

**2005
Report for the EMCDDA
Reitox National Focal Point**



**THE SLOVAK REPUBLIC
Developments, trends, and selected issues concerning the
drug problem**

An on-line version

The Government Office of the Slovak Republic
The General Secretariat of the Ministerial Board for Drug Addiction and Drug Control
National Monitoring Centre for Drugs

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2005 Report for the EMCDDA – the REITOX¹ National Focal Point in the Slovak Republic

*The State of Drug Addiction and Drug Control in the Slovak Republic
Developments, trends, and selected issues concerning the drug problem in the Slovak Republic*

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¹ REITOX – European Information Network on Drugs and Drug Addiction – a framework for the exchange of information within EMCDDA member states

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Summary

At the end of 2003 **Slovakia drug strategy** was reviewed and updated, making use of the experiences gained with implementation of the first and second National Programme of Fight against Drugs (*hereafter referred as NPDF*). The special attention was given to the elaboration and adoption of the **third National Programme for the Fight against Drugs** (2004- 2008). The third NPDF implemented key elements of EU drug strategy. **NPDF has been further detailed in its Action Plan**, adopted by Slovak government in April 2005 and by the Slovak Parliament in June 2005.

Action plan is **aimed on better targeting of all relevant “four pillars activities”**, focusing on the local and regional areas, improvement of local services and effective interventions in the fields where there is the greatest need. Socio-economic determinants appear to play a large part in the geographical distribution of drug demand reduction both nationally and locally. There are some differences in the types of drug and mode of administration, local drug market, vulnerable and risk groups within regions. Therefore, local interventions should be based on local patterns of drug consumption and knowledge of the phenomena specific to the locale. This has implications for better data collection systems.

In the course of 2005 Parliament has adopted new laws on the control of drugs and related to the drug addictions. **A new Criminal Code**, which brings most important changes in provisions governing criminal liability for the possession of drugs for own consumption and drug trafficking and the **Code of Criminal Procedure** which lays down new types² of penalties. The extension of the range of alternative sentences is intended to strengthen the principle that unconditional sentences represent only ‘ultima ratio’ and should be imposed only where other, less serious means of the fight against crime, including imprisonment sentences, fail. Both rules will enter into force on 1 January 2006.

In social aspects of drug use Parliament has adopted **new Act on Family** that lays down the competence of courts to impose educational measures and, in some cases, to rule that a child be temporarily removed from parental custody even against the will of parents and **Act on Social and Legal Protection of Children and Social Curatorship** which covers issues related to social work with drug addicts.

For the first time it has been carried out **an Analysis on Social and Financial Expenditure associated with illicit Drug Abuse in the Slovak Republic**. According to this analysis the public expenditure on anti-drug policy represents in 2004 **0,04255% of GDP (in 2004 GDP was SKK 1.328,618 billion³ / common prices, i.e. € 33.118,9 Mio)** (see section 1.3).

In May 2005, the Statistical Office conducted the first survey called the European Union Statistics on Income and Living Conditions (EU-SILC), which will be used as a basis for monitoring and evaluating the level of poverty and social deprivation using both common and national indicators. Initial information from this survey covering the year 2004 will be available in 2006.

The decisive reform changes in healthcare sector, employment, and social affairs **influenced the Slovak society** in 2004 and in 2005. However the broader implementation and tangible **impacts of the changes** e.g. on the healthcare system **cannot be expected until early 2006**.

² The issue of alternative punishment was dealt with in detail in the 2004 National Report on Drugs p.

³ official data on www.eurostat.eu.int

When speaking about **population surveys** mentioned in this report at least three official sources of data were taken into account:

Institution	Year of data collection	Research aimed on	Age	Number of respondents	The research subjects
Public opinion Research Institute at Statistical Office of Slovak republic	2004	<i>Population of Slovakia</i>	18 +	1444	Illegal drugs, alcohol and tobacco smoking
		Youth of Slovakia	15-29	860	
		Youth from Bratislava	15-29	284	
Institute of information and prognosis of Education	2004	Youth	15-26	951	Illegal drugs
	2003	Pupils of II. Level of primary school and high schools	10-18	516+500	Smoking and alcohol
Public Health Authority of Slovak Republic	2004	Pupils and students in Bratislava region	15-19	1300	Life style

An important source of information on youth is the **school survey ESPAD** (The European School Survey Project on Alcohol and Other Drugs) carried out in every fourth year. The last report has been published in December 2004. **The survey is to cover illegal and legal drugs as well as their mutual relations and it is very important source of information on drug poly-consumption** (e.g. alcohol and ecstasy; or alcohol and marijuana). Data from ESPAD are regularly completed by surveys carried out within the sector of education (IIPE). **For instance the life prevalence** of marijuana consumption in students aged 15-18yrs was in average **35%**; however Bratislava region showed higher data 46%, followed by Banská Bystrica region 40%.

Presented data corresponds with population survey conducted every two years by Statistical Office – Public Opinion Research Institute, the last one in October 2004 (see section 1.4 and Chapter 2). According to published data, **the life prevalence of marijuana consumption in young people (aged 15-29 years) was 28% and 27% in Bratislava, respectively**. The availability of marijuana represented by the offer to try the consumption was reported by 46% and ecstasy 22% of respondents. The highest availability of drugs provided the recreational environments – music and dance events, happenings, and open-air festivals (see Chapter 13). Survey of PORI SO SR 2004 showed that there is the clear association between alcohol and smoking as well as between consumption of alcohol and illegal drugs. The highest shares of illegal drug users represent young people aged 15 up 17 (35%), 18 to 24 years (39%) and 25 to 29 years (43%) (For details see chapter 2).

In 2004 there was another public opinion poll carried out within the November campaign “A Week of Fights Against Drugs”, by independent research agency Markant. Nearly one half of young respondents interviewed on the street by trained inquirers, considered their own knowledge about drugs use and risks as good or satisfactory, despite their information source are mostly friends and schoolmates, less teachers. **Respondents were quite well oriented mostly in marijuana consumption, and risks with injection consumption of drug**, but not very well informed on adverse health consequences of ecstasy.

As the **most vulnerable group** the group of 15-16 years old students was found, who are informed the least and their information is the most distorted.

Young employed people were the second vulnerable group; they have just few information and they are less resistant against the offer to take drug.

The dissemination of synthetic drugs, high prevalence in cannabis and stimulants use and increasingly the extent of poly-drug use even poly-dependence, that was diagnosed in 1/4 of all treatment demands are main trends in problem drug use and treatment demand.

The number of **drug users in treatment** in Slovakia has increased over the last year up to **2.315**. The number of persons treated for a drug problem slightly increased in Slovakia in last decade (22 per 100.000 inh. in 1994 up to 43 per 100.000 inh. n 2004).

The changes on the drug scene were reflected in the structure of treatment demand. The trends with respect to the developments in the number of treated persons by individual groups of illegal psychotropic substance continued from the preceding period what means a continuing moderate decline in the number of persons treated for problems with opioids; In 2004, 43% of patients entered treatment for problems with opioids in Slovakia, while, for instance, they accounted for 86% of clients treated for a drug problem in 1995 and 53% of people undergoing treatment in 2003.

On the other hand **a strong rise in the number of persons treated for problems with stimulants, in particular methamphetamines** (more than 50% increase in comparison 2003). That's why a special attention was paid to adjusting the treatment programmes. Upon invitation from the Institute of Drug Dependencies, two lecture and training seminars led by R. Rowson from University of California with a focus on a special methamphetamine addiction treatment (MATRIX) were held in Bratislava.

A strong rise in the number of persons treated for problems with cannabis (more than 30% increase in 2004 comparing 2003)

The presence of drug users is a fact of life in penitentiary establishments. (Section 8.3). Since 2000 the average number of identified drug addicts is around 603 per year. In 2004 it was 623 of which 58 were women (9.3%). **Pervitin was the most frequent drug used in prison, followed by heroin.** The most frequent form of application was intravenous.

Despite the decrease of PDUs treated for opioid addiction (-10%), this trend cannot be overestimated, because **the share of first treated persons** for opiates addiction which is the direct indicator of dynamics of drug epidemics **has grown** after three years period of decreasing. ⁴

Very important indicator is the number of **first treated persons for cannabis addiction and for methamphetamines.** Findings are to support an idea that the dynamics is higher at this type of primary drugs (except pervitin) what do not cause such serious and immediate health consequences.⁵

Trend of other drugs prevalence is stabilised. IDUs decreases in 2004, on the other hand consumption of drug by smoking has increased.

⁴ Šteliar, I.: Drug Epidemiology report for 2004 - In: Annual report on activities of GS CM DACD – March 2005, www.infodrogy.sk

⁵ Šteliar, I.: Drug Epidemiology report for 2004 - In: Annual report on activities of GS CM DACD – March 2005, www.infodrogy.sk

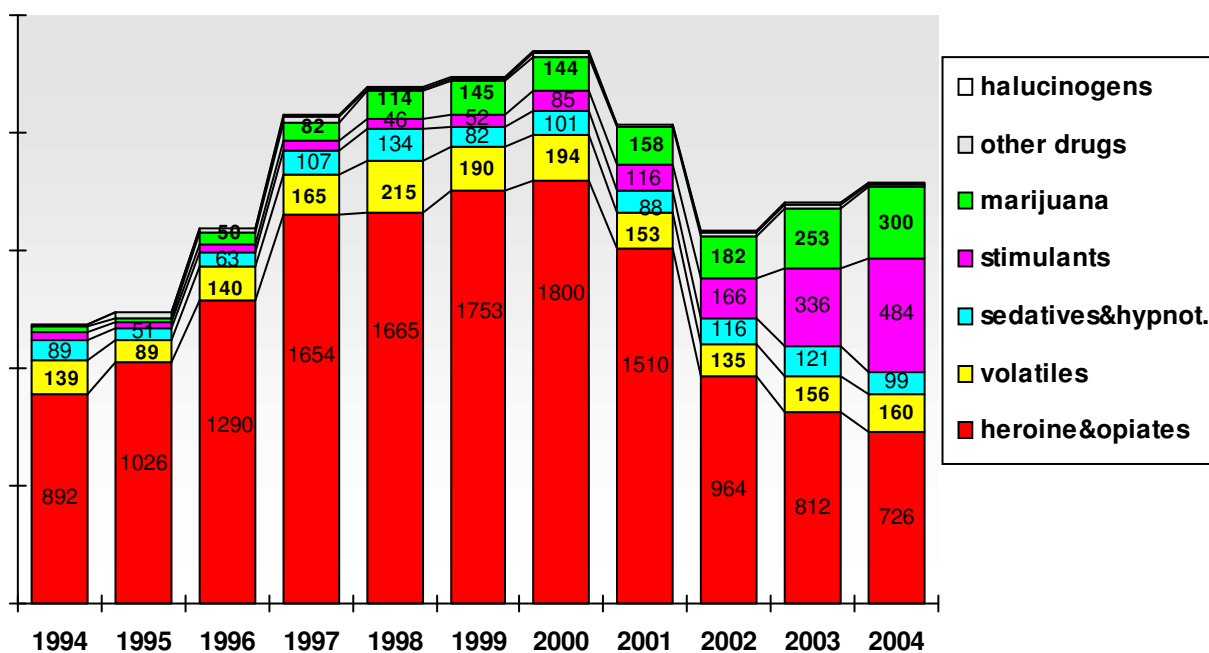


Figure: Number of patients treated in healthcare units in year 2004 for the consequences of drug use
 Data source: IHIS preliminary data (n=1791) in March 2005 – Figure processed by NMCD, available on www.infodrogy.sk

The number of drug users who were in contact with relevant health services was 1791⁶. After the decrease in 2001 and in 2002 it is the accumulation again what could be seemed the new wave of drug consumption, however the structure of treated patients according primary drug is changed.

From the standpoint of genders, 1,399 (77%) of the 1,826 persons treated just in the healthcare sector were men and 427 (23%) were women. With respect to the groups of substances, women exceeded men - almost 2/3 – only in the group of treatment applicants for problems with sedatives and hypnotics as their primary drug of abuse.

There are no special treatment programmes for women in Slovakia (see Chapter 11) except for the special treatment procedure for pregnant women with an opioid addiction in Bratislava, which is part of a methadone maintenance treatment programme.

The distribution of treated persons by the level of education achieved, 4% failed to complete primary school, 43% achieved basic education, 43% completed secondary school and 3% graduated from a university.

A high level of unemployment (68%) was found among the population of persons treated for a drug problem in 2004.

On the drug scene, the geographical distribution of people requesting treatment remained unchanged in 2004, with the highest number in the capital city on the southwest of the country declining towards the northwest of Slovakia. While the number of drug treatment applicants was 150/100.000 inhabitants in the Bratislava region, it was 28/100.000 inhabitants in the Košice region and only 8/100.000 in the Prešov region.

⁶ Preliminary data from IHIS in March 2005 – the difference with final data is + 35 (totally 1.826 persons were treated in the units of healthcare sector)

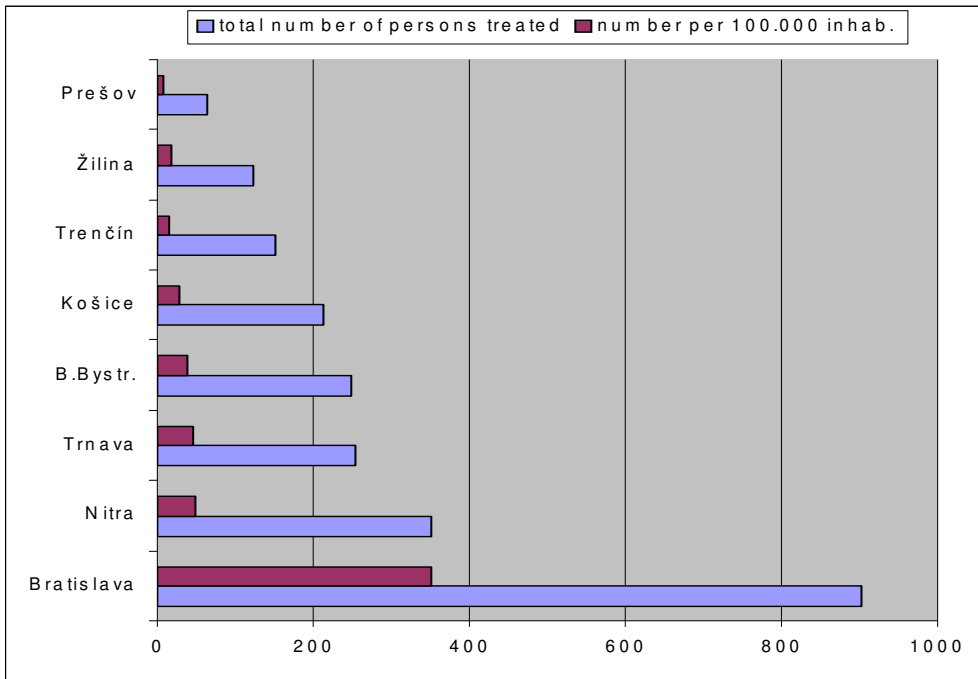


Figure: The total number of persons treated for a drug problem and their number per 100,000 inhabitants in Slovakia in 2004 by individual regions
Source: IHIS, processed by NMCD

In 2004, a local epidemic of hepatitis A (HAV) amongst drug users in the Slovak capital Bratislava abated, and no new sources were discovered. There are indications of ongoing transmission of Hepatitis C (HCV) among recent initiates into problem drug use. There has been a marked decrease in the number of acute Hepatitis B (HBV) laboratory reports among IDUs.

HCV, HBC, HIV

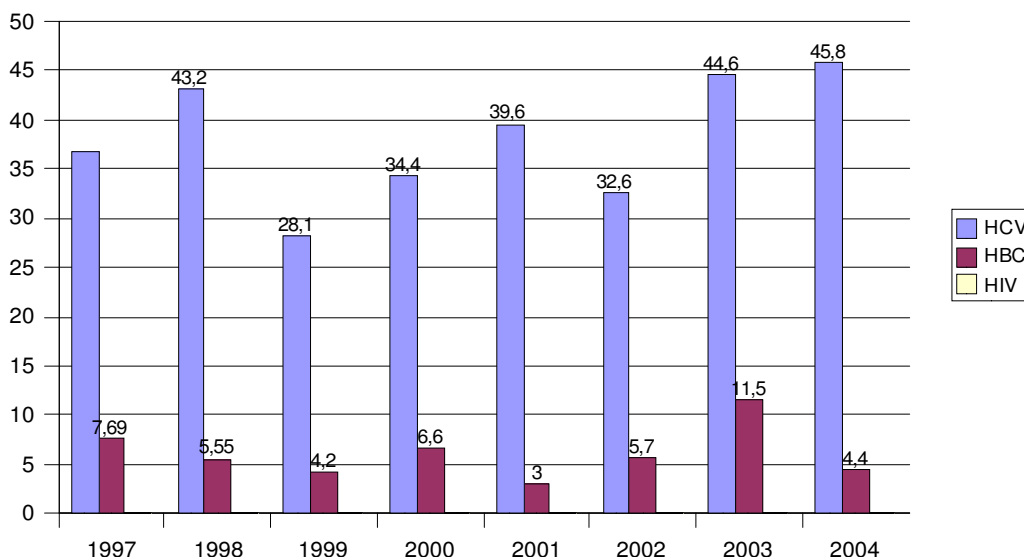


Figure: The incidence of HIV, HBC, and HCV antibodies found in IDUs entering treatment for the first time at the CTDD in Bratislava, 1997 – 2004

Hepatitis B - **The low incidence of hepatitis B** infection amongst drug users in Slovakia continued throughout 2004. This fact was determined on the basis of the **reduced and low prevalence of active, acute, and chronic hepatitis B infection** registered in the general population – **2.2 cases per 100,000 inhabitants**. A group of susceptible persons still exists – i.e., people who have not been vaccinated, and who have the potential to pass on infection. In view of their low immunity levels, chronic drug addicts in particular must be subjected to HBV screening, coupled with continued attention to vaccination programmes. The comprehensive, free vaccination of IDUs against hepatitis B infection was discontinued in 2002; however, in 2004, the majority of new patients with a history of intravenous drug use were inoculated at CTDDs, thanks to a grant obtained for this purpose by the Slovak Anti-drug Fund.

Hepatitis C - Alongside its efforts to establish an extensive infection monitoring system in Slovakia, the Institute of Drug Dependencies also carried out a wide-ranging, multi-level analysis of hepatitis C infection amongst IDUs applying for treatment in 2004. From a sample of 72 first-time applicants for the treatment of problems caused by the use of psychoactive substances with a history of previous intravenous application, 45.8% tested positive for anti-HCV antibodies. 24% of patients had spontaneously eliminated the virus, according to laboratory findings.

Access to treatment for hepatitis C amongst infected patients with a history of drug use is complicated by the requirement for at least six months of medically documented abstinence from drug use, which is demanded by health insurance companies to the detriment of interferon treatment.

HIV/AIDS - Even though the epidemic of intravenous drug use in Slovakia has existed for over a decade, there is still a very low incidence of HIV infection. **Slovakia has one of the lowest HIV infection rates in Europe**. HIV data for the Slovakia suggest that prevalence continues to be low in IDUs.

No other sexually transmitted diseases were systematically monitored amongst drug users, with the exception of syphilis where no increase was recorded in the incidence of syphilis, or other transmissible diseases typical for this particular group. A higher incidence of the disease was registered in women working in the sex business in order to obtain drugs.

In November 2004 a state for Healthcare Supervision Office (HSO) was established and tasked to coordinate all necroscopic units, autopsies and coroner's inquests. **This institutional step represents the very important jump-off for systematic and qualitative collection of data related to deaths in general and of course for drug related deaths and mortality. First data for 2004 see in Chapter 6.**

The most consistent indicators appear to be the number of seizures and offences reported. Concerning drug scene it does not differ from any other drug scene in the countries of the European Union. **All types of drugs are available and the demand for synthetic drugs is increasing.**

Slovaks **concentrate on the production of synthetic drugs, the most commonly used pervitin**. Over the past few years, Slovakia became one of the most successful producers in Europe and it can be expected that this type of drug will continue to expand on Slovak drug market, due its low price. It seems that in Europe Slovakia could gain the second rank after Czech republic – the number of treated with ATS in Slovakia has doubled in 2004.

The number of producers growing marijuana in laboratory-type conditions increased too representing the risk in home produced highly potent (THC) type of cannabis.

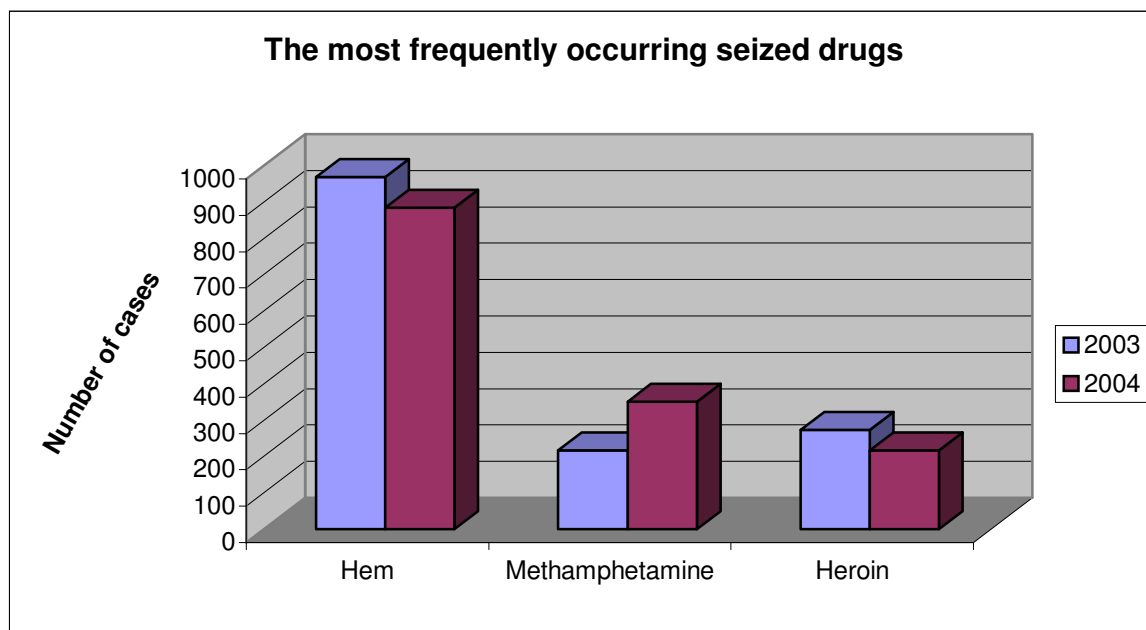


Figure: The most frequently occurring seized drugs according to the Institute of Forensic Science of the Police Corps Presidium.
Data source: IFS PCP, processed by: NMCD

Cocaine according available data didn't represent very important problem however its danger cannot be underestimated. It could be used as the „complementary drug“ in poly-drug use trend; moreover its decreasing price makes it more accessible.

Similarly as in EU, the problem with heroin as the most risk drug so far as the adverse health consequences and mainly over-doses deaths can be seen as stabilised.

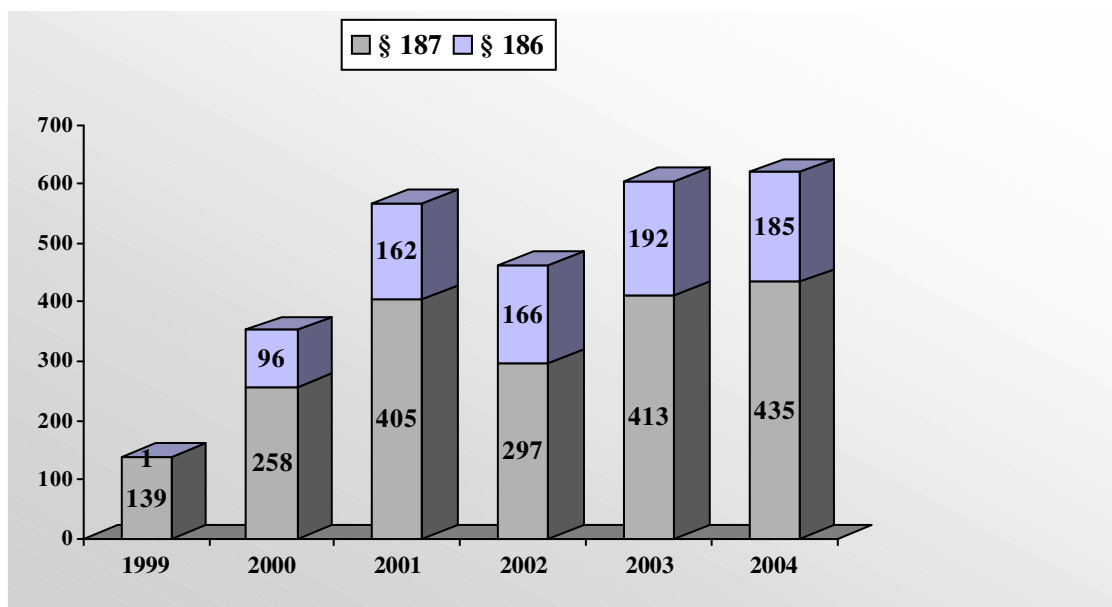
Region	Number of drug-related offences		Share in the total number of drug-related offences (%)		Increase (+) Decrease (-) (%)
	2003	2004	2003	2004	2004
Bratislava	705	762	55,25	60,43	▲+8,09
Trnava	94	117	7,36	9,27	▲+24.47
Trenčín	115	64	9.01	5.07	-44.35
Nitra	81	91	6.35	7.22	▲+12.35
Žilina	86	81	6.73	6.42	-5.81
Banská Bystrica	122	77	9.56	6.11	-36.99
Prešov	25	20	1.96	1.58	-20
Košice	48	49	3.76	3.88	▲+2.08
Total	1276	1261	100	100	-

Number of drug-related offences in 2003 and 2004 by individual regions
Source: Annual report of NADU

The share of the **Bratislava region** in the total number of drug-related offences was 60.43%, which **is an 8.09% increase compared with 2003**. A rise in the percentage share in the total number of drug-related offences was also recorded in the **Trnava** region. The combined share of both regions in the total number of drug-related offences was 69.70%.

Numbers of sentenced and number of drug offences in 2004 slightly decreased in the number of person sentenced for §186 of Penal Code – possession of drugs for own consumption. It could be related with more tolerance of repressive bodies against users of cannabis in the period influenced by the massive public and media discussion on

decriminalisation of marijuana use or even on legalisation of this drug listed in A group of illegal psychoactive substances in a relevant law. **On the other hand there was a clear enforcement of repressions against dealers and producers of drugs represented by the growth of number and cases sentenced according § 187.**



© Data source: Ministry of Justice; © Figure processed by NMCD – March 2005

With regard to the first of the three selected topics of 2005 report, gender differences in drug use and misuse (Chapter 11) exist in Slovakia and therefore gender-specific treatment should be of worth. It was found out from the surveyed facilities in 2005, that even though they declared the offer of programmes specific for the needs of men/women, in the majority cases there were never separate programmes. Elements of gender-specific work were just simply incorporated into other programmes or services. The survey concludes that there is an clear awareness that these gender differences elements have to be an integral part of care for drug abusers and drug addicts and many institutions also mentioned plans to introduce comprehensive programmes dealing with these issues in a relatively short time. The ratio of drug treated man and woman stays stabile; approximately 3:1.

The National Strategies in the field of the drug policy concerning illegal and legal drugs (tobacco, alcohol and doping respectively) in the Slovak Republic have gradually been developed since the establishment of the first NPDF in 1995, by separate developments for the fields of illegal and legal drugs. **In fact three separated strategies or concepts of strategies were developed:**

- The NPDF
- National Action Programme for Alcohol-related Problems and
- National Programme for Tobacco.

It can be anticipated that, at least until 2008, the situation will be the same. **The perspective of an integrated programme for the fight against illegal and legal drugs** will more probably be the time horizon of **2010 to 2012**, when the European strategy and subsequently the national strategies in the given areas will be re-assessed.

Chapter 13 is devoted on recreational use of drugs. In summer 2005 the survey was carried out at three “recreational” environments (summer open air music and dance festivals).

Virtually in all types of prevalence of use of all psychoactive substances (except heroin), **the prevalence of their use in youth attending these music events is several times higher.** The drugs most frequently used in this environment include, for example, pervitin and ecstasy. It’s very probable that at similar “recreational” happenings young people are concentrating with the higher affinity to various experiences, including drug experience.

According police information it is presently common that in the vicinity of regular places of such gatherings, people grow cannabis and produce pervitin in the region, where major music parties are organised (Trenčín, Domaša, etc.). **Moreover what was observed on these occasions also is a certain increase of drug use by consumers younger than 15 years, which results in an increased number of criminally non-liable perpetrators.**

PART A: Developments and new trends

1. National drug policy and its context

From 1995, responsibility for formulating and implementing the drug policy of the Slovak Republic has been vested in the Government of the Slovak Republic (*hereinafter referred to as the "Slovak Government"*). In the framework of its drug policy, the Government approves the national strategy, defines its objectives, underlying premises and principles, including the creation of the relevant legislative environment.

From 1995, national drug policy of the Slovak Republic has been set out in the National Programme for the Fight against Drugs (*hereinafter referred to as the "NPF"*). At its 81st session on 15 April 2004, the Slovak Government adopted Resolution No. 289/2004, taking note of the Summary Report on the Implementation of the National Programme for the Fight against Drugs (NPF) in 1999 – 2003 with update for 2004, and approved the **third edition of the NPF for 2004 – 2008** (the first NPF covered the 1995 – 1998 period and the second NPF the 1999 – 2003 period).

The current NPF for 2004 – 2008 is further detailed in Action Plans of individual sectors and regional authorities. The Government approved Action Plans formulated in the course of 2004 by Resolution No. 498/2005 adopted at its 29 June 2005 session.

The body that advises the Slovak Government on drug policy issues is the **Committee of Ministers for Drug Addiction and Drug Control** (*hereinafter referred to as the "CM DADC"*). The executive body of the CM DADC – **General Secretariat of the Ministerial Committee for Drug Addiction and Drug Control** (*hereinafter referred to as the "GS CM DADC"*) – coordinates, provides methodological guidance for and controls the implementation of drug policy at the central and regional levels, and represents the Slovak Republic in drug-related matters within international institutions, the EU and the UN.

The **National Monitoring Centre for Drugs** (*hereinafter referred to as the "NMCD"*) is the part of the GS CM DADC as the national representation of specialised EU agency – the European Monitoring Centre for Drugs and Drug Addiction (*hereinafter referred to as the "EMCDDA"*) – for the Slovak Republic. The EMCDDA, an umbrella organisation for EU Member States, monitors five key indicators⁷ in individual countries, as well as other indicators such as drug-related crime, quantities and number of drug seizures, number of convictions. These indicators correspond to the programmes P1 – monitoring of the situation, P2 – response of the society to drugs, P3 – Early Warning System – EWS, P4 – assessment of national strategy.

⁷ Key indicators followed by EMCDDA:

Population surveys
Prevalence estimates
Demand for treatment
Infectious diseases related to drugs
Drug-related deaths and mortality

1.1 Legal Framework

1.1.1 Drug-related laws, ordinances, guidelines

The basic legal framework for the control of drugs and drug addiction in the Slovak Republic in 2004 comprised:

- Laws:

Act No. 140/1961 Coll. Criminal Code as amended defines drug-related criminal offences.

Act No. 141/1961 Coll. on Criminal Proceedings (Code of Criminal Procedure) as amended sets out the procedures applied by law enforcement and criminal justice authorities with a view to properly detecting criminal offences and fair and lawful punishment of their perpetrators.

Act of the Slovak Parliament No. 372/1990 Coll. on Misdemeanours as amended defines drug-related misdemeanours.

Act No. 381/1996 Coll. on Anti-Drug Fund – lays down the status of the Anti-Drug Fund, i.e. a special-purpose non-state fund which pools and allocates financial resources to be used in the drug prevention and in the treatment and social reintegration assistance provided to drug-dependent persons.

Act No. 139/1998 Coll. on Narcotic Drugs, Psychotropic Substances and Preparations as amended sets out the requirements governing the cultivation, production, control, wholesale distribution, supply, use for scientific, research and expert assessment purposes, import, export and transit of narcotic drugs, psychotropic substances and preparations.

Act No. 140/1998 Coll. on Medicinal Products and Medical Aids lays down the requirements for handling medicinal products and medical aids, testing medicinal products, for the registration of medicinal products, approval of medical conditions, quality assurance and control, effectiveness and safety of medicinal products and medical aids, and the tasks of state administration in the field of pharmaceuticals.

Act No. 219/2003 Coll. on the Handling of Chemical Substances that May Be Misused for Illicit Production of Narcotic Drugs and Psychotropic Substances and on amending Act No. 455/1991 Coll. on Trade Licences (trade licence law) as amended sets out the requirements governing the production, market introduction, use of chemical substances that may be diverted for illicit production of narcotic drugs and psychotropic substances including their import, export, transit and transportation with a view to prevent their misuse for illicit production of narcotic drugs, psychotropic substances and preparations containing such substances. The Act also lays down the obligations of entities handling specified substances, sanctions for violations of the Act, and competencies of state administration authorities relative to specified substances.

- Laws related to smoking and alcohol

Act No. 219/1996 Coll. on the Protection against Abuse of Alcoholic Beverages and on Setting up and Running Sobering-up Rooms defines alcoholic beverages, regulates

detection tests for alcohol and other addictive substances, and other requirements for sobering-up rooms.

Act No. 377/2004 Coll. on the Protection of Non-Smokers and on amending and supplementing certain other laws sets out the requirements for protecting persons from developing addiction to nicotine contained in tobacco and tobacco products, from harmful effects of smoking and other uses of tobacco products, and the requirements governing the sale, production, labelling and market introduction of tobacco products.

- Laws restricting and/or prohibiting the supply of advertisement for drugs, alcohol and tobacco:

Act No. 308/2000 Coll. on Broadcasting and Retransmission and on amending Act. No 195/2000 Coll. on Telecommunications as amended.

Act No. 147/2001 Coll. on Advertisement and on amending and supplementing certain other laws

- Decrees:

Decree No. 349/2003 Coll. of the Ministry of Economy of the Slovak Republic Setting Out the Requirements for Granting Official Licences for Imports and Exports of Goods and Services as amended lays down also the requirements for imports and exports of narcotic drugs, psychotropic substances, precursors and chemicals substances that require official import or export permits (licences).

Decree No. 65/2002 Coll. of the Ministry of Economy of the Slovak Republic Setting Out Detailed Procedures for Verifying the Principles of Good Laboratory Practices and Their Application, for Issuing or Withdrawing Good Laboratory Practice (GLP) Certificates and Monitoring Compliance with GLP principles as amended by Decree No. 406/2002 Coll. of the Ministry of Economy of the Slovak Republic regulates non-clinical testing of safety of substances contained in pharmaceuticals, cosmetics, industrial chemicals, etc.

Decree No. 349/2003 Coll. of the Ministry of Economy of the Slovak Republic as amended by Decree No. 101/2004 Coll. of the Ministry of Economy of the Slovak Republic, implementing certain provisions of Act No. 219/2003 Coll. – contains the list of specified substances, and thresholds on annual quotas of specified substances.

In 2005, the Parliament of the Slovak Republic adopted the following laws on the control of drugs and drug addictions:

Act No. 300/2005 Coll. Criminal Code, which modifies the provisions governing drug-related criminal offences under Act No. 140/1961 Coll. The aforesaid legislation will take effect on 1 January 2006 and will repeal Act No. 140/1961 Coll. For more details see the section on Legal framework for the control of supply – repression.

Act No. 301/2005 Coll. Code of Criminal Procedure, which modifies the procedures applied by law enforcement and judicial authorities, initially set out in Act No. 141/1961 Coll. The aforesaid legislation will take effect on 1 January 2006 and will repeal Act No. 141/1961 Coll. For more details see the section on Law enforcement.

Act No. 331/2005 Coll. on State Administration Authorities in Matters Involving Drug Precursors and on amending and supplementing certain other laws. The law lays down

the competencies of state administration authorities in matters involving drug precursors, measures for monitoring movements and the handling of drug precursors, and administrative sanctions and fines for the violation of obligations of operators. The law entered into effect on 18 August 2005.

The aforesaid Act repealed Act No. 219/2003 Coll. on the Handling of Chemical Substances that May Be Misused for Illicit Production of Narcotic Drugs and Psychotropic Substances and on amending Act No. 455/1991 Coll. on Trade Licences (trade licence act) as amended, and Decree No. 349/2003 Coll. of the Ministry of Economy as amended by Decree No. 101/2004 Coll. of the Ministry of Economy of the Slovak Republic, implementing certain provisions of Act No. 219/2003 Coll.

Act No. 36/2005 Coll. on Family and on amending and supplementing certain other laws lays down the competence of courts to impose educational measures and, in exceptional cases, to rule that a child be temporarily removed from parental custody (or from the custody of other persons who are taking or have been entrusted care of a minor child), even against the will of the parents, and to order that such minor child be placed in a diagnostic or specialised facility. In serious drug addiction cases, the court may order that a minor child be placed in a social reintegration centre for drug addicts.

- Resolutions of the Slovak Government and of the Parliament governing the activities of the CM DADC, of the GS CM DADC, and of the National Monitoring Centre for Drugs in the Slovak Republic.

Resolution No. 583 dated 8th August 1995 institutes the Committee of Ministers for Drug Addiction and Drug Control, the General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control and approves the National Programme for the Fight against Drugs.

Resolution No. 534 dated 22nd May 2002 approves the proposal for fulfillment of institutional and financial requirements of the participation of Slovak Republic in the European Monitoring Centre for Drugs and Drug Addiction and institutes the National Monitoring Centre for Drugs.

Resolution No. 565 dated 16th June 2004 mandates to settle the organizational conditions and personal provisions of National Monitoring Centre for Drugs at GS CM DADC.

Resolution No. 339 dated 4th May 2005 expands the mandate of the Committee of Ministers for Drug Addiction and Drug Control on legal drugs alcohol and tobacco.

- Legal framework governing social aspects of drug use

In the social field, drug-dependent persons receive assistance in the form of social prevention (including social reintegration and social rehabilitation), social and legal protection, social counselling and social services, whose provision is regulated under Act No. 195/1998 Coll. on social assistance as amended in 2004. The Act on social assistance was amended with effect from 1 September 2005 by Act No. 305/2005 Coll. on social and legal protection of children and social curatorship and on amending and supplementing certain other laws. As a result of this legislative amendment, **issues related to social work with drug addicts** will be covered by the law on social and legal protection of children and social curatorship.

The law on social and legal protection of children and social curatorship provides for social and legal protection of children and social curatorship aimed to prevent the occurrence of crisis situations in families, protection of rights and legally protected interests of children, prevention of exacerbation and recurrence of mental, physical and social development disorders in children and adults, and to prevent the rise of the incidence of sociopathies.

Social and legal protection of children consists of a set of measures ensuring:

- protection of the child that is inevitable for the child’s welfare and that respects the child’s best interests in conformity with the UN Convention on the Rights of the Child,
- education and all-round development of the child in its natural family environment, creation of foster environment for the child that cannot be brought up within its own family.

Social curatorship consists of a set of measures to eliminate, alleviate and prevent exacerbation or recurrence of mental, physical, and social development disorders in children and adult natural persons, and includes the provision of assistance whose extent matches the seriousness of the situation of the child or of the adult natural person.

The law lays down the measures for social and legal protection and social prevention applicable in case of social events connected with behavioural disorders, drug addictions, and other social pathology phenomena, and defines educational and preventive measures carried out in the form of social curatorship for drug-abusing and drug-dependent minor children and adult natural persons. In case of adult persons, social curatorship is also available to persons released from establishments for social reintegration of drug addicts. **Special measures are set out for providing assistance to drug-dependent persons** – in particular through expanding the range of in-field, stationary and mobile first-contact services, and through advisory, social, educational, social reintegration, and assistance programmes that are designed to address the causes, deterioration or recurrence of sociopathies, to provide outpatient treatment and to implement social curatorship measures for minor children and for adult natural persons who abuse drugs or are dependent on drugs.

The law also creates the necessary conditions for taking educational measures in case of drug-dependent children; for setting up, in children’s’ homes, specialised groups for children placed in institutional care by court decision; and for the work of social reintegration centres. **Social reintegration centres** are set up to mobilise inner potential of children and of adult natural persons to cope with psychological, physical and social consequences of drug or other addictions, and to integrate them into their natural environment. Social reintegration centres:

- provide professional assistance to children who have completed compulsory school attendance and to adult natural persons who have completed the treatment, based on the recommendation from a healthcare provider,
- execute court decisions concerning educational measures in accordance with Family Act No. 36/2005 Coll.

The aforesaid law lays down **accreditation requirements for “non-state entities”** carrying out social and legal protection and social prevention measures, and qualification requirements for professional performance of such activities. It also defines the system of financing the establishments that provide social and legal protection, mainly in connection with the execution of court decisions.

The Slovak legal system makes it possible to **impose educational measures**, especially in case **of minor children with drug problems**. Thus, Family Act No. 36/2005 Coll. lays down the competence of courts to impose educational measures, which also include compulsory social counselling or professional counselling in specialised establishments (e.g. in counselling centres specialised in the relevant field).

If the educational measure fails to achieve its purpose, the court may exceptionally and temporarily remove a child from parental custody (or from the custody of other persons who have been entrusted or are taking care of a minor child), even against the will of the parents, and to order that such minor child be placed in a diagnostic or specialised facility (in either case for not more than six months). In serious cases of drug addictions, the court may order that a minor child be placed in a social reintegration centre for drug addicts.

- Legal framework for supply control – repression

Legal provisions governing unlawful possession and handling of drugs are amended **in the new Criminal Code No. 300/2005 Coll.**

The most important changes include provisions governing criminal liability for the possession of drugs for own consumption (Sections 171 and 135 of the Criminal Code) and trafficking in drugs (Section 172 of the Criminal Code).

The provisions of Sections 171 and 172 of the Criminal Code define the criminal offence of illicit production of narcotic drugs and psychotropic substances, poisons or precursors, their possession and trafficking in them.

Section 171

1 Any person who has unauthorised possession of a narcotic drug, psychotropic substance, poison or precursor for own consumption, shall be punished by deprivation of liberty of up to three years.

2 Any person who has unauthorised possession of a larger amount of narcotic drug, psychotropic substance, poison or precursor for own consumption shall be punished by deprivation of liberty of up to five years.

Section 135: Possession of drugs for own consumption

1 Possession of a narcotic drug, psychotropic substance, poison or precursor for own consumption means unauthorised possession for own consumption of a narcotic drug, psychotropic substance, poison or precursor for any length of time in the amount that corresponds to no more than three times one single dose.

2 Possession of a larger amount of narcotic drug, psychotropic substance, poison or precursor for own consumption means unauthorised possession for own consumption of a narcotic drug, psychotropic substance, poison or precursor for any length of time in the amount that corresponds to no more than ten times one single dose.

It follows from the definition of criminal offence in Section 171 of the Criminal Code that **criminal liability arises for** any person who has unauthorised possession for own consumption of a drug whose amount corresponds to no more than three times the usual single dose, or ten times the usual single dose. The length of imprisonment sentence reflects the difference in the amount of drug for own consumption.

In general, Slovak legislation **does not criminalise the use of drugs as such, but criminalises their possession** for any length of time.

The provisions of Section 135 of the Criminal Code also stipulate that unauthorised possession of a greater amount of drug than allowed therein may not be considered as possession of such substance for own consumption. In such case, the action of the offender shall be considered according to Section 172 paragraph 1 (d) of the Criminal Code.

Section 172

- 1 Any person who without authorisation,
 - a/ manufactures,
 - b/ imports, exports, transports or causes to be transported,
 - c/ purchases, sells, exchanges, procures, or
 - d/ possesses for any length of time a narcotic drug, a psychotropic substance, poison or precursor, or who brokers such activity, shall be punished by deprivation of liberty for a term of four to ten years.

- 2 The offender shall be punished by deprivation of liberty for a term of ten to fifteen years if he commits the offence referred to in paragraph 1,
 - a/ and had already been convicted for the same type of offence,
 - b) in respect of a person in drug treatment, or
 - c/ by a more serious breach of conduct,
 - d/ against a protected person, or
 - e/ at a larger scale.

- 3 The offender shall be punished by deprivation of liberty of between fifteen to twenty years if he commits the offence referred to in paragraph 1,
 - a/ and causes a grievous bodily harm or death thereby,
 - b/ against a person under fifteen years of age, or through the intermediary of such person, or
 - c/ at a considerable scale.

- 4 The offender shall be punished by deprivation of liberty of between twenty to twenty-five years or life imprisonment if he commits the offence referred to in paragraph 1,
 - a/ and causes a grievous bodily harm to several persons or the death of several persons thereby,
 - b/ as a member of a dangerous grouping, or
 - c/ at a large scale.

The Criminal Code contains also amended provisions concerning the criminal offence of spreading addiction (Section 174), which criminalise such act if it is aimed against a protected person or is committed in public.

Protected persons shall mean:

- a/ children,
- b/ pregnant women,
- c/ close persons,
- d/ dependent persons,
- e/ elderly persons,
- f/ sick persons,
- g/ persons enjoying protection under international law,
- h/ public officers or persons performing their duties laid down by law, or
- i/ witnesses, experts, interpreters or translators.

The Criminal Code also lays down **two new types of penalties** that may be applied also in case of persons possessing drugs for own consumption. These penalties are community service and home imprisonment.

Section 53: Home imprisonment penalty

1 The court may impose a home imprisonment penalty of up to one year in case of perpetrators of minor offences.

2 Any person serving the sentence of home imprisonment must, during such time as determined by the court, stay in his own dwelling including its outer areas, lead a law-abiding life, and suffer to be controlled by technical means where such control has been imposed.

Section 54

The court may impose a community service sentence of 40 to 300 hours with the consent of the offender sentenced for a minor offence punishable by deprivation of liberty of five years or less.

1.1.2 Law enforcement

Under the new definition laid down **in the new Code of Criminal Procedure** No. 301/2005 Coll., the authorities acting in criminal procedure are prosecutors and police officers. Police officers are investigators and designated members of the Police Corps, military police, the Corps of Prison and Court Guard, the Railway Police, designated customs authorities, and the commanders of sea-going vessels (*hereinafter referred to as "designated police officers"*).

Courts are no longer included among the authorities acting in criminal procedure; this increases the impartiality of courts and their independence on other state authorities.

- Police officers

Police officers referred to in Section 10 paragraph 8 (b) to (g) of the Code of Criminal Procedure have the authority to conduct criminal prosecution in cases involving illicit production of narcotic drugs and psychotropic substances, poisons or precursors according to Section 170 paragraph 1 of the Criminal Code.

- Police Corps investigators

Police Corps investigators conduct criminal prosecution in other "drug-related" offences.

- Prosecutors

Prosecutors oversee compliance with the laws prior to the commencement of prosecution and in pre-trial proceedings.

When performing the supervision, prosecutors have the authority to:

- a/ issue binding instructions for investigation and summary investigation of criminal offences,
- b/ request the files from police officers for review purposes,
- c/ participate in the execution of tasks by police officers, personally perform any of these tasks or even the entire investigation or summary investigation, and issue decisions on any matter,

d/ return the case to police officers along with instructions for additional investigation,
e/ reverse unlawful or unjustified decisions or measures taken by police officers,
f/ withdraw any case from a police officer and take steps to assign the case to another police officer,
g/ order, where the circumstances so warrant, full investigation into a matter that is subject to summary investigation.

- Courts

If the prosecutor does not terminate prosecution in pre-trial proceedings against a person accused, inter alia, of a drug-related offence, he files a plea bargaining proposal or an indictment to the court. In such case, the matter is heard and decided by the competent court.

An important role in the area of repression – especially in connection with drug-related offences – is played by the **Customs Administration of the Slovak Republic**.

An important piece of legislation governing the activities of customs authorities is Act No. 652/2004 Coll. on Customs Administration Authorities as amended, adopted in 2004. Under the Act, the Customs Administration of the Slovak Republic fulfils, inter alia, the tasks in the area of the fight against illegal imports, exports, and transit of drugs, radioactive substances and other dangerous materials and their precursors in connection with their import, export, or transit. It carries out these tasks through organisational units of the **Customs Criminal Office** (*hereinafter referred to as the “CCO”*), namely through its drug and dangerous materials divisions, and branch offices. When necessary for the purpose of identifying persons who participate in any manner in the commission of criminal offences involving drugs, the CCO, acting in agreement with the customs authorities of other countries, performs or ensures customs surveillance, surveyed or controlled deliveries, or other type of surveillance, where a consignment may be reasonably suspected of containing drugs. In case of controlled deliveries, it cooperates with the competent unit at the **Police Corps Presidium**. To enable the detection of particularly serious criminal offences involving violations of customs regulations in the area of imports, exports, or transit of drugs, customs authorities may covertly use operational and search techniques, such as surveillance of persons or things, alarm and signalling equipment, agents working for the customs service, or the means of electronic surveillance in order to detect, open or examine consignments and their evaluation by criminological methods, to intercept and record telecommunications operations, and to produce video, audio or other recordings. These activities are performed by the CCO's division for special actions and the Police Corps.

1.2 Institutional framework, strategies and measures

1.2.1 Coordination and institutional framework

Responding to the developments on the drug scene that started to change rapidly after 1989 in the environment that was neither legislatively nor institutionally prepared for such changes, the Slovak Government adopted Resolution No. 583 of 8 August 1995 setting up the **Committee of Ministers for Drug Addiction and Drug Control** as a coordinating, advisory, initiative-taking and control body for the Government's drug policy and fight against drugs. The above Resolution approved also the **Statute of the Committee** that sets out the details of work of the Committee and its organization. The Committee consists of fourteen members; its chairman is Deputy Prime Minister for European Integration, Human Rights and Minorities, vice-chairmen are the Minister of Health and the Minister of Education, and its members are individual ministers and the Prosecutor General. The Committee meets twice a year to evaluate the drug scene and to define principal lines of the drug strategy that it submits to the Slovak Government.

Both regular meetings of the CM DADC held in 2004 were devoted to policy discussions and current developments in the fight against drugs in Slovakia. Special attention was given to the elaboration and adoption of the National Programme for the Fight against Drugs 2004 – 2008 and its sectoral action plans, and their harmonization with the European strategy for the fight against drugs and the currently prepared European action plan to combat drugs. Another important discussion topic was the transformation of drug treatment centres to non-profit organizations, and implications of the reforms implemented in the sectors of health and labour and social affairs for the Government's drug policy. The Ministerial Committee evaluated the work of individual sectors, regularly assessed the drug-related aspects of the security situation, and discussed various issues connected with the work of the National Monitoring Centre for Drugs in the Slovak Republic; it also discussed the fulfilment of the previous National Program for the Fight against Drugs 1999 – 2003.

The **General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control** (*hereinafter referred to as the "GS CM DADC"*) was set up within the Office of the Government of the Slovak Republic in order to act as the executive body of the Committee, responsible for implementing its conclusions and for coordinating anti-drug activities at the level of ministries and central state administration authorities. The GS CM DADC fulfils the tasks connected with organizational, administrative and technical support for the Committee; it represents the Slovak Republic within international bodies, organizations and institutions in connection with drug issues; maintains international relations, initiates and secures the transfer of information and data between individual sectors and to relevant international bodies, organizations and institutions. The director of the GS is Blažej Slabý, national drug coordinator in the Slovak Republic (since 2003).

The structure of the GS consists of the following three parts:

- Group on strategies and concepts: development and formulation of the national strategy and its action plans, preparation of meetings of the Committee of Ministers, management of activities of expert groups (prevention, treatment, social reintegration, media strategies), international cooperation of the Slovak Republic in the fight against drugs (implementation of the EU drugs strategy, etc.), representation of the Slovak Republic in the UN OCD, EMCDDA, HWG within the EU Council, and in other international organizations;

- Sectoral coordinator of PHARE and EU projects, coordination of EU projects and of other international programmes at the bilateral or trilateral level;
- The General Secretariat also includes the National Monitoring Centre for Drugs – the partner for the Lisbon-based European Monitoring Centre for Drugs and Drug Addiction. The EMCDDA functions as a reference and coordination point (National Focal Point of REITOX) for the collection of data on uniform and comparable indicators in the EU, Norway and accession countries. With accession of the Slovak Republic to the EU in May 2004, the NDMC's task to provide data on drug addictions in the form of National Report has become an obligatory activity. The NDMC agenda also includes the operation of Internet portal www.infodrogy.sk (from May 2005), and publishing activities.

Four expert commissions have been set up within the GS CM DADC:

- for the treatment and social reintegration of drug addicts,
- for the prevention of drug addiction,
- for legislative issues and law enforcement in the area of the fight against drugs,
- for communication strategies in the area of the fight against drugs,

The General Secretariat also coordinates the activities of the Inter-ministerial Anti-Drug Action Group created under Parliament's Resolution No. 335 of 26 June 2003 on the initiative of the Parliament that has the authority to respond to acute developments on the drug scene.

The Horizontal Group for Drug Control in the Slovak Republic, established in 2004 as an advisory body to the General Secretariat, fulfils the task of an inter-ministerial professional, coordinating and consultation body in the area of drug addiction and drug control for the needs of the Sectoral Coordination Group within the Slovak Government's Office on European Affairs.

The Anti-Drug Fund established under Act No. 381/1996 Coll. (with effect from 1 January 1997) is a non-state special-purpose fund designed to pool and allocate financial resources in the areas of drug prevention, treatment and social reintegration of drug addicts. The supreme body of the Fund is its Board which decides about the allocation of financial resources.

The chairman of the Board is Deputy Prime Minister of the Slovak Republic who acts as ex officio chairman of the CM DADC. Of 15 members of the Board, 4 seats are reserved for ministers – minister of health, minister of labour, social affairs and family, minister of the interior, and minister of education. The remaining members are selected representatives of sectoral ministries, the Slovak Chamber of Physicians, and experts on drug prevention, treatment and social reintegration. Control function is performed by the supervisory board of the Fund. The seat of the Anti-Drug Fund is Bratislava.

Main sources of revenues for the Fund include a subsidy of approx. SKK 50 Mio from the state budget (over 95% of all available resources), which was annually provided since 1997 through the Ministry of Finance. Since 2004, the subsidy has been provided through the Slovak Republic Government's Office.

In the field of public administration, specialized units were set up within individual ministries for the fight against drugs and drug addiction, or the ministries appointed specific staff members whose job descriptions include – depending on the ministry's competence – prevention, treatment, and social reintegration of drug-dependent persons. These units perform mainly activities oriented on the reduction of drug supply and demand.

- **Demand reduction**

- Healthcare sector – Ministry of Health of the SR

A network of specialized state healthcare establishments (for the treatment of patients dependent on drugs, including alcohol and pathological gambling) was created in the healthcare area in line with Slovak Government's drug policy (some of them are used for teaching students of nursing schools and universities). In 2004, the network comprised 8 healthcare establishments:

- Centre for the Treatment of Drug Dependencies, Bratislava
- Centre for the Treatment of Drug Dependencies, L. Pasteur Teaching Hospital, Košice
- Centre for the Treatment of Drug Dependencies, F. D. Roosevelt Hospital with Policlinic, Banská Bystrica
- Centre for the Treatment of Drug Dependencies, Nitra Teaching Hospital, Nitra⁸
- Centre for the Treatment of Drug Dependencies, Andrej Leňo Hospital with Policlinic, Humenné⁹
- Centre for the Treatment of Drug Dependencies, Hospital with Policlinic, Nové Zámky
- Centre for the Treatment of Drug Dependencies, Hospital with Policlinic, Žilina
- Specialised Psychiatric Hospital, Predná Hora

The Institute of Drug Dependencies was established at the Centre for the Treatment of Drug Dependencies in Bratislava with effect from 1 January 1998 in conformity with the NPFĐ; the role of the Institute is to carry out scientific research, educational, therapeutic and coordination activities in the drug area.

Specialised departments providing treatment for drug addictions, including alcohol and pathological gambling, are established at:

- Philippe Pinel Psychiatric Hospital, Pezinok
- Psychiatric Hospital, Hronovce
- Psychiatric Hospital, Michalovce
- Psychiatric Hospital, Veľké Leváre
- Prof. Matulay Psychiatric Hospital, Kremnica
- Psychiatric Hospital, Veľké Zálužie

Besides the above specialised establishments and departments of psychiatric hospitals and treatment centres, drug-dependent persons are provided healthcare also in outpatient departments and day-care facilities for drug addicts attached to hospitals.

In 2004, the Government approved **a document on the transformation of certain centres and departments of hospitals and treatment facilities to non-profit organisations** providing generally beneficial services. The process of transformation is ongoing.

Act No. 581/2004 Coll. on Health Insurance Companies, Supervision over Healthcare and on amending and supplement certain other laws created the Healthcare Supervision Office, which performs the following activities in the area of public administration:

- supervision over public health insurance,

⁸ Dissolved in 2005.

⁹ Dissolved in 2005.

- supervision over the provision of healthcare (purchasing and standards of provided services – including services of necroptic units)

In the Health Ministry sector, drug addiction issues fall within the remit of the Mental Health Department, Department of Chief Hygienist of the Slovak Republic, and Chief Specialist on Drug Addictions at the Health Ministry of the Slovak Republic.

Other relevant organisations operating in the healthcare sector are:

- Institute of Health Information and Statistics of the Slovak Republic – monitors and evaluates drug treatment demand
- State Institute for Drug Control - responsible for ensuring surveillance of the quality, efficacy and safety of medicinal products for human use and medicinal products used in health care,
- Slovak Healthcare University – offers post-graduate training in the area of drug addiction medicine
- Public Health Authority – 37 regional public healthcare offices and health counselling centres; 13 counselling centres specialised in the field of drugs operated in 2004

The Ministry of Health is a state administration body that has the following powers under Act 219/2003 Coll. on the Handling of Chemical Substances that May Be Misused for Illicit Production of Narcotic Drugs and Psychotropic Substances and on amending Act No. 455/1991 Coll. on Trade Licences:

- issues permits and registrations,
- enters changes in the data into permits or registrations, temporarily suspends the operation, withdraws permits or registration, and decides to withdraw permits or registrations,
- keeps the list of holders of permits and holders of registration,
- imposes sanctions according to Section 38 paragraph 2 of aforesaid Act,
- oversees, within its scope of competence and in conjunction with other state authorities, compliance with this Act,
- provides information on the execution of this Act to the joint unit on the latter's request,
- notifies every suspicion of the use of specified substances to bodies acting in criminal procedure and to the joint unit.

- Sector of education – Ministry of Education of the SR

The education sector pays special attention to school-based prevention, directly in the teaching process and through educational establishments set up under Act No. 279/1993 Coll. on Educational Establishments, in particular:

- educational prevention facilities that provide professional assistance to children coming from the environment that has failed to provide for their social or educational needs, and children with disorders of psychosocial development, and cooperate in this process with the families with a view to preserve and improve their functions. Activities of prevention establishments are aimed at protecting the children from social pathologies,
- counselling establishments that provide professional services in the area of educational counselling, special pedagogy counselling, and care for children.

The network of educational establishments performing drug prevention activities comprised in 2004:

- 32 Educational and Psychological Prevention Centres (EPPC)

- 86 Pedagogical and Psychological Counselling Centres (PPCC)
- 5 Diagnosis Centres (DC)
- 5 Treatment and Educational Sanatoria (TES)

An important role is played in the school sector also by school children clubs, school-based special interest centres and leisure-time centres that provide education and instruction to school-age pupils outside of teaching hours and during school holidays, and that develop the interests and organise free-time activities of pupils.

Curricula of primary and secondary schools (ethics, civics) include the topics of primary prevention; the programme of faculties and departments of education at the universities of Nitra, Banská Bystrica, Trnava, Prešov and Bratislava includes drug addiction as an obligatory or optional subject.

Further education of teachers is carried out through 5 Methodology and Pedagogical Centres (MPC) and other further-training institutions within the sector – see below .

Institutions within the education sector:

- Institute of Information and Prognoses in Education (IIPE)
 - National Institute for Education of the Ministry of Education (NIE)
 - Research Institute of Child Psychology and Pathopsychology (RICPaP)
- (for more details, see Chapter 3 part 1 – Prevention in Education)

- Sector of labour, social affairs and family – Ministry of Labour, Social Affairs and Family of the SR

In conformity with Act No. 195/1998 Coll. on Social Assistance as amended, a network of Social Reintegration Centres (*hereinafter referred to as the “SRC”*) was created in Slovakia under the umbrella of the Ministry of Labour, Social Affairs and Family of the SR.

Social reintegration centres – social assistance establishments – may provide care to drug-dependent minor children who have completed compulsory school attendance or to adult persons who have completed the treatment in a drug treatment medical establishment based on a recommendation from that medical establishment. The SRCs create conditions for occupational activities of dependent persons and provide comprehensive care to these persons in the area of their resocialisation and reintegration into the society.

In 2004, social reintegration assistance was provided by the following centres¹⁰:

- Social reintegration centre Banská Bystrica (OZ LIDRÓZA)
- Return (Návrat) Zvolen
- RETEST Bratislava
- SAMÁRIA Bratislava
- Sanatorium AT, Bratislava
- Social Reintegration Centre, Košice
- Rehabilitation Centre HOPE (NÁDEJ), Bátorové Kosihy
- Social Reintegration Centre “House for Drug-Free Life”, Nové Zámky
- House of the Heart of Jesus, Žákovce
- Caritas House, Jarková
- Social Reintegration Centre “House for Drug-Free Life”, Koš
- Social Reintegration Centre BETHEZDA, Sered’
- Social Reintegration Establishment ADAM, Gbely-Adamov

¹⁰ <http://www.employment.gov.sk>

- Social Reintegration Centre ROAD, Tomky
- Social Reintegration Establishment "Clean Day", Galanta-Hody

Social reintegration centres use multi-source financing: from the state budget through Anti-Drug Fund established under Act No. 381/1996 Coll., from the budgets of municipalities and self-governing regions and, in case of contributory organizations and entities providing social assistance, from the fees paid by the recipients of their services and/or persons that have maintenance obligation towards the former, and from the revenues obtained from agreed fees for services.

Social assistance and, consequently, the operation of social reintegration centres may be financed also from the gifts of legal persons and those of natural persons.

Further development of assistance provided by social reintegration establishments is financed also from after-tax profits from business activities of social services establishments carried out with the consent of the founding authority.

The Ministry of Labour, Social Affairs and Family of the SR is the founding authority for Centres for Counselling and Psychological Services (see Chapter 3 Part 2); there were 61 of them in Slovakia in 2004.

- Sector of culture – Ministry of Culture of the SR

In the sector of culture, the tasks outlined in the NPDF are fulfilled – mainly in the area of primary prevention – by the National Cultural Centre (special social prevention unit), and organizations falling under direct competence of the Ministry, and by a wider network of cultural institutions founded by regional self-governing authorities.

- **Law enforcement and supply reduction**

- Sector of home affairs – Ministry of the Interior of the SR

The National Anti-Drug Unit created in 1995 within the Interior Ministry's Criminal Police Office of the Police Corps Presidium gradually expanded its scope of competence and the fight against drugs became part of the fight against organised crime; this fact was also reflected in its changed name – National Anti-Drug Unit of the Office for the Fight against Organised Crime of the Police Corps Presidium. The Unit directly performs police actions aimed at the detection of drug-related organised crime and at the cooperation with police services in addressing drug-related organised crime; performs intelligence, analytical, documentation and implementation work in the area of drug-related organised crime; gathers, processes and analyses information concerning drug-related organised crime; ensures cooperation with foreign drug services in addressing drug-related organised crime; ensures execution of letters rogatory in connection with controlled deliveries, imports and transits.

Anti-drug units created under Parliament's Act No. 222/1996 Coll. within Regional Police Corps Directorates were transformed into anti-drug units within the departments for the fight against organised crime. Their role is to clarify criminal offences involving production, possession and especially the distribution of drugs; to carry out measures designed to disclose drug-related organised crime; to cooperate with state administration authorities in disclosing and documenting drug-related crime; to identify its perpetrators, and organize preventive measures; to detect and clarify root causes of and conditions for drug-related crime.

Expert assessments of narcotic and psychotropic substances seized by Police Corps and Customs Directorate units in the entire territory of the country and its borders are

performed by the Institute of Forensic Science of the Police Corps Presidium. The Institute also ensures the disposal of seized drugs and supplies summary statistics on seized materials to the UN body responsible for UN activities in the area of drug control (UNODC) and to the International Narcotics Control Board (INCB).

Act No. 268/2000 Coll. on the Handling of Precursors of Narcotics and Psychotropic Substances (repealed and replaced by Act No. 219/2003 Coll. on the Handling of Chemical Substances that May Be Misused for Illicit Production of Narcotic Drugs and Psychotropic Substances) represents the legal basis for the creation of a Joint Police-Customs Unit (see the finance sector, the Customs Criminal Office) that has the authority to monitor illicit trade in chemical substances.

Civil servant positions – regional drug control coordinators – and regional anti-drug commissions under their control have been set up within the Bratislava Regional Authority (*hereinafter referred to as the “RA”*), Trnava RA, Trenčín RA, Nitra RA, Žilina RA, Banská Bystrica RA, Prešov RA, and Košice RA.

- Finance sector – Ministry of Finance of the SR

The Ministry of Finance SR carries out the tasks in the area of the fight against drugs through the Customs Administration of the Slovak Republic, aimed mainly against illicit imports, exports and transit of drugs, radioactive substances and other dangerous materials and their precursors in connection with imports, exports and transit; this activity is performed by the Customs Criminal Unit (Customs Criminal Office from 1 January 2005), its divisions and branches which, in conformity with Act No. 652/2004 Coll. on State Administration Authorities in the Customs Service and on amending and supplementing certain other laws:

- performs or ensures the performance of tasks in the area of fighting against illegal imports, exports or transit of narcotic drugs, psychotropic substances, their precursors, protected species of plants, animals and specimens, illegal transportation of radioactive and other highly dangerous materials, if it is necessary to identify persons who are involved, in any manner whatsoever, in the commission of criminal offences in the area of narcotic drugs and psychotropic substances, their precursors and protected species of plants, animals and specimens in connection with their imports, exports, or transit,
- ensures and carries out covert customs surveillance of consignments in agreement with customs authorities of other countries, or uses other covert surveillance methods (*hereinafter referred to as “controlled deliveries”*) if there are reasonable grounds to believe that the consignment contains narcotic drugs, psychotropic substances, their precursors, protected species of plants and animals and specimens without due authorisation, or other items whose possession requires a special permit, items intended for the commission of crime, or items obtained through crime, with a view to identifying persons that have been involved in the handling of the consignment.

- Transport sector – Ministry of Transport, Post and Telecommunications of the SR

The drug-combating tasks of the Ministry of Transport, Post and Telecommunications of the SR are performed by Railway Police of the SR at the level of its General Directorate, regional offices, and individual departments and divisions of Railway Police. In fulfilling its tasks laid down in the NPFD, railway police monitor the localities where drug users are likely to gather – such as catering facilities, stabled trains, etc. They devote special attention to the execution of police actions, especially during various social,

cultural and sports events, school vacations, or at the time of start and end of conscripts' military duty.

- Sector of justice – Ministry of Justice of the SR

Besides its own legislative activities, such as the drawing up in 2004 of draft Criminal Code and draft Code of Criminal Procedure, the Ministry of Justice continues to cooperate with other ministries and central state administration authorities in the development of laws and other legal acts involving drugs and drug addictions.

Specific tasks are performed in this connection also by the Corps of Prison and Court Guard (*hereinafter referred to as the "Corps"*), which runs

- Establishments for Enforcement of Remand Detention (Bratislava, Nitra, Banská Bystrica, Žilina, Levoča, Prešov),
- Establishments for Enforcement of Custodial Sentences (Hrnčiarovce nad Parnou, Dubnica nad Váhom, Sučany, Košice - Šaca, Nitra-Chrenová, Banská Bystrica - Kráľová, Želiezovce)
- Establishments for Enforcement of Custodial Sentences and of Remand Detention at Leopoldov, Ilava, Košice and Ružomberok and
- has also competence for the Hospital for Remand and Sentenced Prisoners, and Establishment for Enforcement of Custodial Sentences at Trenčín.

All establishments for sentenced prisoners offer **the possibility of voluntary treatment in drug-free zones** of selected establishments. Special attention is devoted to early disclosure of drugs in the establishments that fall under the competence of the Corps, to the identification of persons using drugs, to the creation of conditions for reducing the risk of drug penetration into prison establishments, and to the conditions for court-imposed as well as voluntary alcohol and drug treatment for persons serving custodial sentences.

- Prosecution office – General Prosecution Office of the Slovak Republic

An important role in the fight against drugs is played by the Prosecution Office. Its competencies are provided for under Act No. 153/2001 Coll. on Prosecution as amended. The Prosecution Office has the obligation to take measures within the scope of its authority to prevent violations of law, detect and eliminate violations of law, restore infringed rights and enforce liability for their infringement. In exercising its authority, the prosecution office uses all the lawful means to ensure a consistent, effective and expedient protection of rights and lawfully protected interests of natural persons, legal persons, and of the state, without any interference.

The prosecution office exercises its authority through the intermediary of prosecutors who (see section 1 b)

conduct criminal prosecution against persons suspected of the commission of criminal offences, and overseeing compliance with the law prior to the institution of criminal proceedings under a separate law, and in pre-trial proceedings,

oversee compliance with the law in the places of detention of persons deprived of their liberty or persons whose personal liberty is restricted by the decision of a court or other competent State authority,

exercise their powers in judicial proceedings,

represent the state in judicial proceedings where so provided under a separate law,

oversee legal compliance by public administration authorities within the scope set out under this act,

- participate in the preparation and implementation of preventive measures aimed at suppressing violations of laws and of other generally binding legal regulations,
- participate in the elimination of root causes of and conditions for crime, in the prevention and suppression of crime,
- participate in the drafting of legislation,
- fulfill other tasks where so provided by a separate law or an international treaty promulgated in a manner prescribed by law.

- Sector of economy – Ministry of Economy of the Slovak Republic

The Ministry of Economy takes part in the formulation of relevant laws in the sphere of its competence. The Ministry sponsored the drafting of Act No. 219/2003 Coll. on the Handling of Chemical Substances that May Be Misused for Illicit Production of Narcotic Drugs and Psychotropic Substances and on amending Act No. 455/1991 Coll. on Trade Licences as amended. According to the aforesaid Act, the Ministry has the authority to issue, in particular, generally binding implementing regulations such as the decree publishing the list of specified chemical substances and specified chemical preparations whose market introduction and use is restricted or prohibited. The Ministry also issues single or general licences for export, import, transit and transportation of specified substances, submits proposals to the Ministry of Health to withdraw the licences for handling specified substances. The Ministry exercises direct managerial authority over the Slovak Commercial Inspection (SCI). The SCI is a state administration body. Under State Control Act No. 128/2002 Coll. it acts as a general market surveillance body in the area of consumer protection in the Internal Market. The aforesaid legislation sets out new competencies for the Slovak Commercial Inspection with effect from 1 April 2002, in conformity with the commitments of the Slovak Republic vis-à-vis the European Union, as expressed in the National Programme for the Adoption of Acquis Communautaire, i.e. the key document for preparing negotiations on accession of Slovakia to the EU.

- Sector of agriculture – Ministry of Agriculture of the Slovak Republic

The Ministry of Agriculture ensures the control of legal cultivation of crops used in the production of medicinal products, and prevention of unlawful cultivation of plants that may be used for drug production, through its Central Control and Testing Institute of Agriculture in Bratislava. The key task of the Institute is to perform professional state control and testing in the sector of agriculture, and professional state supervision over the quality of agricultural inputs (agrochemicals, feeds, etc.). The activities of CCTIA in plant and animal production are oriented on soil, varieties of agricultural crops, seed stock and planting stock, plant nutrition and protection, external and internal quarantine, animal nutrition and agricultural equipment, industrial fertilisers, pesticides, and fodders. The State Veterinary and Food Administration of the Slovak Republic, which falls under direct managerial authority of the Ministry, is a state administration body set up under Act No. 488/2002 Coll. on Veterinary Care and on amending and supplementing certain other laws, and in the area of food surveillance under Act No. 155/2005 Coll. on Foodstuffs as amended. This body fulfils mainly food surveillance tasks.

- Other institutions

In connection with the fulfillment of the National Programme of the Fight against Drugs, the Statistical Office of the Slovak Republic – Public Opinion Research Institute at the Statistical Office of the Slovak Republic (*hereinafter referred to as "PORI SO SR"*) has been conducting biannual special surveys on the issues of drug dependencies and drug control since 1994.

- Self-governing regions (*hereinafter referred to as “SGRs”*), municipalities, cities and local government

Cooperation at the local government level is voluntary and is secured through competent departments, primarily the departments of education and culture at local and municipal authorities.

Municipal police departments set up under Municipal Police Act No. 564/1991 Coll. as amended secure public order in municipalities. At this time, Slovakia has a total of 243 municipal police departments.

- The third sector

Dozens of non-governmental organizations (NGOs) are also involved in the fight against drugs at the national, regional, and local levels. These organizations work towards preventing drug addictions, in the area of streetwork, education and training, social reintegration of drug dependent persons and their legal protection, treatment support, counselling, public opinion shaping, organization of campaigns, work with children and young persons, leisure time activities, development of artistic creativity in the fight against drugs, and in other fields.

The legislative framework and typology of NGOs are laid down in the following legislative standards:

- Act No. 83/1990 Coll. on Citizens' Associations
- Act No. 147/1997 Coll. on Non-Investment Funds
- Act No. 219/1997 Coll. on Non-Profit Organizations Providing Public Benefit Services
- Act No.34/2002 Coll. on Foundations

The most important group of NGOs involved in the fight against drugs is represented by associations aimed at harm reduction and streetwork, in particular Odyseus, Prima, Heureka and Storm that have their representations in most regional capitals.

The most numerous NGO group consists of seventeen non-profit organizations oriented on social reintegration; most of them are members of the Association of Social Reintegration Centres and Post-Social Reintegration Services of the Slovak Republic, which has the necessary power to conduct negotiations with state authorities about the provision of institutional and financial support. The leader of the Association of Social Reintegration Centres is “The Clean Day” – a non-profit organization publishing the “Clean Day” quarterly journal that presents the latest information on the fight against drugs in the Slovak Republic.

