



European Monitoring Centre
for Drugs and Drug Addiction



NÁRODNÉ MONITOROVACIE CENTRUM PRE DROGY
ÚRAD VLÁDY SLOVENSKEJ REPUBLIKY

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

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

REITOX

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Summary

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

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

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

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

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

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

However, the use of herbal cannabis in the past year and past month is not more frequent than that of university students from 1999, nor even that of secondary school students (ESPAD 2003). And the accompanying problems mapped by CAST are relatively less frequent and less intensive among university students (2008) than they are among secondary school students (ESPAD 2007).

Female university students consume more legal and illegal drugs than their peers eight years ago and at the same time slightly less than male university students.

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

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

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

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

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

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

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

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

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

¹ Definition according to EMCDDA: Injection use or long-term and regular use of opiates, cocaine and/or amphetamines during a year, of age 15-64

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

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

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

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

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

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

This sub-population traditionally includes high numbers of the prevalence of type C hepatitis antibodies, especially among the injecting users of opioids. According to the sentinel study at the CTDD Bratislava, the proportion of serum-positive VHC cases in patients reached 50%, which is a continuation of the growing trend from the period of 2006-2007 and constitutes the highest share in the monitoring history. According to this study, the percentage of patients with prevalence of antibodies of type B hepatitis equally increased, although in terms of absolute numbers it is not so high. A change in the policy of health insurance companies occurred in 2008, as a result of which interferon treatment for patients was fully paid. In comparison with the past, the fact that a patient not using illegal drugs was in a methadone maintenance programme was not a contraindication for this treatment.

Despite the fact that no systematic monitoring of psychiatric co-morbidity exists, based on clinical experience in 2008, there was an increase in toxic psychoses with clinical symptoms of paranoia, especially in connection with use of methamphetamine.

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

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

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

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

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

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

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

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

With respect to drug problems, Bratislava and its surroundings remains the specific region in Slovakia. Not only because it is the metropolis, but also due to its geographical situation in close vicinity to three other states, along natural transition routes. Also in 2008, according to the

estimates, the concentration of problem drug users was high (10.6 – 14 per 1,000 inhabitants), and is anticipated to be 2.5 to 3-times higher than in the other regions of Slovakia. At the same time, the most available and highly spread services for people with drug-related problems are found in this region.

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

Part A Development and new trends

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

1 Drug policy: legislation, strategies and economic analysis

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

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

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

1.1 Legal Framework

1.1.1 Acts passed in 2008 and 2009

1. Act No. 77/2008 Coll. that changes and amends Acts No. 139/1998 Coll. on Narcotics, Psychotropic Substances and Preparations as amended and on supplements to Act No. 308/2000 Coll. on Broadcasting and Retransmission and on changes to Act No. 195/2000 Coll. on Telecommunications as amended.

The Act regulated the terms and conditions for the cultivation of cannabis sativa for fibre and seeds if the cultivator is the recipient of direct payments pursuant to relevant legal regulations of the European Union. It specified the terms and conditions for the cultivation of cannabis sativa. Without permission, it is possible to cultivate varieties of cannabis sativa for fibre and seeds which were approved for direct payments pursuant to the Commission Regulation (EC) No. 796/2004. Annex No. 1 was added for 1-benzylpiperazine (BZP), a new synthetic psychoactive substance which, based on the decision of EU Council No. 2008/206/SVV, will be subject to control and criminal provisions. Annex No. 1 is also expanded by other substances which were included under the Cannabis plant genus; it pertains to the tincture and extract from cannabis. The Act added the grounds for the temporary suspension of activities and for the cancelling of activities. The requirements for the applicants for the cultivation of opium poppy for the materials, which are attached to the application for the issuance of permission for handling narcotics and psychotropic substances, were reduced. The Act established a new competence for the Agricultural Payment Agency and the Central Control and Testing Agricultural Institute for the performance of the state administration in the section of narcotics and psychotropic substances when supervising the elimination of the covers of opium poppy and cannabis and poppy straw and cannabis sativa cultivation. The provisions on fines were added. This Act supplements Act No.308/2000 Coll. on Broadcasting and Retransmission and on changes to Act No. 195/2000 Coll. on Telecommunications as amended so that the control of the hidden promotion of psychotropic substances in the broadcast programmes is established. Act No. 139/1998 Coll. was also changed by Act No. 393/2008 Coll. which amends Act No. 124/1992 (Digest) on Military Police. Pursuant to this amendment, designated military police officers are authorized to possess, store or use

dangerous substances and banned objects especially for the purpose of teaching, instructing or testing. Not only fire arms, submachine guns and ammunition, but also narcotics and psychotropic substances, precursors and poisons are understood as these substances and objects.

2. Act No. 583/2008 Coll. on the Prevention of Crime and Other Anti-social Activities and on changes and amendments to some Acts.

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

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

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

4. Act No. 93/2008 Coll. that changes and amends Act No. 475/2005 Coll. on the Performance of the Term of Imprisonment and on changes and amendments to some Acts and Act No. 127/2008 Coll. that changes and amends Act No. 221/2006 Coll. on the Performance of Imprisonment.

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

5. Act No. 214/2009 Coll. that changes and amends Act No. 219/1996 Coll. on Protection from the Abuse of Alcoholic Beverages and on the Establishment and Operation the Sobering-up Stations and on changes and amendments to some Acts.

The purpose of the Bill is to increase the effectiveness of legislation to determine the presence of alcohol, narcotics and psychotropic substances in the organism of an affected person in accordance with EU strategic tasks and the tasks set by the NPCD and at the same time to

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

6. Act No. 27/2009 Coll., full text of the Act No.305/2005 Coll. on the Social and Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended;

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

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

Changes in the minimum scope of the activities are particularly related to the introduction of the obligation to carry out psychological care as compulsory minimum in all cases. Therapeutic and upbringing care is introduced as a compulsory component for minors in the case of the provision of professional care to a child who has not completed obligatory school attendance. The obligation to ensure the preparation for school and in the case of reformatory measures to keep established file documentation was also introduced. The Act also regulated the obligation of the re-socialization

centres to agree upon and proceed according to the agreement with the physician in charge in the case of the clients infected by HIV or AIDS clients.

7. Act No. 5/2009 Coll. that changes and amends Act No. 301/2005 Coll., the Code of Criminal Procedure,

has reflected the need for regulating current developments which also required the modification of the provisions related to protective treatment and ensuring of persons for the needs of making a decision regarding this treatment for the purpose of providing this treatment at a healthcare facility for such cases in which the institute of custody can be used, since it pertains to the convicted who have already served their prison sentences and should continue in institutional treatment, to a person for whom it is necessary to impose protective treatment even though this person is not criminally responsible but for whom it is necessary to escort for the provision of institutional treatment or the convicted for whom it is necessary to escort for the provision of detention. The regulation pertains to those decisions for which the length of the serving of imprisonment in the imprisonment facility is not sufficient for the fulfilment of the purpose of the protective treatment; the court may then decide on its continuation in a therapeutic or out-patient facility. If continuation in an out-patient facility is decided on, the subsequent proceedings are carried out by the court which imposed the treatment. In connection with these changes and amendments, it is necessary to show that the provisions on the escort to the place of provision of protective treatment which should have taken place in an institutional healthcare facility have not been changed; the chair of the senate will order the therapeutic facility who is providing this treatment, in the event that it is decided that the stay of the person, to whom the treatment was imposed, is dangerous, the chair will arrange for the escort of such person to the therapeutic facility without delay; if it does not pertain to such person, the chair may provide this person with an adequate period of time to take care of his/her matters.

