173NPC, section 188a OPC + section 174NPC

8.2.3 Young offenders

According to the statistics issued by the PPF, the OPG and the MoJ, the number of young persons arrested, prosecuted and convicted for drug-related offences fell in 2006.

According to police data, 67 fewer children and young people were arrested than in 2005 (total 103). The OPG recorded 39 fewer prosecutions of young people and the MoJ recorded 5 fewer than in 2005 convicted of drugs offences (50 young people altogether), including one 14-year-old convicted of illegal production of narcotic and psychotropic substances.

8.2.4 Other drug-related crime

There is no relevant data available on so-called economic-compulsive crimes committed to obtain money or drugs to support drug use. This type of crime is not monitored in central statistics and no study has yet been carried out in this area. The only available information on this type of crime is the experience of law enforcement and judicial authorities. According to the OPG drug addicts must frequently commit property crime – pick pocketing, thefts from cars, shoplifting and so on (Office of the Prosecutor General 2007).

Crimes committed under the influence of drugs

In its statistical yearbooks the MoJ also presents information on crimes committed under the influence of addictive substances other than alcohol (drugs)⁹¹. According to available information, year 2006 represented a change in long term trends. In contrast to the situation described in the 2006 Report (Chapter 8.2.4 – Crimes committed under the influence of drugs) this was the first year in five years when there was an increase in the number of convictions for offences committed under the influence of drugs (321 persons – 81 cases more than in 2005). On the other hand there has been a fall in the number of convictions for offences committed under the influence of alcohol. This fall may relate to increased use of

⁹¹ Section 201 of the old penal code and section 289 of the new penal code.

institutes of non-judicial proceedings, especially for road traffic offences which include offences committed under the influence of alcohol (Office of the Prosecutor General, 2007)

8.3 Drugs in prison

In 2006, 646 persons declared the use of drugs during medical examination on starting a prison sentence or entering custody. This represents 12% of the total number of persons committed to prison in 2006. As at 31st December 2006 there were a total of 954 convicts and persons in custody addicted to drugs, which represents 11.56% of all prison inmates at that date. This proportion has grown very gradually since 2003 (when it was 6.7%) and it is currently the same as in 2005 (11.6%). The majority of recorded users are injecting users of heroin and pervitin.

In 2006 as part of the project Reduction of the risk of the penetration of drugs into prisons⁹², 1 627 screen tests were carried out for the presence of drugs in urine. Positive results for the presence of drugs were found in 147 cases. The most frequently abused substances were benzodiazepines (84) followed by opioids (21), cannabinoids (20), and amphetamines (14) and barbiturates (7).

8.4. Social costs associated with drug use

The latest available information on social costs associated with drug use are contained in the study Social and economic costs of illicit drugs used in the Slovak Republic, which was carried out in 2005 (Fazey C., 2006).

⁹² to support the National Programme for the Fight against Drugs

9 Responses to Social correlates and Consequences

The situation with regard to drug addiction can be explained by reference to, amongst other things, the overall social situation, in particular that of threatened and vulnerable groups of population. The first comprehensive measure to address their situation was the National Action Plan on Social Inclusion (2004–2006), which operated on two levels: Preventing the risk of exclusion (by facilitating participation in employment and access to resources, rights, goods and services) and providing assistance to the most vulnerable sections of society. The MLSAF has an important role in implementing measures for vulnerable and marginalised groups⁹³ and aims to solve the problem by introducing specific measures that address the situation of people who are vulnerable to drug addiction either directly or through an intermediary (through elimination and/or reduction of primary risk factors).

It can also be said that some measures, in particular measures carried out for children and young adults at risk of drug addiction, which became more visible in 2006, are focussing more on this group.

Weaknesses and areas for improvement in re-socialisation are being sought in a joint Slovak-French-Finnish project, Improving and broadening the care for the re-socialisation and rehabilitation of persons addicted to psychoactive substances. The project includes also a development of a proposal of conditions for the provision of professional assistance to addicts (so-called quality standards) (for further information see Chapter 1.3 – Implementation of policies and strategies)

9.1 Institutional and legal framework for measures directed towards the social consequences of drug use

2006 was the first complete year following the entry into force of the Act on Social and Legal Protection of Children and on Social guardianship⁹⁴ (see also the 2006 Report, Chapter 9 – Responses to Social Correlates and Consequences). This law created a framework for various forms of field work (e.g. mobile and stationary street work); for new types of educational measures (e.g. orders for residence in a re-socialisation centre for minors addicted to drugs, to impose a child to undergo treatment in specialised outpatient care, to impose a child to take part in an educational or social programme); the possibility to establish specialised independent groups for children with drug and other dependency in children's homes; the introduction of accreditation and so on.

In March 2006 the Central Office of Labour, Social Affairs and Family prepared a Concept for the Provision of Institutional Care⁹⁵ focussing on the period 2006–2007 with forecasts for the years 2008–2010. The main aims of the concept include the creation of specialised independent groups for children with drug and other dependencies⁹⁶. The planning objectives of the Central Office of Labour, Social Affairs and Family propose the establishment of such a specialised group for children in every self-governing region by 31st December 2008. The concept also includes a timetable for the establishment of such groups so to make it possible to address/solve the problem of children with drug and other dependency who have not yet reached school-leaving age. It is due to the restriction that having left school is a requirement for admission to a re-socialisation centre⁹⁷.

⁹³ Including drug users

⁹⁴ September 2005

⁹⁵ See Chapter 12 Alternative institutional care

⁹⁶ The act allows for the creation of six types of specialised independent groups for children including groups for children with drug and other addictions

⁹⁷ It must be stated that a children's home is not just a facility in which institutional care is provided, but other court judgements are also executed here – educational measures and interim measures.

9.1.1 Social guardianship measures

Basic information on social guardianship (in Slovak, *sociálna kuratela*) measures are given in the 2006 Report, Chapter 9 – Responses to Social Correlates and Consequences.

In 2006 an analysis was carried out of the activities of the specialised centres of the former PPCC⁹⁸ in preventing drug addiction and facilitating re-socialisation. At present, all Centres for Psychological Counselling Services carry out tasks for the social and legal protection of children and social guardianship, and the main focus of work in the area of psychological counselling services for drug addiction has moved from the area of primary prevention to the area of secondary prevention.

In 2006, 308 children were subject to social guardianship due to drug or other addictions, or experimentation with drugs (1.4% of a total of 21 896 children). In comparison with 2005, when 363 children were subject to social guardianship for the given reasons (1.71% of the total number) there are 55 fewer cases.

In the studied period, there was only a slight increase in social guardianship related to drug addiction or experimentation for people who have already reached the age of maturity compared to 2005 (115 out of a total number of 8 559 – 1.34%). In 2006, this measure was applied to a 124 persons out of a total of 8 878 (1.39%). Of these, 20 clients had been released from health care units after treatment for drug dependency and 27 had completed a stay in a re-socialisation centre. The indicator once again takes into account on the primary reason for the application of the measures, and therefore does not take into consideration the fact that 197 clients (of whom 34 were women) were motivated to treatment for drug or another dependency.

Current legislation allows the active participation of accredited organisations in cooperation to implement the educational measures (in Slovak, *výchovné opatrenia*). There remains a problem of a lack of interest among non-state organisations in obtaining accreditation for cooperation in the implementation of educational measures, in particular non-residential educational measures involved in social guardianship. The relevant authorities ordered treatment in specialised outpatient care in 7 cases (pure outpatient care). 38 places in re-socialisation centres were booked to implement court orders for treatment in such centres in 2006 (Table 9.1.).

Table 9.1: Provision for the enforcement of court orders in re-socialisation centres in the territory covered by the stated office (MLSAF, 2007)

LSAF Office	Provision for the enforcement of court orders in re-socialisation centres
Bratislava	13
Trnava	0
Nitra	2
Trenčín	10
Banská Bystrica	3
Žilina	8
Košice	2
Prešov	0

⁹⁸ The Centre for Psychological Counselling Services for Individuals, Couples and Families. Since the Act 305/2005 on social and legal protection of children and social guardianship came into force, this centre has been incorporated into the Central Office for Labour, Social Affairs and Family as an integral part of the authorities for social and legal protection of children and social guardianship.

Total	38
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Child welfare and social guardianship authorities gave a largely positive appraisal of the effectiveness of the new types of measures for children and young people. The programmes have been effective, especially where they have been intensive and long term in their character (MLSAF, 2007)

9.1.2 Re-socialisation centres

The information given in this section of the chapter is based on the 2006 Annual Report on the Implementation of Selected Measures of Social and Legal Child Protection and Social guardianship⁹⁹ and supplementary monitoring by the MLSAF. As at 31st December 2006, these measures were implemented in 18 re-socialisation centres for drug users.

These facilities had an overall capacity of 242 places at the end of the year. 509 clients received professional treatment in the facilities in 2006, of whom 338 began the re-socialisation process in the studied period. (Around 40% of the total number of clients left the re-socialisation centre in the course of the year). Out of the total number of clients who began re-socialisation programmes in 2006 4.5% were minors (5 girls and 18 boys) and women made up 15.6% of the 486 adult clients. Average monthly expenditure per client was EUR 448 (SKK 16,679)¹⁰⁰. The self-governing regions contributed on average EUR 3,979 (SKK 148,200) per client per year.

The average length of the re-socialisation process was 9 months; the first phase of the re-socialisation process – lasting 7 months – is considered to be disproportionately long (MLSAF, 2007).

On average, 164 clients of re-socialisation centres received a protective allowance each month. The protective allowance forms a part of the financial assistance provided to people in material need¹⁰¹, who in this case are not able to actively seek work due to their stay in the re-socialisation centre.

According to information obtained in supplementary monitoring by the MLSAF, cooperation with the social guardians (in Slovak, *sociálni kurátori*) is problematic. Of 14 re-socialisation centres that responded to the open questionnaire used for supplementary monitoring, 5 reported that they do not cooperate with social guardians, around a quarter described cooperation as being conducted by telephone or else from the text it is clear that cooperation is limited to the provision of information for the purposes of receiving material need assistance and supplementary allowances to material need assistance.

⁹⁹ In (MLSAF)13-01

¹⁰⁰ Amounts are calculated at the average exchange rate for 2006 according to the National Bank of Slovakia (SKK 37.248/EUR), <http://www.nbs.sk/>

¹⁰¹ Act 599/2003 on material need assistance and the amendment and supplementing of certain acts

Table 9.2: Selected professional activities provided by re-socialisation centres, MLSAF 2007

Professional activity	Number of acts/sessions	Breakdown by addiction			
		alcohol	Heroin and other opiates	Other types of drug	Non-material addiction
Professional counselling	645	199	190	204	52
Individual social work	2 381	1 158	433	496	294
Group social work	3 371	1 130	376	931	270
Field social work	110	21	31	57	1
Social work with families	559	150	135	235	39
Provision of psychotherapy	1 284	595	224	346	119
Provision of occupational training	99	20	17	60	3
Assistance in finding employment	336	137	57	111	31
Assistance in acquiring and increasing occupational skills	600	278	89	179	54
Arrangement of after-treatment for re-socialisation	444	13	114	262	55
Monitoring of the effectiveness of re-socialisation after its completion	611	87	168	301	55

A large part of the activity in re-socialisation centres is dedicated to occupational training, assistance in finding employment and assistance in acquiring occupational skills. (Table 9.2). Occupational therapy, in which the client prepares food under the supervision of the staff, makes up a significant part of activities. This method of food preparation is used in 90% of facilities. Re-socialisation centres state that cooperation with the client's family is an important part of re-socialisation (through parents' groups, family therapy in the field and the like).

Monitoring the effectiveness of a re-socialisation programme varies between re-socialisation centres, as it did in previous years, particularly in terms of the variety of methods of monitoring abstinence after the end of the re-socialisation programme. The re-socialisation centres assess the end of the re-socialisation process as successful for around 48% of clients out of a total of 337 who completed their stay in a re-socialisation centre in 2006. This is usually a re-socialisation programme that is not shorter than 12 months. Information on the monitoring of the efficiency of re-socialisation and catamnesis cannot at present be accepted as proven given the absence of unified and generally accepted criteria.

9.2 Prevention of drug crime

9.2.1 Treatment for drug users in prisons

The Prison and Judicial Guard Corps (hereinafter referred to as "the Corps") carried out the following project in 2006: Reduction of the risk of the penetration of drugs into prisons.

Activities focussed on the prevention and treatment of drug-related infectious diseases included, inter alia, the provision of anonymous means for prisoners on remand and convicted prisoners to obtain condoms from dispensing machines in institutions managed by the Corps. Sports equipment was purchased for drug-free zones and drug treatment departments. Particular attention was given to testing groups of prisoners on remand and convicted prisoners for infectious diseases. The Anti-drug Fund allocated financial resources for this project amounting to EUR 16,054 (SKK 598,000) for the implementation of selected activities within the project.

464 persons (12.3% more than in 2005) underwent treatment (for alcoholism or drug dependency) by court order in facilities managed by the Corps in 2006 and 54 convicted prisoners underwent treatment for drug addiction voluntarily (10% more clients than in 2005).

9.2.2 Penitentiary and Post-penitentiary treatment

Activities in institutes are followed by activities aimed at ensuring continuity between penitentiary and post-penitentiary treatment. Reports giving notice of the forthcoming release of a convict from prison are prepared, in which social workers cooperate with Corps trainers to specify the results that have been achieved in re-socialisation and to propose recommendations for social guardians or probation and mediation officers.

In addressing social problems, Corps social workers assist convicts in cooperation with social guardians, municipal (local) offices, children's homes, asylum centres and re-socialisation centres. Social assistance for convicts focuses on their re-socialisation, placing great emphasis on developing social skills, forming pro-social behaviour and changing attitudes in order to build up elements of independence and responsibility. (See Table 9.3).

Table 9.3: Overview of numbers of cases in 2006 in which social workers in Corps institutes provided services to drug users - convicts (Director General of the PCGC, 2007b)

Type of preventative activity	Number of interventions
Individual counselling	202
Group counselling	106
Arrangement of assistance in resolving a convict's social problem	99
Providing for post-penitentiary treatment	65
Preparing a convict for release	123
Arranging post-prison accommodation	15
Arranging placement in a re-socialisation centre	3
Other forms of care in cooperation with spiritual and pastoral services	21

10 Drug Markets

There were no major changes in the Slovak drug market between 2005 and 2006. All types of drugs are usually available. Marijuana continues to be the most widely available. It is used mainly by young people aged 15–25. There is increasing interest in stimulants such as pervitin (methamphetamine powder) and ecstasy. Increased distribution, consumption and production of pervitin were recorded in every region of Slovakia. Trafficking of heroin and cocaine remains under the control of the Albanian community and Bratislava remains as ever the main source of heroin for users in West and Central Slovakia.

Drugs seizures increased again, growing by 9.8% compared to 2005, i.e. from 1 702 to 1 868 seizures. Out of a total of 1 868 seizures, 1 099 were seizures of marijuana, which makes up nearly 59% of the total. Drug prices: The prices of marijuana, hashish, cocaine, heroin and LSD remained relatively stable in 2006 though there were regional differences.

Tablets sold as ecstasy were increasingly likely to contain 1-(meta-chlorophenyl)piperazine (mCPP) as the main active substance. 10 368 tablets were seized, being sold at a relatively low price of EUR 2.7 – 5.4 per tablet (SKK 100-200).

10.1 Availability and supply

10.1.1 Perceived availability in the general population

The general population's subjective perception of the availability of drugs is indirectly mapped in the PORI at SO population survey by the question "Has anyone offered the respondent (in the last month, year or previously) for free or for sale" various kinds of drugs.

This survey showed that the most widely available drug in the studied period was marijuana/hashish, which the latest findings suggest has been offered to around 6% of the population in the last year. Ecstasy has regularly been in second place since 1998 – the proportion of citizens who have been offered this drug is rising gradually, with strongest growth being seen amongst young people (15–29). Amphetamines follow marijuana and ecstasy in frequency of offers (PORI at SO, 2006).

The information contained in police reports also confirms the easy availability of marijuana and pervitin and the increasing availability of ecstasy, particularly amongst young people (Ministry of Interior, 2007a).

10.1.2 Sources of supply – production and trafficking

The information given here is drawn from the report of the National Anti-Drug Unit of the Organised Crime Office in the Presidium (central headquarters) of the Police Force (hereinafter referred to as NADU OCO PPF).