The group of non-governmental organizations with the longest history in the fight against alcohol is the network of self-help clubs of former alcoholics, the most important of which is the Association of Alcoholics of Slovakia, associating most self-help clubs of former alcoholics. Organizations working in the area of tobacco control in the Slovak Republic are the Stop Smoking NGO, and the Slovak National Coalition for Tobacco Control.

The most important among a number of citizens' initiatives working at the national, regional and local levels in the area of prevention and leisure-time activities is the Filia Foundation, which fulfils the role of an integration element in this field of activity.

The most prominent organization in the international context is citizens' association "Sports against Drugs", which has organized eleven editions of annual international competitions followed by exhibitions of artworks of young artists (children and youth) in the fight against drug, entitled "Why Am I Happy to Be Alive".

The activities of **NGOs are funded and supported from a variety of sources**, namely:

State subsidies are provided primarily through the Anti-Drug Fund (ADF) established under Act No. 381/1996 Coll., making annual grants of SKK¹¹ 50 Mio (€ 1.25 Mio). The Fund receives state budget allocations through the budget chapter of the Slovak Republic Government Office; their use is governed by budgetary rules.

An important source of funding for NGOs are subsidies provided by the Ministry of Labour, Social Affairs and Family, the Ministry of Education and Youth, the Ministry of Health, the Ministry of Culture, and the Ministry of the Interior.

Total annual amount of subsidies for NGO activities in the area of the fight against drugs is around SKK 20 Mio. Irregular sources of funding for NGO activities are also grants from the General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control at the Slovak Republic Government's Office which amounted to a total of SKK 0.8 million in 2004 in the form of support for four programmes.

Regional and local resources have mainly the form of subsidies from Self-Governing Regions (SGR) designed to support the work of 17 social reintegration centres; they amount to SKK 150 thousand per one bed/year, and SKK 240 thousand a year per one social worker of the centre. Subsidies are granted for approx. 50 % of all beds, in total amount of SKK 18.75 million. Subsidies for professional staff positions in social reintegration centres also cover around 50% of the costs. These funds are drawn from the Social Fund. Contributions made by towns and villages are very limited, their amount depending on the financial situation at the given time. For instance, the capital city of the Slovak Republic, Bratislava, allocated SKK 1.5 Mio for the fight against drugs in 2004.

Sponsorship contributions, gifts, and membership fees constitute an important, but also a highly irregular source of activities which displays great fluctuations and, as such, cannot secure the activities of NGOs in the fight against drugs. Relevant information about the total amount of these financial means is not available

Grant resources from EU funds and international foundations constitute another important part of financing for NGO activities. The most significant source is a subsidy provided from the Open Society Foundation for supporting the activities of NGOs engaged in streetwork: Odyseus, Prima, Storm and Heureka. The total amount of these resources was SKK 2,623,456. We do not have a complete overview of the total amount of funds from other grant sources; it needs be stressed that the NGOs working in the area of the fight against drugs in the Slovak Republic are not yet sufficiently developed, in terms of staffing and programme, to be eligible for more substantial financial resources from grant programmes of the European Commission.

Although the tax legislation allows natural and legal persons to earmark **2% of** their income **tax** payable in the relevant taxation period for the financing of NGOs, this source does not yet represent a more significant part of NGO income, because the general public perceives the drug problem as a personal problem of individuals who should help themselves, or who should be provided help primarily by the state or local state

¹¹ Average rate of SKK/€ in 2004 = 40,045 SKK/1€

administration or self-governing bodies. All the actors of the non-governmental sector will have to step up their efforts to significantly boost the share of financial resources obtained from the transfers of direct taxes of legal and natural persons.

1.2.2 National Programme for the Fight against Drugs

The principles of anti-drug policy have been declared in the National Programme for the Fight against Drugs for 2004 – 2008. The Slovak Government approved the third NPFĐ for 2004 – 2008 at its 81st session on 15 April 2004, and the PARLIAMENT took note of the Programme by Resolution No. 1072 of 25 June 2004.

The main objective of the NPFĐ is to develop effective instruments for preventing further deterioration of the situation in the area of drug abuse and drug addiction of Slovak citizens, with emphasis on children and youth.

The NPFĐ takes account of experience and knowledge derived from the implementation of the objectives and aims of the preceding national strategies.²⁾ It aims at developing a comprehensive and coordinated society-wide approach and responsibility for addressing the drug problem. It responds to changes in the trends and to the growing threat of the increased use of cannabis, production and abuse of new samples, especially of synthetic drugs. It creates favourable environment for applying effective methods of preventing the occurrence and dissemination of drug addictions, suppression of drug production, transit and trafficking, mobilises the activities and increases the share of regional and local resources. The objectives of the Programme are to be attained through the acceptance of responsibility for the tasks of antidrug policy by all levels of the society. In the process of implementing drug strategy, an increasingly important role is to be played by self-governing authorities.

The importance of international cooperation has grown, especially in connection with accession of the Slovak Republic to the European Union. It strengthens the role of non-governmental organizations and civic activities, and the need for active involvement of the civil society into dealing with the drug problem.

The drug policy of the Slovak Republic is based on the following basic pillars:

Prevention	Treatment	Social reintegration	Repression
Activities aimed at drug demand reduction	Availability of addiction treatment programmes to general public and harm reduction	Provision of adequate assistance in social reintegration	Supply reduction and law enforcement – the body of legal measures and activities aimed at drug supply reduction

The current NPFĐ for 2004 – 2008 is further elaborated in Action Plans of individual sectors and regional authorities. The Government approved Action Plans prepared in the course of 2004 at its session on 29 June 2005 by Resolution No. 498/2005.

The national drug strategy will be implemented in the following fields:

I	Drug demand reduction – prevention, treatment, social reintegration
II	Drug supply reduction – repressive measures, law enforcement and fight against organised crime, legislative field
III	Evaluation and monitoring – evaluating the impact of the National Programme – evaluating effectiveness monitoring social costs of drugs, monitoring and implementing basic and key indicators (in the light of EU Council Regulation No. 302/1993), developing an early warning system (EWS) in connection with new synthetic drugs
IV	Drug policy coordination – changing the coordination mechanism at the central and regional level, extending the mandate of CM DADC
V	International cooperation – in the light of adopted international documents and EU documents in the drug control field

1.2.3 Implementation of measures and strategies

The Slovak Government will continue to bear responsibility for the development and implementation of drug policy of the Slovak Republic. Implementation of the drug policy in the forthcoming period will be based on the development of an effective system of cooperation and coordination at all levels of state administration and self-government, and in the formulation of regional strategies accounting for local conditions and needs.

Implementation of the adopted national drug strategy will call for multidisciplinary cooperation and common approach at the level of state administrative and self-governing authorities, increased role of mass media, participation of non-governmental, voluntary, special-interest and self-help organizations and movements. The reform of public administration and transfer of state administration competencies to local and regional self-governing bodies has offered an opportunity to improve the existing system.

To ensure a successful implementation and enforcement of drug strategy objectives, it will be necessary:

- to build an effective system of coordination of the implementation of drug policy objectives at all levels between relevant public administration institutions and establishments, with emphasis on local and regional self-governing bodies;
- to provide methodological guidance at the CM DADC level, support and coordinate the development and implementation of regional and local programmes in harmony with drug strategy objectives;
- to create the function of regional drug coordinators in the structure of transformed local state administration authorities (regional authorities) and of local and regional self-governing bodies (self-governing regions); to ensure necessary professional standard of coordinators;
- to define and implement the means and ways of regular dissemination of data and information, to regularly update the data and to create the system of cooperation and coordination with the media.

- Supporting the implementation of the National Programme for the Fight against Drugs 2004 – 2008

A project on Supporting the Implementation of the National Programme for the Fight against Drugs 2004 – 2008 was prepared in March 2004 on behalf of the GS CM DADC in cooperation with the representatives of the ministries of health, labour, social affairs and family, justice, defence, interior and finance. The project was adopted and approved by the European Commission in July 2004. The main partner country for the twinning agreement was the Federal Republic of Germany, and the Czech Republic was selected as partner for certain partial activities.

Key objective of the project was to support effective implementation of the National Programme for the Fight against Drugs, and thus to secure the attainment of medium-term objectives in the area of prevention, treatment, social reintegration and drug supply reduction.

The aim of the project is to strengthen institutional, administrative and professional capacities in the fight against drugs in both the state and public sector, and also in the third sector, to strengthen communication, coordination and cooperation among stakeholders in the fight against drugs, and to minimise negative impact of drug addictions and consequences of drug trafficking.

The implementation of the project was launched, in conformity with the plan, in the first quarter of 2005; the completion of the project is scheduled for the second quarter of 2007.

1.3. Public expenditures spent on fight against drugs in the Slovak Republic in 2004

Data stated below are based on results of the study “Social and financial expenditure associated with illicit drug abuse in the Slovak Republic“ mainly handled by prof. Cindy Fazey and elaborated as a part of an international project of GS CM DADC on social and financial expenditure on fight against drugs in the Slovak Republic. The study summarizes available data on fight against drugs expenditure in 2004 and where such data were not available, comparable data of 2003, resp. 2002 were used. The analysis basis is formed by information gained from various ministries, state institutions, non-governmental organizations, foundations and funds. It also involves data given by the Statistical Office of the Slovak Republic and statistic data from particular ministries. Despite the fact that not all data required were available this is the most complex study so far to involve a significant spending amount and it can be assumed that the divergence from reality be no more than 5%.

Following table summarizes public expenditure on fight against drugs in the Slovak Republic in 2004:

CURRENT ANNUAL EXPENDITURE ON ILLICIT DRUG CONTROL IN THE SLOVAK REPUBLIC				
* 2003 data	SKK	Sub-totals SKK	EUR	USD
The Slovak Republic Government Office General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control National Focal Point	5 698 500 7 180 000	12 878 500	331 920	451 877
Anti-drug Fund of the SR Prevention: 261 projects Treatment: 18 projects Rehabilitation: 40 projects	37 012 503 6 444 59 7 395 10	50 852 208	1 310 624	1 784 288
Ministry of Health of the SR Center for the Treatment of Drug Dependencies, Bratislava Institute of Drug dependencies* Alcoholism and Drug Dependence (journal)* Needle Exchange Center* Methadone treatment* HIV/AIDS Testing and treatment * Cost of illness treatment reimbursement from Insurance companies* (qualified estimation of a main Ministry of Health expert on drug dependencies)	4 062 000 270 000 206 500 2 175 335 1 048 500 70 000 000	77 762 335	2 004 184	2 728 503
Ministry of Labour, Social Affairs and the Family of the SR NGO funding by lottery revenues Social fund for resocialisation centers' operation funding via second level of selfgovernment*	7 474 000 26 255 000	33 729 000	869 304	1 183 474
Ministry of Education of the SR NPFD support programme Support for children and youth's sport (30%) NGO funding within work with children and youth (40%) Funding for the Information Youth Center (30%) Research Institute of Child Psychology and Pathopsychology The Open School Programme	650 000 24 000 000 23 600 000 18 300 000 4 937 010 10 000 000	81 487 010	2 100 181	2 859 193

Ministry of Culture of the SR National Education	355 000	355 000	9 150	1 2 456
Ministry of Interior of the SR and Municipal and Local Police Police Corps Presidium (PCP) Office for the fight against organized crime - National Anti-Drug Unit - Regional units - Joint Police-Customs Unit - Prevention program – Behave normally Institute of Forensic Science Judicial and Criminal Police Office Order Corps of PCP Public administration section Regional Coordinators' operation Municipal and Local Police Corps (1,5% of total expenditure amount)	23 930 708 20 597 603 2 330 292 488 000 10 051 400 16 000 000 88 100 2 742 000 14 397 000			
		90 625 103	2 335 699	3 179 828
Ministry of Transport, Post and Telecommunications of the SR Expenditure on Railway Police for anti-drug fight	1 337 887	1 337 887	34 482	46 943
Ministry of Defence of the SR Expenditure on Military Police at General Staff of Armed Forces for anti-drug fight	6 063 160	6 063 160	156 267	212 743
Ministry of Finance of the SR Custom Directorate – Custom-Criminal Office	121 068 572	121 068 572	3 120 324	4 248 020
Ministry of Justice of the SR Expenditure by prison authorities (qualified estimation)	86 560 923	86 560 923	2 230 952	3 037 225
Other sources of funding Selected financial fuinding for fight against drugs from EU pre-entry funds of the total amount of Eu 2 400 000 was not drawn in 2004 (drawing in the years of 2005-2007)	2 623 456	2 623 456	67 615	92 051
Total	565 343 154	565 343 154	14 570 700	19 836 602

Tab. 1.3.1 Current annual expenditures on illicit drug control in the Slovak Republic

Source: ECO: Social and financial expenditure associated with illicit drug abuse in the Slovak Republic, Final report by Prof. Cindy Fazey, September 28, 2005

Currency rate was based on exchange rate of the National Bank of the Slovak Republic¹² by December 31st, 2004: 1 EUR = SKK 38,80, 1 USD = SKK 28,50.

Public expenditure for the fight against drugs in the SR in 2004 reached the sum of SKK 565. 343 154 (€14. 570 700) representing 0,04255% of GDP (in 2004 GDP was SKK 1.328,618 billion¹³ / common prices, i.e. € 33.118,9 Mio). According to the „Social and economic expenditure on illicit drug abuse in the SR“ study , financing by the European Committee represents an average expenditure of SKK 105 (€ 2,62) per person¹⁴.

The largest single expenditure was by the Ministry of Finance of the SR under whose auspices comes the Customs Directorate at an estimated cost of SKK 121,068,572. The next largest expenditure was by the Ministry of Interior of the SR at a cost of SKK 90,625,103. The third largest expenditure was by the Prison and Justice Corps of the

¹² <http://www.nbs.sk>

¹³ official data on www.eurostat.eu.int

¹⁴ 2004 medium rate of the amount of inhabitants was applied – 5.382 574 inhabitants of Slovak republic

Ministry of Interior making SKK 86,560,923 spent on the accused and the sentenced as a result of drug dependency. Adding this up together with the spending of the Ministry of Defence and Transport at a cost of SKK 6,063,160, Post and Telecommunications (Railway Police 1,337,887) then the total spent on the law enforcement side within which there is repressive, control and legislation – judiciary system in the field of drug offer decrease adds up to SKK 305,655,645.

The amount spent by the Ministries of Health, Education, Culture and Labour, Social Affairs and the Family came to SKK 185 571 010. This figure is added to the Anti-Drug Fund (resources of which mostly covered prevention, treatment and resocialisation), Lottery and Open Society Foundation the total is SKK 254 283 009.

In terms of crime committed by dependent users to gain money for drugs, this has been estimated to be of the value at least between SKK 2,441,420,800 and SKK 4,577,664,000, per year, that is SKK 2,441 million and SKK 4,577 million.

How much is spent on drugs can be calculated from the street price of drugs and the estimated number of users. Dependent, mainly heroin, users spend at the very minimum between SKK 1,220,710,400 and SKK 2,288,832,000 to get their drugs. (€31,461,608 and €58,990,515)

Adding to this figure estimates for other regular drug users and recreational drug users then the spending rises to between SKK 3,606,710,400 and SKK 4,674,832,000, (€ 92,956,454, and € 120,485,361) that is between SKK 3,600 million and 4,700 million per year. These figures represent 0.27% - 0.35% of GDP respectively.

1.4. Social and cultural context

1.4.1 Opinions of the public concerning drug problems

A sharp increase in the offer of different types of illegal drugs and trafficking in them was recorded in the aftermath of political changes that took place in 1989 in Slovakia and in the neighbouring countries. Increased supply and the related greater availability of illegal drugs are among the reasons for a general increase in the number of drug users in the population; this situation led to an increase in the perceived threat of drug addiction of people either for themselves, or for their children, families, and the society as a whole. The threat of drug addiction became relevant for all social strata, in particular for families with young children or adolescents.

A comprehensive picture of the drug problem in Slovakia is provided, inter alia, by bi-annual public opinion surveys conducted by the Public Opinion Research Institute at the Statistical Office of the Slovak Republic (*hereinafter referred to as the "PORI SO SR"*) since 1994.

The latest such survey was conducted between 20 October and 2 November 2004. The surveys (conducted between 1994 and 2004) were carried out on three representative samples:

- Slovak population aged 18 +;
- Slovakia's youth aged 15 – 29;
- Bratislava's youth aged 15 – 29.

Results of the survey conducted in 2004 did not reveal any change in the level of subjectively perceived threat of drug addiction among the general public in comparison with 2002. After an initial increase in the perceived threat of drug phenomenon between 1994 and 1998, the proportion of respondents who reported that they perceived drug addiction as a serious or partial threat for themselves or for their families started to gradually fall until it stabilised at the level of around seven out of ten persons. **At present**, more than one fifth of the population perceive drug addiction as a serious threat for their surroundings, while almost one half of Slovak population perceive a certain threat but, on the whole, are not very concerned. More than one fourth of Slovak population – 26% – perceive no threat of addiction to narcotic drugs or psychotropic substances.

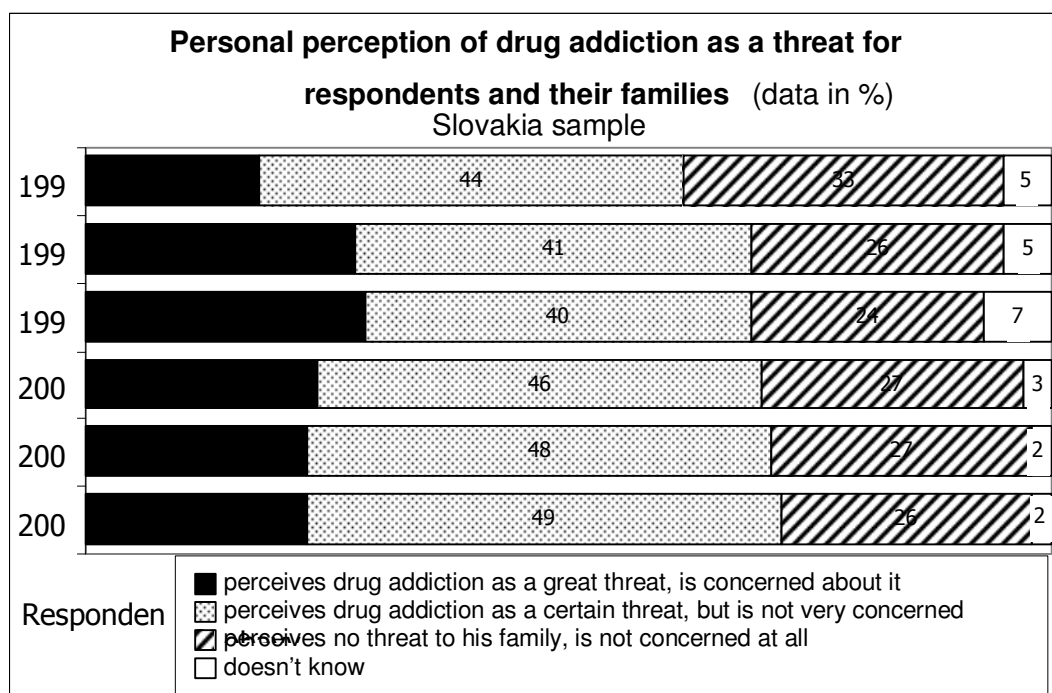


Fig. 1.4.1 Individual perception of the threat of drug addiction for respondents and their families – development between 1994 and 2004
Source: PORI SO SR

Do you perceive drug addiction as a threat for yourself, your child, or your family? (data in %)												
Year	Slovakia's Youth						Bratislava's Youth					
	1994	1996	1998	2000	2002	2004	1994	1996	1998	2000	2002	2004
I perceive it as a great threat, I am very concerned	13	22	22	17	16	15	21	27	32	21	20	19
it is a certain threat, but I am not very concerned	51	50	49	53	55	57	47	49	48	57	57	50
there is no threat for us, I am not concerned at all	33	22	23	25	25	25	26	19	15	20	21	29
I don't know	3	6	6	5	4	3	6	5	5	2	2	2

Tab. 1.4.1 An overview of the opinions of Slovakia's youth and of Bratislava's youth concerning drug addiction as a threat for themselves or their families.
Source: PORI SO SR

Like in 2002, the 2004 survey among Slovakia's youth aged 18 to 29 revealed a slightly lower percentage compared with the all-Slovak sample of those who perceived drug addiction as a great threat for themselves, their children or their families. A similar tendency can also be seen among young people of Bratislava. Conversely, the percentage of respondents perceiving a certain threat, but who are not too concerned, is higher among Slovakia's youth and Bratislava's youth than is the all-Slovak average. Three consecutive surveys have shown a stable degree of the lack of concern about the threat of drug addiction among Slovakia's youth; it has approximately the same level as the all-Slovak average. On the other hand, in the group of Bratislava's youth we have seen an opposite tendency when four consecutive surveys recorded an increasing number of respondents perceiving drug addiction as no threat.

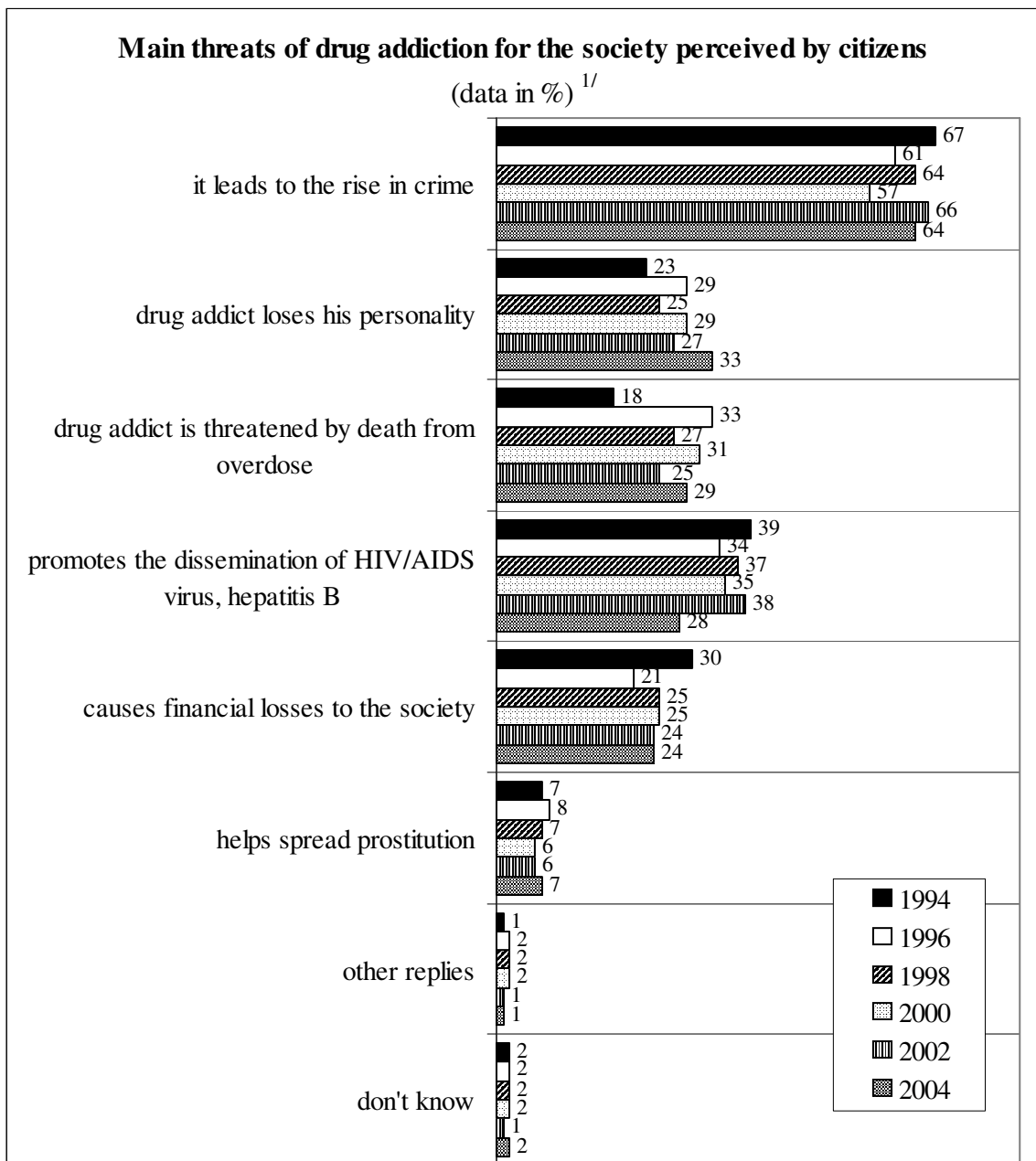
It is interesting **to relate the intensity of people's concerns about drug dependency to their age**, the age being one of those factors that have the strongest influence on the degree of perceived threat of the drug phenomenon in the society. The threat of drug addiction for themselves or their families is strongly perceived especially by persons in middle age brackets, most of whom have children, i.e. members of the group that is the most endangered by drugs, and is the target of drug dealers. A lower level of concern about drugs is observed among retired persons who are only marginally concerned about the problems of the use of psychoactive substances, and in younger age brackets – 15 to 17, and 18 to 24 – who view the drug problem primarily from their own perspective, but without having a feeling of responsibility for anybody else.

Large differences in the intensity of perceived threat of drug addiction for oneself or for one's family were identified on the basis of obtained empirical data, reflecting mainly such characteristics as gender, age, socio-professional orientation, and also administrative and territorial division of the Slovak Republic. In the all-Slovak sample, the greatest concern about the threat of drug addiction – confirming the tendencies from previous surveys – was expressed by women and persons from middle age brackets – 30 to 39 years and 40 to 49 years. Complete absence of concern about drug addiction had an above-average representation in the all-Slovak sample among men, respondents from the oldest age groups – 50 to 59 and 60 and more, respondents with primary education, and inhabitants of the Nitra Region.

- Attitudes to drugs and drug users

The use of drugs causes problems in several areas of life of the society. It is accompanied by such negative phenomena as crime, HIV dissemination, hepatitis and, in particular, financial losses for the entire society. The lives of individuals addicted to narcotic drugs are more likely to be affected by negative aspects of the life of the society, they are more likely to become victims of hopelessness and disillusionment; this has an impact also on the thinking and actions of other people, especially those belonging to the risk groups of population. It is therefore evident that the problem of drugs and drug addictions cannot be perceived exclusively from an individual's point of view, but that it must be seen in a broader context of the life of the society.

Fig.1.4.2 below shows main threats of drug addiction for the society, as perceived by the respondents in the survey⁴⁾, and a comparison of the results with previous surveys.



^{4/} If there is a possibility to give more than one answer, the sum of percentages is higher than 100
 Fig. 1.4.2 Development of perceived threat of drug addiction by citizens in 1994 – 2004
 Source: PORI SO SR 2004

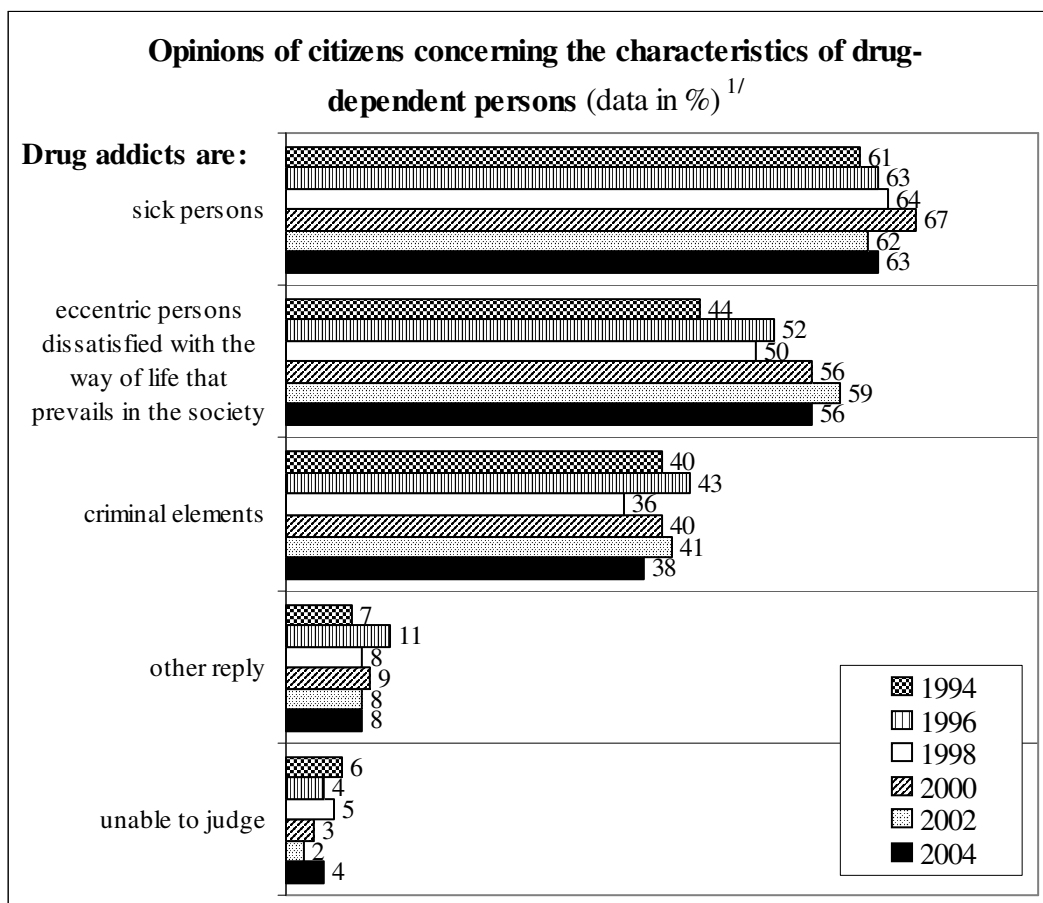
In comparison with 2002, the percentage of persons who perceive the rise in crime as one of the main threats of drug addiction for the society dropped in 2004 by 2 percentage points. At present, almost two thirds of respondents fear that drug addiction will lead to an increase in the crime rate. A significant decrease over the previous survey was recorded in connection with the second most commonly perceived threat of drug addiction in the past – **spread of HIV/AIDS** virus, or of B type hepatitis – by 10 percentage points. In contrast, an increase was recorded in the percentage of respondents who see one of the main threats of drug addiction in the **loss of one's personality** (by 6 percentage points) and the risk of death from overdose of narcotic or psychotropic substances (by 4 percentage points).

In the course of its development and reflecting its own cultural traditions, every society forms its own, specific attitude to persons whose lifestyle differs from that of the mainstream society. One group of such persons are drug addicts whose share is gradually increasing, but who continue to constitute only a small minority. Public opinion concerning drug-dependent persons differs widely among countries, since each society went through its own historical development which resulted in the shaping of different national traditions. Various indicators may be used to analyze the opinion of the public about drug-dependent persons. Surveys focusing on drugs therefore include the questions, some of which:

- map out the general opinion of the public about drug addicts,
- ascertains the opinions of persons on individual forms of addiction,
- and others focus on the attitude to persons dependent on drugs as fellow workers or partners.

The comparison of the current survey with previous surveys conducted since 1994 demonstrates that no marked changes have taken place during the last ten years in the public opinion concerning drug addicts. **The only marked increase has been recorded in the share of persons who consider drug addicts to be eccentric persons who are not satisfied with the prevailing way of life**, namely by 12 percentage points over 1994; in comparison with the previous survey of 2002, the number of these answers dropped by 3 percentage points. **The most numerous group of Slovak inhabitants steadily display the opinion¹⁵ that persons dependent on drugs are sick persons – in the current survey, this opinion was expressed by more than three fifths of respondents.**

¹⁵ The following opinions concerning drug addicts were expressed, for instance, among “other” replies: “immature individuals”, “failures”, “people of weak character, weaklings”, “persons with neglected education”, “desperate individuals”, “unhappy people”, “people trying to escape the real world”, “people who need help, but do not know, where to look for it”, “thrill-seeking children or rich families”, “persons unable to find their place in life”, “people with no goals”, “dregs of society”, “people having disregard for their health”, etc.



^{5/} Since the respondents were given a choice of more than one answer, the sum of percentages in the graph is higher than 100

Fig. 1.4.3 Opinions concerning drug-dependent persons
Source: PORI SO SR 2004

From the aspect of **sociodemographic structure** of the population, the all-Slovak sample has revealed certain more significant differences in the structure of perception of drug dependent persons.

Respondents who believe that drug addicts are sick persons are represented above average among persons aged 50 to 59 (71%), university-educated persons (67%) and among respondents from the Trenčín (68%) and Prešov Regions (67%).

An above-average proportion of respondents who believe that drug addicts are eccentric persons who are not satisfied with the way of life of the mainstream society is found in younger age brackets – 18 to 24 years (62%) and 24 to 29 years (63%), among persons with complete secondary education (baccalaureate-level), entrepreneurs, inhabitants of the Bratislava (61%) and Trenčín Regions (62%).

Two thirds of persons who consider drug addicts to be criminal elements have an above-average representation among persons aged 50 to 59 (50%), 60 and more (48%), persons belonging to the Hungarian national minority (42%), manual workers (44%), inhabitants of the Prešov (43%), Bratislava (44%) and Trnava Regions (48%), married persons (42%) and widowers (52%).

From 1996, drug surveys include also questions on the opinions of Slovak inhabitants concerning the need for priority measures in anti-drug policy. In answering these questions, people give their opinions concerning the most effective measures to stop the spreading of drug dependency. The following table 1.4.2 presents an overview of the opinions of respondents from individual samples concerning the most effective ways of

combating drugs, including in comparison with the data obtained in the two previous drug surveys, which also included the question of mapping out the effectiveness of individual anti-drug measures.

Measures that should be carried out to prevent the spread of drug addiction according to the opinions of the public (data in %) ^{1/}		1998	2000	2002	2004
increased activity of police and customs services	all-Slovak sample	63	57	55	53
	Slovakia's Youth	55	50	48	48
	Bratislava's Youth	64	50	51	54
strict antidrug laws	all-Slovak sample	62	58	56	55
	Slovakia's Youth	54	47	47	45
	Bratislava's Youth	57	53	45	43
school-based educational antidrug programmes	all-Slovak sample	41	41	41	43
	Slovakia's Youth	44	46	41	45
	Bratislava's Youth	41	45	43	46
compulsory treatment of drug addicts	all-Slovak sample	28	29	29	35
	Slovakia's Youth	26	25	27	32
	Bratislava's Youth	29	29	27	32
campaigns aimed against drug use risks	all-Slovak sample	21	27	25	30
	Slovakia's Youth	27	28	30	33
	Bratislava's Youth	31	29	33	37
voluntary treatment of drug addicts	all-Slovak sample	13	13	13	15
	Slovakia's Youth	15	16	18	19
	Bratislava's Youth	16	17	15	16
economic and social assistance to drug addicts	all-Slovak sample	11	8	8	11
	Slovakia's Youth	15	14	11	16
	Bratislava's Youth	13	11	12	14
legalisation of soft drugs	all-Slovak sample	4	6	5	6
	Slovakia's Youth	8	11	10	13
	Bratislava's Youth	10	10	14	10
other reply	all-Slovak sample	2	2	1	1
	Bratislava's Youth	3	3	4	1
	Slovakia's Youth	2	2	3	1
doesn't know	all-Slovak sample	2	2	3	2
	Bratislava's Youth	3	2	3	1
	Bratislava's Youth	2	1	1	1
no measures are needed	all-Slovak sample	1	2	2	2
	Slovakia's Youth	1	2	3	3
	Bratislava's Youth	0	1	2	3

^{6/} Since the respondents were allowed to make three choices, the sum is higher than 100.

Table 1.4.2 Opinions concerning solutions to drug problems

Source: PORI SO SR 2004

An interesting finding is the structure of anti-drug measures as regards their categorization into individual forms of the fight against drugs – the **two measures that the citizens consider to be the most effective** for combating drugs are, in fact, **repressive means**, followed by **prevention measures** – besides the already mentioned school-based educational anti-drug programmes also campaigns aimed against the dangers of drug use – and by measures that involve drug treatment, both compulsory and voluntary, and economic and social assistance to drug addicts.

Only 6% of respondents consider legalisation of soft drugs to be an effective means to fight the spreading of drugs – a proportion comparable with the previous surveys. Young people are traditionally more liberal as regards the legalisation of soft drugs; in all measurements, this type of drug-combating measure would be welcomed by almost twice as many young persons as the rest of respondents.

The most frequent “other” answers included: “strict punishments for drugs”, “public information about the drug addiction situation in the media”, “programmes for children,

give them something to do”, “help drug addicts find a job”, “testimonies of people who kicked the drug habit”, “improve the social situation of young people”, etc.

The data obtained in 2004 and their subsequent comparison with the results of previous surveys brought the following findings:

Like in previous surveys, the public continues to consider **strict anti-drug laws** and **increased activities of police and customs services** to be the most effective means to combat drugs. Notwithstanding the fact that these means are increasingly less represented among priority measures to combat drugs, more than one half of respondents continue to consider them to be the most effective – at present, 55% of respondents stress the effectiveness of strict anti-drug laws, i.e. seven percentage points less than in 1998, when the percentage of those who favoured strict anti-drug laws was 62%. Increased activity of repression services – police and customs officers – is demanded by 53% of respondents, i.e. ten percentage points less than in 1998.

Respondents in all three surveyed samples increasingly favour **school-based educational anti-drug programmes** and **campaigns aimed against the risks of drug use**. These two measures against narcotic and psychotropic substances were mentioned by more respondents than in the previous surveys. The percentage of young people from Bratislava favouring school-based educational programmes ranges from 43% to 46%, and of those preferring anti-drug campaigns from 30% to 37%.

The opinion that **drug dependent persons should undergo forced treatment** has slightly increased. While this opinion prevailed in the past among approximately one fourth of respondents, almost one third of respondents currently prefer this measure as a means to help stop the spread of drug dependency.

The percentages of other means to be used in the fight against the spread of drug addiction have remained practically unchanged against the previous surveys.

Two different opinions prevail in the society in connection with drug treatment: while a certain part of the population believe that drug addicts should undergo compulsory treatment, others are convinced that they should receive treatment only if they really want it. When we were mapping out people’s opinions concerning the government’s drug policy, we also examined the representation of these two opinions concerning drug treatment in the Slovak population.

Opinions regarding the treatment of drug addicts (data in %)				
		all-Slovak sample	Sample of Slovakia's youth	Sample of Bratislava's youth
1994	they should undergo compulsory treatment	60	53	52
	they should undergo treatment only if they want it	32	41	39
	unable to judge	8	6	9
1996	they should undergo compulsory treatment	56	45	45
	they should undergo treatment only if they want it	34	46	49
	unable to judge	10	9	6
1998	they should undergo compulsory treatment	58	47	49
	they should undergo treatment only if they want it	32	42	43
	unable to judge	10	11	8
2000	they should undergo compulsory treatment	59	47	47
	they should undergo treatment only if they want it	36	47	48
	unable to judge	5	6	5
2002	they should undergo compulsory treatment	59	49	49
	they should undergo treatment only if they want it	36	46	48
	unable to judge	5	5	3
2004	they should undergo compulsory treatment	58	53	53
	they should undergo treatment only if they want it	37	43	45
	unable to judge	5	4	2

Tab. 1.4.3 Opinions of people concerning the treatment of drug addicts (data in %)
Source: PORI SO SR 2004

The latest data indicate that **more than one half** of respondents in all three samples lean towards the harsher approach, i.e. that drug addicts should undergo **compulsory drug treatment**. In the adult population sample, this opinion is expressed by almost three fifths of respondents; the proportion is identical in both samples of young people – 53% – and for the first time crossed the 50% line. In the adult population of Slovakia, compulsory treatment is preferred mainly by women, people over 60 years of age, and inhabitants of the Trnava and Nitra Regions. In other surveyed sociodemographic categories, replies were at the level of all-Slovak average.

1.4.2 Attitudes of the public to alleviating the consequences of drug addiction

Drug addicts include a considerable number of persons carrying various diseases, B and C type hepatitis, TB, and many of drug addicts abroad are infected also with HIV virus. These infectious diseases are often spread by means of syringes shared among drug addicts. In this connection, the public discusses the question whether drug-dependent persons should be provided **syringes and sterile needles free of charge** or for a nominal

price to prevent the transmission of HIV/AIDS, hepatitis and other diseases. Also here the opinions of the society are split – while some people believe that drug addicts should have such possibility, others are a priori against this measure introduced as part of harm reduction efforts.

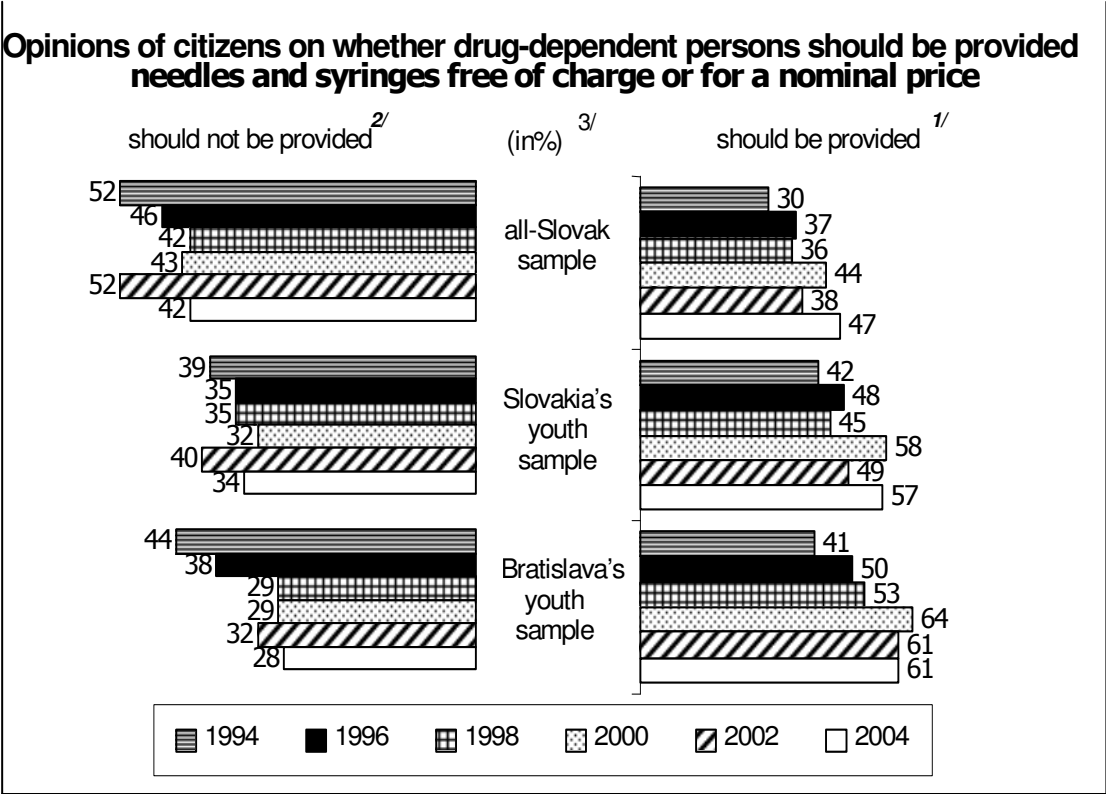


Fig.1.4.4 Opinions concerning the supply of needles and syringes free of charge
Source: PORI SO SR

1/ Answers “should be provided” and “probably should be provided” are merged
2/ Answers “should not be provided” and “probably should not be provided” are merged
3/ The remaining answers (to 100 percent) are “unable to judge”

The **proportion of persons** who declare their support for **supplying drug addicts with needles and syringes free of charge or for a nominal price** to prevent diseases afflicting drug addicts **has increased**. In the all-Slovak sample, this percentage is close to one half, and in both samples of young respondents it represents about three fifths. On the other hand, the percentages of those who consider this form of prevention unacceptable and believe that drug addicts should not be provided free needles and syringes are declining. This opinion was expressed by more than two fifths of respondents from the adult all-Slovak sample, by more than one third of those from the sample of young people of Slovakia and by more than one fourth of young respondents from the Slovak capital.

Certain informal associations and groups of population advocate the decriminalisation of soft drugs, such as marijuana or hashish. Legalisation of drugs should follow the Dutch model where marijuana can be purchased in certain specialised shops. The advocates of legalisation of marijuana are convinced of its low danger and believe that its consumption would not increase over the current level. However, a large majority of Slovak population is convinced of the need to prohibit all drugs, and is thus against liberal tendencies in the area of legalisation of drugs, as shown in Figure 1.4.5.

The all-Slovak sample clearly reflects the resistance to the legalisation of any drugs, when almost three fourths of the respondents, and approximately equal proportions

of young persons from both samples – more than one half – expressed a similar opinion. The proportion of young people in the Slovakia and Bratislava samples who believe that marijuana should be allowed with certain restrictions or without any restrictions is approximately twice as high as in the all-Slovak sample. About one tenth of respondents in all samples favour legalisation of all drugs, but with certain restrictions (such as medical prescription).

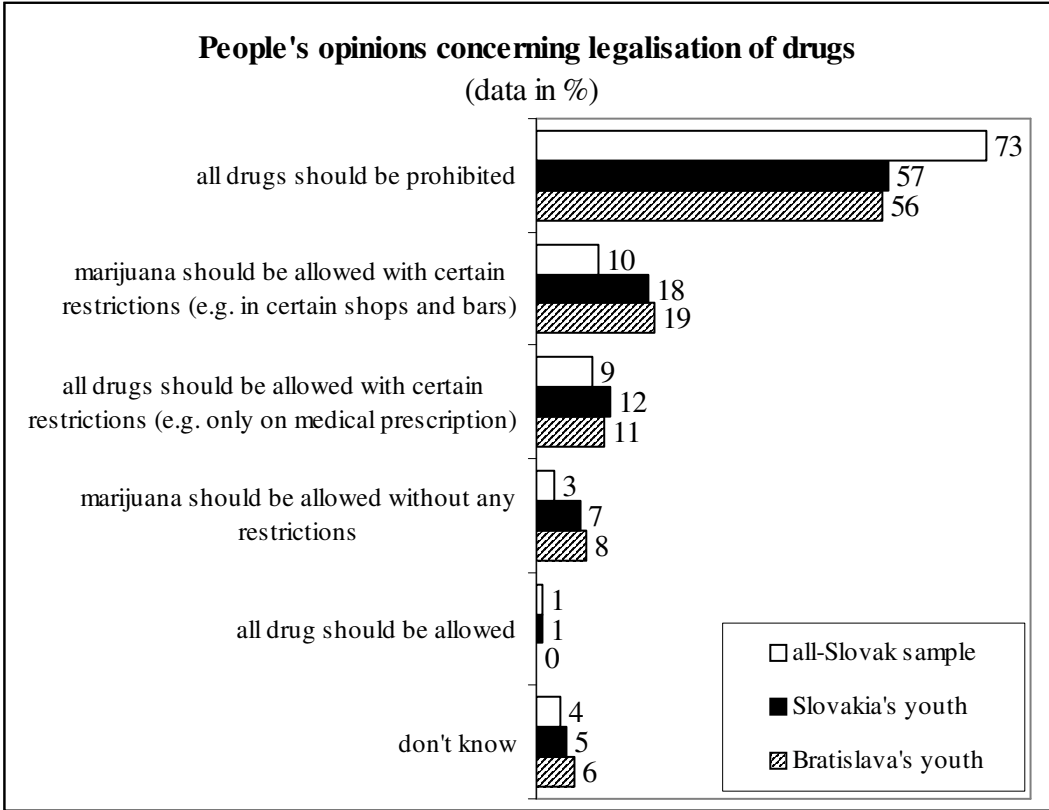


Fig. 1.4.5 People's opinions concerning the legalisation of drugs
Source: PORI SO SR

As regards sociodemographic characteristics of respondents, prohibition of all drugs is advocated mainly by women, older respondents aged 50 to 59 and those aged 60 and more, and inhabitants of the Trnava, Nitra and Prešov Regions.

Legalisation of marijuana, albeit with certain restrictions, is supported mainly by young respondents aged 18 to 24, and 25 to 29, students and inhabitants of the Žilina Region.

Legalisation of all drugs with certain restrictions (e.g. medical prescription) is also supported mainly by younger respondents in the 18–24 age bracket, students, and respondents from the Bratislava and Žilina Regions.

Legalisation of marijuana without restriction is also favoured more frequently than in the all-Slovak average by persons aged 18 to 24, the unemployed, students, and inhabitants of the Trenčín region.

An increased proportion of those who support legalisation of marijuana, with or without restrictions, is found among the respondents who report having already used a drug.

1.4.3 Parliament's and civil society initiatives

As it has been mentioned before in section 1.2.b) the Slovak Government and Parliament approved the third National Programme for the Fight against Drugs for 2004 – 2008, followed by adoption of Action Plan of NPF. ¹⁶

A new element in the NPF 2004 – 2008 reflected the decision of the Slovak Government and Parliament concerning the financing of the fight against drugs, whereby **3 to 5 percent of state revenues collected from excise taxes on tobacco and tobacco products, alcohol, wine and beer are allocated for this purpose. However, the Ministry of Finance of the Slovak Republic refused to implement this decision arguing that it is a non-systemic element in the overall scheme of taxation policy of the state, and in the generation and implementation of the public administration expenditure budget.**

However, in spite of the lack of acceptance of financial demands connected with the fight against drugs, state subsidies continue to form the main part of funding of anti-drug activities through budget chapters of individual ministries and of the Slovak Republic Government Office. State subsidies account for over 70% of overall volume of financial resources of state and non-state entities in the fight against drugs in the Slovak Republic.

The formulation and implementation of government's drug policy was markedly affected by the changes resulting from extensive reforms of healthcare provision, health and social insurance systems, and the provision of social services and social care. These changes created conditions for taking away all activities in the area of treatment and social reintegration of drug-dependent persons from the state and transferring them to non-profit organizations, i.e. the entities that may be established by private persons, citizens' associations, self-help clubs, as well as towns and villages, professional societies, and other legal and natural persons. **As a result of these changes, the state and its institutions have no longer a privileged position in the area of the fight against drugs, and a much higher number of natural and legal persons may thus enter the process of prevention, treatment and social reintegration of drug dependent persons.**

1.4.4 Media coverage in 2004

An ex-post monitoring of some media coverage of the drug issue has been realised in 2005 taking into account the media outputs in 2004. The aim of monitoring was to confirm or amend empirical experiences with the media coverage in 2004 and find out how some of most followed Slovak media inform about drug issues – drug addictions and drug control.

Findings are to serve to update media strategy and further communication with media ⁸ taking into account the sophisticated model of communication strategy of EMCDDA how to promote one of basic goal – to reach by well balanced and unbiased informing the broader public and different target groups.

In the preview, the database of monitoring agency STORIN has been exploited, as well as own monitoring media outputs on-line. **The same key words** for seeking in database ¹⁷ and on-line media outputs have been used.

There were over 1000 outputs of most followed ¹⁸ media found where the **key words drug addiction, drug, and marijuana** have been occurred. 780 outputs of 22 media was found relevant regarding the purpose of this preview.

56% (441) of all information was disseminated by print media – in 6 daily papers: Pravda, Sme, Národná obroda, Nový čas, Nový deň, Hospodárske noviny.(hereafter referred as

¹⁶ Resolution of Slovak Government No. 498 of June 29, 2005 and Parliamentary Resolution No. 859 of September 27, 2005

¹⁷ Storin Ltd. Monitoring Agency database of 200 monitored media - accessible since July 1,2005

¹⁸ Slovak radio department of media research – OMV SRo (radio and prints) and TV people-meter's research Source : TV Markiza according PMT/TNS in: daily SME, December 16, 2004

Economy news or HN). The appearance of key words chosen for seeking in relevant electronic media outputs represented 37% from total amount 339 audio and audiovisual outputs of 16 radio/television channels with the slight start of Slovak Radio (20%) prior to Slovak Television (17%).

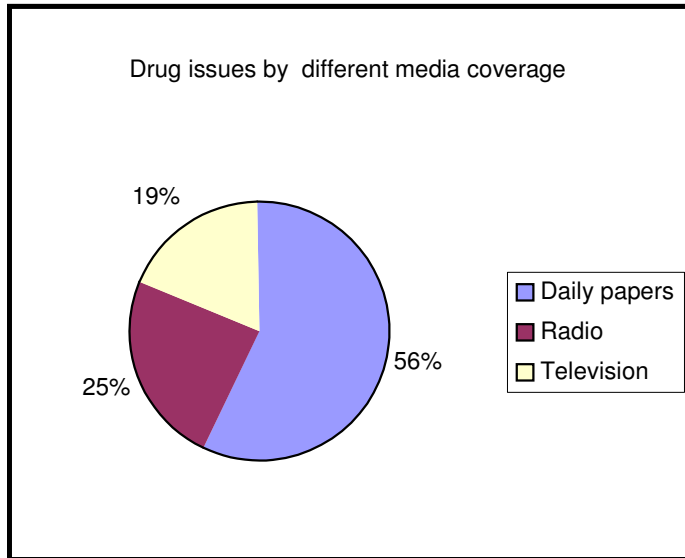


Fig.1.4.4.1 Drug issues by different media coverage in 2004
Source: NMCD

Print - Daily papers

Commercial subjects own 6 dailies surveyed. According monitoring agency STORIN, all six dailies were grouped into category of “**opinion makers**” **media in 2004**, however two of them Národná obroda and Nový deň already quit the market of prints.

Key words drug addiction, drug and marijuana have been present in relevant relation in 441 published outputs.

Economy News with the amount 108 outputs (24, 45%) (a monthly average 9) has led over daily papers SME (91 – 20, 6%), Pravda (83 – 18, 8%) and Národná obroda (82 – 18, 6%).

Economy news is to target specific group of population - much more limited; daily is read by 3, 3 % of Slovak adults - well educated readers. On the opposite the daily paper **Nový čas** what is the most readable daily paper ever (22, 9 %) occupied by 45 outputs (10%) the last place in this set of national daily papers.

Share on information versus readability (reach) of the daily paper

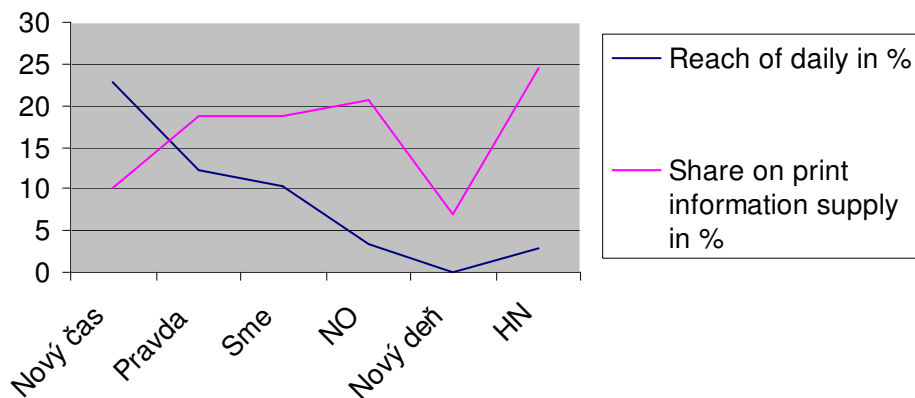


Fig.1.4.4.2 Share on information outputs versus readability of the daily in 2004
Source: NMCD

Radio and TV

As it was reported empirically in 2004¹⁹ we've expected majority information on drugs, drug addictions and control of drugs could be publicised by both electronic **public service media**²⁰ – Slovak radio and Slovak television in form of news or current affairs programmes. The appearance of key words chosen for seeking in relevant electronic media relevant outputs represented **37% from total amount 339 audio and audiovisual outputs of 16 radio/television channels with the slight start of Slovak Radio (20%) prior to Slovak Television (17%)**. Taking into account the mission of public service broadcasters – to serve public interests – the quantitative data on amount of “drug issue” information are not the best results in chart of media outputs (Fig.1.4.4.5)

SRO channel Slovensko 1 (Slovakia 1) is constantly the most listened (36, 8% of population²¹) radio station with national coverage.

Regarding commercial radio, two private radio stations led the top chart of key words presence in relevant outputs; first Radio TWIST (16%) and the most listened private Radio Express (11%).

The share 8% of news television TA 3²² within the electronic media was count from single shot appearance of information, however news television TA3 sets broadcast into blocs aired every hour. Such advantage of information dissemination (5-8 x daily at least) failed for one half of Slovak population due technical way of transmitting – TA3 is available via satellite and via cable networks. An average daily television market share of TA3 is 1%.

¹⁹ State of Drug Addiction and Drug Control in Slovak republic, Bratislava 2004, p.24.

²⁰ Public service media are financed by radio and television fees, paid by owners of radio and TV set and legal framework set the rules for programmes in public interest.

²¹ Regular media survey carried out by Slovak radio media research agency (OMV SRO)

[http:// www.slovakradio.sk](http://www.slovakradio.sk) . Data set represents the November 2004 sociological survey on the sample of 3.379 respondents aged 14+ through standard face to face interview

²² <http://www.ta3.com>

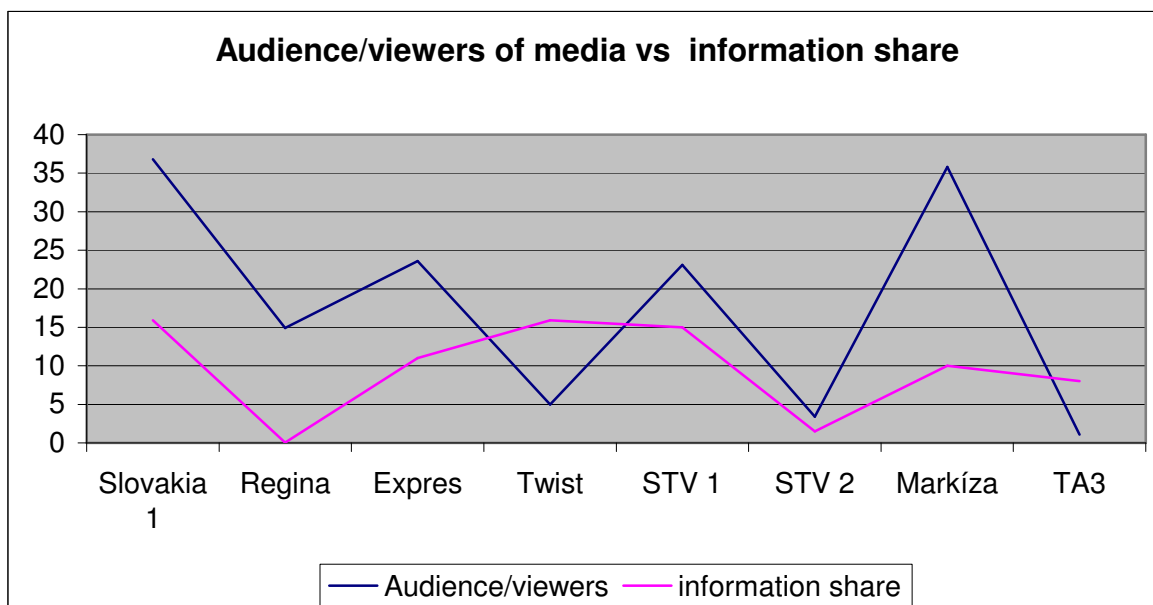


Fig.1.4.4.3 Audience/viewers of electronic media versus their information share
Source: NMCD

Content preview

When assuming the content of the news and current affairs the impact was put on two categories of information where dominates:

- **„Reduction of demand“** (information related to prevention, research, surveys of current state on drug scene, adverse health consequences, consumption of drugs, treatment and reintegration,
- **„Reduction of supply“** (enforcement of law, repression, crime, seizures, legislation penal Code etc, and relations with EU structures and global structures dealt with drug problem

Regarding the share of balanced and unbiased information supply, Slovak radio, news television TA3, daily paper Economy News were first in the turn, followed by commercial radio station TWIST and Express, dailies Národná obroda, Sme, Pravda and public service television STV.

Information was mostly neutral and internally balanced. Exception has been monitored in commercial television news; “Alcohol consumption after marijuana smoking can mitigate adverse consequences on driving ability “. Besides scientific impeachment of such opinion, the information could propagate another drug – alcohol in the most watched TV. On the other hand the information containing critics regarding low level of law enforcement (Narcomafia earns 100 millions. Illegal trafficking on the territory of Slovakia serves to finance terrorists and to corrupt officials) was addressed just to the limited group of readers.

Regarding **health, psychological and social consequences** of drug consumption, abuses, treatment, etc., medical experts or psychologists have served as the source (expert’s opinion) – most frequently Ľubomír Okruhlica – Chief expert of Ministry of Health for DA and head of well-known Bratislava Drug Treatment Centre.

Although **Anti-drug Fund** is the most important source to finance prevention, treatment and social reintegration projects and activities, the promotion of its mission in media was minute – just three projects²³ gained the attention of these media.

Police and customs represented type the „**reduction of supply**“ **information sources** (seizures, crime offences). Concept of drug policy, national strategies and some new developments regarding EU and global structures were presented by vice premier Pál Csáky, chair of the Board of Ministers for Drug Addiction and Drug Control, followed by Blažej Slabý, director of General Secretary of the Board and National co-ordinator for drugs in Slovakia.

Report 2004 introduced²⁴ that greatest public discussion has been led in relation with the issue of “ softening “ of marijuana use (legalisation or decriminalisation respectively), tightly coupled with the setting of new Penal Code and Penal Procedure Act (alternative sentences to prison for drug users). However quantitative amount of 22 media surveyed outputs didn't confirm it and the cause was overrun by the cause Bratislava sobering-up station.

On the other hand „Decriminalisation of marijuana “ cause (discussion about setting the single dose for user so called not-punishable, new categorisation of narcotic and psychotropic substances, experts statements, initiatives of Civic Association Slobodná voľba /Free Choice/ for the benefit of marijuana users and their decriminalisation and thereafter indignation-meeting of favourers of Free Choice in more or less original cage in front of Slovak Government seat), **was presented continuously over the year 2004.**

In June month there was drug issues publicised, marking International day against drug abuse and illegal trafficking. Since June 22, until July 22, 18 media from 22 have presented (in 31 outputs) the information about partial demolition of drunk-tank by one of the “client” and related information about financial problems with the operation of this facility, its manifest necessity reflecting the prevalence of alcohol and other drugs consumption in capitol of Slovakia - conflict between provider of this service (Centre for the Treatment of Drug Dependencies) and founder – Bratislava municipality. In August the problem of accessibility of sterile syringes and needles and other paraphernalia for IDUs (see chapter 5) have employed the media, in November “The week of fight against drugs” and related media campaign provided the room for visualisation of drug issues, incl. the release of the Annual report of European Monitoring Agency for Drugs and Drug Addiction²⁵. At the beginning of December was the “public nuisance” firmed up by the presentation of young²⁶ Slovaks adherence to drugs, alcohol and tobacco within the international European school survey ESPAD²⁷.

23 Local television competition of audiovisual works dealt with drug issues in Martin city, creative competition of students of Mass-media Communication Faculty in Trnava and final exhibition of children and youth's draws and paints in competition “Why I like to be on the world” in Bratislava.

24 State of drug addiction and drug control in the Slovak republic (National Report for Reitox), Bratislava 2004,p.23

25 November 25, 2004

26 An average age of students surveyed was 15,8 year

27 December 14,2004

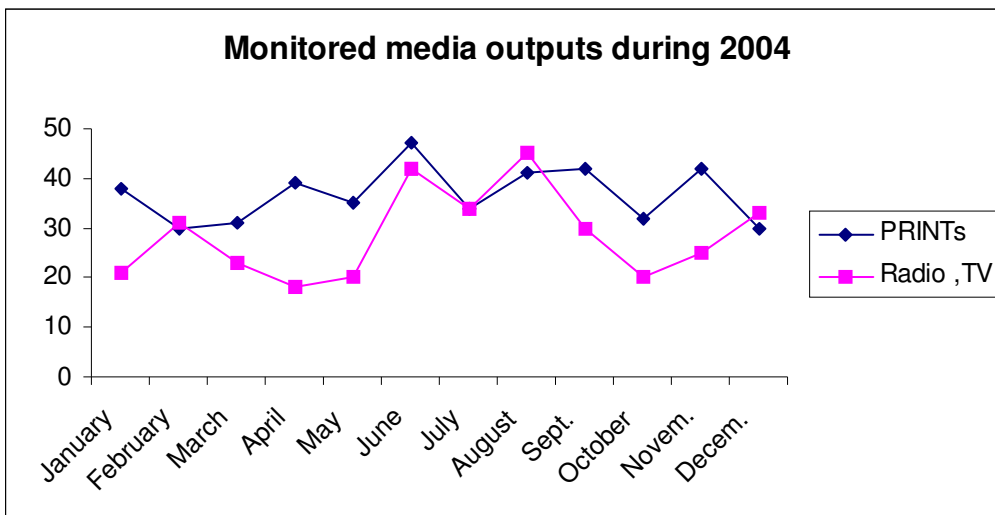


Fig.1.4.4.4 Media outputs (n=780) during 2004
Source: NMCD

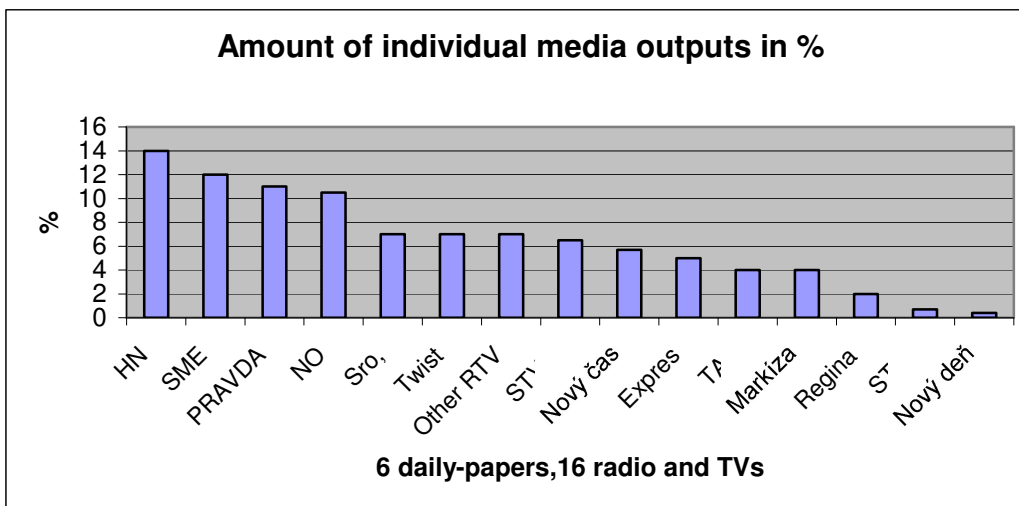


Fig.1.4.4.5 Amount of individual media outputs in %
Source: NMCD

Based on the preview set above and with the certain knowledge of target groups of individual media it can be said that **adult readers of national dailies, notably Economy News, got the most profiling, balanced and unbiased information.**

Similar advantage was offered to the listeners of **Slovak radio and commercial radio Twist**. Viewers of Slovak television and news television TA3 were informed about drug in a balanced way.

It has to be stressed that target groups of these media are completely different from the target group, which is important from the prevention point of view – mostly teenagers. It is possible to assume, that more sophisticated survey - similar to that what were performed by Czech NFP²⁸, or by EMCDDA²⁹ can bring more ideas how to work with

28 Sivek V., Miovská L., Miovský M.: *Obraz uživatele a užívání konopných drog v českých médiích v roce 2003* (Image of cannabis users and consumption of cannabis in Czech media in 2003) in *Adiktologie* No.4, December 2004 s.475-491

29 Youth Media help uncover emerging drug trends. In *EMCDDA Drugnet* No.51, 2005 In Slovak : EMCDDA: *Média určené mladým môžu objaviť drogové správanie* skôr. <http://www.infodrogy.sk/index.cfm?module=ActiveWeb&page=WebPage&DocumentID=736>

media especially with “young media” as to promote life without drugs and to increase the information of the young population on health, psychological and social relations hazard of drug addictions, in a more targeted and adequate manner.

2. Drug Use in the Population

As a base for this chapter to be written, statistical data have been used from the following surveys:

Institution	Year of data collection	Population group	Age group	Number of respondents	Subject matter
Public Opinion Research Institute at the Statistical Office of the Slovak Republic	2004	Population of the Slovak Republic	18 +	1444	Drugs, alcohol, smoking
		Youth of the Slovak Republic	15-29	860	
		Youth of the city of Bratislava	15-29	284	
Institute of Information and Prognoses in Education	2004	Youth of Slovakia	15-26	951	Illicit drugs
	2003	Pupils of the 2 nd grade of the primary schools and of the secondary schools	10-18	516+500	Smoking and alcohol drinking
Public Health Office of SR	2004	School-age youth of the region of Bratislava	15-19	1300	Lifestyle

Illicit drugs use and experimenting with them depend strongly on availability of the drugs. Population surveys have been conducted since 1996 to know if any respective kinds of drugs were offered to people either for free or to purchase within the last month before interview or at some longer time ago. Following results of these surveys, **the most widely available drugs in Slovakia remains marijuana and hashish** – they were offered to about 6% of respondents within the last year and to one seventh of respondents (13%) at some earlier time. Other illicit drugs supply in Slovakia is lower significantly. Of them, the most available is ecstasy that was used by 5% of respondents from the sample of the Slovak Republic but by up to 12% of respondents from the sample of the Slovak youth and by 10% of young people in Bratislava. Comparing these results with the previous ones of 2002, following shifts in marijuana and hashish availability appeared: in 2002 marijuana/hashish were offered mostly to the youth in Bratislava, either free or to purchase; difference between the youth in the capital city and the youth of other parts of Slovakia has vanished gradually. In 2004 a change was observed – the biggest marijuana/hashish supply flew to the youth of Slovakia (sample of the Slovak youth). At the same time, the current availability of marijuana/hashish (i.e. availability in 30 days before an interview) dropped reasonably in the youth of Bratislava. Amphetamines, cocaine/crack, heroin and LSD/other hallucinogens were available to 3-4% respondents of the Slovak Republic sample in their lifetime but to more than 6% of youth of Bratislava interviewed (to the biggest proportion of them – 10% – LSD was offered in their lifetime).

The places where illegal drugs could be most easily obtained were primarily discos, concerts, pubs, and bars; in comparison to 2000, there was a significant decline in the amount of drugs offered in public spaces – on the streets or in parks.

In 2004, there was a slight increase in the number of people who admitted that they had tried illicit drugs. **27% of respondents from the Slovak Republic sample stated that they had tried illicit drug at their lifetimes** which represented an

increase of 4% comparing with 2002; in youth of Slovakia, 38% stated the same (increase by 2%) and in youth of Bratislava that proportion was even 40% (increase by 1%).

A socio-demographic structure of respondents that had drug use experience did not change reasonably, according to survey of October 2004. Like in previous surveys, respondents from great agglomerations of 50-100 thousand population declared drug consumption experience at markedly higher level as well as residents from regions of Bratislava (31%), Trenčín (34%) and Žilina (35%). Considering age composition, trends have been identified in drugs use of population as presented in the Table 2.0.1.

Respondents drug use, from the age composition point of view (in %)												
	drug used in the lifetime						drug never used					
	1994	1996	1998	2000	2002	2004	1994	1996	1998	2000	2002	2004
15 to 17 years	8	25	24	27	43	35	92	75	76	73	57	65
18 to 24 years	12	22	20	26	35	39	88	78	80	74	65	61
25 to 29 years	7	15	22	28	38	43	93	85	78	72	62	57
30 to 39 years	7	11	11	10	19	30	93	89	89	90	81	70
40 to 49 years	4	6	7	13	23	20	96	94	93	87	77	80
50 to 59 years	5	5	3	4	19	22	95	95	97	96	81	78
more than 60 years	2	3	2	1	14	16	98	97	98	99	86	84

Tab. 2.0.1 Drug use experience among respondents, by their age – trends 1994-2004
Source: PORI SO SR

The biggest proportion of illicit drugs users is concentrated continuously in young people of age 15 to 17 (35% of them had used drug currently), 18 to 24 (39%) and 25 to 29 years (43%). In age groups 15-17 and 40-49, the proportion of respondents with drug use experience decreased, compared with 2002, in other age groups it increased again. The sharpest increase occurred in age group 30-39 – by 11%.

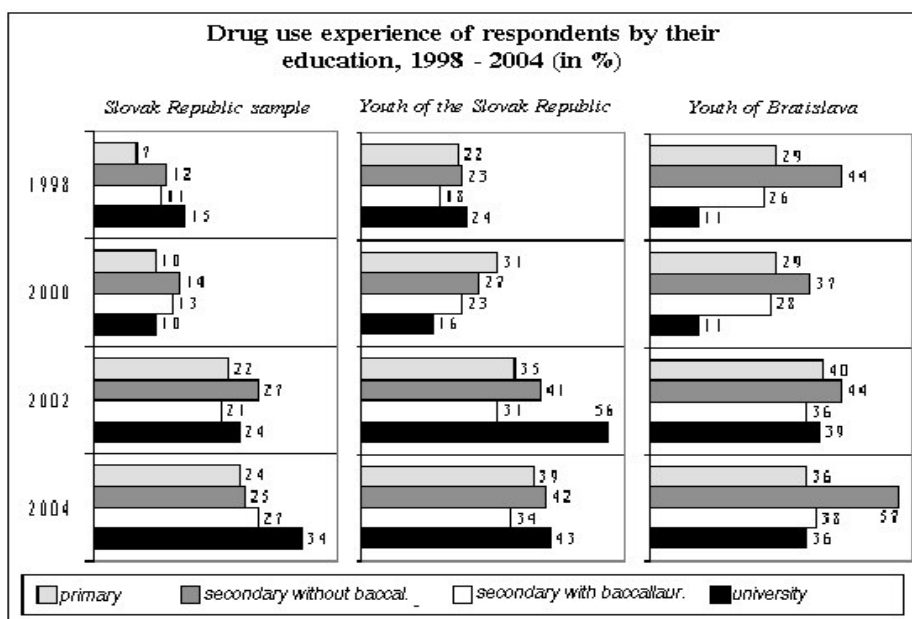


Fig.2.0.1 Proportion of respondents who have ever tried drug, by their education
Source: PORI SO SR

A structure of education in people who have had an illicit drug use experience changes gradually since 1998. While in years 1998 and 2000 a proportion of people with drug use experience was reasonably higher in groups with primary education and with secondary education without baccalaureate – especially in samples of youth of Slovakia and youth of Bratislava – at the present time differences between respective educational groups shrink, mainly due to **striking increase at national level of drug use (either one-shot or regular) among people with university-level education**. In the youth of Bratislava sample, however, trend continues of increasing in the proportion of people with a drug use experience. After two-year period, the number of such responses has increased by 13% (from 44% in 2002 up to 57% in 2004).