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

8. Act No. 87/2009 Coll. that changes and amends Act No. 377/2004 Coll. on the Protection of Non-smokers and on changes and amendments to certain Acts as amended.

The purpose of this Act was to generally decrease the availability of tobacco products by extending the places under which the ban on the sale of tobacco products is in force; the reduction of the demand for tobacco products by the ban on smoking at public sites, especially in public catering facilities, health care facilities, etc. The Act banned smoking in public catering facilities except for facilities that have built-in separated areas for smokers and non-smokers and in which the section for non-smokers covers at least 50% of the area of the facility and is located by the entrance to the facility.

9. Act No. 300/2008 of July 2, 2008 on the Organization and Support of Sports

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

10. Act No. 405/2008 Coll. that changes and amends Act No. 163/2001 Coll. on Chemical Substances and Chemical Preparations as amended and on changes and amendments to certain Acts.

Due to the adoption of the REACH regulation, distinctive changes in the content of the Act have occurred. The REACH regulation transfers the responsibility for information on chemical substances and their evaluation from the state authorities to the industry and thus principally changes the position of the state in the area of chemical substances. In connection with the adoption of the REACH regulation, the competences, rights and obligations of the state administration authorities in the area of the production and introduction of chemical substances on the market are modified. The state administration authorities in the area of supervision and control are extended by the Public Healthcare Authority of the SR, the Slovak Environmental Inspectorate of the SR, the National Labour Inspectorate, the Central Mining Authority and the regional mining authorities and customs authorities. The need for incorporating the Public Healthcare Authority of

the SR, the Slovak Environmental Inspection of the SR, the National Labour Inspectorate, the Central Mining Authority and the regional mining authorities and customs authorities arises from the Regulation of the EC (EC Regulation No. 1907/2006) and is also due to the fact that from 2001 the status of individual state authorities have changed. In the case of other general government bodies, some small supplements to the existing competences have been made in connection to EC Regulation (Regulation (EC) No. 1907/2006). This does not apply to the Centre for Chemical Substances and Preparations, the Ministry of Economy of the SR and the Slovak Commerce Inspectorate, whose competences are extended; they will fulfil the tasks arising from the REACH Regulation and will ensure the contact of the SR with the European Chemical Agency. The parts related to the reporting of chemical substances, safety data cards and the evaluation of risks of chemical substances dangerous to the health and environment were fully omitted from Act No. 163/2001 Coll. The majority of the basic terms are omitted in the Act because they are defined in the above mentioned REACH Regulation.

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

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

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

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

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

1.1.2 Bills in the Legislative Process

In 2009, the governmental Bill submitted by the MH SR that changes and amends Act No. 139/1998 Coll. on Narcotics, Psychotropic Substances and Preparations as amended, was forwarded to the second reading at the National Council of the SR².

A new form of handling narcotics, psychotropic substances and preparations, such as the processing of cannabis except for the varieties of cannabis sativa, which a farmer may cultivate without any permission or poppy straw for other purposes than acquiring narcotic or psychotropic substances has been proposed. The definition of the production of narcotics and psychotropic substances is extended to include the processing of poppy straw for the purposes of acquiring the concentrate of the poppy straw, for isolation or the synthesis of narcotics and psychotropic substances and for the production of medicines with the content of narcotics or psychotropic substances. Based on Council Decision No. 2003/847/SVV on Control Measures and Punitive Sanctions with Regard to the New Synthetic Drugs 2C-1, 2C-T-2, 2C-T-7 and TMA-2, four new synthetic psychotropic substances are proposed to be added to Group I of the psychotropic substances of Annex No. 1. It is proposed that the medicine ketamine, which has recently been abused for illegal purposes, be included in Group II of the narcotics of Annex No. 1.

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

² 40 regular session of the SR National Council, Material No.1147

1.2 Institutional Framework, National Strategies and Policies

1.2.1 Coordination and Institutional Framework

1.2.1.1 Coordination on the National Level

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

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

In addition to ensuring the process of the comprehensive evaluation of the fulfilment of the third National Programme of Combating Drugs in the Slovak Republic in the Period 2005 - 2008 and its submission to the session of the SR Government and the SR National Council in the first half of 2009, the activities of the General Secretariat in the monitored period have concentrated on the preparation and design of the fourth national Programme of Combating Drugs in the Slovak Republic and its Action Plan for the Period 2009 - 2012 in compliance with the second phase of the European Strategy of Combating Drugs for the Period 2005 - 2012 and the new Action Plan for Combating Drugs for the Period 2009 - 2012.

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

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

³ Réseau Européen d'Information Sur les Drogues et les Toxicomanies

⁴ Act No. 583/2008 Coll. on the Prevention of Crime and Other Anti-social Activities and on changes and amendments to some Acts

1.2.1.2 Coordination on the Local and Regional Levels

The passing of Act⁵ on Crime Prevention and Other Anti-Social Activities and on changes and amendments to Act No. 575/2001 Coll. on the Organization of the Government and the Organization of the Central State Administration as amended, re-created the prequalification for the development of cooperation and the improvement of the coordination of the fulfilment of the intents of the anti-drug strategy on the regional level; the positions of the coordinators and their competence in the field of the drug agenda in relation to the regions will be renewed⁶ in 2009.

1.2.2 National Strategic Documents

1.2.2.1 National Anti-drug Strategy

In 2008, the “Inter-ministerial Expert Working Group for the Preparation of the National Anti-drug Strategy for the Period 2009 – 2012” worked under the expert management of the General Secretariat. Its members included delegated representatives of the ministries and the Office of the General Prosecutor, upper-tier territorial units, the Association of Towns and Municipalities of Slovakia and NGOs. Their efforts resulted in the design of two principal documents – “The Comprehensive Evaluation of the Fulfilment of the National Programme of Combating Drugs for the Period 2004 – 2008” and “The Draft National Anti-drug Strategy for the Period 2009 – 2012”⁷. The above mentioned documents were discussed and approved by the SR Government through its Resolution No. 259 of April 1, 2009. The National Council of the SR discussed both documents in June 2009 and through its Resolution No. 1496 of June 18, 2009, it noted it what enabled the launch of the concretization of the strategy on the partial action plans of the involved ministries.