According to information provided by the NADU OCO PPF, there are several organised groups that manage the import, transit and distribution of drugs or precursors. The heads of these groups tend to be foreigners. Groups often make use of the illegal drug trade as their sole source of income. The funds thereby obtained are invested in the purchase of real estate in Slovakia or abroad. The perpetrators of drug crime can be divided into five groups according to the subject of their activities: groups engaged in trafficking and distribution of heroin; cocaine; production and distribution of pervitin (methamphetamine); trafficking and distribution of ecstasy and groups involved in hydroponics grown production of marijuana and its distribution.

Marijuana, whose consumption is increasing in all regions of Slovakia, comes mainly from domestic growers. There has been a fall in the amount of cannabis grown in the open; the proportion grown using hydroponics continues to rise as this method permits shorter growing periods and higher THC levels. Growers operate in organised groups and purchase high

quality seeds from abroad. Laboratories are usually built in cellars, warehouses or remote locations¹⁰². They have the latest equipment and technology for growing plants, e.g. humidifiers, lighting equipment, transformers, backup power supplies and the like

In 2006 a laboratory for hydroponics marijuana cultivation was found, containing approximately 460 kg of marijuana at various stages of growth and processing. It is one of the largest seizures in the last 10 years. The laboratory had the same level of furniture and equipment as other European laboratories and drugs were to be distributed not only in Slovakia but also in neighbouring countries.

Hashish appears in Slovakia sporadically. The greatest interest in its consumption is amongst persons of Arab origin. Compared to 2005 trafficking in this drug remained unchanged.

Most pervitin (methamphetamine powder) was produced locally in 2006. Production is increasing and more numbers of people are becoming involved in its production and dealers activities. Pervitin is produced mainly in small laboratories so called "kitchen laboratories"¹⁰³. According to the NADU OCO PPF interest in pervitin consumption is rising particularly among young people and the lower age limit is falling. Non-invasive methods of consumption such as snorting and inhaling are popular. Increased distribution, consumption and production are concentrated particularly in East Slovakia. While pervitin was previously imported to this region from other areas, even from abroad, production began also in East Slovakia (Košice, Rožňava) in 2006. Pervitin is produced from ephedrine or pseudoephedrine. Pseudoephedrine is found in medicines registered and sold in Slovakia either without prescription (containing 30 mg of pseudoephedrine per tablet) or purchased using false prescriptions (containing 120 mg of pseudoephedrine per tablet). In October 2006 Disophrol repetabs, which contain 120 mg of pseudoephedrine per tablet, became available without prescription. Ephedrine for the production of pervitin in Slovakia is trafficked from Turkey via Hungary by various organised groups. In 2006 there were also increased seizures of Turkish ephedrine (158 992 tablets of the medicine Efedrin Arsan).

According to information from NADU OCO PPF, heroin consumption has not increased. Heroin is imported to/ or transported through Slovakia from Afghanistan and imports and distribution are organised by the Albanian community. On the Western and Northern part of Slovakia mainly small groups of Wallachian Roma are involved in distribution of heroin; while in the Middle part of Slovakia it is the activity of non-Roma organized groups - of Slovak citizens. Heroin is mainly sold by dealers operating from their own flats. Heroin is transported from Bratislava, where consumption is highest, to other towns in West Slovakia (Sereď, Trnava) and Central Slovakia (Banská Bystrica, Žilina). In the Eastern part of Slovakia heroin is distributed in a great lower quantities than in other regions.

Cocaine trafficking, like heroin trafficking, is mainly in the hands of Albanian criminal organisations. The price of cocaine is relatively high (the price per gram is approximately 1/3 of the subsistence minimum) and it is consumed by persons with high incomes. It is distributed mainly in larger towns (Bratislava and the surrounding area, also Banská Bystrica and Košice), i.e. towns with a wealthier population. Taking into account the growing production of pervitin, easier availability of pervitin and its lower price per dose, the decrease in the price of cocaine was observed.

¹⁰² The laboratories for growing marijuana are changed regularly. They have the latest equipment and technology for growing plants, e.g. humidifiers, lighting equipment, transformers, backup power supplies and the like

¹⁰³ According to information provided by the NADU OCO PPF, the number of laboratories continues to rise and they are hard to detect, despite increased activity on the part of law enforcement authorities. Facilities for the production of pervitin, "kitchens" move continuously from place to place, mainly in areas that are seldom frequented by people such as allotments and colonies of holiday cottages. Opportunities for pervitin distribution are increasing and pressure is growing to increase its quality and reduce prices, thus making it more accessible for consumers.

Ecstasy consumption has not reached the level found in other countries. It is a popular drug at various techno parties, discos and similar forms of entertainment. Ecstasy for Slovak consumers is imported mainly from the Netherlands and Hungary¹⁰⁴. It is sold in the form of tablets but also as powders.

In street sales a new type of synthetic substance, mCPP, began to appear. It produces similar effects to ecstasy, i.e. it is a stimulant. It was sold in the form of tablets with various logos.

10.2 Seizures

This section of the chapter is based on the data given in standard table 13 for the EMCDDA on drug seizures. The information relate to selected types of drug (they do not include medicines containing substances listed as banned narcotic and psychotropic substances, or cases in which equipment for the production and use of drugs was seized).

Total seizures increased again in 2006, to 1 868 cases, which represents an increase of 184 cases compared to 2005. The largest proportion of seizures was of marijuana (58.8%) and pervitin (24.6%), seizures of which have been rising since 2002. In terms of quantities seized, there was a fall compared to the previous year in all three of the main types of drug: marijuana, pervitin and heroin. The number of seizures of cocaine and the quantity of cocaine seized were both slightly higher than in the previous year (See Table 10.1).

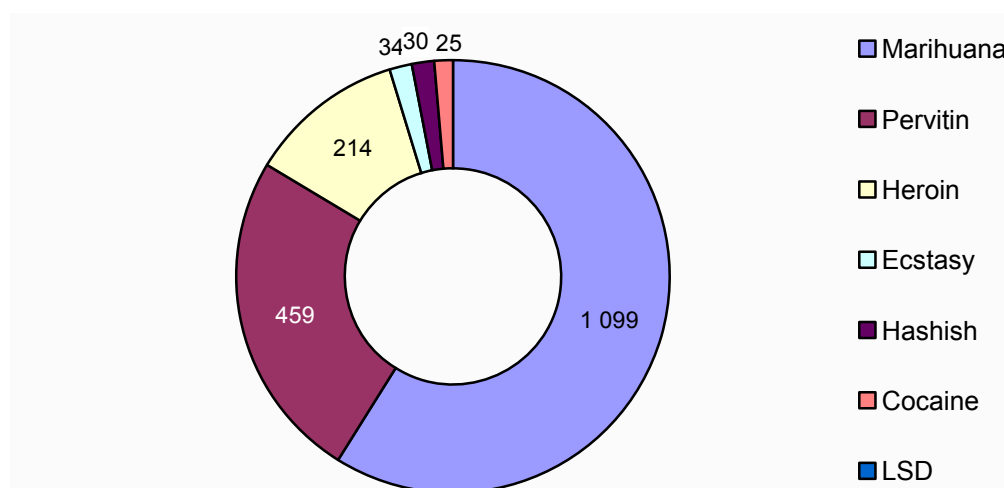
13 884 tablets offered as ecstasy were seized in 2006, whereas in 2005 only 2 267 tablets were seized. Tablets containing mCPP made up the majority of the amount in 2006 (10 368 tablets).

Table 10.1: Number of seizures and quantity of drugs seized in Slovakia (ST 13, FEI PF (A. Bolf), 2007)

Drug	Unit of quantity	2003		2004		2005		2006	
		No.	Quantity	No.	Quantity	No.	Quantity	No.	Quantity
Marihuana	kg	991	619.23	817	1545.47	1039	1172.74	1 099	696.34
Hashish	kg	23	0.11	29	0.96	29	0.27	30	0.54
Heroin	kg	217	7.1	167	2.34	235	3.71	214	2.43
Cocaine	kg	15	0.9	12	1.98	18	0.36	25	0.96
Pervitin (meth-amphamines)	kg	157	0.09	280	1.46	326	1.99	459	1.3
Amphetamines	kg	1	0.001	1	0.009	9	0.014	6	6.96
Ecstasy	tablets	20	1 893	37	2387	26	1698	34	13 403
LSD	tablets	7	217	6	207	2	11	1	100

¹⁰⁴ No laboratory for its production has yet been found in our country. The reason for this may be the complicated technological process involved in production and the high cost of equipment (driers, tablet makers and the like) for such a production facility.

Fig. 10.1: Number of seizures of individual types of drug in 2006 in Slovakia (ST 13 FEI PF (A. Bolf), 2007)



10.3 Price and purity of drugs

10.3.1 Price

Information on drug prices are not monitored statistically or recorded in Slovakia. The following information is based on information acquired by officers of the NADU OCO PPF on active duty. In general it can be said that there has not been a significant change in drug prices compared to 2005 (see Table 10.2).

In 2006 the price of ecstasy fell to a level of EUR 5.4 – 13.4 per tablet (SKK 200–500) from EUR 10.7 – 16.1 per tablet (SKK 400–600) in 2005. It would appear that the price of ecstasy has been strongly influenced by the decline in purity (the average concentration of MDMA in ecstasy has fallen by 28% compared to 2005) and the appearance of a new competitor substance mCPP. Tablets containing mCPP were sold mainly for a dumping price of around EUR 2.7 (SKK 100) mainly amongst students (with low incomes) for whom mCPP represented a financially accessible drug, with a similar stimulating effect to ecstasy. A significant “benefit” in sales of this drug was the fact that the active ingredient mCPP was not listed as a prohibited substance and therefore its production was not a crime under Slovak law.

Downward pressure on prices was also seen in the case of methamphetamine (pervitin). According to information from the NADU OCO PPF, users could buy a dose of pervitin for EUR 5.4 – 13.4 (SKK 200–500) in 2006, with the lowest price having dropped by a round EUR 2.7 (SKK 100) since 2005 (EUR 8 – 13.4 per dose; SKK 300–500). The reason was simple availability; pervitin production is relatively simple and does not require any expensive equipment. It is also relatively easy to obtain the ephedrine precursor necessary for its preparation (See also chapter 10.1.2 – Sources of supply).

Table 10.2: Drug prices in 2006 (NADU OCO PPF, 2007)

Type of drug	“Wholesale” price (kg, 1 000 tablets)	“Retail” price (kg, 1 tablet)	Quantity seized in 2006
Cannabis resin (hashish)	100 000-150 000/kg		0.536 kg
Marijuana – plants	50 000 - 100 000/kg	200 - 400	614.48 kg – wet 81.63 kg – dry
Cocaine	1 000 000 - 2 000 000 / kg	2.000 – 3.000	0.96183 kg
Brown heroin	400 000–600 000/kg	800 – 1.200	2.43417 kg
Amphetamines			5 tablets + 0.77 g + 6.95951 kg paste
Methamphetamines	750 000 - 2 000 000 / kg		1.30378 kg + 4.86 ml

	1 000 doses	1 dose	solution
Methamphetamines		300 - 500	
MDMA (ecstasy)		400 - 600	8 477 tablets + 1.3 g
LSD trip		200 - 500	100
	kg or 1 000 doses	gram or 1 dose	
Psilocin			117.15 g
m-CPP		100 - 300	
Ephedrine			159 357 tablets

10.3.2 Purity

Drugs seized in Slovakia are analysed by the Forensic Expertise Institute (FEI) of the Police Force Presidium in Bratislava and its laboratories in Banská Bystrica and Košice. The central register is kept by the FEI in Bratislava. In 2006 the FEI carried out 2 592 quantitative analyses of drugs, which was 11.6% more than in 2005 (2 323 analyses) and 34.6% more than in 2004 (1 925 analyses).

A seizure of tablets containing mCPP and a small amount of MDMA caused a fall in the average (weighted average) amount of MDMA per tablet in 2006. Since this was the result of a single case, the median content of MDMA per tablet remained basically the same as in 2005.

The concentration of active substances in heroin has returned to its pre-2004 level (Fig. 10.2) According to experts, this may relate to the blockage of distribution channels by means of which the drug is imported to Slovakia. On the other hand, there has been a long-term rise in the concentration of active substances (median value) in marijuana (7.4% in 2006) and pervitin (67.8%), which is even more pronounced in the weighted average – marijuana up from 2.6% in 2004 to 6.4% in 2006 and pervitin up from 42.9% to 61.7%.

In the samples of hashish analysed, there was a fall in the concentration of active substances, but an increase in the case of cocaine, although the relatively small number of cases means that it is not possible to establish a clear trend.

Fig. 10.2: Development in median concentration of selected drug types (ST 14 (2002–2006) FEI PF (A. Bolf), 2007)

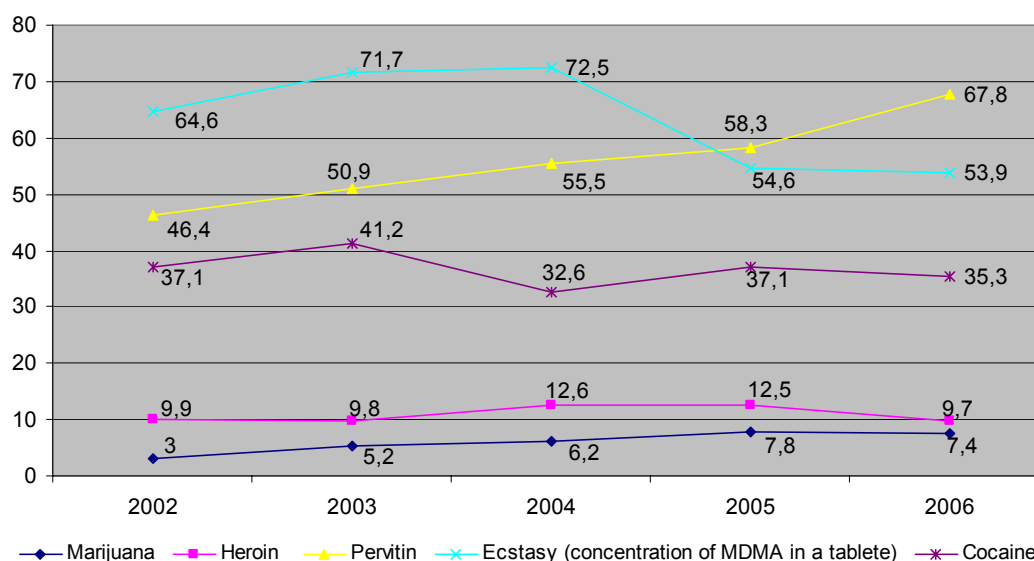
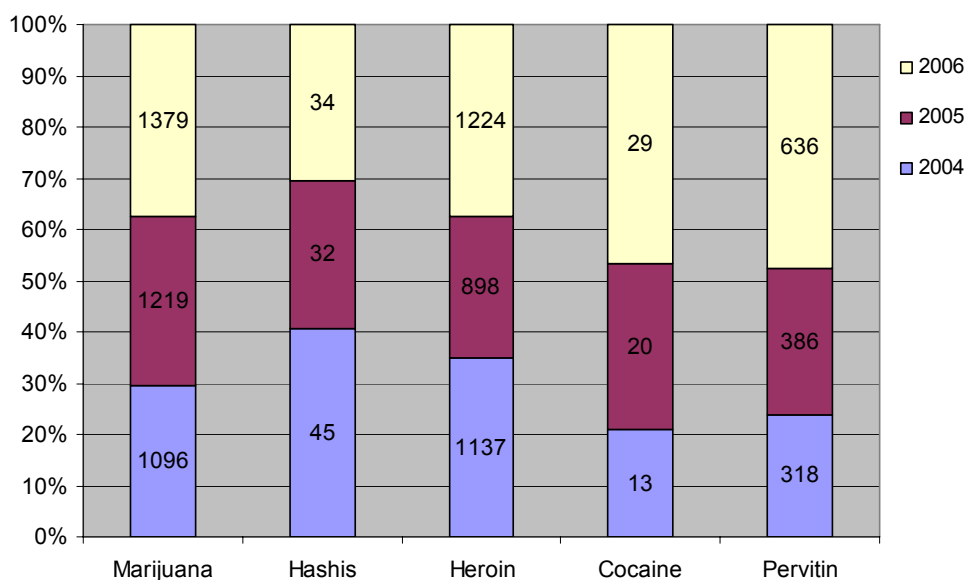


Table 10.3 Weighted average and median concentration of active substances in selected drugs (ST 14, FEI PF (A. Bolf), 2007)

Drug	Concentration of active substances in	2004		2005		2006	
		Weighted average	Median	Weighted average	Median	Weighted average	Median
Marihuana	% THC	2.6	6.2	6.1	7.8	6.4	7.4
Hashish	% THC	15.5	13.1	13.2	12.8	9.8	10.2
Heroin	%	14.4	12.6	12	12.5	8	9.7
Cocaine	%	28.8	32.6	34.8	37.1	45.8	35.3
Pervitin (meth-amphetamines)	%	42.9	55.5	46.7	58.3	61.7	67.8
Ecstasy	mg MDMA per tablet	70.6	72.5	52.7	54.6	14.8	53.9

Fig. 10.3: Number of samples analysed of the stated drug intended for end consumer (ST 14, FEI PF (A. Bolf), 2007)



Part B: Selected Issues

11. Public expenditure

The objective of the chapter on drug related public expenditure was to provide up-to-date information on expenditure attributable to the drug problem in the European Union in a unified form and to obtain an estimate of drug-related public expenditure at a national level in individual member states.