Social and economic situation of people determine to some extent their lifestyles, i.e. – regarding to drugs – inclination to narcotic and psychotropic substances use. There were a markedly higher proportion of drug-experienced respondents who ranked themselves into a group of wealthy people, to a lower class of that group. Some small variation from the national average is visible also in the group of the poorest people. This could be interpreted that way that drugs are taken not only as a remedy for escape from the reality by people who are in total poverty but also by people from the wealthiest classes. In the latter case drugs represents the way how to repulse boredom or how to integrate into a particular social group of young people, regarding to absence of peers.

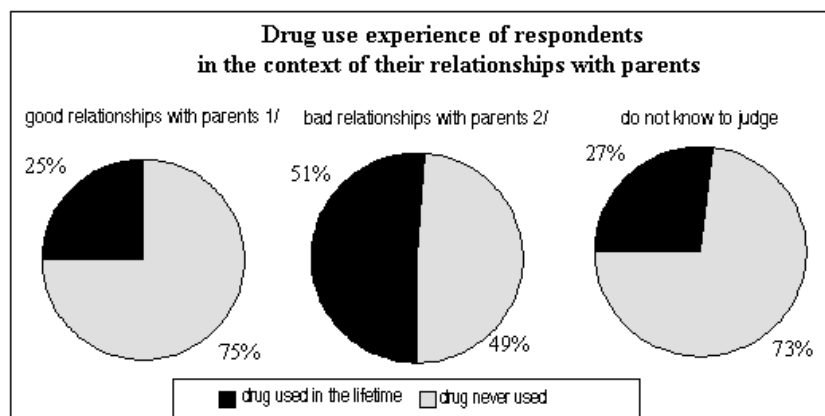


Fig. 2.0.2 Drug use experience of respondents, in the context of their relationships with parents
Source: PORI SO SR

1/ Responses „very good“ and „rather good“ have been joined together

2/ Responses „very bad“ and „rather bad“ have been joined together

A comparison between drug use experience in respondents and their relationships with parents has proved that **people's inclination to narcotic and psychotropic substances consumption is associated with their family aspects to a great extent, much closely than with their socio-economic status.** The comparison noticed has shown that among respondents with good relationships with parents about each fourth had had drug use experience while among respondents that described their relationships with parents as bad, this experience had occurred in one half of them. Connection between family background and drug excesses has been proven also by comparison of drug use to relationship between parents of participants: **among those interviewed people who considered relationships between their parents as mostly harmonic, drug use was declared in 23% while in those where parents' relationships were predominantly inharmonious, drug use occurred in 34% during the field phase of survey. This proportion was even higher in those respondents where parents had got divorced – it made a share of 42% of illicit drug experienced people.** These data clearly confirm the close relation between family situation and drug use (see Fig. 2.0.3).

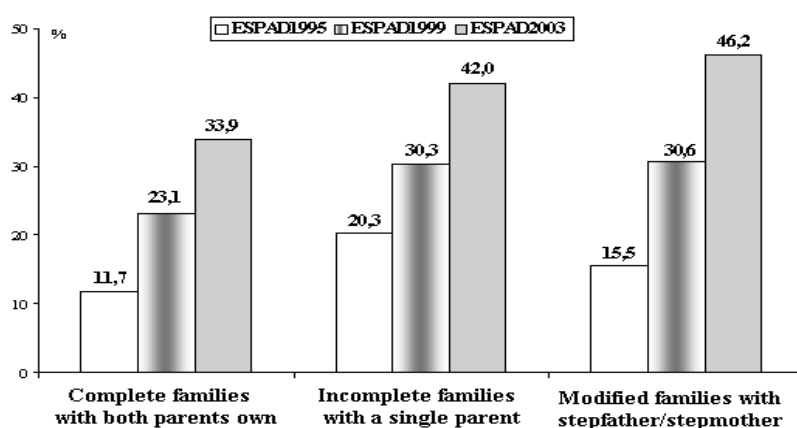


Fig. 2.0.3 Consumption of any illicit drug once or more times during the lifetime, by the family completeness
Source: Nociar, A., 2004

- **Age at first drug use**

In comparison with 2002, the average age at first drug use has changed significantly. In all three samples observed it decreased:

- **In the Slovak Republic sample** the average age of the first illicit drug use experience was **17 years**, in 2002 it was 25 years and in 2000 it was 23 years;
- in the sample of youth of Slovakia, the average age at first drug use was 15, according the last survey (in 2002 and 2000 it was the same – 18 years); and
- in the sample of youth of Bratislava the age at first drug use was also 15 (in 2002 and 2000 it was 17).

Among those respondents who use illicit drugs **regularly** a proportion of 6% started to use them at the age less than 15; majority of regular users – 68% started to use drugs regularly between ages 15 to 20 and approximately one quarter (26%) of regular users of illicit drugs started to take drugs after reaching the age of 21.

The age at which people begin to use illegal drugs on a regular basis demonstrates the special status of Bratislava regarding to the drug problem in Slovakia. Although the data only serve as an outline – due to the low number of people who admitted to regular drug use in the survey – it is nonetheless clear that:

- Within the youth of Bratislava sample, as much as 16% of those respondents who use drugs regularly started taking drugs regularly at the age less than 15, and rest of the group – 84% – started with regular drug use at the age of 15 to 20. There was no respondent reporting age at the beginning of regular use above 20;
- In the youth of Slovakia sample, even nine respondents of ten started to use drugs regularly at the age between 15 to 20;
- About a quarter of respondents from the Slovak Republic sample who reported regular use of illicit drugs in the survey interview had started to use drugs regularly after their 20th year of life.

2.1 Drug Use in the general population

Mapping of the extent of illicit drug use in Slovakia has started since 1994, when surveys began to recognise whether people knew someone from their environments who was addicted to illicit drugs. Population surveys revealed that until 2000 there was a steady increase in the proportion of people stating that they knew such addicted in all environments monitored – in their families, among their friends, in their residence neighbourhood, at their workplaces. Such trend was visible in all three samples involved in surveys. On the other hand, the number of respondents who stated that they did not know any person addicted to illicit drugs decreased accordingly. The survey carried out in October 2002 revealed some stagnation of the trend since no significant changes were recorded in comparison to 2000 findings. Only a slight increase was observed in the number of those respondents of the youth of Bratislava sample who had, or had had, a drug addicts in their family and of those who knew a drug addict at their workplace. Results of the most recent survey in 2004 suggested that situation in both, the Slovak Republic sample as well as the youth of Slovakia one, got stabilised. There were just slight differences in responses of people who knew some drug dependent person, comparing with previous surveys. Contrary to that, the number of respondents decreased that knew a drug dependent person in the youth of Slovakia sample, e.g. a proportion of known dependent people in the neighbourhood of respondent's residence dropped down by 14%, at his/her workplace this number decreased by 7%, among his/her friends by 6% and in the family by 4%. These results are shown in Table 2.1.1.

Do you know a person from your environment that has been/was dependent on drugs like e.g. marijuana, hashish, cocaine, heroin, LSD, ecstasy? (in %) ^{1/}																		
	1994			1996			1998			2000			2002			2004		
	SR	yo uth SR	yo uth BA	SR	yo uth SR	yo uth BA	SR	yo uth SR	yo uth BA	SR	yo uth SR	yo uth BA	SR	yo uth SR	yo uth BA	SR	yo uth SR	yo uth BA
I know, we have had such a person in our family	1	1	3	3	2	7	2	2	7	3	3	5	3	3	8	3	3	4
I know, among my friends	6	13	21	13	25	33	10	25	31	13	29	34	12	28	36	13	27	30
I know, in the neighbourhood	12	16	29	18	24	50	18	26	41	22	29	47	23	32	45	23	33	31
I know, from the workplace	6	7	8	8	8	12	7	8	10	9	8	11	7	8	16	6	6	9
I do not know	78	68	50	66	51	29	69	49	31	62	43	32	62	43	29	60	39	35

Tab. 2.1.1 Information on drug dependent people in the respondents' environment
Source: PORI SO SR

^{1/} Note that allowing more than one response, the total exceeds 100 (%)

Considering a broad definition of drug use where the term *drug user* covers each person that have had any experience with a drug, there are not only regular consumers of so called „hard drugs“ included to the number of drug users but also people who occasionally tried any drug. This is important to notice with respect to another notable indicator of drug use extent in general population through the population survey – that is **a personal statement of a respondent on whether he/she has ever used an illicit drug**. Readiness of respondents to reply to questions, together with the ability of pollsters to explain that the survey is anonymous and that respondents' answers will not be misused (their ability to win over peoples' trust), is of vital importance when using this type of survey concerning the extent of illegal drug use. For this reason, empirical data may be imperfect to a certain extent; however, this does not diminish their value, because an overall summary of the monitored period provides a flexible overview of changes and trends in drug use in Slovakia.

Since 1994 there has been a steady increase observed in the number of people who have used any drug. There have been, however, some changes registered recently in comparison with a survey two years ago:

- **In the Slovak Republic sample, a proportion of people who have tried a drug has risen by 4% since 2002 - from 23% up to 27%.** Comparing this figure with the one of 1994, it climbed up more than four times, from 6% up to 27%. It means that **every fourth Slovak citizen have had a drug use experience nowadays.**
- **In the youth of Slovakia sample (of age 15 to 29) a proportion of people who have tried a drug has risen since 2002 by 2% - from 36% up to 38%.** Within entire period 1994-2004 this proportion increased by 28%, from 10% up to 38%. Every third respondent from the youth of Slovakia sample has declared his/her experience with any drug use in the recent survey. Since 2000, trends in both, youth of Slovakia and youth of Bratislava samples are convergent and only follow-up surveys will find out whether this is a permanent or merely temporal phenomenon.
- **There is a long-term trend in respondents from the youth of Bratislava sample that they have the highest proportion of those with a drug use experience. Recently, almost two of five people asked have indicated such**

position. Their proportion has increased by 1% since 2002, from 39% up to 40%, comparing with 1994 even by 24% - from 16% to 40%.

The greatest increase was recorded in the period 1994 to 1996 and then another one in the period 2000 – 2002, while the level of drug users remained relatively stable during 1996 – 2000 period. It is necessary to note, however, that not only regular consumers are included in the number of people who have used any drug but also those who have tried a drug only once as well as users of medicinal drugs.

Summary of these overall findings is presented in the Table 2.1.2 that shows – except of an extent of any illicit drug use expressed as a percentage increase – an estimation of the absolute numbers of population that have tried any drug in their lifetime:

<i>Any illicit drug in the lifetime</i>	1994 %	1996 %	1998 %	2000 %	2002 %	2004 %	<i>TRENDS</i>	<i>Group</i>
Slovak Republic sample (N~1400, 1994-2004)	6 <i>Estimation:</i> 228 <i>thous.</i>	10 <i>Estimation:</i> 389 <i>thous.</i>	10.2 <i>Estimation:</i> 407 <i>thous.</i>	12.4 <i>Estimation:</i> 504 <i>thous.</i>	23.3 <i>Estimation:</i> 956 <i>thous.</i>	26.7 <i>Estimation:</i> 1 094 <i>thous.</i>	incr.>>94-96 incr.: 1998 incr.> 2000 incr.>> 2002 incr.> 2004	aged 18 years and more
Youth of Slovakia sample (N~ 900, 1994-2004)	10 <i>Estimation:</i> 121 <i>thous.</i>	19 <i>Estimation:</i> 243 <i>thous.</i>	21.3 <i>Estimation:</i> 273 <i>thous.</i>	26.3 <i>Estimation:</i> 353 <i>thous.</i>	36.2 <i>Estimation:</i> 490 <i>thous.</i>	38.0 <i>Estimation:</i> 514 <i>thous.</i>	incr.>> 94-96 incr.: 1998 incr.>> 2000-02 incr.: 2004	aged 15-29 years
Youth of Bratislava sample (N~ 300, 1994-2004)	16 <i>Estimation:</i> 14 <i>thous.</i>	28 <i>Estimation:</i> 27.9 <i>thous.</i>	29.0 <i>Estimation:</i> 28.7 <i>thous.</i>	28.2 <i>Estimation:</i> 29.8 <i>thous.</i>	39.0 <i>Estimation:</i> 41.8 <i>thous.</i>	40.5 <i>Estimation:</i> 43.4 <i>thous.</i>	incr.>>94-96 incr.: 98-2000 incr.>>2002 incr.: 2004	aged 15-29 years

Tab.2.1.2 Trends in the lifetime use of any illicit drug as they came from the series of representative population surveys in the Slovak Republic
Source: PORI SO SR

The pattern of drugs used in Slovakia is presented here as proportions of use of respective types of narcotic and psychotropic substances (regardless of whether they have been used once, occasionally or regularly) referred to the entire sample – i.e. to users plus not users, and not only to that part of respondents who have already used any drug. The prevalence of use for some types of drugs in given periods is presented in the form of table, as such form is expected to be more informative – especially with respect to low numbers of users of these types of drugs.

Marijuana/hashish use experience was reported in October 2004 by more than one tenth of respondents in the Slovak Republic sample – 13%; nearly one third of respondents from the youth of Slovakia sample – 28%; and 27% of interviewed participants from the youth of Bratislava sample. There were people included to this proportion who had used one of these drugs within the last 30 days, during the previous year or in their lifetime. **In comparison with 2002 results, an overall decrease has appeared in people having an experience of marijuana/hashish consumption: in the youth of Slovakia sample by 2%, and, in the youth of Bratislava sample by 5%.** In the Slovak Republic sample, the situation has not changed.

Medicinal drugs, i.e. various sedatives, barbiturates or hypnotics have been used until October 2004 by **14% of respondents in survey.** Analysing the extent of medicinal drugs use, there were no significant differences found out between respective samples, which is in contrast with findings in other groups of narcotic and

psychotropic substances. The proportion of respondents that declared medicinal drugs use was at approximately equal level in all three samples. Comparing results with those ones of 2002, there was an increase by 2% in the number of medicinal drugs consumers within the Slovak Republic sample. In other two samples, contrary to that, some slight decrease was observed – by 3% in the youth of Slovakia and by 2% in the youth of Bratislava samples.

Ecstasy was again **the most prevalent drug among the youth of Bratislava sample** comparing to the national average – **almost every tenth respondent had stated ecstasy use experience – 9%; in the youth of Slovakia sample it was 7% and in the Slovak Republic sample – 3%**. Since 2002, a proportion of ecstasy users has risen most in youth of Bratislava sample, mainly in those who reported its use within one year before the survey – by 2%.

The proportion of persons who had had a personal experience with **solvents or other volatile substances** has not increased since 1996 (opposite to the trend in marijuana/hashish); the number has been rather stable or has decreased gradually. Comparing 2002 data, the number of respondents with a volatile substances use experience has declined by 1% in the youth of Bratislava sample aged 15 to 29; in both other samples, the youth of Slovakia one as well as in the Slovak Republic sample, the situation has not changed.

Table 2.1.3 provides an overview of some another types of narcotic and psychotropic substances use; data presentation in graphs would be not sufficiently informative due to low numbers of respondents experienced.

In case you have used any of following drug, could you specify which one and when did you use it? (in %)		1996			1998			2000			2002			2004		
		SR	youth SR	BA	SR	youth SR	BA	SR	youth SR	BA	SR	youth SR	BA	SR	youth SR	BA
Solvents	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)		97	94	93	97	95	95	99	95	92	98	96	96	98	96
LSD/ other hallucinogens	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)		98	98	98	99	98	99	99	98	97	99	98	98	98	97
cocaine/ crack	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)		99	99	97	99	98	97	99	98	96	99	98	98	99	99
heroin ^{1/}	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)		-	-	-	99	97	97	99	98	95	99	98	97	99	99
anabo-lics ^{1/}	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)		-	-	-	98	98	97	98	97	95	97	96	95	96	96
Amphetamines	y	within last 30 days														
	e	within last year														
	s	some longer time ago														
	no (have not used)			98	97	99	98	99	99	98	96	99	98	98	99	97

Tab. 2.1.3 Use of some another types of narcotic and psychotropic substances in Slovakia, 1996-2004

Source: PORI SO SR

^{1/} Heroin and anabolics use were not surveyed in 1996

2.2 Drug Use in the school and youth population

- **Drugs and youth**

Illicit drugs consumption is considered as one of the most serious social problems in Slovakia recently. Experts agree that the most vulnerable group by drugs are young people and the problem of **licit as well as illicit drugs** has to be looked upon as a substantial social phenomenon that is determined by many factors.

Drug use among young people has been studied within two samples: **youth of Slovakia** and **youth of Bratislava**, both consisting of young **people aged 15 to 29**. Results of 2004 survey were as follows:

Those people who already had used a drug have known a drug dependent person in their environment at strongly higher extent compared with non-users. As it is shown in the Figure 2.2.1, this phenomena is the most expressive among youth of the Slovak Republic, where as many as 87% of young people who had used any illicit drug knew a drug dependent person in their surrounding environment, in the youth of Bratislava this number was 81 and in the Slovak Republic sample the proportion was 66%. Among respondents who have not tried any drug yet, 66% did not know a drug dependent person, in the youth of Bratislava sample this number was only 42%.

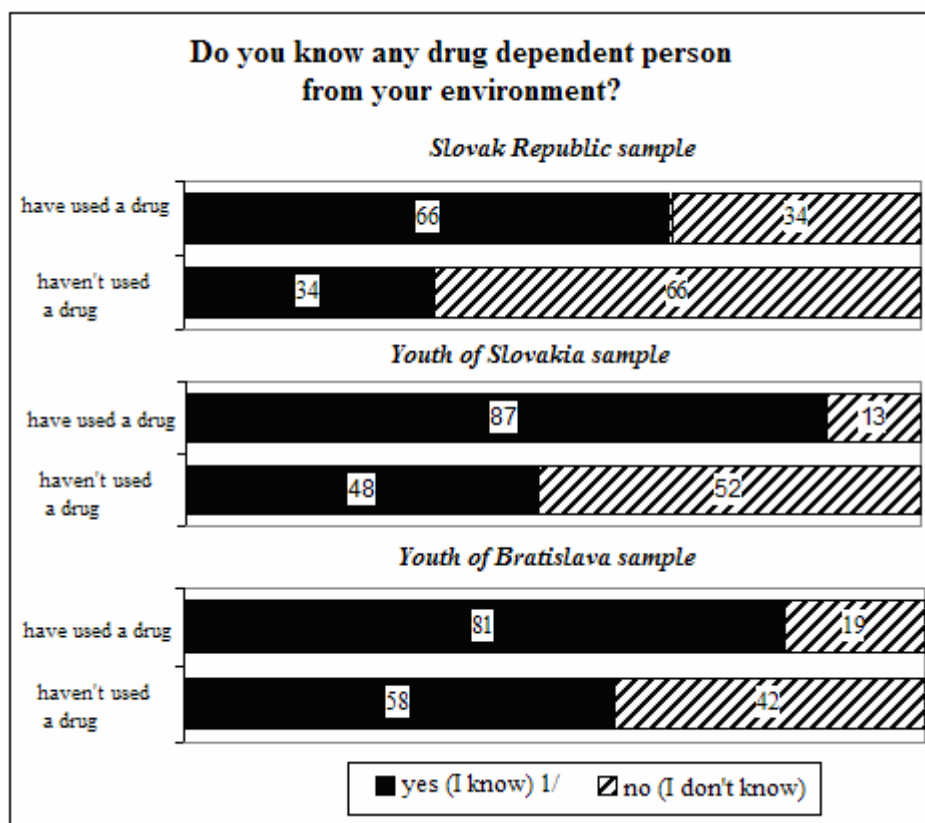


Fig. 2.2.1 Information on drug dependent people in the respondents' environment
Source: PORI SO SR

^{1/} Responses "I know, we have had such a person in our family", "I know, among my friends", "I know, in the neighbourhood" and "I know, from the workplace" have been joined together

Some major changes, occurred in 2004 with respect to preferring of places where drugs were available, as compared with 2002. In the Slovak Republic sample, the frequency of response "at the disco, at the concert" increased significantly (by 6%); there were not statistically significant differences between responses in the youth of Slovakia sample and the greatest change was observed in the youth of Bratislava sample, comparing the situation after two years. Sharp decrease in possibility of purchasing drugs at pubs, restaurants and coffee-bars, or at various youth clubs respectively, was recorded in the capital city (by 9% in both cases). It is necessary, therefore, to make a shift within the governmental drug policy, from the most frequent methods of tracing and searching drug dealers in public places towards more systematic, more rigorous and, above all, more difficult disclosing of meeting-places of mostly young people where they can directly meet different narcotic and psychotropic substances.

In comparison with the national average, the most visible differences in drug availability in young people of age 15 – 29 are:

- Young people meet drugs much more frequently at discos, concerts, at schools and at colleges;
- Against the adult population of the Slovak Republic, young people aged 15 – 29 meet drugs at various public house at slightly lower level;
- In the youth of Bratislava sample, a possibility of drug offering in fellows'/friends' apartments is considerably higher and, despite substantial recent decrease, still in public places, in streets and in parks.

Experts from the Department of Analyses and Youth at the Institute of Information and prognoses in Education deal with topics of experimentation with **illicit drugs** in youth since 1995, in the frame of regular annual research plans³⁰, so they consider a possibility of ten-year period data comparison as highly valuable. Every year, a professional agency carries out field data collection and a sample always fulfils criteria on representativeness regarding reference population of young people from the Slovak Republic aged 15 – 26.

192 respondents (20.2%) of the total number 951 have confessed illicit drug use experience. Such an experience is more common in atheistic young people, among pupils of vocational schools, students at universities and unemployed respondents, as well as in young people from the biggest and other big Slovak cities.

Respondents experienced in drug use, compared with young people who have not tried any drug, come from incomplete and replenished families more frequently, as it is obvious from the significance-based results. The former ones have problems in their families at higher extent and impaired relative relationships are attributed to them; they undergo corporal punishments by their parents more frequently, even for minor fault. Young people who have ever tried drugs have leisure time enough (or even redundancy) more often, while respondents who have not tried any drug prefer reading books and developing their hobbies. Respondents that have conceded drug use prefer groups of fellows, attending of discos and watching TV.

Young people who have conceded drug use have more leisure time available, and they spend it with their fellows more frequently. At the same time, these respondents are more often in contact with persons that drink alcohol, smoke tobacco products and consume illicit drugs and parents of these respondents are not interested in how and with whom the children spend their free time. Thus survey results draw the attention to the strong **impact of the peer group that could be a severe factor of motivation for experimentation with illicit drug, in case that drugs are not only tolerated within the group but are also a subject of experimenting. This can influence even those individuals who are not decided to do so.** In association with those facts, young people who experiment with drugs have poorer school achievements and they violate the school code and regulations more frequently than their contemporaries that do not have an illicit drug use experience.

Respondents who have ever tried any drug are smokers fairly more frequently and they consume alcoholic beverage noticeably more than respondents without drug use experience. They like preferably beer and spirits and they have considerably higher experience with excessive alcohol consumption.

Comparison of the research results shows slightly increasing trends in the number of young people who have experimented with illicit drugs. More definite increase was observed between last two years where, however, the number increased of those who rejected to answer this question. Moreover, recent value is

30 Pétiová, M. a kol.: Rizikové a ochranné faktory konzumácie drog u mladých ľudí v SR. ÚIPŠ Bratislava 2004 (Pétiová, M. at al.: Risk and protective factors of drug consumption among young people in the Slovak Republic, Institute of Information and Prognoses in Education, Bratislava 2004)

the second highest one (in 2002: 20.7%); the most favourable situation regarding experimenting of young people with illicit drugs was recorded in years 1996 and 1998.

Respondents who have had a drug use experience										
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
%	18.0	15.4	17.5	15.5	19.6	17.8	17.3	20.7	16.1	20.2

Tab. 2.2.1 Respondents aged 15 - 26 years, who have had an illicit drugs experience
Source: IIPE

Mainly curiousness had led young people to experimentation with drugs, then, at lower extent, also ambition to bear up against the other fellows in the group, solution of some personal problems, and boredom. Some of respondents wanted to solve their family or school problems or young people started to experiment with drugs being afraid of fellows' jeers or they found such an activity to be some kind of protest against the world.

The most frequently used drug is marijuana (87.4%), which serves as an experimental drug in gaining the first drug use experience; volatile inhalants are used at much lower level (4.2%), tablets with alcohol (2.6%), hashish (1.6%), pervitin, ecstasy (1.0% both) and magic mushrooms (0.5%).

Illicit drugs are provided most frequently by friends or school-mates, as resulted from surveys conducted in previous years. As the survey found out a drug is being bought by 45.5% of young people, while 41.5% of respondents get it free and they state that they use a drug only if somebody offers it to them. 6.4% of respondents grow a drug by themselves, and 4.8% receive a drug bartering it for something else.

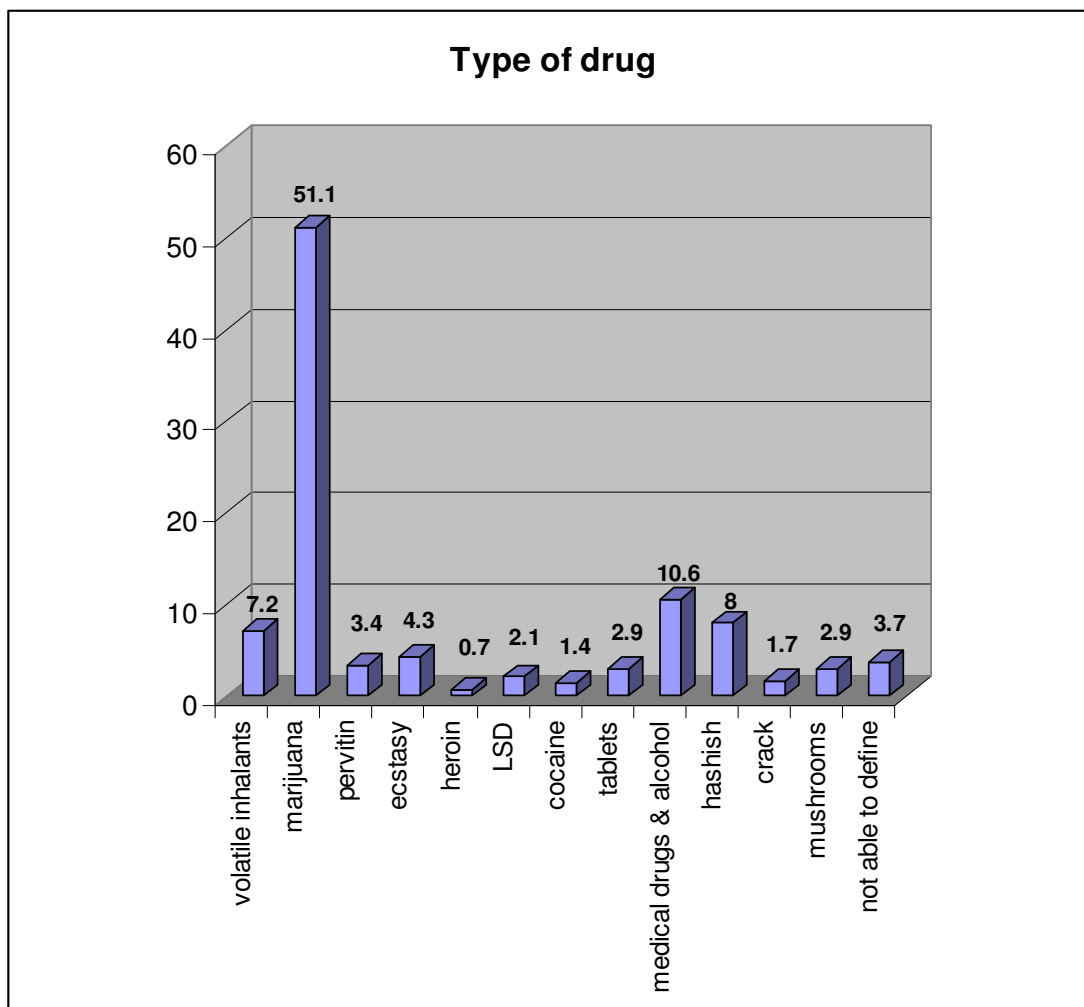


Fig. 2.2.2 Frequency of use of respective types of drugs among respondents aged 15 - 26
Source: IIPE

Marijuana, tablets together with alcohol, hashish, volatile inhalants, ecstasy, pervitin, tablets and magic mushrooms belong to **most tested drugs**. Other drugs like LSD, crack, cocaine and heroin are tested only sporadically. As it flows from the statistical association detected, it is possible to state that marijuana remains a priority drug for all followed-up groups of respondents. There are tablets together with alcohol on the position of the second most frequently used drug, the third most frequently used drug are volatile inhalants in males and hashish in females.

As much as 65.6% of young people have tried any type of illicit drug, the study says, and 17.5% respondents have tried two types of drugs. 7.7% of respondents have admitted of experimentation with three types of drugs, 3.8% of respondents have reported an experience with four types of drugs, 5.5% of young people have tried five or more types of drugs. Interestingly, from the group of respondents who have used only one type of drug as much as 93.3% of interviewed had experimented with marijuana, 5.0% of young people have had an experience with tablets and 1.7% of respondents had combined tablets with alcohol. In the group of those admitting of two-drug use, 84.4% of young people have used marijuana with another drug, most commonly with tablets & alcohol, with hashish or with ecstasy. All respondents have tried marijuana, of those having an experience with three drugs, in combination mainly with volatile inhalants and another drug, or with pervitin and another drug. This confirms again that **marijuana is a most preferred drug among the youth of Slovakia**.

Young people experimenting with illicit drugs are often not aware of consequences from experimentation with drugs and they tend to underestimate this serious problem. As much as 79.1% respondents who have tried illicit drugs are not afraid of drug dependence at all and 9.1% are not afraid of drug addiction on the present, though they were afraid of dependence in the past. Frequent drug dependence fears are felt by 4.4% of respondents, and 7.2% of respondents feel such fears sometime. Drug dependence fears are felt by males more frequently than by females.

Legal drugs use is considered currently as one of the most serious social problem. Experts agree that young people are the most vulnerable group endangered by drugs. **Tobacco** has a special status among drugs since it belongs – alongside alcohol – into a group of so called legal drugs that are available without any restraint. Great extent of misuse and severe health consequences rank tobacco use among the most serious problems world-wide. From the 2004 survey follows that 16.5% of respondents light a cigarette occasionally, 25.4% smoke daily and 58.1% of young people do not smoke.

It is visible from findings that the number of respondents who smoke occasionally has increased since 1995 and, at the same time, the number of regular smokers has increased as well. The number of non-smokers has decreased slightly; on the other hand the number of those who had not experimented with smoking has risen moderately.

Smoking	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Occasionally	15.6	15.1	16.3	14.0	14.5	15.7	15.5	13.6	13.8	16.5
Daily	20.5	17.1	27.3	23.1	24.7	23.7	26.2	22.8	22.4	25.4
Do not smoke	63.9	67.8	56.4	62.9	60.8	60.6	58.4	63.6	63.8	58.1

Tab. 2.2.2 Smoking among respondents aged 15 to 26

Source: IIPE

Occasionally smoking respondents use to smoke most frequently 5 cigarettes (25.2%), 10 cigarettes (19.9%) or 20 cigarettes (15.2%) within a week. Regularly smoking young people have daily cigarettes consumption of 10 cigarettes most often (31.7%), 15 cigarettes (14.2%) or 20 cigarettes (16.3%). Consumption above 20 cigarettes per day was reported by 8 respondents (4.1%).

Men are heavier smokers than women – in the sub-sample of the former the number of occasional and especially regular smokers is higher and there is much lower number of non-smokers in men than in women. Men stated higher consumption as well.

In the group of young people who are preparing to their future professions, mainly students of vocational schools light a cigarette occasionally and there is also the greatest proportion of regular smokers among them. On the other hand, the smallest proportion of smokers and the highest proportion of non-smokers was found among students of grammar schools.

Particularly respondents from replenished families and from families where not good relationships have been developed belong to smokers. Concern of parents over the way of their children's leisure time spending is an important protective factor in smoking tobacco products, as well as free time reducing hobbies and contacts with non-smoking persons. Smoking respondents spend their free time by going out with friends while respondents – non-smokers prefer reading books and developing their hobbies.

Young people start to smoke at the age of 14 to 16 predominantly (14 years: 15.6%, 15 years: 17.2%, 16 years: 13.5%). At the age of 13, boys experiment with smoking more often than girls; the higher number of girls, however, light on their first cigarette between 15 and 19 years.

Among substance influencing human psychic, **alcohol** have the special status – it is considered as the most frequent drug in Slovakia. Harmfulness of alcohol is boosted up by its public acceptance and general availability. It is available in common and moderate consumption of alcohol is conventional in recent world and accepted by the community.

Alcoholic beverages are drunk frequently by 13.6% of respondents (of which 1.8% drinks daily, 11.8% two or three times a week) and 66.9% of young people have their drink occasionally. 19.5% of respondents do not drink at all, of which 17.3% because they do not like it and 2.2% have never tasted it.

Viewing the findings, it is obvious that the number of respondents who consume alcoholic beverages frequently has risen comparing with 1995, and the number of young people drinking occasionally has risen too. At the same time, the number of young people who do not drink at all is decreasing. Even though the most critical year concerning frequent alcohol consumption was 1999 – while this number has got stabilised since 2000 around 13.5% – in 2004 the highest proportion of respondents consuming alcohol sporadically was reported and, at the same time, the lowest number of those who have not drunk at all (less than 20.0%).

Alcohol	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Frequently	7,9	6,7	13,5	12,8	14,8	13,8	13,0	13,3	12,4	13,6
Occasionally	62,3	58,9	53,6	59,9	59,7	62,4	63,9	66,3	62,3	66,9
Do not drink	29,8	34,4	32,9	27,3	25,5	22,8	23,0	20,4	25,2	19,5

Tab. 2.2.3 Alcohol drinking among respondents of age 15-26
Source: IIPE

Men predominate definitely in respect to alcoholic beverages consumption, especially in the category of “using frequently”. In the group of secondary schools students (i.e. mostly young people aged 18), frequent use has been observed chiefly in students of vocational schools. Also regular smokers drink alcoholic beverages frequently at much higher extent than other respondents (28.9%; occasional smokers: 17.2%; non-smokers: 6.6%).

As it flows from the results, respondents drink beer most commonly, more than one third of respondents prefer wine and 13.4% of respondents consume some kind of spirits. 9.0% of young people drink liqueurs; other beverages – like various mixed alcoholic beverages – have favoured only 1.8% of respondents. The number of young people preferring spirits has decreased since 1996, as results from a comparison; on the other hand the number of respondents has increase consuming beer, liqueurs and, particularly, wine. Deeper analysis shows that in 1996, 2000 and 2004 respondents were drinking mostly beer, in 1998 and 2002 wine was the most preferable beverage. Continuously increasing trend is visible in wine consumption, popularity of spirits and mixed beverages has dropped down.

Type of alcohol	1996	1998	2000	2002	2004
Beer	38.9	37.7	41.2	33.7	39.7
Wine	24.0	40.1	35.9	44.9	36.1
Spirits	10.0	11.4	8.5	9.0	9.0
Liqueurs	9.1	8.3	12.0	11.5	13.4
Others	18.0	2.5	2.4	0.9	1.8

Tab. 2.2.4 Type of alcohol consumed by respondents aged 15 - 26
Source: IIPE

Respondents who consume alcoholic beverages frequently drink in most cases half of litre to one litre of beer, three-four decilitres of wine; from one to two decilitres of spirits/liqueurs and two or three decilitres of mixed alcoholic beverages. Young people consuming alcohol frequently use to drink beer and spirits while those ones consuming alcohol occasionally use to drink wine or liqueurs. In most cases, age of

alcohol experimentation initial is a period of 14-17 years (14 years: 12.3%; 15 years: 22.2%; 16 years: 18.3%; 17 years: 13.3%); one third of respondents (31.8%), however, have tasted of alcohol for the first time before their 15. In the age span 8 – 14, boys experiment with alcohol consumption more frequently than girls but at the age 15 – 18, girls taste alcohol in greater extent than boys.

Comparing with 1998, the number has increased of young people having one-shot, occasional or regular experience of excessive drinking, while the number has decreased of those respondents who have never got drunk. Within entire period observed, slightly increasing trend has been registered in cases of one-shot excessive alcohol consumption by people aged 15 – 26 and, at the same time, the number has decreased systematically of those who have never got drunk.

Excessive alcohol consumption	1998	2000	2002	2004
1-2 time(s) in his/her life has got drunk	29.8	30.3	34.4	37.0
Sometime gets drunk	23.9	27.2	25.3	27.8
Regularly gets drunk	1.8	2.5	1.9	2.6
Has never got drunk	44.5	40.0	40.0	32.6

Tab. 2.2.5 Excessive alcohol consumption in respondents aged 15 - 26
Source: IIPE

In most cases, there are men, atheists, single people, those with redundancy of free time and respondents living in replenished families/in families without good relationships, who get drunken drinking alcohol. Higher extent of alcohol beverages drinking is also in smokers, young people drinking frequently and in those who prefer beer and spirits.

The level of regular excessive consumption is higher in young people from replenished families and from families where good relationships have not been developed. It is visible, that those young people get drunk more frequently, who smoke daily, however occasional smokers have reported more frequent excessive alcohol consumption too, comparing with non-smokers. Along with decreasing frequency of alcohol consumption, also the number of young people decreases who get drunk sometime or regularly. Respondents drinking alcohol frequently get drunk in most cases sometime, while young people consuming alcoholic beverages only occasionally report one-shot experience with excessive alcohol drinking. Respondents preferring beer and spirits get drunk in most cases sometime while those ones preferring wine have experienced such an unpleasant occasion in most cases once or twice in their life. Young people preferring liqueurs have least experience with excessive alcohol consumption.

As the survey results show, it is important to fixate problems of tobacco products smoking and alcohol consumption within the prevention of drug dependencies, because there are many factors associated with those negative phenomena that sustain positive attitude of young people towards consumption of those two legal drugs: large public tolerance, instant availability, unrespect to legislation in force, underestimation of harmful health consequences of drugs' use and, often, examples of adults' behaviour.

Peoples' religiosity remains, like in previous surveys, an important determinative factor of drug use. People who do not profess any religion and people without clear attitude toward religion tend to experiment with illicit drugs at greater extent than **religious people**; among the latter ones **there is much less proportion of those who have ever tried any illicit drug**. Within people of the Slovak Republic who declare their religiousness, the greatest proportion of those that have used any illicit drug is among the youth of Bratislava sample (31%), then among youth of Slovakia sample (28%) and the last one is the Slovak Republic sample (20%). There is considerably higher proportion of those without any religion who have not used any

narcotic or psychotropic substance in the sample of Slovak Republic population, in comparison with other two samples

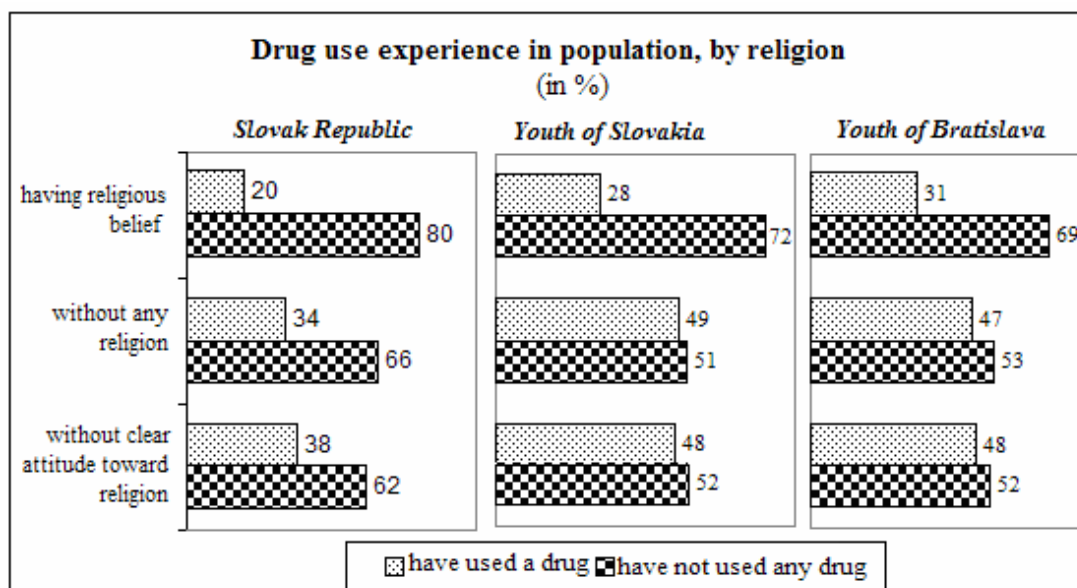


Fig. 2.2.3 Drug use experience in population, by religion
Source: PORI SO SR

Religiosity is an important factor with reference to knowing drug dependent persons – as well as in previous surveys. People without clear attitude towards religion and atheists know, in general, more people who were or who have been dependent on illicit drugs. In the Slovak Republic sample, there were more than one half (52%) of respondents knowing a drug dependent person among people without clear attitude towards religion, in the group of atheists 47% knew such person and **among religious people it was only one third (33%) of respondents.**

- **School population**

Term “drug” is more and more spread and used in our community. Speaking about drugs, however, illicit drugs are meant mostly. Hardly anybody realizes that legal drugs, widely accepted by the community, like alcohol and cigarettes, are stepping stones to illicit drugs. Ministry of Education of the Slovak republic has initiated a research project on **regular monitoring the situation on smoking and alcohol consumption in pupils aged 10 – 18**, analysing their family settings as an important factor influencing child’s attitude towards these negative social phenomena.

A questionnaire has been produced for pupils of primary and secondary schools to obtain comparable data. Data collection in field was carried out by professional agency in 2001 and 2003. 1013 questionnaires were statistically processed in 2001 and 1016 in 2003. High response rate and confidence intervals specification are assumptions of representativeness of both samples: a sample of the second grade pupils at primary schools and a sample of secondary schools students.

Primary schools pupils

52.5% of respondents from the primary schools sample have reported a smoking experience; 47.5% have not tried smoking. As about age of respondents who have had a smoking experience, the highest proportion (24.0%) was at the age 12 and 21.1% was at the age 13. Comparing these results with those ones from 2001, a

sharp increase is visible in the proportion of pupils who have conceded smoking of cigarettes. While in the former year those without smoking experience predominated, in the latter one the proportion of experienced was prevailing. More than one half of responding pupils reported that they had tried smoking and the biggest proportion was of age 12. In 2001, smoking experience stated 45.8% of pupils, mostly of age 10 and this proportion was smaller than that one of non-experienced.

Cigarettes smoking experience	2001	2003
Yes	45.8	52.5
No	54.2	47.5

Tab. 2.2.6 Cigarettes smoking experience in the sample of 2nd grade of primary schools pupils
Source: IIPE

Smoking experience is indicated by boys more than by girls (57.0% boys and 47.6% girls). Girls have had their first smoking experience in age of 13, whereas boys have tried smoking much earlier. Every fourth school-boy tried smoking in his 10. While in the group of girls experimenting with smoking is increasing along with increasing age, in the group of boys experimenting with cigarettes is more frequent when they are younger, then it decreases and consequently increases as they grow older.

There is another problem in addition to experimenting, which is rather different – standard smoking. 3.5% of pupils have presented regular smoking, 13.0% occasional and 83.5% of responding pupils do not smoke. Indicating regular smoking, pupils have conceded 3 cigarettes daily. It is alarming fact that 6 pupils stated even 10 or more daily cigarettes. In the group of respondents that have referred their smoking of cigarettes, 14.8% of regular smokers as well as 11.7% occasional smokers have mentioned also bad family relationships.

Monitoring of smoking among pupils of primary school in Slovakia in years 2001 and 2003 has affirmed increasing trend of the phenomenon even within this group. There was increased proportion recorded of pupils smoking daily as well as of those who smoke occasionally in more recent study.

Cigarettes smoking	2001	2003
Daily	2.9	3.5
Sometime	12.0	13.0
Non-smokers	85.1	83.5

Tab. 2.2.7 Intensity of cigarettes smoking in the sample of 2nd grade of primary schools pupils
Source: IIPE

There are several reasons why even small children start to smoke. Respondents' replies can be ranked by their frequency following way: curiousness – 52.9%, rakishness – 12.9%, boredom – 11.5%; ambition to resemble her/his friends – 10.4%; subjective problems – 9.4%; to resemble adults 2.2%.

In both years, **among all reasons for smoking there is mainly curiousness as the dominant one**. In 2003, however, boredom and rakishness come to the fore, pushing back reasons like ambition to conform her/his friends group. So, young people are characteristic by being curious about everything new and, on the other hand, they try to reduce boredom by various activities.

Reasons for smoking	2001	2003
Curiousness	19.8	24.9
Rakishness	7.1	6.1
Boredom	5.2	5.4
To be like other friends	8.1	4.9
Subjective problems	3.5	4.4
To look like an adult	2.1	1.0

Tab. 2.2.8 Reasons for smoking in the sample of 2nd grade of primary schools pupils
Source: IIPE

Smoking is often connected to ambience within a group of fellows. The reason “Endeavour to be like friends” has moved back by a step on the importance scale in comparison with the previous survey, but it is still the fourth most frequent reason among all reasons for regular or occasional smoking of respondents. In connection with this fact it is interesting whether parents and a close friend of respondent smoke. Based on responses evaluation it is possible to say that almost 70% of pupils (68.8%) have a smoking friend. Only 31.2% answered contrariwise.

Summarising result from 2001 and 2003, it is possible to confirm a general trend of smoking increase among pupils from the survey sample as well as among their friends. Results of the survey have sustained a known fact that smoking in the community is on the increase more and more and it affects ever younger age groups of children and youth.

Smoking of respondents is strongly influenced by smoking of their friends. Such relation has been endorsed statistically significantly since the survey has revealed that 94.4% of respondents whose close friend smokes have had an experience of having a whole cigarette. On the other hand, from those respondents who have no a smoking friend, as much as 93.8% were still without an experience of having a whole cigarette.

Information on smoking of parents is an important indicator for examination of children’s attitude toward smoking. Smoking of a child is influenced to a great extent by smoking of parents. There is evidence in the data that thought smoking is often used as a remedy against feelings of doubt, fear or boredom, it is strongly influenced by the background of respondents.

The first contact with alcohol was conceded by 70.3% of pupils from our survey sample, aged 10 to 15 years. As a type of alcohol, respondents stated wine most frequently (38.8%), then beer (30.0%), spirits (19.3%) and liqueurs (11.8%). Findings have sustained known fact of general increase in the legal drug consumption among pupils from the survey sample. Respondents drank at higher extent comparing to those ones from the previous 2001 survey, while the rank of beverages preferred remained the same.

Studying respondents’ experience with types of alcohol concerned related to sex, results show that boys prefer beer and spirits while girls likes more wine and liqueurs. Consumption of wine is, for all that, the most dominant in the group of girls. From those girls who stated alcohol experience no fewer than 53.5% reported wine as a type of alcohol used whereas in boys beer dominated (40.0%) then followed wine and spirits (about 25%).

Alcohol consumption among respondents relates closely with their smoking experience. This relation, almost linear, represents confirmation that respondents who have conceded smoking of a whole cigarette, have also conceded alcohol consumption. And vice-versa, 85.0% of respondents from the group of those ones refusing alcohol consumption have never smoked a whole cigarette. From this follows that use of one drug leads to use another one. There is only a small step then to make a shift from legal drugs (alcohol and cigarettes) to illicit ones.

Secondary schools

In the secondary school students sample, regular smoking of tobacco products was noticed by 24.6% of respondents and 13.8% of students interviewed light on a cigarette occasionally. In 2003, by the time when the survey was being conducted, almost one third of young people (32.1%) had already finished smoking and 29.5% of respondents were non-smokers. Among those who had finished smoking, main reasons were: coming to realise negative health consequences, lack of financial resources, finding that smoking negatively influences their physical abilities or healthy lifestyle.

Occasionally smoking respondents stated that they smoked in most cases 5 cigarettes (18.7% of respondents), 10 cigarettes (26.8% of respondents) and 15 cigarettes (10.6% of respondents) in a day. Regular smokers indicated as the most frequent daily consumption 3 cigarettes (in 13.0% of cases), 5 cigarettes (in 27.5% of cases) or 10 cigarettes (18.8% of cases).

Everyday smoking is at higher extent in boys, and a fact that almost two times more girls than boys light their cigarettes occasionally can be considered as a very negative finding.

Comparing result from 2001, the number of respondents smoking every day increased and the number of young people who smoke occasionally or do not smoke at all decreased in 2003. More detailed analysis shows that in 2003 38.4% of respondents examined were ranked among smokers (which was 36.0% in 2001) and 61.6% did not smoke at all (64.0% in 2001). Thus, the number of smokers has increased since 2001, though cigarettes consumption decreased in these young people at the same time.

Cigarettes smoking	2001	2003
Daily	21.6	24.6
Occasionally	14.4	13.8
He/she had stopped already	23.6	32.1
Have not smoked	40.4	29.5

Tab. 2.2.9 Intensity of cigarettes smoking in the sample of secondary schools students
Source: IIPE

Primary motive for experimenting with tobacco products smoking was curiousness (60.5%) and much weaker reasons were: to escape from problematic reality (9.8%), they wanted to conform to a peer group (8.6%) or they looked for amusement (8.3%) or rakishness.

Curiousness was the strongest motive in both years. In 2003, escape from subjective problems was the second most frequented cause for experimenting with tobacco products, while in 2001 his importance for respondents was minimal. Young people considered avoiding of boredom and rakishness as a less important motive but higher importance was attributed to conformity with friends.

Behaviour of a peer group influences behaviour of an individual in a large extent. By the recent study results, as much as 82.8% of respondents have a close friend who smoke regularly and only 17.2% of secondary schools students are friends with a person who in non-smoker, which can be evaluated as a negative finding.

87.8% of boys and 77.0% of girls have a close friend that is a smoker. No fewer than 95.6% of smoking respondents indicates that their close friend smokes as well, while in the group of non-smoking young people only 89.5% have a friend that is non-smoker. Attitudes of a peer group towards smoking influence also attitudes of individual young people. The number of respondents that have a smoking friend has increased, comparing to 2001 (2001: 80.7%, 2003: 82.8%) and the number of those with a non-smoking friend decreased (19.3% in 2001 and 17.2% in 2003).

Findings not only notice the impact of a peer group but also suggest that both, tobacco products smoking and alcoholic beverages consumption are wide-spread

among youth, so – as it was mentioned above, within primary school sample description – consumption of one drug implies consumption of another one.

Comparison with 2001 shows, that the number of young people has increased whose friends smoke and drink alcoholic beverages, and, at the same time, the number of people has decreased whose friends are mostly abstinent. Along with this, the number of respondents has decreased whose friends consume only one type of legal drug (tobacco or alcohol).

Most of friends	2001	2003
Drink alcoholic beverages and smoke	56.9	59.8
Smoke but do not drink alcoholic beverages	9.6	8.6
Do not smoke but drink alcoholic beverages	16.1	14.2
Neither smoke nor drink alcoholic beverage	11.0	8.2
Can not judge	6.4	9.2

Tab. 2.2.10 Legal drug consumption in friends of the pupils from the secondary school sample
Source: IPE

Slovak legislation in force forbids alcoholic beverages selling to persons of age less than 18; 6.2% of respondents, however, consume alcoholic beverages frequently. Less than half of young people (47.0%) drink a glass of alcohol occasionally and 35.0% of responding people say that they drink alcoholic beverages only exceptionally. 11.8% of young people only do not consume alcohol.

10.7% of boys and 13.3% of girls do not drink alcoholic beverages at all; on the other hand 8.1% of boys and 4.0% of girls concede frequent alcohol use. Only exceptional drinking of alcohol is indicated in girls more frequently (36.3%) than in boys (33.5%) and there is the higher number of boys drinking alcohol occasionally (47.8%; girls: 46.5%). These findings are alarming, with respect to age of respondents.

11.1% of young people at the age of 18 drink alcohol frequently; the same category of alcohol drinking frequency is reported in 10.0% of young people at the age of only 15 years and 6.4% of 19-years old people. Among respondents at the age of 16 and 17 there are considerably lower numbers of frequent alcohol users indicated (16: 3.0% and 17: 3.8%). More than 40.0% of respondents of all age categories consume alcohol occasionally. Almost a quarter of 15-years old respondents do not drink alcohol at all; in 16-year olds it makes 9.6% and in respondents of 17 this value is 10.7%. From full-aged respondents, 11.1% of people at the age of 18 and 17.0% of those aged 19 do not drink alcoholic beverages.

More than a half of respondents consuming alcohol frequently are also regular smokers and 6.5% of them smoke occasionally. Following increasing frequency of alcoholic beverages consumption, the number of regularly or occasionally smoking young people increases too and the number of non-smokers decreases. Young people who drink alcohol often or sometime stay at smoking places much more frequently, comparing to those who consume alcoholic beverages exceptionally or do not consume them at all.

In comparison between the years of surveys (2001, 2003) it has been found out that the number decreased of young people consuming alcohol frequently and exceptionally, and, on the other hand, number of those who drink alcohol occasionally increased. The fact of slight increase in respondents who do not drink alcohol at all can be considered as a positive one.

Alcoholic beverages consumption	2001	2003
Often	7.1	6.2
Occasionally	45.7	47.0
Exceptionally (rarely)	36.3	35.0
Do not consume	8.1	9.4
Have no experience	2.8	2.4

Tab. 2.2.11 Alcoholic beverages consumption in pupils from the secondary school sample
Source: IIPE

Analysing data by the respective type of alcohol it rise that boys drink beer most commonly (in 43.8%), then wine (17.6%) and spirits (16.9%); liqueurs (10.3%) and other mixed alcoholic beverages (1.5%) are drunk at least. Girls prefer liqueurs (30.5%), wine (27.4%) and beer (18.6%). They consume spirits (10.6%) and mixed drinks (0.4%) less commonly.

Regular smokers get drunk much more frequently in comparison with those who smoke occasionally or do not smoke at all. There is least negative experience with excessive alcohol consumption among respondents who drink alcohol beverages exceptionally. Thus results document that the frequency of inebriations in young people increases with increasing frequency of alcoholic beverages consumption.

Comparison of data on primary and secondary schools

Greatest number of smokers, obviously, is among students of secondary schools. This is caused by the reasonably higher prevalence of regular smokers among students of secondary schools than it is in primary schools pupils. There are 24.6% of regular smokers among respondents from secondary schools while among primary school pupils it makes 3.5%. In occasional smoking, however, minimal differences are reported.

Most frequently stated motive for smoking is curiousness. In both research samples, more than one half of respondents answered that curiousness had led them to smoking. Respondents from the secondary schools showed greater degree of curiousness (secondary schools: 60.5%; primary schools: 52.9%). There were minor differences recorded between the primary schools sample and the secondary schools one with respect to other reasons for start of smoking, i.e. boredom, ambitions to be like friends etc.

Reasons for smoking	<i>Primary school sample</i>	Secondary school sample
Curiousness	52.9	60.5
Boredom	11.5	8.3
Rakishness	12.9	7.5
To be like friends	10.4	8.6
Subjective problems	9.4	9.8
Others	2.9	5.3

Tab. 2.2.12 Comparison of reasons for smoking between primary and secondary schools
Source: IIPE

These findings very probably signalise increase in the number of regular smokers, taking account of addictive potential of nicotine. It can be said, towards both samples, that there is slight increase in the number of smokers, regular together with occasional ones, in comparison with 2001 survey.

Alcohol is offered regularly by parents to 5.6% of primary schools pupils and to 2.2% secondary schools students. Exceptionally is offered to 41.1% of respondents from primary schools and to 65.7% respondents from secondary schools.

Results of study on smoking among pupils and students at primary and secondary schools suggested constantly increasing trend of cigarettes smoking and

alcohol consumption in children and youth. Based on the survey data, attitudes of parents and friends toward smoking and alcohol consumption can be denoted as reasons of such situation, besides other ones. It can be stated generally, in addition, that tolerant approach of the entire community with respect of this problem plays the negative role too, expressed as underestimation and downplaying of negative consequences of legal drugs consumption. This can explain the finding that in 41.1% of cases parents offer alcohol (thought sometime only) to their children – pupils of primary schools. From this fact, a question rise on initialisation of effective educational activities for pupils and students at primary and secondary schools as well as improvement of public awareness on smoking consequences. Mass media should play meaningful role in performing this task.

- **School children in the region of Bratislava**

There is broadly accepted idea in medicine as well as in laic sphere of developed countries that public health is influenced by external environment – at the level of about 20%, at the same level by genetic factors, at the level of 10% by health care services, but the impact of lifestyle represents as much as 50% contribution.

Changes in lifestyle and targeted reduction of negative effect on health linked to these changes has expressed by significant decrease in morbidity, especially in chronic non-communicable diseases (cardiovascular, cancer, metabolic) as well as by rise of mean age of population. In Slovakia, however, trends are retrograde – prevalence of diseases mentioned is increasing. Responsible for such negative trends is, in great extent, improper lifestyle: stress, smoking, absence of physical activity, alcohol consumption etc.

To know the current status of young generation's lifestyle thoroughly is one of prerequisites to develop efficient community-based prevention. Various questionnaire-based surveys, partial or countrywide, represent an approach of necessary data collection.

A survey that is carried out by regional offices of public health in the Slovak Republic entitled “Monitoring of school children lifestyle in the Slovak Republic” is one of them. The first phase of the project run in 2004 and it was focused on theoretic preparation. Data collection and input of the data to a database was realised within the first term of 2005.

For 2006, workshops on given issue are planned, after the summarisation of results a final report will be elaborated and it will be published thereafter. After successful completion of the pilot project, it will be repeated every four years.

Results from regional surveys are not completed yet, there is database on the region of Bratislava available at the Public Health Authority of the Slovak Republic as experts from the Department of Children and Youth Hygiene have participated on the statistical data processing.

A questionnaires that were filled in by respondents, had been designed in several domains covering inter alla family, school, free time and hobbies, perception of stress, own health, diet, self-assessment, different problems solving, relations in partnership and sexuality, value judgement and attitudes and, particularly, field of dependencies – i.e. smoking, alcohol consumption, gambling, medicine and/or other drugs misuse.

About 1300 questionnaires were statistically processed from the region of Bratislava. Students of grammar schools, secondary technical schools and vocational schools were addressed, following common methodology. The scope of the questionnaire is fairly large; therefore we provide herein only some selected areas of questions for illustration.

Smoking: Proportion of those who have never smoked is the largest one in students of grammar schools, 46% of boys and 54% of girls. In student of technical schools there is amazingly great fraction of those who smoke every day – 23% of

boys and 27% of girls. Situation is the worst among students of vocational schools, daily smoking is indicated in 48% of boys and 42% of girls. Mean age of smoking his/her first cigarette is very low, no matter the type of school – 11 years in boys and 12 years in girls.

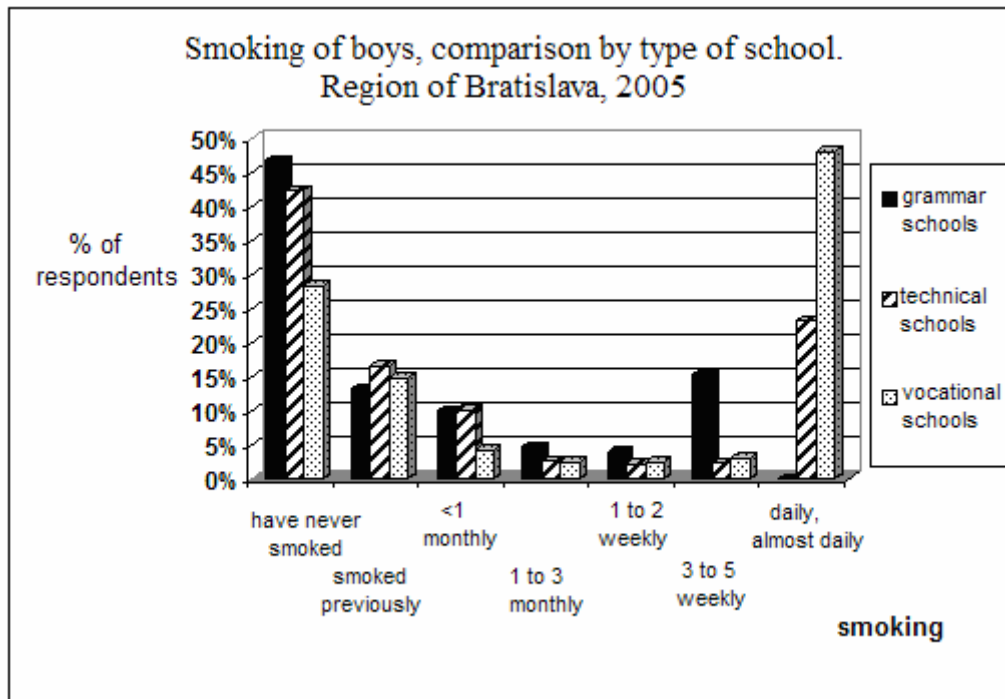


Fig. 2.2.4 Smoking of boys at secondary schools in the region of Bratislava, by the type of school
Source: PHA SR

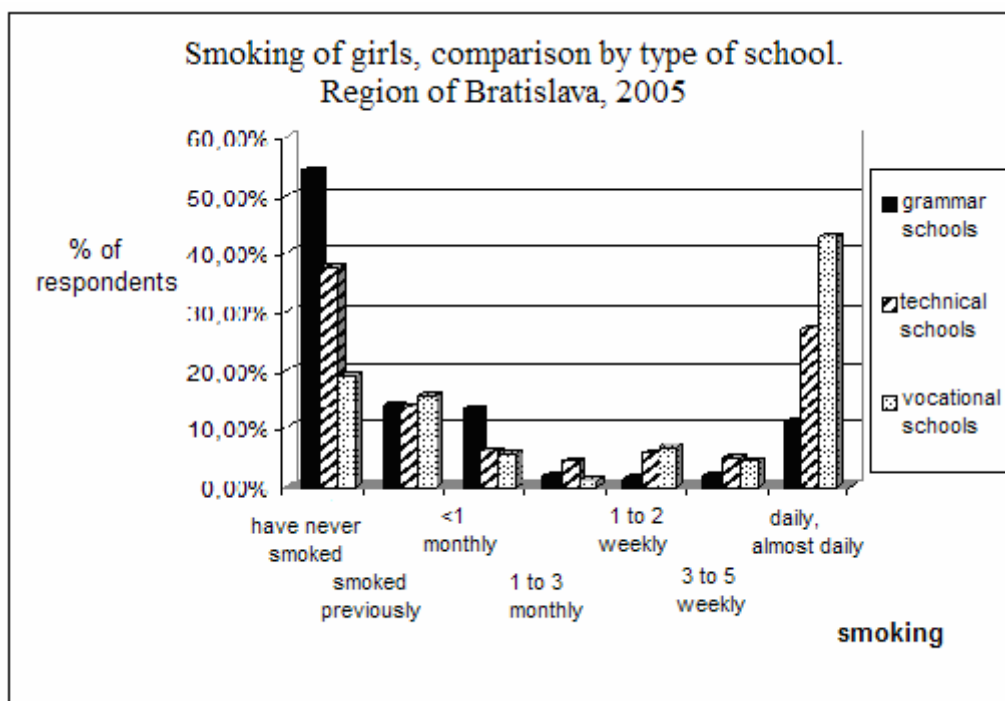


Fig. 2.2.5 Smoking of girls at secondary schools in the region of Bratislava, by the type of school
Source: PHA SR

Concerning to number of cigarettes smoked, most of boys and girls who have never smoked attend grammar schools (46% and 54%), about 14 to 20% of students

smoke 1 to 5 cigarettes daily on average. Information that even 35% of boys from vocational schools smoke 15 or more cigarettes daily is alarming.

Coffee consumption: Most of students do not mention coffee consumption – around 40% drink it sporadically. Only about 35% of boys from vocational schools drink it several times in week.

Consumption of spirits: About one third of respondents indicate that they do not consume spirits at all, there is as much as 45% of girls from grammar schools are full abstinent. Approximately 25% of respondents from all types of schools drink spirits less frequently than once in month. 18% of boys from grammar schools and 20% of boys from vocational schools drink spirits four times per month, which is relatively negative evidence. Numbers of respondents consuming spirits daily are negligible.

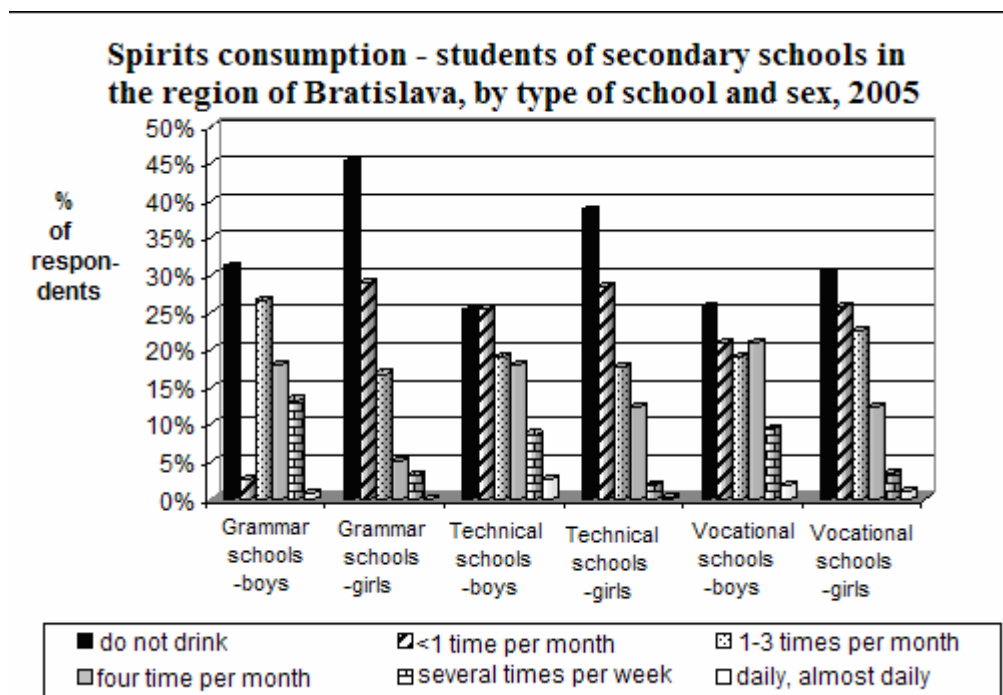


Fig. 2.2.6 Frequency of spirits consumption in students of secondary schools in the region of Bratislava, by sex and type of school
Source: PHA SR

With respect to average amount of spirits consumed last year, interestingly, girls do not hang behind boys, or, more precisely, their numbers are only slightly smaller than the ones in boys. Less than 0.5 decilitre of spirits in month drink 41% of girls from grammar schools, 28% of girls from technical schools and 30% of girls from vocational school. The highest number of respondents that consume 0.5 to 2 decilitres of alcohol per month is right within the group of girls from vocational schools. Mean age of the first glass drinking is very low – 12 years in case of beer regardless sex and a type of school; in case of wine the mean age is any higher – about 13.5 years and for spirits the mean age is 13-14 years. It follows from the survey that friends offer alcoholic beverages most frequently among themselves (in 50-70%) but there is also information in questionnaires on offering alcohol to juveniles by relatives (parents and grandparents).

Relatively large number of respondents indicates inebriety two or three time in life, about 15 to 25% from all types of schools. Very alarming is an information on repeated inebriety, even 10 times in life, in boys as well as in girls; in boys of all three types of schools (grammar school, technical school, vocational school), the values are 26%, 41% and 46%, in girls the same number are 8%, 18% and 24%.

Gambling: Favourable fact is that predominant majority of respondents have never gambled – 50% of boys and 70% of girls from grammar school, more or less equally students from technical schools and in students of vocational schools 50% of boys and 68% of girls have never gambled.

It was interesting to find out that about 20-40% of boys and girls reported that they tried to play games on automats but did not play anymore and they do not play currently. Around 10% of boys from vocational schools concede playing on automats once in month.

Drug consumption: Question to respondents on whether they would like to try any drug was answered positively by about 5% of boys; in girls least number of positive answers was among students from grammar schools, compared to 5.6% in girls from vocational schools. Majority of respondents have no interest to try any drug – about 60% of boys from all types of schools and slightly more in girls – around 60-70%.

The biggest proportion of current users was observed among boys from vocational schools – 21%. Mean age at first drug use ranges in boys between 13 and 15 years, in girls it is higher – between 14 and 15. As to frequency of drug use, the largest proportion is created by those respondents who have never had a drug (cca 65 % of boys and 60-80% of girls). At once the first and the only drug use was reported by 16% of boys from grammar schools, 12% of boys from technical schools and 17% of apprentices from vocational schools. In girls, the greatest proportion of those who have used a drug is in vocational schools – as many as 21%.

Daily drug use was reported by 4.7% of boys from grammar schools and 3.4% of girls from vocational schools.

The most common route of administration in students is smoking, the second most frequent is combination of several routes. Per-oral route is preferred by boys from grammar schools – 4.3% of all respondents consuming drugs regularly. Least frequent routes of administration are inhalation, injecting and sniffing.

Among regular users, the highest proportion consists of those respondents who state that they do not need any qualified assistance, especially in students from vocational schools (21% of boys). Drug dependent respondents also indicated that they would seek help themselves if they knew where to turn to, or, in other case they were afraid of reaction of community. Approximately 1-3% of drug dependent students have sought help on their own.

2.3 Drug Use among specific groups

Sex services providers are in general perceived by public and media as drug users and there has been no survey up to now regarding drug use in this specific community. Therefore any data are based on field workers' knowledge from projects that cover prostitutes as well. Citizens' Association Prima realises a field program for people taking drugs actively that is aimed to sanitary goods exchange.

Citizens' Association Prima (*hereafter referred to as Prima "CA"*) carried out a program of syringes and other sanitary goods exchange in 2004, in the total extent of 1,184 hours of street work (24 hours per week) which represented 227 visitations in the field and 960 hours of social assistance to help clients (20 hours in week). During the period observed, there were 811 clients registered and 4209 contacts of direct work with clients. Prima acts within the territory of the city of Bratislava

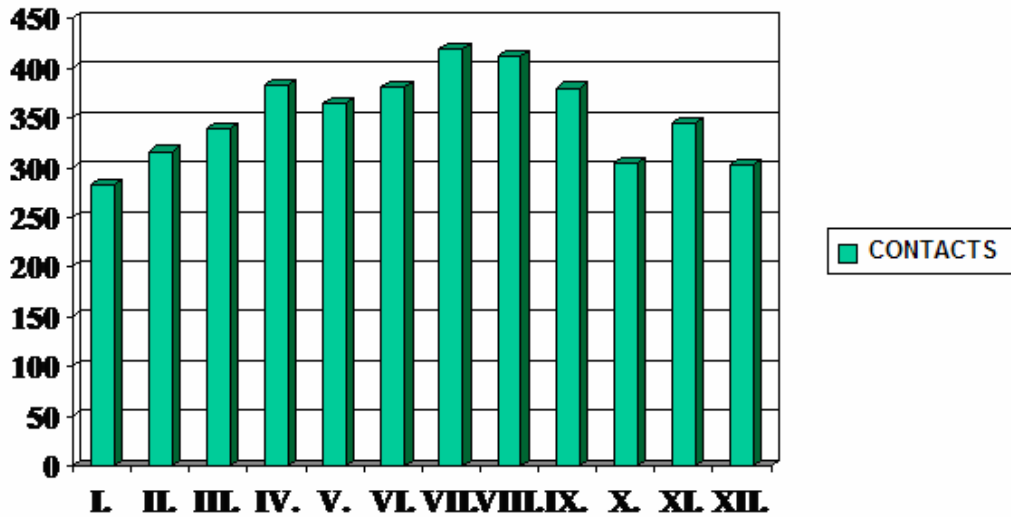


Fig..2.3.1 Number of contacts in 2004, by calendar months
Source: Prima CA

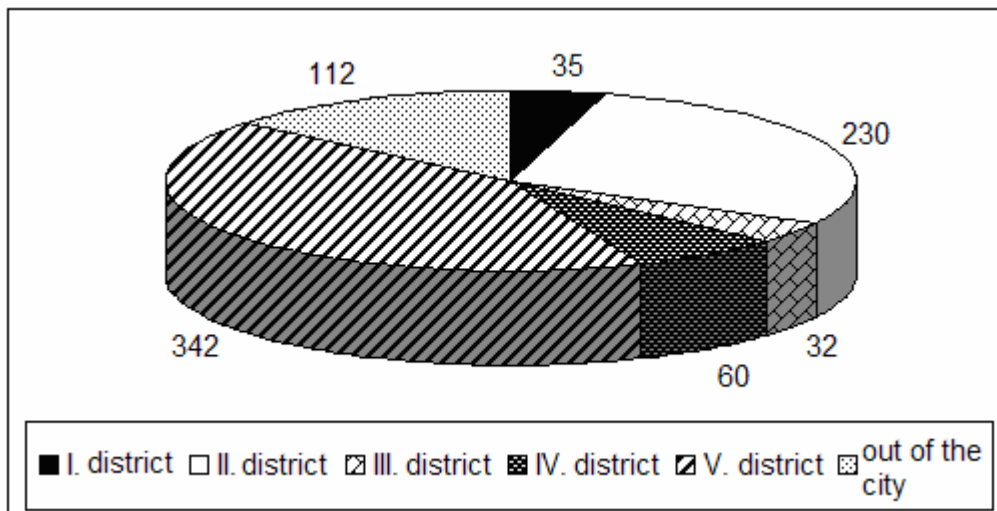


Fig. 2.3.2 Clients distribution, by city districts of Bratislava, 2004
Source: Prima CA

Field program for active drug users is carried out in territories of Bratislava with the highest prevalence of active drug users where requests of clients for anonymity and safety can be accepted easily within sanitary goods exchange and social assistance provision. Data are presented also on social assistance provided.