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

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

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

(the first evaluation report was elaborated in 2008 – for more information, see Chapter 1, Report 2008)

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

was approved by the SR Government in 2008. The Action Plan⁸ is based on the strategy of the National Tobacco Control Programme and defines the actual tasks, time frame for fulfilment, responsibility of individual ministries and financial coverage.

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

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

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

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

⁷ [http://www.rokovania.sk/appl/material.nsf/0/8942AB4BE2A4B97BC1257584004E3D2E/\\$FILE/Zdroj.html](http://www.rokovania.sk/appl/material.nsf/0/8942AB4BE2A4B97BC1257584004E3D2E/$FILE/Zdroj.html)

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

⁹ Source: <https://lt.justice.gov.sk/Attachment/vlastnymat%20so%20zapracovan%C3%BDmi%20pripomienkami.rtf?insID=-1&attEID=14407&docEID=70705&matEID=1749&langEID=1&tStamp=20090907134241857>, downloaded on September 9, 2009

the most affected parts of the society with the aim to turn back the spread of the AIDS pandemic in the world. It reflects the recommendations of the WHO and UNAIDS (Joint United Nations Programme on HIV/AIDS). All activities are in compliance with UNAIDS, based on the principles of the human rights protection, scientific knowledge and aimed at the involvement of the civil society and NGOs. The activities of the national programme are especially aimed at the testing, treatment and care for HIV/AIDS positive persons.

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

1.3 Implementation of Policies and Strategies

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

The Manual of the Quality Standards and Good Experience of Re-socialization Facilities in the SR¹⁰, which was discussed and adopted at the final conference with the participation of the pertinent cooperating ministries and organizations, was the most significant output. The Manual became the foundation for the legislatively anchored change of the terms and conditions for the activities of the re-socialization centres (RC) defined in the amended¹¹ Act No. 305/2005 Coll. with effect as of January 1, 2009. In particular, the Act’s amendment led to the extension of the target group of RC clients, the terms and conditions for the provision of professional care and the minimum scope of activities carried out by the RC were regulated. The requirements necessary for the re-socialization programme and the specified content aspect of individual re-socialization plans were also extended. The Act also introduced the possibility of serving the decision of the court on precautionary measures and newly regulated the terms and conditions for the provision of financial contributions for serving the decision of the court in the RC.

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

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

The project activities are targeted on:

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

¹⁰ Source: <http://www.infodrogy.sk/indexAction.cfm?module=Library&action=GetFile&DocumentID=645>

¹¹ By the Act t No. 466/2008 Coll. that changes and amends Act No. 305/2005 Coll. on the Social and Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended.

2. performance of supervision in the RC,
3. psycho-social or other specialized training for RC clients (including the acquisition of new working skills or new experience in how to apply for and find a job), (See Chapter 8)
4. Improvement of the existing –re-socialization programmes and methods (such as work therapy, social interventions, design of individual re-socialization plans, upbringing-education programmes for minors, therapeutic work with families, field therapies with clients, etc.)
5. Extension of the spectrum of therapeutic and other programmes and methods (such as art-therapy, music therapy, canine-therapy, specialized social counselling through internet, etc.).

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

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

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

Currently, the SR¹² is one of the 17 EU countries participating in the FreD goes net. Project financed from EU funds from the financial programme Public Health 2003 – 2008. The project is based on early preventative intervention in the case of young first time violators of the law in connection with drugs. Since the first information on the FreD Programme was presented within the framework of the twinning project (Report 2006, Report 2007) it was not necessary to start from scratch. Moreover, there is a solid and sufficient network of educational-psychological counselling centres in the SR which can be quite helpful in implementing the programme on the national level. So far, the RAR analysis on the drug scene was carried out and the representatives of the SR participated in several seminars organized within the framework of this project. On the national level, the communication among the ministries which could be involved in the system – education, labour, social affairs and family, interior, justice, prosecutor's office, is underway. The information material regarding the FreD Project and its possible implementing in the SR has also been prepared and it is to be submitted by the Ministry of Education to the session of the Council of Ministers at the end of October 2009. The aim is to prepare the legislative framework and the institutional anchoring of this project of selective prevention. (see Chapter 3 and Chapter 9)

1.3.1 Evaluation of the Application of Selected Drug Sections of the Slovak Criminal Code.13

The following project partners participated from 2006 in the implementation of the research project, whose contractor is the Open Society Foundation (NOS-OSF) – the Department of Social Work of the University of Matej Bell, the Department of Psychology of Palacký University in Olomouc (Czech Republic), the Faculty of Social and Economic Sciences of Comenius University in Bratislava and the NMCD¹⁴. The project supervision was ensured by a team of specialists from the Czech Centre of Addictology of the Psychiatric Clinic of the First Medical Faculty and the General Faculty Hospital of Charles University in Prague, Czech Republic, who participated in implementing the analogical study in the Czech Republic (Impact Analysis Project). The scientific examination was ensured by experts from the Netherlands, Poland and the USA.

¹² The associated country

¹³ Petrjánošová M., Masaryk R, Láštivová B. (Eds.): Qualitative Research on Public Space, Collection Bratislava 2008

¹⁴ Until August 2008

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

The continuous report from 2008¹⁵ is available; the final output pursuant to the programme deadline of July 2009 for the completion of the study was not available at the time of the publication of this Report.

1.4 Budget and Financing of the Anti-drug Policy

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

1.4.1 Public Expenditures on the Fulfilment of the NPCD

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

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

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

From the provided data it arises that the basic ensuring of the fulfilment of the tasks of the anti-drug policy in the period 2005 – 2008 (as of June 30, 2008) came from public¹⁶ funds (relevant chapters of the SB, funds from the EU) together with funds of the relevant health insurance companies, overall 53,901.720 € (1,623,843.217 SKK¹⁷) were spent. The resources from the public funds (without health insurance companies) were in the amount of 41,739,459 € which constitutes 77.40 % of the relevant public funds.

¹⁵ Hičárová T, Staroňová K, Lovecká K, Miklíková S, Kiššová L.: Summary Ongoing Report of the Project of Evaluation of Applying Selected Paragraphs of Act No.300/2005 Coll. Criminal Code I the SR. Bratislava, March 2008 http://www.osf.sk/Components_000/Iniciativa/Documents/s_LoadDocument.aspx?categoryId=49&documentId=31

¹⁶ except for municipal financial means

¹⁷ approximately at the exchange rate of 1 € =30.126 SKK

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

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

Thus the ratio of pro-active public expenditures towards expenditures for the reduction of supply/law enforcement remained – in both studies¹⁸ - to the disadvantage of the financial ensuring of activities for the reduction of demand (40% : 60%).