The EMCDDA has proposed possible sources and methods for determining drug-related expenditure but these cannot be applied in the current conditions in Slovakia in such a way as to provide relevant data. An independent study had to be carried out to determine the level of drug-related public expenditure, which found that public spending related to drugs was approximately EUR 21,316,600 in 2006 (SKK 794,000,000).

11.1 Labelled drug-related expenditures

One of the possible sources of information for determining the level of financial resources spent in response to drug problems are financial year-end reports, budgets and other financial documents of government, central governmental organisations etc. for the relevant financial year. Such sources can be used only where expenditures are directly labelled in the documents, i.e. it is clear from their description that the expenditures related to drugs.

In Slovakia such sources of information are not available because expenditures are not labelled in this way in such documents. Various budgetary and financial documents were studied – financial statements submitted to the government, budgets and year-end reports of central state administrative bodies, annual reports of various institutions working in the field of drugs and so on. Documents at the central level do give values for financial movements in the budgetary year but expenditures are usually reported in total without more detailed specification e.g. whether they were drug-related. Consultation with experts and the Ministry of Finance confirmed that such information cannot be obtained.

The Ministry of Finance provided us two materials intended for consideration by the National Council of the Slovak Republic: Proposed expenditures of budgetary chapters for the years 2005 to 2007 implemented in the form of programme budgeting¹⁰⁵ and the second under the same title for the years 2006 to 2008. These documents presented several items of expenditure where the description clearly indicated that they related to drugs. They were planned expenditures and there is no guarantee that the stated amounts were really spent.

¹⁰⁵Material for discussion by the National Council of the Slovak Republic, Proposed expenditures of budget chapters for the years 2005 to 2007 implemented in the form of programme budgeting, government of the Slovak Republic, Bratislava, October 2004, pp. 258

Material for discussion by the National Council of the Slovak Republic, Proposed expenditures of budget chapters for the years 2006 to 2008 implemented in the form of programme budgeting, government of the Slovak Republic, Bratislava, October 2005, pp. 335

Table 11.1 Planned level of labelled drug related expenditures for programmes in 2005 in thousand EUR – central level of government

Classification	Name of programme	Amount ¹⁰⁶	COFOG classification	Reuters division
03. Government Office				Coordination (administration)
Creation and implementation of policy	NMCD	124	01.3	
	Anti-Drug Fund	1,342	01.1	
Programme-allocated expenditures	Support to the Implementation of the 2004–2008 NPDF	322	01.2	
21. Ministry of Finance				9 Treatment
A.079 Prevention and health protection	Health for intravenous drug users	22	07.6	
B. 07A Health care	Epidemiological survey and evaluation of the effect of treatment for drug addicts	14	07.5	
	Methadone maintenance programmes	14	07.2	
C. 07B Creation and implementation of policy	Special programme of education and training in the field of drug addiction	76	07.6	
Total		1,914		

It is clear that the stated information and amount EUR 1,914,196 (SKK 71,300,000) is far from a reflection of the actual situation.

11.2 Non-labelled drug-related expenditures

It is widely known that drug-related spending is highly concentrated in the sectors of health and public order and safety. Such expenditures are not always directly labelled as drug-related within their sector. The EMCDDA therefore proposed estimating their value using a top-down method, i.e. by multiplying total expenditures by the estimated proportion of expenditures that are probably attributable to drugs.

In this method, the calculation of total expenditures on health or public order and safety should be based on the international COFOG classification (international classification of the functions of government), which is managed for Slovakia by the Statistical Office. The Slovak Statistical Office does not publish COFOG data however, and did not provide it even when officially requested to do so for the purposes of this Report¹⁰⁷.

11.3 Studies carried out at a national level

11.3.1 Study carried out in 2005

The first comprehensive study of the social and economic costs of drug use in Slovakia was carried out in 2005 by prof. Cindy Fazey (as part of the Phare project, 2003). The study's preliminary results were included in the 2005 Report in Chapter 1.3 – Budget and public expenditures. This chapter uses the corrected data from the final version published in January 2006¹⁰⁸. The study was based on the acquisition of data using a combination of bottom-up and top-down methods. Ministries, state institutions, foundations and funds active in the field of drugs were contacted and asked to calculate their drug-related expenditures. The collected data related to 2004 and where this was not available data for 2003 or 2002

¹⁰⁶ Amounts are calculated at the average exchange rate for 2006 according to the National Bank of Slovakia (SKK 37.248/EUR), <http://www.nbs.sk/>

¹⁰⁷ in a personal conversation, it was suggested that the data was not provided because the collected data was unreliable

¹⁰⁸ The 2005 Report contained preliminary results of the study as at September 2005. They do not correspond to the data given in this chapter, which are drawn from Prof. Cindy Fazey's final report of January 2006.

was used (Fazey C., 2006). Ratio of expenditures: supply reduction vs. demand reduction was approximately 57%: 43% in 2004.

Table 11.2: Annual drug related expenditure by area in 2004 (Fazey C., 2006)

Sector	SKK	EUR
Administration	12,878,500	327,906
Health	84,242,932	2,144,951
*Education - prevention	158,204,513	4,028,123
*Re-socialisation	26,923,748	685,519
Public order and safety - police	144,483,700	3,678,770
Public order and safety - prisons	94,663,010	2,410,261
Public order and safety - customs	121,068,572	3,082,586
Total	644,691,575	16,358,116

* Double reporting in the areas of education and re-socialisation is possible. Around 40% of funding for prevention programmes was spent on sports activities for school-age children (Fazey C, 2006).

Table 11.3.: Current annual drug related expenditures in Slovakia in 2004 (Fazey C., 2006)

Organisation	SKK	EUR
General Secretariat and NMCD	12,878,500	327,906
Anti-drug fund	50,852,208	1,294,773
Ministry of Health	77,762,335	1,979,945
Ministry of Labour, Social Affairs and Family	19,528,640	497,228
Ministry of Education	120,837,010	3,076,690
Ministry of Culture	355,000	9,039
Ministry of Interior	137,082,653	3,490,329
Ministry of Transport, Posts and Telecommunications	1,337,887	34,065
Ministry of Defence	6,063,160	154,377
Ministry of Finance (customs directorate)	121,068,572	3,082,586
Ministry of Justice	96,889,610	2,466,954
Other sources of funding (including NGOs and the EU)	55,723,456	1,419,402
Total	700,379,031	17,832,693

The difference between the two total EUR 17,832,693 and EUR 16,358,116 may be due to double counting in relation to the financing of NGOs (Fazey C., 2006).

11.3.2 Study carried out in 2007

There was a new data collection in 2007 to map the situation in financing drug-related issues in Slovakia and to seek ways and means of estimating the level of drug-related expenditures. Again, all central institutions were contacted with the aim of obtaining up-to-date information. Data on treatment expenditures were obtained from health insurance companies. In addition to providing information for EMCDDA – for the purposes of this chapter, it is also planned to use the collected data as a basis for the creation of Rules for the financing of drug policy in Slovakia (see Chapter 1.2.2.1 – National drug strategy).

The tables below update the information from Professor Fazey's earlier study. The obtained information represents only a gross and limited estimate of drug-related expenditures in 2006.

Comparability of the information is complicated by a number of factors:

- information was also provided by ministries that were unable to provide estimates three years ago (e.g. the Office of the Prosecutor General) while on the other hand some ministries no longer reported a drug-related expenditures
- data were provided in another item structure (e.g. concerning the Ministry of Education there was a large difference ("fall") in declared drug-related expenditures. This was caused by the exclusion of expenditures on such items as: free time centres, sports activities for children and young people and similar activities that cannot be directly

classified as drug-related expenditures. The Ministry of Justice included a share of expenditure on prisons for staff, dogs and so on that had not been taken into consideration in the previous study. The MLSAF included items that could not be valued previously such as the proportion of payroll expenses attributable to drugs in relation to social guardianship activities, counselling and psychological services, protective allowances provided during re-socialisation etc.

- due to the great complexity of estimating drug-related expenditures, individual ministries took various approaches in calculating this expenditures, and so on.

Moreover some large movements in expenditure upwards or downwards in individual ministries compared to the previous study are due to the implementation or completion of larger European projects (e.g. in the Ministry of Finance, Support for the Implementation of the NPF, project Equal, etc.)

Future calculations of drug-related expenditures will require the development of a clear methodology and procedure for calculations in order to ensure standardised and reliable data.

Table 11.4.: Drug-related expenditure in 2006 by sector (NMCD, 2007e)

Organisation	SKK	EUR
General Secretariat and NMCD	12,057,993	323,722
Anti-drug fund	4,900,000	1,315,507
Ministry of Health	91,356,120	2,452,645
Ministry of Labour, Social Affairs and Family	36,319,498	975,072
Ministry of Education	8,619,600	231,411
Ministry of Culture	1,088,133	29,213
Ministry of Interior	188,548,000	5,061,963
Ministry of Transport, Posts and Telecommunications	-	-
Ministry of Agriculture	661,771	17,767
Ministry of Defence	10,314,680	276,919
Ministry of Finance (customs directorate)	20,925,954	561,801
Ministry of Justice	267,921,154	7,192,900
Prosecutor General	25,230,834	677,374
Statistical Office	743,485	19,960
Other*	81,945,600	2,200,000
Total	794,998,288	21,343,382

*includes expenditures in the project Support to the Implementation of the NPF, which could not be assigned to individual categories.

Table 11.5.: Drug-related expenditures by area in 2006 (NMCD, 2007e)

Sector	SKK	EUR
Coordination (<i>administration</i>)	13,956,871	374,701
Prevention	60,620,387	1,627,480
Treatment	117,629,244	3,158,002
Harm-reduction	6,904,827	185,374
Education (<i>science, research</i>)	9,924,202	266,436
Public order and safety	502,631,942	13,494,199
Other*	81,945,600	2,200,000
Total	793,613,073	21,306,193

*includes expenditures in the project Support to the Implementation of the NPF, which could not be assigned to individual categories.

Note: the item Education (*science, research*) includes mainly educational expenditures

Once again there is a small difference between the two totals EUR 21,300,000 and EUR 21,340,000. This may be caused by double counting of projects supported by the Anti-drug fund in some ministries.

The ratio of expenditures on supply reduction (public order and safety) to expenditures on demand reduction (prevention, treatment, and harm-reduction) is approximately 70: 30%.

12 Vulnerable groups of young people

The objective of this chapter is to present information on the extent of drug use and the related problems in vulnerable groups, on profiles and risk factors for the vulnerability of such groups, to present socio-demographic characteristics and to map existing and new measures relating to vulnerable groups.

Vulnerable groups are understood as individuals linked by one dominant risk factor: e.g. an internal risk factor (ADHD, personality disorders, behavioural disorders) or external factor related to the environmental context (socially, economically and culturally disadvantaged environments, environments with high drug availability) or a lack of close emotional and social relations (family) or their broader social surroundings (peers). This categorisation into groups according to one dominant risk factor is more a tool for orientation purposes than an accurate reflection of the real situation and in this context expresses more the current situation of the individual rather than a causal relationship with drug use.

The chapter presents descriptive information on drug use in certain groups (minors in children's homes, in special care institutions and for visitors to various music and dance events – IIPE surveys) and information from three cycles of the ESPAD survey in Slovakia, showing the level of affinity to experimentation with drugs in the studied groups.

For other vulnerable groups there is little or no information available on the prevalence of use from surveys or studies. The same situation exists with regard to specific selective prevention programmes. Despite this fact, such groups are not ignored and measures are targeted at such groups to reduce, eliminate or teach better coping strategies for the primary risk factors. From this point of view, the most comprehensive interventions are aimed at children and minors and the Roma national minority, towards whom the state, local government and non-governmental organisations direct most of their systematic measures.

12.1 Epidemiology related to vulnerable groups (prevalence, patterns of use; risks, correlates and consequences)

12.1.1 Definitions and profile of vulnerable groups

In Slovakia there are no standard definitions for individual vulnerable groups. The National Plan for Social Inclusion defines vulnerable (marginalised, disadvantaged) groups as people who are threatened by poverty or social exclusion.

12.1.2 Drug use and problem drug use in vulnerable groups

12.1.2.1 Children and young people living in surrogate institutional care – children's homes

In the event of a breakdown of family care for whatever reason, the state shall take over responsibility for care. Surrogate institutional care establishments – children's homes and homes for young people are a social service and fall within the competence of the Ministry of Labour, Social Affairs and Family.

The IIPE carried out a survey of this group in 2000 which covered the use of legal and illegal drugs (Pétiová M. et al., 2000). The survey studied the opinions and attitudes of young people (aged 15–19) to drug use in 36 selected children's homes. The results were compared with data acquired in a relevant age sub-group from a regularly repeated youth survey among 15–26 years old (see for example Chapter 2.2.2 – Youth (15-26) surveys). The sample group in the children's home consisted of 425 children in care of whom 54.8% were boys and 45.2% were girls. 80.2% of respondents were aged 15–17; the others were aged 18–19 years. 60.9% of respondents lived in institution-type children's homes, the

remainder grew up in family-type children's homes. The control group (250 respondents) in the 15–17 age group was a sub-group of respondents of the regular IIPE youth survey of 15–26 age group.

Table 12.1: Data for selected questions from the survey in children's homes in the 15–17 age group in % (Pétiová M. et al., 2000)

	Children's homes N=425	Control group N=250
Occasional smoking	11.8	18.8
Daily smoking	44.6	17.6
Occasional consumption of alcohol	65.3	57.2
Daily consumption of alcohol	0.7	0.8
Gambling – only tried playing slot machines	36.9	30.1
Gambling – gamble frequently	1.2	0.4
Respondents whose friends have tried drugs	57.9	54.8
Personal experience of drug use	30.8	17.2
Age at first use of drug	13-16	15-16
Number of kinds of drugs tried	10	4
Order of drugs most frequently tried	1.marijuana 2.volatil substances 3.tablets 4.hashish	1.marijuana 2.tablets 3.hashish 4.volatil substances

For children in children's homes, there is greater prevalence of regular smoking, experimentation with drugs, a lower age at first use and a broader range of drugs tried. Another interesting finding is the information on the evaluation of positive relations with siblings. 49.8% of respondents assessed their relationship with their siblings as being very good, whereas in the control group only 14.9% declared such a quality of relations.

12.1.2.2 Children and young people in protective educational institutions – re-education homes

Re-education homes and diagnostic centres are among the special educational facilities under the Ministry of Education, which play a role in protecting children against anti-social influences and in the prevention of developmental problems in children, in the prevention of delinquency in children and play role implementing provisions of institutional and protective education.

The study "Opinions and attitudes of young people living in diagnostic centres and in re-education homes for youth concerning drug consumption" (IIPE, 2005) studied not only the current situation but compared the development of opinions, attitudes and personal experience of drug use over a period of 7 years in the institutional education environment¹⁰⁹. In 1998, the study had a sample of 469 young people aged 16–18. The sample in 2005 was smaller (304) and the age range was broader (15–19 years). A comparison of the data shows a slight increase in experimentation with drugs among young people in re-education homes over seven years and a reduction in the lower limit for the age of first contact with drugs.