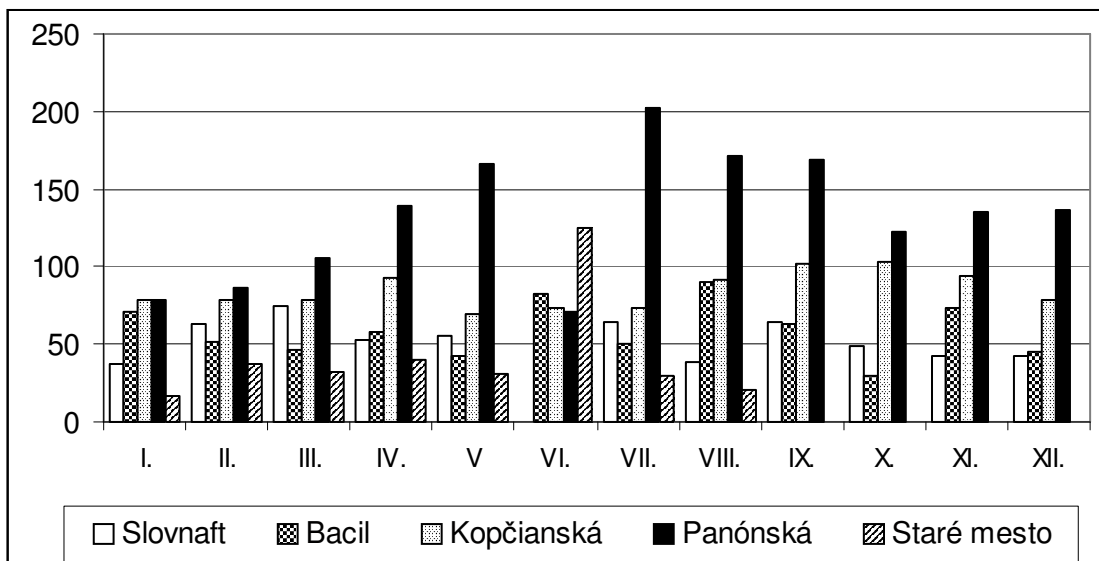


Fig..2.3.3 Contacts by locality, 2004
Source: Prima CA

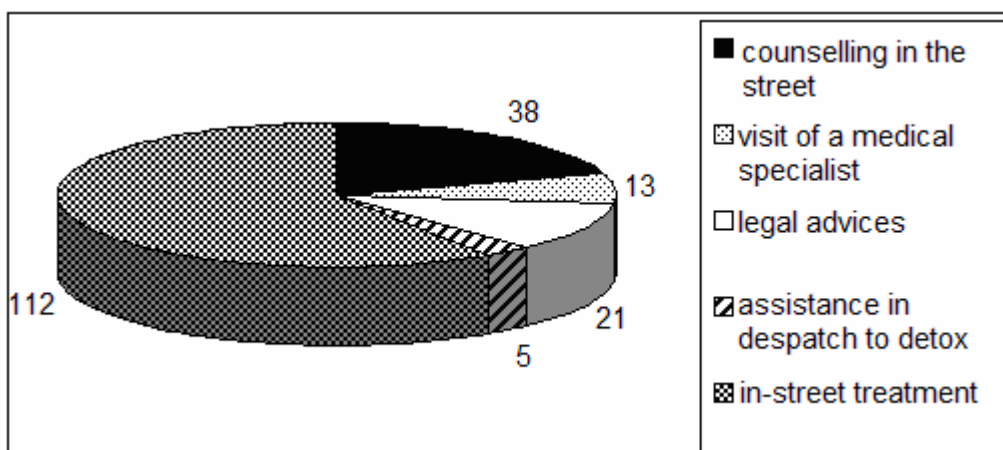


Fig. 2.3.4 Number of contacts within social assistance, 2004
Source: Prima CA

3. Prevention

The prevention activities play an important and non-substitutable role in drug demand reduction. **Universal** (primary) **prevention is aimed at the young population, e.g. school population**, without focusing on specific risk groups, while **selective** (secondary) **prevention targets vulnerable (risks) groups, and indicated** (tertiary) **prevention is focused on vulnerable individuals**. The measures taken in the drug prevention field pursue the objective of reducing the number of persons that come into contact with the use of drugs or – more frequently – aim to defer the use of drugs and thus to at least mitigate the drug problem³¹.

Policy of universal prevention activities should be complemented with more intensive tailor-made interventions, focused mainly on vulnerable groups and individuals in the sense of selective and indicated prevention. State antidrug policy in the field of prevention has been aimed in 2004 on realisation of various prevention activities and projects for children and youth for women and mothers with children and persons serving imprisonment sentences. The impact was put on the improvement of availability, quality and effectiveness of healthcare for drug users; construction of preventive facilities, centres for the treatment of drug dependencies and on reduction of negative social and health impacts.

Research activities, surveys, gathering of data and monitoring of the prevention of **drug addictions** (hereafter referred as DA) have been provided as well as training of qualified personnel. Realisation of drug prevention activities in the Slovak Republic is pursued as a priority by three sectors – education; labour, social affairs and family; and health.

Also the NGOs play very important role aimed on streetwork activities, harm reduction primarily, however they provide prevention activity and social reintegration services as well.

In accordance with the NPDF for 2004-2008 the universal prevention programmes (as well as selective and indicated prevention programmes) were carried out through the network of school and out-of-school establishments under the competence of the Ministry of Education (such as Educational and Psychological Prevention Centres, - hereafter referred as EPPCs - Pedagogical and Psychological Counselling Centres – hereafter referred as PPCCs), and in the Centres of Counselling and Psychological Services (hereafter referred as CCPS), what are specialised services for DA prevention provided and controlled by Ministry of Labour, Social Affairs and Family.

3.1 Prevention in the field of education

In 2004 Slovak Government has adopted the third NPDF. The tasks for education sector set in the Concept of Drug Dependencies Prevention until 2003 and resulting from previous NPDF were evaluated and simultaneously submitted for the Minister of Education approval with the new tasks draft for the period 2004-2008.

Prevention concept in sector of education is aimed on prevention within the education process, active protection of children against sociopathological manifestations, professional psychological and counselling services for risk children, re-education and social reintegration in specialised educational facilities and co-operation with the family and larger school community.

³¹ EMCDDA Rhodes, T. -Lilly, R. -Fernández, O. et al.- www.emcdda.eu.int

Antidrug activities in education sector in 2004 were purposed mainly on:

- Universal prevention of DA at schools and school establishments within the educational process.
- Realisation of long-term, continuous prevention activities,
- Professional training of pedagogical and non-pedagogical staff of schools and school establishments,
- Promotion and support of leisure-time and sports activities
- Providing of educational and professional psychological, special-pedagogical interventions for problem children and children with special educational demands and for children with behavioural disorders,
- Monitoring the situation in drug experimenting, research and surveys,
- Build up of Drug Information System on prevention, setting up analyses for new prevention strategies and programmes (*report for 2003*).

Act No. 279/1993 of Coll. on Educational Establishments as amended provides for the creation of special (school) educational prevention establishments (educational and psychological prevention centres, diagnosis centres, (*hereafter referred as DCs*), therapy-education sanatoria (*hereafter TES*) and counselling services (educational and psychological counselling centres (PPCCs) and special-pedagogy counselling centres - *hereafter - SPCCs*). **The number of educational establishments – EPPCs – has increased in 2004 (+ 6) and the number of their staff grew by 31 employees, especially among the positions of psychologists and social workers.** In 2004 there were 48 EPPCs; 44 EPPCs were functioning as the part of the PPCC structure and 4 ones were independent educational establishments.

EPPC in the local scope of powers is to guarantee professionalism and effectivity of prevention programmes, embracing the prevention all sociopaths (behavioural disorders, truancy, DA prevention incl. legal substances, harassment, chicane and aggressive behaviour, sexual abuse and suicidal behaviour). EPPCs provide professional interventions in form of prevention and pedagogical treatment, counselling, as well as psychological and psychotherapeutic assistance to children, parents and teachers.

The problem encountered is the lack of EPPCs, non-balanced coverage in regions, insufficient amount of experts and in case when EPPC is functioning as the department of other school establishment (PPCCs, DCs and TESs) its expected autonomy is failed, as well as its staff is charged with other duties. The amount of EPPCs got up last year (+ 6), however 3 single EPPCs were abolished due transition under the new founder.

Each district town of Slovakia has a **pedagogical and psychological counselling centre** (PPCC; there are 76 district PPCCs, 3 off-shores in the localities and 8 regional centres).

The number of clients registered with counselling centres in the 2003/2004 school year was 163 170 (+ app.25 000 clients); they were offered counselling or professional services within single or repeated sessions, on an individual or group basis. 17.7% of clients came from Kindergartens, 49,4% from primary schools (including special primary schools), 27,5% from secondary schools (gymnasium, vocational schools, secondary vocational apprentice schools, special secondary schools), and 4.8% belong to the category of others (families, etc.). In the drug prevention field, counselling centres carried out various activities (details see in Table 3.1.1).

The number of clients registered with EPPCs in the 2003/2004 school year comparing 2003/2004 was doubled on the amount of 22 932.³² (19 374 clients were children (84, 5%), of which pre-school children in amount of 1 286; school age children were in amount of 14. 374 and finally 3. 714 teenagers who completed education and finally

³² / Slovíková, M. et al.: The Activity of PPPC in school year 2003/2004, Bratislava, March 2005, IIPE

15, 5% parents and other persons).³³ 0, 2% (41) of EPPCs clients were recommended for institutional education.

Counselling centres realised various activities in the field of DA. (See Tab. 3.1.1).

PREVENTION OF DRUG ADDICTION SCHOOL YEAR 2003/2004		CPPC		EPPC	
		Number of activities	Number of participants	Number of activities	Number of participants
Group activities with the client		2 278	40 608	4 470	80 626
Of which	Training groups	1 121	12 360	2 769	40 211
	Lectures, meetings	1 157	28 248	1 701	40 415
Services to pedagogues		3 569	10 067	4 259	11 979
Of which	Methodical consultations	3 209	3 962	3 925	5 375
	Courses, seminars	360	6 105	334	6 604
		185	2 708	527	6 395
Other professional activities		289	9 319	683	32 143
Incl.	Publishing and cultural activities	124	6 080	272	16 085
	Promotion and information activities	141	2 663	315	13 783
	Residential-type events	24	576	96	2 275
Total		6 321	62 702	9 939	131 143

Tab.3.1.1 Drug addiction prevention activities and participants
Source: IIPE

The cases of pupils experimenting with drugs are followed on the basis of case history of pupils who contact EPPCs for different reasons; family problems, behavioural disorders, experimenting with drugs, pathological gambling, asocial and antisocial problems, personality and psychological problems, or truancy.

In the 2003/2004 school year, experimentation with drugs was present in 1, 9% (435) of cases (Table 3.1.2). Comparing 2004 it was an increase in 154 cases.

School year 2003/2004	Single client	Referred by legal guardian	Other person	School	Institution	Totally
Family problems	412	1 985	206	306	32	2 941
Behavioural disorders	207	2 192	275	3 582	117	6 373
Experimenting with drugs	54	199	45	136	1	435
Pathological gambling	4	28	2	8	0	42
Personality and psychological problems	1 026	917	192	771	4	2 910
Asocial and antisocial activities	12	63	31	643	29	778
Truancy	7	205	20	193	7	432
Other	1 702	2 090	44	5 099	16	8 951
Total	3 424	7 679	815	10 738	206	22 862

Tab. 3.1.2 Reasons for seeking assistance of an EPPC
Source: IIPE

Staff of EPPCs have realised training courses and training of socio-psychological skills, psychodiagnostics, psychotherapy, prevention programmes, projects and activities within the universal and selective prevention, education of other school establishments staff and club activities.

There were 18 557 events of which 4 796 (25, 8%) were unrepeated and 13. 761 (74, 2%) have been repeating. The psychotherapy and psychodiagnostics was provided most frequently, and attention has been devoted to the universal and selective prevention activities, programmes and projects, training of socio-psychological skills and club activities. (Tab.3.1.3).

³³ Slovíková, M. et al.: The Activity of EPPC in school year 2003/2004, Bratislava, April 2005, IIPE

	Number of activities			Number of participants		
	Totally	Of which		Totally	Of which	
		Single activity	Repeated activity		Single activity	Repeated activity
Training courses	291	29	362	2 550	229	2 321
Training of socio-psychological skills	1 595	289	1 306	18 576	3 723	14 853
Psycho diagnostics	3 813	2 047	1 766	1 715	3 039	1 676
Psychotherapy	5 771	272	5 499	3 083	375	2 708
Prevention programmes and projects	2 653	414	2 239	42 038	7 690	34 348
Universal and selective prevention activities	2 699	1 217	1 482	38 979	20 636	18 343
Education of professional staff	472	267	205	3 588	2 110	1 478
Club activity	1 263	261	1 002	21 001	9 231	11 770
Total	18 557	4 796	13 761	134 530	47 033	87 497

Tab.3.1.3 Professional activities of EPPC
Source: IIPE

PPCCs activities were aimed on training courses; socio and psychological skills, education of personnel of school establishments, prevention programmes and projects, activities for universal and selective prevention, and school's clubs activities – leisure time and relaxation. Total amount of events was 5.137 of which 1.728 (33, 6 %) were attended by clients once and 3.409 (66, 4 %) repeatedly. Unrepeated activities were represented mostly by universal and selective prevention activities; on the other hand the most frequented activity (61, 3 %) was the repeated training of socio-psychological skills. In general training courses and training of socio-psychological skills, prevention programmes and club activities were organised as repetitious events. (Tab.3.1.4).

	Number of activities			Number of participants		
	Total	Of which		Total	Of which	
		Single	Repeated		Single	Repeated
Training courses	119	7	112	904	170	734
Training of socio-psychological skills	2 277	187	2 090	8 576	1 112	7 464
Education of professional staff	384	310	74	6 282	4 850	1 432
Prevention programmes and projects	649	150	499	10 234	2 575	7 659
Universal and selective prevention	1 169	949	220	17 304	14 794	2 510
Clubbing	539	125	414	14 081	9 787	4 294
Total	5 137	1 728	3 409	57 381	33 288	24 093

Tab.3.1.4 Activities of PPCC
Source: IIPE

In school year 2003/2004 PPCCs and EPPCs carried out **542 prevention activities and programmes in 75 districts of Slovakia**. Majority 61, 5% - represented long-term and more fully programmes and 38, 0% was of prevention and educational activities). *Universal prevention activities* shared 79, 2%; *selective prevention activities* 18, 3% and two programmes of tertiary (*indicative*) prevention. 60, 5% prevention programmes/activities were targeted specifically on primary schools (incl. Kindergartens), secondary schools and teachers in form of lessons, meetings and courses. Professional staff of EPPCs/PPCCs provided these activities in 83, 6%, as well as teachers in localities concerned. The most

prevention programmes were aimed on personal development and prevention of sociopaths (consumption of alcohol, smoking and other drugs). **85 751 participants** have participated³⁴

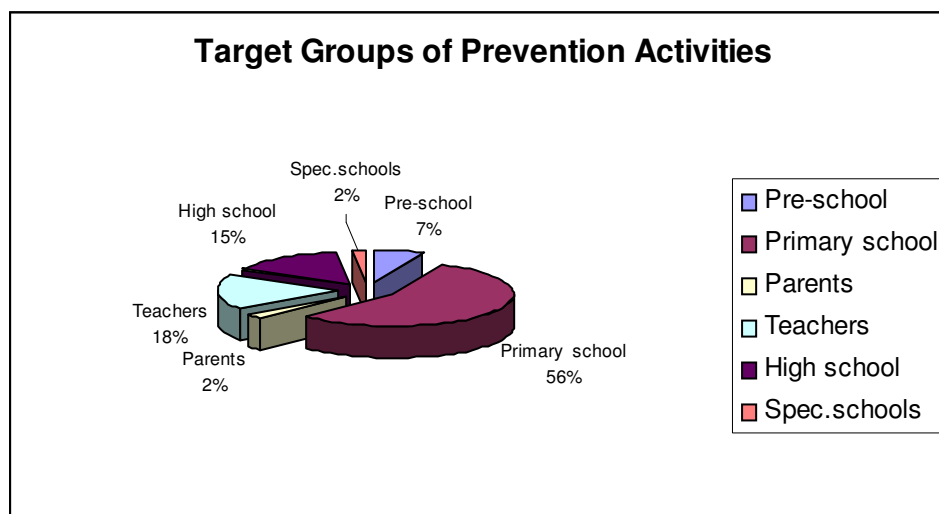


Fig 3.1.1 Shares of target groups
Source: IPE

82,0% prevention programmes were evaluated internally – by participants, some of them (60,3%) gave a feedback. 10% of activities were evaluated by external institution. 10,3% were evaluated orally by all participants, 3,7% of participants submitted written statement, (in 4,6% after every part of programme, in 2% final evaluation).

Experts, who have performed the programme, evaluated it in 6, 28%, teachers – participants evaluated the programme in 5, 4%. Findings recorded have ensued, that programmes contributed to improvement of pro-social behaviour of children and social relations in the group as well as to the elimination of negative manifestations in behaviour (Tab.3.1.5).

Evaluation results		
	Number	%
Improving pro-social behaviour	159	29,34
Elimination of negative behaviour	65	11,99
Improving social climate in group	70	12,92
Improving of self-knowledge and ability to express	48	8,86
Growth of knowledge and change of attitudes	55	10,15
More effective interpersonal communication	18	3,32
Improving of psycho-social skills	16	2,95
Growth of health life style motivation	16	2,95
Others	95	17,53
Total	542	100,00

Tab. 3.1.5 Evaluation results of projects performed
Source IPE

The Act No. 381/1996 Coll established the Antidrug Fund. Its mission is to collect and distribute financial contributions for drug prevention, treatment and reintegration activities. In 2004 AF provided contributions for 158 school projects in total amount of 18 Mio Skk (10 national projects were contributed by 8, 5 Mio Skk and 148 individual projects of schools and

³⁴ Slovíková M., Dugovičová, M: Prevention programmes and projects/activities realised by PPCCs/ EPPCs. Bratislava 2004, IIEP

school establishments were contributed in total amount 9, 4 Mio Skk³⁵). Prevention programmes claiming for contribution from AF were approved and contributed if they met request on professional guarantee and final evaluation

Tasks and current issues of prevention in the sector of education were implemented into **Pedagogical and organisational instructions of Ministry of Education for schools and school establishments and public administration authorities in sector of education** for school year 2004/2005 (*hereafter referred as „POI“*), in particular into the Part I. General information and instructions and into section 2.5.2 Specialised educational establishments (full text available on <http://www.education.gov.sk>).

Regarding POI, schools and school establishments are tasked to monitor behavioural changes at children followed by various policies; dealt with elimination and reduction of grounds, which can cause the disorders of psychosocial development. The Act on protection of non-smokers is alleged at each school and every fully-organised school is to set the function of prevention-coordinator.

The problems related to the experimenting of pupils with drugs are considered as the violation of School Order and discussed with parents first. Justified case is recommended by the school management to contact prevention/counselling centre, psychological survey and interview and medical examination. (In case of serious violation of school order there are different levels of sanction - the most serious sanction is exclusion from school.).

Good example of co-operation is relations among schools, EPPCs and PPCCs; some employees (psychologists, social workers and special pedagogues) are tasked to deal with prevention activities and complex programmes for different targeted groups. (For the pre-school age children, prepubescent age children, pubescents, teenagers and university students). Prevention activities and programmes are backed on effective prevention principles (fostering the education to the health and healthy life-style, ethical standards, humanism, enhancing of legal awareness, improvement of communication skills and skills how to get stress situation under control). Specific programmes aimed on risk children and youth groups were the part of these activities, carried out by specialised school establishments – EPPCs, DCs, TES, PPCCs and re-education facilities for children and youth.

- **Prevention procedures incorporated into the Concept for School-based Prevention of Drug Addiction in sector of education**

In 2004 prevention procedures and activities in education field were realised regarding priorities (*details see in report for 2003*).

As regards institutional arrangements, the following organisations that belong to the Ministry of Education's sector operate at the **national level**:

- The Institute of Information and Prognoses in Education (Drug information system, drug-related analyses, surveys and research in legal and illegal drug consumption).
- Methodological and pedagogical centres (Training and education of teachers in effective methods of school-based prevention).
- The Research Institute of Child Psychology and Pathopsychology (Performs surveys and analyses, education and training of specialised personnel of prevention and counselling establishments).
- The National Institute for Education (Evaluates pedagogical documents and teaching texts on the prevention of drug addictions).

At the regional level, prevention is performed in kindergartens, primary schools, secondary schools, special schools, universities (especially by those who are providing the

³⁵ Prutkay, I., Slovíková, M.: *Evaluation of AF Projects for 2004, IIPE, Bratislava*

master teaching education), by the educational establishments – educational prevention centres or counselling centres; leisure-time facilities – school children’s clubs, special interests centres (sports centres respectively).

The cooperation with NGOs, municipalities, health and police authorities is considerable.

Objectives of the education and instruction process are aimed on promotion the quality of life, pro-social orientation and healthy lifestyle of individuals **as well as on mental health**. The importance is assigned to the protection of one’s own health, and meaningful leisure-time activities as an important drug abuse prevention alternative.

Professional counselling and prevention are offered to children, parents and teachers in district towns of Slovakia through **pedagogical and psychological counselling centres (in 48 cities EPPCs as well)**. There are several primary and secondary schools at each district. Every school appoints **a teacher to act as a coordinator for the prevention of drug addictions and of other social pathologies**.

- **Teacher – prevention coordinator** cooperates with school management in coordinating DA prevention and providing methodological guidance, and informs parents about drug prevention measures taken by the school. Coordinator in co-operation with the teaching staff conducts the annual prevention programme and acts as intermediary between the school and prevention, counselling or other professional establishments.
- **Coordinator conducts prevention activities in close cooperation** and consultation with the educational and psychological prevention centre in the locality concerned, with a view to applying the principles of effective prevention.
- **Lack of professional capacities (establishments, specialised staff and deficit of information concerning effective ways of prevention)** in individual localities causes that the school prevention policies are carried out on “intuitive” level (enhancing by out-school activities, repression policies, simplified information, sport, restrictions or limitations, sententiousness, intimidation, short run activities or finally even by the exclusion of problem student from school).
- **Active protection of children** – directors of schools or educational establishments incorporate the measures designed to combat the spreading of legal and illegal drugs in the school environment into the school rules.
- **Cooperation with parents** – parents are regularly involved in the activities of the school. Participation in school activities takes the form of regular ‘teacher-parent meetings’. Schools, as well as prevention and counselling centres in the sector of education, organise discussions for parents. They organise also a number of activities involving both parents and children. The management of school and teacher - prevention co-ordinator informs parents on prevention activities set in school and on availability of professional interventions for endangered children. First intervention is made by class-master or teacher-coordinator who is to contact parents first and then the prevention or counselling centre in the region. When a pupil displays early signs of problem behaviour, the first intervention is performed by the class teacher or the teacher – coordinator. If it is apparent that professional help is required, the school contacts the competent prevention or counselling centre in the region/locality. **Psychological intervention is possible only under the approval of parents or authorized guardians.**

Prevention of social pathology continued in 2004 by complex programmes (e.g. **Health promoting School**“, national programme **„The Way to Emotional Maturity**“, project **„School without alcohol, cigarettes and other drugs** “ (see commentary in 2004 National

report³⁶). Special attentions were devoted to the children from socially handicapped environment, Roma children and children with health or mental handicap.

In the area of prevention of social pathologies, schools have been reinforcing the anti-drug climate using accessible means. Some schools carried out comprehensive prevention programmes and projects, such as the WHO project of 'Health-Promoting Schools', the national programme 'The Way to emotional maturity', the project 'Before it is too late', 'School without alcohol, cigarettes, or other drugs', 'We want to breathe clean air', peer programmes and other projects that respected the regional specificities.

- **Kindergartens**

By December 2004 there were 961 kindergartens (+ 24 comparing 2003) involved into National Health promoting Schools network (WHO) with certificates. Many of them were launched in realisation of other programmes and regional projects (projects aimed socially – education to healthy life style and prevention of gratuitous behaviour) under the titles: „Prevention programme for pre-school children“, „**Wide - Open School**“, „**Step by Step**“. **Strengthening of physical and mental health of pre-school age children**“, etc.

Primary schools

DA prevention is an integral part of educational process notably at primary schools. Issues of prevention are introduced into yearly prevention activities plans, plans of co-coordinators and subjects commission plan. Prevention themes are integrated into **ethics, civics, and teachings on society, religion, natural history, Slovak grammar and literature, chemistry, biology and class master meeting. Prevention programmes are set into either Ethics subject, or they are performed within the class master meeting and events held out of school-time.**

Peer-programmes are carried out within the framework of guaranteed projects for primary and secondary schools. The programmes are set out and realised by professional staff of PPCCs/EPPCs, who provide education of teachers and to guarantee that minimal standards of peer-programmes are kept. Primary schools prevention programmes are notably: **“We want to breathe clean air”**, **“Understanding each other”**, **“School without alcohol, cigarettes, or other drugs”**, **“Before it 's too late”**, etc.³⁷

DA prevention programmes for first stage of primary school employ:

Supplementary teaching text of Claire Rainer **„Don't destroy your wise body“**, Working texts of author Senková, E.: **„Smoking and your body“**, **„Alcohol and your body“**, **„Chemicals and your body“**, **„Drugs and your body“**, **„ How to keep health body“** completed by schematic didactic tools.

For the second stage supplementary teaching text set by authors Kašparová, Houška, Uhereková **„How do I know myself?“** (Working texts for 5th – 9th grade of primary school + methodical manual for teachers).

In 79 districts of Slovakia there are majority of schools and schools establishments involved into project initiated by WHO Health promoting school. National network of schools promoting health has been established and by December 2004 the network counts **2.135 schools and school establishments** participating on the project. 2 042 (95, 6%) of schools have accomplished certificate level (*details in SQ 22*).³⁸

36 The State of Drug Addiction and drug Control in Slovak Republic (National Report for REITOX) Bratislava 2004

37 Tomková, Slovíková, M.: Report for NPF for the year 2004, journal PREVENCIA, No. 2, Vol. IV, Bratislava 2005, IIPE

38 Földes, T., Slovíková, M.: Evaluation of National School Promoting Health Network, December 2004, Bratislava, IIPE

Prevention programme "The Way to emotional maturity" (author: Štefan Matula) has been applied in 2004 and carried out under the expert's guarantee of RICPaP. Continuous evaluation was made by IPE and moreover by qualified regional guarantee of project.

616 schools were taking part at this national project (incl. 11 eight years gymnasium), **36 558 pupils in 2 265 classes** passed the project realised **by 998 teachers**³⁹

Some decline comparing 2003 (– 74 schools), is joined with a school reform mainly (reduction of the school network – cancelled schools or on the opposite, schools which are associated with other etc.).

During five years of programme "The Way" **4.140 schools were participated** and **212. 645 pupils in 12. 208 classes have attended it. Repeated survey done by IPE in June 2004 described the receiving of this prevention program by teachers and pupils as very interesting for both sides.** The programme helped pupils to solve important life situation, improve their communications ability, make them more empathetic, to know oneself, to contribute in mutual understanding with parents, teachers and schoolmates.⁴⁰

Many schools and school establishments performed various activities within the European week of fight against drugs, Healthy Week, International Day against drug abuses and illegal trafficking and International Day of Health aimed on strengthening of health and healthy life style, sports and culture events special interests and art competitions.

Besides mentioned there were various events organised within the Day of Daffodils, the Week of Sport, Thierry Fox's run, The day of Fight against AIDS. Many events were organised in the co-operation with self-government structures, NGO's, parents and sponsors as well.

RICPaP prepared an up-date of methodology material for schools and educational establishments carrying out the "Way to Emotional maturity" programme. Collection of papers: Child at Risk XII. " Working Group of RICPaP released „Guidelines of implication of peer programmes in EPPCs/PPCCs psychological and educational prevention system“.

- **Secondary schools** (gymnasium, secondary vocational schools, vocational apprentice schools)

Supplementary teaching texts **How to be true to oneself** of authors Zelina and Uhereková, approved by NIE and developed especially for 1st. - 4th grade of high schools and gymnasium are involved into educational process.

Texts are applied in comprehensive way to amend such subjects as biology, ethics, and Slovak language, civics, history and class meetings, somewhere in extra optional subjects (Oncology issues) or in extracurricular activities – within the framework of school clubs activity.

Methodical manuals to the supplementary texts for teachers of high schools in first and second grade and third and fourth grade were released. Texts are aimed on prevention in use and misuse of legal and illegal drugs as well as on non-substance addiction – gambling, and HIV/AIDS and chicane, etc.).

„Programme of pupil development“ **by author V. Hybenová. On DA prevention** aimed project is assigned for high school students. Professional employees of district PPCCs have carried out the form of education of school prevention coordinators and following implementation mostly into school subject – ethics. The miscellaneousness of issues that are change over with DA in an unlaboured way is the main advantage of the programme, which is well receiving by pupils, often informationally overloaded.

Further methodical texts, didactical tools and videotapes were produced in some regions.⁴¹

39 Slovíková, M.: Quantitative data of "The Way" programme for school year 2003/2004

40 Slovíková, M. et al.: Evaluation of survey: Teacher in setting for prevention programme "The Way" Bratislava 2004, IPE

41 Evaluation of NPF in sector of education for 2004

- **University level**

Various aspects have determined the level of attention, which is put on DA prevention issues at the University level, mostly the content and purpose of the study programmes. In the profiling document of ME Section of Universities was reported the increased attention to DA prevention at the University of Matej Bel in Banská Bystrica, Comenius University and Economical University in Bratislava, as well as at Uni in Prešov and in Košice.

The subjects relevant to DA issues are implemented into study programmes of pedagogical Universities and DA issues are drafted as the topics for seminars and final examination reports at several faculties. Many universities have established university drug centres or provided counselling service for students respectively. Universities are traditionally involved into research activities (e.g., since 2004 P.J.Šafárik University in Košice has performed the project “Socio-psychological profiling of university students risk behaviour - Efficiency of DA and AIDS prevention”. The Culture and Education Grant Agency KEGA and Scientific Grant Agency VEGA grant project with the termination in 2006. Drug prevention issues are incorporated into several certificated subjects for all 1st and 2nd year master students of teaching at the universities concerned.

In 2003 State School Inspection Service performed targeted inspections at primary, secondary and special schools to identify the level of DA prevention. (380 schools were inspected; of which 217 were primary schools, 79 secondary and 30 special schools). SSIS reported that **DA prevention on primary schools became an integral part of education process and the quality of universal prevention provided has been evaluated as good in most and as satisfactory at majority of primary schools.**

Mainly female teachers perform school prevention coordinator position with the long year educational practice in education and they are educated on the issue permanently. Schools are well supplied by publications; the best level of prevention programmes performance was found at high schools (gymnasium) and at primary schools. Less satisfying situation was found at not fully organised primary schools. The problem encountered is the informing of pupils and their parents on activities of prevention and counselling centres and available assistance.⁴²

Methodological and Pedagogical Centres (hereafter referred as MPCs) carried out the educational and training activities for teachers – coordinators of prevention, managing staff of schools and school establishments, teachers in kindergartens, vocational training supervisors of secondary apprentice schools, tutors and other pedagogical staff in accordance with their mission set by the school legislative. **In 2004 MPCs have realised various types of educational activities - in total amount 65 for 3 964 participants.** (Tab. 3.1.6).

In continuous education MPCs have organised several events, meetings and seminars for DA prevention coordinators and advisors of education under the project „I like me/I like you“.

In such specialised upbringing pedagogical staff concerned is to achieve competence to teach certificated subjects, which contribute to new abilities in prevention issues.

MPCs have edited several text-books:

Information for prevention coordinators; Composite book Healthy School (9th grade), Celebration – rituals - tradition and education; Right for Asylum; Draft for Ethics Teaching; Emotionally and socially disrupted child and its institutional education; Effects of some

⁴² State School Inspection, Report on the state of primary prevention of DA at schools in Slovak republic for the school year 2002/2003, Bratislava, October 2003

organic substances on human organism; The Development of Effective Communication Skills in conflict and Education of Pupil to the Tolerance.
MPC in Prešov has realised project "Open eyes", contributed by the Antidrug Fund.

MPC	Continuous education		Specialised innovation study		Specialised qualification study	
	Number of activities	Number of participants	Number of projects	Number of participants	Number of activities	Number of participants
MPC Tomašíkova 4, BA	10	591	3	42	4	319
MPC Exnárová, BA	15	1 115	4	380	4	180
MPC Prešov	10	663	1	27	2	61
MPC Trenčín	5	296	0	0	0	0
MPC Banská Bystrica	2	80	2	105	0	0
Total	42	2 745	10	659	10	560

Tab. 3.1 6 Continuous education (seminars), specialised innovation study and specialised qualification study
Source: ME SR

Additional education and specialised professional set up of staff in special educational institutions, prevention and counselling centres is provided mainly by Research Institute for Child Psychology and Pathopsychology (RICPaP) and National Institute for Education (NIE). **Both institutes were editing methodological textbooks conducive to realisation and evaluation of prevention educational and peer programmes.**

RICPaP in cooperation and with the contribution of Antidrug Fund has realised schooling cycle for future guarantees of peer programmes, long-term courses and the supervision of new professional staff coming up to the prevention and counselling centres and re-education establishments for children and youth.

Ministry of Education has provided the translation, printing and distribution of the publication entitled: „**Emotional and Social well-being Environment Creation**“ as well as other publication „**Neuroscience on psychoactive substance use** “. Both were originally edited by WHO).

In November 2004 ME in co-operation with the Regional School Authority in Žilina, PPCC and EPPC in Námestovo have organised schooling course for over 100 participants under the heading: „ **School and Drugs – Ethical, legal and psychological aspects**“, **with the participation of prominent experts from health, justice, repression and prevention of Slovakia and Czech republic.**

All relevant information on EMCDDA project EDDRA - Exchange on Drug Demand Reduction Action were publicised to participants as well as conference documents and lessons which were distributed to participants on CD carriers.

- **Analyses, surveys and research**

DA prevention information system in education sector is managed by IPE.

In 2004 Institute has updated the register of institutions and the way of setting data (delivered from PPCCs and EPPCs; reporting and PC recording module), collection and processing of statistical data on prevention programme “The Way to Emotional Maturity” (*hereafter referred as **the Way***).

The part of information equipment has been the data setting of the projects claimed for financing from Anti-drug Fund in the year 2004, also data on activities of PPCCs and EPPCs in 2003/2004, truancy and problem behaviour of pupils at primary and secondary schools, and schools involved into project Health Promoting School (an off print released in Slovak and English language).

The output of tasks mentioned above was the updated network of schools participating in **National network of schools promoting health** (data available on CD-R) and another data network of schools, which are involved into prevention programme “The Way” (data available on CD-R).

IPE by means of projects handled the problem of the upgrade of software assigned for the data evidence in EPPCs/PPCCs, as well as the schooling PPCC/EPPC staffs to operate the new version of software and issued four editions of the journal **Prevencia** (*Prevention*)

periodical journal aimed on prevention of sociopathological phenomenon. Journal is aimed on experts in the field of prevention in the educational sector and it is distributed to PPCCs, EPPCs, TECs, DCs, District School Authorities, and Ministry of education, Public Health Authority, Antidrug Fund, and GS etc. The experts from other sectors, institutions and organisations were contributing too. The journal *Prevenca* is financed from Antidrug Fund.

IIPE has continued in performance of representative national research „**Risk and Protective Factors in Consumption of Drugs among Young People in SR**“. The results were compared within the period 1995 to 2004.⁴³ Findings resulting from this research attested that **the best conditions for healthy psychological and somatic development of children and young people represents the consistent family with an appropriate economy background and in mutual understanding build-up relations with reversible confidence as to help children in their personal problems.**

On the opposite the risk factors seem to be parents who are not interested in demands of their children and apply the narrow way of care incl. physical punishments. Risk groups are pupils with insufficient achievements in school, and young people with problems resulting in violence of school order. Such situation can lead to other problems, while youth are non-accepted by peers and schoolmates. Increased number of such problem pupils is concentrated in secondary vocational apprentice schools.

Strong influence of peer group was registered and the findings about widespread consumption of drugs (mostly legal drugs) among young people in spite of existing legal policies⁴⁴. The protective factor was found in keeping up the relations with young people who refuse experimenting and the consumption of drugs. Such youth are able to spend leisure time meaningfully by activities what evolve their interests. Data within the period surveyed (1995 to 2004) are set in the table 3.1.7. Primary and secondary school pupil smoking is monitored since 2001 and repetitive research was carried out in 2003⁴⁵

Tobacco Smoking	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	
Occasionally	15,6	15,1	16,3	14,0	14,5	15,7	15,5	13,6	13,8	16,5	▲
Daily	20,5	17,1	27,3	23,1	24,7	23,7	26,2	22,8	22,4	25,4	▲
Doesn't smoke	63,9	67,8	56,4	62,9	60,8	60,6	58,4	63,6	63,8	58,1	▼

Tab.3.1.7 Tobacco Smoking
Source: IIEP

Alcohol	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	
Repeatedly	7,9	6,7	13,5	12,8	14,8	13,8	13,0	13,3	12,4	13,6	▲
Occasionally	62,3	58,9	53,6	59,9	59,7	62,4	63,9	66,3	62,3	66,9	▲
Doesn't drink	29,8	34,4	32,9	27,3	25,5	22,8	23,0	20,4	25,2	19,5	▼

Tab.3.1.8 Consumption of alcohol
Source: IIPE

Respondents (in %) with drug experience										
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
%	18,0	15,4	17,5	15,5	19,6	17,8	17,3	20,7	16,1	20,2 ▲

Tab.3.1.9 .Experimenting with drugs
Source: IIPE

⁴³ Bieliková, M. et al.: Risk and Protective Factors in Drug Consumption among young people in SR, final report, IIPE, November 2004

⁴⁴ Sale of alcohol and cigarettes to minors is prohibited

⁴⁵ Pétiová, M. et al.: Smoking of primary and secondary school pupils, final report, IIPE Bratislava, October 2003

Smoking of cigarettes [%]	Primary Schools		Secondary Schools	
	2001	2003	2001	2003
Daily	2,9	3,5	21,6	24,6▲
Occasionally	12,0	13,0	14,4	13,8▼
Gives up smoking			23,6	32,1▲
Doesn't smoke	85,1	85,3	40,4	29,5▼

Tab.3.1.10 Smoking of pupils at school
Source: IIPE

Institute of Information and Prognosis in Education has edited several off-prints on analyses and surveys, on PPCCs and EPPCs activities, on prevention programme "The Way", on truancy, on tolerance and on prevention programmes realised by PPCCs and EPPCs, the promotion prints on projects submitted to Anti-drug Fund, Rights of the Child Convention implementation etc. and CD carriers.

RICPaP for long years is to be followed the incidence of behavioural problems in the population of children and young people of Slovakia. The percentage of problem pupil population is 7 – 10% of monitored population. There were the affiliation to problem group, emotional instability, impulsiveness and negativism reported⁴⁶ as the dominant features of the behaviour of problem pupils

Higher number of problem pupil (16%) is at special schools and higher accumulation of problem pupil is at special schools of boarding type. RICPaP continued in a grant project on: **„Psychological prevention and psychological intervention – the phases of integrated care for children and young people with behavioural disorders“.**

Presentation of prevention strategy, researches and previews and analyses respectively were provided through publications published and some documents and results are available for professionals and public on the **web site of Ministry of Education** www.education.gov.sk and its subordinated institutions, mainly IIPE (www.uips.sk).

Findings were presented within the conferences and seminars in home and abroad, published in professional journals *Prevenca (Prevention)*, *Mládež a spoločnosť, (Youth and society)*, *Vychovávateľ (Tutor)*. Many experts of the education sector participated in the experts group and commissions and besides other information benefits providing transfer of information and co-operation with the experts and institutions concerned, incl. EMCDDA.

- **Leisure-time activities**

The attention is devoted to special interest activities, enhancement of creativity and talents of pupils through extracurricular activities in school children clubs, special interest centres and leisure time centres. There are special educational establishments: Leisure-time centres (*hereafter referred as LTCs*) and School centre of special interests. (*hereafter referred as CSI*). The Act 279/1993 of Coll., on school Establishments as amended, sets their status.

By the end of 2004 there were **164 active leisure-time establishments** (growth + 9 comparing 2003; 135 LTC and 29 CSI). There were 82. 983 registered members in 5 968 special-interest activities involved (details in SQ 22).

Free time activities are to create the room for meaningful spending of leisure time as the effective means of education and universal prevention. **The most popular leisure-time activities are sports and culture activities.**

In accordance with the global development of healthy life style the **Section of State Sport of Ministry of Education** put an attention on conditions for sports activities and on acquiring the majority of children/pupils into regular sports activities, incl. pupils with health

⁴⁶ Kopányiová, A., Slovíková, M.: Seeking of children with behavioural problems (study), OZ Prevenca V & P + VÚDPaP, Bratislava, December 2004

handicap. The attention was dedicated on promoting routine school sports competitions – positive employment in the leisure-time as the effective form of fight against drugs.

Ministry of Education of Slovak republic is to be provided financial support for various sports projects yearly, e.g. „ **Return sport back to school**“, „ **Open school** “, „ **School sports competition and pupils Olympic games** “, „ **Holiday schoolyards**“, „ sponsored projects of Jednota⁴⁷ (**Jednota for pupils**), and DANONE („**Milk School League**). Projects were financed by the amount of 80 **Mio Skk in 2004**. Section of State Sport was entitled to handle antidoping policies in non-professional and top sport. The background legal document covering the antidoping⁴⁸ is the Antidoping Convention of Council of Europe adopted in 1989 and the set of international antidoping policy documents (for instance Declaration of Fight against Doping adopted in Copenhagen in 2003).

Unless school establishments the leisure-time activities of children and young people can be performed in non-governmental facilities by means of special programme for “**Promotion activities with children and young people for 2004 to 2007**”.

The part of the programme is the support of **information and counselling activities for children and young people provided by Youth Information Centres**. In 2004, 47 NGOs have participated. NGOs have realised 11.213 short-time events where 210.953 participants have taken part. (See SQ 25).⁴⁹ **The Section of Children and Youth of ME provided financial contribution in amount of 61 Mio Skk** within the regular activity with the children and youth in 2004.

- **Risk groups of school population**

Quantitative data concerning truancy and problem behaviour of primary and secondary school pupils are registered by IIPE, which has been assigned for long-term monitoring of situation.

1) Truancy (unexcused absence)

In 2004 the number of unexcused lessons per primary school pupil was 3, 3 lessons. 2,3 unexcused lessons were reported for the first stage of primary school (aged 6 to 10 years) and 4,1 at pupils aged 11 to 15 years on second stage.

Comparing year 2003 there was a growth in 0, 2 points (+ 6, 0%) (Tab.3.1.11). The most outstanding situation is in the 6th grade (5,15 lesson per pupil) as well as in 5th grade (5 lessons). An extreme value of this factor has been recorded in Medzilaborce district (17, 5), Trebišov district (15, 8), Košice-surroundings (15, 4), Michalovce (14, 9), Revúca (13, 0), and Vranov nad Topľou district (12,7). These districts of south-eastern Slovakia are distinguished in social and economy problems; high unemployment and large share of Roma pupils.

⁴⁷ JEDNOTA COOP – Slovak Food Retails Network with its own Foundation

⁴⁸ See Chapter 11.3.

⁴⁹ Prutkay, I., Slovíková, M.: Analyses of Leisure-time Centres Aactivities in Sschool Year 2003/2004, IIPE, Bratislava, 2004

	1998	1999	2000	2001	2002	2003	2004	Index 2003/2004	Index 1998/2004
I. Level	1,3	1,7	2,2	2,1	3,0	2,5	2,3	0,92	1,77
II.level	2,9	3,2	4,4	4,3	4,8	3,6	4,1	1,14	1,41
Primary schools total	2,1	2,5	3,4	3,3	4,0	3,1	3,3	1,06	1,57

Tab. 3.1.11 Development of the unexcused lessons per one pupil of primary school
Source: IIPE

The number of unexcused lessons (per pupil/student) at secondary schools varies, the lowest one at gymnasium 0,43 lesson (See table 3.1.12), secondary vocational school (1,16 lesson), but at pupils tendering apprentice school it represented up 9,49 hours (pupils are in age 15 to 19 years). The highest amount of unexcused lessons on vocational schools has been recorded in Bratislava region (1, 83 per student), next in Košice region (12, 4 lessons), in Banská Bystrica (11, 2) and in Nitra (11, 1).
Data from so called *associated secondary schools* were monitored since 2003, when this type of school has begun due the reform of school network as well as data from secondary vocational schools.⁵⁰

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Gymnasium	0,42	0,38	0,40	0,43	0,42	0,39	0,35	0,43	0,42	0,46	0,42	0,43
Secondary vocational schools	0,78	0,75	0,74	0,83	0,80	0,79	0,79	1,04	1,09	1,56	1,17	1,16
Associated high schools	-	-	-	-	-	-	-	-	-	-	4,19	5,17
Apprentice schools	-	-	-	-	-	-	-	-	-	8,24	8,04	9,49
Secondary Art School – conservatorium	1,24	1,53	1,20	1,40	1,45	0,95	1,58	2,39	3,01	1,87	2,24	2,75

Tab.3.1.12 The development of unexcused lessons - number per student in different type of secondary/high schools
Source IIPE

2) Behavioural problems

The number of pupils, who achieved second or third grade of unsatisfactory conduct behaviour, follows behavioural problems. Such status has been recorded at **16 242 pupils of primary schools (2, 6% from overall amount of pupils). It represents growth comparing the year 2003 in 2. 119 pupils.**

More evident is situation at second level of primary schools (13. 870 pupils - 85, 4% from total amount); moreover the number of pupils of 1st level of primary schools is essentially lower (2. 372 /14, 6% from total amount – see table 3.1.13)

	2001		2002		2003		2004	
	Number of pupils	% From total amount	Number of pupils	% From total amount	Number of pupils	% From total amount	Number of pupils	% From total amount
I. Level	2 192	0,8%	2 555	0,9%	1 973	0,9%	2 372	0,9%
II. Level	13 599	3,8%	13 690	3,9%	12 150	3,9%	13 870	3,9%
Primary school	15 791	2,4%	16 245	2,6%	14 123	2,6%	16 242	2,6%

Tab.3.1.13 The number of pupils with unsatisfactory conduct achievement
Source: IIPE

Unsatisfactory level of conduct has been recorded at 1. 102 students of gymnasium (1, 05%). Secondary Art Schools/Conservatorium showed higher data - 9, 45%. (Tab.3.1.14). The highest rate in number of problem pupils has been recorded in Bratislava region (16, 2% to 17, / 2%); afterwards there is Banská Bystrica, Trnava and Košice. On the

⁵⁰ Slovíková, M, Dugovičová, M.: Analyses of Truancy and Problem Behaviour of Primary and Secondary School Pupils in School Year 2003/2004, IIPE, Bratislava

other hand the number of pupils with decreased behaviour achievement in 2004 at high schools (gymnasium) comparing 2003 (3, 15%) was slightly reduced.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Gymnasium	0,9	0,8	1,0	1,2	1,0	1,1	1,1	1,4	1,2	1,3	1,1	1,05
Secondary vocational schools	2,3	2,1	2,3	2,5	2,3	2,3	2,3	2,8	2,8	3,1	3,2	3,2
Associated Schools											7,6	8,4
Apprentice schools										11,7	12,3	14,3
Conservatorium	5,4	7,5	6,6	7,3	6,9	6,6	8,3	8,8	7,7	7,4	8,2	9,45

Tab. 3.1.14 The development of number of pupils at secondary schools with decreased achievements
Source: IIPE

3) Pupils with special educational demands

Onward risk group represent pupils with special educational demands.

In accordance with § 3 section 2, of the Act No.29/1984 Coll. as amended on system of primary and secondary schools (so called School Law) **pupil with special educational demands means: The child with mental, visual, acoustic or physical handicap, with impaired health and/or sick, pupil with impaired communication ability, autism and developmental defects in cognitive processes, with development disorders in behaviour and in psychological and social development.** These pupils are provided with the form⁵¹ and methods of education that are to meet their individual abilities and respect their handicap. To fail special education treatment and interventions should have a negative influence on the development of personality.

Integration forms implicated are: Integration in special classes (pupils with special educational demands are educated in single special classes at primary or secondary schools. Some school subjects can be attended apart from special class. Individual integration type means that pupils with special educational demands are set into classes with other pupils and they are educated individually, study programme is adequately adapted.

Special classes of primary and secondary schools are established for pupils with special educational demands obviously afflicted by the same type of handicap.

4) School drop-out

Information and data on this potential risk group are set in Chapter 8 – social inclusion and in SQ 25, respectively.

3.2. Social prevention – sector of labour, social affairs and family

Number of DA and other dependencies cases in total number of the Centres of counselling and psychological services (*hereafter referred as CCPS*) has represented 3% in 2004. **Overall 292 cases with problem of dependencies were treated in CCPS** and were provided by 1. 283 consultations. (Tab.3.2.1). The issue of DA represents specific field of CCPS activities while the prevention of DA lies within the developmental programme of counselling and psychological services. However this DA prevention activity is in attenuation within last 5 years - notwithstanding its social importance and recency. CCPS plays the key role in prevention of DA and other dependencies within the Ministry of Labour, Social Affairs and Family when discharging partial tasks for outpatient reintegration. The tasks corresponding are set in up-dated NPF. D.

The activity of CCPS in 2004 has stagnated and requests submitted to Ministry of LSAF were not accepted. It means in practice, that the concept of 8 specialised CCPS – approved by MLSAF within the NPF hasn't been developed.

In fact there is only one single CCPS specialised on prevention in Banská Bystrica, one field department in Nové Zámky and one nominee for prevention in Bratislava.

⁵¹ It means in the classes of routine school

Problems	Number of cases	Number of consultations			
		Total	Individually	In group	Per one case
Personality	2 423	14 021	13 062	959	5,8
Partner relations	2 443	13 127	10 390	2 737	5,4
Family	1 309	6 109	4 866	1 243	4,7
Substitution family care	1 087	6 490	3 002	3 488	6,0
Divorce and after divorce care	1 061	4 153	3 163	990	3,9
Unemployment	214	917	680	237	4,3
Study and vocational	738	2 518	2 264	254	3,4
Drug and other addictions	292	1 283	1 016	267	4,4
Personality development prg.	313	560	311	249	1,8
Other	564	1 628	1 322	306	2,9
Total	10 444	50 806	40 076	10 730	4,9

Tab. 3.2.1 Clientele of CCPS in 2004
Source: Headquarter of CCPS

Professional staff of CCPS is dealing with clients either individually or with families and relatives of drug addicts. Second group are high-school students experimenting with drugs and clients are also the long time abstainers. Alcohol abuses and problems related dominated in clientele, however some cases of gambling (61) were solved as well. In case of drug addiction (292 cases in total) the attention has been put on family background of drug addict. Drug addicts were dealt in case of their abstinence, or when finishing the treatment or in *prior* case of motivation to start the treatment.

Work with the family members of drug addict seems to be very important in the setting of the entire system of functional change in life and become more frequent form of interventions in drug addiction issues. Such forms are performed by all CCPS, primarily by CCPS off shores in Nové Zámky and Bratislava II. and at self-sustaining CCPS in Banská Bystrica.

The only one CCPS specialised on prevention is located in Banská Bystrica

This CCPS introduces the model of opportunities, which should be provided by specialised prevention agency⁵². It covers all prevention levels, starting with the universal prevention, selective and indicated one continuing. Universal prevention activities were represented by 28 events (lessons and club meetings - 10 cyclic club meetings aimed on prevention of non-substances addictions - prevention of handing behaviour). Health life style as the prevention of addictions belongs to priority topics.

Systematic training of prevention coordinators belongs to professional – methodical and educational activities and in 2004 3 groups of teachers and staff of CCPS alone have passed such training.

So far as selective and indicative prevention is concerned the CCPS in Banská Bystrica co-ordinates and co-operates with other components (EPPC, guardians, paediatrists, teachers, NGOs) in conducting of client, who is endangered by addiction. It provides psychological and social service after treatment of alcohol addiction, drugs, and gambling respectively – aimed on individual/group reintegration.

CCPS co-operates with Centres for the Treatment of Drug Dependencies, reintegration centres and it is to support NGOs activities as well as self-supporting groups. So far as the alcohol addiction is concerned CCPS applies well-established polish programme of Wojewodsky hospital in Gniezno (1988). In contact with addicts various therapeutic directions are employed. CCPS was engaged with 91 cases of addiction (alcohol – 45, illegal drugs – 37, gambling 9, 31 cases of addiction on manipulation within the sects and communities).

⁵² Three staff members

CCPS Field office of DA prevention in Nové Zámky (2 employees) performed universal prevention programmes for children and youth from foster homes, tutorials from foster homes, peer-programme for students of Nové Zámky gymnasium, for groups of parents and their children with behavioural disorders (23 lessons and 10 meetings for public were organised and over 1. 000 participants were taking part), another 33 events for 1. 041 students aimed on healthy life style. Methodological activity and events for colleagues, teachers and employees of Centre of LSAF completed the activity of CCPS.

In the level of selective and indicative prevention CCPS has provided services and intervention in 53 cases (22 alcohol, and other drugs 54, gambling 7 cases). CCPS cooperated with third sector and with Centres for the Treatment of Drug Dependencies.

Third form of activity on the prevention of addiction is represented by territorial **CCPS in Bratislava. CPPS Bratislava** (1 employee). Activity is aimed on selective and indicative prevention and outpatient treatment and reintegration. In an individually aimed counselling CCPS worked with clients on different level of addiction and with abstinent (32 cases). There is a long term co-operation with the Odysseus Citizens' Association; which streetworkers are provided by training of social and psychological skills in supervised group sessions. Centre provides the room for regular meetings of Anonym Alcoholics Club (AA) and co-operates with many state and non –state institutions dealing with prevention issues.

Universal prevention is realised in forms of training of peers for different groups of children, youth and endangered groups - (disrupted and non complete families, children with risk behaviour, parents groups and children from foster homes).

12 approved projects of CCPS were contributed by 1, 5 Mio. Skk from AF. The biggest project entitled „**Risk environments and social groups regarding drug addiction in prevention activities of CCPS**“ has taken into account demands in region and opportunities of field offices of CCPS. The project was aimed on universal prevention, mostly in-group forms for youth, adults, for families, incl. substitutive families. Some projects were aimed on supervision, incl. substitution care families. The creation and realisation of projects were carried out by many territorial CCPS. Projects were categorised according target groups:

- Endangered groups, families
- Universal prevention in field (groups of children, students, youth teachers and co-ordinators of prevention)
- Education and training of professionals and lectors assigned for addiction issues and notably for the activity with the family with addict (family therapy)
- Methodical and information documents – „Communication between parents and adolescents“ a manual of authors PhDr. E. Pavlůvčiková, PhD. and Mgr.R. Warošek. The manual is to contribute to the effective handling with the teenagers' and parents' relations, especially conflicts.

Further projects were aimed on universal prevention and carried out by 10 territorial CCPS. Target groups were children in foster homes, staff and tutors, parents and children in crisis, students of high schools, vocational and primary schools peer-partners from primary and secondary schools, co-ordinators of DA prevention and clients of CCPS (21 groups in total).

Besides above-mentioned CCPS also other CCPS have shared on activities, especially by:

- Cyclic events, trainings, “experience” training, specific programmes aimed on children and youth from primary and secondary school, risk groups and endangered families, children from foster homes
- Counselling and therapeutical work with issue of addiction, and “join-addiction” in family considered.
- Indicative prevention and outpatient reintegration.

There was a process of transformation of CCPS in 2004. (There are 45 territorial CCPS and 14 off shores) CPPS were inset under the competence of the Office of LSAF. Transition

means a radical change in the existence of CCPS and many new tasks related to organisation, concept and competency conditions for optimal functioning. However the key principle of CCPS activity remains the family relations, and support and assistance remains in the focus. The purpose of new institutional setting remains the model of psychological and counselling services, which can meet qualitative standards of specialised services, better availability and accessibility for people as well as more effective assistance for families suffering by crisis due risk of addiction or some other socio-pathological phenomena.⁵³

3.3 Prevention in Health sector

Public Health Authority and its off shores as well as general practitioners are tasked to carry out activities of universal prevention of DA with an impact on adverse health consequences.

Prevention for groups facing an increased risk of DA is performed by specialised Centres for the Treatment of Drug Dependencies (CTDD).

On the base of mutual co-operation contracts specialised healthcare staff systematically participate in educational and schooling of pedagogical employees from sector of education, mostly teachers – coordinators of DA prevention.

Prevention in risk groups carried out by Institute of DA (Bratislava)

- A 2003/2004 project of primary drug prevention aimed on young Roma and their families with cooperation with the Wallachian Roma of Slovakia Association (NGO).
- Over 2.000 pupils of primary schools and secondary schools attended CTDD in Bratislava during 2004.

The Anti-drug fund has contributed to 18 projects with 5, 8 Mio Skk. Majority of projects (16 projects in sum of 5, 64 Mio Skk) pursued the goal of treatment. Reintegration project and educational and counselling shared the rest (160 000 Skk).

3.4 Prevention activities provided by NGOs

Harm reduction streetwork activities of the Odysseus (CA)⁵⁴ project „**Protect yourself**“ represented 8.340 contacts with target group of drug users and sex business workers in 2004. 1.111 clients in Bratislava and 80 persons in Púchov have contacted streetworkers at least once during the year.

Streetwork activities of Odysseus cover just some of Slovak capitol - Bratislava districts (I., II. and III.); however services are available for all persons either with permanent stay in Bratislava or from outside.

There is a growing demand for exchange programme and streetwork activities in Bratislava fourth district. (The service of syringe and needles exchange is set in table 3.4.1). Within the prevention activity aimed on protection against sexually transmitted diseases, tests on syphilis antibodies (229) and HCV (40) as well as various information leaflets and monthly issued magazine INTOXI (2. 047).were distributed,

CA Prima has performed 227 visits. In addition to collecting and distributing syringes and needles, they distributed 24 868 alcohol tampons and 40. 095 dry tampons, 40.160 filters, 4.347 ascorbine, injection aqua, gloves, bandages, leucoplasts, and anacid, etc.

They registered 811 clients from all Bratislava districts (I. to V.), of which 112 clients came from other Slovak cities. Within the framework of social assistance CA Prima realised 189 contacts (e.g. counselling – 38 cases, 21 legal counselling, visits of specialised physicians, the assistance in setting into detoxification treatment, etc.).

CA STORM (at the University of Constantine Philosopher in Nitra) performed 244 street activities in locality of Nitra and Sereď. Apart from distributing sterile syringes, needles and condoms and collecting of used paraphernalia, STORM has distributed some additional materials (e.g. alcohol tampons (25.

⁵³ PhDr. Olga Nemcová, Ministry of Labour, Social Affairs and Family – Headquarter of CCPS

⁵⁴ For further activities of CA Odysseus see Chapter 13

351), dry tampons (19. 085), aqua, ascorbine, filters (15. 815), back pressure tools and sterile gloves.

CA STORM has monitored that most used drug in situ is pervitin, heroin and speedball respectively. There was an occurrence of „Braun“– home made opioid. Many clients have begun with marijuana, alcohol and cigarettes, as well as with ecstasy and toluene. Substitution treatment drug Subutex was misused too.

CA Pomocná ruka (Helping hand) has served for all five Košice districts, besides syringes and needles exchange programme, streetworkers provided their clients with 13. 163 alcohol tampons, 11. 478 dry tampons, 11. 539 doses of sterile aqua, filters, etc.⁵⁵

NGO	Locality	Number of "once" contact clients	Of which		Number of needles and syringes distributed	Number of needles and syringes (used) collected	Number of contacts	Number of condoms distributed
			Male	Female				
Odysseus	Bratislava	1 111	394	717	173 576	148 886	7 665	14 290
	Púchov	80	68	12	3 071	1 320	675	321
Storm	Nitra	48	46	2	9 091	6 545	489	874
	Sereď	46	41	5	18 097	15 054	582	1 104
Prima	Bratislava	811	475	336	71 319	53 518	4 228	2 007
Pomocná ruka (Helping hand)	Košice	727	588	139	16 023	12 909	1 134	2 846
	5 localities	2.823						

Tab. 3.4.1 Harm reduction activities of NGOs
Source: NGOs – table by IIPE

In 2004 NGOs have gathered 6, 87 Mio Skk in total, for realisation of 37 projects approved by the Anti-drug Fund. 23 projects were aimed on education and prevention (3, 72 Mio Skk) and 20 projects on reintegration (2, 97 Mio. Skk).⁵⁶

⁵⁵ Data delivered from NGOs Odysseus, Prima, Storm, Helping hand (Pomocná ruka), Heureka

⁵⁶ Antidrug Fund projects database in 2004, IIPE, Bratislava

4. Problem drug use

According to drug treatment related sources of information, the trend from the latest years, characterized by decrease of treatment demand due to opiates as a primary drug, as also seen in 2004, was still continuing (10% decrease in the last year). An increasing trend was observed in case of treatment demand due to problems related primarily to stimulant use (more than 50% increase in comparison to the last year) and cannabinoids (more than 30% increase). The occurrence of poly-drug use, even poly-dependence was frequent. It was diagnosed in one quarter of all treatment demand cases.

4.1. Prevalence and incidence estimates

In the Slovak Republic there were two methods used to estimate size of the population of problem drug users until this year: Multivariate Indicator Method and Zelterman Estimator.

The Multivariate Indicator Method was used to estimate size of problem drug users population, however a broader definition than the EMCDDA definition was applied: it was calculated that in Slovakia in the year 2002 there were up to 20 500 persons, who would need some intervention related to their problems with substance use, most often due to dependence on heroin, amphetamines, methamphetamines and other stimulants, benzodiazepines and other sedatives and hypnotics, inhalants and other psychoactive substances excluding alcohol.

Zelterman Estimator was used to estimate the size of the population of injecting drug users in Bratislava, with the use of data from a sterile needle and syringe provision programme. It has yielded an estimate, which we would probably consider as an underestimate based on the literature, that there could be from 770 to 1499 injecting drug users in Bratislava in different 6-month periods in the years from 1997 to 2001. This is in a range of 1.8 to 3.5 injection drug users per 1000 inhabitants, or from 2.9 to 5.5 injection drug users per 1000 inhabitants in the productive age (defined as men 15 - 59, women 15 - 54 years old). According to these estimates, the number of injection drug users peaked in the second half of 1997 and then slowly decreased until the second half of 2001, when the last estimate was calculated.

Further details regarding the estimates in questions are found in the publication *The State of Drug Addiction and Drug Control in the Slovak Republic* published in the year 2004.

4. 2. Drug users in treatment

According to the data collected in the frame of the treatment demand indicator, there were in total 2853 treatment episodes taking place in Slovakia in the year 2004. Out of these, 462 were taking place in the treatment institutions inside prisons (in the Ministry of Justice sector) and 2391 in the treatment agencies in the sector of Ministry of Health. In total there were 2315 drug users treated in both sectors after the exclusion of double counts. There were 79% of males and 21% females treated.

In the treatment institutions under the Health sector and in private health care units, there were 1826 drug users treated. Among them, there were 77% males and 23% females.

In health care units of the Ministry of Justice of the SR, there were 489 drug users treated. Proportion of males was 434 cases representing 89%, while the proportion of females was 55 and represented 11%.

In 2004, the most frequent primary drug was heroin like in the previous 10 years (987 cases). However, a decrease in the number of the treated users of this primary drug starting as early as 2000 continued. Other most frequent primary drugs were stimulants (593 cases) and cannabis (398 cases). Among stimulants pervitin (metamphetamine) prevailed. In respect to demand for treatment for stimulants and cannabis-related problems, the trend was increasing. With the rest of psychoactive substances, the occurrence of new treatments within the last decade was more or less stable: solvents (194 cases), hypnotics and sedatives (107 cases). Other drugs occurred in 36 cases representing 1.6 %. Figure 4.2.1 shows the trends of the numbers of treated patients per 100 000 inhabitants in respect to the drug given as primary.

Trend of the number of treated patients per 100 000 inhabitants in the Slovak Republic according to primary drug group

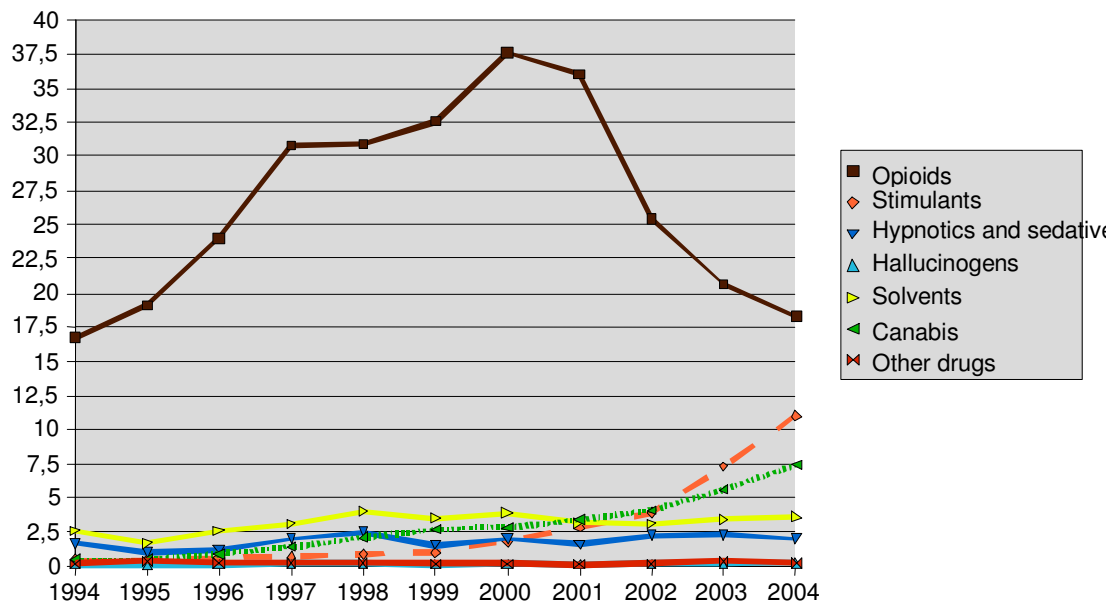


Fig. 4.2.1 Trend of the number of treated patients per 100 000 inhabitants in the Slovak Republic according to primary drug group
Source: CTDD - IDD

4. 2. 1 Demand for treatment according to the drugs most frequently given as a primary drug

The most frequent drugs in the position of a primary drug was heroin, pervitin and cannabinoids. In general we can state that heroin users are significantly older than those who received treatment primarily for their problems with stimulants and cannabinoids. Those having problems with cannabinoids were the youngest and none of them was diagnosed as dependent on cannabinoids, however approximately 1/5 was diagnosed as dependent on a combination of more drugs (F.19.2). From heroin, via stimulants to cannabinoids, number of those who contacted the health care units out of their own initiative decreased, while the number of those doing so out of a friend or a family's

pressure increased.

- Demand for treatment for heroin as a primary drug

In 2004, there were 987 cases of demand for treatment reported, thus opiates as the primary drug still forming the highest number of cases out of all drugs. 94% were related to heroin. Heroin users were diagnosed as dependent either on drugs of the opioid group (81%), or with poly-drug dependence (10%). 80% administered their drug intravenously and only less than 3% did not take it at all during the past month. As many as 43 % had as their secondary drug stimulants and in the majority of cases pervitin prevailed.

An average age of persons using heroin as a primary drug was 26,5 years, with 24% of females. Age of the first administration of any kind of drug was 18 years in average, $SD\pm 5.3$. 2/3 reported having been treated in the past. 50% of these contacted health care units out of their own initiative and in 26% it was ordered by a law enforcement agency.

- Demand for treatment for pervitin as a primary drug

In 2004, there were 593 cases of treatment with stimulants as the primary drug reported. 95% were related to pervitin. 81% of pervitin users were diagnosed as dependent either on drugs of the stimulants group other than cocaine (F 15.2 – 50%), or as poly-drug dependent (31%). 42% administered their primary drug intravenously and 5 % did not take it during the past month. The secondary drugs, cannabinoids prevailed (60%), followed by other stimulants (25%) and in 19% opiates were reported as the secondary drug.

An average age of persons with pervitin as a primary drug was 22 years, 20% were females. Age of the first administration of any kind of drug was 17 years in average, $SD\pm 4.2$. 40% reported having been treated in the past. 35% of these contacted health care units out of their own initiative, in 26% family or a friend provided a stimulus for the contact and in 16% it was ordered by a law enforcement agency.

- Demand for treatment for cannabinoids as a primary drug

As in many other EU member states, also in Slovakia there has been a raise of people demanding for treatment reporting cannabinoids as their primary drug. There were 398 such cases in 2004. In 97% it was cannabis leaves. 22% were diagnosed with a dependence syndrome, however the dependence in all cases was a poly-drug dependence. Dependence on cannabinoids (F12.2) did not occur in the reports on treatment of drug users. Diagnosis of harmful use was frequent (31% of cannabinoids and 13% of a combination of more drugs). So was acute intoxication (28%). 10% did not take cannabis in the past month. Stimulants (38%) were the most frequently reported as secondary drug followed by other drugs (19%). In 15% opiates were reported as the secondary drug, and in 12% hallucinogens.

An average age of persons with cannabinoid as a primary drug was 20 years, 10% were females. Age of the first administration of any kind of drug was 16 years in average, $SD\pm 3.4$. 30% reported having been treated in the past. 25% of these contacted health care units out of their own initiative, in 31% the stimulus to the contact was a family or a friend. In 13% it was ordered by a law enforcement agency.

4. 2. 2 Reports according to the reporting institutions

The highest number of reports on first treatment demands (almost half) occurred in 2004 from specialized units for the treatment of dependencies, either out-patient, or residential type of institution followed by general psychiatric units (31%) and health care units within prisons (21%). Neither social reintegration units, nor low-threshold agencies provide data on demand for treatment in Slovakia so far.

What makes the comparison of these three types of units difficult is the fact that they frequently share the same client.

Data comparison on primary drug type, which was the reason for clients to ask for treatment in the various institutions is shown in Figure 4.2.2.1 Significant is the prevalence of persons with opiates as a primary drug in prisons (P) and on the contrary a remarkable proportion of non-opiate dependencies in the general-psychiatric units.

Proportion of clients according to their primary drug in various types of institutions

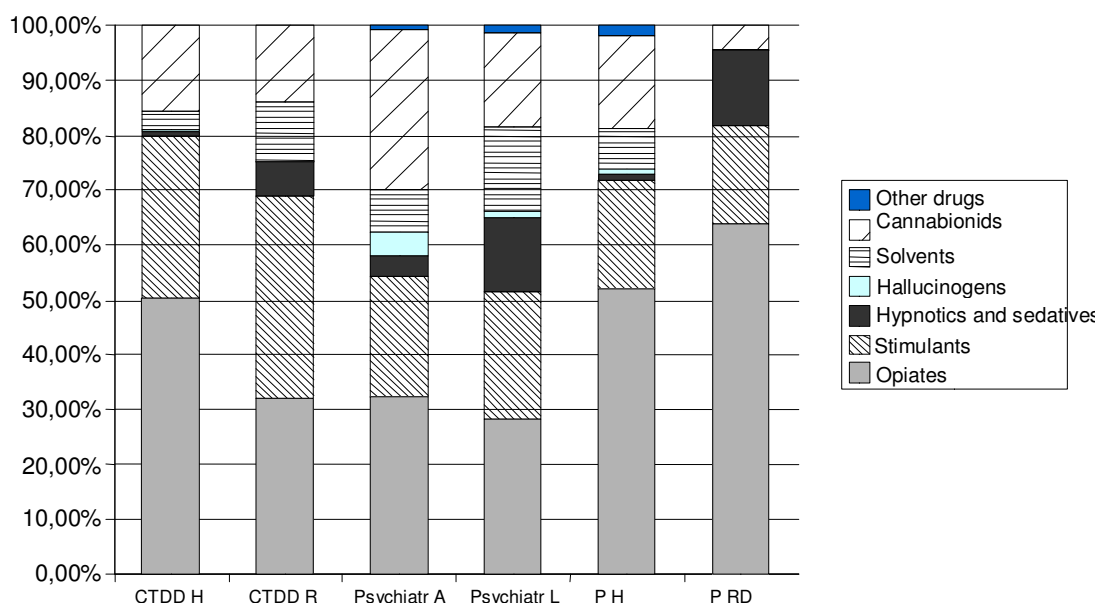


Fig. 4.2.2.1 Proportion of clients according to their primary drug in various types of institutions
Source: CTDD - IDD

Notes:	
CTDD H	CTDD or other specialized out-patient unit
CTDD R	CTDD – residential unit
Psychiatrist A	General-psychiatric unit – out-patient unit
Psychiatrist L	General-psychiatric unit – residential unit
P - H	Out-patient health care unit within prison
P - RD	Residential unit within prison

As far as gender is concerned there was a lower proportion of women in specialized units for the treatment of dependence in residential units and in outpatient treatment

units in prison; however their number was greater in general-psychiatric units of inpatient type.

Mentioned types of units had clients of a similar age group, with the exception of higher average age in out-patient units within prisons. However, the average age in this group can be shifted upwards due to the age threshold of criminal liability while it is frequent for other health-care units to have younger clients coming to be treated.

4. 2. 3 Characteristics of the treated population according to gender

These characteristics are dealt with in detail in the **Chapter 11 Gender differences**.