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

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

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

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

¹⁸ Fazey, C.,2006: Social and Economic Costs of Drug Use in the SR in 2004 (bottom up and top down method) ratio of demand reduction is 43% versus 57% for supply reduction
Kíššová L.,Lóžiová D.: Public Expenditures – Selected Question of the National Report on the State of the Drug Related Issues in the SR, NMCD (2007) Annual Report on the State of Drug Related Issues in Slovakia in 2006 ISBN978-80-88707-97-4 - p.85-88, (top down method) ratio 30%::70%

its Resolution No. 308¹⁹ of April 29, 2009 and approved the creation of the inter-ministerial programme entitled Anti-drug Policy as part of the state budget. The relevant administrators of the chapters, within the competence of which is the participation in the fulfilment of the intents of the anti-drug policy and strategy, will participate in the fulfilment of the inter-ministerial programme within the framework of the state budget from 2011. There is a prequalification that the programme will strengthen the mutual cooperation and coordination of the state with the authorities of the territorial self-government and NGOs in ensuring the interests and needs of the state. A working group was established under the management of the General Secretariat with a view to the elaboration of the preliminary draft for the design of this programme.

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

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

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

1.5 Social and Cultural Context

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

Since 2008, unemployment²⁰ grew (in July 2009 it reached 355,862 persons, which constituted 12.07% with a year-on-year growth of almost 60%). The 20-29 year old age category constitutes the largest share in this number – the statistics of the Office of Labour, Social Affairs and Family for the month of June 2009 talks about 99,300 persons. The largest amount comes from the regions of Prešov and Košice, which also have the highest representation of differently marginalized groups. It is expected that the unemployment rate will continue to grow and moreover, the graduates of secondary schools²¹ were added to the register in September. This fact means a significant growth in the number of vulnerable young people (Report 2006, Chapter 12.1.1). The respondents of the representative public opinion survey “Consumers’ Barometer”²², which was conducted in July 2009 and mapped the opinion of the citizens regarding the economic situation in Slovakia, the self-reflection of the financial situation of the households and investment plans of the population, also expressed fears of the development of unemployment. A high share of pessimistic²³ answers was also recorded in the internationally monitored indicator of the so-called index of consumer trust and Slovakia achieved a value of -32 points.

According to the publicized statements of experts²⁴ although the trend of growth of the unfitness for work in general is obvious – the crisis can be blamed for this, but also the growth of

¹⁹ www.rokovanie.sk

²⁰ www.upsvar.sk downloaded on 10.8.2009

²¹ Ibid, 10.8.2008

²² Information 12/2009 Statistical Office of the SR

²³ When estimating unemployment, optimistic prognoses represented only 7% and the increase of the unemployment rate in the upcoming period is expected by 76 % of the respondents (in 2008 it was only 16%). When assessing the current development of the economic situation in Slovakia, the largest number of respondents (82 %) stated that the economic situation had deteriorated in the past 12 months. When estimating the development of the economy of the Slovakia, at least two thirds of the respondents (65 %) declared that the economic situation in Slovakia would deteriorate in the upcoming 12 months. The conditions for saving were assessed positively by 25 % of the respondents. The negative standpoint (now is not a suitable time for saving) was declared by 68 % of the respondents.

²⁴ <http://hnonline.sk/slovensko/c1-37933170-hospodarska-kriza-vyhana-alkoholikov-do-liecebni>

applications for treatment due to the alcohol addiction. The largest Bratislava Centre for Treatment of Drug Dependencies registered 30% more applications for treatment as of July 30, 2009 in comparison with the previous year.

1.5.1 Opinions on Drug Use and the Solution of the Situation

In June 2008, a representative sociological survey of the Institute of the School Information and Prognoses²⁵ was also researching the occurrence of other phenomena of social pathology. Based on the detected statistical significance among the group of “experimenters”, which in this survey of 15-26 year old young people represented less than a third (for more information, see Chapter 2 Drug Use in Population) and the majority group, where the respondents had no experience with drugs, the data was repeatedly confirmed that the young people who have experience with drugs more frequently come from broken families and do not have good relationships with their parents. They have more financial problems (59.3%) and up to one fifth of them thought that their living standards were under the limit of satisfying the basic living needs. In addition, they more frequently avoided school intentionally (almost 60% / joint responses occasionally and frequently) and the most frequent reason for truancy was the lack of interest in school. The group of “experimenters” had more frequently experienced harassment and not only in the position of persons, who were harassed, but also as the perpetrators of harassment towards others. They are more informed, they showed larger interest in anti-drug issues and they acquired information about drugs from friends in particular (while the respondents having no drug experience acquired this knowledge from the radio and teachers to a greater extent). One fifth of the respondents mentioned the desire to go with the crowd of their peers among the most frequent reasons based on which young people take the drugs, followed by curiosity, escape from the family environment and boredom, use of drugs as a fashionable trend, easy availability, or by consuming drugs they expressed a protest towards the surrounding world or as an attempt to solve their school and personal problems. One third of the respondents included discothèques and concerts as the places where it is possible to buy or get drugs in the easiest way, followed by entertainment facilities and game rooms, dormitories, then public spaces, pubs and restaurants, but also clubs for young people and their events.

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

Also, according to other surveys²⁶ the solving of drug related issues is perceived from the position of repression/r law enforcement for a long period of time, which in Slovakia is considered as the most effective way to reach a solution, i.e. it pertains to the measures of drug supply (merchandizing, production and spreading). (See Chapter 1.4 of the Report 2008).

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

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

Source: Public Opinion Research Institute of the Statistical Office (2006) Spreading of the Drug Use in Slovakia and Opinions of Citizens Regarding the Drug-Addiction Related Problems.

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

In the Institute of the Information and Prognosis in Education (IPE) survey the respondents expressed their opinion regarding the legalization²⁷ of drugs, or legalizing “soft” drugs which the authors of this survey declared²⁸ as creating the legal possibility for possession and the use and control of the distribution of some types of drugs with the exception of their production and sale to children and juveniles. The outcomes of this survey showed that more than half of the respondents did not agree with the legalization understood in this way in Slovakia and only one tenth of young people reacted positively. More than one third of the respondents aged 15 to 26 did not have any own opinion regarding this serious problem. In the timeframe from 1996, the number of young people who agreed with the legalization of drugs in Slovakia slightly grew and the number of respondents who could not answer this question also grew. At the same time, the number of respondents expressing a negative attitude towards drug legalization decreased. More than one fifth of the respondents designated the Act²⁹ as satisfactory; approximately the same number of young people thought that it was too benevolent and that the punishment for the production, sale and distribution of illegal drugs should be more strict, which is in compliance with the long-term trend. Only 5.5% of respondents considered the currently valid legislation as too strict. Almost half of the respondents did not know to answer the question of the evaluation of the currently valid legislation.

65.8% of the respondents responded correctly (positively) to the question of whether the production, sale and consumption of illegal drugs were criminal offences in Slovakia; however 10.1% of the respondents thought that only their sale and not consumption³⁰ was a criminal offence. Especially the respondents, who have a sufficient amount of information on drugs from teachers and mass media, were familiar with the valid legislation, focused on the issues of illegal drugs and the legal awareness of the respondents, whose knowledge on drugs were mediated by the friends, was low.