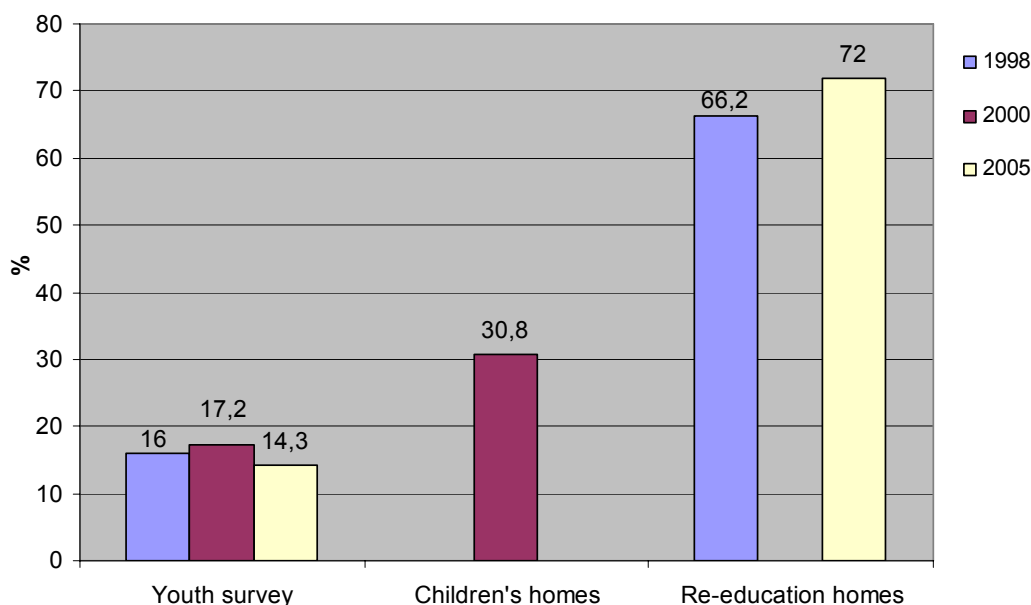
¹⁰⁹ The 2006 Report (pp. 29-31) presents the results of a survey carried out in re-education homes in 1998 and 2005 with a "control" group from the regular IIPE youth survey

Table 12.2: Comparison of results for selected survey questions in re-education homes in % (Pétiová M. et al., 2005)

	1998 8 establishments N=469 (16–18 years)	2005 10 establishments N=304 (15-19 years)
Occasional smoking	8.7	10.2
Daily smoking	82.7	72.7
Occasional consumption of alcohol	60.1	60.2
Daily consumption of alcohol	11.3	8.9
Gambling - only tried playing slot machines	43.1	30.3
Gambling - gamble frequently	10.9	7.6
Experience of use of illegal drugs	66.2	72.0
Experience of use of at least one drug	31.9	31.9
Experience of the use of 4 or more drugs	15.2	45.7
Age of first experimentation with drugs	12-14	9-14

The information acquired in the 6 IPE surveys, despite a degree of simplification and limits relating to the differences in age groups and years of survey, show differences between groups in different educational environments in terms of their experience with illegal drugs.

Fig. 12.1: Comparison of lifetime prevalence of drug use according to youth survey (15–17), children in children's homes (15–17), and in re-education homes (15–18 and 16–18)



12.1.2.3 Incomplete elementary education – school drop out

There is no information available on studies carried out on the epidemiology of drug use in this group. This group is not monitored in educational statistics.

12.1.2.4 Young people in families where alcohol or drugs are used

There is no information available on studies carried out on the epidemiology of drug use in this group.

12.1.2.5 Young homeless people

Homelessness is one of the indicators of poverty¹¹⁰. An individual suffering from homelessness suffers from the loss of a home, which is not the same as the loss of accommodation. A homeless person may have shelter (a hostel, a night shelter, an

¹¹⁰ <http://www.socionet.sk/index.php?kat=013&opn=opn> – accessed 12 July 2007

abandoned house, a shed or the like) but this does not create a suitable environment for establishing social relations that are formed in a home environment. In this definition of home, basic social relations are formed within the family, the workplace or with likeminded groups. A home is necessary for the establishment and maintenance of such relationships.

In Slovakia young homeless people are a community on whom the amount of research or statistical information available is minimal. It is generally thought that the homeless consume mainly legally available cigarettes and alcohol. In a local study in Nitra, 66.4% of homeless people were dependent on alcohol, 92.9% smoked tobacco and 7.9% used other psychoactive substances (Kasanová A., 2007). For further information see chapter 8.1.1 – Homelessness and drug use. It is further thought that homeless young people are most often former residents of children's homes who are required to leave these establishments when they cease to be minors¹¹¹.

12.1.2.6 Young offenders

The term delinquent (in Slovak terminology the perpetrator of a crime) is used at various levels of public order and safety processes – arrest, prosecution, and sentencing.

Epidemiological or qualitative information on young offenders is minimal. The group of young offenders (aged 14–18) is heterogeneous in the different phases of the repressive process (arrest, prosecution and sentencing). The social characteristics of the arrested and sentenced groups of young people are not available from the statistics published by law enforcement institutions.

Convictions of young offenders made up 6.15% (1584) of all convictions in 2006. The largest numbers of convictions of young people were in the two eastern Slovak regions Prešov and Košice¹¹², and were mostly for property crime (theft) (Ministry of Justice, 2006). It can be presumed that many property crimes are motivated by the desire to obtain resources for drugs but this cannot be confirmed at present because such information is not yet reported in Slovakia¹¹³.

There is one foreign study¹¹⁴, which gathered data on drug use, treatment and the availability of drugs in prison by means of the RAR or focus group method. It does not however give information on the characteristics of this group. General information on drug related crime (see chapter 8.2 – Drug related crime, and chapter 10 – Drug market).

12.1.2.7 Young people in socially disadvantaged environments with high availability of drugs

Specific studies are not available. It is possible to observe the dissatisfaction of citizens in certain urban areas about the availability of drugs and the concentration of persons with high-risk behaviour (drug users, dealers, sex workers, thieves) in their vicinity. This applies particularly in Bratislava¹¹⁵ in parts of the Petržalka and Vrakuňa districts. These two districts of Bratislava permanently have the highest number of persons in treatment per 100 000 inhabitants (196.2 per 100 000 inhabitants in Petržalka and 206.6 per 100 000 in Bratislava

¹¹¹ www.socionet.sk

¹¹² Both regions are amongst the most populous (14.3% and 14.6% of the total population), with the highest natural growth rate (3.73 and 2.21 compared to the average for Slovakia as a whole of 0.18) and currently they have the highest rate of unemployment (Košice region 20.3% and Prešov region 18.1% compared to the average for Slovakia as a whole 13.3%) (www.statistics.sk)

¹¹³ The first extensive survey of drug-related property crime is in preparation.

¹¹⁴ MacDonald et al: Juveniles in Secure Settings: Services for problematic drug and alcohol users, November 2006

¹¹⁵ The PORI SO population survey particularly studies the prevalence of drug use amongst young people in Bratislava aged 15–29. In 2006 the proportion of young people in Bratislava with experience of illegal drugs was 36%, which is the highest rate ever in any cycle of the survey and any sub-group. (SR 18+ = 13%, young people in Slovakia aged 15–29 = 29%) (SO, 2006)

II). The average for Slovakia as a whole in 2006 was 35.5 in treatment per 100 000 inhabitants; the average for the Bratislava region is 132.2 (NHIC and NMCD, 2007).

12.1.2.8 Ethnic minorities

The ethnic factor alone is not an indicator of vulnerability. The socio-cultural norms of a particular ethnic group or its living conditions may combine with other factors to produce higher vulnerability as a synergistic effect. A large part of the Roma population in Slovakia live in the eastern Slovak regions of Prešov and Košice in segregated *osadas* (rural settlements) with a low standard of accommodation and an ecologically hazardous environment. The low level of education, a lack of standards for personal and communal hygiene, unhealthy eating habits, higher consumption of alcohol and tobacco products (also during pregnancy) together with increasing rates of drug addiction and a higher risk of HIV infection and type B and C hepatitis are the main determinants of the poor health condition of the Roma population (Pavúk A., 2007).

Biomedical research in eastern Slovakia has focussed on the prevalence of smoking among pregnant women in the majority population and among Roma women and its influence on the course of pregnancy, birth and the condition of the child at birth. For the purposes of this part of the report we present information on smoking – addiction to tobacco amongst young people belonging to the national minority.

The survey population comprised 1 992 women, of whom 616 came from the Roma minority and 1 376 from the majority population. The women came from six districts in eastern Slovakia (Bardejov, Humenné, Prešov, Rožňava, Trebišov and Vranov nad Topľou).

The Roma mothers were significantly younger (40% of the Roma women were in the 15–20 age group compared to 13% of the majority population in the same age group); most of the women had elementary or incomplete education (57.4%). 60% of the Roma women smoked during pregnancy and a quarter of the women from the majority population. With increasing age the prevalence of smoking among the Roma mothers also increased: 55.2% in the youngest age group (15–20 years); 73.1% for those aged over 31. Roma women who smoked did not significantly reduce their smoking during pregnancy and smoked just as intensively as before they became pregnant. Only a third of Roma mothers stated that they intended to give up smoking after giving birth, in contrast to the majority, where nearly three quarters declared such an intention. The largest number of premature births was recorded for Roma smokers, and the least among non-smokers in the majority population¹¹⁶. The greatest occurrence of children with a low birth weight (lower than 2 500g) was among Roma women who smoked, who had nearly twice as many children with delayed prenatal physical development as smokers in the majority population (Pavúk A., 2007).

12.1.2.9 Party goers

An IPE (2003) survey on use of synthetic drugs among young people in secondary schools (720 respondents aged 15–18 years) found that 27.2% of young people in this age group (196) had experience of at least one type of drug, usually marijuana.

80% of those who have tried drugs visit various kinds of music “party”. Most of them like music in the styles of techno, house or hip-hop while respondents without any experience of drug use prefer to listen to popular music. Compared to groups with no drug experience, those who experiment with drugs were more likely to come into contact with persons who use synthetic drugs and were more likely to be offered drugs at such events. Many respondents expressed the opinion that it was part of the atmosphere of such events (clubs, discos etc.) to consume synthetic drugs.

¹¹⁶ The differences are statistically significant

34 respondents (4.4%) had tried synthetic drugs (ecstasy, LSD, pervitin (methamphetamine powder)). These respondents were frequent party goers, had significantly more information about synthetic drugs than other respondents and nearly half of them knew someone who also used synthetic drugs (IIPE 2003).

As in the NMCD survey (2006), where socially integrated (the economically active and students of universities and secondary schools) club and disco goers made up 90% of the clientele, the IIPE survey found that most secondary school students who were party goers did not belong to marginalised groups.

12.1.3 Drug use in relation to other risk factors

12.1.3.1 Family

The healthy and functioning family is the primary protective factor in the emotional development of the individual. The family can, however, also function as a risk environment at a number of levels: A family with an addicted sibling will function differently from one where one or both parents are addicted to psychoactive substances; development of a child may be affected by the divorce of the parents, change in the economic status of the family resulting from unemployment, parents lacking time, excessively liberal upbringing and a lack of interest in how children spend their free time etc. In most of the population, school and youth surveys study family background by asking about relations with parents. In the vast majority of surveys these are assessed as good or very good.

Incomplete families and changed families in relation to experimentation with drugs

According to Nociar (2004) it is a psychologically important factor whether a family is complete or incomplete. All three previous waves of ESPAD in Slovakia have studied the relationship between family completeness and the use of psychoactive substances. Over 8 years the numbers of complete and changed families have been relatively stable but the number of incomplete families, i.e. single-parent families has nearly doubled.

Table 12.3: Number of complete, changed and incomplete families according to ESPAD research for the 15–19 age group (Nociar A., 2004)

	Size of full population	Complete families	Changed families	Incomplete family – single parent	Other type / no data
ESPAD 1995	8 179	83.1 ↓	4.3 ↓	6.1	n/a
ESPAD 1999	7 975	82.6	4.0	9.9	n/a
ESPAD 2003	11 287	80.2	4.0	11.6 ↑	4.2

The relation between the lifetime prevalence of the use of any drug¹¹⁷ and family completeness is shown by the following figure 12.2. The greatest risk is associated with changed families, i.e. families with one real parent and one stepparent and then single-parent families.

¹¹⁷ The following drugs are covered: marijuana, amphetamines, LSD and hallucinogens, crack, cocaine, heroin, ecstasy.

Fig.12.2 Lifetime prevalence of illegal drugs in individual waves of the ESPAD survey in 1995, 1999 a 2003 (Nociar A., 2004)

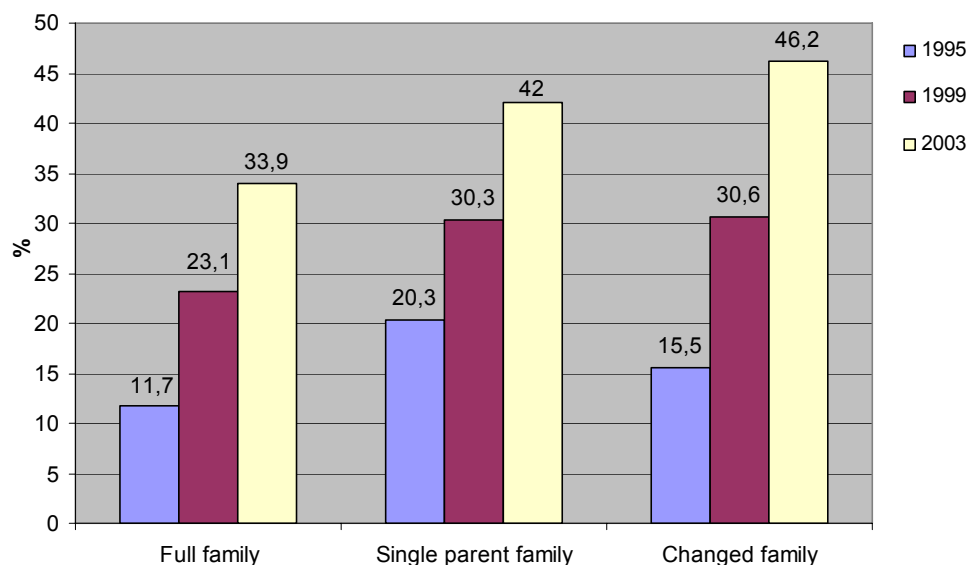


Table12.4 Summary of the results of the ESPAD 2003 with regard to the consumption of legal and illegal drugs in % (Nociar A., 2004)

ESPAD 2003 N = 11 287	Composition of household*								
	Boys			Girls			All students		
	Complete	Changed	Incomplete	Complete	Changed	Incomplete	Complete	Changed	Incomplete
Other drugs, lifetime prevalence									
Any illegal drug	42.5	61.5	50	27.6	39.7	36.6	34.2	46.8	42
Any illegal drug other than marijuana	9.5	17.9	10.7	6.2	9.6	10.9	7.7	12.7	10.8
Marijuana or hashish	42.1	61.5	49.6	27.2	35.8	35.1	33.8	45.5	41
Amphetamines	3.9	12.7	4.8	2.5	4.7	4.6	3.1	7.7	4.7
Ecstasy	6.4	13.1	8	4.1	5	6.8	5.1	8	7.3
Alcohol and tablets	16.5	25.9	18	20	26.2	25.3	18.5	26.1	22.4
Inhalants	10.5	14.8	14.1	6.6	8.5	8.4	8.3	10.9	10.7

The results of the ESPAD survey confirmed the risk effect of an incomplete or changed family. Over eight years, however, the prevalence of drug use has also increased among children from complete families although the situation is relatively less disturbed in relation to legal and illegal drugs (Nociar A., 2004).

Absence of parental supervision

The information in Table 12.5 shows that the risk of experimentation with legal or illegal drugs associated with the absence of parental supervision is increasing in real terms. Two cycles of the ESPAD survey have studied this risk through questions on whether parents know where their son/daughter spends his/her Saturday evenings. The values for the prevalence of legal/illegal drug use are higher where parents know only occasionally or usually do not know where their child spends Saturday evenings.