5. Treatment

Introduction

Ongoing extensive and in-depth reform of the Slovak healthcare system will have an impact on the provision of treatment to patients with health disorders associated with drug abuse. The key objectives of reform include the improvement of quality and economic efficiency of healthcare and the transfer of further powers and responsibilities from the state to health insurance companies, healthcare providers and people. In the context of the transformation of healthcare, four specialised drug addiction treatment centres acquired legal personality at the end of 2004 through separation from general hospitals, which created conditions for greater functional flexibility of these centres. Nevertheless, the most remarkable impacts of Slovak healthcare reform are not expected until the years to come.

The capacity of the system, ensuring virtually immediate access to treatment for applicants without major waiting periods, was maintained in 2004. **The number of specialised healthcare establishments, especially for outpatient treatment of patients with drug addiction, slightly increased.** An increase in buprenorphine substitution treatment for patients with an opioid addiction, mainly where methadone maintenance treatment is unavailable, is apparent in the structure of the treatment programmes provided, although not precisely quantifiable.

The results of the ongoing prospective cohort study in the area of the capital city of Bratislava, which has the highest concentration of treated drug addicts, showed that **the majority of treatment applicants maintain abstinence after one and three years of treatment. Nevertheless, the observed rise in the number of patients with chronic and combined abuse of multiple addictive substances is not insignificant.**

5.1 Treatment system in Slovakia and healthcare reform

The treatment system for people who request treatment for a drug problem did not significantly change in 2004 compared with 2003⁵⁷. Screening and initial diagnosis of problems is in the hands of general practitioners; general psychiatric services participate mostly through detoxification and outpatient treatment, the so-called drug-free treatment; highly specialised treatment for drug users is provided in specialised outpatient units and comprehensive treatment in **Centres for the Treatment of Drug Dependencies** (*hereafter referred as CTDD*) and specialised drug addiction treatment units of psychiatric hospitals. In addition to the above, specialised drug addiction medicine units provide substitution treatment to patients with an opioid addiction. The follow-up to the treatment takes place in social reintegration programmes outside the healthcare sector that are carried out in the form of residential programmes in reintegration establishments or outpatient programmes in Narcotics Anonymous-type groups.

Some of the modifications that have been already made in the treatment system are a consequence of healthcare reform, other modifications respond to the changes on the drug scene.

In the context of reform, CTDDs in Banská Bystrica, Košice, Žilina and Nové Zámky were created as autonomous, state contributory organisations within the specialised healthcare network in 2004 through transformation and separation from specialised

⁵⁷ The State of Drug Addiction and Drug Control (National report for REITOX), Bratislava 2004 2004, p. 83-97

departments of general hospitals. The drug addiction treatment centres in Nitra and Humenné ceased to exist. On the contrary, an urgent need to build a CTDD arose in the regional capital of Trenčín, although this still had not happened at the end of 2004.

The decisive reform changes at the legislative level were not carried out until 2005 and a broader implementation and tangible impacts of the changes on the healthcare system cannot be expected until early 2006.

In order to create an opportunity to use foreign experience as regards the position of treatment for patients with a drug problem within the healthcare system, in September 2004 the CTDD – IDD in Bratislava organised an international seminar on the creation of drug addiction policies – “Drug Addiction Treatment Evaluation”.

Situation in treatment demand

The changes on the drug scene were reflected in the structure of treatment demand. The number of persons treated for a drug problem slightly increased in Slovakia in 2004 from 2,111 in 2003 to 2,315 in 2004 (Tab. 5.1.1).

Year	1994	1995	1996	1997	1998	1999
Number of cases	1,189	1,239	1,594	2,074	2,199	2,236
Per 100.000 inhabitants	22	23	30	39	41	42
Year	2000	2001	2002	2003	2004	2005
Number of cases	2,619	2,559	2,111	2,136	2,315	
Per 100.000 inhabitants	49	47	39	40	43	

Tab. 5.1.1 The total number of persons treated for a drug problem and their number per 100,000 Inhabitants in Slovakia in 1994-2004

Source: IHIS

The number of persons treated exclusively in establishments administered by the health ministry increased from 1,705 in 2003 to 1,826 in 2004. **The trends** with respect to the developments in the number of treated persons by individual groups of illegal psychotropic substance continued from the preceding period:

- A continuing moderate decline in the number of persons treated for problems with opioids;
- A strong rise in the number of persons treated for problems with stimulants, in particular methamphetamines;
- A strong rise in the number of persons treated for problems with cannabis (Fig.5.1.1);
- No substantial changes in the number of persons treated for problems with psychotropic substances from other diagnostic groups.

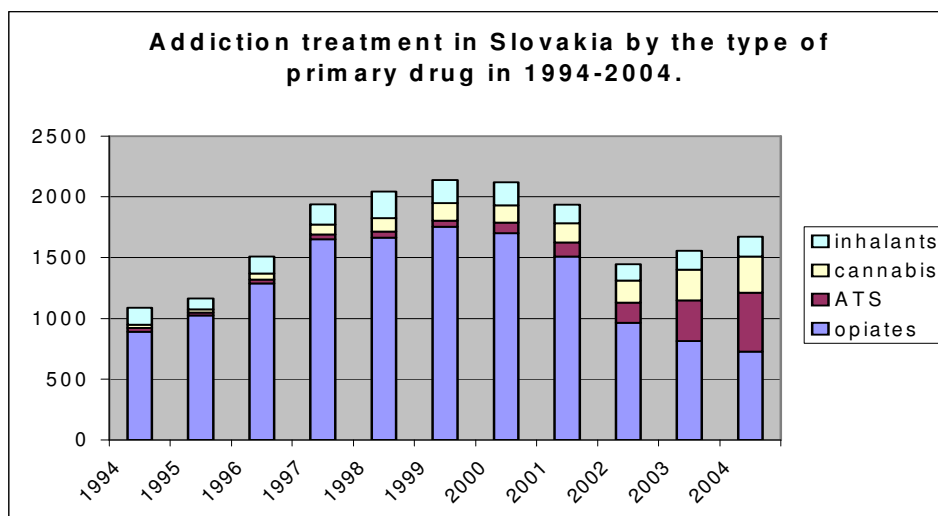


Fig 5.1.1 Addiction treatment by the type of primary drug in 1994-2004

Data source: IHIS

Processed by: CTDD - IDD

The demand for treatment for problems with opioids not only dropped to the lowest level since 1995 in absolute terms, but also, for the first time since the beginning of monitoring in 1994, it was no longer dominating in 2004. In 2004, 43% of patients entered treatment for problems with opioids in Slovakia, while, for instance, they accounted for 86% of clients treated for a drug problem in 1995 and 53% of people undergoing treatment in 2003; nevertheless, their proportion had been continuously declining (Fig 5.1.2a and 5.1.2b). This is one of the explanations why no new methadone substitution treatment programmes were opened in Slovakia in 2004 despite expectations. Drug Addiction Treatment Centres in Košice and Banská Bystrica, as well as some other specialised units in Nitra, Trnava and other locations, started or continued buprenorphine substitution treatment with a small number of patients.

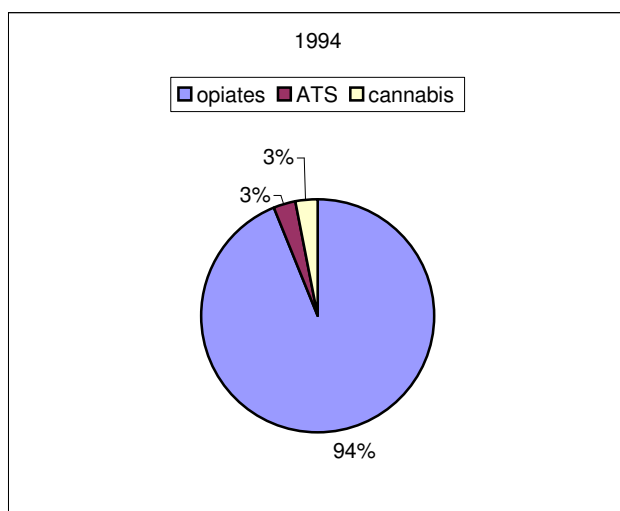


Fig.5.1.2a The proportion of patients requesting treatment by primary drugs in 1994

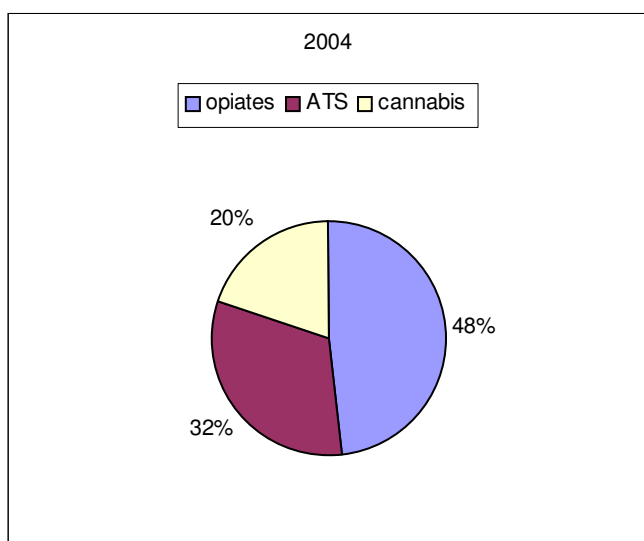


Fig. 5.1.2b The proportion of patients requesting treatment by primary drugs in 2004

Fig. 5.1.2a and 5.1.2b show the changes in the proportion of patients requesting treatment by primary drugs comparison between 1994 and 2004 (Data source: IHIS - processed by: CTDD - IDD).

On the drug scene, the geographical distribution of people requesting treatment remained unchanged in 2004, with the highest number in the capital city on the southwest of the country declining towards the northwest of Slovakia. While the number of drug treatment applicants was 150/100.000 inhabitants in the Bratislava region, it was 28/100.000 inhabitants in the Košice region and only 8/100.000 in the Prešov region (Fig. 5.1.3).

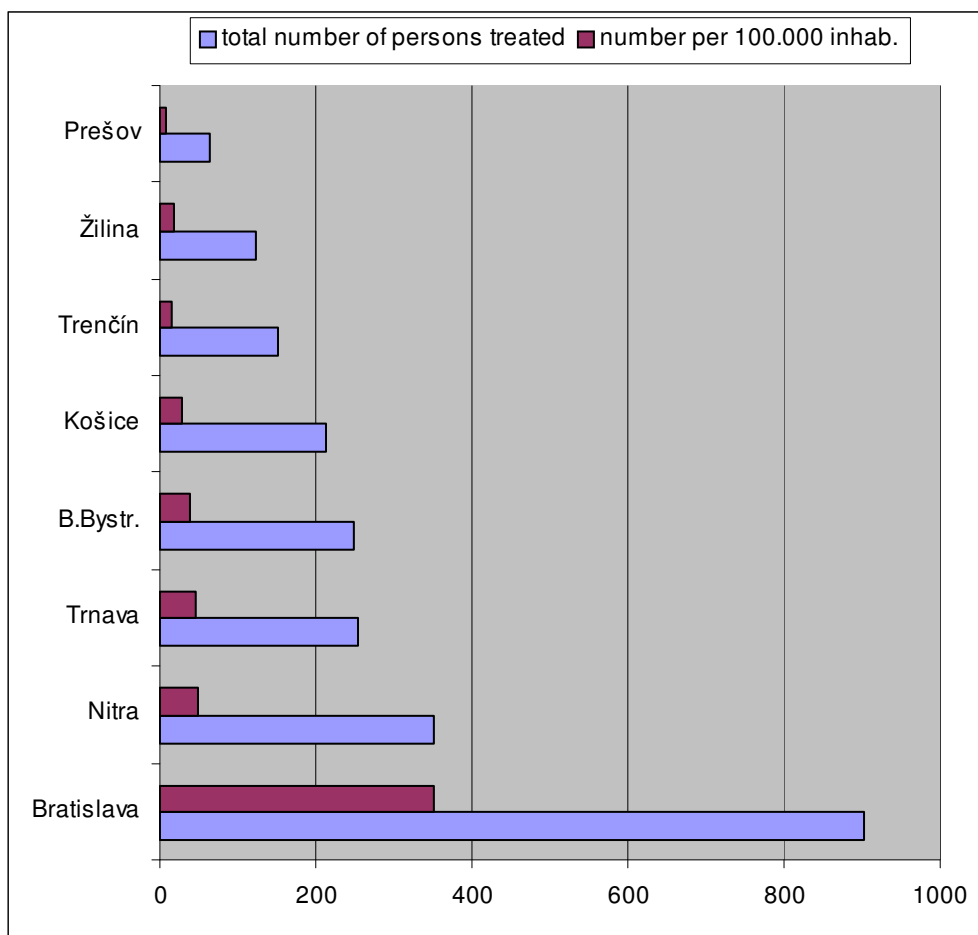


Fig. 5.1.3 The total number of persons treated for a drug problem and their number per 100,000 inhabitants in Slovakia in 2004 by individual regions
Source: IHIS

A more detailed look into the statistics shows that clearly the highest density of treatment applicants was in the Bratislava V district – 250/100.000, with all other Bratislava districts exceeding 100 applicants per 100.000 inhabitants. On the contrary, in 2004 no one requested treatment for a drug problem in the districts of Gelnica in the Košice region and Stará Ľubovňa in the Prešov region. That is one of the reasons why there is no pressure towards reopening the specialised centre for drug addiction treatment in Humenné in the Prešov region. An analysis of local trends in the changes in the number of treatment applicants shows another side of the drug situation. Even though Bratislava has the highest density of addicts requiring treatment, the situation there was stabilised in 2004. The relatively highest local increases in the number of patients occurred in the west-east direction, in the following districts: Senec, Šaľa, Topoľčany, Brezno, Krupina and Košice I. The highest increase, from 24 treated persons in 2003, which was 32 persons per 100.000 inhabitants of the district, to 115 treated persons – 155/100.000 – in 2004, and occurred in the district of Topoľčany. This indicates a local mini-epidemic, which is indirectly supported by the fact that they were relatively young heroin users in the 20-24 age group, while the persons treated for heroin addiction in other districts became older, with the 25-29 age group being the largest. This also explains the request from the district of Topoľčany to maintain or extend the specialised unit for patients with a drug addiction.

Special attention was paid to adjusting the treatment programmes provided to the fact that the number of people with addiction to methamphetamines is increasing. Therefore, upon invitation from the Institute of Drug Dependencies, two lecture and training seminars led by R. Rowson from UCLA⁵⁸, USA, with a focus on a special programme of treatment for patients with methamphetamine addiction – MATRIX, were held in Bratislava.

Structure of the treated patients by gender, substance, education and social status

From the standpoint of genders, 1,399 (77%) of the 1,826 persons treated in the healthcare sector were men and 427 (23%) were women. With respect to the groups of substances, women exceeded men - almost 2/3 – only in the group of treatment applicants for problems with sedatives and hypnotics as their primary drug of abuse. Women accounted for around 1/4 of persons treated for problems with opioids, for around 1/5 of persons treated for problems with stimulants, mostly involving methamphetamines, and for only around 1/10 of persons treated for problems with cannabis, inhalants or hallucinogens. **There are no special treatment programmes for women in Slovakia except for the special treatment procedure for pregnant women with an opioid addiction in Bratislava, which is part of a methadone maintenance treatment programme.**

In 2004, 987 (44%) of the 2,315 registered drug addicts reported intravenous application of drugs. This documents the continuing decline in the proportion of intravenous application among treatment applicants.

The distribution of treated persons by the highest level of education achieved: 4% failed to complete primary school, 43% achieved basic education, 43% completed secondary school and 3% graduated from a university. A high level of unemployment (68%) was found among the population of persons treated for a drug problem in 2004.

Accessibility of treatment

The level of accessibility of treatment to applicants with a drug problem was maintained, without the need for introducing waiting lists, despite the slight increase in the number of applicants in 2004. Among other things, this was thanks to the prevailing trend towards stabilisation of the demand for drug treatment in Slovakia.

The Institute of Drug Dependencies of the CTDD in Bratislava conducted a study⁵⁹ in 2004 with a focus on attitudes of psychiatrists towards facilitating/impeding the entry into treatment by patients with addiction, since they are mostly frequently the “entry gate” into the treatment process for applicants in Slovakia. The results (Tab.5.1.4) showed that, overall, psychiatrists in Slovakia tend to find patients with a drug addiction as the least popular visitors to their office. By individual diagnoses, besides patients with schizophrenia and depression, they even prefer patients with neuroses or addiction to alcohol over drug addicts.

⁵⁸ University of California

⁵⁹ Okruhlica, L., Slezáková, S.: Problém s prístupom k psychiatrickej starostlivosti pre pacientov so závislosťou. [A problem in access to psychiatric care for addiction patients.], 40, 2005, 3, p. 129 - 137.

Diagnosis/ranking	1 st Position	2 nd Position	3 rd Position	4 th Position	5 th Position	6 th Position	Σ of rankings	Average ranking
Dementia	15	3	12	7	3	3	118	2.74
Depression	4	21	15	2	1		104	2.42
Neurosis	2		8	14	2	17	194	4.51
Schizophrenia	20	16	4	2	1		77	1.79
Alcohol addiction		2	1	13	21	6	200	4.66
Addiction to psychotropic substances	2	1	3	5	17	17	210	4.88

Tab. 5.1.2 Preferences of psychiatrists with respect to the examination of patients by diagnoses of mental disorders.

Source: CTDD - IDD

The research did not provide a satisfying explanation of such marginalisation, therefore, the Institute of Drug Dependencies decided to initiate a broader European study within the framework of DG Sanco funds. The international project examining the availability of treatment to patients with drug addiction was approved by the EC in 2005 and the Centre for the Treatment of Drug Dependencies – Institute of Drug Dependencies in Bratislava became the chief co-ordinator of the project.

Court-ordered treatment

The issue of the payment of non-medical costs of healthcare providers providing court-ordered addiction treatment under the competence of the healthcare sector remained unsolved in Slovakia in 2004. The truth is that their number has substantially decreased compared with the peak of the epidemic at the end of the 90s of the 20th century. To a certain level, this could be explained by the simultaneous increase in the number of persons treated within the penitentiary system, which rose from 431 in 2003 to 489 in 2004.

Further training

A change occurred in the area of training for specialist physicians in 2004. The system of postgraduate education in the area of medicine led to a change in the process of acquiring specialist qualifications in this field. The specific specialist examination required in the past in the postgraduate course on alcoholism and drug addiction after completing examination in the field of psychiatrics was **replaced by certified examination in the field of drug addiction medicine**⁶⁰. A sub-department for drug addiction medicine with national competence was created at the Department of Psychiatrics of the Slovak Medical University.

⁶⁰ Drug addiction medicine – a specialist field of psychiatrics at the Slovak Medical University
<http://www.szu.sk/priloha.html/563154/1/specializacie.pdf>

6. The Health Implications and Consequences of Drug Use

There was no systematic monitoring of drug-related deaths in Slovakia in 2004. However, a working group was set up, coupled with the exchange of findings as part of a **twinning project**,⁶¹ assisted by experts from the Czech Republic.

According to direct findings stemming from the sentinel surveillance of infectious diseases in Bratislava, together with indirect indicators, such as the nationwide incidence of HIV/AIDS – as provided by the National HIV/AIDS Reference Centre – the incidence of HIV and type B hepatitis (HBV) is below epidemic level. **No increase was recorded in the incidence of syphilis, or other transmissible diseases typical for this particular group.** Hepatitis C (HCV) diagnostic methods were improved, expanding their scope to the level of PCR and genotypes, which began to be monitored on a systematic basis as part of an expanded sentinel study in Bratislava. In 2004, a local epidemic of hepatitis A (HAV) amongst drug users in the capital abated, and no new sources were discovered. **Continuous attention was paid to pregnant women – by gynaecologists in the case of active drug users, and also to pregnant patients undergoing methadone maintenance treatment.** The long-term monitoring of successfully treated drug users continued. No other health difficulties or consequences stemming from drug use were observed or recorded to any great extent in the Slovak Republic in 2004.

6.1 Drug-related mortality

No systematic monitoring of drug related deaths for the purposes of European Monitoring Centre for Drugs and Drug Addiction has been carried out in Slovakia in last years. The Ministry of Health of the Slovak Republic established The **Healthcare Supervision Office** (*hereafter "HSO"*) in November 2004. HSO performs its activities since 1st January 2005. Within the HSO are incorporated besides other units all forensic medicine and pathologic units, where all autopsy are carried out. The exception is only the Institute of Pathology and the Institute of Forensic Medicine Faculty of Medicine Comenius University where autopsies are performed in close cooperation with HSO only in few cases necessary for medical students training. University Institutions in Martin and Košice have joint position with HSO positions.

In this way the central governing and uniform system of carrying out autopsies, laboratory examinations, the estimations of chemical-toxicology diagnostic findings in particular and administration of health documentation in the whole Slovak Republic will be assured. Accordingly HSO is governing the post-mortem examination which is performed only by HSO physicians or physicians authorized by HSO.

Above mentioned is ideal starting point for systematic, qualified and qualitative collection of death related data as a whole as well as data regarding drug related death.

6.1.1 Drug related death and drug user mortality

A new working group by National Monitoring Centre for Drugs for the key indicator drug-related deaths and mortality among drug users has been created in 2005. This group retrospectively collected data for 2004 in all forensic medicine units. Data for year 2005 will be collected in similar way.

Data for 2006 will be reported continuously by the means of special reporting form. The interconnection through computer network of all forensic and pathology units is planed in the future as well as automatic and complex data collection regarding all drug related death; that includes also cases where drug was not detected in the body at the time of death.

Autopsy practice in Slovakia is governed by the Act No. 581/2004 Coll. on Health Insurance Companies, Supervision over Healthcare and on amending and supplement certain other laws; § 48 in particular, that orders the obligation to carry out autopsy also in all cases where there was no possibility to specify the cause of death at the post-mortem examination and in

⁶¹ See Chapter 1

all violent death including poisoning. It results from the above mentioned that autopsy should be ordered in every case of suspicion of being a drug user.

Deaths that are caused directly by the consumption of narcotic and/or psychoactive substances (overdoses, poisoning).

There were 46 cases of deaths caused directly by the consumption of drugs in 2004 reported by forensic medicine units in Slovak Republic. Thereof 23 cases were caused by psychoactive substances - medicines⁶² and 23 by narcotic substances of other subgroups. Detailed summary of cases by substance groups, age groups and gender shows the following table.

Substance/ age group	< 15	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 <	Total		
													Men	Female	Total
Opioids only (excluding methadone) (M/F)	0	1/0	0	1/1	0	0	0	0	0	0	0	0	2	1	3
Methadone only (M/F)	0	0	0	1/0	0	0	0	0	0	0	0	0	1	0	1
Poly-substances including opioids (M/F)	0	1/2	2/1	2/0	1/0	0	0	0	0	0	0	0	6	3	9
(Poly)substances excluding opioids (M/F)	0	0	4/0	3/0	2/0	0	0	0	0	0	0	1/0	10	0	10
psychoactive medicines (M/F)	0	0	0	0/1	0	1/0	0/4	1/1	1/2	3/1	0/2	1/5	7	16	23
unspecified/ unknown substances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	7	9	3	1	4	2	3	4	2	7	26	20	46

Tab. 6.1.1 Deaths caused directly by overdose of narcotic and psychoactive substances in Slovak Republic in 2004 by substance groups, age groups and gender
Source: HSO; processed by Jozef Šidlo

⁶² According EMCDDA definition – DRD Standard Protocol 3.O, 2002
includes : barbiturates, benzodiazepines, other sedatives and minor tranquilisers

Deaths under- the influence of narcotic and/or psychoactive substances

There were 78 cases reported in this group. Thereof 32 cases were caused by psychoactive substances - medicines and 46 cases by psychoactive substances of other subgroups. Detailed summary of cases by substance groups, cause of death and gender show the following table.

Substance/ cause of death	Natural/ internal causes	Accidents other than by poisoning	Suicide other than by poisoning	Homicide other than by poisoning	Undetermined causes other than by poisoning	Total	Share in %
Opioids	2	4	4	0	1	11	14,1
AMT/ MAMT	4	3	4	0	4	15	19,2
Cocaine	0	0	0	0	1	1	1,3
THC	0	8	3	0	2	13	16,7
Solvents	0	3	2	0	0	5	6,4
Benzodiazepins	7	6	9	1	9	32	41
Other psychopharmaceuticals	0	1	0	0	0	1	1,3
Total (M/F)	13 (10/3)	25 (17/8)	22 (19/3)	1 (0/1)	17 (14/3)	78	

Tab. 6.1.2 Deaths under the influence of narcotic and psychoactive substances in Slovak Republic in 2004 by substance groups, cause of death and gender.

Source: HSO ; processed by: Jozef Šidlo

General, demographic data

According to Statistical Office of Slovak Republic there were 5 384 822⁶³ inhabitants in Slovakia to 31. December 2004. 51 852 inhabitants died in 2004, thereof in 6 471 cases autopsy was made which represents 12,5%.

On the basis of indirect data, a relatively low mortality rate can be predicted in comparison to other times and places. Due to the weak concentration of heroin sold on the street, a rise in the number of deaths due to overdose was very improbable over this period. Due to the very low incidence of HIV and TBC amongst drug users, even these very common causes of premature death – as registered in other countries – were negligible in Slovakia in 2004. **The history of intravenous drug use is relatively short in Slovakia – around ten years – which is too short for the possibly lethal effects of HCV infection to fully appear.** Despite this, the predicted mortality rate was higher than expected in the same age groups, due to sudden deaths – such as suicide, murder, traffic accidents, etc. However, exact statistics were unavailable.

6.2 Drug-related infectious diseases

Since 1997 the Institute of Drug Dependencies at the Centre for the Treatment of Drug Dependencies in Bratislava has monitored the sentinel trends of blood-transmitted infectious diseases (HIV, HCV, and HBV) amongst drug users who requested treatment for the first time in a given calendar year (see Fig. 6.2). A multi-centre study, monitoring infection rates amongst drug users, was launched in 2004; however, due to a lack of synchronisation in the initial phase, it was unable to provide consistent data. Nevertheless, preliminary results from Slovakia's regions were consistent with the trends determined in Bratislava. Through triangulation, its findings can be compared to the aggregate number of infections listed in the database of the Public Health Authority in Banská Bystrica and the National HIV/AIDS Reference Centre in Bratislava.

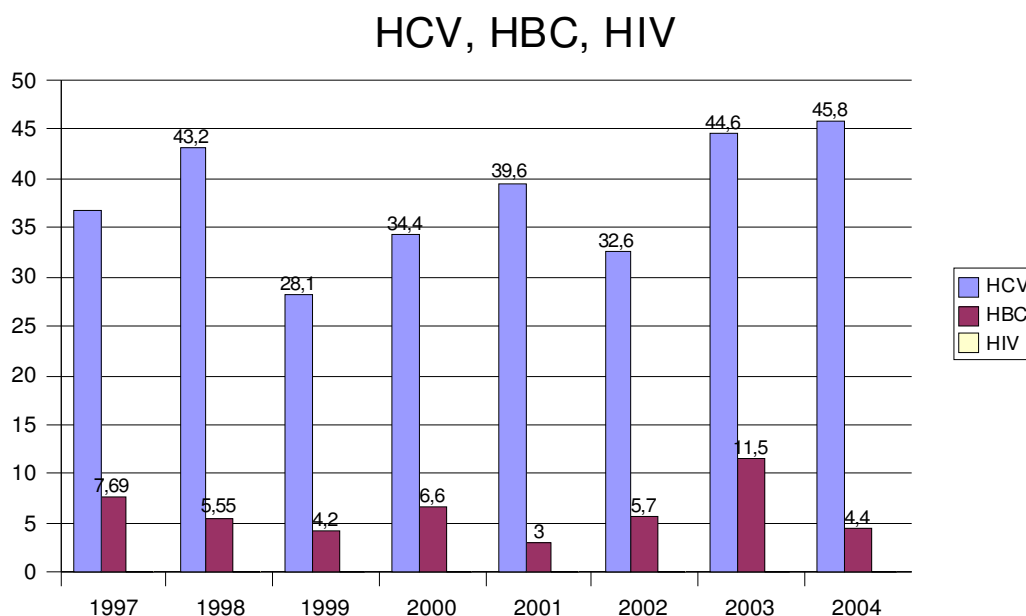


Fig. 6.2.1 The incidence of HIV, HBC, and HCV antibodies found in IDUs entering treatment for the first time at the CTDD in Bratislava, 1997 – 2004

⁶³ www.statistics.sk

- **Hepatitis A**

After the rapid introduction of hygienic and anti-epidemic measures, including the vaccination of people living in households where an incidence of HAV had been registered, a decline in the local epidemic of hepatitis A amongst drug users was recorded in Bratislava in 2004. No other epidemics of this disease were recorded amongst drug users in Slovakia.

- **Hepatitis B**

The low incidence of hepatitis B infection amongst drug users in Slovakia continued throughout 2004. This fact was determined on the basis of the reduced and low prevalence of active, acute, and chronic hepatitis B infection registered in the general population – 2.2 cases per 100,000 inhabitants. Although 4% of those entering treatment for the first time at the Centre for the Treatment of Drug Dependencies in Bratislava displayed an antibody reaction to the HBc (core) antigen, which is an indicator of HBV infection, almost none of them displayed clinical symptoms of acute or chronic infection. Due to the relatively small representative sample available to this sentinel survey, the decline in the number of infected intravenous drug users from 11% in 2003 to 4% in 2004 is of little significance. The overall, long-term, relatively low incidence of hepatitis B infection amongst intravenous drug users entering into treatment in Bratislava is a much more important indicator.

- **Hepatitis C**

Alongside its efforts to establish an extensive infection monitoring system in Slovakia, the Institute of Drug Dependencies also carried out a wide-ranging, multi-level analysis of hepatitis C infection amongst IDUs applying for treatment in 2004. In addition to HCV antibodies, the virus itself was also ascertained in blood samples obtained through the PCR method, and in the event of positive results, through its genotype. From a sample of 72 first-time applicants for the treatment of problems caused by the use of psychoactive substances with a history of previous intravenous application, 45.8% tested positive for anti-HCV antibodies. In the cases of 24 patients, the genotyping of the virus took place after PCR; the results proved that genotypes 1 and 3 were present in equal amounts – 50%. Of all the intravenous drug users who tested positive for HCV antibodies, 24% of patients had spontaneously eliminated the virus, according to laboratory findings. Access to treatment for hepatitis C amongst infected patients with a history of drug use is complicated by the requirement for at least six months of medically documented abstinence from drug use, which is demanded by health insurance companies to the detriment of interferon treatment. Health insurance companies in the Slovak Republic do not cover patients who are undergoing drug substitution treatment for the interferon treatment of infectious hepatitis.

- **HIV/AIDS**

Even though the epidemic of intravenous drug use in Slovakia has existed for over a decade, there is still a very low incidence of HIV infection. In 2004, there was only one living person who had unquestionably contracted the HIV virus through intravenous drug use, which had occurred approximately 10 years before, during a visit abroad. One other heroin-addicted patient died of AIDS in the past, having also contracted the infection abroad. The very low prevalence of HIV amongst the Slovak population, and amongst intravenous drug users in particular, is remarkable. Slovakia has one of the lowest HIV infection rates in Europe.

- **Other diseases**

No other sexually transmitted diseases were systematically monitored amongst drug users, with the exception of syphilis. The trends registered in the incidence of syphilis were identical to those seen in 2003. A higher incidence of the disease was registered in women working in the sex industry in order to obtain drugs. No specific details concerning possible sources of infection could be obtained.

Apart from the details given above, no information concerning significant incidences of other diseases amongst drug users was available.

6.3 Psychiatric co-morbidity (dual diagnosis)

As in 2003 there was a dominant incidence of mood disorders – secondary depression amongst those dependent on opiates, and also on stimulants, which rapidly disappeared during abstinence, even when medicament-based anti-depression treatment was not supplied.

Some regular methamphetamine users suffered from toxic psychosis of a generally schizophrenic nature, and from depression. However in most cases, abstinence (even without the application of psycho-pharmaceuticals) led to an improvement in psychotic symptoms and/or an improvement in mood within the space of six months.

A dual diagnosis, in the sense of a parallel diagnosis of addiction and great depression or schizophrenia, was not registered very often. Only targeted clinical research can provide a more accurate picture of the situation.

6.4 Other health consequences

Other possible negative health impacts resulting from drug use either remained unchanged in comparison to the previous year, or were not systematically monitored.

- Traffic accidents, etc.

According to a verbal report concerning the findings of the Ministry of Transport, Posts, and Telecommunications of the Slovak Republic, **the presence of psychoactive substances in drivers involved in traffic accidents was very rare.**

- Pregnancy and children born to drug users

Neonatal specialists in Bratislava are paying special attention to this issue. The Institute of drug Dependencies at the CTDD in Bratislava monitored opiate-addicted women undergoing methadone maintenance treatment, with regard to the potentially negative effects of this treatment on the development of newborn children. No deviations from the norm amongst other newborn babies in the Slovak Republic were discovered in cases where a woman conceived during a stabilised state of methadone maintenance treatment, remained stabilised throughout pregnancy, and gave birth in such a condition (Klempová, Okruhlica, 2005, to be published).

7. Measures addressing the health implications and consequences of drug use

Measures aimed at preventing and tackling health impacts and especially impairments linked to **drug use in Slovakia must be perceived as a historic continuum that began at the very dawn of the drug – especially heroin – epidemic in the early 1990s**. The first needle and syringe exchange programme after the epidemic began was set up in 1994 at the Centre for the Treatment of Drug Addiction in Bratislava; at the time, there were less than 100 IDUs undergoing treatment. At the same time, didactic/therapeutic sessions were organised for drug users, involving group education activities explaining how to reduce health risks associated with drug use. Needle and syringe exchange programmes were later established at other centres for the treatment of drug addiction in the cities of Banská Bystrica and Košice. In addition to needle exchange programmes and testing, educating, and providing other services to drug users, the activities of citizens' associations (NGOs) involved in field social work, also known as "streetwork", was of great importance. The Odysseus and Prima CAs were amongst the first to become involved in this field, in the second half of the 1990s. Other Citizens' Associations followed; by 2004, CAs had been established in all regional capitals, with the exception of Žilina, Trenčín, and Prešov, and in a number of smaller towns with a high concentration of intravenous drug users, especially in Western and Central Slovakia. The timely launch of such programmes most probably made a significant contribution to the current, relatively favourable situation in Slovakia with regard to the incidence of blood transmissible diseases amongst drug users. Sterile needles and syringes are available at pharmacies, covering large parts of the country. Last but not least, health care for all drug users is also widely available through an effective mechanism of reducing health impairments stemming from drug use. An important role is played by continuing endeavours in the mass media to publicise programmes and measures aimed at preventing health impairment due to drug use, and by expert advice provided in the field, at music festivals, and at youth clubs.

7.1 Prevention of drug-related deaths

In 2004, no significant changes were made to the system of preventing deaths related to drugs, unintentional intoxication, or overdoses in Slovakia. The mainstay of work in this field still lies in educational programmes realised in oral and written form and through the media by health and social institutions working to reduce the demand for drugs.

On the basis of written information provided by the UNODC on the potential for the distribution of highly concentrated heroin in Europe, **the Institute of Drug Dependencies at the Centre for the Treatment of Drug Dependencies in Bratislava carried out a mass media campaign warning users against the dangers of overdosing in 2004.** The campaign met with a warm response in both the audiovisual and printed media. Subsequently, there were no reports of a highly concentrated opiate being distributed in Slovakia, or even any signs of a rise in the number of drug users admitted to emergency wards, or an increased incidence of deaths due to unintentional intoxication.

There are currently no injecting rooms in Slovakia.

7.2 Prevention and treatment of drug-related infectious diseases

7.2.1 Prevention

The education of drug users

The education of drug users through leaflets, peer programmes as part of in-the-field activities, and didactic/therapeutic sessions at health care facilities is concerned primarily with intravenous drug use, preventing the sharing of needles and other paraphernalia, and

issues of safe sex. Such education is carried out by specialised health units – centres for treatment of drug dependencies (*known as "CPLDZs" hereafter referred as CTDDs*) and citizens' associations engaged in fieldwork with drug users. As seen above, such activities have a long tradition, particularly as part of needle exchange programmes. Repeated cross-sectional surveys carried out amongst the clients of needle exchange programmes at the CPLDZ in Bratislava have shown that over the years, there has been a decline in the frequency of needle and syringe sharing during their history of drug use (see Fig. 7.2.1.1).

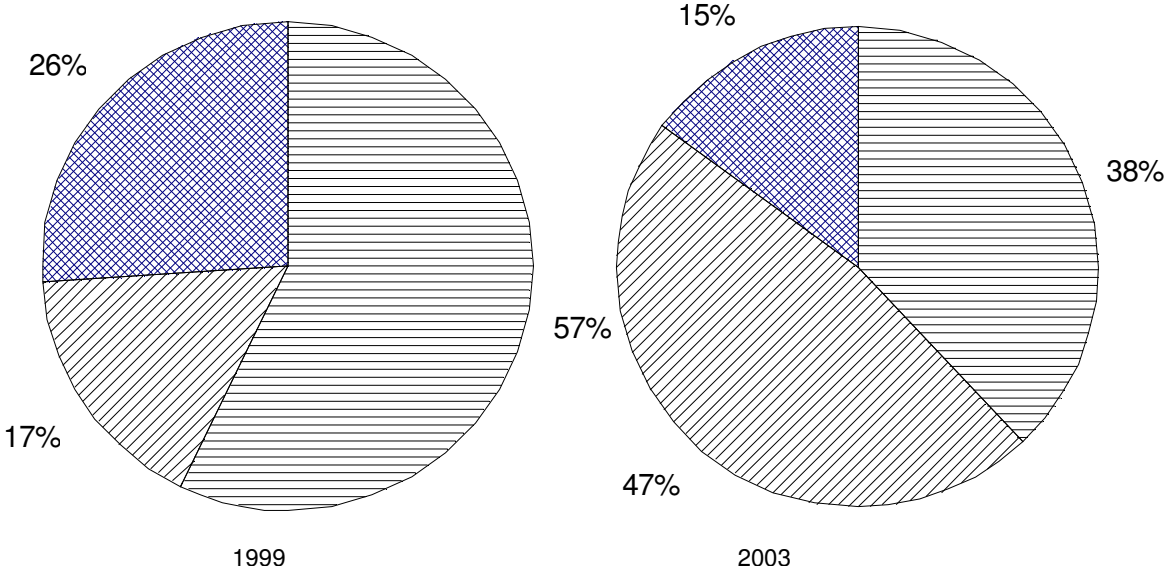


Fig. 7.2.1.1 The lifetime incidence of needle sharing amongst clients of the needle and syringes exchange programme at the CTDD in Bratislava, in two cross-sectional surveys
Source: CTDD

Sterile needles and syringes, condoms

Because sterile needles and syringes are available without prescription at pharmacies for the relatively low price of €0.25, and because pharmacies currently have the widest coverage of the country, they are the main, possibly most important source of paraphernalia for drug users. For this very reason, the CTDD in Bratislava carried out a survey in 2004 on the availability of sterile needles and syringes amongst randomly selected pharmacies (Okruhlica, Formánková, 2005).

The provision of sterile needles and syringes by pharmacies in Bratislava

15, 2% available
84, 8 not available

The provision of sterile needles and syringes by pharmacies outside Bratislava

57% available
43% not available

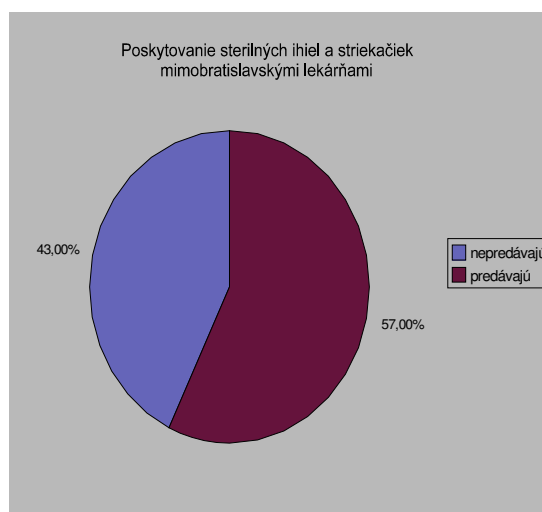
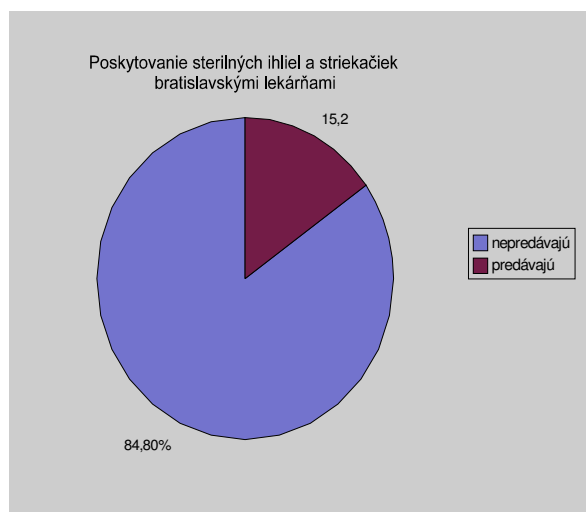


Fig. 7.2.1.2. The proportion of pharmacies selling sterile needles and syringes to intravenous drug users in Bratislava and in selected Slovak towns.

Source: CTDD

The results indicated that **not all pharmacies** have sterile injection paraphernalia in stock, and even if they do, they **are not always willing to sell it to drug users, due to pharmacists' personal moral standpoints**. The marked reluctance of pharmacies in Bratislava to sell such paraphernalia, in contrast to pharmacies in more rural areas, was most surprising (see Fig. 7.2.1.2). In addition to discussions with representatives of the Slovak Chamber of Pharmacists, and the widely publicised need for the provision of sterile needles and syringes to drug users by pharmacies, employees of the Institute of Drug Dependencies also drew up a leaflet for pharmacies, which was distributed primarily in the capital.

For those who do not use the services of pharmacies, other important sources, (which do not enjoy the same level of coverage as pharmacies, but are still available to drug users), are **needle and syringe exchange programmes carried out by field workers from citizens' associations, or by centres for the treatment of drug addiction**. Not only do they provide needles and syringes free of charge, but also many other services, such as counselling and tests for blood transmissible diseases, as well as a wider range of paraphernalia, such as distilled water, and sometimes whole kits for drug users, including condoms and lubricants.

Vaccination

The comprehensive, free vaccination of IDUs against hepatitis B infection was discontinued in 2002; however, in 2004, the majority of new patients with a history of intravenous drug use were inoculated at CTDDs, thanks to a grant obtained for this purpose by the Slovak Anti-Drug Fund.

Because **Slovakia introduced a nationwide hepatitis B vaccination programme for newborn babies and children of up to 12 years of age in 2002, the risk of becoming infected with this disease amongst intravenous drug users will decline**. This is substantiated in data provided by the Public Health Authority, which indicates a decline in the number of cases of acute HBV infection among the general population of Slovakia in 2004, as well as in previous years. A group of susceptible persons still exists – i.e., people who

have not been vaccinated, and who have the potential to pass on infection. In view of their low immunity levels, chronic drug addicts in particular must be subjected to HBV screening, coupled with continued attention to vaccination programmes.

7.2.2 Counselling and testing

The Institute of Drug Dependencies at the **CTDD in Bratislava organises an authorised *Course for Drug Addiction Advisors* in two week-long sessions every year.** Of a total of 100 hours, around half are dedicated to issues dealing with the prevention of physical harm caused by drug use, and to the treatment of such harm should it occur. 24 people from the country attended the course in 2004.

In 2004, advisory services dealing with the prevention of negative health consequences resulting from drug use were largely realised through fieldwork programmes carried out by citizens' associations. In the same year, the Open Society Foundation funded the publication of a booklet on harm reduction. Specialised health units provide advice at their offices, and also at large musical events, such as the biggest open-air festival⁶⁴ in Slovakia, 'Pohoda', amongst others.

There are also a number of websites where Slovak experts provide advice.

Specific advice is also provided before and after blood tests for infectious diseases – above all, HIV and HCV. In addition, tests are carried out for the presence of syphilis and TBC, mainly in blood and saliva, by streetworkers. **No new cases of HIV were registered in tests carried out in 2004. Tests are carried out free of charge, and there is also the opportunity for anonymous testing, especially for HIV infection.** The level of refusal to undergo HIV testing in Slovak health facilities is very low; e.g., **at the CTDD in Bratislava, it was less than 5% in 2004.** Clients applying for the treatment of drug problems are offered tests at every health unit.

7.2.3 Infectious diseases treatment

The treatment of all infectious diseases is provided free of charge to drug users who are citizens of the Slovak Republic.

However, according to directives issued by health insurance companies, **the treatment of hepatitis C in patients with a history of drug use is only possible after a medically documented period of abstinence lasting for at least six months has elapsed.** Health insurance companies also refuse to pay for the treatment of hepatitis C in patients on substitution programmes. Their main argument is the high cost of HCV treatment, in view of the high risk of renewed infection caused by relapses amongst IDUs. Patients who meet the criteria set out by health insurance companies receive pegylated interferon plus ribavirin treatment for 6 months in cases of genotype 2 and 3 infection, which is extended to a period of 12 months if the virus persists. In cases of genotype 1 infection, treatment lasts for 12 months. Many patients suffering from chronic drug addiction and HCV infection remain untreated. Their interferon treatment is frequently impeded by chronic drug addiction, often accompanied by excessive alcohol consumption.

The treatment of HIV and HBV is also free of charge, and no problems have been registered with its availability – which is partly due to the low prevalence of these diseases amongst drug users in Slovakia.

Syphilis is treated in dermato-venereal hospital wards.

For information on all other issues, concerning psychiatric comorbidity and other health implication please see the 2003 National Report p 98-105.

⁶⁴ see Chapter 13

8. Social Correlates and Consequences of Drug Use

8.1 Social exclusion

Social exclusion is a process where certain individuals are pushed to the periphery of and restricted from full participation in the society due to their poverty, lack of basic skills and life-long learning opportunities or due to discrimination. This separates and isolates them from employment, income and education opportunities, as well as from social and community networks and activities.

Closely related to this concept is the concept of poverty. Poverty can lead to multiple disadvantages, from unemployment, through low income, bad housing and insufficient healthcare, to obstacles in access to education, culture, sports or recreation.

In December 2003, the Slovak Republic joined work on the Joint Inclusion Memorandum. The memorandum was signed in Brussels and thus the Slovak Republic joined the fight against poverty and social exclusion at the international level. The National Action Plan on Social Inclusion 2004-2006 was elaborated and this document became an important challenge in the fight against poverty and exclusion and developing social cohesion.

In 2005, the Ministry of Labour, Social Affairs and Family (*hereinafter referred as MLSAF*) elaborated the Action Plan of Measures for the Prevention and Mitigation of Poverty and Social Exclusion in Slovakia for 2005-2006. The sector's action plan complements the National Action Plan on Social Inclusion 2004-2006 with new priorities and objectives focused on the following:

- Development of knowledge about poverty and social exclusion and development of capacity
- Development of measures to mitigate poverty and promote social inclusion
- Support for activities aimed at preventing the reproduction of poverty and social exclusion.

The **European Social Inclusion Platform** was created in Slovakia in 2005 to deal with problems of and assist endangered groups of people.

In May 2005, the Statistical Office conducted the **first survey called the European Union statistics on income and living conditions (EU-SILC)**, which will be used as a basis for monitoring and evaluating the level of poverty and social deprivation using both common and national indicators. Data is collected on the basis of Regulation (EC) No. 1177/2003. The methodology for the calculation of indicators is common to all Member States and co-ordinated using the so-called Open Method of Co-ordination. Initial information from this survey covering the year 2004 will be available in 2006. This will make it possible to compare data on poverty and other poverty indicators with other EU members.

8.1.1 The homeless

Homelessness can be seen as a manifestation of poverty, not just a loss of housing. The homeless reside in night-shelters, hostels or other refuge, in abandoned houses, cellars or in the street. These places are unsuitable for maintaining social relations, creating a social background or developing one's personality. **The homeless are the most vulnerable population group.**

The highest concentration of homeless persons is in large cities, in particular in Bratislava, the capital city of Slovakia. **The Proti prúdu [Against the Tide]** citizens' association, the publisher of the *Nota Bene* magazine sold by the homeless, **estimates their number at 3000 only in Bratislava.** The number of the homeless in Košice, the capital of eastern Slovakia, is similar. Only a small section of people choose this form of existence and way of life deliberately, they usually become homeless due to a serious social problem that has afflicted them.

The most dangerous example of a failure to deal with the issue of socialisation are potential homeless people, above all children from foster homes, convicts released from prison or refugees. A separate group of the homeless are people who lost their home or housing due to their inability to pay the related costs.

According to data from the MLSAF, there are approx. 60 hostels and night-shelters in the municipalities of Slovakia for homeless people. Some municipalities have social flats or houses with social flats.

Throughout Slovakia, people in social distress who are without shelter are provided social services **in 60 shelters with the capacity of 1130 beds.** Of these, 34 are administered by self-governing regions and 26 facilities are operated by non-state organisations or municipalities. Regionally, these services are distributed unevenly, with the self-governing regions of Trenčín and Bratislava reporting the lowest capacity (55 and 91 respectively). On the contrary, the highest number of shelters is available in the Prešov self-governing region (capacity of 253) and the Banská Bystrica self-governing region (capacity of 245).

8.1.2 Unemployment

Unemployment is one of the most serious social problems in Slovakia.

State social policy has brought many changes and started to motivate people to work instead of receiving benefits provided in material distress.

The act on employment services, which entered into force on 1 February 2004, and the newly created network of labour, social affairs and family offices help overcome the complex situation of people who are registered as unemployed using active labour market policy instruments.

According to data from the Labour, Social Affairs and Family Headquarters (*hereinafter referred to as the "Headquarters"*), **the trend of declining unemployment continued throughout 2004.** This trend resulted from more intensive co-operation between jobseekers and labour, social affairs and family offices, the amendment of legal regulations in the field of employment services and stricter conditions for the provision of unemployment benefits, and was also a consequence of seasonal and publicly beneficial jobs.

The registered unemployment rate dropped to 13.07% in December 2004. A year-on-year comparison also appears positive, with average registered unemployment rate falling from 15.19% in 2003 to 14.26% in 2004.

431,916 persons were removed from the register of the unemployed in 2004, of whom 57.5% (248,446 persons) entered the labour market and 20.8% (89,713 persons) were removed due to lack of co-operation. The remaining 21.7% (93,757 persons) were removed for other reasons (they requested removal, started to attend school, were called to compulsory military service or started to serve their imprisonment term, became entitled to old-age, retirement or disability pension, became entitled to maternity benefits or died).

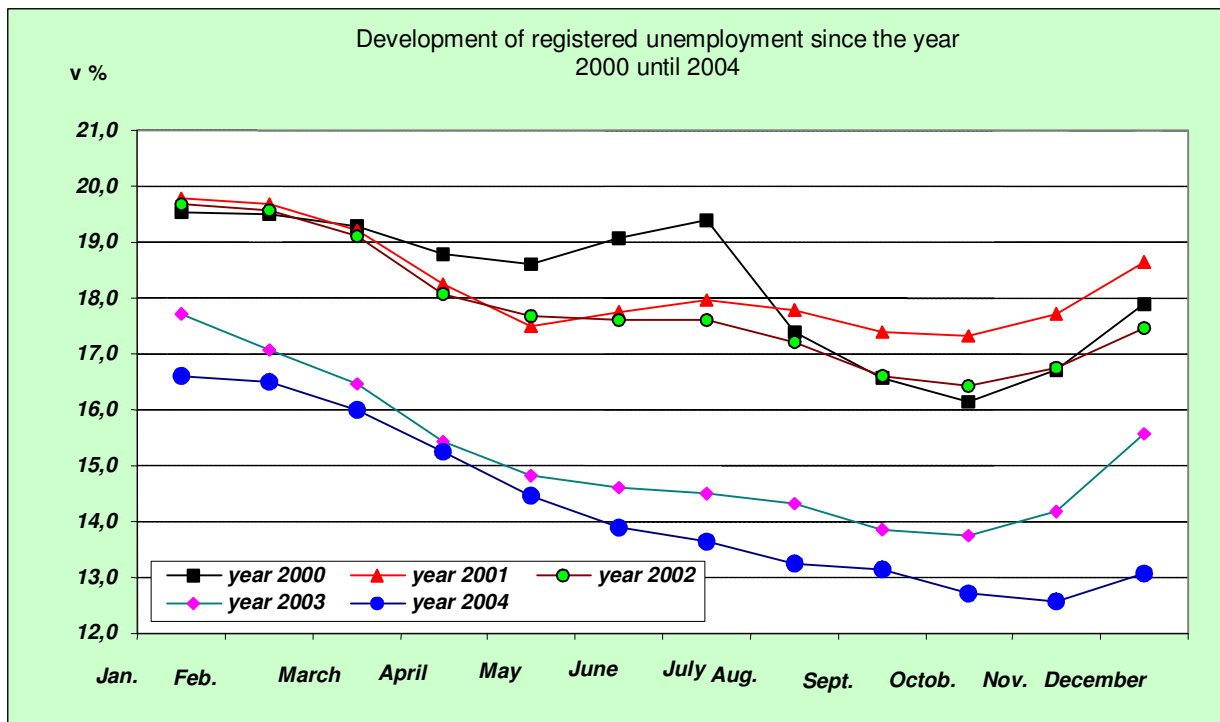


Fig.8.1.2.1 Registered unemployment between 2000 and 2004
Source: the Headquarters of LSAF

- Retraining

In 2004, **5084 persons attended retraining courses** within the framework of the active labour policy.

Cumulatively, 139,717 persons meeting the conditions for entitlement to the **activation allowance** had been registered as of 31 December 2004. The largest group of recipients of the activation allowance – 88,675 persons – were jobseekers participating in minor municipal services or voluntary work. This includes persons who are unemployed and at the same time participate in minor municipal services or voluntary work – 2,621 persons.

One of the motivational elements of assistance in material distress is the provision of the activation allowance to long-term unemployed who have found a job, but earn below three times the minimum wage or who have started and maintain self-employment for the period of six months. This applies to the group of people eligible to assistance in material distress prior to finding employment or starting self-employment.

As of 31 December 2004 there were 4,065 persons registered in the system who found employment and 587 persons who started self-employment.

54,960 recipients of the housing allowance were registered in December 2004 within the system of assistance in material distress, which is 32% of the total number of recipients of material distress allowances and contributions. Another group are persons unable to earn or increase their income on their own. This group of persons are provided the **protective allowance** under conditions precisely defined by law. There were 14,507 recipients of this allowance in December 2004.

8.1.3 School-drop off

Data on the number of pupils or students expelled from school are not monitored in the statistics maintained by the education sector. In fact a pupil cannot be expelled from the educational process during the period of compulsory school attendance, which lasts 10 years. **Nine years of compulsory school attendance takes place in primary school**

(1st and 2nd grade) and one year in a secondary school. This covers pupils aged 6 to 16. In the event of a gross violation of the school code of conduct or commission of a crime in the course of compulsory school attendance, pupils can be transferred to special school establishments – re-education homes, where they continue their compulsory school attendance. Equally, data on the drop-off of students from secondary schools (2nd to 4th year – 16 to 18 years of age) in the event of the commission of a crime (minors) are not monitored, but these students are also transferred to re-education homes where they can complete their secondary education.

There are 8 re-education homes for children, 9 re-education homes for youth and 2 re-education homes for mothers with children operating within the school system (19 in total) in the 2003/2004 school year. The number of children and inmates placed in re-education homes totalled 727, 257 of whom were girls. Children were placed in the facilities on the basis of court-imposed institutional care (603), protective care (62) and on the basis of a precautionary measure (also 62).

There were 543 newly admitted children, 178 of them (32.8%) from primary schools, 177 (32.6%) from special schools, 53 (9.8%) from secondary apprentice schools and apprentices, 11 (2.0%) from secondary schools, 45 (8.3%) from foster homes and 79 from other places. (Table 8.1.3.1)

Children in the age of compulsory school attendance			Youth after completing compulsory school attendance			
		number			number	
Children		231	Inmates		474	
of whom girls		55	of whom girls		189	
Children under 15		126	of the total num ber	from secondary grammar and vocational schools	3	
Children aged 15 and above		105		from apprentices schools or children's homes	total girls	361 142
of who m	girls	32		from apprentice schools, excl. foster homes		22
	from primary schools	50		trainees		53
	from special schools	48		employed		6
	from secondary schools	7				
Children with health disability		71		unclassified	total girls	29 13

Tab. 8.1.3.1 Children and youth in re-education homes
Source: IPE

The school system also includes prevention facilities (diagnostic centres for children and youth and treatment and education sanatoria). 10 such facilities operated in the 2003/2004 school year, of which 3 were diagnostic centres for children, 2 diagnostic centres for youth and 5 were treatment and education sanatoria. An overview of the distribution of children and new admissions can be found in table 8.1.3.2

Distribution of children				New admissions		
			number		number	
Children in diagnostic centres and treatment and education sanatoria			961	New admissions in total		
of who m	Due to	comprehensive examination	680	of who m	from primary schools	557
		outpatient examination	0		from special schools	173
	through administrative channels	281	from apprentice schools		123	
Applications for placement in a diagnostic centre or sanatorium	institutional care	619	from secondary schools		16	
	protective care	22	from foster homes		88	
					other	109

Tab. 8.1.3.2 Children in diagnostic centres for children or youth and treatment and education sanatoria Source: IPE

8.1.4 Financial problems

The subsistence minimum and the number of recipients of material distress allowances can be taken as an indicator of poverty in Slovakia. The number of recipients of material distress allowances varies greatly in individual regions of Slovakia. It is the lowest in the Bratislava region and the highest in the Košice region. The situation in unemployment is similar and unemployment has continuously been the highest in the east of Slovakia. Regions with the highest unemployment rate (Banská Bystrica, Košice and Prešov) have the highest proportion of persons dependent on assistance in material distress.

The subsistence minimum is defined by law as the socially recognised minimum level of income below which material distress occurs. The entitlement to social benefits as well as, for instance, compensation contributions for persons with severe disability, is conditional on the level of subsistence minimum. The act on the subsistence minimum has been in force since 2004. The amount of the subsistence minimum is adjusted annually, always effective from 1 July.

The groups under the greatest threat of poverty include the unemployed, especially long-term unemployed, families with children, especially large families, as well as households of individuals and socially excluded population groups. Socially excluded population groups include above all members of segregated Roma communities, the disabled, elderly people requiring long-term care, and homeless people.

The Government adopted a measure in connection with extending the positive effects of the changes in the system of assistance in material distress – the provision of funding to primary and special schools attended by a high proportion of children in material distress used for catering and school supplies, with a focus on promoting the observance of compulsory school attendance, and to pre-school establishments for catering.

Effective from 15 September 2004, it has been possible, in addition to the above subsidies, to provide scholarship subsidies for children in material distress attending a primary school or a special primary school (except for special primary schools for children with mental disorders).

The purpose of the subsidies provided for children in material distress (meaning a child living in a family eligible for assistance within the system of assistance in material distress) is as follows:

- Catering subsidy for a child in material distress can be provided for catering in pre-school establishments, primary schools or special primary schools
- School supplies subsidy for a child in material distress can be provided for obtaining school supplies.
- Scholarship subsidy for a child in material distress can be provided depending on the school results achieved by the child in the preceding school year.

8.1.5 Social network

Under Act No. 453/2003 Coll. on State Administration Authorities in the Fields of Social Affairs, Family and Employment Services, and on Amendment and Supplementation of Certain Laws, the state authorities in the relevant field are the Ministry, the Centre⁶⁵ and the labour, social affairs and family offices.

The labour, social affairs and family offices and the Centre perform state administration in the areas of social affairs and employment services in the following fields:

- social benefits
- social assistance
- the register of unemployed jobseekers and register of job offers

⁶⁵ Centre of Labour of Social Affairs and Family

- job placement services
- advisory services
- education and training for the labour market
- active labour market measures
- increased attention to job placement of special groups of people
- preparation and implementation of projects co-financed from the European Social Fund.

Another important role of the offices and the Centre is co-operation with self-governing regions in the creation of regional development concepts in the area of social affairs and employment and creation of a network of co-operating organisations (municipalities, higher territorial units, non-governmental organisations and the state).

8.2 Drug-related crime

After the year 2000, the drug situation in Slovakia has been almost identical to that in other countries of Europe. Slovakia has changed from a transit country to a country with an independent, developed and trend-sensitive drug market (*See Chapter 10 Drug Market*).

A slight decrease in the number of drug-related crimes was recorded compared with 2003. Drug-related crime in the territory of Slovakia is associated not only with offences related to the import, production, export and distribution of narcotic and psychotropic substances, but also with offences committed under the influence of drugs or for the purpose of obtaining financial coverage for drugs (mostly petty crime).

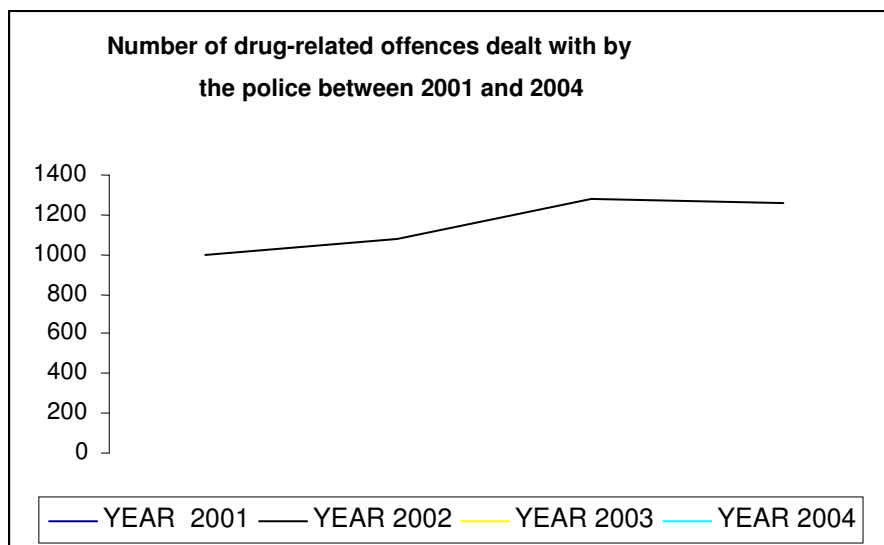


Fig. 8.2.1 Number of drug-related offences dealt with by the police between 2001 and 2004
Source: Annual Report of NADU

As indicated by table 8.2.2, the number of drug-related offences is rising. The only exception is 2004, when the number of detected drug-related offences slightly decreased by 15 cases in totally.

Region	Number of drug-related offences		Share in the total number of drug-related offences (%)		Increase (+) decrease (-) (%)
	2003	2004	2003	2004	2004
Bratislava	705	762	55,25	60,43	+8,09 ▲
Trnava	94	117	7,36	9,27	+24,47 ▲
Trenčín	115	64	9,01	5,07	-44,35
Nitra	81	91	6,35	7,22	+12,35 ▲
Žilina	86	81	6,73	6,42	-5,81
Banská Bystrica	122	77	9,56	6,11	-36,99
Prešov	25	20	1,96	1,58	-20
Košice	48	49	3,76	3,88	+2,08 ▲
Total	1276	1261	100	100	-

Tab. 8.2.2 Number of drug-related offences in 2003 and 2004 by individual regions
Source: Annual report of NADU

The share of the Bratislava region in the total number of drug-related offences was 60.43%, which is an 8.09% increase compared with 2003. A rise in the percentage share in the total number of drug-related offences was also recorded in the Trnava region. The combined share of both regions in the total number of drug-related offences was 69.70%.

Bratislava and its surrounding area is characteristic of high population density, concentration of economic activity and easy accessibility from neighbouring countries (Austria, Hungary and the Czech Republic). These facts create ideal conditions for the development of all types of crime, including drug-related crime. Bratislava is also a source of narcotic drugs for the Trnava region. The territories of the Bratislava and Trnava regions are also used as a transshipment point on the Balkan Route connecting the Balkans with Western and Northern Europe. The Silk Route, leading from the East to the countries of the European Union, also passes through this area.

The greatest decline in the percentage share in drug-related crime in the period in question was recorded in the Trenčín and Banská Bystrica regions.

The number of persons convicted of drug-related offences decreased in 2004 compared with 2003. **A total of 927 persons were convicted of this type of crime in 2004 (of whom 40 were minors). In 2003, the number of convicts totalled 1005⁶⁶ persons (of whom 52 were minors).**

At the same time, we underscore that the activities of persons coming from the Western Balkans pose a serious risk to European countries. This applies to drug trafficking as well as trafficking in people, money laundering, violent crime, etc. In 2004, the members of the European Union continued action to suppress this threat. Through the COSPOL project, for instance, the Slovak Republic joined the activities of a group focusing on the fight against organised crime of persons from the Western Balkans. Besides direct operative co-operation, the Slovak Republic also participates in the fight against drug crime in co-operation with other countries through other forms of international co-operation, such as training, conferences, etc.

⁶⁶ Source: Statistical Yearbook of the Ministry of Justice

8.3 Drugs in prisons

The presence of drug users is a fact of life in penitentiary establishments. In order to be able to actively influence the drug situation in prisons, it is necessary to identify drug addicts among persons taken into custody or imprisonment. It is one of the tasks of the Corps of Prison and Court Guard (*hereinafter referred to the "corps"*) arising from the NPFD.

Imprisoned persons are inquired about drug use in the context of entry medical examination. **If the answer is positive, a statistical form is completed by the examining practitioner and sent to the Institute of Health Information and Statistics (IHIS).** Table 8.3 specifies the number of drug addicts in penitentiary facilities between 2000 and 2004, as well as the percentage proportion of these persons in the total number of prisoners.

Year	Number of identified drug addicts	% of the total number of prisoners
2000	563	7.9
2001	539	7.3
2002	696	9.0
2003	596	6.9
2004	623	6.6
Average	Σ 603	Σ 7.58

Tab. 8.3.1 The number of identified drug addicts in penitentiary institutions between 2000 and 2004
Source: 2004 Statistical Yearbook of the Ministry of Justice

The highest number of drug addicts in 2004, as well as in the preceding years, was in the Bratislava Detention Facility (265), Leopoldov Prison and Detention Facility (81), Ilava Prison and Detention Facility (41) and the Nitra Detention Facility (39). 58 of them were women, which is 9.3%. **Pervitin was the most frequent drug used**, followed by heroin. The most frequent form of application was intravenous.

One of the roles of the prison service in all countries is to reduce the risk of penetration of drugs into penitentiary facilities. The most common routes of smuggling drugs into prisons are postal deliveries, contact visits, convicts working outside the facility, etc. In the penitentiary facilities throughout Slovakia, the Force has 36 dogs trained to detect drugs. These dogs detected the presence of drugs in four cases in 2004. Mobile testing laboratories and urine drug screening are also used for the detection of drugs. 1,089 tests were carried out in 2004, of which 92 were positive. This includes the detection of benzodiazepines and barbiturates that are prescribed to patients in the facilities. Opiates were detected in 12 cases and cannabinoids in 9 cases.

The use of analgesics, hypnotics, antiepileptics and other substances by persons who were not prescribed these medications is a frequent phenomenon that cannot be prevented.

8.4 Social costs

Social costs are an economic category. Within social contexts and consequences of drug abuse, economic and social measures represent expenditure on the quality of life of people. This represents budgetary costs of the overall system of social security for the population. **The social security system⁶⁷ for the Slovak population is made up of social insurance, social assistance and social support.**

⁶⁷ see The State of Drug Addiction and Drug Control in Slovakia, (National report for REITOX) Bratislava 2004, p. 108

- Social area

Act No. 599/2003 Coll. on Assistance in Material Distress entered into force on 1 January 2004.

Material distress is a situation when the income of a person and his dependents fails to reach the level of minimum subsistence and these persons are unable to earn or increase their income on their own.

The group of natural persons not assessed jointly with the applicant for the material distress allowance will be extended after the adoption of the act on the social and legal protection of children and social curatorship (effective from September 2005). Persons being provided professional assistance or housing in a crisis centre will be assessed separately. In practice, this will be important especially for the victims of home violence who were assessed jointly with the perpetrator of the offence before this act entered into force, since they shared a common household.

The activation allowance is SKK 1,500 (€ 37,5 app.) monthly and is provided in support of acquiring, maintaining or extending knowledge, professional skills or working habits for the purpose of employment during the period of being in material distress. These are persons increasing their qualifications by studying along with working, participating in training for the labour market or taking part in minor municipal services or voluntary work.

The housing allowance amounts to SKK 980 (€24,5 app.) monthly for one person in material distress and will be increased from September 2005 to SKK 1.130 (€ 28,25) and to SKK 1.670 (€ 41,75) monthly for more jointly assessed persons sharing a household. This amount will be increased to SKK 1920 (€ 48) from September 2005.

The protective allowance of SKK 1.500 (€ 37,5 app.) is provided monthly to persons unable to secure basic living conditions for themselves. The combined provision of protective and activation allowances is excluded.

The act also deals with the provision of a **one-time allowance in material distress**. It is provided above all for the payment of extraordinary expenditure for the necessary clothing, basic household equipment, purchase of school supplies for dependent children and extraordinary medical expenditure. The amount of this one-time allowance can reach the amount of documented costs, but no more than three times the amount of the subsistence minimum.

The allowances and contributions are provided in pecuniary, material or combined form. The activation allowance is provided only in the form of money. Material benefits include one hot meal a day, the necessary clothing and shelter.

The state has set a two-year limit for the provision of the material distress allowances through the network of its offices (labour, social affairs and family offices). After this period expires, the material distress allowances will be provided by the self-government (municipalities). The financing of the provision of the allowances, however, will be combined from the state budget and budgets of municipalities (self-government's resources). Hence, municipalities will pay a section of the activation allowances to persons who have been in material distress for longer than two years. **Municipalities will receive funds from the state budget for other allowances and contributions provided under this act.**

9. Responses to Social Correlates and Consequences

9.1. Social reintegration

Social reintegration is defined at the following two basic levels in Slovakia:

Re-socialisation/reintegration of drug addicts, focusing mainly on the provision of social services of residential type (especially reintegration centres, protective housing facilities – the so-called Half-Way Homes, crisis centres, etc.) and outpatient services – especially centres of counselling and psychological services for individuals, couples and families.

Social rehabilitation, focusing on occupational rehabilitation (creation of conditions for coping on the labour market) and social rehabilitation of drug addicts, which is aimed at supporting their reintegration into original social environment, community social work, self-help activities and post-penitentiary assistance.

Targeted measures aimed exclusively at drug addicts (whether current or former) are indicated within the re-socialisation process; therefore, all the measures in the area of housing, employment, education and advice are aimed at re-socialisation.

Under Act No. 195/1998 Coll. on Social Assistance as amended, re-socialisation activities are a form of social prevention defined as a set of re-education procedures aimed at mitigating, overcoming and preventing repeated long-term material distress or social distress in order to enable persons to live in their natural social environment. Part of the re-socialisation process is rehabilitation in the area of drug addiction, i.e. the long-term process of correction and elimination of physical, personal and social consequences of drug addiction after treatment targeted at achieving positive psychosomatic changes, regeneration of physical and mental energy and improvement of work performance and social competences. It is a process based on a variety of social, medical, work, pedagogical, psychological, cultural and educational activities aimed at the prevention of the loss of ability to work, early return of the afflicted individual to the society and the mitigation and compensation of restrictions and consequences of addiction. The process at the same time represents a set of multiple measures and implementation steps of social, educational and work rehabilitation leading to the full integration of the drug addict into all areas of social life. The final objective of the re-socialisation process is the reintegration of drug addicts into their natural (or alternative) social environment so that they become independent from institutional social support.

Besides rehabilitation procedures aimed at creating conditions for extending qualifications, retraining, job placement and resolution of material and social distress, it is important to rectify the disturbed relations within the home, create conditions for return to the original family environment or acquisition of replacement housing (rented housing, hostels, shelters, half-way homes...) and join a self-help therapeutic drug-free community.

9.1.1 Housing

Conditions for the availability of housing to the Slovak population are created through the **state housing policy concept and the supporting economic instruments adopted for the development of housing**. A smaller section of the population, in particular social categories unable to obtain employment who find themselves in the position of groups under the threat of social exclusion or marginalised population groups, face specific problems with respect to housing.

Municipalities, which are the key applicants for the construction of municipal rental flats, are as yet unable to ensure sufficient funding for this purpose, therefore, the state will support the construction of rental flats as a matter of priority under the Housing Development

Programme. For this reason, it is necessary to direct the resources from the State Housing Development Fund above all to persons in low-income groups with social integration problems.

Drug addicts are provided long-term housing mainly in protected housing facilities (providing housing and supervision) and partially in re-socialisation centres (since these centres also provide other services, including housing). Drug addicts can also be provided housing or shelter in other social service facilities – e.g. night shelters and crisis centres, where the condition of admission is staying clear of drugs.

If there is no realistic possibility for the clients to integrate into their original social or family environment, or when clients lack basic living conditions after the completion of the re-socialisation process, they can be provided further care in protective housing facilities (under § 25 of the social assistance act) in the so-called “Half-Way Homes” providing that the requirements set down by law are met (on the basis of an assessment of the physical consequences and persisting personality or behavioural disorders caused by psychoactive and psychotropic substances). The provision of care (housing and supervising) in such facilities is conditional on the completion of the whole re-socialisation process and staying in contact with the relevant re-socialisation centre (or in justified cases after the successful completion of at least three months of treatment in the relevant drug treatment centre). In 2004, individuals addicted to drugs were provided services in 17 re-socialisation centres with the capacity of 232 beds, which provided long-term care to persons released from drug treatment units. 15 of these facilities are operated by non-state organisations; one is operated by a self-governing region (Košice) and one by a municipality (Bratislava). After the completion of the re-socialisation process, it is possible to provide housing and supervising in a total of 5 protective housing facilities – the so-called Half-Way Homes.