1.5.2 Parliamentary and Civil Initiatives

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

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

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

²⁷ De-criminalization

²⁸ Zábanský, T.: Drug Epidemiology. 1st edition, University of Palacký, Olomouc 2003, ISBN 80-244-0709-4, p. 16-17

²⁹ Penal Code

³⁰ Important editorial note: The use/consumption of drug itself is not a criminal offence

2 Drug Use in Population and specific targeted-groups

The General Population Survey (GPS) on drug use in the general population is one of the five key indicators used by the EMCDDA to describe the situation regarding the use of legal and illegal substances in a country. The extent and pattern of consumption of different drugs in the general population (usually aged 15–64, or high-risk age groups and/or cohorts) and the attitudes of different population groups towards drug use are determined through surveys using standard sociological methods (standardized questionnaires, interviews) based on a representative sample of the population. The data is then used to assess the situation, identify priorities and plan responses, in particular at the level of universal and selective prevention³¹. Drug use surveys provide indirect information on the availability of illegal drugs in the market. Survey results are combined with information from law enforcement sources to give a comprehensive image of the black market in drugs.

To ensure the comparability of data in Europe and globally³², the European Monitoring Centre for Drugs and Drug Addictions (hereinafter the “EMCDDA”) recommends that the GPS indicator include the core items formulated in the European Model Questionnaire (2002). The following variables are obtained for each drug (including tobacco and alcohol): Prevalence³³, age of first contact with the drug, frequency of use (or the quantity of the consumed drug). Sets of questions targeted on more intense use are added to the basic module – screening spectrums for some drugs and the associated issues or findings on increasingly frequent poly-consumption³⁴.

Within the framework of the implementation evaluation of 5 indicators for monitoring the drug situation in Slovakia, the EMCDDA assessed the state of the GPS indicator based on the fulfilled criteria in repeated school surveys (ESPAD, TAD) and the surveys of the former³⁵ Institute of Public Opinion Research of the Statistical Office of the SR, of which standard tables ST 01, ST 02 and ST 30 were and are generated. These surveys fulfilled 6 to 8 of the 11 criteria.

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



2.1 Drug Use in the General Population

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

³¹ E.g., specific preventative interventions intended for girls aged 15 to 19 or older those are catching up with boys in drinking alcohol, smoking and using illegal drugs.

³² Statistical reporting for the UNODC (United Nations Office on Drugs and Crime)

³³ Prevalence of use at some point of one's life, LTP (prevalence), use of the drugs in the past 12 months/year (LYP) and the last 30 days/month – current use

³⁴ Simultaneous use of two or more psychotropic substances

³⁵ Cancelled on May 1, 2009

specific NMCD survey targeted only on marijuana use, current use was declared in this age group as the highest; LYP = 13.1%, LMP=5.4%.

2.2 Drug Use among the School Population and Young People

2.2.1 ESPAD 2007 in Slovakia

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

2.2.1.1 International Comparison

The international comparison of data in the ESPAD 2007 survey, the outcomes³⁶ of which were presented to the general public in March 2009, also incorporated a sample of Slovak secondary school students who in the years of the survey implementation reached the age of 16 (year of birth 1991).

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

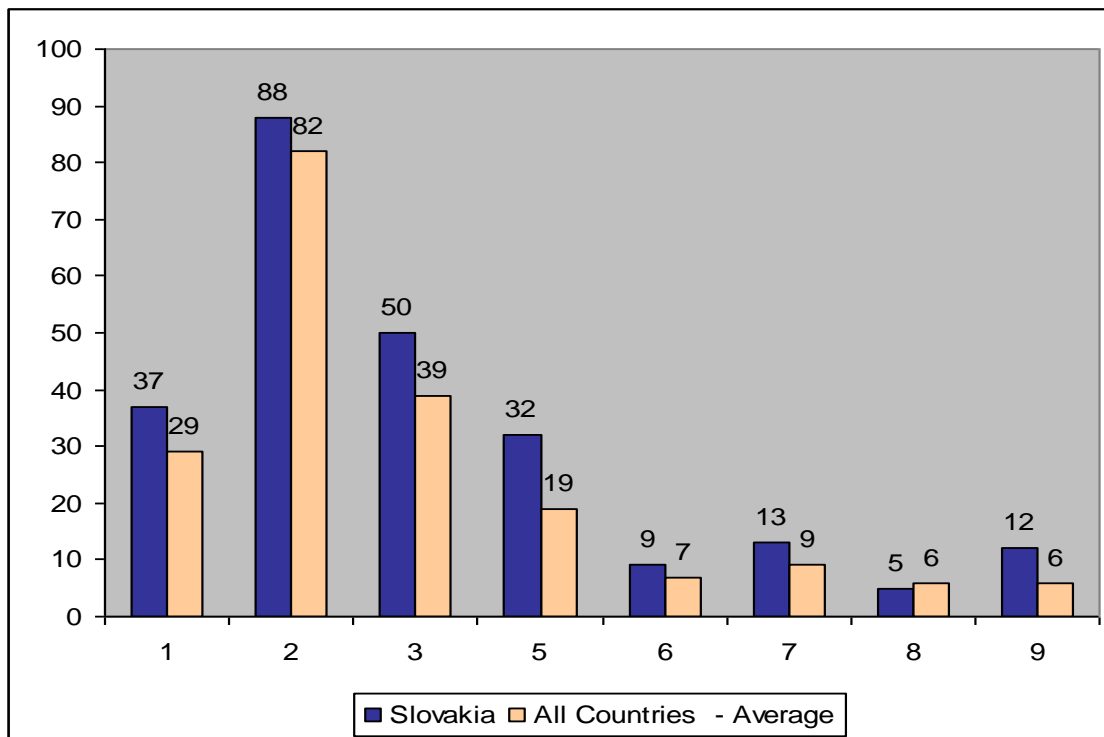
The difference 13 % is in favour of 16 year old Slovaks related to the variable use of cannabis 1x or more to date, comparing the all ESPAD countries average

Table 2.2.1: Selected variables monitored within the framework of the ESPAD 2007 International School Survey

1.	Smoking cigarettes in the course of the past 30 days – LMP ;
2.	Drinking of alcohol in the course of the past 12 months - LYP;
3	Inebriation in the course of the past 12 months - LYP;
4.	Volume of alcohol (100 % in cl) on the last day of drinking,
5.	Use of cannabis 1x or more to date (experimenting)
6	Use of any illegal drug except for cannabis (¹)
7	Use of inhalants (²)
8.	Use (to date) of tranquilizers or sedatives that are OTC drugs
9	Use of alcohol with pills (3)

³⁶ Hibbel Bjorn et al. (2009): The 2007 ESPAD Report, ISBN 978-91-7278-219-8, p. 406 and p.115

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



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

(1) "Any illegal drug except for cannabis" means ecstasy, amphetamines, LSD or other hallucinogenic substances, crack, cocaine and heroin.