Table 12.5: Use of psychoactive substances in relation to the absence of parental supervision for the 15–16 age group (Nociar A, 2004)

Drug	ESPAD 1999				ESPAD 2003			
	Always know	Usually know	Some-times know	Usually don't know	Always know	Usually know	Some-times know	Usually don't know
Cigarettes: 30 days	22.6*	47.1	63.4	67.2	25.4*	42.5	62	66.7
Use of alcohol								
Last 30 days	48.8*	70.6	76.6	80	51.9*	73.9	75.6	77.6
5 or more times in the last 30 days	20.1*	37.9	55.3	53.8	28.5*	50.1	61.6	65.5
Drunk in the last 30 days	15.9*	31.4	45	61.4	21.0*	38.1	49	52.8
Drunk in the last 12 months	35.9*	62.2	75.3	80.3	41.7*	72.3	80.1	81.9
Other kinds of drugs								
Cannabis in the last 12 months	6.6*	19.5	29.6	38.9	11.4*	23.4	37.3	37
LSD, hallucinogens – LTP	1.1*	3.1	6.3	9.9	1.0*	2.1	5	2
Ecstasy – LTP	0.7*	1.6	3.7	4.6	1.4*	2.8	8.3	6.8
Amphetamines – LTP	0.3*	1	3.3	1.5	1.2*	2.2	4.3	2

* On analysis of variance, the difference of 4 averages (Scheffé test) significant at $p > 0.001$

Table 12.6: Use of psychoactive substances in relation to the absence of parental supervision for the 17–18 age group (Nociar A, 2004)

Drug	ESPAD 1999				ESPAD 2003			
	Always know	Usually know	Some-times know	Usually don't know	Always know	Usually know	Some-times know	Usually don't know
Cigarettes: 30 days	31.3*	47.1	63.9	70.5	31.3*	47.4	63.9	49.7
Use of alcohol								
Last 30 days	61.2*	78.7	81.6	81	61.2*	69.8	82.6	74
5 or more times in the last 30 days	26.0*	42.7	61.2	59.3	47.1*	49.1	64	52.6
Drunk in the last 0 days	20.8*	39.3	52.6	55.3	38.5*	39.7	54.6	44.4
Drunk in the last 12 months	46.3*	70.2	83.7	84.3	67.3*	69.1	83.4	71.9
Other kinds of drugs								
Cannabis in the last 12 months	11.1*	22.5	32	45.4	24.6*	25.8	37.1	27.3
LSD, hallucinogens - LTP	2.0*	4.4	4.5	15.1	3.2*	4.5	5.5	3.6
Ecstasy - LTP	1.1*	1.5	1.9	9.7	6.0*	6.7	10.7	7.2
Amphetamines - LTP	1.1*	2.4	2.3	10.2	3.3*	3.7	6	4.1

* On analysis of variance, the difference of 4 averages (Scheffé test) significant at $p > 0.001$

Drug use by older siblings and friends

Long-term monitoring in three waves of the ESPAD survey show that the close social surroundings of students in the 15–16 age group (and the 17–18 age group) represents a risk factor given the constant increase in the use of legal and illegal drugs among their older siblings and particularly among their peers.

A question on drug use by older siblings of respondents aged 15–16 was included in the 1999 and 2003 surveys. The results of the survey show a slight increase in the number of older siblings using marijuana. Use of tranquilisers and sedatives by siblings had increased four-fold (from 1.4% to 5.9%). The increase in ecstasy use was greater – nine-fold (from 0.7% to 6.5%).

The ESPAD data shows a greater increase in the use of legal and illegal drugs among the friends of respondents in the 1995–2003 period. From 1995 to 2003 the proportion of the friends of respondents in the 15–16 age group who had used marijuana/hashish rose from

2.8% to 20%, i.e. nearly seven-fold. Use of ecstasy among friends grew to thirteen times the initial rate in eight years (from 0.3% to 3.9%); among girls the increase was six times the initial rate.

12.1.3.2 Truancy

According to Nociar (2004), truancy is sometimes interpreted as one of the signs of problem behaviour in students, experimentation with drugs or their frequent use. Each of the cycles of ESPAD has included questions on unexcused absence from school in the last 30 days. Between 1995 and 2003 there was a rise in the number of students who missed 1–2 days and 3 or more days without a real reason. The results confirmed the correlation between declared use of psychoactive substances and truancy. There was a statistically significant difference ($p > 0.001$) between them and those who attend school regularly. There were also significant differences between groups of students who missed 1–2 days and those who missed 3 or more days.

Table 12.7: Use of psychoactive substances in the 15–16 age group in relation to truancy. (Nociar A., 2004)

Drug	ESPAD 1995		ESPAD 1999		ESPAD 2003	
	Regular attendance	Truants	Regular attendance	Truants	Regular attendance	Truants
Cigarettes: 30 days	30.6*	47.3	39.9*	60.7	34.9*	62.3
Use of alcohol						
Last 30 days	53.1*	67.5	63.2*	76.1	61.2*	79.3
5 or more times in the last 30 days	31.8*	47.3	31.9*	49.5	38.7*	59.6
Drunk in the last 30 days	21.0*	34.2	28.1*	45.3	28.6*	52.8
Drunk in the last 12 months	43.2*	62.6	52.9*	73	55.1*	79.2
Other kinds of drugs						
Cannabis in the last 12 months	6.6*	14.5	16.2*	25.4	18.2*	36.2
LSD, hallucinogens - LTP	0.6	1.1	2.7*	6.2	1.5*	4.7
Ecstasy - LTP	0.5	0.4	1.5*	3.4	2.6	7.9
Amphetamines - LTP	0.7*	1.3	0.7*	2.2	1.8	4.7

The IPE collects and processes statistical data on truancy in terms of the number of unexcused hours missed and problem behaviour of pupils as represented by reduced marks for behaviour¹¹⁸. Information provided for the previous NMCD report shows a slight rise in the number of unexcused hours of absence per pupil. To be precise, in the second stage of elementary school (children aged 10–15) the average number of hours increased from 2.9 hours per pupil in 1998 to 5.4 hours in 2005–2006. Truancy in secondary vocational schools (15–19 years) has been monitored since 2002. In that year the average was 8.2 hours per student, rising to 12.2 hours in 2005–2006. In selective secondary schools trend is stable, according to the data provided by statistical registers.

Truancy may be a part of problem behaviour which is recorded in terms of reduced marks for behaviour. Reduced marks for behaviour are recorded most frequently in the second stage of elementary school and in secondary vocational schools. Since 2002, the proportion of pupils in the second stage of elementary school with reduced mark for behaviour has increased from 3.9% to 4.4% in the 2005–2006 school year (in absolute terms, 13 553 children aged 10–15 years). The same trend is observed in secondary vocational schools where the proportion has increased from 11.7% to 16.5% (9 784 students aged 15–19).

In 2005, a survey studied the truancy in special educational institutions – re-education homes (Pétiová M. et al. 2005). In a sample of 304 young people aged 15–19, nearly half (49%) admitted to frequently playing truant from school. The reason given was a lack of interest in their studies and an attempt to be the same as peers. Girls were more worried than boys

¹¹⁸ Slovíková, M., Dugovičová, M. (2007)

about punishment for failing to attend school as required. Some characteristics of this population have been given in Table 12.2 – it is a group where on average 72% of respondents admitted personal experience of illegal drugs.

12.1.4 Vulnerable groups amongst drug users in treatment

Information on the population of drug users receiving treatment does not track membership to an ethnic minority or other national, linguistic or cultural minority. The reporting form on the treatment of drug users processed by the NHIC monitor certain socio-demographic and economic characteristics of persons treated: Age, gender, family status, character of contacts with treatment units (under this heading come items like: social services or law enforcement agencies as the initiators of contact), education, economic activity, accommodation situation (stable accommodation) and also information on who the client lives with (alone, with a drug user etc.) This information precisely copies the EMCDDA TDI (treatment demand indicator) methodology. Information on drug users receiving treatment and their characteristics are given in Chapter 4.2 – Treatment Demand Indicator. In this part we present information only with relevance to certain risk factors.

Out of a total of 1 927 users receiving treatment, 89% were aged 34 or under (young adults). In 13% of all treated users law enforcement and judicial authorities (a court, prosecutors, the police) were the initiators of a contact of health care unit and social services created contact in 18 cases, where it is likely that minors were involved¹¹⁹. 1.7% of persons receiving treatment in 2006 lived in households only with a child – which represents two risk factors at once for the child – a parent addicted to psychoactive substances and an incomplete family. 170 patients (8.8%) admitted living with a person who used drugs; no answer was given in 138 cases. 4.2% had not completed elementary education. Among those receiving treatment aged under 35, men clearly predominated in a ratio of 4:1 (Table 12.8)

Table 12.8: Ratio of men and women in treatment by age group in 2006 (NHIC and NMCD, 2007)

Age	0-14	15 - 19	20-24	25-29	30-34	Under 35 total
Men	27	292	448	413	189	1369
Women	10	89	120	86	39	344
Total	37	381	568	499	228	1713
Ratio M:F	1: 2.7	1: 3.3	1.3.8	1:4.8	1:5	1:3.9

In all age sub-groups other than the youngest (children aged under 15), there was a fall in the number of persons receiving treatment. Out of 37 children who were treated, 15 (40%) were from Košice region and received treatment most frequently for problems with volatile substances (10 cases).

12.2 Responses to drug problems among vulnerable groups

The legislative and institution conditions for implementing measures to reduce primary risk for to children and young people are of a more complex and systematic nature, especially in the education and social services systems.

The following table shows the areas of responsibility of individual ministries and the activities of non-governmental organisations in relation to vulnerable groups.

¹¹⁹ According to the MLSAF, the authorities for the social and legal protection of children and social guardianship referred 7 cases for special outpatient care

Table 12.9: Areas of responsibility of individual ministries and the activities of non-governmental organisations in relation to vulnerable groups

	Vulnerable groups	Health services	Social services	Education services	Community institutions, local govt.	NGOs	Police, prosecutors, courts
1.	Children and young people living in surrogate family care and protective education	x	x	x	x	x	
2.	Incomplete elementary education/ academic failure		x			x	
3.	Young people in families where alcohol or drugs are used		x			x	
4.	Young homeless people		x		x	x	
5.	Young offenders	x	x			x	x
6.	Ethnic minorities	x	x	x	x	x	
7.	Party goers	x				x	
8.	Young people in high-risk families (alcohol, drugs, deprivation)		x	x			

12.2.1 Measures aimed at children in institutional care

The trend in the provision of surrogate care is to reduce its institutional¹²⁰ forms and promote forms of surrogate family upbringing, which has better prospects for repairing emotional deficits. The number of children in surrogate institutional¹²¹ continues to fall and correspondingly, the number of children in foster families is rising. (National Report on Social Inclusion, 2006) An NGO operating in this area is the Navrat civil association¹²², which provides a range of services relating to the provision of foster care and the rehabilitation of the family environment.

Other interventions are aimed at children and young people in children's homes and especially re-education homes with aim of increasing the social and communication skills of children and young people and their self-esteem.

12.2.2 Measures aimed at early school leavers

From 1st January 2006, the Ministry of Education began an implementation of a pilot project "Finishing elementary school" in cooperation with the Ministry of Labour, Social Affairs and Family, which is aimed at long-term unemployed jobseekers, aged 26 or under who have not completed basic education. After attending a course and completing elementary education, participants can continue in vocational training for employment. The project involves 11 elementary schools in the Košice, Prešov and Banská Bystrica regions. The programme is part of the 2004–2006 National Action Plan for Social Inclusion.

12.2.3 Measures aimed at young people in high-risk families

See chapter 3.2.3 Selective prevention – for activities of psychological and counselling services for the rehabilitation of the family environment.

¹²⁰ The aim is to reduce the number of children in institutional care by 6% by 2008. (2006–2008 National strategy on social care and social inclusion)

¹²¹ In 2006 there were 98 children homes out of which 81 were state institutions, 17 belonging to church community and other non state

¹²² Navrat Centre in Bratislava, www.navrat.sk, www.adopcia.sk

12.2.4 Measures aimed at the prison population

According to the available information, interventions in the penitentiary and post-penitentiary environment are aimed at reducing the risk of subsequent social exclusion of offenders. The aim of the measures, especially for young offenders, is to re-educate them, including the development of moral values and the acquisition of necessary working skills and habits for their better integration into majority society.

In 2006 an average of 94 young people (aged 14–18) served prison sentences in a specialised detention centre for young people at Sučany near Martin (hereinafter referred to as “the Institute”). 60% of the young people had not completed elementary education and 40% had elementary education. None of the young people had a qualification for employment before entering prison. As part of interventions aimed at increasing their qualifications, 6 illiterate young people took a course to acquire basic education, 33 completed compulsory schooling and 27 were placed on a retraining course, 73 young people took part in other courses and the 27 oldest received an education certificate.

On average, 65% of the young people worked (Ministry of Justice, 2007b). Vocational education and training is the objective of the 14-month project Way of Hope (*Cesta nádeje*), which has been awarded an EU grant¹²³.

The Institute has one of 6 drug free zones currently in operation to hold offenders who want to receive voluntary drug treatment. Drug free therapy is used with the support of various therapeutic approaches, in particular a regime system, but also a system of rewards. A focus group of young offenders in the drug free zone at Sučany appreciated the difference between conditions in “normal” prison environment and the drug free zone (Mc Donald et al., 2006).

In 2005 a comparative survey was conducted among staff on how the young offenders are treated. The survey was carried out in the above mentioned Institute for young people in Sučany (Slovakia) and a similar institute at Opava in the Czech Republic. The aim was to get an overview of opinions on the effect of the prison environment on young people. It is planned that the results of the comparative study will be used in modifications of the system and the philosophy for working with young people in the application of the new prisons act¹²⁴. The information obtained from the two institutions emphasised the need to: improve the education system for young offenders and for better cooperation with schools; a broader range of education options (e.g. computer courses); a better level and greater continuity in after-prison care, including cooperation with non-governmental and community organisations (Jánoš J., 2006).

12.2.5 Responses to public nuisance

Local responses to public nuisance are carried out mainly by the police in cooperation with local government. A special project, “Drugs out”, was carried out in the Bratislava district of Vrakuňa. (See 12.1.2.7)

In parallel with law enforcement activities, young people were offered a safe way to spend free time in a low-threshold club (MiXklub). The Intenda Foundation contributes to the establishment of low threshold facilities for young people through its programme “Lowering the Thresholds” (*Znížme prahy*)¹²⁵. The foundation has already supported the establishment and operation of 19 low threshold facilities (of which 3 are in Bratislava). In 2006 the foundation’s support was concentrated on education for volunteers and the professional employees of these facilities. Low threshold facilities offer children and young people not only free time activities but also remedial and education activities.

¹²³ Under the grant scheme of the project Support for the implementation of the 2004–2008 National Programme for the Fight against Drugs.

¹²⁴ See chapter 1.1 – Legal framework

¹²⁵ Intenda Foundation’s “Lowering the Threshold” prevention programme won the ECPA (European Crime Prevention Award) in 2004

12.2.6 Measures aimed at homeless people

The civil association Proti Prúdu provides a broad range of low threshold health and social services for young homeless people in Bratislava and also enables them to participate in the association's main project – the sale of the monthly street magazine NotaBene¹²⁶. The civil association Proti prúdu was established in 2001 as a non-governmental organisation whose aim is to help homeless people integrate into society, to assist in the prevention of homelessness for socially disadvantaged persons and promote a positive public attitude to homeless people.

Sale of the street magazine NotaBene is now in its sixth year (since 2001) and provides the sellers with an income, self esteem and resources for further development. It is a form of social service that combines a training instrument for client development with the acquisition of resources for survival. In 2006 the magazine NotaBene was distributed in twelve towns in Slovakia. (A similar project - selling the street magazine "Cesta" is operated by the Greek Catholic diocesan charity in Prešov.)

At the end of 2005 work on a project called Krištof began in the Proti Prúdu civil association. It is an extension programme for NotaBene vendors aimed at increasing the chances of finding work for homeless people. The project is part of the EQUAL initiative and is financed with European Union funds.

In December 2006 the first low threshold reception centre to offer services all year round opened in Bratislava. During its first winter in operation it provided homeless people with 8 552 lodgings. Accommodation is provided without any conditions including the possibility that a person can be under the influence of alcohol, which other facilities do not allow. The total number of clients since the start of the project has been 457, of whom 42 were in the 18–25 age. The reception centre was established by the city of Bratislava in cooperation with the Catholic charity DePaul Slovensko.

12.2.7 Measures aimed at the Roma community

In terms of the range of measures and services provided by the state, local and regional government and non-governmental organisations, the Roma national minority receives the second largest amount of attention (after children and young people). The majority of programmes are currently financed from the European social fund and other EU sources. A programme supporting the development of community social work in villages in the years 2004–2007 targets the primary risk factor of social exclusion of persons from a socially disadvantaged environment¹²⁷.

Continuing education for Roma women who did not finish school is offered by the project/department Practical Woman (*Praktická žena*) provided by certain secondary vocational schools in eastern Slovakia¹²⁸.