- **Shelters**

Throughout Slovakia, people in social distress who are without shelter are provided social services in 60 shelters with the capacity of 1130 beds. Of these, 34 are administered by self-governing regions and 26 facilities are operated by non-state organisations or municipalities. Regionally, these services are distributed unevenly, with the self-governing regions of Trenčín and Bratislava reporting the lowest capacity (55 and 91 respectively). On the contrary, the highest number of shelters is available in the Prešov self-governing region (capacity of 253) and the Banská Bystrica self-governing region (capacity of 245).

- **Long-term concept of housing for marginalised population groups**

In essence, the long-term concept of housing for marginalised population groups focuses on resolving the issue of housing of members of socially excluded communities. Its objective is to propose the principles of solutions and the supporting instruments to ensure adequate standard of housing for these communities depending on the local socio-economic conditions.

9.1.2 Education and training

No room has been created for training for drug addicts in the education system in the Slovak Republic and we have no information about such specific training.

There are no clients in the registers of labour, social affairs and family offices requesting job placement services, who have admitted any form of drug addiction.

In the context of equal opportunities and protection of personal integrity, labour, social affairs and family offices do not request such information from clients. Nevertheless, the question of drug addiction often emerges when taking individual approach to clients. People with an addiction problem are provided services and taken care of in the context of specialised counselling. These services include training and preparation for the labour market for the category of clients identified as having difficulties on the labour market. **However, there is no separate category of drug addicts in training for these marginal groups.** External partners of labour, social affairs and family offices participate in training,

which includes the development of key and “soft” skills. These projects are co-financed from the European Social Fund through national projects.

9.1.3 Employment

Significant changes occurred in the Slovak Republic in 2004 in the implementation of active labour policy measures, including the implementation of measures focusing on **disadvantaged jobseekers, which includes problematic drug abusers (not as a separate group though).**

One of the instruments of active labour market policy is the provision of training and preparation for the labour market on the bases of assessment of the jobseeker. The so-called **individual action plan** can be drawn up for the jobseeker, which specifies the type and scope of assistance necessary to make job placement easier and defines specific steps to be taken to this end on the basis of an assessment of the person’s personal capabilities and professional skills.

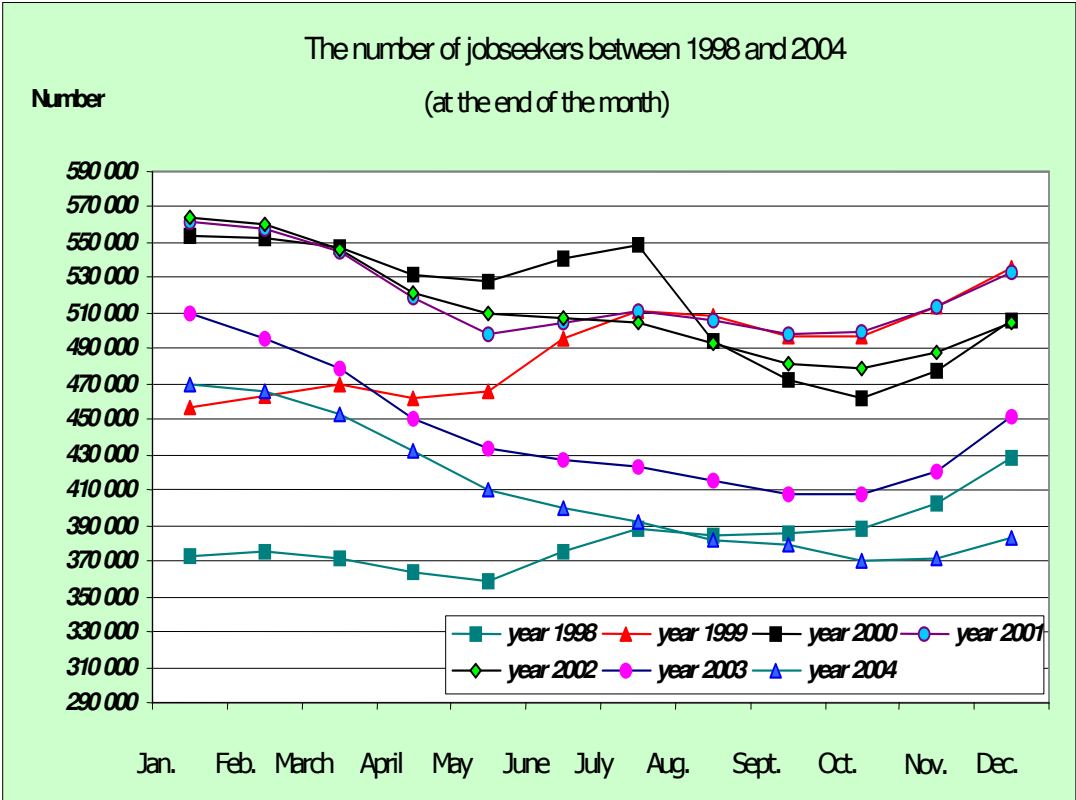


Fig. 9.1.3.1 The number of jobseekers between 1998 and 2004
Source: Centre for LSAF

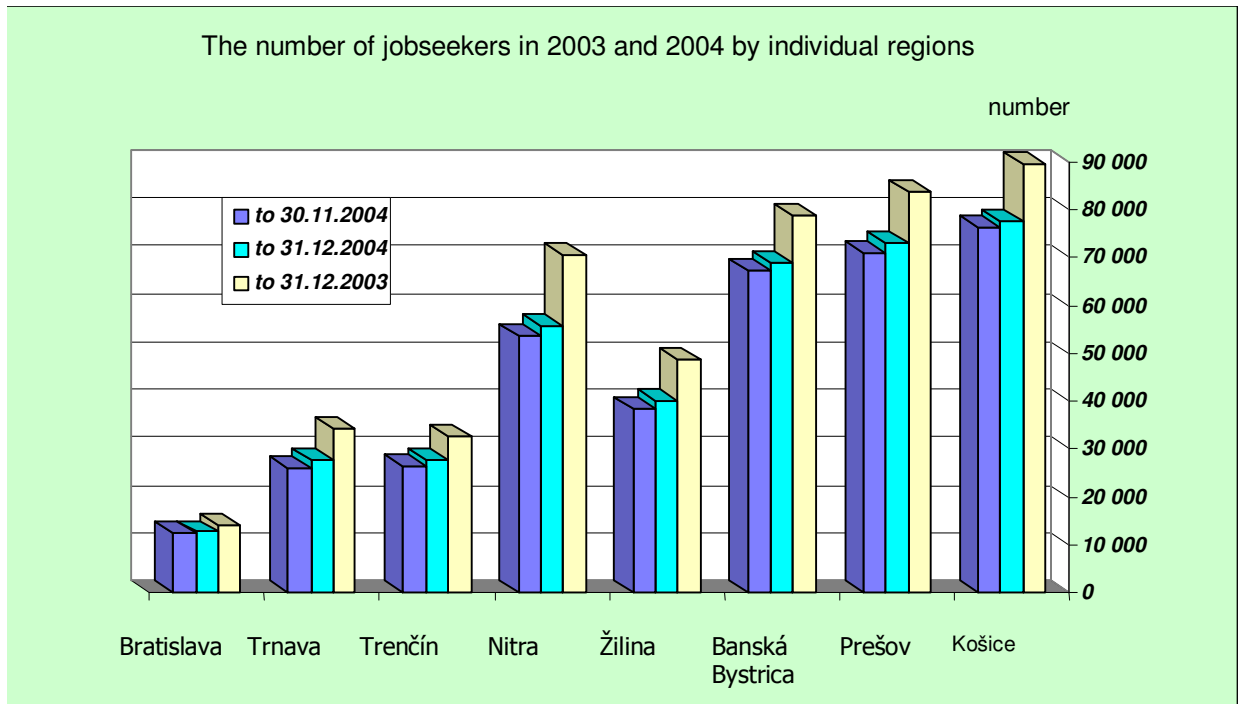


Fig. 9.1.3.2. The number of jobseekers in 2003 and 2004 by individual regions
Source: Centre for LSAF

- Long-term unemployed

The above data clearly show that areas with above average unemployment and limited opportunities for employment have the highest occurrence of long-term unemployment. 54,960 recipients of the housing allowance were registered in December 2004 within the system of assistance in material distress, which is 32% of the total number of recipients of material distress allowances and contributions. Another group are persons unable to earn or increase their income on their own. This group of persons are provided the **protective allowance** under conditions precisely defined by law. There were 14,507 recipients of this allowance in December 2004.

- Employment in the re-socialisation process

One of the most important attributes of the re-socialisation process is work therapy. For re-socialisation to be effective, a necessary condition is the widest possible and sufficiently differentiated application of the therapeutic potential of work for one's own benefit and for the benefit of others, while not focusing only on the restoration of work habits, acquisition of new working skills and abilities, creation of values or doing the daily chores in the facility, but above all on the ability to take responsibility for the results and quality of work, meet obligations, observe work discipline and safety and health at work, co-operate with others and perceive work as a value and important prerequisite for the overall recovery and success in life.

Work therapy (ergotherapy) focuses on training and practicing of new or restoration of original work skills, abilities and habits and encouragement and motivation towards work and employment, which is important for increasing personal, professional and social competences, autonomy and independence of the individual. It enables the individual to develop a relationship to work, develop self-assertion, self-servicing, self-help and responsibility for one's self and creates conditions for the acquisition or completion of education and work qualifications.

Under § 19 of the social assistance act, the re-socialisation centres can perform auxiliary economic activities. The expenditure and revenue from these activities are part of the facility's budget and can be used for the development and improvement of treatment in the facility.

Work therapy is oriented above all on self-servicing, routine and technical assistance work, gardening, farming, art and craft activities, rearing of cattle and poultry, repair and maintenance of buildings, as well as production (PET bottles, souvenirs, printing work), help and social assistance in social service establishments, and public benefit work. Persons provided care in a re-socialisation centre are eligible to the protective or activation contribution to the material distress allowance providing that they meet the conditions laid down by Act No. 599/2003 on Assistance in Material Distress.

The protective allowance of SKK 1 500 is provided to persons in material distress if they are unable to secure basic living conditions for themselves due to reasons specified in § 7 of Act No. 599/2003 (this applies above all to persons participating in re-socialisation programmes where they are unable to earn income through their own work) and help themselves in material distress, and if they meet the conditions of eligibility for this benefit. Persons eligible for the activation allowance are not entitled to the protective allowance. This allowance is provided especially in the 1st stage of the re-socialisation process.

During the receipt of assistance in material distress, persons can be provided the activation allowance of SKK 1 500 (under § 12 of Act No. 599/03), promoting the acquisition, maintenance and extension of knowledge, professional skills or work habits for the purposes of employment, if they meet the conditions for entitlement to this benefit – for example, persons in material distress are entitled to this benefit if they are maintained in the register of the unemployed, providing that they are increasing their qualifications by studying along with working or taking part in education and training for the labour market or in the performance of minor municipal services or voluntary work.

9.1.4 Basic social assistance, social and legal protection of children and social curatorship

The Parliament has passed the Act on Social and Legal Protection of Children and Social Curatorship and on amendment and supplementation of certain laws (hereinafter referred to as the “act on social and legal protection of children”) effective from 1 September 2005. The provisions of financial nature, e.g. § 88 (Financial contribution provided by higher territorial units and municipalities) and § 89 (Financial contribution provided by authorities of social and legal protection of children and social curatorship) will enter into force on 1 January 2006.

The act on social and legal protection of children reflects the significant changes in the area of social assistance, in particular since 2002, when special legislation on assistance in material distress was adopted. The adoption of legislation on social services is also expected. The act deals with the social and legal protection of children and social curatorship in order to prevent crisis situations at home, protect the rights and law-protected interests of children, prevent a rise in the occurrence of social pathological phenomena, etc.

The measures of social and legal protection of children and social curatorship, which complement and condition each other, have been redefined. The measures are implemented preferably in the family environment, in substitute family environment, in an “open environment” and environment created and shaped for the implementation of the measures. The new concept of an environment created and shaped for the implementation of the measures means e.g. a children's home. As regards new concepts, one of them is the old new concept of “social curatorship” related to curatorship activities and the work of social guardians.

Educational measures, which are closely related to the educational measures from Family Act No. 36/2005, have also been redefined. In this context, it should be mentioned that authorities of social and legal protection can, as an educational measure, for example

impose treatment in a specialised outpatient unit for children, as well as the obligation to take part in an educational or social programme. Significant changes have been made to the act with respect to the obligation to offer psychological assistance to a child whose parents are divorcing, endangered children, families, as well as adult persons, the provisions on the exercise of custodianship and trusteeship, repatriation and assistance to unaccompanied minors, and provisions related to the fulfilment of the purpose of court decisions implemented in establishments of social and legal protection. The act on social and legal protection of children aligned the legal status of children in establishments of social and legal protection (children's homes, homes for unaccompanied minors, social service homes, and others) and created equal conditions for the provision of care in these establishments.

The act defines the provision of care in children's homes, namely care in a separate group, in a separate diagnostic group (set up for the purpose of suitable placement of children in professional families), in a separate specialised group (children below 4 years of age, children with behavioural defects, children addicted to drugs, tortured and sexually abused children, and children with various disabilities), and in a separate group for young adults (youth between 18 and 25 years of age).

The measures under this act are financed from the state budget, budgets of municipalities, territorial self-government and accredited organisations, or budgets of legal or natural persons implementing the measures of social and legal protection of children and social curatorship.

The act on the social and legal protection of children and social curatorship takes into account the fact that in the majority of cases children are provided protection and assistance on the basis of a court decision and the execution of court decisions cannot be excluded from the competence of the state. At the same time, however, the act respects the role of self-government, for example with respect to the care of the inhabitants of a municipality or self-governing region, and places the performance of certain social and legal protection measures in the hands of self-government, such as assistance to children under social curatorship of an authority of social and legal protection of children and social curatorship and participation in the preparation and implementation of the plan of social work with the child.

9.2 Prevention of drug-related crime

9.2.1 Assistance to drug users in the prison

Every penitentiary facility in Slovakia has a full-time or part-time specialist in psychiatry. The accused or convicts in every facility can visit a general practitioner and subsequently see a psychiatric specialist on the practitioner's recommendation. **Thirteen persons were hospitalised in 2004** at the psychiatric department of the hospital for the accused and convicts in Trenčín, **of whom four were heroin users.**

Under the act on the execution of imprisonment, court-imposed protective treatment can be provided in the course of imprisonment. 264 convicts underwent court-imposed alcoholism and drug addiction treatment in 2004. 42 beds were allocated for voluntary alcoholism and drug addiction treatment. Treatment was undergone by 61 convicts.

In accordance with the National Programme for the Fight against Drugs, prisoners, in particular prisoners placed in departments used for the execution of court-imposed or voluntary alcoholism and drug addiction treatment and in drug-free zones, were lectured on the topic of drugs.

The operation of the **drug-free zones**, which were created in 7 penitentiary facilities, has **had a positive impact on the resolution of the drug problem in prisons.** The capacity of these zones was 383 beds. The experience from the operation of the drug-free zones confirms the justifiability of their existence. 80% of the allocated capacity was used.

- **Alternatives to prison**

The issue of alternative punishment proposed in new Penal Code was dealt with in detail in the 2004 National Report on Drugs⁶⁸. Code of Criminal Procedure No. 301/2005 Coll. will enter into force on 1 January 2006.

- **Other measures in the area of prevention of drug-related crime**

One of the NGOs paying long-term attention to social field work within the framework of the needle and syringes exchange programme implemented in Bratislava since 1998 is the PRIMA citizens' association⁶⁹. Just like in the preceding years, in 2004 the association continued to provide social assistance to the clients of the programme that can be regarded as secondary, and in some cases tertiary, social prevention.

As shown in Picture 9.2.1.2.1, Prima provided social assistance to its clients in 189 cases in 2004.

The basic division of social assistance in this programme is as follows:

- social assistance related to medical services
- social assistance related to social and other services.

Social assistance was provided to clients in 64 cases (34%) in 2004.

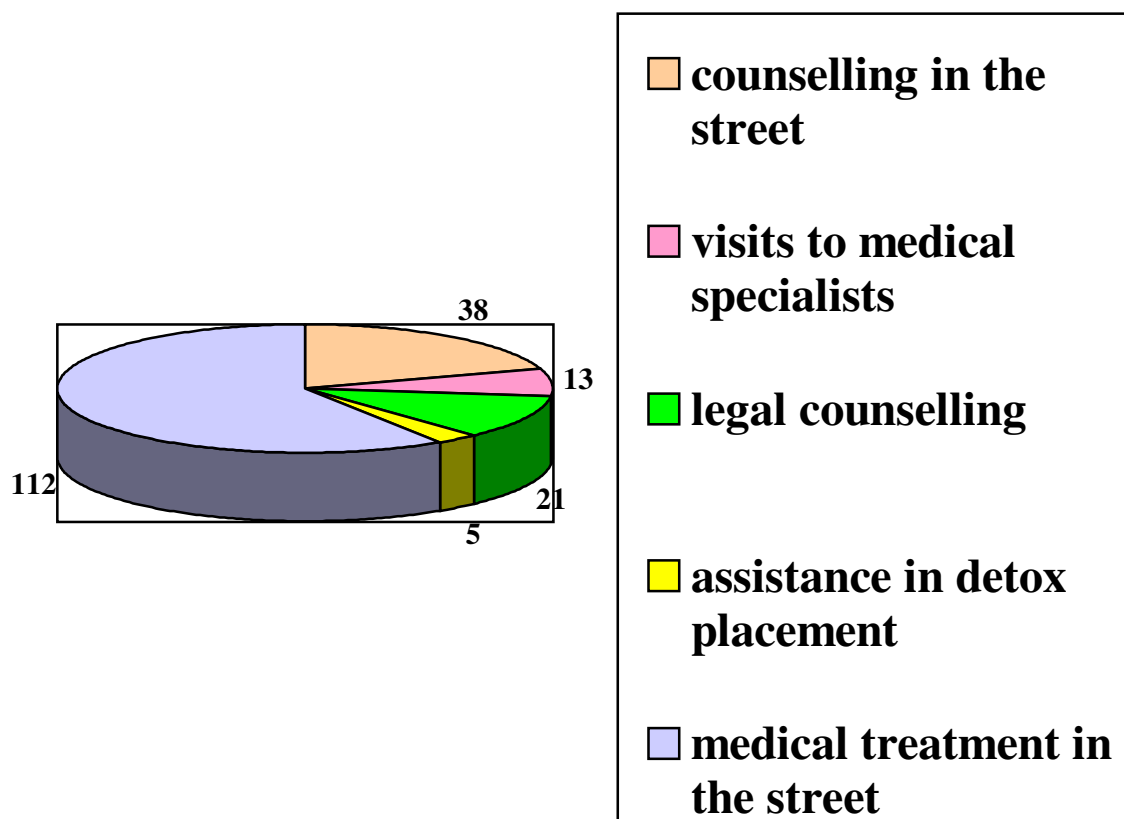


Figure 9.2.1.1 Number of contacts in the context of social assistance in 2004

Source:

Prima

NGO

⁶⁸ State of Drug Addiction and Drug Control in Slovakia – Reitox Network National Report, Bratislava 2004, pp. 130-137

⁶⁹ Annual Report of PRIMA – Bratislava 2004

Prima observed the following major trends in housing and employment of its clients in 2004:

Very frequent forms of housing for its clients include the following:

- squat housing (the occupation of abandoned property, most frequently with unresolved ownership rights; this form of housing has its origins in the punk movement with which many clients are associated. In reality, in Slovakia this most often means garden sheds at abandoned gardens).
- Illegally rented flats (a relatively high and number of clients rotate and live in these flats simultaneously).
- Dealer flats (many clients acquire money for drugs through the production or trafficking of drugs in the street or dealer flats).
- Hostels, shelters, crisis centres and night-shelters.
- Flats of relatives.
- Regular housing in own or rented apartment.

With respect to employment, the absolute majority of Prima's clients have no full-time job and most frequently acquire money for drugs in the following ways:

- Prostitution (commercial sex).
- Trafficking and production of drugs (minor dealership of e.g. marijuana is very frequent).
- Beggary.
- The so-called "white horses" (the provision of personal documents and data for the needs of organised crime).
- Theft.
- Irregular part-time activities (illegal labour).
- Regular employment.

The information acquired in the area of housing comes from the Prima civic association and is based on its long-term experience and direct work with clients.

10. Drug Market

The contemporary Slovak drug scene does not differ from any other drug scene in the countries of the European Union. All types of drugs are available and the demand for synthetic drugs is increasing, just like in other EU countries. Thanks to the climatic conditions, marihuana can be grown in the open in Slovakia. Nevertheless, the number of producers growing marihuana in laboratory-type conditions is rising.

10.1 Supply and availability

10.1.1 Availability of drugs to the population

All types of drugs are available on the Slovak drug market. The greatest demand is for cannabis-type drugs, synthetic drugs and pervitin. Cannabis is mostly grown by organised groups of Slovak nationals. However, it is no longer grown only in the open. The producers focus on the growing of marihuana using the so-called hydroponic method, i.e. in laboratory-type conditions. The advantage of this method is a higher content of the active ingredient THC and multiple crops in a year.

Processed cannabis products (e.g. hashish) are usually imported from the Netherlands or Morocco. The activities of certain groups endeavouring to decriminalise the so-called soft drugs, which include cannabis-type drugs, have contributed to the increased interest in this drug.

Considering its price, which is SKK⁷⁰ 80 to 150 per cigarette and SKK 80 to 500 per gram of hashish, we can say that this drug is affordable for users throughout Slovakia and throughout all age categories. Demand for this drug is apparent among younger age groups of users.

The best-known opioid drug is heroin. This includes morphine and its derivatives, codeine and opium. Although the amount of heroin on the Slovak drug market was decreasing in the preceding years, we saw the demand from users to pick up again in 2004. Trafficking in heroin is dominated by the Albanian community, which has connections with other persons from the Balkans. These organised groups have contacts all over the world and are also engaged in other types of crime – trafficking in people, contract killing, arms smuggling, money forgery, etc. Organised crime groups from the Balkans currently pose a serious threat in the European countries.

Heroin is dominant in the Bratislava region. The use of pervitin has partially reduced the demand for heroin in the western Slovakia area. A similar trend has appeared in the area of central and eastern Slovakia. The demand for cocaine has declined at the national level. Albanian organised crime groups are also engaged in the trafficking of this drug. In general, cocaine can be regarded as a drug used only temporarily or experimentally in Slovakia. It does not occur in the crack form in Slovakia. Cocaine users usually come from higher-income groups, but the recent fall in prices is driving the demand for this drug. Cocaine was mostly used in the Bratislava region and the Košice area, i.e. in areas with a higher purchasing power of the population.

The most frequently used synthetic drug in Slovak territory is pervitin, which is a methamphetamine. Unlike in other EU countries, ecstasy occurs less frequently. All population groups, regardless of age, lifestyle, education or social status, use synthetic drugs. Athletes also frequently use synthetic drugs as a doping agent in order to increase their performance.

The opening of borders at the global level, as well as the possibility to work, study and travel abroad means that especially young people have an opportunity to acquire knowledge and experience in any areas, including drugs. The 17-26 age group is open to and prepared

⁷⁰ Average rate for SKK/€ in 2004 was 40,045 SKK for 1 Euro
Source: National Bank of Slovakia - <http://www.nbs.sk>

for any experiments. If something they try abroad appeals to them, they later try it again at home. Experience from operative and investigative activities indicates that the majority of minors around 15 years of age know where and at what quality and price they can obtain individual types of drugs. Many even know individual dealers in person. Marihuana can be regarded as the drug of preference for this age category. They most frequently encounter this drug in clubs or in the context of other similar "leisure" activities. They pass their experience on to their younger schoolmates and friends. Since marihuana is not an expensive drug, they usually buy the drug with pocket money or money obtained from minor theft at home and in school or through bullying. Precise statistics are not available since the offenders are usually not criminally liable. If a case of theft or bullying does occur among pupils in school, the school management attempt to disguise it.

After entering secondary school, the circle of friends, acquaintances and contacts increases together with the taste for experimentation. Experimenting with marihuana evolves into the use of other drugs or their combination with alcohol. Many boys trying to imitate their favourite athletes do not hesitate to reach for illegal substances that increase athletic performance or change body appearance, in particular the muscle mass. The trade in these illegal substances is often associated with the sale of synthetic drugs. The crime committed by this age group is increasingly more serious. Minors are becoming members of organised groups specialised in property crime. They also get involved in the sale of drugs as minor dealers (suppliers for schoolmates and friends).

After reaching adult age, young people start to produce drugs themselves focusing above all on synthetic drugs and the growing of marihuana.

Young unemployed people are among the most frequent perpetrators of drug crime – it is a source of income for them. For drug trafficking, they use their widespread contacts as well as the information technology available. The Internet is one of the frequently used information technologies. The offenders use the individual tools (chat, e-mail, etc.) as a contact medium in the conduct of their criminal activities and for the exchange of information. Some websites are not only misused for the promotion of drugs, but they also provide instructions for their preparation. They make it possible to find recipes for the preparation and processing of drugs of plant origin. Since it is common that children today are capable of using the individual Internet tools at the age of around 8-10, it is not a problem for them to acquire all the necessary information and contacts. Thanks to foreign language lessons at schools, many of them are even able to search information on foreign servers. Another communication device used in drug trafficking is the mobile phone. It is not only used for communication between offenders, but also as a means of payment. Theft of mobile phones is a frequent accompanying phenomenon of drug crime.

No statistics concerning crime related to drug abuse are available at the moment. It can be said that drug users concentrate on property crime. This usually means street, car and home theft. Drug users also obtain funds for drugs by providing "services" to drug dealers or through prostitution.

Organised crime groups engaged in the smuggling and trafficking of drugs (heroin, cocaine) are also involved in exceptionally serious crime. These criminal activities include blackmailing, violent crime, murders, and trafficking in arms, people, stolen cars and other property. These are most often organised crime groups of persons coming from the Western Balkans, in particular groups of ethnic Albanians. These are currently considered to be the most dangerous crime groups within the European Union.

Slovak nationals concentrate on the production of synthetic drugs, especially pervitin, and the growing of marihuana in hydroponic conditions. No laboratories making it possible to produce synthetic drugs in large quantities have been discovered in the Slovak Republic – they were usually kitchen-type or mobile laboratories. The crime committed by these types of drugs relates to the forging of prescriptions and the robbery of pharmacies or other sources of substances needed for the production of synthetic drugs.

Useful information about the availability of drugs to specific or problematic drug users within the population comes from the streetworkers of the PRIMA Citizens' Association, which operates in the districts of Bratislava I (the Old Town), Bratislava II (Dolné Hony, Slovnaft, Vrakuňa) and Bratislava V (Petržalka).

The association's clients in Bratislava I earn their living by begging; the clients in Bratislava II and V have no motivation to go to the town centre – the Old Town, either for financial (female and male prostitutes) or for other reasons (pimps, drug dealers). In 2004, PRIMA's streetworkers did not observe any complaints about the street availability of drugs in Bratislava II and V districts. The situation was different in the Old Town, where clients faced difficulties obtaining their drug because dealers started to move to the periphery of Bratislava, which complicated the availability and supply of drugs. This trend is identical with the trend in 2003, which probably can be ascribed to the growth and construction of new shopping centres in the outskirts, which are convenient for obtaining money for drugs (theft and so on).

As indicated in tables 8.2.1 and 8.2.2, (see chapter 8.2.), the number of drug crime cases detected by the Police Corps has decreased by 15, yet the number of detained offenders has increased. 1276 cases of drug-related crime were detected in 2003 compared with 1261 cases in 2004.

While the number of detained persons in 2003 was 1059, it was 1113 persons in 2004. This means a 14.65% increase in the number of offenders. The number of detained minors slightly decreased in 2004 (122 minors were detained in 2003 compared with 119 in 2004). The numbers of offenders below 15 increased in 2004. While 13 offenders below 15 were investigated in 2003, this number rose to 21 in 2004. This means an increase of 61.54%.

Tables 10.1.1.1 and 10.1.1.2 show that 84.37% of drug crime offenders in 2004 were in the 18-30 age group. This age group accounted for 85.55% of offenders in 2003.

The number of female offenders also rose in 2004. While women accounted for 9.82% of all offenders in 2003, this number increased to 10.33% in 2004.

As regards the educational level, the largest group of offenders were persons with primary education. This group accounted for 60.38% of all offenders in 2004. In 2003, offenders with primary education accounted for 56.66% of drug crime.

Just like in the preceding years, the majority of offenders were unemployed. 62.80% of offenders were unemployed in 2003 and 64.51% in 2004.

64 cases investigated in 2003 involved foreigners compared with 29 such cases in 2004.

Region	a	b	Gender				Age group													
			c	d(%)	e	f(%)	g	h(%)	i	j(%)	k	l(%)	m	n(%)	o	p(%)	q	r(%)	s	t(%)
Bratislava	705	540	466	86	74	14	2	0	46	9	408	76	60	11	15	3	8	1	1	0
Trnava	94	91	86	95	5	5	1	1	6	7	70	77	9	10	4	4	1	1	0	0
Trenčín	115	110	99	90	11	10	3	3	22	20	76	69	9	8	0	0	0	0	0	0
Nitra	81	77	73	95	4	5	1	1	9	12	46	60	16	21	3	4	2	3	0	0
Žilina	86	73	70	96	3	4	4	5	8	11	55	75	4	5	2	3	0	0	0	0
B. Bystrica	122	97	93	96	4	4	2	2	24	25	62	64	4	4	2	2	3	3	0	0
Prešov	25	22	22	100	0	0	0	0	3	14	17	77	2	9	0	0	0	0	0	0
Košice	48	49	46	94	3	6	0	0	4	8	37	76	3	6	2	4	3	6	0	0
Total	1276	1059	955	90	104	10	13	1	122	12	771	73	107	10	28	3	17	2	1	0

Tab. 10.1.1.1 Age and gender structure of drug crime offenders in 2003

Kraj	a	b	Gender				Age group													
			c	d(%)	e	f(%)	g	h(%)	i	j(%)	k	l(%)	m	n(%)	o	p(%)	q	r(%)	s	t(%)
Bratislava	762	680	593	87	87	13	8	1	54	8	516	76	75	11	18	3	9	1	0	0
Trnava	117	80	68	85	12	15	0	0	5	6	45	56	19	24	9	11	2	3	0	0
Trenčín	64	51	47	92	4	8	3	6	10	20	36	71	0	0	1	2	1	2	0	0
Nitra	91	85	79	93	6	7	0	0	18	21	58	68	6	7	2	2	1	1	0	0
Žilina	81	77	75	97	2	3	6	8	15	19	49	64	5	6	2	3	0	0	0	0
Banská Bystrica	77	71	70	99	1	1	3	4	9	13	46	65	8	11	3	4	2	3	0	0
Prešov	20	24	23	96	1	4	1	4	3	13	17	71	2	8	1	4	0	0	0	0
Košice	49	45	43	96	2	4	0	0	5	11	32	71	7	16	0	0	1	2	0	0
Total	1261	1113	998	90	115	10	21	2	119	11	799	72	122	11	36	3	16	1	0	0

Tab. 10.1.1.2 Age and gender structure of drug crime offenders in 2004

Key:

- a – number of cases
b – total number of prosecuted persons
c – number of prosecuted men
d – percentage share of prosecuted men
e – number of prosecuted women
f – percentage share of prosecuted women
g – number of prosecuted offenders below 15
h – percentage share of offenders below 15
i – number of prosecuted offenders between 15 and 18
j – percentage share of offenders between 15 and 18
k – number of prosecuted offenders between 18 and 30
l – percentage share of offenders between 18 and 30
m – number of prosecuted offenders between 30 and 40
n – percentage share of offenders between 30 and 40
o – number of prosecuted offenders between 40 and 50
p – percentage share of offenders between 40 and 50
q – percentage share of offenders between 50 and 60
r – percentage share of offenders between 50 and 60
s – number of prosecuted offenders older than 60
t – percentage share of offenders older than 60

Region	a	b	Social status																	
			c	d(%)	e	f(%)	g	h(%)	i	j(%)	k	l(%)	m	n(%)	o	p(%)	q	r(%)	s	t(%)
Bratislava	705	540	29	5	29	5	9	2	5	1	3	1	364	67	74	14	26	5	75	14
Trnava	94	91	5	5	2	2	0	0	0	0	2	2	62	68	5	5	4	4	16	18
Trenčín	115	110	11	10	4	4	0	0	4	4	3	3	53	48	3	3	6	5	29	26
Nitra	81	77	6	8	3	4	0	0	0	0	1	1	54	70	1	1	0	0	13	17
Žilina	86	73	4	5	3	4	0	0	1	1	1	1	32	44	0	0	4	5	28	38
B. Bystrica	122	97	4	4	3	3	1	1	0	0	0	0	56	58	0	0	0	0	33	34
Prešov	25	22	1	5	1	5	0	0	0	0	0	0	12	55	0	0	2	9	6	27
Košice	48	49	3	6	4	8	0	0	0	0	0	0	32	65	0	0	1	2	9	18
Total	1276	1059	63	6	49	5	10	1	10	1	10	1	665	63	83	8	43	4	209	20

Tab. 10.1.1.3 Structure of drug crime offenders by social status in individual regions in 2003

Region	a	b	Social status																	
			c	d(%)	e	f(%)	g	h(%)	i	j(%)	k	l(%)	m	n(%)	o	p(%)	q	r(%)	s	t(%)
Bratislava	762	680	27	4	38	6	5	1	3	0	11	2	459	68	59	9	23	3	114	17
Trnava	117	80	5	6	1	1	0	0	1	1	0	0	64	80	2	3	0	0	9	11
Trenčín	64	51	4	8	1	2	0	0	0	0	0	0	29	57	2	4	1	2	16	31
Nitra	91	85	2	2	3	4	0	0	0	0	1	1	51	60	2	2	3	4	25	29
Žilina	81	77	1	1	1	1	0	0	3	4	3	4	41	53	0	0	3	4	25	32
B. Bystrica	77	71	3	4	6	8	1	1	0	0	1	1	33	46	1	1	4	6	23	32
Prešov	20	24	1	4	0	0	0	0	0	0	0	0	15	63	0	0	3	13	5	21
Košice	49	45	1	2	4	9	0	0	1	2	0	0	26	58	0	0	2	4	11	24
Total	1261	1113	44	4	54	5	6	1	8	1	16	1	718	65	66	6	39	4	228	20

Tab. 10.1.1.4 Structure of drug crime offenders by social status in individual regions in 2004

Key:

- a – number of cases
b – number of prosecuted persons
c – workers
d – percentage share of workers
e – operational workers
f – percentage share of operational workers
g – technical workers
h – percentage share of technical workers
i – managerial workers
j – percentage share of managerial workers
k – non-productive sector workers
l – percentage share of non-productive sector workers
m – unemployed
n – percentage share of the unemployed
o – other production workers
p – percentage share of other entrepreneurs
q – entrepreneurs
r – percentage share of entrepreneurs
s – others
t – percentage share of others

Region	a	b	Education							
			c	d(%)	e	f(%)	g	h(%)	i	j(%)
Bratislava	705	540	297	55	140	26	7	1	96	18
Trnava	94	91	45	49	8	9	1	1	37	41
Trenčín	115	110	50	45	9	8	0	0	51	46
Nitra	81	77	54	70	11	14	2	3	10	13
Žilina	86	73	37	51	6	8	1	1	29	40
B. Bystrica	122	97	62	64	11	11	1	1	23	24
Prešov	25	22	14	64	7	32	0	0	1	5
Košice	48	49	41	84	3	6	0	0	5	10
Total	1276	1059	600	57	195	18	12	1	252	24

Tab. 10.1.1.5 Structure of offenders by education – 2003

Region	a	b	Education							
			c	d(%)	e	f(%)	g	h(%)	i	j(%)
Bratislava	762	680	394	58	151	22	4	1	131	19
Trnava	117	80	49	61	7	9	0	0	24	30
Trenčín	64	51	34	67	4	8	0	0	13	25
Nitra	91	85	63	74	13	15	0	0	9	11
Žilina	81	77	38	49	21	27	3	4	15	19
Banská Bystrica	77	71	43	61	10	14	2	3	16	23
Prešov	20	24	18	75	4	17	0	0	2	8
Košice	49	45	33	73	2	4	0	0	10	22
Total	1261	1113	672	60	212	19	9	1	220	20

Tab. 10.1.1.6 Structure of offenders by education – 2004

Key:

a – number of cases

b – number of prosecuted persons

c - number of offenders with primary education

d – percentage share of offenders with primary education

e - number of offenders with secondary education

f – percentage share of offenders with secondary education

g - number of offenders with university education

h - percentage share of offenders with university education

i - number of offenders with other education

j - percentage share of offenders with other education

Regions	Number of cases	Cases with involvement of foreigners	Percentage of foreigners	Number of prosecuted persons	Of whom foreigners	Percentage of foreigners
Bratislava	705	21	3	540	25	5
Trnava	94	11	12	91	13	14
Trenčín	115	19	17	110	20	18
Nitra	81	1	1	77	1	1
Žilina	86	11	13	73	12	16
B. Bystrica	122	1	1	97	1	1
Prešov	25	0	0	22	0	0
Košice	48	0	0	49	0	0
Total	1276	64	5	1059	72	7

Table 10.1.1.7.1 Cases of drug-related criminal activities of foreign nationals in the territory of Slovakia in 2003

Regions	Nationality of foreigners													
	CZE	HUN	POL	ROM	BGR	ALB	TUR	UKR	RUS	former CIS	HRV	SRB	former YUG	Other
Bratislava	3	2	0	0	1	0	0	1	1	0	2	2	6	7
Trnava	12	0	0	0	0	0	0	1	0	0	0	0	0	0
Trenčín	20	0	0	0	0	0	0	0	0	0	0	0	0	0
Nitra	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Žilina	10	0	0	0	0	0	0	0	1	0	0	0	0	1
B. Bystrica	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Prešov	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Košice	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	46	3	0	0	1	0	0	2	2	0	2	2	6	8

Tab. 10.1.1.7.2 Cases of drug-related criminal activities of foreigners by nationality in 2003

Regions	Number of cases	Number of cases with involvement of foreigners	Percentage of foreigners	Number of prosecuted persons	Of which foreigners	Percentage of foreigners
Bratislava	762	13	2	680	13	2
Trnava	117	8	7	80	7	9
Trenčín	64	1	2	51	1	2
Nitra	91	2	2	85	2	2
Žilina	81	2	2	77	2	3
B. Bystrica	77	1	1	71	1	1
Prešov	20	0	0	24	0	0
Košice	49	2	4	45	4	9
Total	1261	29	2	1113	30	3

Tab. 10.1.1.8.1 Cases of drug-related criminal activities of foreign nationals in the territory of Slovakia in 2004

Regions	Nationality of foreigners													
	CZE	HUN	POL	ROM	BGR	ALB	TUR	UKR	RUS	former CIS	HRV	SRB	former YUG	Other
Bratislava	4	0	1	0	0	0	0	0	1	0	0	1	1	5
Trnava	6	0	1	0	0	0	0	0	0	0	0	0	0	0
Trenčín	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Nitra	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Žilina	2	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Bystrica	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Prešov	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Košice	0	3	0	0	0	0	0	1	0	0	0	0	0	0
Total	15	4	2	0	0	0	0	1	1	0	0	1	1	5

Tab. 10.1.1.8.2 Cases of drug-related criminal activities of foreigners by nationality in 2004

10.1.2 Production, sources of supply and patterns of trafficking within and between groups

The typical drug in the Slovak Republic is marihuana. Suitable climatic conditions make it possible to grow it in the open, although offenders concentrate on hydroponic growing, which produces a higher amount of THC and multiple crops in a year. Most active in the sale and transit of hashish was the Arabian community, above all Algerians and Tunisian Arabs. Slovakia is not a destination country in this respect – the supplies usually head for the Netherlands, Switzerland and Spain. Hashish is mostly sold out of apartments in Bratislava and Piešťany.

- **Opiates**

Opiates include heroin, morphine and codeine, or morphine derivatives. The most common opiate in Slovakia in the period in question was heroin. The southern branch of the Balkan Route was used for the transit of heroin. Heroin was transited and imported by the Albanian community, which has contacts all over the world. Nationals of the Slovak Republic were used as couriers. The dealing of drugs out of apartments, which is a Slovak speciality, was usually provided by Vlach Roma.

- **Cocaine**

Another drug sold and used in Slovakia in 2004 was cocaine. To a large extent, the trade in cocaine was in the hands of Albanian organised crime groups. Increasingly active in the dealing of cocaine were individuals from the western part of Africa.

In Slovakia, cocaine was mostly used in combination with other drugs. It was most commonly used in powder form or intravenously. The price of cocaine in the monitored period was relatively high, although a drop in price was noticed. It can be expected that a decline in the price will increase the interest in the drug on the part of users. Cocaine in the crack form, which is smoked or inhaled, has not been detected in our territory. Considering the experience of the neighbouring European Union countries, it can be expected that demand for this form of application will also increase.

- **Synthetic drugs**

The demand for synthetic drugs was constantly increasing in the period in question. Most frequently used were stimulants from the group of amines – i.e. adrenalin, ephedrine, pervitin and amphetamine, or ecstasy. Synthetic drugs are produced using simple technological procedures from generally available medicines containing active ingredients. In Slovakia, this type of drugs were usually produced in cottages and remote areas in laboratories that are easy to disassemble and move. No large-scale laboratories for the production of large amounts of synthetic drugs, such as the laboratories occurring in some European countries, were found in Slovakia. The producers of methamphetamines were usually Slovak nationals, who occasionally co-operated with producers from the Czech Republic.

Ecstasy was popular especially among younger age categories of users. It was most frequently imported from the Netherlands.

The most commonly used synthetic drug in Slovakia was pervitin. Over the past few years, Slovakia became one of the most successful producers in Europe and it can be expected that this type of drug will continue to expand on our drug market.

Even though the Slovak Republic is not considered to be a producer country, the drug scene here is as developed as in other European countries. The key organisers of drug crime are persons from the Balkan countries, in particular Albania. They mostly trade in heroin and cocaine. They use Slovak nationals only as couriers and it is impossible to integrate into these organised crime groups. They usually consist of members of one family spread all over the world. They also use contacts with Turkish organised groups engaged in

the dealing of drugs. The drugs are usually sold to end users by groups of Vlach Roma that are organised on a similar principle.

10.2 Drug seizures

7.09 kg and 2.34 kg of heroin was seized by the Police Corps in Slovakia in 2003 and 2004 respectively. Table 10.2.2 clearly shows that the demand of drug users for synthetic drugs, especially pervitin, is rising. The demand for ecstasy is not as significant as in other countries of the European Union.

The demand for cocaine is also increasing. While the amount of cocaine seized in 2003 was 902.52 g, it was 1,977.86 g in 2004. The amount of seized marihuana confirms the high demand of Slovak users for cannabis-type drugs. The Police seized 90.88 kg of cannabis in 2003 and 70.68 kg in 2004.

An overview of the amount of drugs seized according to the Institute of Forensic Science of the Police Corps Presidium in 2003 and 2004 is provided in tables 10.2.1 and 10.2.2.

**Overview of the amount of drugs seized according to the IFS PCP
2003**

Drug name	Cases in total	Drug form	Number of cases	Drug amount
Heroin	272	powder	217	7,090.94 g
		equipment	38	
		solution	16	
		bio material	1	
Codeine	6	tablets	5	596 pcs
		powder	1	0.4 g
Ethylmorphine	3	tablets	3	209 pcs
Cannabis	968	plants	940	90,883.58 g
		wet	51	528,350.06 g
		equipment	33	
		bio material	34	
Hashish	23	resin	23	113.99 g
Cocaine	22	powder	15	902.52 g
		equipment	7	
Methamphetamine	216	powder	157	92.76 g
		bio material	15	
		solution	8	
		equipment	42	
		lab	8	
Amphetamine	3	tablets	1	3 pcs
		equipment	2	
MDMA	22	tablets	19	1892 pcs
		powder	4	2.17 g
		equipment	2	
Ephedrine	12	equipment	2	
		tablets	2	28831 pcs
		bio material	1	
		solution	3	
		powder	5	2,382.47 g
Pseudoephedrine	4	equipment	1	
		tablets	2	28 pcs
		powder	1	1.48 g
LSD	8	trip	7	217 pcs
		equipment	1	
Flunitrazepam	19	tablets	15	5344 pcs
		bio material	1	
		amp	5	39 pcs
Nitrazepam	6	tablets	5	971 pcs
		solution	1	20 ml
Oxazepam	1	tablets	1	6 pcs
Alprazolam	1	tablets	1	135 pcs
Amobarbital	4	tablets	4	828 pcs
Benzodiazepine	3	bio material	3	
Diazepam	5	bio material	2	
		tablets	3	1609 pcs
Ergotamine	1	powder	1	6,000 g
Phenobarbital	2	bio material	1	
		solution	1	
Phentermine	2	bio material	1	
		tablets	1	900 pcs
MDA	1	tablets	1	
Methadone	2	solution	2	80 ml
Morphine	8	bio material	7	
		amp	2	
Pentazocine	1	powder	1	0.22 g
Pentobarbital	1	bio material	1	
Pethidine	1	amp	1	

Tab. 10.2.1 Overview of the amount of drugs seized according to IFS PCP in 2003
Source: IFS PCP

**Overview of the amount of drugs seized according to IFS PCP
2004**

Drug name	Cases in total	Drug form	Number of cases	Drug amount
Cannabis	884	dry	786	70.68 kg
		wet	31	1,474.79 kg
		equipment	78	
		bio material	52	
Hashish	29	resin	29	962.04 g
Methamphetamine	350	powder	280	1,458.18 g
		solution	3	1.25 ml
		equipment	62	
		bio material	19	
Amphetamine	2	powder	1	8.9 g
		equipment	1	
Heroin	216	powder	167	2,342.47 g
		solution	16	6.37 ml
		equipment	42	
MDMA	36	tablets	33	1248 pcs
		powder	4	7.8 g
		equipment	1	
		bio material	1	
Cocaine	16	powder	12	1,977.86 g
		equipment	4	
MDA	1	tablets	1	1114 pcs
LSD	6	trip	3	195.5 pcs
		roll	3	11 pcs
Psilocin	7	dried mushrooms	7	35.56 g
Ephedrine	7	tablets	4	986 pcs
		powder	2	785.15 g
		solution	1	3 ml
Pseudoephedrine	4	tablets	4	361 pcs
Ethylmorphine	2	tablets	2	6 pcs
Codeine	1	tablets	1	1 pcs
Morphine	2	powder	1	1.29 g
		bio material	1	
Methadone	1	solution	1	28 ml
Buprenorphine	1	tablets	1	1 pcs
Diazepam	4	tablets	2	19 pcs
		equipment	2	
Flunitrazepam	20	tablets	18	376 pcs
		solution	2	3.2 ml
Nitrazepam	4	tablets	2	47 pcs
		powder	2	7.25 g
Alprazolam	1	tablets	1	2 pcs
Midazolam	1	tablets	1	6 pcs
Oxazepam	1	tablets	1	18 pcs
Medazepam	1	powder	1	
Diphenoxylate	1	tablets	1	13 pcs
Chlordiazepoxide	1	tablets	1	2 pcs
Zoldipem	2	tablets	1	2 pcs
		powder	1	0.79 g

Tab. 10.2.2 Overview of the amount of drugs seized according to IFS PCP in 2004
Source: IFS PCP

10.3. Drug prices

Drug prices on the Slovak drug market are relatively stable. They are comparable with the prices in other European Union countries.

Drug type	Price per dose
Heroin	SKK ⁷¹ 300-600
Cocaine	SKK 1,800-2,000 per g SKK 400/injection
Cannabis	SKK 80-150/cigarette
Hashish	SKK 80-500 per g
Pervitin	SKK 300 per dose
LSD	SKK 250-500 per trip
Ecstasy	SKK 200-600 per tablet

Table 10.3.1 Drug prices according to the Police
Source : NADU

Drug type	Price	Note
Marijuana	SKK 300	Price per gram, best quality marihuana may cost as much as SKK 500
Hashish	SKK 60 to 100	
Heroin	SKK 1,500	Price per gram
Cocaine	SKK 3,000	Cocaine is not easily available in Slovakia, therefore, its per-gram price is very high
Pervitin	SKK 250	Price per one dose
Ecstasy	approx. SKK 200	The price varies and depends on the picture on the tablet, SKK 200 is the lowest price
LSD	approx. SKK 400	The price depends on the size and the picture on the square paper or tablet and can be higher or lower

Table 10.3.2 Drug prices according to streetworkers
Source: Annual Report of the PRIMA Citizens Association, 2004

The quality of the drugs available is no different from the drugs sold in other countries. The sale of brown heroin has not been detected in Slovakia. The sale of crack is also rare. There is a relatively low demand for ecstasy. From among synthetic drugs, users prefer pervitin. Due to its price, pervitin is often used as a substitute for heroin. Cannabis is affordable for all groups of users. It is frequently used by students and in low-income areas.

- Drug purity

The Slovak Republic is not a producer country of heroin and cocaine. The drugs arriving in our territory are considerably diluted due to the long journey they take and the many stopovers before they enter Slovakia. The concentration of drugs offered on the street to ordinary users was 3-4%. Nevertheless, offers of a higher concentration to ordinary users were detected recently. Pervitin is produced directly in "laboratories" and the concentration of the drug is determined directly in production. Marihuana grown in fields has significantly lower content of the active ingredient THC than plants grown using the hydroponic method.

⁷¹ Note: Average rate of Skk/€ in 2004 was 40,045 Skk for 1 €
Source: National Bank of Slovakia – [http:// www.nbs.sk](http://www.nbs.sk)

Plants grown in the open are usually used by the producer himself or shared with "friends". Plants grown using the hydroponic method are processed and supplied to a wider circle of users.

In 2004, the PRIMA association noticed complaints from its clients about the poor quality of heroin, due to which many of them started to exclusively use pervitin or combine heroin with pervitin. Equally, streetworkers observed that a number of clients started to consider treatment due to the poor quality of heroin in the street.

PART B Selected issues

11. Genders Differences

The following sources were used to monitor the issue of gender differences:

- Surveys of the Public Opinion Research Institute of the Statistical Office of the Slovak Republic (*hereinafter referred to as the "PORI SO SR"*) with stress laid on the 2004 survey – the differences were surveyed for the adult population of the SR.
- 2004 survey of the Institute of Information and Prognoses in Education (*hereinafter referred to as the "IIFE"*) for young people aged 15 to 26 years.
- Results of the Prima Citizens' Association which in 2004 carried out the "Exchange of Syringes and Other Medical Materials Programme".
- A special study of the Centre for the Treatment of Drug Dependencies – Institute of Drug Dependencies (*hereinafter referred to as the "CTDD – IDD"*).
- Results of the Corps of Prison and Court Guards (*hereinafter referred to as the "CPCG"*) project "Prison Measures Aimed at Differences between Genders, Differences in Culture or Practice in Men's/Women's Penitentiaries".

Data on the gender differences relating to drugs, alcohol and smoking were acquired from population and school surveys.

- Data regarding the adult population:

Significant differences were identified between the views of men and women on the issue of the legalisation of drugs. Women favour a ban on drug abuse more than men. **Data regarding the experience of the adult population with drugs point to the existence of a significant difference between men and women. Men have more experience with drug abuse than women and the percentage of these citizens has been growing since 2000.** With regard to alcohol abuse, the results are also "in favour" of men; however a gratifying trend of a decline in alcohol abuse has been recorded in this area. Differences between men and women have been recorded also with regard to smoking. According to the results, men smoke more than women.

- Young people aged 15 to 26 years:

The data predominantly signal a more extensive "involvement" of young men rather than women with regard to illegal drugs, smoking and alcohol.

- Treatment data:

Men constituted the vast majority of those clients who contacted a medical unit or any other type of facility due to problems with drug abuse. The data also prove a possible gender-related inclination to the abuse of certain types of drugs.

The current specialized facilities dealing with drug-related issues offer gender-specific services only up to a certain degree. However, many of them realize the need to introduce comprehensive programmes dealing with these issues.

- Criminal justice:

Drug addiction problems are tackled for convicted men and women equally in prison facilities.

11. 1. Evaluation of Data Based on Gender

11.1.1 Data of the population surveys of PORI SO SR

Below are selected results of the population surveys which were carried out by PORI SO SR in 2000, 2002 and 2004⁷²

The surveys presented also included an enquiry into the opinions of the adult population in Slovakia (18-year olds and older) on various areas related to drug issues.

The results obtained present the differences identified between genders.

- Opinion on the legalisation of drugs
 - Twice as many men (1.16%) than women (0.53%) think that all drugs should be permitted without any restriction;
 - Almost 13% more women than men favour a ban on all drugs;
 - 3.8% more men than women think that all drugs should be permitted, however, with certain restrictions (for instance, only on medical prescription);
 - As for marijuana, with certain restrictions rather more men (12.81%) would permit it than women (7.01%).

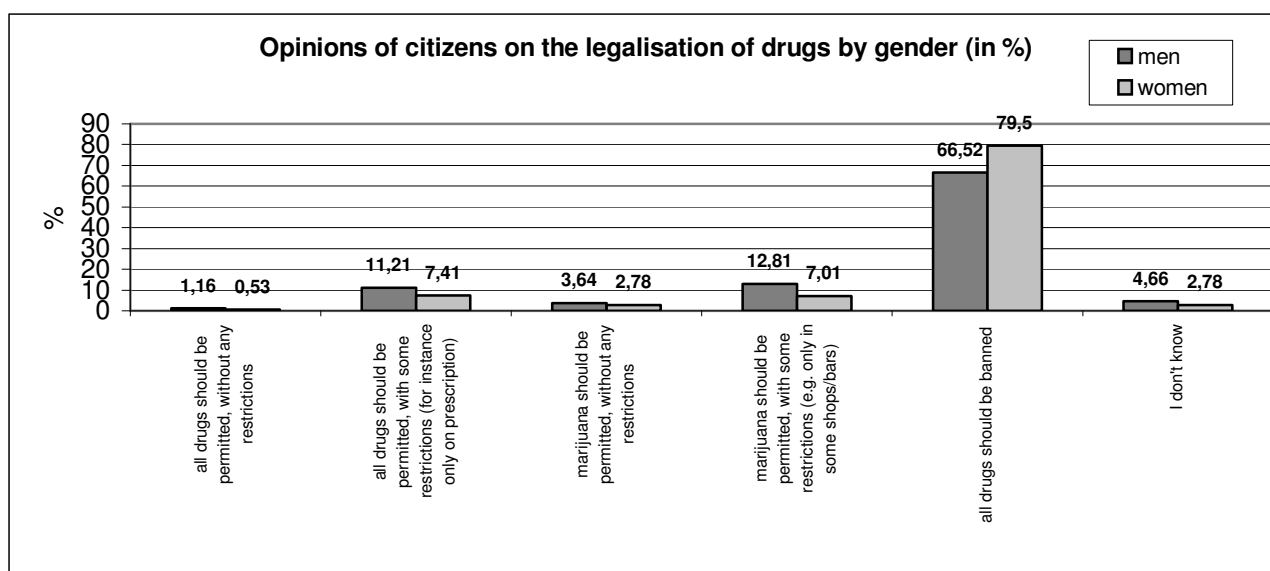


Fig.11.1.1.1 Opinion of citizens on the legalisation of drugs by gender (2004)
Source: PORI SO SR

With regard to trends (2000, 2002 and 2004 survey results) the percentage of citizens (men or women) who think that all drugs should be permitted without restriction, is declining.

⁷² "Expansion of drug abuse in Slovakia and opinions of citizens on drug addiction-related problems. Public opinion." Statistical Bureau of the SR, Bratislava 2004. Number of pages 96

Year	2000		2002		2004	
Gender	Men	Women	Men	Women	Men	women
All drugs should be permitted, without any restriction	1.9	1.0	1.6	0.7	1.2	0.5
All drugs should be permitted, with some restrictions (for instance only on medical prescription)	9.3	5.9	6.8	5.5	11.2	7.4
Marijuana should be permitted, without any restriction	3.2	1.3	4.1	1.3	3.6	2.8
Marijuana should be permitted, with some restrictions (e.g. only in some shops/bars)	13.0	6.7	12.2	6.4	12.8	7.0
All drugs should be banned	67.4	79.5	70.5	82.4	66.5	79.5
I don't know	5.1	5.6	4.8	3.6	4.7	2.8

Tab. 11.1.1.1 Opinion of citizens on the legalisation of drugs in 2000 through to 2004 by gender (data in %) Source: PORI SO SR

- Opinion on drug addicts

Women rather incline to the opinion that drug addicts should undergo treatment on a mandatory basis, men in turn think that drug addicts should undergo treatment only when they themselves are impelled to demand it.

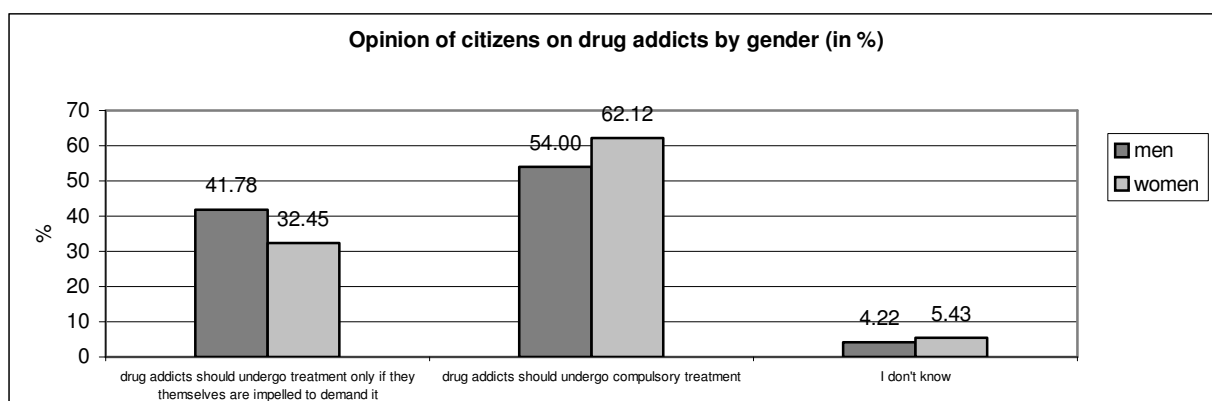


Fig.11.1.1.2 Opinion of citizens on drug addicts by gender (2004) Source: PORI SO SR

Only minimum changes in the views of citizens on drug addicts have occurred since 2000.

Year	2000		2002		2004	
Gender	Men	Women	Men	Women	Men	Women
Drug addicts should undergo treatment only if they themselves are impelled to demand it	39.5	33.2	38.3	33.9	41	32.5
Drug addicts should undergo compulsory treatment	55.9	62.6	55.1	63.2	54.0	62.1
I don't know	4.7	4.3	6.7	2.9	4.2	5.4

Tab. 11.1.1.2 Opinion of citizens on drug addicts from 2000 to 2004 by gender (data in %) Source: PORI SO SR

- Reaction to offered drugs (at parties or in company)

Rather more men than women would accept a drug when offered (at a party or in company); women would react rather negatively.

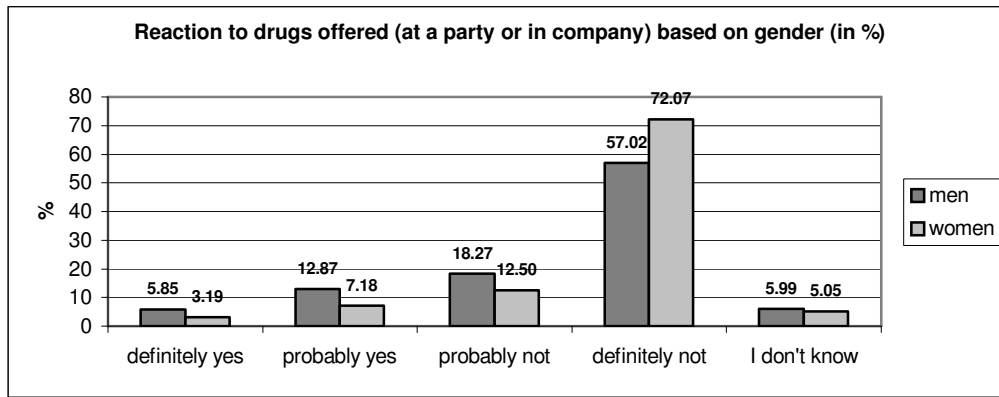


Fig. 11.1.1.3 Reaction to drugs offered (at a party or in company) by gender (2004)
Source: PORI SO SR

In the course of four years, the share in positive reaction (“definitely yes”) to the drug being offered increased in men by 5.0% (from 0.8% in 2000 to 5.9% in 2004) and in women by 2.8% (from 0.4% in 2000 to 3.2% in 2004). The percentages also rose significantly in the “probably yes” response by 6.1% for men and 4.7% for women.

Year	2000		2002		2004	
	Men	Women	Men	Women	Men	Women
Definitely yes	0.8	0.4	0.8	0.2	5.9	3.2
Probably yes	6.8	2.5	4.1	2.1	12.9	7.2
Probably not	19.0	9.9	17.8	8.1	18.3	12.5
Definitely not	66.1	83.5	71.5	87.1	57.0	72.1
I don't know	7.3	3.7	5.9	2.6	6.0	5.1

Tab. 11.1.1.3 Reaction to drugs offered (at a party or in company) in 2000 to 2004 by gender (data in %)
Source: PORI SO SR

- Experience with drug abuse
More men (30.57%) than women (23.12%) have experience with drug abuse.

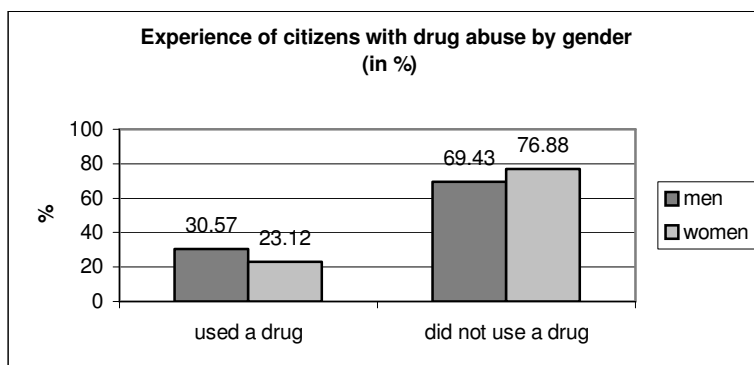


Fig. 11.1.1.4 Experience of citizens with drug abuse by gender (2004)
Source: PORI SO SR

If we observe the trends in the experience of the adult population with drugs beginning in 2000, we see that the percentage of drug abuse is increasing for men and women. In 2004 the percentage of men with drug abuse experience increased compared with 2000 by 14.0%; the increase for women was 14.5%.

Year	2000		2002		2004	
Gender	Men	Women	Men	Women	Men	Women
Used a drug	16.6	8.6	26.9	19.9	30.6	23.1
Did not use a drug	83.4	91.4	73.1	80.1	69.4	76.9

Tab. 11.1.1.4 Experience of citizens with drug abuse in the period 2000 -2004 by gender (data in %)
Source: PORI SO SR

The following table presents an overview of the experience of Slovak citizens, based on gender and prevalence, with various types of narcotics and psychotropic substances in the period 2000 - 2004.

If you used any of the following drugs, could you please state what type of drug it was and when did you use it ? (data in %)			2000		2002		2004	
			Men	Women	Men	Women	Men	Women
Marijuana/Hashish	Yes	within the past 30 days	2.9	1.2	3.2	0.9	1.6	0.9
		within the past 6 months	2.7	1.8	2.2	0.9	1.9	1.1
		within the past 12 months	2.6	0.7	1.8	0.7	2.0	1.2
		sometime earlier	6.1	2.5	10.5	5.4	12.2	5.3
		I did not	85.7	93.8	82.3	92.1	82.2	91.6
Solvents	Yes	within the past 30 days	0.5	0.0	0.2	0.2	0.3	0.0
		within the past 6 months	0.0	0.0	0.0	0.2	0.2	0.1
		within the past 12 months	0.3	0.3	0.3	0.3	0.3	0.0
		sometime earlier	2.1	0.4	2.1	0.6	2.5	0.8
		I did not	97.1	99.3	97.4	98.8	96.8	99.1
Cocaine/crack	Yes	within the past 30 days	0.0	0.0	0.0	0.0	0.0	0.1
		within the past 6 months	0.2	0.0	0.2	0.2	0.3	0.3
		within the past 12 months	0.2	0.1	0.8	0.0	0.3	0.0
		sometime earlier	1.0	0.0	0.5	0.3	0.9	0.1
		I did not	98.7	99.9	98.6	99.6	98.5	99.5
Amphetamines	Yes	within the past 30 days	0.0	0.0	0.0	0.2	0.0	0.0
		within the past 6 months	0.2	0.0	0.0	0.2	0.2	0.0
		within the past 12 months	0.3	0.1	0.2	0.0	0.2	0.0
		sometime earlier	0.5	0.3	0.6	0.3	1.6	0.5
		I did not	99.0	99.6	99.2	99.4	98.1	99.5
Ecstasy	Yes	within the past 30 days	0.2	0.0	0.2	0.0	0.3	0.1
		within the past 6 months	0.6	0.0	0.5	0.3	0.6	0.0
		within the past 12 months	0.6	0.0	0.5	0.2	0.4	0.7
		sometime earlier	2.2	0.3	1.3	0.3	2.6	1.6
		I did not	96.3	99.7	97.6	99.3	96.1	97.6
LSD/other Hallucinogenic Drugs	Yes	within the past 30 days	0.0	0.0	0.0	0.0	0.2	0.0
		within the past 6 months	0.2	0.0	0.0	0.0	0.4	0.3
		within the past 12 months	0.3	0.0	0.3	0.2	0.3	0.4
		sometime earlier	0.5	0.0	0.6	0.0	2.0	0.7
		I did not	99.0	100.0	99.0	99.9	97.1	98.7
Heroin	Yes	within the past 30 days	0.0	0.1	0.2	0.0	0.2	0.0
		within the past 6 months	0.0	0.1	0.0	0.0	0.2	0.1
		within the past 12 months	0.0	0.1	0.3	0.2	0.3	0.0
		sometime earlier	1.4	0.1	0.3	0.2	0.7	0.3
		I did not	98.6	99.4	99.2	99.7	98.7	99.6
Medical drugs (tranquillizers, barbiturates, hypnotic Substances)	Yes	within the past 30 days	0.8	1.0	1.9	3.1	2.8	2.8
		within the past 6 months	0.6	0.4	1.9	1.8	1.6	2.3
		within the past 12 months	1.1	0.3	2.5	2.8	2.5	2.9
		sometime earlier	2.2	0.7	5.3	5.6	6.6	5.4
		I did not	95.2	97.5	88.4	86.9	86.6	86.7
Anabolics	Yes	within the past 30 days	0.5	0.1	0.6	0.7	0.6	1.1
		within the past 6 months	0.5	0.3	0.3	0.9	0.4	0.3
		within the past 12 months	0.5	0.1	0.6	0.4	1.0	0.8
		sometime earlier	1.3	0.4	2.1	1.2	2.9	1.9
		I did not	97.3	99.0	96.3	96.8	95.0	96.0
Alcohol	Yes	within the past 30 days	---	---	---	---	56.5	32.5
		within the past 6 months	---	---	---	---	10.9	9.8
		within the past 12 months	---	---	---	---	5.4	10.3
		sometime earlier	---	---	---	---	9.2	13.1
		I did not	---	---	---	---	18.1	34.4
Tobacco (cigarettes, cigars, pipe)	Yes	within the past 30 days	---	---	---	---	41.2	19.7
		within the past 6 months	---	---	---	---	2.9	3.4
		within the past 12 months	---	---	---	---	1.8	2.6
		sometime earlier	---	---	---	---	15.9	12.3
		I did not	---	---	---	---	38.3	62.0

Tab. 11.1.1.5 Experience of citizens with drugs (or narcotics and psychotropic substances) in 2000-2004 by gender
Source: PORI SO SR

- Alcohol consumption
11.65 % more men than women affirmed that they drink alcohol.

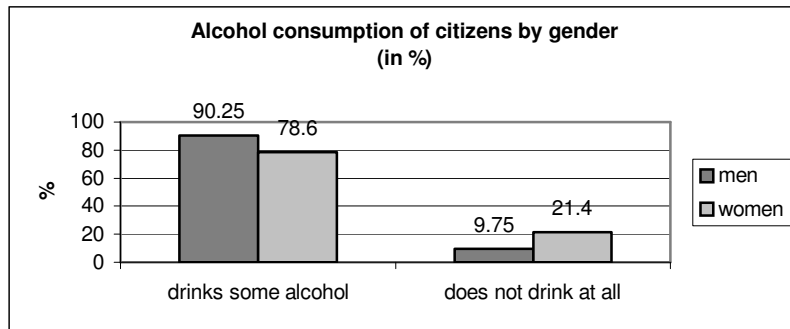


Fig. 11.1.1.5 Alcohol consumption of citizens by gender (2004)
Source: PORI SO SR

The following table compares the results of alcohol consumption by men and women in the period 2000-2004. A decline in alcohol consumption was recorded for men and women.

Year	2000		2002		2004	
	Men	Women	Men	Women	Men	Women
Drinks some alcohol	94.5	80.5	93.5	82.7	90.3	78.6
Does not drink at all	5.5	19.5	6.5	17.3	9.8	21.4

Table 11.1.1.6 Alcohol consumption of citizens in 2000-2004 by gender (in %)
Source: PORI at SB SR

- Smoking and its intensity
 - Men are heavier smokers than women, 39.94% of men and 16.53% of women smoke on a daily basis;
 - 70.5% of women stated that they do not smoke at all; the proportion of non-smokers among men is 46.65%.

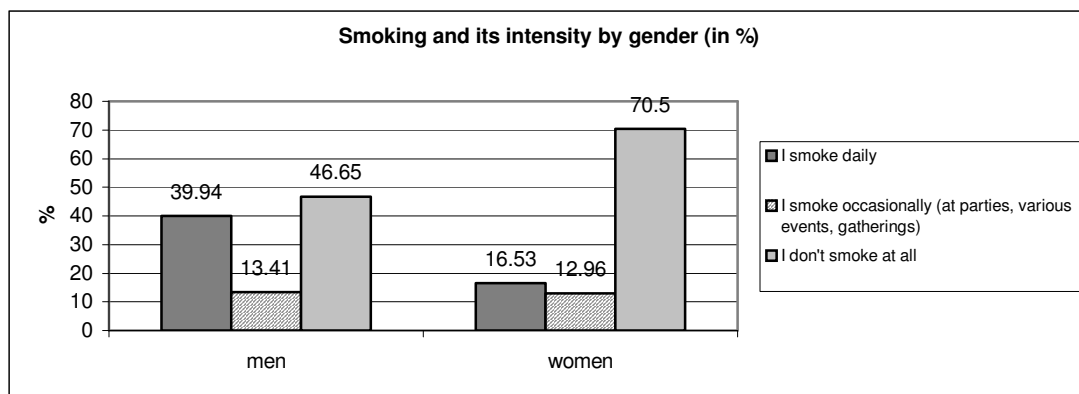


Fig. 11.1.1.6 Smoking and its intensity by gender (2004)
Source: PORI SO SR

The following table presents a comparison of results of the extent of smoking in men and women since 2000.

Year	2000		2002		2004	
	Men	Women	Men	Women	Men	Women
Daily	44.2	20.8	38.0	16.7	39.9	16.5
Occasionally (at parties, various events, gatherings)	12.6	14.6	13.1	13.3	13.4	13.0
I don't smoke at all	43.2	64.7	49.0	70.0	46.7	70.5

Table 11.1.1.7 Smoking and its extent in 2000-2004 by gender (in %)

Source: PORI at SB SR

11.1.2 IIPE survey data

The next part presents the results of the IIPE survey⁷³, which is a nation-wide, on-going and representative survey of young people aged 15 to 26.

- Smoking tobacco products
 - Men are heavier smokers; this subset records a higher number of occasional and especially regular smokers and a far lower number of non-smokers than in women.
 - Men have a higher cigarette consumption than women.
 - Boys start experimenting with smoking at a lower age than girls.

- Consumption of alcoholic drinks
 - As regards the consumption of alcoholic drinks, men unquestionably prevail, especially in the “daily and 2-3 times a week” frequencies.
 - Boys start experimenting with alcohol earlier than girls, especially at the ages of 8 to 14.
 - Men drink beer and spirits more frequently, whilst women prefer wine and cordials.
 - Men get drunk after alcohol consumption to a considerably greater extent, while women learn a lesson from their first negative experience.
 - Men more frequently get drunk for the first time at an age younger than 17; however, this more often happens to women at an age of 18 and over.

- Slot machine gambling
 - Men have markedly more experience with gambling than women.
 - Boys acquire their first experience with slot machines most frequently at the age of 10 to 17, while girls experiment with gambling to a greater extent when already of age (18-23 years).
 - Men most frequently want to win money or spend their free time when playing slot machines, while the main reasons for women are curiosity and the desire to try out the game.

- Illegal drugs
 - Men have more experience with illegal drugs than women.
 - Women consider the solution of personal and family problems to be the most significant motive for experimenting with illegal drugs, while in the view of most men conforming to the peer group and the fear of being laughed at by friends are more important. Hence, for men peer approval is more important, while women prefer reasons related to solving their own problems.
 - Men start experimenting with illegal drugs earlier than women, mainly at an age of 10 to 14. It is interesting that at the age of 13, there is an equal number of young people in both genders experimenting. At the age of 15 to 17, men experiment

⁷³ Pétiová, M. et al.: Rizikové a ochranné faktory konzumácie drog u mladých ľudí v Slovenskej republike. (Risk and Protection Factors of Drug Abuse by Young People in Slovakia). ÚIPS (SIFI) Bratislava 2004, 107 pages.