(2) Inhalants: "... (Glue, adhesives, solvents, etc.) for mood inducing"

(3) With the formulation: „To get into the mood“; except for Cyprus: „to feel differently“; and Romania: "to feel better".

2.2.2 Health Behaviour in School Children International Survey

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

The international report³⁷ presented key findings on the health of 11, 13 and 15 year old students in 41 countries of the Euro-region (WHO) and North America based on the HBSC survey in 2005/2006. In addition to the positive aspects, the report states the problems of this population with excess weight, obesity, life satisfaction, harassment and the use of psychotropic substances (tobacco, alcohol, and marijuana). According to the publicized data (WHO 2008, p.139 – 142) 14% of Slovak girls, 15 years of age, used marijuana once or several times, 23% of boys of the same age tried marijuana. The current use of marijuana (in the past 30 days) was indicated by 2% of girls and 7% of boys of the age of 15. The data on marijuana in the case of 15-year olds in HBSC from 2005/2006 are generally comparable with the ESPAD 2007 data: LTP in the case of 15-year old girls constituted 16.8%, while in the case of boys it was 23.5%; and LMP in the case of girls was 5.9% and in the case of boys 7.3%, still with an obvious trend of growth in marijuana use with an interval of approximately 2 years in the case of girls, but not in the case of boys.

³⁷ Eds: Candace Currie, Saoirse Nic Gabhainn, Emmanuelle Godeau, Chris Roberts, Rebecca Smith, Dorothy Currie, Will Picket, Matthias Richter, Antony Morgan and Vivian Barnekow (2008): **Inequalities in the Health of Young People** HBSC international report from the 2005/2006 survey 2008, xiv + 210 pages, ISBN 978 92 890 7195 6

When analyzing the risky forms of behaviour in relation to health, the social and financial situation of the family was also monitored. The relation to family wellbeing (affluence) was confirmed in many countries; the statistically significant relation ($p < 0,05$) is valid for Slovakia for 15 year old boys who used marijuana once or several times. (ibid p.135) – see also Chapter 1.4.1 Social Context)

2.2.2.1 HBSC 2005/2006 in Slovakia

A new³⁸ research and coordination group established for this survey publicized detailed data from and about the HBSC survey in Slovakia in May 2009 in the publication, *The Social Determinants of the Health of Students HBSC 2005/2006*³⁹.

Basic characteristics:

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

Key findings⁴⁰

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

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

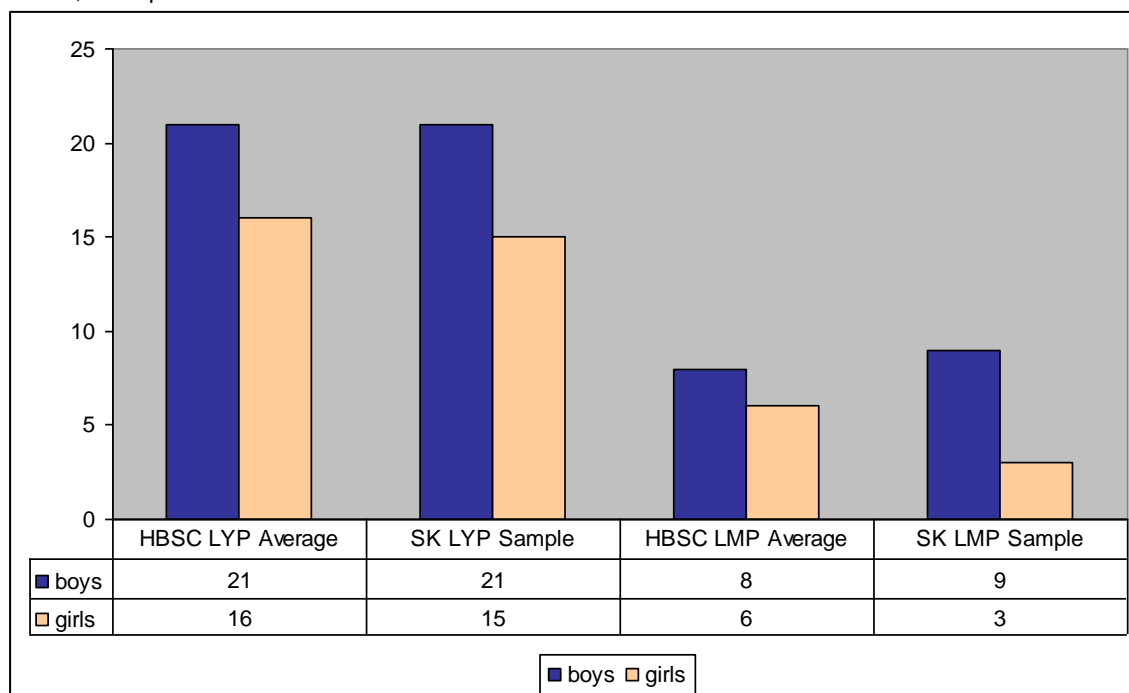
In response to the question "*What is your experience with marijuana in the past 12 months*" 21% of boys of the age of 15 and 15% of girls of the same age answered that they used marijuana (1-2x up to 40 times or more). The boys indicated statistically more frequent experience with the use of marijuana (OR/CI: 1, 60/1, 19-2, 15).

³⁸ Hamade J., Janechová H (2009): Information for NMCD

³⁹ National Report on the Health and Health-Related Behavior of Students of the Age of 11, 13 and 15 Based on the Survey Conducted in 2005/2006 within the Framework of the Health Behavior in School-aged Children International Survey – ISBN 978-80-89284-29-Section: Andrea Madarášová-Gecková, Katreniaková Zuzana, Kollárová Jana, Veselská Zuzana pp 53 -to 62

⁴⁰ Baška, T. Kolarčík, P. Risk behaviour In: National Report on Health and Health-Related Behavior of Students of the Age of 11, 13 and 15, 2009 p.60

Figure 2.2.2: Use of marijuana in the last year and the last month – SK vs. HBSC average. Data source: Baška, T, Kolarčík P. In: National Report on Health and Health-Related Behaviour of the Students of the Ages of 11, 13 and 15, 2009 p.60



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

2.2.2.2 Smoking Marijuana among Young People⁴¹

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

Basic characteristics:

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

Outcomes: 84% of the respondents stated that they had never tried marijuana, 16% said they had - Of which 10% had tried marijuana once or several times, 5% smoked marijuana from time to time and 1% smoked daily. The outcomes of the chi-square test showed the significant relationship between gender and marijuana smoking $\chi^2(3, n=3.517) = 59.09, p < 0.000$ the size of the effect according to Cohen was small ($H=0.23$). Table 2.xxx shows more detailed data. Statistically, more girls (88.80%) than boys (79.70%) stated that they had never have tried marijuana (89% of girls - 80% of boys $CAI=0.80-0.89$). No differences were detected according to location.