Special interventions are aimed at minors who make up the majority of the Roma population – 40% are children under 15. Various instruments are used to help the integration of the children of this marginalised group into a standard school environment such as: a pre-school year; transitive classes; teaching assistants (who speak the Roma language); extra-curricular education; programmes working with parents in schools or community centres and so on.

12.2.8 Measures aimed at party goers

No further information on specific interventions aimed at party goers is available except that given in chapter 3.2.3 – Prevention in high-risk groups.

¹²⁶ <http://www.notabene.sk>

¹²⁷ These are communities with Roma populations

¹²⁸ 2006–2008 National strategy on social care and social inclusion, appendix I.

13. Drug research in Europe

For the purposes of this chapter according to the EMCDDA the topic of drug research includes both basic and applied research into the use of drugs; drug addiction and its consequences; and measures aimed at reducing the consequences of drug use and that from a medical and social point of view, and prevention point of view. The overview reported in this chapter covers studies implemented in the period since 2000 to 2006 and/or the currently ongoing or that are definitely going to be undertaken in the near future.

The information given in this chapter is the result of a survey of drug research in institutions that define themselves as research institutions by means of both a direct questionnaire survey and subsequent indirect inquiries in institutions that provide funding for science, research, development and other resources. The research has contributed to the mapping and better knowledge of the situation in drug research.

The information produced a database on 58 research projects. This chapter presents information on the most important of these.

13.1 Research structures

13.1.1 Drug-related research in national policy

The role of research and the use of research results and best practices in the formulation and creation of intervention are formally defined in the national drug strategy (NPDF 2004–2008). This document declares that one of the principles of the strategy is that *“implemented activities must be based on up-to-date data and information that has been scientifically and practically verified. The area of research and support for it, the collection, analysis and dissemination of reliable and objective information must be one of the conditions for implementing and applying approved strategies and interventions”*. Further, in the strategy, in the area of international cooperation, it states an interest in supporting *“the evaluation of drug policy based on scientific based and verified evidence, to support a multidisciplinary approach in research and the adoption of measures and to support common standard of good practice including ethical standards”*.

Further objectives of the national strategy in the area of information and evaluation are to increase the availability and quality of data and information on the drug situation according to EU key epidemiological indicators, to create an effective system for monitoring and evaluating activities¹²⁹.

Other documents – action plans, which are a more detailed development of the NPDF at the level of ministries and regions – also include the task of monitoring drug situation. The action plans define measures for the analysis and evaluation of the situation relating to prevention, treatment, re-socialisation, public order and safety, and knowledge of the drug situation in the Slovak regions¹³⁰.

13.1.2 Relationship research – policy

For the purposes of this chapter, the NMCD and the General Secretariat carried out a survey of drug research activities undertaken in Slovakia in the 2000–2006 period. The survey, which was of an informational character only, did not study mutual relations between institutions carrying out drug research or the connection between the results of research and policy application. It is not possible to assess the extent to which research results do or do

¹²⁹ 2004–2008 National Programme for the Fight against Drugs

¹³⁰ Action plan for the implementation of the objectives of the National Programme for the Fight against Drugs in the 2005–2008 period

not influence the policy decision makers or how they are used in practice. It can be said, though, that conditions exist for science to influence policy, especially in the state administration.

Certain ministries, such health and education, have their own science and research institutions whose role is to carry out research tasks and the results serve as the basis for the creation of political interventions and strategies (this applies generally, not only to anti-drug measures).

The statute of the Ministerial Board, the coordinating advisory body of the Slovak government on drug issues, defines the principles of its activity, one of which is *to use the expert knowledge and experience of the central state administrative bodies and the opinions of scientific research centres and the universities*. Likewise, the activity of the General Secretariat, which is the executive body of the Ministerial Committee with responsibility for the coordination and implementation of the national drug strategy, is supported by an expert commissions made up of representatives of various institutions and which provides a platform for the exchange of information, including possible information on research activities in the area of drug issues.

Non-state institutions mainly apply the results of their research in their own performance. Such non-state institutions include universities, which apply the results of their research in their own technical, scientific and educational activities.

13.1.3 Main national structures for drug-related research

In order to acquire a more comprehensive overview of implemented and planned research activities in the area of drug addiction, it was necessary to contact and work with of several data sources:

- A survey among potential institutions (total 97) thought to be involved in drug research was conducted using a brief questionnaire.
- Ministry of Education sources were used: Projects supported by the Slovak Research and Development Agency (hereinafter referred to as the “APVV”) in the Ministry of Education, VEGA (science grants agency) – the joint grant organisation of the MoE and the Slovak Academy of Sciences – and KEGA (culture and education grants agency),
- projects in international programmes of the Slovak Academy of Sciences
- The register of projects supported by the Anti-Drug Fund, which can provide financial support to projects for scientific research into the prevention of drug use under the Act on the Anti-drug Fund (Section7)
- Projects carried out under the Grant Scheme of the project Support to the Implementation of the NPF 2004–2008.
- Material on drug research prepared by the General Secretariat for the purposes of the Council of Europe’s Pompidou Group
- The information map of data sources and experts prepared in the Open Society Foundation’s project, “Evaluation of the implementation of selected sections relating to drugs in the Slovak Penal Code¹³¹”
- Internet sources

Of the total 97 subjects contacted, 58 (60%) responded, of whom 28 subjects operated at the national level and 30 at the regional level. 11 subjects (8 national and 3 regional) replied that

¹³¹ Džambazovič R., Fedáčko R., Kiššová L., Klubočský R., Nociar. A.: Preliminary report on the project to evaluate the application of sections 171 and 172 (1) of Act 300/2005 (the penal code), sub-study S3

they do not do drug research. The 47 institutions that have carried out or plan to carry out research related to some aspect of drug prevention, treatment or re-socialisation include 27 regional public health authorities¹³² because they are involved in a number of research projects with national scope (mainly in relation to data collection).

Information from the contacted national and regional institutions and the other sources listed above was used to assemble a database of 58 projects dedicated to or (potentially) related to drug research according to the EMCDDA criteria in the period from 2000 to the present. Table 13.1 presents this information organised according to these criteria.

Table 13.1: Summary of research projects based on EMCDDA criteria (NMCD and General Secretariat, 2007)

Description of project	Number of projects
Total number of projects	58
Of which, projects dedicated primarily to drug research	40
- projects partly dedicated to drug research	12
Projects with only a marginal relationship to drug research	2
Insufficient identifying data	4

The survey provided an overview of drug-related research projects carried out in the 2000–2006 period. It also confirmed the diversity of institutions and the tendency for grouping and cooperation of researchers, which reflects the multidisciplinary character of the drug phenomena and also increases the chances of obtaining funding for further research. The acquired data revealed the structure of main research institutions – especially those attached to the key ministries. It cannot however be considered as official and comprehensive structure because it is based on limited survey data.

13.1.3.1 Institutions under the Ministry of Health that carry out drug research

The institutions under the Ministry of Health undertake mainly research into basic and applied biomedical research and development in the field of public health related to the drug problem.

A. The Institute of Drug Dependencies at the Centre for the Treatment of Drug Dependencies in Bratislava

This institution has a special status in research activities relating to treatment of drug dependencies and also carries out training, therapy and coordination activities relating to the problem of drug dependencies.

- It cooperates with the Faculty of Pharmacy of Comenius University (hereinafter referred to as “FPHARMA CU”) in Bratislava and the Toxicology and Antidumping Centre¹³³ of FPHARMA CU on several research projects in the area of laboratory toxicological diagnosis, the results of which have been used in practice in the treatment of patients with drug addictions.
- Since 2006 the CTDD has been the leader organisation in the European research project Improvement of access to treatment for people with alcohol- and drug-related problems – IATPAD (For more information on this project see 13.2 – Main recent studies and publications).

¹³² The managing authority is the Public Health Authority

¹³³ The Toxicology and Antidoping Centre was a centrally financed component of Comenius University in Bratislava until 1.9.2006. A change in the Statutes of Comenius University attached the centre to the Faculty of Pharmacy.

B. Public health authority

It carries out its own research in the area of public health and health awareness, including that of schoolchildren as part of the WHO HBSC survey¹³⁴, current cycle 2006–2007. Regional branches of the PHA are responsible for collecting data for two national school surveys (ESPAD and TAD), relating to, amongst other things, alcohol, smoking and the consumption of illegal drugs. Individual (regional) public health authorities also carry out their own local/regional survey and then based on the results design prevention activities for their region.

The national survey “Secondary School Youth Lifestyle Monitoring” was carried by all regional authorities in 2004–2005 under the direction of the RPHA in Spišská Nová Ves. Part of this survey relating to addictions – smoking, alcohol, slot machines, medicines and drugs – among secondary school students was described in the 2006 Report (p. 27).

C. Slovak Medical University (SMU)

The SMU primarily provides continuing postgraduate and specialised education for doctors, pharmacists and other health workers¹³⁵. The research base of this university focuses on the current problems in preventative and clinical medicine in order to improve health and quality of life, e.g. relating to socially significant infections (HIV/AIDS, viral hepatitis) and the pharmacodynamic and pharmacokinetic properties of pharmaceuticals.

In addition to its research activities it maintains 11 National Reference Centres or Laboratories of which three are involved in the monitoring of DRID indicators:

- The National Reference Centre for the Treatment of Chronic Hepatitis (recipient of a Ministry of Health grant for “Epidemiological, immunopathogenic and therapeutic aspects of chronic hepatitis C 2005–2008”. Based on the results of the epidemiological study of the prevalence of hepatitis C in Slovakia, a programme was launched to find patients in the high-risk category of former drug addicts and haemodialysis patients.
- The National Reference Centre for the Prevention of HIV/AIDS – has carried out surveillance studies for HIV/AIDS infections in selected groups with high risk behaviour, e.g. Bordernet – Prevention, diagnosis and therapy for HIV/AIDS and other sexually transmitted diseases in EU border regions; or EUROSUPPORT – improvement in sexual and reproductive health for persons living with HIV/AIDS infections (both are EU community programmes).
- The National Reference Centre for Viral Hepatitis

D. Faculty hospitals

The faculty hospitals are at the same time training facilities of medical faculties in Slovakia.

- The psychiatric clinic and the children’s psychiatric clinic of the Faculty of Medicine of Comenius University¹³⁶ in Bratislava – focussed joint programmes on research into the consumption of psychoactive substances among students of the faculties of Comenius University in Bratislava and a population survey of the prevalence of addiction to nicotine and alcohol in the Slovak population.
- The children’s psychiatric clinic of the Faculty of Medicine in Bratislava and the Children’s Faculty Hospital and Medical Centre in Bratislava are the only national medical institutions specialising in the treatment of mental disorders of children and young people. The conduct research projects focussed on the development of antisocial personality as a result of abuse and neglect in childhood, children with hyperkinetic disorders and attention disorders and children with ADHD.

¹³⁴ Health Behaviour of School aged Children

¹³⁵ For example, in the field of drug addiction medicine, psychotherapy...

¹³⁶ The clinic is also the Department of Child and Adolescent Psychiatry of the SMU

From 2007 a project of the Faculty of Health Care of the Catholic University in Ružomberok will analyse the health condition and lifestyle of the Roma ethnic group in selected locations in Central and East Slovakia. Because of the orientation of the faculty and the information obtained regarding the project it is included under the Ministry of Health. Although information was not provided on research activities in the Centres for the Treatment of Drug Dependencies in Slovakia (other than the Bratislava CTDD) these may become important partners for the implementation of drug research in future.

13.1.3.2 Institutions under the Ministry of Education that carry out drug research

A. The Research Institute for Child Psychology and Pathopsychology

This institute carries out basic and applied research in issues of psychological prevention and counselling for children and young people with behaviour disorders. It is currently the coordination centre for school surveys related to drugs: the school survey of the use of legal and illegal drugs amongst pupils of elementary school, students of secondary schools and their teachers (TAD) and the European School Survey Project on Alcohol and Other Drugs (ESPAD).

Its research role for the years 2006–2008 is to study the content and methodologically analyse methods used to evaluate counselling and prevention programmes in the integrated system of psychological prevention and counselling services for children and young people (see Concept of counselling services in chapter 3 – Prevention), which partly relates to the drug problem.

B. The Institute of Information and Prognoses of Education

Into the database of surveys for the period 2000-2006 9 projects/tasks of IPE were included. The IPE however carries out continuous research projects since 1995. These monitor the basic problems of smoking and the consumption of alcohol and illegal drugs amongst young people aged 15–26 in a different context (see for example chapter 2.2.2 – Youth surveys).

C. Universities

Since 2000 they have carried out most (28 of 58) research projects in the field of drug issues.

- The Faculty of Pharmacy at Comenius University (Department of Chemical Theory of Drugs and the Toxicology and Antidoping Centre) carried out 10 research projects according to the provided information.
- The Faculty of Humanities at Matej Bel University in Banská Bystrica and the Faculty of Natural Sciences at Žilina University in Žilina carried out drug research aimed at obtaining information on the consumption of narcotic substances amongst university students and secondary school students in selected schools in relation to drug prevention.
- The Pedagogical Faculty of Prešov University in Prešov – research focussed on the issue of primary prevention of problems with psychoactive substances amongst schoolchildren and the prevention of problems with psychoactive substances in schools and establishments for intellectually handicapped children focussing in particular on children coming from socially disadvantaged and less stimulating environments¹³⁷
- The content of research projects of P. J. Šafárik University in Košice focus on monitoring individual, interpersonal, social and societal factors in the risk behaviour of adolescents

¹³⁷ Research into pupils from certain Roma settlements in East Slovakia – see chapters 2 and 11 of the 2006 Report

and young adults and the effectiveness of drug addiction and AIDS prevention programmes in the university student population¹³⁸.

- The Pedagogical Faculty of Matej Bel University in Banská Bystrica – prevention of drug addiction in schools, the family and society in relation to young people who do and do not participate in sports.
- The Faculty of Natural Sciences of Matej Bel University in Banská Bystrica – preparation of the content of education for future teachers of science subjects with regard to the prevention of drug addiction.
- The Faculty of Arts of Prešov University in Prešov – Institute of Education Studies and Social Work – longitudinal monitoring of selected factors reducing the quality of life for persons abstaining from alcohol and non-alcoholic drugs in the context of the research project Quality of Life in the Social Contexts of Globalisation and Performance Society.
- University of SS. Cyril and Methodius in Trnava – a research project on crime prevention amongst children and young people. The project studies possible criminal activity amongst children and young people, their behaviour, the influence of the social environment and the family, it identifies possible free time activities, the influence of the police on prevention with the aim of developing procedures in the education process to eliminate illegal activity.

13.1.3.3 Slovak Academy of Sciences (SAS)

This institution has an autonomous status as a national scientific research institution that carries out research in selected fields of the natural, technical and social sciences in accordance with state scientific and technical policy. At present the SAS presents the results of scientific, research and development activity in Slovakia through, amongst other means, 54 scientific and specialist journals. Of these the most relevant to the drug problem are the following journals indexed by the ISI Current Contents service: *Acta Virologica* and *Studia psychologica*. The topic also appears in the periodical *Sociológia – Slovak Sociological Review*.

- The SAS Cabinet of Social and Biological Communication carried out research in 2000 into the interaction between use of addictive substances and sexual risk in the specific context of basic military service in Slovakia.
- The SAS Sociology Institute cooperates with the Faculty of Humanities of Comenius University in Bratislava on the research project Drugs and Drug Policy in Slovak Society (International Context and Perspectives). The project monitors the analysis of development and the current situation regarding drugs in Slovakia, legislation, the content and structural framework of drug policy in Slovakia focussing on developments since 1989, a comparison of Slovak drug policy and drug policies in other European countries and projection of possible future developments in drug policy in Slovakia.

13.1.3.4 Institutions under the Ministry of Labour, Social Affairs and Family that carry out drug research

The MLSAF carries out science and research activities through the Institute for Labour and Family Research. This institution has not carried out research in the area of drug addiction since 2000 however.

¹³⁸ Research team

13.1.3.5. Non-profit organisations and other subjects that carry out drug research

NGOs are working on two extensive research projects. The Open Society Foundation is carrying out a research project to evaluate the implementation of selected provisions on drugs in the Slovak Penal Code, focussing on an investigation of the effects of implementation of the New Penal Code and Code of Penal Procedure with particular emphasis on drug users (further information in chapter 13.2 – Main recent studies).

FÍLIA, n.o. Košice focussed its research project on the effectiveness of drug prevention programmes, improvements in communication and cooperation between interested parties in the area of drugs in the Košice region.