- more often with illegal drugs and at the age of 19 to 21, women slightly predominate in the group of young people experimenting with illegal drugs.
- During their **first experimenting**, men tested five types of illegal drugs (volatile substances, marijuana, pervitin, hashish and pills together with alcohol), while women used up to seven types of drugs during their first time (volatile substances, marijuana, pervitin, hashish and pills together with alcohol, ecstasy and magic mushrooms). Men were more likely to inhale volatile substances or smoke hashish, while women consumed pills together with alcohol or ecstasy more frequently.
- Women prefer smoking and oral application of drugs, while men inhale drugs more frequently, or apply them intravenously.
- Marijuana remains the priority drug for men and for women. As the second most frequented drug, both monitored groups have an identical use of pills together with alcohol; the third ranked are volatile substances inhaled for men and hashish smoked for women.
- More than half of women (51.5%, 45.3% of men) used drugs only once, while men display mostly an irregular consumption (47.7%, 45.5% of women). Men consume illegal drugs regularly (3.9%, 3.0% of women) to a greater extent, while no female respondent admitted drug abuse over weekends (3.0% of men).
- Frequent and rare fear of drug addiction is felt more often by men than women.

11. 2. Measures focused on children and young people by gender

No data were available in this area.

11. 3. Measures as a response to problem drug abuse and measures focused on harm reduction

In 2004, Prima CA carried out the “Exchange of Syringes and Other Medical Materials Programme”; altogether 1,184 hours of streetwork (24 hours a week), which represented 227 streets (field visits) and 960 hours of social assistance aimed at helping clients (20 hours a week). Prima operates only in the capital, Bratislava.

The Citizens’ Association Prima takes in a large proportion of women in the population of active drug abusers in Bratislava in the area of drug addiction harm reduction. Of 811 clients of the “Exchange of Syringes and Other Medical Materials Programme”, 41% are women. This distribution especially affects the territorial work of Prima (arterial roads in Bratislava).

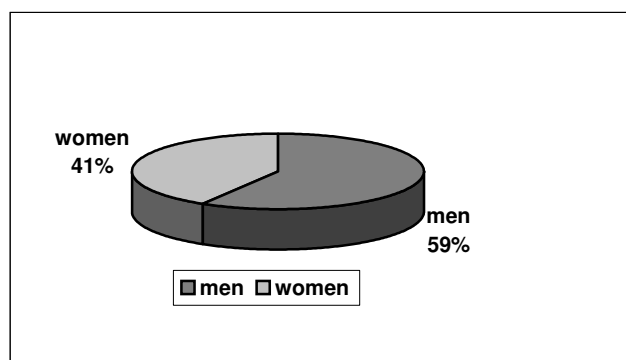


Fig. 11.3.1 Division of clients by gender in 2004
Source: Prima CA

- Specific features of the effects of addictive substances on women according to Nešpor⁷⁴
 - Generally, women are more restrained and cautious in relation to addictive substances and other addictions than men. This explains their relatively smaller number in the addiction statistics compared with men.
 - The problems related to addiction grow more rapidly with women than men.
 - Addictive substances have a far more intense effect on women, caused by their smaller liver which to a greater extent metabolizes hormones, together with their lower weight and higher fat content in their bodies compared with men.
 - Drug-related health damage occurs in women earlier.
 - A woman more often becomes a drug addict because of an already addicted partner, than men because of an addicted partner.
 - Drug abuse, including alcohol abuse, is condemned by society more in relation to women than to men.
 - Women commit fewer criminal offences and violent displays of behaviour than men with regard to drug abuse.
 - Women drug addicts suffer from depression and anxieties, but personality disorders occur less frequently in women.
 - Women have a stronger instinct for self-preservation.
 - Women care more about their appearance and how their environment perceives them which may explain their “reclusive drinking”.
 - The relation between the menstruation cycle and alcohol abuse by women has been proven. The pre-menstrual period is more prone to risk in this regard.
 - A specific women’s problem related to addictive substance abuse is foetus damage.
 - An addicted woman is usually more mentally, physically and sexually abused.
 - Women with an addiction can get away from an addicted group relatively more easily.
 - Families and children of addicted women suffer from this problem more than families of addicted men.
 - Women create a healthy lifestyle more easily.

11. 4. Data on treatment and approaches with regard to gender – differences in the organisation of treatment

In Slovakia, health care and treatment for people with drug-related problems are provided in private, non-state and state outpatient and hospital units.

Specialized services for people with addiction-related problems are rendered in sufficient quality and quantity particularly by Centres for the Treatment of Drug Dependencies. General services are provided by psychiatric facilities with inpatient and outpatient wards, streetwork-type organisations and resocialisation facilities.

The full range of services is provided in Bratislava which, compared with other Slovak towns, displays the highest number of people with drug-related medical problems.

The existing programmes for drug abusers provide health care regardless of gender, nationality, race and religion. Men and women have access to these programmes. However, it is true that, due to their universality, these programmes do not have to meet the requirements ensuing from the specific needs of men and women, a factor which may play a role when contemplating contacting a medical facility or entering a treatment programme. As the CTDD - IDD survey in Bratislava – which is described below – showed, the individual facilities perceive a high need for the existence of such gender-specific programmes.

⁷⁴ Nešpor K.: Návykové chování a závislost (Addictive Behaviour and Addiction) (Portál, Praha 2000).

11.4.1 Gender differences between clients of medical and other facilities due to drug abuse problems

Information on gender and other characteristics of clients of medical and non-medical facilities due to drug-related problems is acquired first of all through the report notes completed by institutions at the first contact of the client with the medical or non-medical unit staff. The report notes are sent to the Institute of Health Information and Statistics (*hereinafter referred to as the "IHIS"*).

According to the data sources of this source, as they were processed by CTDD - IDD in Bratislava, the number of clients who contacted a medical or other facility due to drug abuse problems ranged in the period 2001-2004 from 799 to 1,133 per year. Within this four-year period 3,753 clients contacted medical and non-medical facilities due to drug-related problems. The share of men and women among these clients was essentially stable, whereby 75.8% - 80.0% were men, altogether 829 women contacted the aforementioned units in this period. The gender representation of clients is shown in Fig. 11.4.1.

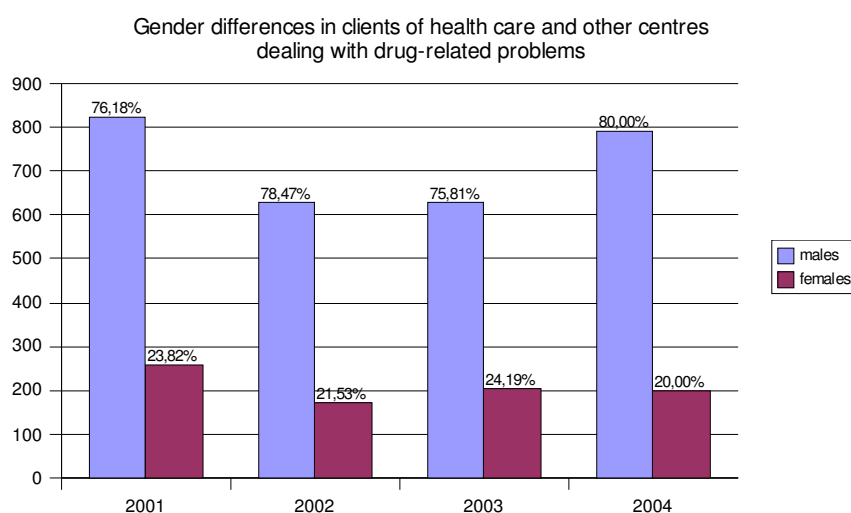


Fig. 11.4.1.1 Gender differences between clients of medical and other units with drug-related problems
Source: CTDD - IDD

In 2001 heroin abusers constituted 69.0% of all users who contacted a physician due to drug-related problems for the first time in their lives. By 2004, this percentage has gradually fallen to 21.8%. The share of men contacting a physician for the first time due to heroin-abuse problems declined from 68.6% to 19.3%, the share of women dropped by fewer percentile points – from 70.5% to 31.8% (Figs. 11.4.2 and 11.4.3).

The shift can be especially attributed to the users of cannabis and stimulants. The share of cannabis users who contacted the units has grown gradually from 7.5% in 2001 to 18.9% in 2004. This was a rise from 7.7% to 20.7% in the case of men, and from 7.0% to 11.6% in the case of women. The share of stimulants users who contacted units has gradually grown from 2.9% in 2001 to 21.3% in 2004. A similar trend was also visible when comparing men and women. The share of first contacts due to stimulants abuse rose from 2.4% to 20.1% in the case of men, and from 4.7% to 26.3% in the case of women.

The third group with a significant increase in representation in the years being analysed was the group of poly-users. Their share among all diagnoses increased from 12.3% to 27.2%; for men from 13.3% to 28.3%, for women from 8.9% to 22.7%.

As for legal drugs, men contact medical units more frequently than women due to volatile substance abuse problems – on the average 7.6% of men as opposed to 2.1% of women in the period monitored. Women contact medical units more frequently than men for the reason

of abuse of tranquilizers and hypnotic drugs which are readily accessible even without a prescription, for instance in pharmacies —7.8% of women versus 1.1% of men.

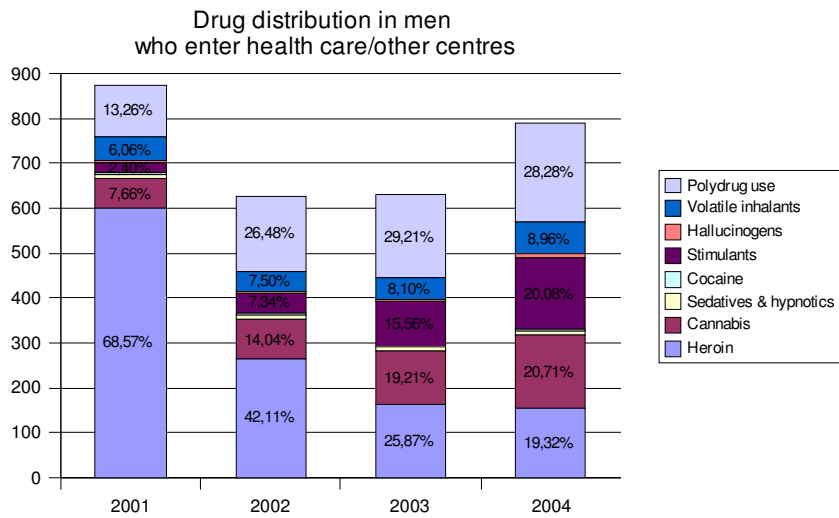


Fig. 11.4.1.2 Representation of drugs among men contacting medical or other units
Source: CTDD - IDD

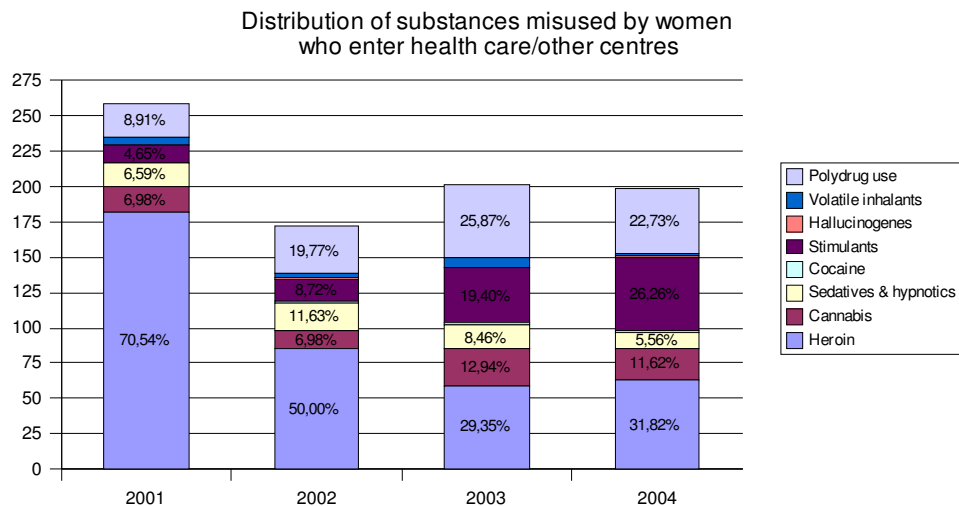


Fig. 11.4.1.3 Representation of substances of abuse among women contacting medical or other units
Source: CTDD - IDD

The proportion of men and women contacting medical and other units classified according to the individual drugs suggests a possible gender-determined inclination to the abuse of certain types of psychoactive substances. The proportion of men and women according to the individual drugs in 2004 is also shown in Fig. 11.4.4. As already stated, men display a significantly higher percentile share in the abuse of volatile substances and women in the abuse of tranquilizers and hypnotic substances.

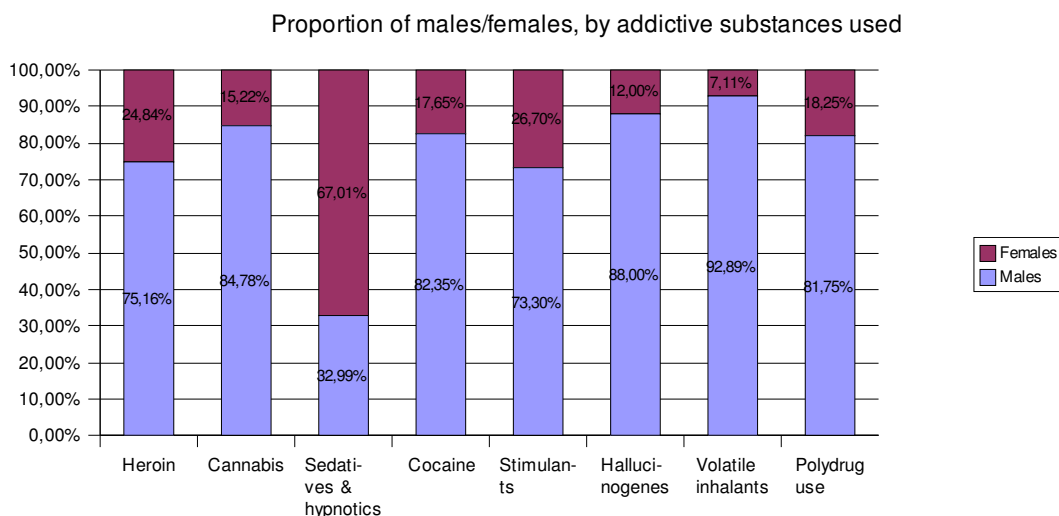


Fig. 11.4.1.4 Proportion of men and women according to the addictive substances
Source: CTDD - IDD

The data provided by IHIS do not include contacts with medical facilities resulting from alcohol abuse problems. Based on the data of CTDD in Bratislava, the largest multi-modal centre for drug addictions treatment, where the proportion of clients with alcohol abuse problems reaches almost 50%, it can be assumed that the proportion of such clients would also be very high at the national level, among men as well as among women.

As for the **geographical distribution of the number of drug abuser reports**, even though the trend is downwards, most of the drug abuser reports come from the Bratislava Region (43.9% in 2001 to 31.6% in 2004). The proportion of reported men and women in the individual regions is approximately the same as the ration of men and women in Slovakia as a whole.

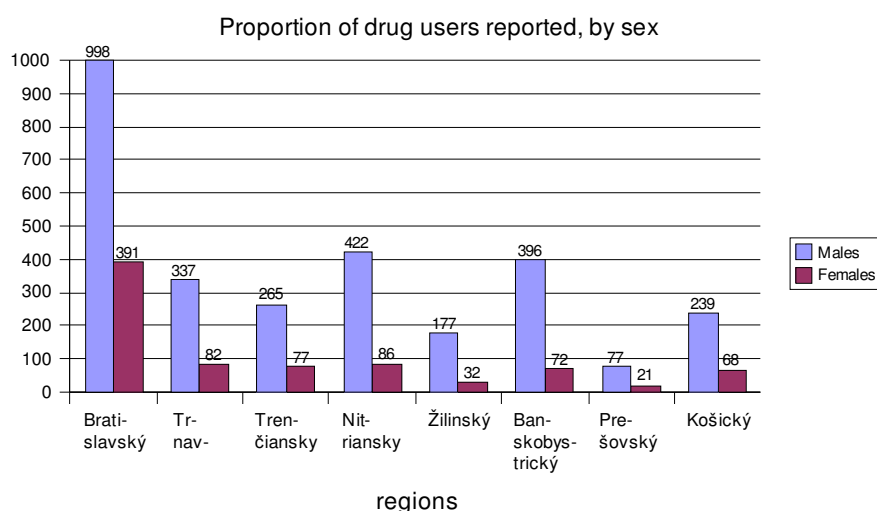


Fig. 11.4.1.5 Proportion of reported drug abusers based on gender
Source: CTDD - IDD

Even though the proportion of men and women who contacted a treatment unit in the Bratislava Region decreased up to 2004, this was to a certain extent caused by the decrease

in the number of reports in the Bratislava Region, not by a rise in the number of reports from other regions. During the years monitored, reports from the Bratislava Region constituted 34.1% of all reported male applicants for treatment. The reports of women from the Bratislava Region constituted almost half of all the registered reports of women in Slovakia (47.2%).

- General characteristics of clients

Women contacted medical units at a later age than men. The average age of men when contacting the units was 22.4 years and of women 25.9 years, making this difference statistically significant ($p=0.000$). The age of the clients who contacted a treatment units ranged over the years 2001-2004 from 22.1 to 23.1 years for men and from 25.1 to 28.1 years for women. The age of men and women when contacting a medical or non-medical facility is shown in Fig. 11.4.1.6.

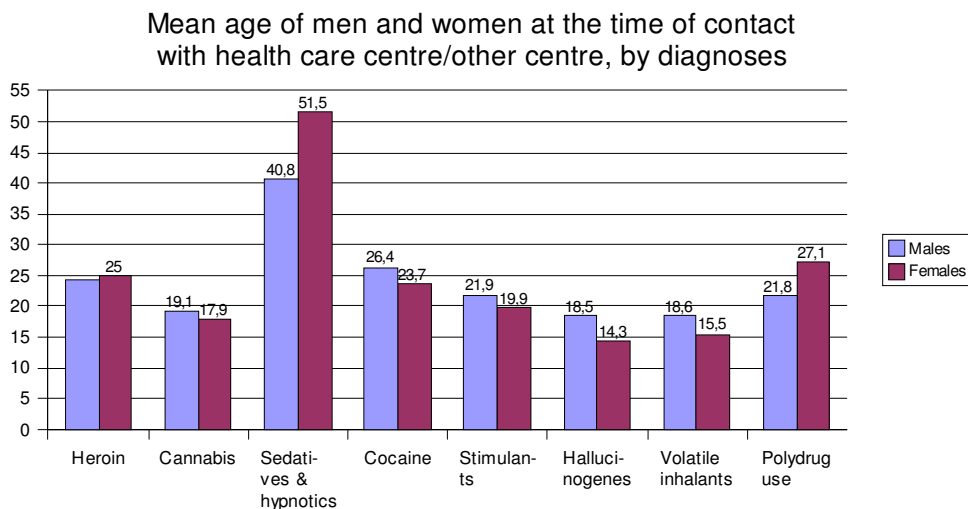


Fig. 11.4.1.6 The average age of men and women when contacting a medical or non-medical unit based on the diagnoses
Source: CTDD - IDD

- The duration of primary drug abuse

was statistically significantly longer for men than for women ($p=0.000$) for cannabis and stimulants abusers, with regards to the fact that men abused the primary drug for a longer period of time prior to contacting a medical or non-medical units. Those men who contacted the units because of cannabis abuse arrived at the medical or other unit 2.83 years on the average after commencing abusing cannabis, women after 1.97 years after commencing abusing the primary drug. Men who contacted the unit because of stimulants abuse arrived at the medical or other unit 3.01 years on the average after commencing abusing the primary drug, as opposed to women who arrived 2.11 years after commencing abusing the primary drug. In all the other diagnoses, the difference was statistically insignificant.

- Family status/co-habitation

Singles in particular contacted the units. The percentile shares based on family status and gender are shown in Fig. 11.4.1.7.

Marital status of the health centres clients

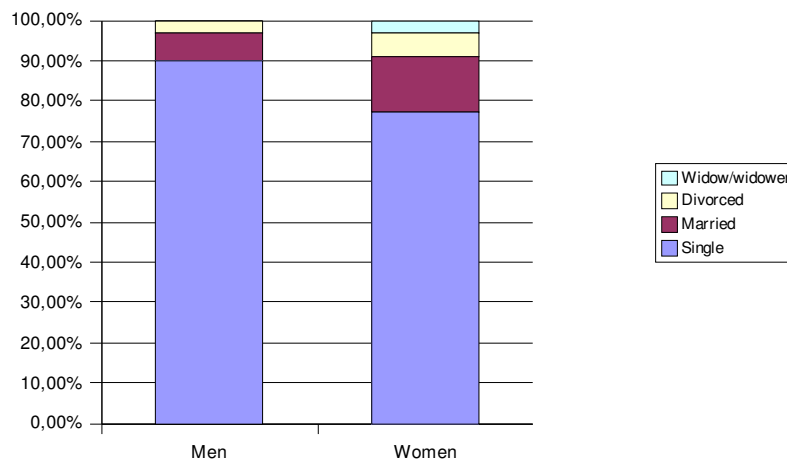


Fig. 11.4.1.7 Family status of clients of facilities
Source: CTDD - IDD

When contacting medical or non-medical units, most clients lived with their parents, their share ranging from 72.8% to 76.2% in 2001-2004. 78.3% of men who contacted a unit and 63.4% of women lived with their parents. The percentages may suggest inducement to treatment by family members, in the case of men as well as women. Figs. 11.4.1.8 and 11.4.1.9 depict the family background/co-habitation of men and women when contacting a unit. The smallest proportion was held by clients living alone with their child, or living with friends which may imply insufficient inducement to treatment by friends, or the total absence of inducement from friends, or inducement to abuse, or lack of availability of care for the child during treatment.

The time elapsed from the beginning of primary drug abuse to contacting a facility was markedly longer in the case of those clients who lived alone, with a partner, or a partner and child, compared with those who lived with their parents or friends. This fact could result from a postponement of seeking treatment due to commitments to the family, among men as well as among women. On the other hand, the pressure of the family and friends urges clients to seek treatment earlier. However, as was already mentioned, the time elapsed before the client seeks treatment is also statistically significantly related to the type of primary drug.

Women living alone on average sought treatment after a 4 years longer history of abuse than men who lived alone ($p=0.002$). If they lived with their parents, men sought treatment after a longer period of time than women ($p=0.017$). In the rest of the cases there was no statistically significant difference between the genders with regard to the duration of abuse prior to contacting a treatment unit depending on who the clients lived with.

An approximately similar proportion of men (33.7%) and women (36.0%) lived with a drug addict.

Approximately 90% of clients had fixed accommodation when contacting a treatment facility.

Living of men with other persons in common household at the time of the contact with health centre

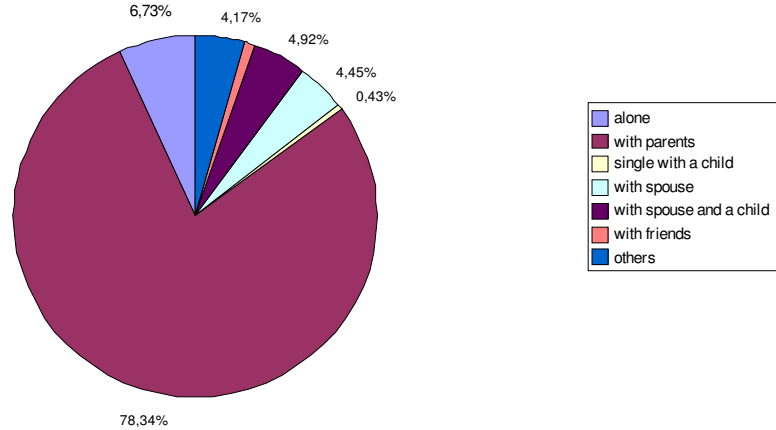


Fig. 11.4.1.8 Co-habitation for men when contacting a treatment unit
Source: CTDD - IDD

Living of women with other persons in common household at the time of the contact with health centre

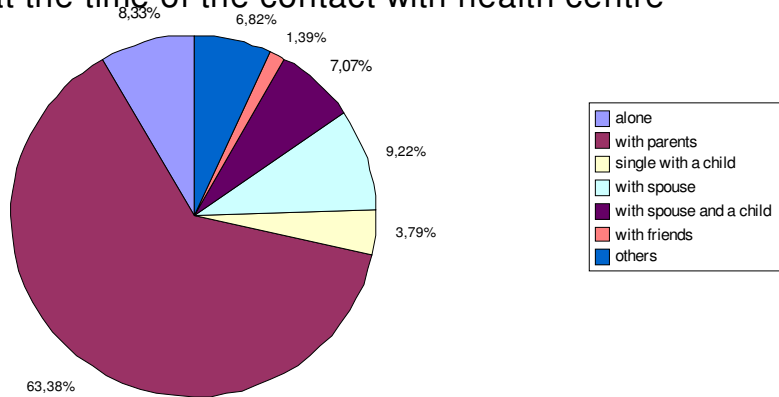


Fig. 11.4.1.9 Co-habitation for women when contacting a treatment unit
Source: CTDD - IDD

▪ Intravenous drug application

Amongst all clients contacting a medical or other unit for the first time between 2001 and 2004, there were 1,589 such clients who injected drugs intravenously (44.2%). The difference between men and women, as regards the occurrence of intravenous application, was not statistically significant ($p=0.114$). 44.9% of men and 41.7% of women took drugs intravenously.

A look at other methods of drug taking could point to problems with drug abuse typical for men and women. 30% of men take the drug by inhaling or smoking compared with 24.5% of women. This could be related to the greater problems related to the abuse of volatile substances for men as well as women. Women admit a relatively more frequent application of the drug by eating and drinking – 16.5% opposed to 4.7% of men, which could be related

to the more frequent abuse of hypnotic substances and tranquillizers in the form of pills, or powders, and other.

The difference in the duration of primary drug abuse prior to contacting a medical or other unit between men and women applying drugs intravenously was statistically insignificant ($p=0.724$). Men contacted the facility after 4.5 years on average, women after 4.6 years after commencing abuse of these drugs. However, in the case of other than intravenous application of drugs, the difference in the duration of abuse between genders was statistically significant: 3.4 years for men compared with 5.2 years for women ($p=0.000$).

11. 4. 2 Gender-specific services for drug abusers in the Slovak Republic

In order to map out the situation in Slovakia in the area of providing specific services for men/women abusing drugs, CTDD - IDD in Bratislava carried out a **survey by means of a questionnaire** sent by e-mail or fax to all specialist medical units for the treatment of drug dependencies (Centres for the Treatment of Drug Dependencies– 6), all organisations of the “streetwork” type (6) and all resocialisation centres in Slovakia (19, one of which was never reached as it was not possible to contact it via e-mail/fax). **18 (60%) out of 30 questionnaires were returned** – 4 from CTDD, 6 from streetwork organisations and 8 from resocialisation centres.

The facilities stated a 0 to 55% proportion of women among their clientele, 20% on average. The table compiled from the returned questionnaires gives the programmes/services provided and, from the units which do not offer the given programme, the proportion of units which consider this programme/service essential based on their experience.

Focus of programme	Offered by (%)	From those who do not offer the programme, how many consider it to be needed (%)
1. Reduction of syringe application	61	80
2. Reduction of risk of sexual transmission of infectious diseases	83	90
3. Health of clients working in the sex business	33	77
4. Problem abuse of drugs of pregnant women	28	80
5. Problem abuse of drugs of parents with small children	44	5
6. Prevention of drug abuse-related morbidity and mortality	83	100
7. Availability of gender-specific treatment (for men, for women)	28	71
8. Feministic/women’s approaches in treatment or approaches related to typical behaviour for the female role	33	50
9. Approximation to the behaviour typical for the male role in treatment	39	69
10. Reaction to gender (men-women) specifics related to family and social relationships	61	82
11. Reaction to gender (men-women) specifics related to work and job	67	73
12. Reaction to gender (men-women) specifics related to education and training	56	82
13. Consultancy with regard to debts as a specific feature of reducing the damage among men – drug abusers.	41	55

Table 11.4.2.1 Overview of programmes/services provided in the individual facilities
Source: CTDD - IDD

In addition, CTDD Predná Hora gave as part of their programmes on offer a regime treatment taking into account the gender approach, work rehabilitation (RHB), ditto.

Organization	Percentage of offered services (out of 13)
CTDD Banská Bystrica	23
CA Pomocná ruka	23
CA Heruéka	31
CA Storm	31
Čistý deň	31
CA Risen	38
Nádej	38
Dom Charitas	38
Dom Krištof – Family Centre	46
CTDD Bratislava	69
CA Prima	69
CA Odysseus	69
Retest	69
COR Centrum	77
RS Košice	77
Road	85
CTDD Predná Hora	92
CTDD Nové Zámky	0

Most of the above gender-specific services were provided within the context of medical units (8 of the above services out of 13 on average, where about 26% of clients of these facilities are women) and resocialisation facilities (on average also 8 services/programmes out of 13; 16% of clients are women) and the smallest number were provided by streetwork type organisations (6 out of 13 on average; 24% of clients are women). Two resocialisation centres (Charitas House and RC Košice, out of the total number of 8) stated that in the past year they had an exclusively male clientele (where one of them focuses on providing care solely to men).

As regards planning and the introduction of gender-specific services within the provision of services provided by the individual facilities, three streetwork type citizens' associations plan in the future to introduce into their practice programmes focused on problem drug abuse by pregnant women, the rights of women and men prostitutes, problem drug abuse by abusers with small children, gender specific features and gender studies with implementation into a project in 2007 (CA Storm), work with people working in the sex trade with a focus on reducing the risks of transmission of infectious diseases, health condition monitoring, consultancy (CA Risen) and, within 6 months, the CA Pomocná ruka (The Helping Hand) plans to begin work with persons working in the sex trade, intensifying contacts with women – drug abusers, with an emphasis on specific topics such as drug abuse in pregnancy and while breastfeeding.

Content of the programmes of individual facilities:

CTDD Bratislava – methadone programme (MP), didactotherapy, group therapies, group for relatives, psychotherapy, needle and syringe exchange programme, condom machine.

CTDD Predná Hora – this Centre offers a mid-term 3-month treatment. Voluntary and protective treatments.

CA Heuréka – standard streetwork.

CA Prima – standard field programme and work of a Contact Centre, social assistance programme where an individual social plan of the client is developed incorporating the gender issue. No specific gender model for work with clients has been developed.

CA Pomocná ruka – needles and syringes exchange, distribution of sterile material, disinfection agents, education in the area of harm reduction through personal contact and by means of educational materials.

CA Odysseus – field social work, consultancy, exchange programme, distribution of condoms, syphilis testing, accompaniment to medical facilities, Low Threshold Club for women working in the sex trade, creation of space exclusively for women, mediation of job offers for women, issue of information-educational materials which take the gender specific issues into consideration.

CA Risen – harm reduction, minimal medical treatment, consultancy through external workers (physician, psychologist, psychiatrist, lawyer).

CA Storm – field social work with intravenous drug abusers and abusers working in the sex trade, needles and syringes exchange, distribution of alcohol swabs dry swabs, filters and injection fluids, ascorbic acid, rubber compression bandages, condoms, lubrication gels, first contact consultancy, treatment, magazine, lawyer.

Čistý deň (Clean day) – the listed programmes constitute a direct part of the resocialisation programme and the individual topics are processed within group therapy sessions.

COR Centre – care in compliance with Act 195/98 Coll. Section 32 upon completion of the compulsory school attendance with a full-year stay for the entire Slovak Republic.

Dom Krištof – Family Centre: shelter, consultancy, addiction prevention, cooperation with police, preventionist treatment, lectures at schools about partnership, preparation for family, sex. Partnership, marriage, parenthood. These programmes are not divided or preferred by gender specific issues, activation of family to help its member.

RS Košice – primary prevention, secondary prevention, outpatient treatment, tertiary prevention for resident clients in the form of psychotherapy.

ROAD – group supporting abstention from alcohol and drug abuse, resocialisation of drug addicts – men and women, self-help group of family members, free discussion group, AN club, field family therapy, telephone contacts, telephone help-line.

Nádej (Hope)- programmes developed especially with regard to specific cases and needs of clients.

Retest – morbidity prevention, education, cooperation with physicians, feminist approaches, role of the mother, female partner learned behaviour, respect to one's body, man's role, role of the father, partner, breadwinner, responsibility, gender specific features, communication, relations, etiquette, morals, work and job – type of work, professional orientation, career position, education and training – types of education, types of responsibilities, division of work in the household, debts – antisocial behaviour, drug-dealing, prostitution.

Charitas House – the programmes/services specified are not offered individually but are incorporated into a whole resocialisation process and they extend over the entire resocialisation efforts.

Even though 94% (17 out of 18) of the facilities surveyed stated that they offer at least one of the mentioned programmes that are specific for the needs of men/women, from the descriptions of the individual facilities with one exception (Low Threshold Club for women working in the sex trade of the Citizens' Association Odysseus) these never were separate programmes, but elements of gender-specific work were always simply incorporated into other programmes or services. Sometimes these elements were more developed and in the foreground, sometimes there was simply a note that some gender-specific elements are part of the otherwise universal programmes, projects or services.

In any case, there is an awareness that these elements are an integral part of care for drug abusers and drug addicts and many institutions also mentioned plans to introduce comprehensive programmes dealing with these issues in a relatively short time.

The question remains unanswered as to whether the likelihood of occurrence of gender-specific elements in services will not be higher for the organisations which returned the completed questionnaire than those which did not react to the request for cooperation in this survey. This is one plausible hypothesis; in any case it is possible that the questionnaire was at least an impulse to start thinking more about this issue.

11.4.3 Evaluation of treatment results of the Centre for the Treatment of Drug Dependencies

CTDD - IDD Bratislava monitors the progress of clients after one and after three years from starting treatment.

In the 1997 study, 239 clients out of the total number of 345 clients who were included in the study were located one year (in 1998) after starting the treatment. From these clients, 51.9% of men and 40.7% of women did not use any drugs. 206 clients were located after three years (in 2000), where 59.9% of men and 59.1% of women did not use any drugs. If we look at the difference between genders with regard to whether clients used no drugs when located, we may state that **there is a statistically significant difference between the genders after one year from starting the treatment.**

In a 2001 study of 333 clients, 250 of them were successfully contacted after one year (in 2002). In 2002, one year after starting treatment, 75.7% of men and 78.7% of women did not abuse any drugs. After three years (in 2004) 230 patients were successfully contacted, of which 68.4% of men and 84.7% of women did not abuse any drugs. Therefore, looking at the differences between the genders and their tendency to abuse drugs, we may state that **the difference between the genders three years after starting treatment is statistically significant.**

11. 5. Approaches to social reintegration from a gender perspective

No data were available for this area.

11. 6. Specific aspects of criminal justice from a gender perspective

Prison measures focused on differences between genders, differences in culture or in the practices in men's/women's prisons

Convicted women in the Slovak Republic **serve their prison sentences separate from men, namely in a special penitentiary** only for women, in the Correctional Institution Nitra – Chrenová. The prison is intended for women classified in all correctional groups including convicted juvenile women, and suitable conditions for the sentence serving of women of all age categories are ensured in it.

Health care is ensured in compliance with the generally binding regulations. The sentence serving and treatment methods are in compliance with the principles and recommendations of the European Prison Rules. The sentence serving methods, the scope of rights and stipulated duties of the convicts, the treatment forms and methods, employment conditions, cultural-educational work, spiritual care and social security of the convicts are regulated by Act 59/1965 Coll. on the Execution of Punishment as amended (for instance by Act 451/2002 Coll.) and by the Decree of the Ministry of Justice of the Slovak Republic which issues the Rules for the Execution of Imprisonment Sentences (125/1994 Coll.). **General principles and the treatment system and the scope of rights and duties are the same for convicted men and women.**

With regard to convicted women, the law stipulates these specific features:

- Pregnant women and women taking care of a child younger than one year old cannot serve a prison sentence.
- Women who are 60 years and older serve their prison sentences in such a way that is appropriate to the age and health condition of the convicts. For this reason these women are put into special groups.
- The provisions of law are applied to women taking into account their physiological and mental particularities.

The latter provision is for instance applied when establishing lodging houses for convicted women where conditions for washing underwear, carrying out small repairs of personal items and daily showers are created. Convicted women are allowed to use their own cosmetics appropriately for making themselves up, and no restrictions are put on hairstyles.

There are also differences in the application of disciplinary punishments. A convicted woman cannot receive a disciplinary punishment consisting of a whole-day placement in a closed ward nor in solitary confinement. Women can be only placed in a closed ward after working hours and only for up to ten days at the most.

Conditions are created in the institution for the suitable employment of convicted women; most of the women have an adequate job. The institution also ensures conditions for the education of the convicts in the form of self-study, utilization of the prison library, getting the daily press, ordering press, books and professional publications. Educational courses are organized for those interested, e.g. in cooking, law, and parenthood. Various types of hobby activities typical for women are provided which focus especially on handicrafts, improving the environment of the prison, making small items for children, etc.

Regarding women, more focus is put on activities aimed at maintaining contacts with close relatives and especially at maintaining emotional bonds with their children. This is done with the assistance of professionally trained staff – teachers, psychologists and social workers, who not only direct the convicted women but also provide them with consultancy and, if need be, with professional help.

Drug addiction of convicted women is tackled similarly as the drug addiction of men. They undergo treatment if ordered by the court; convicted women are treated. Accused and Convicted Hospital in Trenčín Preventive anti-drug programmes focused on education are also provided for these women. There is an anti-drug zone in the Nitra-Chrenová Correctional Institution which works like the ones in prisons or departments for convicted men.

All in all, the prison service in the Slovak Republic pays due attention to the health care and treatment of drug addicts and it does so right from the moment the convict starts serving his/her sentence, or during the entire sentence served. The Corps of Prison and Court Guards creates conditions for the due tackling of the issue of drug addiction treatment and prevention, whereby permanent attention is paid to the development of the preventive anti-drug programme. The Corps perceives the whole matter in a comprehensive manner and approaches it thus. It can be clearly stated that the Corps approaches the treatment and prevention in a balanced manner. Specialised departments for the treatment of drug addiction have been created, and so-called drug-free zones have been established in several penitentiaries. Departments for voluntary drug addiction treatment can be found in two prisons, in the Juvenile Correctional Institution in Sučany, and the prison for convicted men in the first correctional group (CG) in Hrnčiarovce nad Parnou. Even though imprisonment presents an ultimate sanction, in the convict treatment process and in the perception of prevention the prerequisites for the success of drug addiction treatment are crucial, especially the professionalism of the staff and preference of approaches based on incentives for correcting the attitudes and behaviour of convicts. Emphasis is laid on the well thought out, consistent and systemic implementation of established programmes and projects.

All basic elements of primary prevention based on providing correct information and knowledge of the physiological, psychological and social effects of drugs are implemented in the Slovak prison service. The system of preventive treatment accepts the approach of clarifying values in order to support non-consumption and positive attitudes to a cultivated and healthy life-style. The community type of treatment enables the use of the approach based on life experience and capabilities; it allows the convicts to cope with personal problems, deficits and ineptitude in social relations, and it seems to be effective in the elimination and reduction of the risk of abuse of any type of drug, which emerges on the basis of maladaptive behaviour.

The Slovak prison service is open to the acquisition of new experience and to dealing with new impetus which will contribute to efficiency and positive results in the area of addiction elimination, not only in the area of increasing the efficiency of prevention of the abuse of illegal drugs, but all drugs – the entire range of drugs.

In some countries such a comprehensive approach has already been applied for some time, and it is also accepted by the World Health Organisation (WHO). In principle, prevention is also focused on legal drugs – alcohol and tobacco, which are practically available and exceedingly tolerated in our country. Within the prison service alcohol is not available. However, tobacco is an extraordinarily extended drug. The application of the amendment to the Act on the Protection of Non-Smokers created conditions for changing the method of fighting against ATOD in prisons. The well used acronym ATOD – “Alcohol, Tobacco and Other Drugs”, could be adopted also in our country, especially when the genetic co-conditioning of tobacco and alcohol abuse has been scientifically proven⁷⁵. Therefore, it is necessary to push through a comprehensive approach to the elimination of addictions and to carry out healthy lifestyle programmes, even in prisons. Even legislative conditions are being created for the alternative of a modern and healthy lifestyle in the context of serving the utmost penalty and meeting its purpose - the reintegration of criminal offenders into society. When drafting new laws now there is an endeavour to create such a system of treatment of the convicts, partially also of the accused, that extends the possibility of spending time meaningfully, extends the possibility to take part in “healthy” and preventive activities, such as sports, hobbies and creative activities, education, and environmental protection.

⁷⁵ Kondáš, O. et al. State z klinickej psychológie (Treatise on Clinical Psychology), p. 200

Penitentiary	Department	Established in	Profile	Capacity
Banská Bystrica-Kráľová	Drugfree zone	2001	2nd CG men	12
	SSTP	1992	2nd CG men	35
Hrnčiarovce nad Parnou	Voluntary treatment	1998	1st CG men	12
	Protective treatment ordered by court alcohol+detoxication	2002	1st CG men	36
	SSTP	1997	1st CG men	46
Prešov – POO	Drugfree zone	2004	1st, 2nd CGs men	169
Trenčín	Protective treatment ordered by court alcohol+detoxication	1977	women, juveniles	10
Trenčín – Opatovce	Drugfree zone	2001	1st, 2nd CGs men	66
Nitra-Chrenová	Drugfree zone	2002	1st CG women	21
Želiezovce	Drugfree zone	2002	2nd CG men	29
Leopoldov	Protective treatment ordered by court alcohol+detoxication	1973	2nd CG men	10
	SSTP	1995	2nd, 3rd CGs men	26
Sučany	Voluntary treatment	1998	Juveniles	30
	Drugfree zone	1001	Juveniles	27
Košice-Šaca	Drugfree zone	2004	2nd CG men	54
	SSTP	2002	2nd CG men	28
Ilava	Protective treatment ordered by court alcohol+detoxication	1973	2nd, 3rd CGs men	30
Total				671

Table 11.6.1 Overview of specialised departments focusing on drug addiction treatment and prevention in the facilities of the Corps of Prison and Court Guards
Source: Corps of Prison and Court Guards

12. European Drug Policies: extended beyond illicit drugs

National Strategies for the Fight against Legal and Illegal Drugs in Slovakia since 1995 and Prognosis for Future Development

Since the creation of the first⁷⁶ National Programme for the Fight Against Drugs in 1995, the creation and development of national strategies in the field of the fight against illegal drugs (in particular narcotics and psychotropic substances) and legal drugs (in particular tobacco and alcohol) in the Slovak Republic is taking a different direction for the area of illegal drugs and the area of legal drugs. There are several reasons for this approach:

- As a matter of priority, the production, import and distribution of illegal drugs is outlawed and has an illegal nature due to security, economic and health reasons. There are a number of laws closely related to the UN and EU legal framework.
- Petty crime, as well as organised and especially dangerous crime, is closely associated with illegal drugs. The consequences of this crime have a significantly negative impact on people and influence public opinion and hence indirectly political developments. This was the main reason for the creation of the Committee of Ministers for Drug Addiction and Drug Control, an advisory body to the Government for the drug issue. Public expenditure on the protection of people and security (the police, customs, judiciary and prison service) account for as much as 70% of the total expenditure on the fight against illegal drugs. The crime committed as a result of the use of legal drugs, in particular alcohol (disorderly conduct and violent behaviour) is of a completely different nature and is fully punishable under the existing legislation.
- The production, distribution and sale of tobacco products and alcohol (including wine and beer) is mostly under control of the state and the state has a large share in the profits from the production, distribution and sale of legal drugs. Minor illegal production of spirits for personal use and illegal imports of alcohol and cigarettes with the aim of tax fraud remain to be a problem. The level of tax fraud is rising every year together with the rises in excise duties on tobacco and alcohol.
- The state has no budgetary revenues from illegal drugs, unlike from the production, distribution and sale of alcohol and tobacco products which are subject to special taxes. For instance, in 2004 the revenues from excise duties on the sale of tobacco products, alcohol, wine and beer amounted to SKK 12.7 billion, which was almost 3% of state budget revenues in that year. Expenditure on the fight against illegal drugs reached almost SKK 0.6 billion, which was less than 0.043 GDP% (see section 1.3). This means that the state's revenues from excise duties on the sale of legal drugs are four times higher than its expenditure on the fight against illegal drugs.
- The health risks associated with the use of legal drugs have been viewed variously, depending on scientific knowledge of the risks and their impact on public expenditure. The recognition of the health risks and the degree of their impact on public health is under the responsibility of the health ministry, which has prepared the initial national concepts and strategies for the fight against legal drugs – tobacco and alcohol. The risks posed by the use of illegal drugs to public health have long been seen as a greater threat, which was further emphasised by the risk of spread of dangerous infectious diseases, in particular HIV/AIDS and hepatitis. However, the cost of treatment of cancer and cardiovascular diseases has substantially increased in recent years and hence the growing threat of negative economic impacts of extensive use of tobacco and alcohol is becoming more visible.

As a result of the different approach to the area of control of illegal and legal drugs, attention was concentrated on the creation of the National Programme for the Fight against Drugs as a platform for the fight against illegal drugs. Changes did not occur until 1999 when the second National Programme for the Fight against Drugs was created (from 1999-2003). It is still

⁷⁶ National Programme for 1995-1998

dedicated exclusively to the issue of illegal drugs, but the document becomes increasingly more aware of the threat that legal drugs pose to public health in the Slovak Republic, which led to the creation of two specialised national programmes:

- National Action Plan for Problems with Alcohol – on the basis of Governmental Resolution No. 929 of 21 August 2002, it was originally under the responsibility of the Office of the Government (the General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control), but Governmental Resolution No. 339 of 4 May 2005 transferred this responsibility to the health ministry (the Chief Expert on Drug Addiction Treatment).
- National Tobacco Control Programme – it is being implemented under the responsibility of the Public Health Authority (the health sector) in accordance with the WHO Framework Convention on Tobacco Control and Act No. 377/2004 on the Protection of Non-Smokers. The creation and implementation of the programme is ensured by the National Tobacco Control Co-ordinator under the competence of the Public Health Authority.

Both national programmes are greatly affected by the efforts of the WHO and its European office to create the relevant European strategies on the issue of alcohol and tobacco: the European Alcohol Action Plan and the European Strategy for Tobacco Control (2002). The body responsible for the application of the European strategies for tobacco control and the action plan for problems with alcohol is the national WHO office in Slovakia and the health ministry. **These national strategies, however, were not reflected in the third National Programme for the Fight against Drugs for 2004-2008, which continues to be under the responsibility of the Slovak Republic Government Office**, the General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control (hereinafter referred to as the “GS CM DADC”) and focuses on the issue of illegal drugs as a matter of priority.

The rising threat that the use of legal drugs poses to public health, as well as the increasing importance of control for the state’s economy (stable revenues from rising excise duties, the need to reduce illegal home production of alcohol and wine and cigarette smuggling) led to the adoption of Resolution No. 339 by the Government on 4 May 2005, which instructed the Deputy Prime Minister for European Integration, Human Rights and Minorities and the Chairman of the Committee of Ministers for Drug Addiction and Drug Control to extend the competence of the Committee of Ministers to include legal drugs. This created conditions for unifying these three relatively separate strategies for the fight against drugs in the Slovak Republic. Nevertheless, **the preparation of new strategies for tobacco and alcohol continues to be under the responsibility of the health ministry so it can be expected that there will be three different parallel strategies in the Slovak Republic at least until 2008:**

- the National Programme for the Fight against Drugs for 2004-2008, the basic cross-sectoral strategy under the responsibility of the Slovak Republic Government Office (the GS CM DADC), which is being implemented in accordance with the European Drugs Strategy for 2005-2012 and its Action Plan for 2005-2008. The role of this strategy is to ensure that Slovakia participates in the programmes of the EU and UN institutional structures for the fight against drugs. Its key aspects are security and economic costs. Its secondary aspect is public health.
- The National Tobacco Control Programme until 2008, under the responsibility of the health ministry, in co-operation with the organisational structures of the WHO, especially its European Office. The key goal of this strategy is the implementation of the WHO Framework Convention on Tobacco Control of 2004, which was ratified by the Parliament at the end of 2004. Its key aspects are public health and economic costs. This programme does not deal with security issues.
- The National Action Plan for Problems with Alcohol for 2006-2010 (a follow-up to the National Action Plan for Problems with Alcohol of 2003, which was elaborated by the GS CM DADC, but failed to be implemented), which is to be submitted to the Government by the Minister of Health by the end of November 2005 on the basis of

Governmental Resolution No. 339 of 4 May 2005. Its key aspects are public health and economic costs. Security is a secondary aspect.

It seems that these programmes will be closely interconnected in the future and may be unified into a single programme in 2008 at the earliest. **It is, however, more probable that the national programmes on illegal drugs, alcohol and tobacco will be combined together around 2010 to 2012**, when the European strategies, and subsequently national strategies, for these areas will be reviewed. It will be especially important to:

- specify a single responsible body and the appropriate competences – e.g. create a national anti-drug authority
- create an institutional framework for the complex co-ordination and interconnection of the large number of players in the implementation of a comprehensive anti-drug strategy
- ensure funding for the implementation of the individual strategies and subsequently for the joint steps, using funding raised from the sale of legal drugs, namely alcohol and tobacco
- ensure monitoring, evaluation and subsequent corrective measures and updates
- ensure co-ordination with EU and WHO strategies.

The spread of doping from professional to recreational sports and the abuse of doping in other areas of human activities remain to be an open and conceptually unresolved issue. The same applies to the issue of the growing abuse of commercially available chemical products and certain chemical substances as cheap substitutes for increasingly more expensive and less accessible illegal drugs, alcohol and tobacco. A special strategy for these issues has yet to be created in the Slovak Republic. The only exception are certain laws restricting the distribution of precursors and dangerous chemical substances (including the development of the early warning system) and the effort to adopt a special anti-doping law.

12.1 Programmes and activities of individual sectors in the area of alcohol-related problems in 2004

The WHO Regional Committee for Europe has elaborated the Framework for Alcohol Policy in the WHO European Region. In the interest of addressing the problem, Slovakia adopted the basic priorities from the submitted documents and the GS CM DADC used them as a basis for the preparation of the National Action Plan for Problems with Alcohol (NAPPA) in 2002, in accordance with Governmental Resolution No. 929 of 21 August 2002. However, this programme failed to be implemented due to the fact that funding for the programme had not been allocated in the state budget. Therefore, based on Governmental Resolution No. 339 of 4 May 2005, the Minister of Health was instructed to prepare a new version of the National Action Plan for Problems with Alcohol for 2006-2010 to become effective from 1st January 2006. The National Action Plan for Problems with Alcohol will build upon the principles and strategies from the Framework for Alcohol Policy in the WHO European Region and at the same time focus on the priorities urgent in Slovakia.

- Current situation in Slovakia

Alcohol continues to be the number one drug in Slovakia from the standpoint of the extent and occurrence of the use of alcohol. Despite the positive trends in consumption patterns in recent years (a decline in the consumption of spirits), it continues to be a threat due to its easy accessibility and frequent violations of legal regulations (the sale of alcohol to minors). All this, together with the socially induced use of alcohol and establishment of a habit from an early age, as documented by the results of the ESPAD⁷⁷ study, cause that the first contacts with alcohol occur at an increasingly younger age.

⁷⁷ Nociar, A.: *Prieskumy o drogách, alkohole a tabaku u slovenskej mládeže (Survey on Drugs, Alcohol and Tobacco among Slovak youth)*, Veda, Bratislava, 2004.

Consumption of alcoholic drinks expressed in the equivalent of 100% pure spirits, in thousands of litres, Slovakia

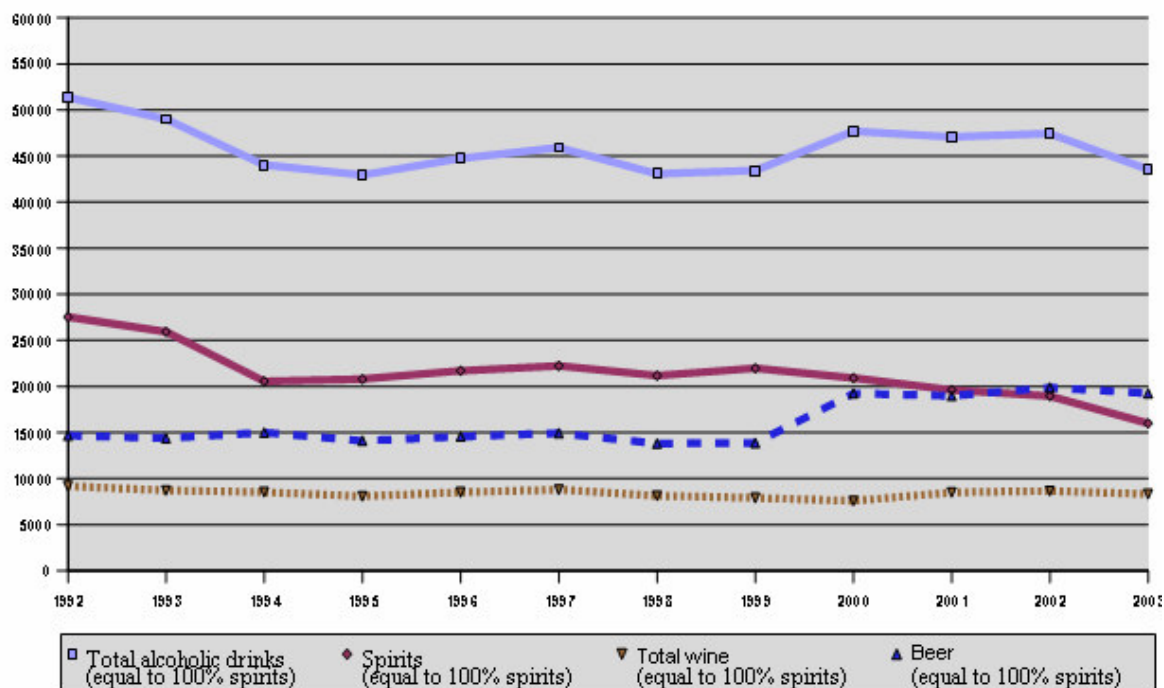


Fig. 12.1.1 Consumption of alcoholic drinks in Slovakia
Source: SO SR

Also noteworthy is the increasing share of alcohol as a co-active agent in the use of multiple drugs (polyconsumption), especially in combination with cannabis and stimulants (e.g. in the effort to negate the inhibitory effect of alcohol), which may have fatal consequences for the user if combined unsuitably.

With a view to the fact that alcohol-related issues are directly or indirectly linked to many sectors, in 2004 activities and programmes continued to be carried out by sectors focusing on prevention and resolution of the issue in their respective areas. The following text provides an overview of the developments in the consumption of alcohol in Slovakia, an overview of alcohol-related sick leave and unemployment, treatment and its success, the implementation of preventive programmes and projects and activities within sectors.

The Ministry of Health fulfils a number of functions with respect to alcohol-related issues. This is above all treatment (provided to persons with addiction to alcohol or with alcohol-related problems). The treatment of problems with alcohol use or addiction is interconnected with the treatment of other substance and non-substance addictions and includes services provided in all healthcare units providing psychiatric care or specialised services provided mainly in centres for the treatment of drug dependencies.

Under Act No. 577/2004 Coll. on the Scope of Healthcare Covered by Public Health Insurance and on Payments for Services Related to the Provision of Healthcare, the treatment of alcohol addiction is in the list of priority diseases and is as such covered by health insurance companies to the extent of 50%. The remaining 50% of the costs is either paid by the client or financed from other public (municipality) or private sources (foundations, civic associations, donations, grants).

The provision of medical care is connected with activities in the field of prevention, whether specific or unspecific, which takes place above all in the form of the provision of information, education of the public and professionals and the implementation of informational activities.

Within the framework of ongoing healthcare reform, the administration of healthcare units is being decentralised to the level of local state administration and self-government, along with the continuing extension of the provision of services by non-state organisations. Specialised healthcare units – centres for the treatment of drug dependencies – were also included in the transformation process. First, in 2004, they were separated from the basic healthcare establishments (hospitals) and subsequently transformed into organisations with legal personality, contributory organisations included in the process of transformation into non-profit organisations.

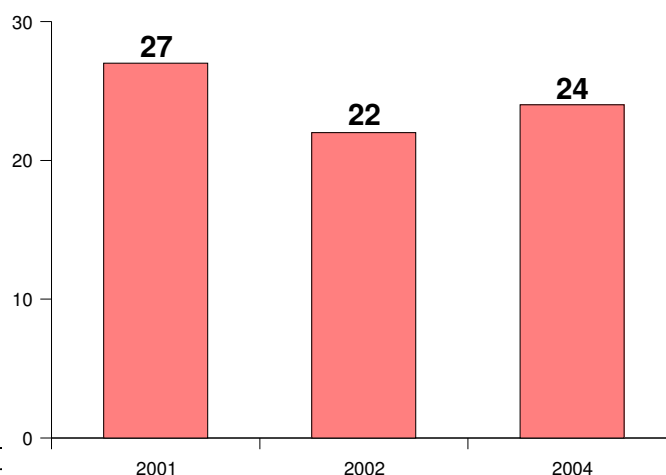
Due to the lack of funding and surplus bed capacity uncovered by health insurance contracts, the number of the existing centres was reduced from eight to six in 2004. In addition, the sobering-up station in Košice was closed in 2004 and the operation of the station in Bratislava was halted due to technical, operational and financial reasons. Both stations were operated within the framework of drug addiction treatment centres. This new problem raised the question of responsibility of the clients, municipalities, the healthcare sector and the police for ensuring the operation of sobering-up stations, as well as the question of the extent to which these services are related to public health, protection of public order or protection of people's safety.

In 2004, the Bratislava centre alone registered 209 new patients treated for alcohol addiction, although patients with addiction to illegal psychoactive substances prevail.

According to statistical data from the IHIS⁷⁸ a total of 9,853 persons, of whom 7,803 were men and 2,050 were women, were hospitalised in 2004 with diagnosis F 10 (mental and behavioural disorders caused by the use of alcohol - ICD-10). 177 persons were treated in facilities of the Ministry of Justice and the Ministry of Defence Hospital.

Alcohol addiction can be treated and, according to the results of a study conducted by the CTDD - IDD in Bratislava⁷⁹ the treatment can be successful. A number of aspects have been examined in a cohort of 136 patients, including patients with alcohol addiction, monitored since 2001 to evaluate treatment success. The patients were contacted after a year and then repeatedly after three years of treatment to monitor certain parameters indicating the effectiveness/non-effectiveness of treatment. As shown in Figure 12.1.2, unemployment in the cohort dropped by 5% after one year and even after three years the difference was positive compared with the beginning (a 3% decrease) even under the complicated conditions of generally high unemployment.

Unemployment (in %)



⁷⁸ Institute of Health Inform

⁷⁹ Okruhlica L., Klemková D., Bušová Z., Kováčsová E.: *Štúdia sledovania osudov pacientov so závislosťou po liečbe v CPLDZ Bratislava (Study on monitoring further life of addicted patients after treatment in CTDD Bratislava)*, 2005

Fig 12.1.2 Decline in the number of unemployed alcoholics

Source: Study on monitoring further life of addicted patients after treatment in CTDD Bratislava, 2005

The effectiveness of the treatment provided can be documented even more clearly on another figure (Fig. 12.1.3) from the same study, where 74% of the patients abstained from alcohol after one year and still 64% did not use alcohol after three years of treatment, which is a very encouraging result.

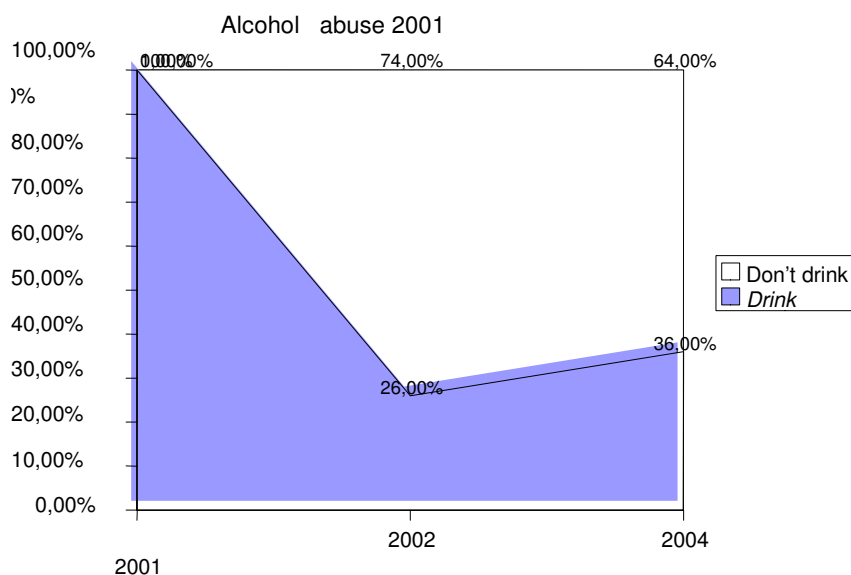


Fig. 12.1.3 Monitoring of treatment success – abstinence after three years

Source: Study on monitoring further life of addicted patients after treatment in CTDD Bratislava, 2005

As regards the evaluation of treatment success, it needs to be clarified what is considered a new and repeated treatment from the methodological point of view. Under the WHO definition, every patient should be considered cured after one year of drug abstinence and any further treatment should be regarded as a new treatment. The lack of adherence to common methodological standards can lead to distortion and poorer comparability of results, as well as a certain degree of pessimism. According to another survey by the CTDD - IDD⁸⁰ if the above criterion is used, more than a half of patients can be considered as newly treated patients returning to treatment after a certain period of abstinence.

Another area where the health ministry utilises its professional capacity is prevention. In the field of primary prevention, this mostly applies to work with the youth conducted by trained and experienced specialists. A number of educational activities for children and secondary school students were carried out within the sector. For instance, the Bratislava CTDD - IDD conducted regular informational seminars for children and youth from Bratislava schools throughout the whole year. It also participated in training for teachers in the area of drug and alcohol addiction prevention.

The training for specialists working in the area of counselling included an accredited national course on addiction counselling organised in May 2004.

Also important is the communication with the general public by means of the press and electronic media, including the Internet. In co-operation with the Bratislava Community Foundation, the IDD prepared a double issue of the *Nezávislosť* [Independence] magazine to be used as a therapeutic tool in the treatment of people with an addiction.

⁸⁰ Okruhlica L., Klempová D., Bušová Z.: *Závislosť má lepšiu prognózu, ak sa rigorózne aplikuje medicínsky model, (Addiction has better prognosis if the medical model is strictly applied)*, 2005

The specialised journal “Protialkoholický obzor” (Alcoholism and Drug Addiction) published since 1965 and also available and known abroad, has a prestigious status in the healthcare sector.

One of the impacts that the use of alcohol has on the whole society is its economic cost in the form of the exclusion of a section of economically active population from labour, either indirectly, after the unfavourable health effects of long-term alcohol consumption appear, or directly, as a result of addiction to alcohol and the way of life associated with it. As the statistics of the IHIS⁸¹ suggest, the recent developments in sick leave due to mental and behavioural disorders caused by the use of alcohol appear to be positive. Fig.12.1.4. shows that there is a decreasing trend in sick leave. Nevertheless, when interpreting the figures, it has to be taken into account that there is a decreasing trend in sick leave in general.

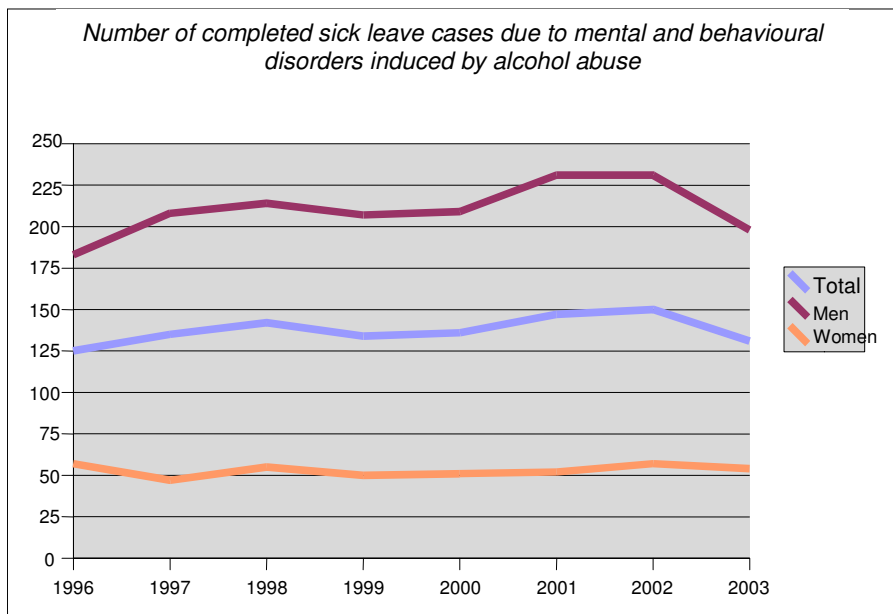
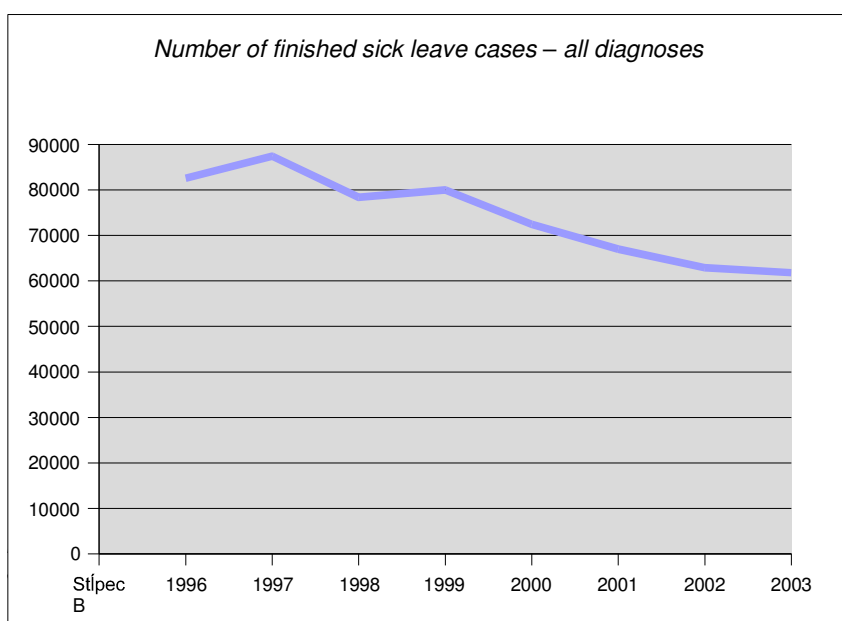


Fig. 12.1.4 Number of finished sick leave cases due to diagnosis F 10
Source: IHIS, 2004



⁸¹ Institute of Health Information and Statistics

If we compare the number of sick leave cases due to the use of alcohol with the number of all sick leave cases, we can see that the trend (despite a decrease in 2003) is not so favourable at all and it can be seen that in general, except for 2003, the share of sick leave cases due to the use of alcohol in all cases of sick leave is increasing. However, unlike in the case of sick leave for other causes, the average period of alcohol-related sick leave is not extending and oscillates under the level of 50 days, which may be related, for example, to the stereotypes about the use of alcohol, since the average period of sick leave for other diagnoses rose from the average level of 23-24 days in 2000 to the current level of around 29 days. It will not be possible to get a clearer picture of the situation until we acquire further information and carry out further analyses.

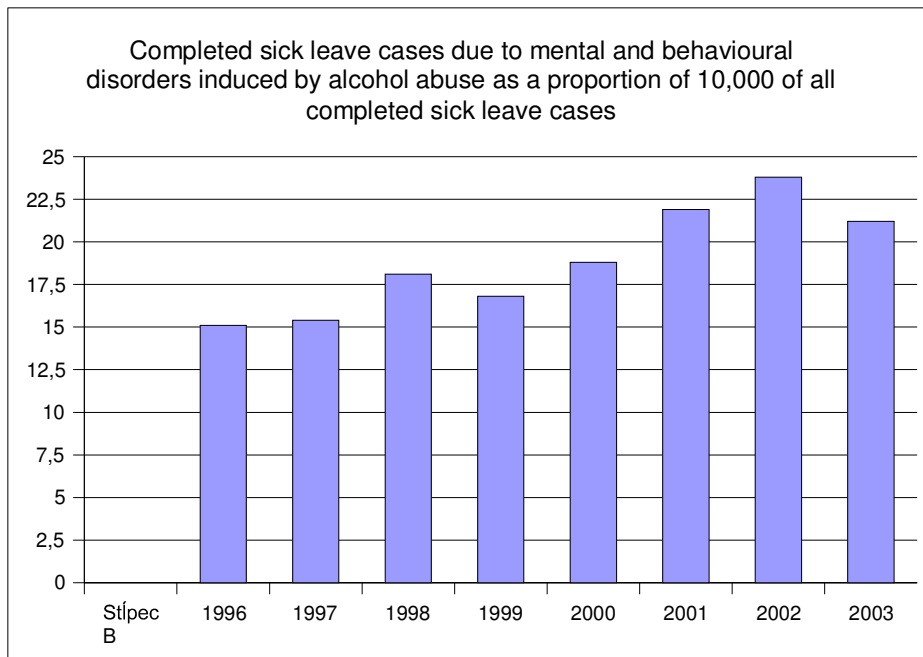


Fig. 12.1.6 Share of finished sick leave cases with diagnosis F 10 in all diagnoses
Source: IHIS, 2004

As regards the contacts with patients with an alcohol problem/addiction, the trends indicate a slight decrease in the number of treatments/examinations of such patients in outpatients psychiatric care units (Fig. 12.1.7).

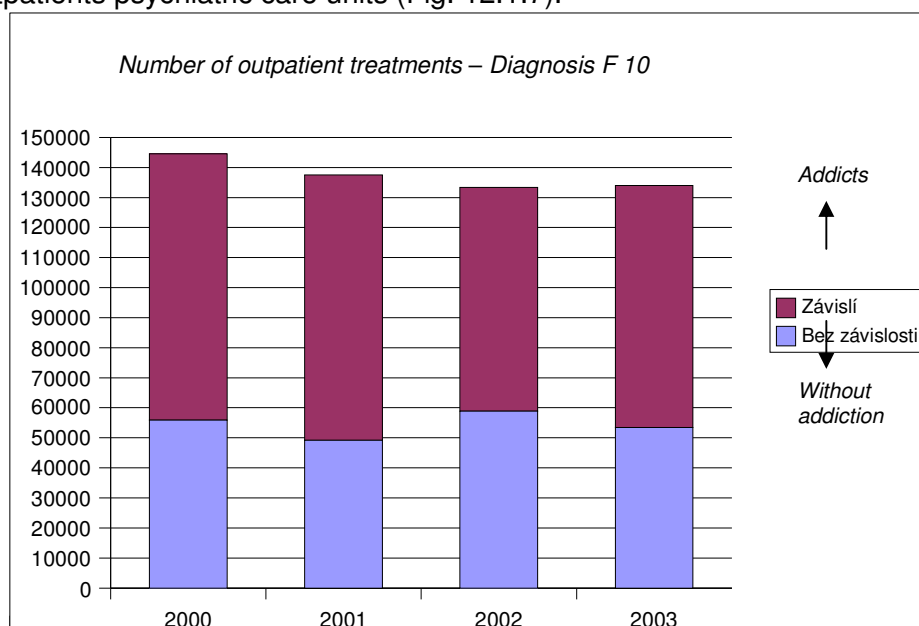


Fig. 12.1.7 Number of outpatient treatments – Diagnosis F 10
Source: IHIS

On the other hand, the increase in younger age categories (under 18) of patients from this group, including girls, is alarming.

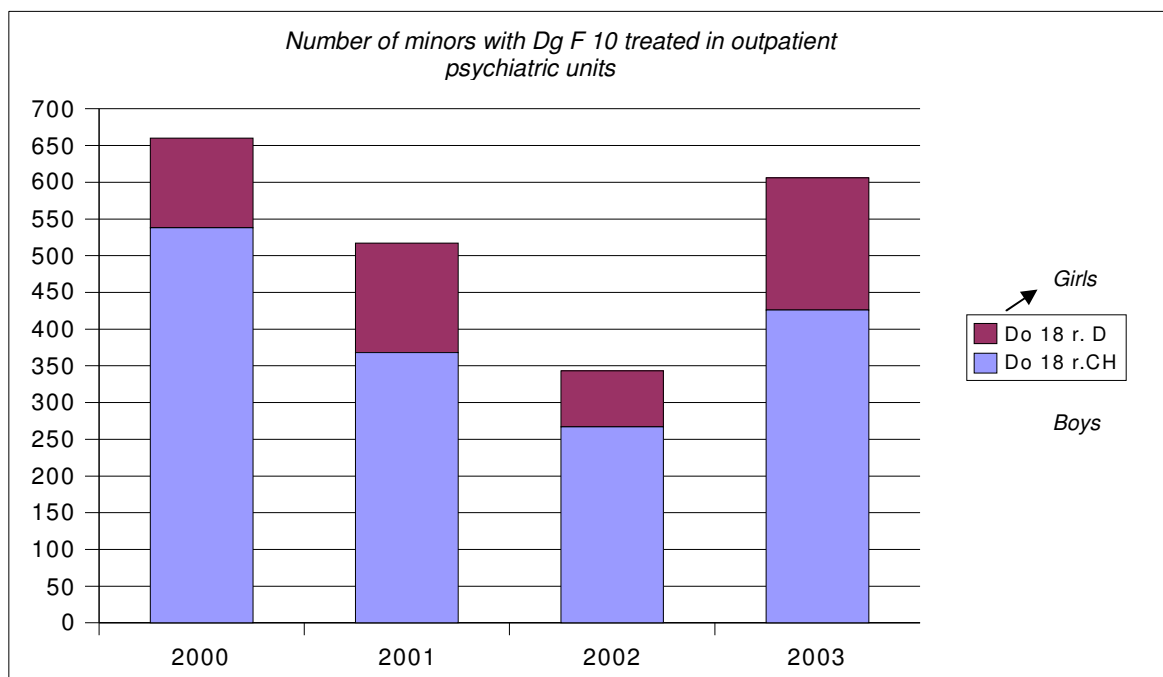


Fig. 12.1.8 Number of minors with Dg F 10 treated in outpatient psychiatric units between 2000 and 2003
Source: IHIS, 2004

A specialised counselling centre called “Social Advice to People with an Alcohol Problem” was created in September 2002 at the primary health counselling centre of the Public Health Authority (also providing advice to family members and abstinence promoters), which offers the services of a social work specialist. The primary prevention within social work is a system of measures aimed at reducing or eliminating the risks of occurrence of health disorders that have a decisive impact on living, working and socio-economic conditions and the way of life, as well as measures aimed at positively influencing health.