⁴¹ Orosová, O. et al (2008): Cigarette Smoking, Alcohol Consumption and Marijuana Consumption among Adolescents.

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

Age 14.3 ± 0.7.		Never	I have tried	I smoke from time to time but not daily (occasionally)	I smoke daily regularly	Total
boys	n	1,365	220	104	23%	1,712
	% within the gender	79.70%	12.90%	6.10%	1.30%	100.00%
	% from total	38.80%	6.30%	3.00%	0.70%	48.70%
girls	n	1,602	141	57	5%	1,805
	% within the gender	8.,80%	7.80%	3.20%	0.30%	100.00%
	% from total	45.60%	4.00%	1.60%	0.10%	51.30%
total	n	2,967	361	161	28	3,517
	% from total	84.40%	10.30%	4.60%	0.80%	100.00%

2.2.3 Opinions and Attitudes of Young People on the Consumption of Illegal Drugs in Slovakia - Social Context⁴²

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

Basic characteristics:

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

Findings:

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

⁴² Pétiová, M. et al.(2008): Social-Pathological Issues of Young People in the SR. ÚIPŠ Bratislava 2008

Figure 2.2.3: Trend of Experience with Illegal Drugs among the 15-26 Year Old Population
Data source: Pétiová M. (2009)

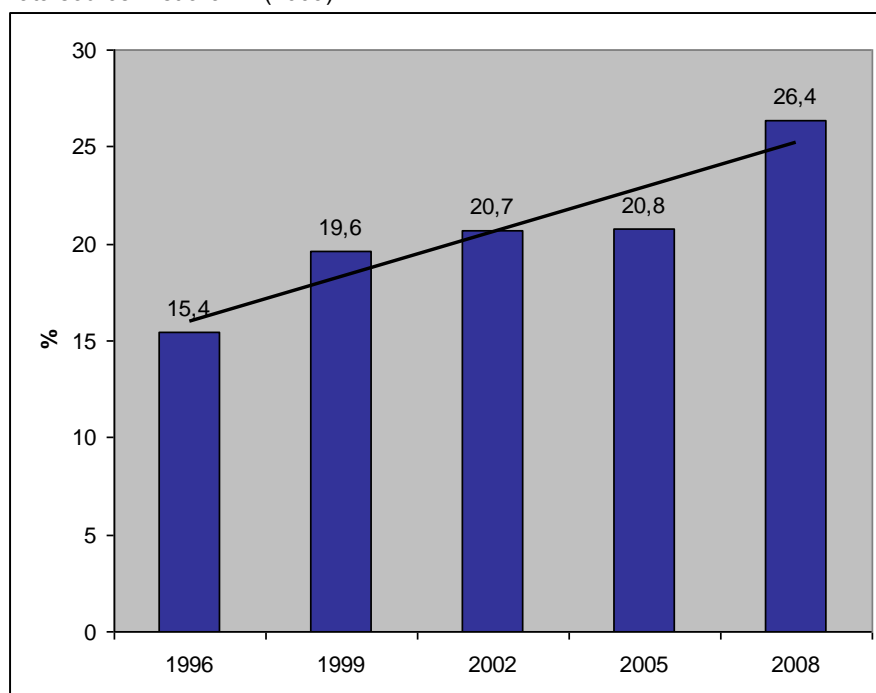


Table 2.2.3: Trends in the Drug Consumption since 1996. Data source: Pétiová M. (2009)

Form of Consumption of Drugs	1996	1999	2002	2005	2008
Intravenous application	0,5	0,6	0,6	0,7	0,5
Inhaling	2,5	3,6	3,8	3,3	5,7
Swallowing	1,4	4,4	4,1	4,3	7,2
Inhaling through the Nose	N	N	N	N	1,6
Smoking	14,0	18,0	20,0	21,1	25,2

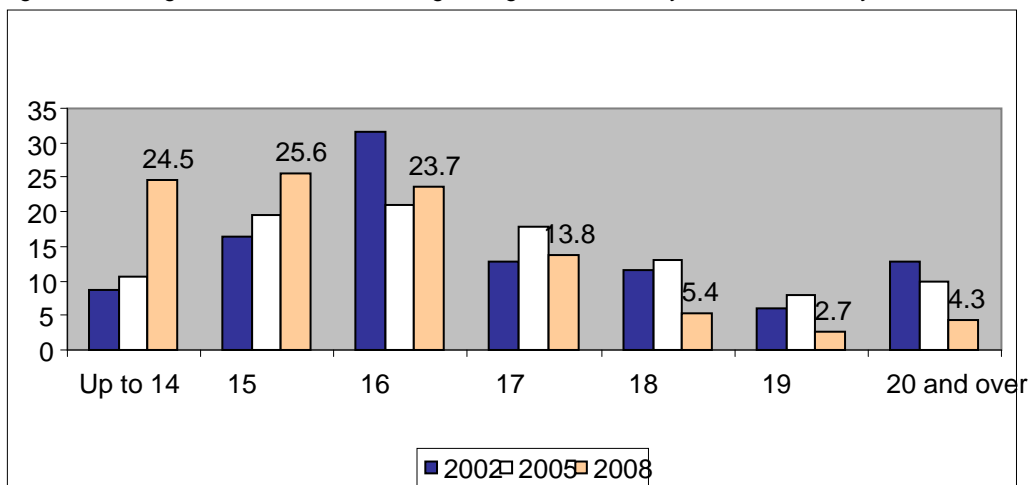
Note N - was not monitored

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

2.2.3.1 Age of First Experimentation with Drugs

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

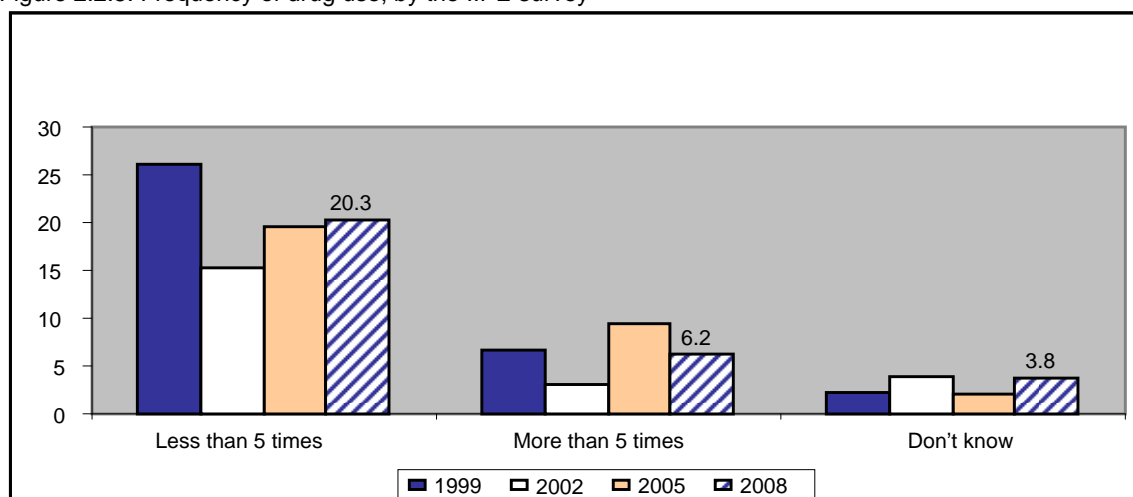
Figure 2.2.4: Age of first contact with illegal drugs in individual years of the survey of the IIPE