During the preparation of the concept of regional drug policy for the Prešov region, a research project has been in progress since 2006 to analyse the area of demand reduction for drugs in Roma communities. Participants in the project include the regional authority, the regional centre for Roma issues in Prešov, the civil association RISEN, the Community Foundation in Prešov, the civil association People in Need (*Člověk v tísní*) and the Centre for Anthropological Research and the Faculty of Arts of Prešov University.

13.1.4 Main funding framework

On the whole, science and research is under funded in Slovakia. In 2006 a total of around EUR 210 mil. was spent on science and research. This represents around 0.49% of GDP¹³⁹, which is very little compared to the EU average (0.65% HDP)¹⁴⁰. The objective of the government¹⁴¹ is that through cooperation with the universities, the Slovak Academy of Sciences, centres for research and development, science and technology parks, business incubators and technologically-oriented firms and successful use of resources from EU funds, financing for science and technology will reach 0.8% of GDP.

The Ministry of Education acts as the central body with general responsibility for the area of science and technology. The ministry creates conditions for the implementation of science and research programmes, coordinates the activities of central state administrative bodies, the Slovak Academy of Sciences and the universities in preparing and implementing the state science and technology policy.

Funding for science and research in Slovakia is provided from the state budget through the relevant budget chapter of the Ministry of Education. Funds are provided in the form of grants which may be for a specific purpose or may be institutional. A budgetary organisation of the Ministry of Education – the Slovak Research and Development Agency (APVV) – has become the dominant instrument for the support of research and development in Slovakia¹⁴². Another Ministry of Education agency for EU structural funds was established in 2007 with the primary role of ensuring the process for the implementation of assistance from EU structural funds in the 2007–2013 programming period. The agency will carry out activities within the scope of tasks delegated to the Ministry of Education as the managing authority under the operational programmes Education and Research and Development.

VEGA – the science grants organisation – is a grants organisation run jointly by the Ministry of Education and the Slovak Academy of Sciences.

Specific activities relating to drugs may also use funding provided from the Anti-Drug Fund and in 2007 also the Grant Scheme of the project Support to the Implementation of the

¹³⁹ <http://portal.statistics.sk/showdoc.do?docid=1797>

¹⁴⁰ <http://www.itapa.sk/index.php?ID=1903> accessed 12.8.2006

¹⁴¹ <http://www-8.vlada.gov.sk/index.php?ID=1689> Government manifesto - section 5 – Science and Technology

¹⁴² This was facilitated by Act 172/2005 which placed the agency on a higher level of quality on a par with standard grant agencies in EU countries (Annual report of the SRDA for 2006)

2004–2008 NPDF. Findings show that foreign and domestic donors and sponsors also contributed to the funding of research projects.

Out of a total of 58 research projects in the database, 20 provided information on their total budgets, which amount to EUR 1,287,734 (SKK 47,965,515¹⁴³). A partial or approximate budget can be determined in the case of 7 research projects, amounting to EUR 362,518. Individual research projects were usually financed from a number of sources of funding (own resources and grants). Budgets were/are composed for the full duration of the project.

13.2 Main recent studies and publications

The recent studies presented in this section were chosen according to the criterion of size of research budget.

13.2.1 Main recent studies

Name of project: **IATPAD - Improvement of Access to Treatment for People with Alcohol- and Drug- Related Problems**

Institution: The Institute of Drug Dependencies at the Centre for the Treatment of Drug Dependencies in Bratislava (project coordinator)

Partners: Bulgarian Methadone Treatment Association, National and Kapodistrian University of Athens in Greece, Università degli Studi di Roma “La Sapienza” in Italy, Psychiatric and Neurological Institute (Instytut Psychiatrii i Neurologii) - Poland, University of Ljubljana Slovenia, Local Health Institute – Spain (Institut Municipal d’Assistència Sanitària), University of Dundee – Great Britain

Duration: December 2006 – December 2009 (36 months)

Level of budget and funding: EUR 853 000, of which funding from the European Commission represents EUR 678 000

Description (objectives, methods, results and conclusions):

Objective: to improve access to treatment for people with alcohol and drug problems; to prepare an international comparative study focussed on the attitude of health workers to addicts and their attitude to addictions as such as a factor influencing access to treatment.

Further specific objectives of the project are given below

- Identifying barriers that limit access to treatment for problems related to psychoactive substances through a qualitative analysis of the treatment system in partner countries
- identification of attitudes of health professionals to users of psychoactive substances by means of a survey of primary health care facilities and specialised health care units and identification of the availability of treatment as it is perceived by its users
- an analysis of the effect of health workers’ attitudes to users and the effect of systematic barriers to the availability of treatment making use of multivariate statistical methods and qualitative approaches

¹⁴³ Amounts are calculated at the average exchange rate for 2006 according to the National Bank of Slovakia (SKK 37.248/EUR) and rounded to thousands, <http://www.nbs.sk/>

- collection and dissemination of examples of good practice in facilitating access to treatment
- Preparation of recommendations to strengthen positive attitudes to users of psychoactive substances amongst health professionals and the definition/development of aspects of the treatment system to support easy access to treatment.

Methods: The first phase of research – the analysis of the current situation in the health care system with regard to barriers to access to treatment will be carried out through an analysis of relevant documents on national health care policy, interviews with providers of health care and other methods, qualitative data analysis.

The second phase of the project – testing of hypotheses on barriers to access to treatment in relation to attitudes to clients with problem dependency – questionnaire method.

References of main publications:

results and publications are not yet available; the project is referenced on the websites of the European Union¹⁴⁴, the EMCDDA and another 45¹⁴⁵ web sites

Name of project: **Individual, interpersonal, social and societal factors in risk behaviour in adolescence and young adulthood**

Institution: The Institute of Social Sciences in the Faculty of Natural Sciences of P J Šafárik University in Košice

Partners: University of Groningen in the Netherlands

Duration: May 2006 – April 2009

Level of budget and funding: The total budget is not known. EUR 196 800 - APVV, other funding provided by the University of Groningen in the Netherlands and the Anti-drug Fund.

Description (objectives, methods, results and conclusions):

Objective: to monitor drug use, to investigate risk/protective factors in drug use, the effectiveness of prevention strategies in adolescence and young adulthood.

The first six sections of the project are dedicated to the investigation of individual, interpersonal, social and societal factors in drug use. Another four sections are dedicated to the prevention of drug addiction, overall analysis of the results obtained on drug use, conclusions, recommendations and dissemination of the acquired knowledge.

The project will facilitate cohort comparisons and longitudinal study of changes in drug use in adolescents and young adults and a comparison of drug use amongst specific sub-groups of adolescents (3 regions of Slovakia, socially disadvantaged groups).

¹⁴⁴ http://ec.europa.eu/health/ph_projects/2005/action3/action3_2005_22_en.htm:

¹⁴⁵ Situation at 15.9.2007 – keyword IATPAD

Note: From August 2006 to October 2009 UPJŠ in Košice is carrying out the second part of the project under the same name. The partner of the Institute of Social Sciences of the Faculty of Natural Sciences of UPJŠ is the University of Groningen in the Netherlands. The University of Groningen in the Netherlands is providing funding for the project amounting to EUR 120 000. Other sources of funding are the APVV and the Anti-Drug Fund.

References of main publications: See section 13.2.2

Name of project: **Drugs, addictive substances and other xenobiotics negatively affecting human health** (biomedical project)

Institution: Department of Chemical Theory of Drugs FPHARMA CU in Bratislava

Partners: University of Veterinary and Pharmaceutical Sciences in Brno (CZ), Department of Environmental and Life Science, ARC Seibersdor research GmbH. (Austria), CTDD in Bratislava

Duration: 2005–2007

Level of budget and funding: EUR 179 700, of which an APVV grant – EUR 78 900

Description (objectives, methods, results and conclusions):

Objective: The development of specific methods for the precise identification and detection of drugs, psychotropic and other abused substances in biological material; their use in clinical and toxicological practice, in particular in improving diagnosis, treatment methods for drug addiction and in testing for the use of banned substances in sport.

The project concentrated on:

- Development and validation of analytical procedures to detect specific markers for the origin of opiates and amphetamines in bodily fluids using HPLC and GC/MS
- evaluation of the pharmacokinetics of methamphetamine and its metabolites in urine and blood plasma using a specific GC/MS method in relation to the level of methadone in blood plasma in patients treated for drug addiction
- introduction of new stereoselective analyses of individual isomers of chiral compounds and their use in identifying and evaluating the pharmacokinetics, metabolism and toxicological profile of addictive and abused substances.
- preparation of a GC/MS method for detecting anabolic steroids and their metabolites in biological samples
- monitoring of changes in the level of endogenous steroid hormones in patients with hormone production defects
- introduction of screening methods to detect a broad range of anabolic substances in doping tests for sports persons and to analyse nutritional supplements containing illegal steroid hormones

References of main publications: n.a.

Name of project: **Chiral drugs – stereo specific aspects of their biological effect, pharmacokinetics and metabolism**

Institution: Department of Chemical Theory of Drugs FPHARMA CU in Bratislava

Partners: Department of Pharmacy King's College in London (UK), CTDD in Bratislava

Duration: 2004–2006

Level of budget and funding: EUR 51 300 - VEGA

Description (objectives, methods, results and conclusions):

Objective: the project aimed to develop stereo specific analytical methods to isolate the identification of chiral drugs in biological media and to use them to track the stereo selectivity, pharmacokinetics, metabolism and toxicological profile of drugs frequently used in therapeutic practice and also drugs from the group of abused addictive substances. In the group of addictive substances for opiates attention was given to the possibilities for analytical discrimination of opiate abuse from the use of substitute and other drugs in the event of positive tests for morphine and amphetamines in the urine of patients undergoing treatment for drug addiction.

References of main publications: See section 13.2.2

Name of project: **Project of Evaluation of the implementation of certain sections relating to drugs in the Slovak Penal Code**

Institution: Open Society Foundation

Partners: Public Policy Institute, Department of Social and Economic Sciences, Comenius University, Bratislava; National Monitoring Centre for Drugs; Department of Psychology, Palacký University in Olomouc

Duration: January 2007 – July 2009

Level of budget and funding: USD 51 380 (SKK 1 527 200¹⁴⁶), source of financing: International Harm-reduction Development Program Open Society Institute

Description (objectives, methods, results and conclusions):

Objective: to investigate the effects of the implementation of the new penal law provisions on the cultivation of drugs, especially on drug users. The project is made up of two qualitative and one quantitative sub study:

- Sub-study 1 – focuses on an analysis of the practical application of selected drug-related sections of the Penal Code and a primary study of case files for selected drug-related prosecutions
- Sub-study 2 – focussed on an analysis of the effects of selected sections relating to drugs on drug users and on the representatives of organisations providing services to drug users (centres for the prevention and treatment of drug dependency and the helping

¹⁴⁶ Calculated at the average exchange rate 2006 according to the National Bank of Slovakia - SKK 29 724/USD

professions).

The qualitative part of the research makes use of semi-structured expert interviews, expert focus groups and documentary analysis.

- Sub-study 3 – analysis of the epidemiological situation, analysis of the situation in the Slovak drug scene, trends in drug use, in their availability, patterns of use through available epidemiological indicators and other trends with regard to the application of the law on drugs using the statistics of the law enforcement and judicial authorities.

References of main publications: At the present stage in the implementation of the project there are not yet any results or publications

13.2.2 Publication¹⁴⁷ activity relating to research for 2006 and 2007

A. Neuroendocrinology Letters¹⁴⁸

Valentová, J., Horáková, R., Pechová, I., Okruhlica, L., Devínsky, F: Stereoselective determination of methadone and its main metabolite in serum and urine from methadone maintenance patients, In: Neuroendocrinology Letters. 27, (2006), p.130-133.

B. Československá psychologie¹⁴⁹

Orosová, O., Gajdošová, B., Madarasová-Gecková, A., Van Dijk, Jitse P. (2007). Rizikové faktory užívania drog dospelievajúcimi (Risk factors in adolescent drug use). Československá psychologie, 51, 1, p.32-47 .

C. Heroin Addiction & Related Clinical Problems – Official Journal of EUROPAD

In previous years articles were published on the joint research activity of the Faculty of Pharmacy (Department of Chemical Theory of Drugs), the Toxicological Laboratory and the CTDD. In 2006, the following article was published:

Klempová D., Okruhlica L.: No intrauterine growth retardation in babies of mothers stabilized on methadone before conception and throughout their pregnancies 2006; 8(1):25-30

D. EUROPEAN JOURNAL OF PUBLIC HEALTH¹⁵⁰

Kalina O., Madarasova Geckova, A. Orosova O., Salonna F., Jarcuska P., van Dijk P. Jitse, Reijneveld Sijmen A.: Is later sexual initiation of university students associated with less sexual risky behaviour? EUROPEAN JOURNAL OF PUBLIC HEALTH 2006, vol. 16, supplement 1 172-172.

Gajdosova B., Orosova O., Sleskova M., Sarkova M., Salonna F., Madarasova-Geckova A. van Dijk Jitse P: Analysis of adolescents' strength of reasons for smoking and alcohol drinking, EUROPEAN JOURNAL OF PUBLIC HEALTH 2006, vol. 16, supplement 1 130-131.

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¹⁴⁷ Only some outputs are published for the stated research projects

¹⁴⁸ <http://www.nel.edu>

¹⁴⁹ 2006 impact factor 0.279

¹⁵⁰ <http://eurpub.oxfordjournals.org/archive>

E. PSYCHOLOGY & HEALTH¹⁵¹

Official Journal of the European Health Psychology Society

Orosová O., Madarasová A., Humeníková Mária, Kalina Ondrej, Gajdošová Beáta, van Dijk Jitse P., Why students participate in drug prevention program, PSYCHOLOGY & HEALTH 2006, vol. 21, supplement 1 (1) (2006), 114-114.

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13.3 Collection and dissemination of research results

13.3.1 Information flow

Systematic, centralised collection and dissemination of the results of drug research has not yet been fully introduced in Slovakia. The National Monitoring Centre for Drugs is the managing institution for the drug information system in Slovakia and works with a network of experts, partner institutions and has its own information portal to collect and disseminate information. The survey of activities in drug research carried out by the NMCD and the General Secretariat for the purposes of this chapter and the requirements of the Pompidou Group is the first relatively complex activity in this area. A list of research, including bibliographic references will be published on www.infodrogy.sk). In the future the NMCD could play a key role in the documentation of scientific research and the dissemination of information of this type.

13.3.2 National scientific journals dedicated to drug research

At present research work is primarily published and disseminated within the institution that the research is carried out and subsequently submitted by its authors to specialised and thematically relevant periodicals.

A. Alkoholizmus a drogové závislosti (Alcoholism and drug addictions)

Alkoholizmus a drogové závislosti is a specialised journal of the Ministry of Health and the drug addictions department of the psychiatric society of the Slovak Medical Association. It is the only specialist journal in Slovakia directly dedicated to the issue of addiction to psychoactive substances. It was first published as a magazine covering the whole of Czechoslovakia *Protialkoholický obzor* (Anti-alcoholic horizon). It publishes original work, contributions from practice (surveys, clinical studies), reports by participants in foreign and domestic conferences, reviews of publications, abstracts from foreign magazines and information on interventions and policies.

Original works are peer reviewed and include an abstract in English.

In 2006 the journal published the following original works by Slovak authors:

- Martinove, M: Buspiron a liečba úzkostných porúch u závislých (Buspiron and Treatment of anxiety disorders in addicted patients) vol. 41-3 pp. 153-160
- Bušová, Z. Kováčová E., Okruhlica L: Užívanie drog v rekreačnom prostredí (Drug Use in the Recreational Setting) vol. 41, no. 4 – 2006 pp. 231-237
- Kiššová L., Mravčík V.: Prevalenčný odhad problémových užívateľov drog na Slovensku (Prevalence estimates of Problem Drug Use in Slovakia) vol. 41, no. 5 – 2006 pp. 259-272

¹⁵¹ 2006 impact factor 1.636

B. Bratislavské lekárske listy (Bratislava medical journal)

This is an international specialised journal for biomedical sciences and clinical medicine. It has been published since 1921 by the Faculty of Medicine of Comenius University in Bratislava and currently appears monthly in English. It can be accessed on-line at <http://www.bmj.sk> Abstracts from the journal are published in Medline PubMed. The index for 2006 does not include any articles related to drugs.