In the context of alcohol addiction prevention, the Public Health Authority:

- carries out educational and interventional health promotion programmes and projects in schools,
- co-operates with associations, self-help groups and drug addiction prevention coordinators,
- co-operates with specialists on prevention and drug addiction treatment,
- co-operates with expert commissions of the education, labour, health, and interior ministries, non-governmental organisations and clubs,
- co-operates on a variety of preventive programme focusing on the reduction of problematic drinking and the use of alcohol by minors and the population as a whole,
- monitors and analyses the social determinants influencing problematic drinking and addiction.

The specialised counselling system of the labour and social affairs sector plays an important role in the area of prevention; among other things, it implements projects on the prevention of social pathological phenomena focusing on the prevention of addiction, including addiction to alcohol, the promotion of healthy lifestyle, handling of crisis situations,

etc. The majority of the projects were implemented by the Centres of Counselling and Psychological Services.⁸²

The sector also supports various activities, programmes, projects, etc. that are not oriented directly on the resolution of alcohol-related problems, but, due to their nature, have or may have a positive effect in this area, such as the project Support for the Development of Community Social Work in Municipalities, which is aimed at supporting⁸³ groups and individuals exposed to long-term social exclusion by means of field and community social work.

In the education sector, drug addiction prevention, covering both legal and illegal drugs, is an integral part of education in schools and school establishments and in 2004 focused on all-year prevention and implementation of activities promoting health and healthy lifestyle and supporting the protective factors of the development of personality (see Chapter 3.1). With respect to the Educational and Psychological Prevention Centres, the Ministry's Pedagogical and Organisational Instructions (POP) for schools and school establishments and state administration authorities in the education sector for the 2004/2005 school year placed special emphasis on the need for prevention of alcoholism and, in accordance with the National Action Plan for Problems with Alcohol, defined tasks in the area of prevention activities along the lines of Council of Europe Recommendation No. 2001/458/EC.

In 2004, the Institute for Information and Prognosis of Education continued to implement the national representative survey "Risk and Protective Factors of Drug Consumption among Young People in Slovakia". The results of the survey from 1995 through to 2004 were compared. They showed that the best conditions for a healthy mental and physical development of children and young people are provided in a complete family, with adequate economic background and good mutual relations ensuring trust and assistance to children in the resolution of personal problems. The risk factors include the lack of interest from parents in the child's needs and strict methods of raising children using physical punishment. The risk groups include pupils with poor school results and young people having problems with adherence to the school code of conduct because they are not accepted by their schoolmates, which can eventually bring about further problems. The knowledge of preventive programmes is relatively poor among young people between 15 and 26 years of age, but those who had the chance to attend a programme not only had more information, but were also convinced that they were meaningful. A comparison of the data from 1995 through to 2004 can be found in the following table.

Alcohol	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
often	7.9	6.7	13.5	12.8	14.8	13.8	13.0	13.3	12.4	13.6
occasionally	62.3	58.9	53.6	59.9	59.7	62.4	63.9	66.3	62.3	66.9
never	29.8	34.4	32.9	27.3	25.5	22.8	23.0	20.4	25.2	19.5

Tab. 12.1.1 – Consumption of alcohol by young people between 15-26 years of age
Source: IIPE, 2004

⁸² They were transferred under the Centre for Labour, Social Affairs and Family since September

⁸³ (Approx. 430 field workers and assistants participated in the project); other projects, focusing e.g. on voluntary work in the social area, promotion of primary prevention activities, etc., were also provided support in 2004 within the framework of the labour ministry's subsidy policy.

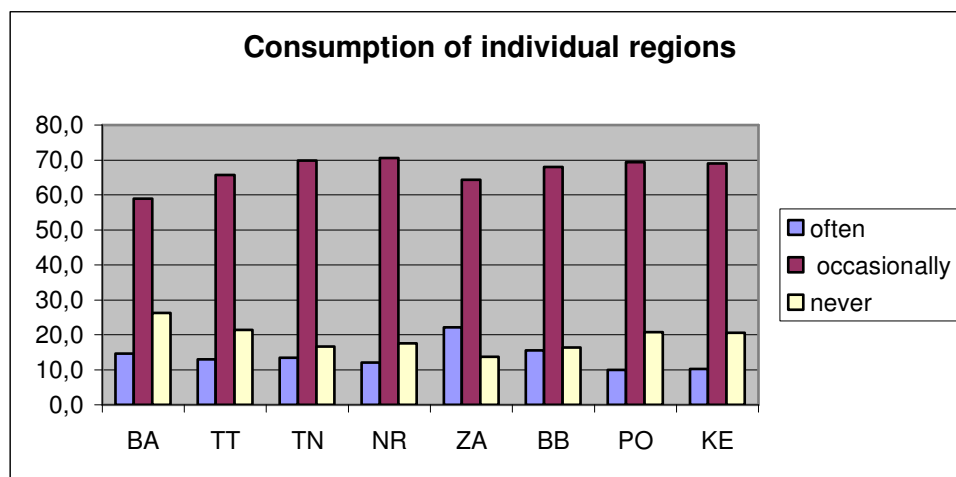


Fig. 12.1.9 – Comparison of individual regions (2004)

Source: Bielíková, M. et al.: Risk and Protective Factors in Drug Consumption among young people in SR, final report, IIPE, November 2004

The defence sector is implementing two major projects – “Drug and Sexual Health in the Slovak Armed Forces” and “Preventive and Safety Measures Focused on the Use of Alcohol and Other Addictive Substances”.

The project aimed at drug and sexual health was launched in 2003 and is implemented in the form of socio-psychological training by multipliers (prevention officers), who are providing information focusing on the fight against alcohol, drugs and smoking in the defence sector. In order to assist effective prevention, the Personnel Management Staff published the “Alcohol – Drugs – Sexuality” publication in September 2004, in co-operation with the Social and Biological Communication Research Cabinet of the Slovak Academy of Sciences, which was distributed to all units and facilities of the Slovak Armed Forces.

The second project has also been implemented since 2003 by the Military Police Command. Members of the Military Police carry out breath checks in order to reduce the occurrence of crime and traffic accidents caused by drivers under the influence of alcohol and other addictive substances.

In 2004, the commands of the Slovak Armed Forces conducted 121,496 random checks for alcohol in which 150,430 persons were checked. 363 checks were positive. The greatest group of soldiers with positive tests were soldiers in compulsory service – 243 cases (67%). 80 cases occurred in the category of professional soldiers (22%) and 40 cases were found among employees (11%). In the 2004 exercise year, the Military Police conducted a total of 627 inspections in units and facilities of the Slovak Armed Forces. 6,163 breath checks for alcohol were conducted during these inspections.

In the interior sector, the Police Corps Presidium at all levels of management is conducting long-term intensive activities in the area of protection from alcoholism.

In the field of oversight of traffic safety and fluency, the checks of adherence to the prohibition of the use of alcohol before and while driving by drivers of motor vehicles are continuously carried out to the maximum possible extent in the context of ordinary duties or in the form of specialised checks⁸⁴ targeted at alcohol. The checks of adherence to the

⁸⁴ In 2004, the Traffic Police Department of the Police Force Presidium announced a total of six special national checks and traffic safety operations focusing on the main causes of traffic accidents and the use of alcohol by drivers. For instance, in 2004 alcohol was detected in 2,851 cases of checks of persons who caused a traffic accident. Of these, 2,452 were drivers of motor vehicles under the influence of alcohol (on average **every 22nd accident was caused by a driver under the influence of alcohol**).

In the course of road traffic oversight performing, members of the traffic police detected the use of alcohol by drivers of motor vehicles in 4,889 cases.

prohibition of the use of alcohol before and while driving by drivers of motor vehicles are conducted on the site of every traffic accident known to the Police.

In the interest of increasing the efficiency of alcohol checks, in particular in connection with the performance of traffic safety and fluency oversight, the Police Corps units were equipped with modern technology for the detection and measurement of alcohol - Alco Sensor CM IV, Alkotest 7410 Dräger and its modifications.

The activities and competencies of the municipal police in the area of maintaining public order and safety with respect to alcohol-related problems remain to be an open issue. It is above all a question of the future operation and functioning of sobering-up stations in municipalities.

12.2 Tobacco control and smoking prevention policy in Slovakia

On 4 December 2003, the Parliament agreed to join the Framework Convention on Tobacco Control through Resolution No. 667 (Notice, 2005). Subsequently, the instruments of ratification were deposited at the UN headquarters on 4 May 2004 and Slovakia became one of the first thirteen countries in the world to ratify the Convention. The European Council, which considers the prevention of smoking and tobacco control as a priority area of public healthcare (Council Recommendation, 2002), participated in the process of preparation and adoption of the Convention.

The tobacco control policy in the Slovak Republic is implemented by the **Ministry of Health** and the **Public Health Authority of the Slovak Republic**.

Their advisory and initiative bodies include the chief hygiene inspector's chief tobacco control expert, the WHO national tobacco control co-ordinator and the National Tobacco Control Co-ordination Committee, which is a multi-sectoral body created to facilitate the exchange of information and co-operation with non-governmental organisations.

The non-governmental organisations active in the area of tobacco control include the National Tobacco Control Coalition, the Stop Smoking civic association and the League against Cancer.

Under the Framework Convention on Tobacco Control, tobacco control means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke. Tobacco control is implemented using four instruments aimed at reducing the number of smokers and improving the protection of the rights of non-smokers. The basic tobacco control instruments include legislative measures, price and tax adjustments, education, and counselling and medical care (Ochaba, Kavcová, 2003, 2004).

As regards the legal aspects of the protection of non-smokers, one of the most important legal acts in Slovakia is Act No. 377/2004 Coll. on the Protection of Non-Smokers and on Amendment and Supplementation of Certain Laws, which entered into force on 1 July 2004. The act builds upon the provisions of abolished Act No. 67/1997 Coll. on the Protection of Non-Smokers as amended and Directive No. 37/2001/EC concerning the manufacture, presentation and sale of tobacco products. In 14 sections, Act No. 377/2004 Coll. on the Protection of Non-Smokers lays down the conditions for the protection of people from becoming addicted to nicotine and the harmful effects of smoking. The act specifies the conditions for the sale, production, presentation and placing of tobacco products into circulation. Amendments to Act No. 377/2004 Coll. on the Protection of Non-Smokers and Act No. 147/2001 Coll. on Advertising were adopted in 2005 that will introduce the prohibition of sponsorship of events or activities, the purpose or secondary purpose of which is advertising of tobacco products.

An effective instrument for the reduction of the number of smokers in the area of tax policy is increasing the tax burden on tobacco products. In the context of this objective and the objectives of the finance ministry's tax policy, the legislative process of amendment of Act

No. 106/2004 Coll. on Excise Duties on Tobacco Products will take place with the plan to increase the specific section of excise duties related to cigarettes.

Another legal document important for the tobacco control policy is the National Health Promotion Programme adopted by the Government through Resolution No. 1038 of 1999. One of the priority areas of the programme is the elimination of factors harmful to health, including the reduction of the number of smokers of tobacco products. The update of the National Health Promotion Programme was created upon the Government's decision as a response to the document WHO Health 21 – the health for all in the 21st century. The aim of the programme is to ensure continuous protection, strengthening and permanent improvement of the health of the population in the Slovak Republic in the 2000-2010 period.

Tobacco addiction counselling and treatment

The International Classification of Diseases includes the definition of mental and behavioural disorders due to use of tobacco under code F17. Despite this, the treatment of tobacco addiction is not listed among priority diagnoses under Act No. 577/2004 Coll. on the Scope of Healthcare Covered by Public Health Insurance and on Payments for Services Related to the Provision of Healthcare. The treatment is fully covered by the patient. Qualified treatment can only be provided by physicians – psychiatrists – in Slovakia. There are no special clinics or medical institutes dedicated to the treatment of tobacco addiction in Slovakia.

Within the framework of the counselling system, there are 31 advice centres at the regional public health offices. Specialised counselling activities for clients are usually provided by trained staff, free of charge.

In the future, it will be necessary to integrate the treatment of tobacco addiction into the list of priority diagnoses and ensure the affordability of medication used for treatment and handling of withdrawal symptoms. The next step should be to strengthen the existing network of advice centres by providing regular phone counselling on quitting smoking.

Tobacco control education

Within the framework of professional training for the specialists working in the advice centres for quitting smoking and specialists active in the preventive sphere, the Public Health Authority, in co-operation with the Slovak Medical University, organised a seminar on quitting techniques, which was concluded with the defence of a final thesis before a commission. The Public Health Authority has prepared a self-help handbook entitled *Why and How to Quit Smoking* for the advice centres on quitting smoking to be used by the clients of these centres.

In the context of the European Week against Cancer and the World No-Tobacco Day, the Public Health Authority, in co-operation with health insurance companies and non-governmental organisations, organised training seminars for pedagogical workers and drug addiction prevention co-ordinators. The purpose of the seminars was to present new approaches to the prevention of smoking of tobacco products and the forms and methods of informing the public about the effects of passive smoking. The Public Health Authority published leaflets with the aim of informing the public about the network of advice centres for quitting smoking in Slovakia and on the application of the act on the protection of non-smokers in schools and school establishments.

An important part of education of the population is the use of the media to promote non-smoking as “normal” behaviour in the form of competitions. The international Quit and Win competition has been organised in Slovakia since 1994. Around 1,700 smokers joined the competition in 2004 in an attempt to meet the competition's goal and quit smoking.

Another successful media campaign was the initiative of the League against Cancer in the context of the European Week against Cancer which focused on passive smoking. The fact that the campaign's message was successfully delivered was confirmed by the prizes

that it won in creative competitions in 2004: the Golden Nail for the poster “Colombo” and the Bronze Nail in the Best Campaign category.

As part of the campaign, the League against Cancer also called a competition for young journalists entitled “ALL CLEAR – COME OUT NOW!”.

Epidemiological situation in smoking

Every two years, the Slovak Statistical Office conducts a survey on a representative sample of respondents about the population’s opinions on the use of drugs and tobacco. Since 1994, non-smokers have had the greatest share in all monitored samples. The share of non-smokers among the youth in Slovakia has been rising since 2000. Among the youth in Bratislava, the share of non-smokers has been identical since 1998 – 53%.

As the age of respondents increases, the share of respondents admitting to smoking everyday increases. On the other hand, the youngest respondents have the greatest share among occasional smokers.

Share of smokers (daily and occasional) and non-smokers in Slovakia (data in %)																		
	1994			1996			1998			2000			2002			2004		
the respondent smokes	SK	youth SK	youth BA	SR	youth SK	You. BA	SK	You SK	You. BA	SK	You SK	You. BA	SK	You SK	You. BA	SK	You SK	You. BA
daily	27	23	22	28	26	22	29	23	23	32	29	27	27	26	29	28	24	28
Occasionally	17	23	15	14	19	22	14	21	24	14	23	20	13	22	20	13	22	19
never	56	54	63	58	55	56	57	56	53	54	48	53	60	52	53	59	54	53

Tab. 12.2.1 Shares of daily and occasional smokers and non-smokers in Slovakia between 1994 and 2004
Source: PORI SO SR, 2004, p. 77

The monitoring of the use of tobacco by the youth and children in Slovakia is conducted by means of ESPAD surveys (hereinafter referred to as “European School Project on Alcohol and Other Drugs”), the global GYTS surveys (hereinafter referred to as “Global Youth Tobacco Survey”) and the surveys regularly carried out by the Institute of Information and Prognosis in Education⁸⁵.

1995-2003 comparison (the proportion of 16-year olds in Slovakia who have smoked over the past 30 days)

⁸⁵ The surveys of the Institute are discussed in Chapter 3, part 3.1

	1995	1999	2003
Boys	34 %	40 %	39 %
Girls	20 %	34 %	36 %

Tab. 12.2.2 Developments in smoking among 16-year old adolescents in Slovakia in 1995, 1999 and 2003 – monthly prevalence
Source: ESPAD Report, 2003

The table clearly shows that according to the ESPAD figures the situation is getting worse in Slovakia. It is alarming that the number of girls who had smoked over the past 30 days rose by 16% (1995-2003). The situation among boys – a 5% increase (1995-2003) – is not much better. To complete the information, it should be added that Bratislava, where the increase in smoking among girls reached unbelievable 20% and is currently at the level of 48%, clearly exceeds the national average.

	1995	1999	2003
Boys	26 %	35 %	35 %
Girls	13 %	26 %	30 %

Tab. 12.2.3 Comparison between 1995-2003 (cigarette smoking in Slovakia – 40 and more times in life)
Source: ESPAD Report, 2003

This table does not give a more positive picture either. The clear 17% increase in smoking among girls and 9 % among boys indicates a rise in the number of smokers (1995 – 2003).

The GYTS survey organised by the US Disease Control Centre explored the occurrence of smoking and use of tobacco products among the youth between 13 and 15 years of age in Slovakia. Based on the survey' results, we can point out the most important figures (GYTS Report, 2003):

- As many as 29.3% of respondents started to smoke before the age of 10
- as many as 24.3% of respondents smoke cigarettes at present
- as many as 11.7% of respondents smoke cigars
- as many as 80.8% of respondents attempted to quit smoking
- as many as 68.5% of non-smoking respondents are exposed to the effects of passive smoking at home compared with 90.9% of smoking respondents.

The representative TAD⁸⁶ 1, 2 and 3 surveys conducted under the sponsorship of the Office of the Government monitored the trends in the use of legal and partially illegal drugs among primary school pupils between 11 and 17 years of age (TAD 1), trends in the use of drugs among secondary school students between 15 and 18 years of age (TAD 2) and, eventually, in the use of drugs among teachers and drug addiction prevention co-ordinators (TAD 3), (Nociar, 2004). The surveys were conducted in 1994, 1998 and 2002.

Question	1994	1998	2002
Father is a smoker	50.4	48.0	46.6
Mother is a smoker	29.8	30.9	27.7
Have you tried to smoke any cigarette?	35.4	50.4	50.0
Do you think that you will smoke one day?	9.5	9.8	9.6
Do you think that the majority of teachers smoke?	49.5	-	70.7

Tab. 12.2.4 Selected items from TAD 1.
Source: Nociar, A., 2004, p. 26

The selected items of TAD 1 do not show a significant increase or decline in any of the selected indicators. The only exception is the question about whether the majority of

⁸⁶ TAD = Tobacco – Alcohol – Drugs

teachers smoke. Compared with 1994, the perception that the majority of teachers smoke increased by as much as 20%. As many as 70.7% of primary school pupils think that the majority of teachers smoke.

Question	1994	1998	2002
A friend regularly smokes	68.4	89.4	92.1
You smoke cigarettes regularly (1-2 or more a day)	10.9	27.0	25.0
You smoke cigarettes occasionally (around 1-2 a month)	21.9	44.7	42.5
Cinzano and a light cigarette suit a lady	11.2	20.6	22.5
The majority of teachers in your school smoke	74.1	87.1	96.9

Tab. 12.2.5 Selected items from TAD 2
Source: Nociar, A., 2004, p. 49-50

Compared with the results from the TAD 1 survey, the survey on the use of drugs among secondary school youth does show certain trends in the monitored period. An increasing number of young persons see their friends as regular smokers. Similarly, there is an increasing number of positive responses with respect to cinzano and a cigarette as a "fashion accessory" for young ladies. Nevertheless, from the standpoint of prevention, the most alarming is the fact that, just like in the preceding survey, the majority of teachers are perceived as people who smoke.

Question	1994		1998		2002	
	Primary school	Secondary school	Primary school	Secondary school	Primary school	Secondary school
Respondent is a smoker	23.7	20.0	15.2	17.1	13.8	16.7
Has a cigarette during at least one school break	18.3	17.4	13.3	18.4	10.9	17.1
Has a cigarette and coffee in the morning	12.8	9.5	9.7	12.2	9.2	12.6
Is a positive example for pupils	87.9	87.4	94.0	86.2	96.2	91.6

Tab. 12.2.6 Selected items from TAD 3
Source: Nociar, A., 2004, p. 69

The results appear paradoxical compared with the opinion of pupils and students that the majority of teachers in schools smoke. According to the TAD 3 survey, the number of smokers among teachers is declining both at primary and secondary schools. On the contrary, the TAD 1 and 2 surveys see the majority of teachers as smokers. The slight decrease in smoking during school breaks in both of the monitored files relates to the reply to the previous question. On the other hand, teachers from primary and secondary schools think that they are a positive example for pupils and students.

12.3 Doping

Doping has certain characteristics in common with drug use with respect to both the substances used and the purpose for their use. Even though there is not always an immediate link between drugs and doping, since doping is, in essence, about using chemical substances in order to improve physical or mental condition, some substances included in the list of narcotic drugs and psychotropic substances annexed to Act No. 139/1998 Coll. on Narcotic and Psychotropic Substances as amended are considered to be doping agents, such as certain narcotic analgesic painkillers, the use of which is associated with the risk of mental or physical addiction (e.g. morphine).

In accordance with the World Anti-Doping Code of the International Olympic Committee and the Council of Europe Anti-Doping Convention of 1989, a follow-up document to the European Anti-Doping Charter for Sport of 1984, in 1991 the Czechoslovak Federative Republic adopted the Czechoslovak Anti-Doping Charter, to which the Slovak Republic succeeded in 1993.

The CoE Anti-Doping Convention, which entered into force for Slovakia on 1 July 1993, defines the term “doping in sport” as the administration to or the use by sportsmen or sportswomen – i.e. persons who participate regularly in organised sports activities – of pharmacological classes of doping agents or doping methods⁸⁷.

The responsibility for the implementation of doping control in the Slovak Republic is held by the national⁸⁸ anti-doping agency – the Anti-Doping Committee of the Slovak Republic⁸⁹ (hereinafter referred to as the ADC SR).

The ADC SR conducts its activities in accordance with the Olympic movement’s Anti-Doping Code, CoE Anti-Doping Convention⁹⁰, the Slovak Anti-Doping Charter⁹¹ as amended, and its statutes and generally binding legal regulations.

The Anti-Doping Committee of the Slovak Republic is a civic association established in accordance with Act No. 83/1990 Coll. on Association of Citizens as amended and its mission is to carry out activities aimed against doping in sport. The ADC SR is a sovereign, independent and apolitical legal person with legal personality and national competence in the Slovak Republic. The ADC SR⁹² has the exclusive right to ensure and conduct doping controls in the territory of Slovakia.

Based on the Charter, a national anti-doping programme was elaborated focusing on three areas:

- Controls and penalties for doping (the penalty can be a temporary or definitive disqualification from participation in organised sports activities),
- prevention and guidance towards adherence to the principles of honest sport competition, the reasons for the fight against doping,
- creation and enforcement of legislative measures by improving the methods of doping control.

Doping and the penal law⁹³

The Slovak penal code in force⁹⁴ contains no provisions defining the so-called criminal acts in sport, nevertheless, a number of definitions of criminal acts can be applied to most

⁸⁷ Anti-Doping Convention, Slovak Anti-Doping Committee, p.10 – Article 2 (1), letters a, b, c

⁸⁸ Guidelines for the Control of and Penalties for Doping in Sport, ADC SR, Bratislava, 2005, p. 3.

⁸⁹ <http://www.antidoping.sk>

⁹⁰ including the Additional Protocol to the Anti-Doping Convention

⁹¹ adopted on 8 June 1993.

⁹² The ADC SR is headquartered in Bratislava

⁹³ Žilinka M., Doping and the Penal Law, ADC SR, Bratislava, 2002, p. 4

⁹⁴ Act No. 140/1961 Coll. as amended

serious forms of acts related to the use of doping agents in sport (e.g. section 218a Administration of Anabolic Substances to the Youth; sections 221 to 224 Injury to Health; sections 186 and 187 Illicit Production and Possession of Narcotic Drugs, Psychotropic Substances, Poisons and Precursors, etc.).

Co-ordination in the area of doping

It is the responsibility of the Ministry of Education, the central state administration authority for the field of physical culture and sports. In accordance with the 2005 Plan of Legislative Tasks, in 2005 the Ministry presented the draft act on sports, which proposes a special section entitled "Measures against Doping in Sport"⁹⁵.

Proposed legislation on doping

The individual sections concern: the prohibition of the use of anti-doping agents in sport; the authorities for the fight against doping and their competences, including the establishment of an Anti-Doping Centre, whose mission will be preventive, control and educational activities in the area of the fight against doping - doping control; the procedure for the conduct of doping controls (commencement, procedure, penalties and appeal).

The draft act on sports⁹⁶ is undergoing the inter-ministerial review at the moment, which is to be followed by the submission of the draft to the Legislative Council of the Government and subsequently to the Government and the Parliament.

⁹⁵ <http://www.minedu.sk/MPK/2005/22887/22887.htm>

⁹⁶ The proposed areas covered by the act:

a) the roles of the state in the area of sport, b) the National Programme for Sport and the Implementing Programme for Sport, c) the status and roles of public administration authorities with competences in the area of sport, d) the protection of Olympic symbols, e) anti-doping measures in sport, f) the settlement of disputes arising from sporting activities, g) measures to prevent violence at sport events, h) the provision of information about sports, i) the status of national teams of the Slovak Republic, j) the status of sporting organisations and the organisation of sporting events, k) forms of sports financing, l) the status of sportsmen and sportswomen and the legal relations arising in connection with sporting activities.

13. Development in Drug Use within Recreational Settings

Results of the European research focused on the target environment suggested that the occurrence of recreational use of narcotic and psychotropic substances in young people is significantly higher in the environment of music and dancing events and in places designated for night entertainment than in other recreational places for the young.

New findings concerning trends in drug use in “recreational environments” indicate, in particular, a mixed type of abuse of substances as well as a preference for oral and inhalation drug application to intravenous use. Frequently observed practices include combination of several drug types with respect to their effects, for example, combinations of speeds, trips, ecstasy, pervitin and whipped cream production gas.

From the viewpoint of the environment itself and the places of narcotic and psychotropic substance abuse, the party scene in Slovakia is only forming, which is why young people use substantially all available, particularly summer-season, festivals and parties, which are organised throughout the territory of the state.

13.1 Analysis of the present situation

Nowadays, access to drugs is not as difficult as it used to be in the recent past. Drugs used to be sold exclusively indoors, e.g., in apartments, where dealers had everything under control. The times and selling conditions change and, in addition to selling in apartments, a new form and method is emerging – drugs penetrated to the streets, to the outdoor environment and to public areas, which are typically used for organising primarily social and cultural or musical events. It can be concluded that these include particularly the so-called *recreational* areas such as bars, discotheques, fitness studios but also tourist recreational locations. This is an environment where young people meet.

How did drugs get out to the street and to the recreational areas? Several answers can be offered. A person, who already became addicted, arrived at a conclusion that he could easily get hold of money and drugs by selling drugs outdoors, such as at recreational places, which would cost him nothing, he would still be incognito and the amount of drug doses sold would rapidly increase considering the greater number of people. This would necessarily also increase the dealer’s profit. An additional reason is the perception of particularly the unemployed people that by selling drugs outdoors they can make very substantial money. Eventually, the factors include the fact that in transport, distribution as well as in sales of drugs, usually the most advanced means of protection of goods and people are employed. In addition to the most state-of-the-art technical means, organisation of distribution and selling plays its role. Organised and criminal organisations, after importing the drug to Slovakia, arrange its processing and sales in their own network of distributors and dealers. In this field, the territory has already been divided and clashes of interests occur only very seldom. On the contrary, there is a perceptible cooperation based on barter trade and loans.

According to police statistics,⁹⁷ the number of criminally non-liable children in the group of up to 15 years, who used a drug in 2004, increased compared to the year 2003 by 61.54%. The number of criminally liable women increased as well.

13.1.1 Findings concerning drug use trends, methods of consumption and use, and availability in recreational environments

Environments, where drugs are used, include particularly techno parties, which constitute the favourite genre of event for certain young people, expression of their lifestyle and preference for the relevant type of electronic music. The drugs most frequently used in this environment include, for example, pervitin and ecstasy.

⁹⁷ For the age structure of drug crime perpetrators see Table 10.1.1.1. and 10.1.1.2, Chapter 10

Use of these types of drugs occurs also at various home parties organised in apartments or houses, where young people gather indoors and entertain themselves by drinking alcohol and consuming ecstasy and pervitin, which is also one of the specific types of recreational environment being even more widespread.

In the past years, frequently used and “favourite” drugs included also cocaine. However, from price⁹⁸ reasons, this drug became less affordable for financially less resourceful consumers, who, due to this reason, switched to a more reasonably priced and affordable pervitin, cocaine being used mainly at discotheques and night clubs designated for more solvent visitors.

Drug/age	11	12	13	14	15	16	17	18
Legal drugs								
Cigarettes	22	12	14	18	9	4	1	0.4
Beer	31	12	14	14	11	4	1	0.3
Wine	19	13	18	18	14	5	1	0.3
Spirits	7	7	17	17	19	8	3	0.6
Got drunk	3	4	16	16	20	10	5	0.4
Illegal drugs								
Drug/age	11	12	13	14	15	16	17	18
Marijuana	0.4	1	3.5	7.5	11	9	5	0.9
Pervitin	0.1	0.1	0.3	0.6	1.4	1.8	1.2	0.3
Hallucinogens	0.1	0.1	0.4	1	2.1	2.6	1.6	0.4
Solvents	0.5	0.4	0.7	1.2	1.1	0.8	0.4	0.1
Ecstasy	0.1	0.1	0.3	0.7	1.5	2	1.5	0.5
Heroin	0.1	0	0.1	0.2	0.5	0.5	0.5	0.2
Cocaine	0.1	0.1	0.1	0.2	0.3	0.4	0.4	0.2
Crack	0	0	0	0.1	0.2	0.2	0.2	0

Tab.13.1.1.1 Contact of children and juveniles (in the age of 11 – 18 years) with legal and illegal drugs (n = 12.115, figures in percentages)

Source: Police Corps Presidium of the Ministry of Interior of the Slovak Republic⁹⁹

The interest in pervitin, ecstasy but also in marijuana increased particularly in recreational areas, where young people gather; it is presently common that in the vicinity of regular and traditional places of such gatherings, they grow cannabis, which refers to several species of hemp (e.g., true hemp, Indian hemp), while production of pervitin in the region, where major music parties are organised (Trenčín, Domaša, etc.), stabilised or increased.

What is observed on these occasions is a certain **increase of drug use by consumers younger than 15 years, which results in an increased number of criminally non-liable perpetrators (for comparison with 2003, their number in 2004 increased from 13 to 21 cases, which represents a 61.5% increase.** According to information from the Institute of Forensic Science of the Police Corps Presidium, in 2004, the most frequently seized substance was cannabis – in 884 cases in total, followed by methamphetamine and heroin, which, compared to 2003, swapped the second and third rank, respectively.

⁹⁸ 2,500 SKK per dose, with one regular user consuming as many as 2 to 3 doses per night.

⁹⁹ Summary of the preventive projects underway and in preparation by the Police Corps Presidium of the Ministry of Interior of the Slovak Republic, 2004

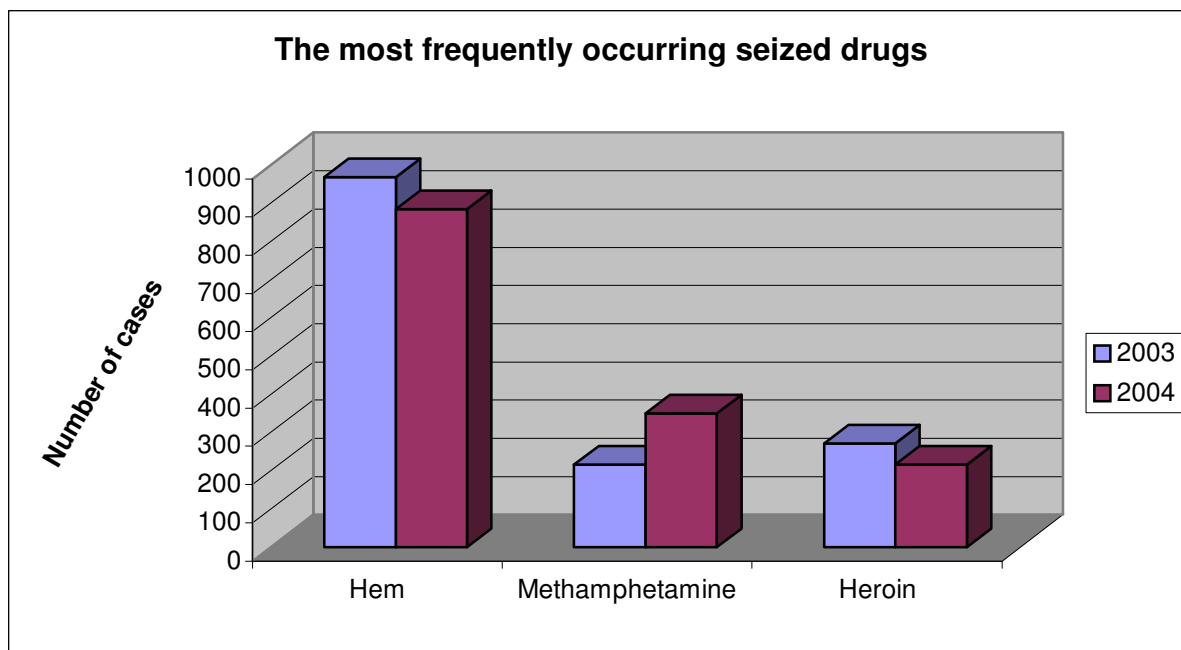


Fig. 13.1.1.1 The most frequently occurring seized drugs according to the Institute of Forensic Science of the Police Corps Presidium.
Data source: IFS PCP, processed by: NMCD

13.1.2 Regional differences

In individual regions of Slovakia, all types of drugs were represented concerning their consumption and sales in recreational areas, night clubs, discotheques, and particularly in gatherings of the type of “Opening of the Summer Season” with music by groups playing a harder style (such as techno etc.).

These include, for example, opening of the summer season at the Kuchajda Lake in the 3rd district of Bratislava or in the area of the Štrkovec Lake in the 2nd district of Bratislava, etc., with an increased interest in drug consumption. As this area is already mapped and known, the involvement of police services and prevention organisations in preventive action is increasing.

It can be concluded that the **region of Bratislava** has a dominant position in consumption of narcotic and psychotropic substances, particularly in places for the young, due to significant concentration and frequency of music and dancing events as well as facilities designated for night entertainment.

The leading position of **Bratislava** from the viewpoint of distribution and consumption is subsequently reflected also in the drug crime. The advantageous geographic position of Bratislava (Vienna – Budapest region) is one of the important attributes of occurrence and easy availability of drugs. Great density of nightclubs, discotheques, restaurants and bars, as well as anonymity of streets enables easy distribution of drugs and their subsequent consumption. Since Bratislava and its neighbourhood is characterised with the greatest density of population but also with a concentration of economic activities and a relatively solvent population base, it provides ideal conditions for drug crime.

The dominant drug in the region of Bratislava in 2004 was heroin and an increased growth of synthetic drugs – pervitin and ecstasy – was seen in the market due to their easier availability and possibility of pervitin production from domestic sources. This trend in the development of synthetic drugs (particularly ecstasy) copied the development of drug scenes in the countries of West Europe. **There was also a consumer demand in cocaine.** The price of this drug fell in the course of the last year – the reason being that South American cartels seek new markets for their products and employ drug organisations already established in the Slovak drug market – thereby the drug became interesting for a broader group of consumers.

In the framework of combating drugs in Bratislava with an emphasis of damage reduction and prevention, members of the Police Corps Presidium investigated 31 cases of organised drug criminal activity. In these raids, narcotic substances were seized, whose value in the Slovak drug market would range between 70,932,300 and 75,570,000 SKK. In most cases, the raids were directly linked to the recreational environment. They were mostly performed in bars, at discotheques and music and dancing summer festivals.

In 2004, a surge of synthetic drugs was seen also in West Slovakia, particularly considering pervitin. It is produced particularly in mobile laboratories. The consumption of this drug has a lead over heroin, which was caused by its easy accessibility and a lower price due to low production costs. The focal points in distribution and subsequent consumption of drugs in this region are particularly the towns of **Trnava, Sered' and Hlohovec.** **The reason is the increased concentration of students – apprentices, secondary school or university students – in recreational environments such as clubs, bars, discotheques.** The drug scene in this territory is stabilised and members of the Police Corps investigated 10 cases of organised drug crime in total. The value of the seized narcotic substances in the Slovak drug market is ca 542,000 SKK.

The Central Slovakia region is characterised by the fact that **drugs are imported to this region from other parts of Slovakia or from abroad,** however, pervitin is also produced in illegal laboratories, where specialists (*cookers*) travel in upon order from distributors and prepare the drug for the “*local market*” from supplied precursors in prepared premises. **Cannabis products hold the first rank.** In 2004, a drop in heroin demand was seen, however, there is an alarming growth of supply and consumption of pervitin and ecstasy, the age limit dropping ever more. A growth in the number of consumers was seen among young people, **15 – 16 years old, particularly in greater cities of this region such as Banská Bystrica, Zvolen, Žilina, Martin.** **Recreational environment** in this region consists particularly of nightclubs, discotheques, night bars at hotels, **mountain chalets accommodating tourists, private chalets, and tourist concentrations in mountains and at water bodies (Liptovská Mara).**

In 2004, members of the Police Corps in this region investigated 8 cases of organised drug crime and seized narcotics, whose value in the Slovak drug market would be cca 108,434,450 SKK.

The territory of East Slovakia saw an increased occurrence and consumption of pervitin offered in various qualities depending on its origin. This growth, along with ecstasy, was seen particularly in Košice at techno parties and at various discotheques. Hashish occurred as well, imported from Switzerland. A widespread drug continues to be marijuana, mostly originating from own sources, grown almost all over the region and used particularly by young consumers at gatherings, festivals, cultural and social events organised in locations with large water bodies (Domaša, Zemplínska Šírava). Similarly as in Central Slovakia, the recreational environments include private chalets, premises designated for tourism as well as disco clubs and nightclubs in recreational areas with increased concentration of tourists (the High Tatras).

Throughout 2004, no official occurrence of heroin was recorded in the entire region, which drug used to be supplied in the past mainly from Bratislava and Žilina. Use of cocaine was typical for more solvent groups of population and tourists and its use was seen particularly in private sphere in private disco parties and garden parties. **An increased occurrence, distribution and use of pervitin, ecstasy and marijuana was observed in the districts of Poprad and Kežmarok. A proportion of narcotics occurring in this region was imported primarily from the Netherlands.**

In this area, members of the police corps investigated 25 cases of drug criminal activity and the value of the seized narcotics in the Slovak drug market would be over 1,000,000 SKK.

Overview of development of measures, national policy and legal aspects

From the viewpoint of combating drugs and crime prevention it can be stated that the drug scene in recreational environment is being mapped in detail, which enables the state to adopt more efficient measures to contain the drug scene such as, for example, participation of state police services and local government prevention workers in major outdoor social or cultural events.

The state's measures to combat drugs include the **legislation adopted and in preparation**¹⁰⁰. This primarily includes the new Criminal Law (Act No. 300/2005) and the Code of Criminal Procedure (Act No. 301/2005). In the course of 2004, the legislators were preparing, commenting and passing a Draft Act on Social and Legal Protection of Children and Social Guardianship (Act No. 305/2005¹⁰¹). In preparation and processing of this law, consideration was given particularly to the most fragile and vulnerable group of population and unambiguous clarification of competences and mutual relations, exact specification, terminological unification and clarification of state's position in this field. The state legislation in the field of crime prevention aims, inter alia, at prevention of growth of negative consequences of the use of narcotic and psychotropic substances in certain environments.

The Slovak Republic Government as well as central state administration authorities, particularly the Ministry of Labour, Social Affairs and Family of the SR, the Ministry of Justice of the SR, the Ministry of Interior of the SR, participated intensively in the Action Plan for Implementation of the National Programme for the Fight Against Drugs for the period of 2005 – 2008 adjusted to conditions of individual regions of the Slovak Republic with the objective of suppressing the drug scene. These measures play a role particularly in formation or modification of legislative standards such as the Act on Curatorship, preparation of the Criminal Law, Code of Criminal Procedure, Act on Crime Prevention, but also in regular information for the Government, including for example the "*Report on Situation in Drug Addictions and Drug Control*".

Mitigation of consequences in recreational environments

The most experienced entity in the field of reduction of risks related to drug use in the environment of parties and festivals is the Odysseus Citizen's Association.¹⁰²

Festival activities of the Odysseus Citizen's Association are implemented through the "Sex and Drugs" project. The project is being implemented since 2001, when the Odysseus Citizen's Association, in cooperation with festival organisers, installed the first info-educational booth at the **Pohoda** festival in Trenčín¹⁰³. Since then, a lot changed in the offering of services and the scope of action of the Odysseus Citizen's Association.

In 2004, the Odysseus CA was involved also in the Hodokvas festival at Pezinská cesta.¹⁰⁴
Rather than research, the project's focus is prevention of risks and reduction of damage related to drug use and sexual behaviour in young people. The target group includes:

- Young people with a first experience with drugs. They comprise the group of the so-called experimenters.
- Young people without an experience with drugs wanting to learn more. They comprise a group of young people who plan to test drugs in the future.
- Young people without an experience with drugs, not planning to test them in the future, but wanting to learn more.
- Persons using drugs by injections.¹⁰⁵),

¹⁰⁰ Chapter 1

¹⁰¹ Chapter 1

¹⁰² <http://www.odysseus.sk>

¹⁰³ info on the festival is available at <http://www.pohodafestival.sk> including relevant information of the Odysseus Civil Association

¹⁰⁴ info on the festival is available at <http://www.hodokvas.sk>

¹⁰⁵ Javorková, S.: Drug prevention from the viewpoint of the Odysseus Civil Association In: *Mládež a spoločnosť*, No. 1, 2005, volume XI

The festivals “Pohoda” in Trenčín and “Hodokvas” in Pezinok are multimedia festivals. They offer a broad selection of music, theatre, film and other cultural attractions. The organisers of the Pohoda and Hodokvas festivals realise the importance of preventive activities, which is evidenced by their annual cooperation with the Odysseus CA.

Odysseus staff provides festival participants with counselling on drugs and drug use with an emphasis on reduction of risks connected with their behaviour, they distribute info-educational materials, provide contacts to assisting institutions, web sites, online counselling centres.

Injection users are provided with a program of injection needle distribution and a possibility of safe disposal of injection utensils.

When meeting young people, Odysseus activists **find great interest in undistorted, emotionally unbiased and balanced information.** Young people often have many different and contradicting pieces of information on drugs and information exclusively on their negative aspects evokes their distrust and they tend to favour information they receive from a friend. This creates room for spreading of various myths such as that one cannot contract a virus of C type hepatitis when snuffing.

Information on use provided by Odysseus includes information on drugs as substances as well as information on drug use methods.

Information on drugs as substances. (Influence of the specific drug on the organism, risks and possibilities of reducing the risks stemming from use of the given substance, applicable legislation.)

Young people do have information in this field, however, oftentimes only very superficial. They tend to look at drugs through their own experience or experience of their friends. Young people are often very sensitive to prevailing information only on illegal drugs ignoring alcohol and tobacco. **An increased tolerance in opinions on marijuana can be seen.** Most frequently discussed drugs include alcohol, tobacco, marijuana, magic mushrooms, LSD, ecstasy and pervitin.

Information on drug use methods. It is often not obvious which risks link to the given substance and which risks are connected with the method of use and it is not unusual to see in the literature the risk of HIV/AIDS or B and C type hepatitis infection being attributed to heroin. In information of the Odysseus CA, risks connected with the use methods and those of the substance itself are clearly distinguished. **When informing on drugs through the viewpoint of drug use method, one can significantly perceive a lack of information on use methods and on risks and prevention of risks stemming from such use. Judging by responses of young people, who have experience with drug use, it can be concluded that it is a deficiency when information on safer use is unavailable.**

At festivals, **info-educational materials** are available, which the young people can take with them. After five years of experience in distribution of info-educational materials of the Odysseus CA, we know that attractiveness (of text and graphics) is very important. Young people take such materials with them and keep them as a souvenir, a memory of the event. If they do not like them, they tend to return the materials back. Written text provokes them to express their opinion on the issue. Moreover, the info-educational materials ensure sufficient anonymity for the readers and the reader can return to them at any time. They have a so-called multiplication effect, whereupon the information provided on the above-mentioned topics is secondarily spread further in peer groups.¹⁰⁶

Programme of needle exchange implemented at festivals offers the possibility of obtaining sterile injection utensils and safe disposal of injection application utensils. This is a unique opportunity for people, who use drugs in this way and do not live in one of the eight towns where the program of needle exchange is implemented, to obtain information on principles of a safer injection use.

¹⁰⁶ Javorková, S. (2005). Drug prevention from the viewpoint of the Odysseus Civil Association. In: Mládež a spoločnosť, No. 1 – 2005, volume XI

The topic of drug use is part of many people's lives; drug use is part of many environments. The environment of festivals cannot avoid this topic either. Young people come here to relax and entertain themselves; at the same time, festivals provide room for pleasant meetings and a possibility for discussing important topics concerning drugs. **It is important as long as this is realised by festival organisers and people who deal with drug issues professionally.**

13.2 Survey of drug use in recreational environments

On the basis of an initiative by the General Secretariat of the Committee of Ministers for Drug Addictions and Drug Control and the NMCD, Centre for the Treatment of Drug Dependencies – Institute of Drug Dependencies (CTDD - IDD), in cooperation with the Odysseus CA and Prima, organised a **survey among participants of two largest music festivals (“Pohoda” and “Hodokvas”) and a major festival of dance music “Be Free”**. The organisations providing low-threshold services were addressed because of their specific, open relation to the client.

Selection of the research sample (n = 268) was performed at music festivals (Pohoda and Hodokvas) in the form of addressing clients who stopped at the Odysseus information booth themselves. All clients were included without selection up to achieving the desired number of questionnaires. At the dance music festival “Be Free”, every fifth participant was actively addressed in the order from the last one who filled in the questionnaire. In this manner, the selection was randomised. Each respondent received a Halloween lollipop for answering the questionnaire to make filling in the questionnaire more attractive. To prevent distortion of the results by different selection of people (those who turned in themselves because they learned about the possibility of receiving a lollipop versus those who were addressed by the inquirers), first it was verified if there were any differences between those who turned in themselves and those who were addressed by the inquirers. Only moderate link between this appetite for sweet and a preference of alcohol was found (already revealed by research in the past).

At the Pohoda festival, 58 participants were addressed in total, of whom 52 were willing to take part in the survey. The return rate was thus 89.7%.

At the HODOKVAS music festival, 54 participants were addressed, of whom 50 were willing to take part in the survey. The return rate was thus 92.6%.

Of 186 addressed participants at the dance event “**Be Free**”, 20 refused, the return rate being also high – **166 questionnaires – 89.2%**.

	<i>Pohoda</i>	<i>Hodokvas</i>	<i>Be Free</i>
Questionnaire return rate	89.70%	92.60%	89.20%
Percentage of women	48.00%	42.00%	32.00%
Mean age, SD	24 years, SD±4.1	22 years, SD±3.4	21 years, SD±5.2
Median, interval	24, 18-40	21, 17-31	19, 14-50
percentage of unemployed	6.00%	2.00%	8.00%
Monthly income below subsistence minimum	21.00%	45.00%	38.00%
Has lived in Bratislava for the last year	48.00%	41.00%	49.00%
Spends free time actively	62.00%	67.00%	58.00%
Does sports	35.00%	25.00%	31.00%
Goes to parties	48.00%	64.00%	92.00%

Tab. 13.2.1 – Sample description and demographic information on the groups
Source: CTDD - IDD

Graphs 13.2.1 to 13.2.3 show the prevalence of use of individual groups of habit-forming substances in three most frequently represented age groups (up to 18 years, 18 to 24 years and 25 to 34 years).

Lifelong prevalence (used a drug at least once in the lifetime)

Celoživotná prevencia užívania návykových látok v rôznych vekových skupinách

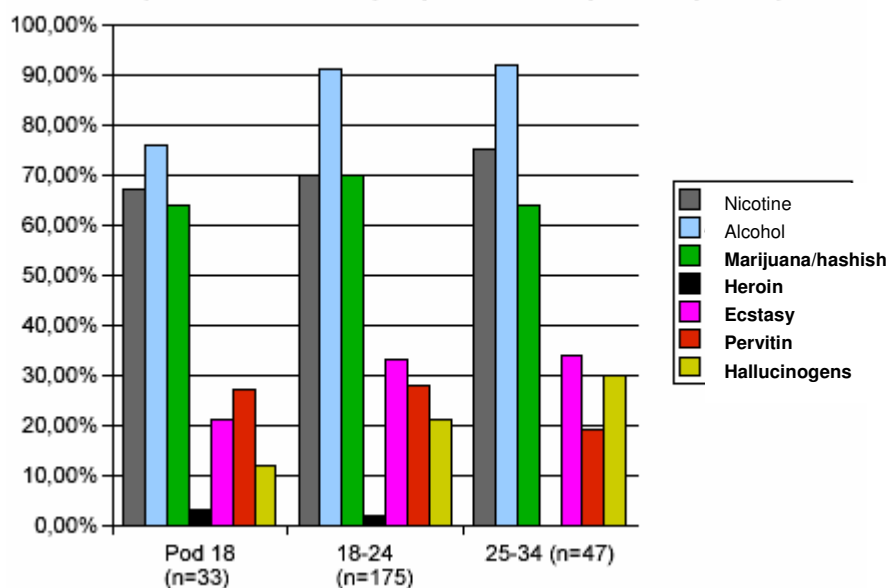


Fig. 13.2.1 – Lifelong prevalence (used a drug at least once in the lifetime)
Source: CTDD-IDD

While the lifelong prevalence of legal drug use, such as alcohol and tobacco, grows regularly with the age, as for experience with marijuana, **youth in the age of up to 18 years already has the same extent of experience as persons – participants in the age group of 25 – 24 years.**

What is alarming is that in the age group of up to 18 years, use of pervitin is represented at least as much if not more than use of ecstasy. This group even has the greatest proportion of heroin use in all age groups.

It may be due to a fashion trend or due to a lesser worry about these very young people's health, on the other hand, it could also be a negative consequence of prevention, which rejects differentiation among individual drug types by degree of risk associated therewith as suggested by the WHO.

Another very visible phenomenon is the **high prevalence of lifelong experience with hallucinogens in the age group of 25 – 34 years.** This could be related to the specifics of people of this age who attend the above-mentioned events. This could be a group of people who have a higher preference for seeking experience and adventures, including those unusual for most of the population. In prevalence of drug use in the last year (Fig. 13.2.2), the rates of those, who used any habit-forming substance, are regularly lower, with an exception for the legal drug – alcohol.

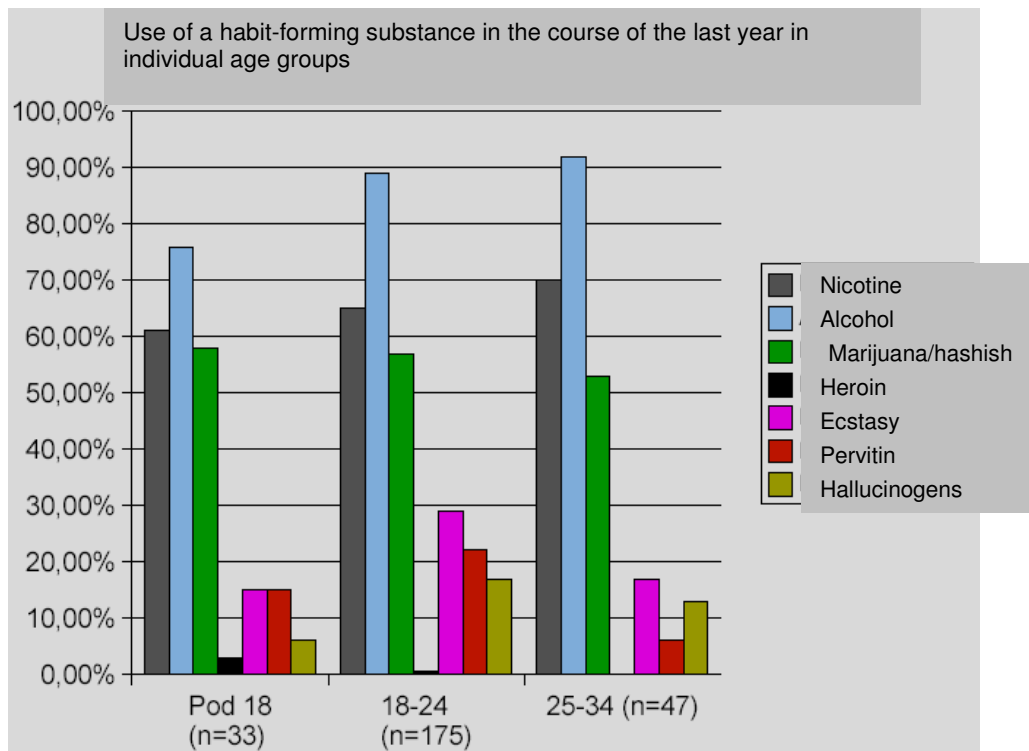


Fig. 13.2.2 Use of a habit-forming substance in the course of the last year in individual age groups
Source: CTDD - IDD

Use of drugs in the course of the last month (Fig. 13.2.3) should be more or less an indicator of a problematic use of the particular habit-forming substance. **Besides the legal drug – alcohol, particularly the use of marijuana in the age group of up to 18 years is also high.**

Use of a habit-forming substance in the course of the last month in individual age groups

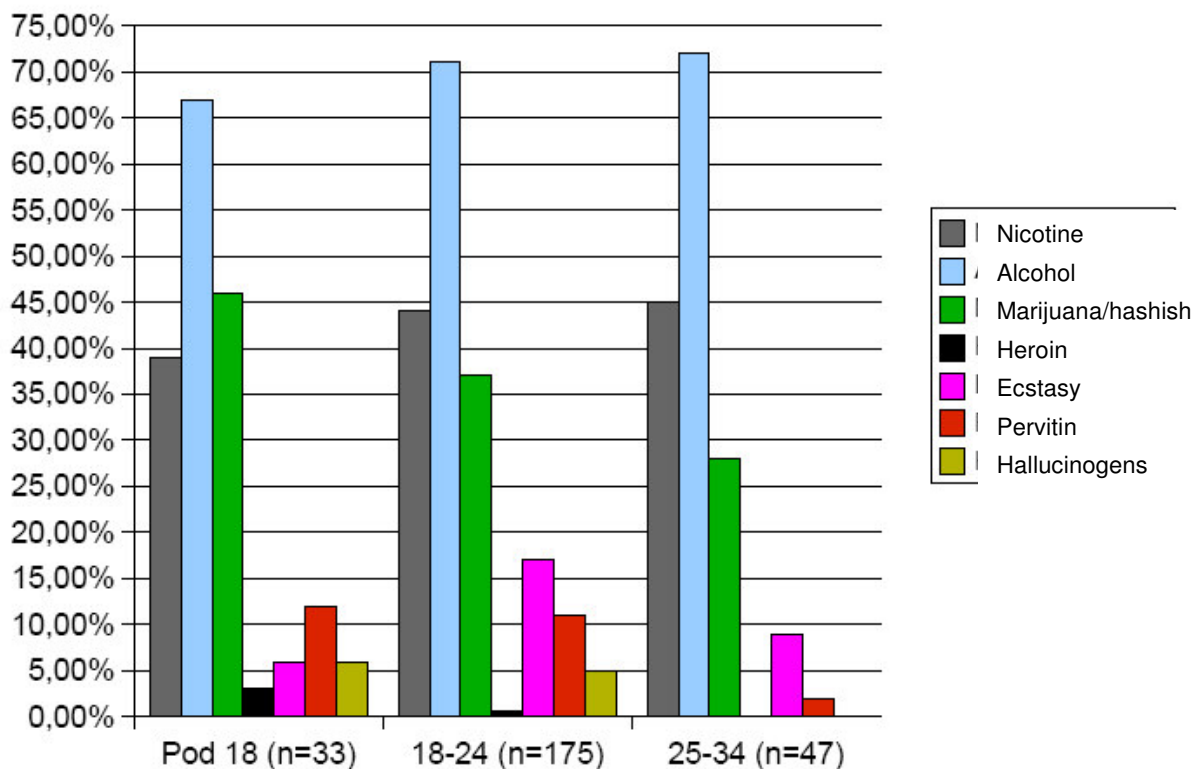


Fig. 13.2.3 Use of a habit-forming substance in the course of the last month in individual age groups
Source: CTDD - IDD

As opposed to other age groups, if someone took any drug in his/her life in this age group, there is a high probability that he/she did so also in the course of the last month. It is not clear as to whether the first (and maybe the last) use in one's life is involved or if it is a continued use, perhaps an addiction.

What is also high is the percentage of those in this age group who used pervitin and heroin in the last month, where the potential for addiction is very high.

The "control group" for the group of visitors of the Pohoda, Hodokvas and Be Free events is the selected group of youth of Slovakia (a representative group in the age of 15 – 29¹⁰⁷.) Table 13.2.2 shows the differences between population values found by research of the Statistical Office of the Slovak Republic in 2004 and those of a sample of music events participants.

¹⁰⁷ Statistical Office of the SR – Public Opinion. Drug use spread in Slovakia and opinions of citizens on problems connected with drug addiction, Bratislava 2004, p. 96

	<i>Youth from the entire SR, 15 – 29 years of age, music events (n = 227)</i>	<i>Representative group of youth of the Slovak Republic</i>
Daily smokers	33.00%	24.00%
Ecstasy: last month	13.00%	1.00%
Ecstasy: last year	25.00%	4.00%
Ecstasy: lifelong prevalence	31.00%	7.00%
Pervitin*: last month	10.00%	0.00%
Pervitin*: last year	19.00%	1.00%
Pervitin*: lifelong prevalence	27.00%	3.00%

	<i>Youth from the entire SR, 15 – 29 years of age, music events (n = 227)</i>	<i>Representative group of youth of the Slovak Republic</i>
Heroin: last month	1.00%	0.00%
Heroin: last year	1.00%	0.00%
Heroin: lifelong prevalence	2.00%	1.00%
Marijuana: last month	36.00%	4.00%
Marijuana: last year	57.00%	14.00%
Marijuana: lifelong prevalence	67.00%	28.00%
Hallucinogens: last month	3.00%	0.00%
Hallucinogens: last year	15.00%	2.00%
Hallucinogens: lifelong prevalence	20.00%	3.00%

Tab. 13.2.2 Differences between population values found by research of the Statistical Office of the Slovak Republic in 2004 and those of a sample of music events participants

This table summarises differences between prevalence of use of individual groups of habit-forming substances in a representative group of the Statistical Office of the Slovak Republic¹⁰⁸ among the youth of Bratislava (15 – 29 years) and its prevalence among the youth of Bratislava, who filled in the questionnaire at music events.

* The research of the Statistical Office of the SR uses the term of amphetamines, which is broader, but the most frequently used substance is pervitin, which is why we use these percentages for comparison

Comparing the prevalence of use of individual habit-forming substances at individual music events, there was a prominent, relatively high prevalence of use of ecstasy and pervitin in the last month in participants of Be Free. Although this involves 15% of these respondents, they are probably regular consumers of these substances, particularly for pervitin with a considerable potential for addiction, apart from other health and psychosocial risks.

¹⁰⁸ Statistical Office of the SR – Public Opinion. Drug use spread in Slovakia and opinions of citizens on problems connected with drug addiction, Bratislava 2004, p. 96

	<i>Youth of Bratislava, 15 – 29 years of age, music events (n = 227)</i>	<i>Representative group of youth of Bratislava</i>
Daily smokers	31.00%	28.00%
Ecstasy: last month	12.00%	0.00%
Ecstasy: last year	23.00%	4.00%
Ecstasy: lifelong prevalence	31.00%	9.00%
Pervitin*: last month	10.00%	0.00%
Pervitin*: last year	17.00%	0.00%
Pervitin*: lifelong prevalence	27.00%	1.00%
Heroin: last month	0.00%	0.00%
Heroin: last year	0.00%	0.00%
Heroin: lifelong prevalence	0.00%	1.00%
Marijuana: last month	34.00%	4.00%
Marijuana: last year	57.00%	13.00%
Marijuana: lifelong prevalence	67.00%	27.00%
Hallucinogens: last month	5.00%	0.00%
Hallucinogens: last year	16.00%	1.00%
Hallucinogens: lifelong prevalence	23.00%	3.00%

Tab. 13.2.3 Comparison of prevalence (lifelong, last year, last month) in a representative group of the youth of Bratislava and of the youth of Bratislava in a selected group of visitors of the Pohoda, Hodokvas and Be Free events.

* The research of the Statistical Office of the SR uses the term of amphetamines, which is broader, but the most frequently used substance is pervitin, which is why we use these percentages for comparison

Virtually in all types of prevalence of use of all habit-forming substances, except for heroin, the prevalence of their use in youth attending music events is several times higher.

This difference may be partly due to the higher communicativeness of music event participants compared to streetworkers, who have extensive experience with similar work, the informal, relaxed atmosphere at a music event, where the participant may be more open than a participant of a formal public opinion poll vis-à-vis an inquirer at events not natural for him/her.

However, it is also probable that at similar music events, people are concentrating with higher affinity to various experiences, including experiences with habit-forming substances.

In two-dimensional analyses of data obtained, relation between habit-forming substance use with various variables was examined, particularly with demographic variables and music style preferences. The result is an interesting **negative correlation between preference for some type of music of rock character with the use of ecstasy, but even more pervitin** (less frequent use of pervitin or ecstasy among those who prefer some kind of rock music such as rock, punk, metal, etc.), **but on the contrary, their higher extent of use among people preferring some type of electronic music (house, drum'n'bass, techno, trance, UK garage, progressive, chill out, etc.).** The same applies to other kinds of stimulants. **Also those, who used hallucinogens in the course of the last year, were more frequently people preferring some kind of electronic music.** There was also a strong link between use of stimulants and attendance of the so called parties although a great majority of their visitors had no experience with them.

Persons preferring rock music, on the contrary, had more frequently experience with marijuana, and its use had no correlation with the preference for electronic music or going to dance parties. **A very similar situation was found in alcohol drinking.** Alcohol drinking was also in general more frequent in smokers and vice versa. Use of hallucinogens was also more frequent in smokers and those who had an experience with ecstasy and/or with pervitin.

Marijuana users also had a more frequent preference for smoking of cigarettes and drinking alcohol than those who do not use marijuana. There was also a correlation between use of ecstasy and pervitin and use of marijuana. A very strong correlation was between the

use of pervitin and ecstasy (**who used one of these drugs, much more frequently used also the other one than a person who did not use it**).

No correlation was found between use of hallucinogens and preference for Trance type music. No correlation was found between use of any drug and sex, economic activity, monthly income being over or below then current subsistence minimum, the respondent living in Bratislava for the last year or elsewhere, or the manner of free time spending. **An exception was that last year pervitin users were somewhat younger (mean age 20.2 vs. 22.0 years) and started to go to parties somewhat earlier (15.5 years for users vs. 16.5 years for non-users)**. There was no correlation between drinking of alcohol and use of pervitin or ecstasy. No correlation was found between the way of respondents' free time spending and their use of drugs.

Using the method of logistic regression, a prediction of the use of pervitin, ecstasy, hallucinogens and marijuana in the last year was modelled. The forward stepwise method was used with an application of Wald statistics. The model included variables concerning socioeconomic status, demographic variables and variables concerning use of other habit-forming substances.

The most significant prediction was based on pervitin use in the last year leading to use of ecstasy in the last year, then use of heroin. A weaker but still significant influence was that of use of hallucinogens, smoking and preference for techno music. Moderately protective function was attributable to a later age of starting to go to "parties" and this probability was significantly reduced by preference for the Reggae music style.

Use of ecstasy was most significantly predicted by use of pervitin in the last year, but also by use of hallucinogens and a moderate correlation was found for smoking of marijuana in the last year and an older age of starting going to parties.

The probability of a correct estimate whether or not the respondent used **hallucinogens** in the last year could not be determined more accurately. However, it was increased by use of pervitin in the last year and less prominently by use of marijuana in the last year and preference for drum'n'bass and rock music.

The probability of use of **marijuana** was even more difficult and inaccurate to determine, particularly because of the fact that this was quite a frequent phenomenon in the examined group. To an extent, it was predicted by preference for Reggae music style and use of ecstasy, pervitin and alcohol in the last year.

It is interesting that use of no drug was practically correlated to demographic variables or variables describing socioeconomic status of the respondent or his/her manner of spending of free time.

Lifelong prevalence of use of individual habit-forming substances in respondents – visitors of music events

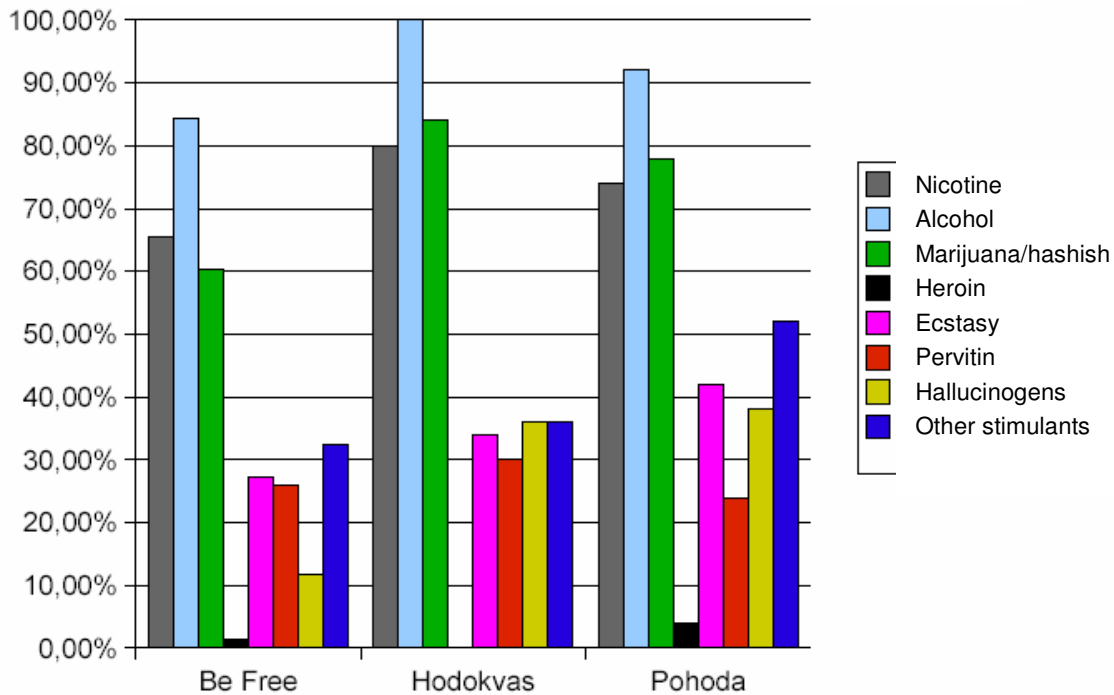


Fig. 13.2.4 Lifelong prevalence of use of individual habit-forming substances in respondents – visitors of music events

Source: CTDD - IDD

Use of individual habit-forming substances in respondents – visitors of music events in the last month

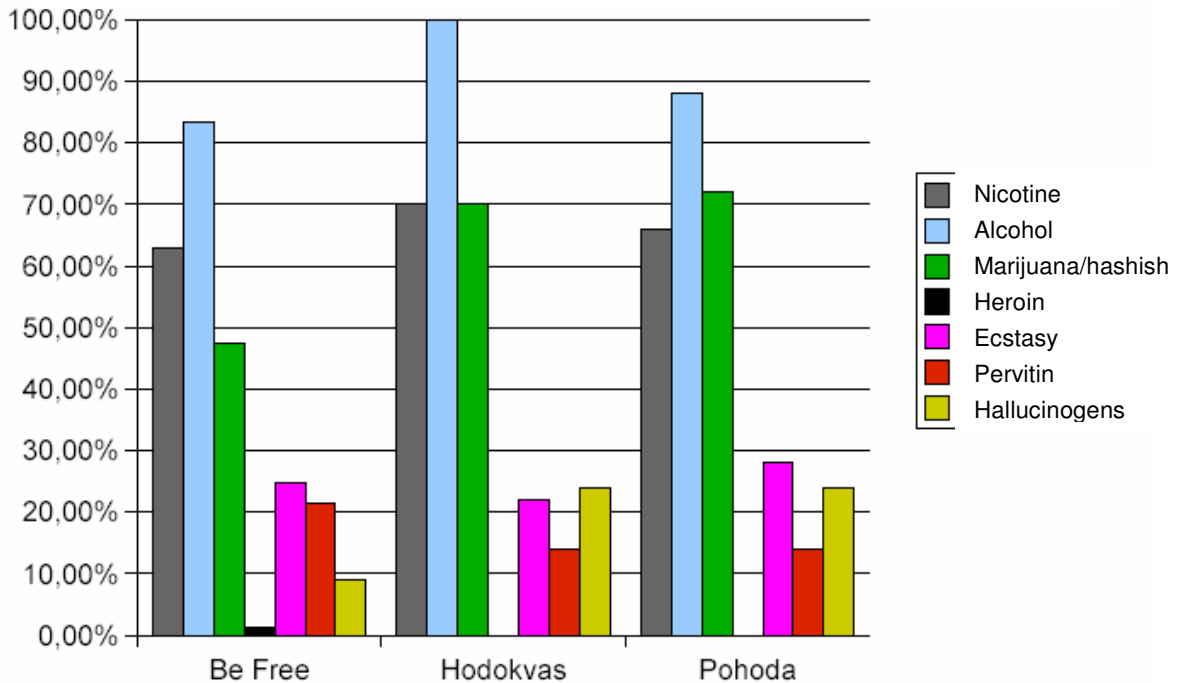


Fig. 13.2.5 Use of individual habit-forming substances in respondents – visitors of music events in the last month

Source: CTDD – IDD

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[http:// www.infodrogy.sk](http://www.infodrogy.sk) - Information web site of National Monitoring Centre for Drugs

<http://www.hodokvas.sk> - Summer music festival

[http:// www.nbs.sk](http://www.nbs.sk) - National bank of Slovakia

<http://www.odyseus.sk> – NGO for harm reduction

<http://www.pohodafestival.sk> - Summer music festival

[http:// www.slovakradio.sk](http://www.slovakradio.sk) – Slovak Radio - public service

<http://www.szu.sk> - Slovak Medical University

[http:// www.uips.sk](http://www.uips.sk) – Institute for Information and Prognosis in Education

[http:// www.lpr.sk](http://www.lpr.sk) - League against cancer

[http:// www.uvzsr.sk](http://www.uvzsr.sk) - Public Health Authority of Slovak republic

[http:// www.health.gov.sk](http://www.health.gov.sk) – Ministry of Health of Slovak republic

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15.2 List of abbreviations used in the text (in alphabetical order)

ADC SR	Anti-Doping Committee of the Slovak Republic
ADF	Anti-Drug Fund
ATOD	Alcohol, Tobacco and Other Drugs
CA	Citizens' association
CCO	Customs Criminal Office
CCTIA	Central Control and Testing Institute of Agriculture
CG	correctional group
CLSAF	Centre for Labour, Social Affairs and Family
CM DADC	Committee of Ministers for Drug Addiction and Drug Control
CoE	Council of Europe (ad Anti-Doping Convention)
CPCG	Corps of Prison and Court Guards
CPPS	Centre for Counselling and Psychological Service
CTDD – IDD	Centre for the Treatment of Drug Dependencies – Institute of Drug Dependencies
CTDD	Centre for the Treatment of Drug Dependencies
DC	Diagnosis Centres
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EPI	Execution of Punishment of Imprisonment
EPPC	Educational and Psychological Prevention Centres
ESPAD	European School project on Alcohol and Other Drugs
FEI PCP	Forensic Expertise Institute of the Police Corps Presidium
GS CM DADC	General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control
GYTC	Global Youth Tobacco Survey
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HWDG	Horizontal Working Drug Group
HSO	Healthcare Supervision Office
IFS PC	Institute of Forensic Science of the Police Corps Presidium
IHIS	Institute of Health Information and Statistics
IIFE	Institute of Information and Prognoses in Education
INCB	International Narcotics Control Board
MLSAF SR	Ministry of Labour, Social Affairs and Family of the Slovak Republic
MP	methadone programme
MPC	Methodology and Pedagogical Centre
NADU	National Anti-Drug Unit
NC SR	National Council of the Slovak Republic
NGO	Non-Governmental Organization
NIE	National Institute for Education of the Ministry of Education
NMCD	National Monitoring Centre for Drugs
NPFD	National Programme for the Fight against Drugs
PCP MI SR	Police Corps Presidium of the Ministry of Interior of the Slovak Republic
PCP	Police Corps Presidium
PHA SR	Public Health Authority of the Slovak Republic
PORI SO SR	Public Opinion Research Institute at the Statistical Office of the Slovak Republic
PPCC	Pedagogical and Psychological Counselling Centres
RA	Regional Authority
RC	Resocialisation Centre
RHB	work rehabilitation

RICPaP	Research Institute of Child Psychology and Pathopsychology
SCI	Slovak Commercial Inspection
SGR	Self-governing Regions
SO SR	Statistical Office of the Slovak Republic
SRC	Social Reintegration Centres
SSTP	Section with special treatment programme
TAD	Tobacco-Alcohol-Drugs
TES	Treatment and Educational Sanatoria
UN	United Nations
UNOCD	United Nations Office for Controlling Drugs (drug control)
WHO	World Health Organisation

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¹⁰⁹ Provided in English in the course of 2005 to EMCDDA for the 2006 Annual Report on the state of the drugs problem in the European Union and Norway.

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