In 2002 an article was published by the authors: Valentová, J., Klempová, D., Vlčková, Z., Okruhlica, L., Devínsky, F.: Plasma Methadone measurements and their Role in Methadone Maintenance Treatment, Bratislavské lekárske listy. 103, (2002), 299. on research carried out by the Faculty of Pharmacy of Comenius University in Bratislava, containing a database of research (NMCD a General Secretariat, 2007)

C. Studia psychologica¹⁵²

An international journal of research and theory in psychology published 4 times a year in English, indexed in Psychological Abstracts, Current Contents, Ergonomic Abstracts, Child Development Abstracts and Bibliography. It is published by the Experimental Psychology Institute of the Slovak Academy of Science.

D. Other specialist periodicals and journals

The topic of the use of psychoactive substances appears in other Slovak specialist periodicals published by the Slovak Medical University **Lekárske listy**¹⁵³ (Medical Journal), **Farmaceutický obzor**¹⁵⁴ (Pharmaceutical Horizon), **Ošetrovatel'stvo** (Nursing) and the internet journal **Verejné zdravotníctvo** (Journal of Public Health <http://www.szu.sk/ine/verejnezdravotnictvo/index-1.htm>).

The Research Institute for Child Psychology and Pathopsychology publishes the journal **Psychology and patopsychology of child** , 4 x per year, in Slovak, with abstracts in English and German. The Institute of Information and Prognoses of Education publishes the journal **Prevencia** (Prevention).

Adiktologie (Addictology)

This periodical was launched in the Czech Republic in 2001. Adiktologie is a journal specialising in prevention, treatment and research into addiction and a member of the International Society of Addiction Journal Editors. It is published in Czech. Articles by Slovak authors are published in the original. Foreign authors are published in English. It contains English abstracts; the abstracts can be accessed on-line at www.adiktologie.cz in Czech and English.

In 2006 the journal published the following works by Slovak authors in various issues:

- Okruhlica, L.: Zistenie alkoholémie sa pri závislosti iba parciálne kryje s diagnózou opitosti i v prípadoch korektne stanovených, (Finding Alcohol in Blood in Alcohol Dependent Patients only partially overlaps with the diagnosis of Alcohol intoxication in correctly assessed cases no. 2- 2006
- Halama, P. Klimas J.,: Nápomocné faktory zmeny závislých klientov v procese resocializácie (Factors conducive to change in addicted clients undergoing the process of resocialisation) . no. 3 - 2006.

¹⁵² 2006 impact factor 0.410

¹⁵³ Reviewed journal – containing English abstracts

¹⁵⁴ Brief abstracts and keywords are given in English. Abstracts of original experimental work are published in Chemical Abstracts, International Pharmaceutical Abstracts a Embase/Excerpta Medica Database.

- Oláh Z.: Ovplyvnenie oka a zrakových vnemov psychotropnými látkami (Effects of psychoactive substances on the eye and visual functioning). No.4-2006

A supplement of *Adiktologie* was planned as a compilation of abstracts from the XII National Conference of the Association for Addictive Diseases and 45th Conference of the AT Section of ČLS JEP "The Bio-psycho-socio-spiritual model of addiction". The compilation includes papers by L. Okruhlica, S. Slezáková and P. Ondrejko.

Československá psychologie (Czechoslovak Psychology)

A specialist journal of psychological theory and practice published by the Psychological Institute of the Czech Academy of Sciences, indexed by the ISI Current Contents service, published in Czech with English abstracts <http://cspych.psu.cas.cz/index2.html>

13.3.3 Other means of disseminating information

The results of research activities are also presented at various specialist events in Slovakia and abroad, organised by research institutions themselves, universities and relevant professional bodies. In such cases the presentation of the results of research (in the form of lectures, presentations and posters) is oriented towards a specialist audience. Where results are relevant to the general public they are presented via the media and web sites, which most of the institutions mentioned above possess.

Part C

14 Bibliography

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15 Annexes

15.1 List of tables used in the text

Table 2.1: Summary of population and school surveys in 2006.....	20
Table 2.2 a-c): Prevalence of marihuana use in 2006	22
Table 2.3: Frequency of cannabis use for current users.....	24
Table 2.4: Comparison of estimates of prevalence in individual age groups in the two surveys.....	24
Table 2.5: Prevalence of heroin use among men and women in 2006 by age group in %.....	25
Table 2.6: Prevalence of cocaine use among men and women in 2006 by age group in %	25
Table 2.7: Table 2.7: Prevalence of amphetamine use among men and women in 2006 by age group in %	26
Table 2.8: Prevalence of ecstasy use among men and women in 2006 by age group in %.....	26
Table 2.9.: Overview of combined prevalence of “drug pairs.....	26
Table 2.10.: Lifetime prevalence of drug use for schoolchildren and students according to TAD1 and TAD2 for 2006 in %.....	27
Table 2.11.: Comparison of frequency of drug consumption in IIPE surveys in 1998, 2001 and 2006	28
Table 2.12. Comparison of results for individual Slovak region in %.....	29
Table 3.1: Prevention activities carried out in school year 2005–2006 by CEPP and PPCC.....	33
Table 3.2: Summary of PPCC prevention programmes in school year 2005–2006.....	34
Table 3.3: Anti-social phenomena as a reason for referral of clients to CEPP in school year 2005–2006.....	37
Table 3.4: Anti-social phenomena as a reason for referral of clients to PPCC in school year 2005–2006.....	37
Table 3.5: Structure, number and use of special educational facilities – situation as at 31 October 2006.....	37
Table 4.1: Estimated number of problem drug users in Slovakia for 2005 and 2006.....	41
Table 4.2: Estimates of sub-groups of drug users included in the definition of PDU.....	42
Table 4.3: PDU estimate in selected Slovak towns in 2006.....	42
Table 4.4. Selected social characteristics of drug users in %.....	45
Table 4.5. Injecting use of primary drug – number of users.....	46
Table 4.6 Clients in contact with harm-reducion programs in each town.....	46
Table 4.7. Problem drug users in contact with harm-reducion programs.....	47
Table 4.8 a): Selected characteristics of clients of NSP – for 148 opioid users and 125 pervitin users.....	47
Table 4.8 b): Selected characteristics of clients of NSP - for 150 opioid users and 125 pervitin users.....	48
Table 4.8 c): Selected characteristics of clients of NSP.....	48
Table 5.1: Inpatient treatment in Slovakia by basic diagnosis (which need not result automatically in admission of the patient).....	50
Table 5.2: Outpatient treatment in Slovakia by basic diagnosis (which need not result automatically in admission of the patient).....	50
Table 6.1: Direct deaths related to psychoactive substances in Slovakia in 2006.....	53
Table 6.2: Deaths under the influence of psychoactive substances in 2006.....	54
Table 6.3: Deaths under the influence of psychoactive substances in 2006 by cause of death and age group.....	54
Table 6.4: Cases of heroin overdose 2004–2006.....	56
Table 6.5: Deaths under the influence of heroin 2004–2006.....	57

Table 6.6: Deaths caused by overdoses involving amphetamines and methamphetamines in the 2004–2006 period, by gender and age.....	57
Table 6.7: Deaths caused by solvent overdose in the 2004–2006 period in Slovakia.....	58
Table 6.8: Incidence of HIV in Slovakia in the last 5 years, by means of infection.....	59
Table 6.9: Incidence of hepatitis virus infections by region and number of injecting drug users.....	60
Table 6.10. Results of the project: Testing of the hidden population of active drug users – results to May 2007.....	62
Table 7.1: Number of actions carried out and number of persons making use of selected services of harm reduction programmes.....	66
Table 7.2: Needle and syringe exchanges in outreach programmes.....	66
Table 8.1: Number of children of respondents in the BORDERNET survey, clients of the outreach programme for drug users.....	70
Table 8.2: Age structure of children of respondents in the BORDERNET survey, clients of the outreach programme for drug users.....	70
Table 8.3: Selected social characteristics of drug users in treatment from the TDI – all treatment in %.....	70
Table 8.4: Selected social characteristics of clients first treated from TDI in %.....	70
Table 8.5: Comparison of crime trends in individual regions of Slovakia (in terms of offences and arrests).....	72
Table 8.6: Number of persons convicted under individual sections of the New and Old Penal Code by region in 2006	73
Table 9.1: Provision for the enforcement of court orders in re-socialisation centres in the territory covered by the stated office	77
Table 9.2: Selected professional activities provided by re-socialisation centres	79
Table 9.3: Overview of numbers of cases in 2006 in which social workers in Corps institutes provided services to drug addicted convicts.....	80
Table 10.1: Number of seizures and quantity of drugs seized in Slovakia (2003–2006).....	83
Table 10.2: Drug prices in 2006.....	84
Table 10.3 Weighted average and median concentration of active substances in selected drug.....	86
Table 11.1 Planned level of labelled drug-related expenditures for programmes in 2005 in thousand EUR – central level of government.....	88
Table 11.2: Annual drug related expenditures by area in 2004.....	89
Table 11.3. Current annual drug related expenditures in Slovakia in 2004.....	89
Table 11.4. Drug-related expenditure in 2006, by sector.....	90
Table 11.5. Drug-related expenditures by area in 2006.....	90
Table 12.1: Data for selected questions from the survey in children’s homes in the 15–17 age group in %.....	93
Table 12.2: Comparison of results for selected survey questions in re-education homes in %.....	94
Table 12.3: Number of complete, changed and incomplete families according to ESPAD research for the 15–19 age group.....	97
Table 12.4 Summary of the results of the ESPAD 2003 with regard to the consumption of legal and illegal drugs in %.....	98
Table 12.5: Use of psychoactive substances in relation to the absence of parental supervision for the 15–16 age group.....	99
Table 12.6: Use of psychoactive substances in relation to the absence of parental supervision for the 17–18 age group.....	99
Table 12.7: Use of psychoactive substances in the 15–16 age group in relation to truancy.....	100
Table 12.8: Ratio of men and women in treatment by age group in 2006.....	101
Table 12.9: Areas of responsibility of individual ministries and the activities of non-governmental organisations in relation to vulnerable groups.....	102
Table 13.2: Summary of research projects based on EMCDDA criteria.....	107

15.2 List of figures used in the text

Fig. 1.1: Comparison of the opinions of Slovak citizens on the role of the EU with the EU average in various areas.....	17
Fig. 1.2.: Little or no risk from occasional use of cannabis, cocaine, heroin and ecstasy as declared by respondents aged 15–29 in Bratislava.....	18
Fig. 2.1: Development trend in the prevalence of marihuana use in the 15–24 age group.....	22
Fig. 2.2: Prevalence of cannabis use in the population by individual age groups.....	23
Fig. 3.1: Prevention activities in 2006 by type.....	33
Fig. 4.1: Proportion of patients treated according to primary drug in 2006	44
Fig. 4.2: Treatment demand by drug used.....	44
Fig. 6.1: Direct drug-related deaths in the 2004–2006 period.....	55
Fig. 6.2: Indirect drug-related deaths in the 2004–2006 period.....	56
Fig. 8.1 Number of perpetrators of offences under section 171–174 by type of drug for the period 1.6. 2006–31.12. 2006.....	72
Fig. 8.2: Comparison of the number of persons convicted under each section by year...	74
Fig. 10.1: Number of seizures of individual types of drug in 2006 in Slovakia.....	84
Fig. 10.2: Development in median concentration of selected drug types.....	85
Fig. 10.3: Number of samples analysed of the stated drug intended for end consumer ..	86
Fig. 12.1: Comparison of lifetime prevalence of drug use according to youth survey (15–17), children in care in children’s homes (15–17), and in re-education homes (15–18 and 16–18.....	94
Fig.12.2 Lifetime prevalence of illegal drugs in individual waves of the ESPAD survey in 1995, 1999 a 2003).....	98

15.3. List of maps used in the text

Map 4.1: Users receiving treatment per 100 000 by permanent address and type of drug used (primary drug) in 2006	45
Map 7.1: Availability of NSPs.....	64

15.4 List of abbreviations used in the text

ADF	Anti-Drug Fund
ADHD	Attention Deficiency Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
AMT	Amphetamine
APVV	Agency of support research and development
CA	Civil associations
CAST	Cannabis Abuse Screening Test
CATI	Standardised interview by telephone
CCPS	Centres for Counselling and Psychological Services
CEPP	Centre for educational and psychological prevention
COFOG	International classification of the functions of government
CTDD	Centre for the Treatment of Drug Dependencies
CTDD-IDD	Centre for the Treatment of Drug Dependencies - Institute of Drug Dependencies
CU	Comenius University
CZ	Czech Republic
DRID	Drug Related Infection Diseases
ECPA	European Crime Prevention Award
EMCDDA	European Monitoring Centre for Drug and Drug Addiction
EMQ	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
FEI	Forensic Expertise Institute
FEI PF	Forensic Expertise Institute of the Police Force
FreD	German model of timely intervention for drug users
GD PCGF	General directorate of the prison and court guard force
GDP	Gross Domestic Product
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
HSA	Healthcare Supervision Authority
IDU	Injection drug user
IFTA	International Family Therapy Association
IPE	Institute of Information and Prognoses of Education
ITR	In-treatment rate
IVS	The Virginia Satir Institute
KEGA	Culture and education grants agency
LMP	Last month prevalence
LSAF	Labour, Social Affairs and Family

LSD	Lysergic acid diethylamide
LTC	Leisure times activities
LTP	Lifetime Prevalence
LYP	Last Year Prevalence
mCPP	1-(4-chlorophenyl)piperazine
MD	Ministry of Defence
MDMA	metylendioxyamphetamine
ME	Ministry of Education
MF	The Ministry of Finance
MH	Ministry of Health
MI	Ministry of Interior
MLSAF	Ministry of Labour, Social Affairs and Family
MoJ	The Ministry of Justice
MUSTAP	Multisession Standardised Printed prog
NADU OCO PPF	National Anti-drug Unit of the Organised Crime Office in the Presidium of the Police Force
NAPAP	National Action Plan for Alcohol Problems
NC SR	National Council of the Slovak Republic
NCMTCHB	National Centre for the Management and Treatment of Chronic Hepatitis based
NGO	Non-Governmental Organization
NHIC	National Health Information Centre
NMCD	National Monitoring Centre for Drugs
NPC	New Penal Code
NPFD	National Program for the Fight against Drugs
NRC	National reference centre
OPC	Old Penal Code
OPG	The Office of the Prosecutor General
OSF	Open Society Foundation
PCGC	Prison and Court Guard Corps
PCR	Polymerase Chain Reaction
PDU	Problem Drug Users
PHA SR	Public Health Authority of the Slovak Republic
PORI at SO SR	The Public Opinion Research Institute at the Statistical Office of the Slovak Republic
PPCC	Pedagogical and psychological counselling centre
PPF	Presidium of the Police Force
RAR	Rapid Assesment Response
RC	Resocialisation Centre
REITOX	The European Information Network on Drugs and Drug Addiction
RICPaP	Research Institute of Child Psychology and Pathopsychology
RNA	Ribonucleic acid
RPHA	Regional Public Health Authority
SAS	Slovak Academy of Sciences
SHS	The Slovak Hepatological society
SKK	Slovak koruna
SMU	Slovak Medical University
SO SR	Statistical Office of the Slovak Republic
SQ	standard questionnaire
ST	Standard table

SYPH	syphilis
TAC	Toxicology and Antidumping Centre
TAD	Tabacco – Alcohol – Drugs
TDI	Treatment demand indicator
THC	Tetrahydrocannabinol
UN	United Nations
UNICEF	United Nations Children´s Emergency Fund
UNODC	United Nations Office on Drugs and Crime
UPJŠ	University of the Pavol Jozef Šafárik in Košice
USD	United States dollar
VEGA	Science grants agency
WHO	World Health Organization

Part D

- ST 01: Basic results and methodology of population surveys on drug use
- ST 02: Methodology and results of school surveys on drug use
- ST 03: Characteristics of persons starting treatment for drugs
- ST 05: Acute direct drug-related death
- ST 06: Evolution of acute direct drug-related death
- ST 07: National prevalence estimates of problem drug use
- ST 08: Local prevalence estimates of problem drug use
- ST 09: Prevalence of hepatitis B, C and HIV infection among injecting drug users
- ST 13: Number and quantity of seizures of illicit drugs
- ST 14: Purity at street level of illicit drugs
- ST 15: Composition of tablets sold as illicit drugs
- ST 16: Price at street level of illicit drugs
- SQ 22/25: Universal prevention include questionnaire MUSTAP
- TDI 34: Data of treatment demand