2.2.3.2 Frequency of Use of Drugs

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

Figure 2.2.5: Frequency of drug use, by the IIPE survey



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

2.3 Use of Drugs in Specific Groups/Environments

2.3.1 University Student Surveys with the Use of the ESPAD Method

University students have always constituted a certain “supplement” to other studies and surveys or ministerial statistics, such as according to education level in the case of population surveys or in reporting on treated drug addicted persons. Mostly regional surveys

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

In 1999, first university student survey based on ESPAD was conducted and the outcomes were publicised⁴³.

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

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

Detailed outcomes, meta-analyses and interpretations in the context of the phenomenon of drug use among young people in Slovakia in the course of two decades based on data from the TAD⁴⁴ and ESPAD school surveys and the university student surveys constitute the content of the prepared monograph of Alojz Nociar “Surveys of Smoking and the Use of Alcohol and Illegal Drugs by Slovak Young People” financed by the National Monitoring Centre for Drugs.

A) University Student Survey in 2008

Methodology

The ESPAD questionnaire with additional questions regarding the retrospective estimate was simultaneously distributed by peers and staff of the Regional Offices of Public Health at 42 universities of various types. Overall, approximately 3,600 questionnaires were handed out and 53.50% were returned via postal service (prepaid postal fees).⁴⁵

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

⁴³ Nociar, A.: Alcohol, Tobacco and Drugs in the Case of University Students in Slovakia – 1999. (Completion of Monitoring regarding Alcohol, Tobacco and Drugs with Students of Elementary and Secondary Schools and University Students in Slovakia in the Period of 1994 – 1999). Bratislava, Asklepios Publishing House, 2000.

⁴⁴ Tobacco-Alcohol-Drugs: first ever representative school survey in Slovakia, obviously precedes the ESPAD survey

⁴⁵ Nociar, A. (2008): Final report on drugs consumption survey in university students, Bratislava, VÚDPaP – unpublished

Table 2.3.1: Prevalence of the use of individual drugs by university students aged 19 to 24
Data source: Nociar, A.: 2009 ST 30 for REITOX/EMCDDA

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

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

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

Table 2.3.2

Table 2.3.2.a				Table 2.3.2.b				Table 2.3.2.c			
Marijuana	M	F	Total	Ecstasy	M	F	Total	Solvents and Inhalants	M	F	Total
LTP	61.3	43	50.2	LTP	10.7	6.5	8.2	LTP	8.2	4.7	6.1
LYP	33.9	19.4	25.1	LYP	6.2	2.2	3.7	LYP	2.5	1.5	1.9
LMP	17.6	6	11.5	LMP	2.1	0.8	1.3	LMP	1.6	0.4	0.9

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

B) Comparison of University Surveys in 1999 and 2008

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

Table 2.3.3: Extent of experience and age of first experience with alcohol, tobacco and drugs: - University students

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

Data source: Nociar, A.: Survey on Drugs among University Students in Slovakia. Final Report, Bratislava VÚDPaP 2008

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

Figure 2.3.1: Comparison according to Gender: Marijuana or hashish, once or more during his/her life (LTP)

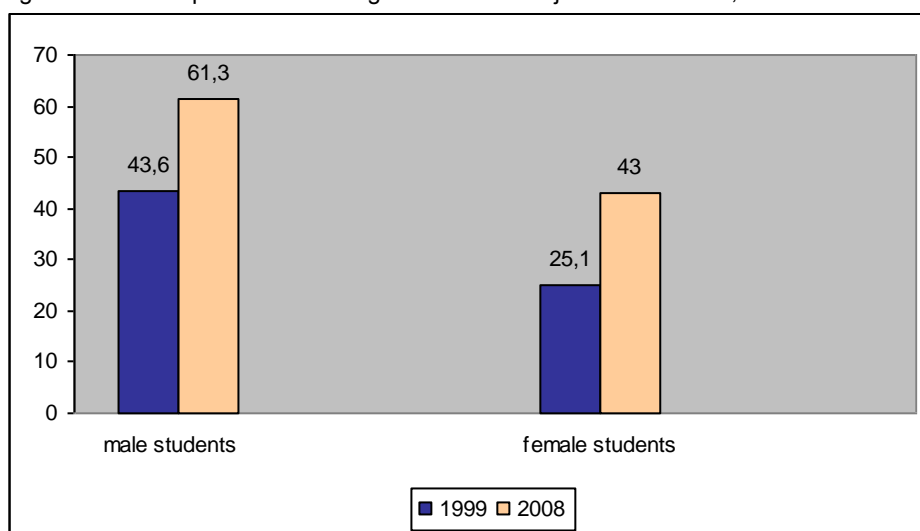


Figure 2.3.2: Comparison according to Gender: Ecstasy, once or more during his/her life (LTP)

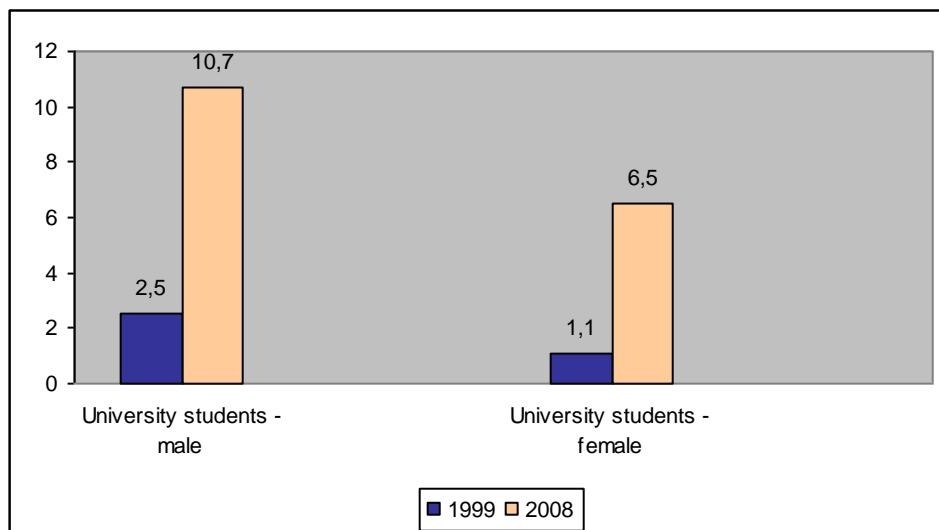
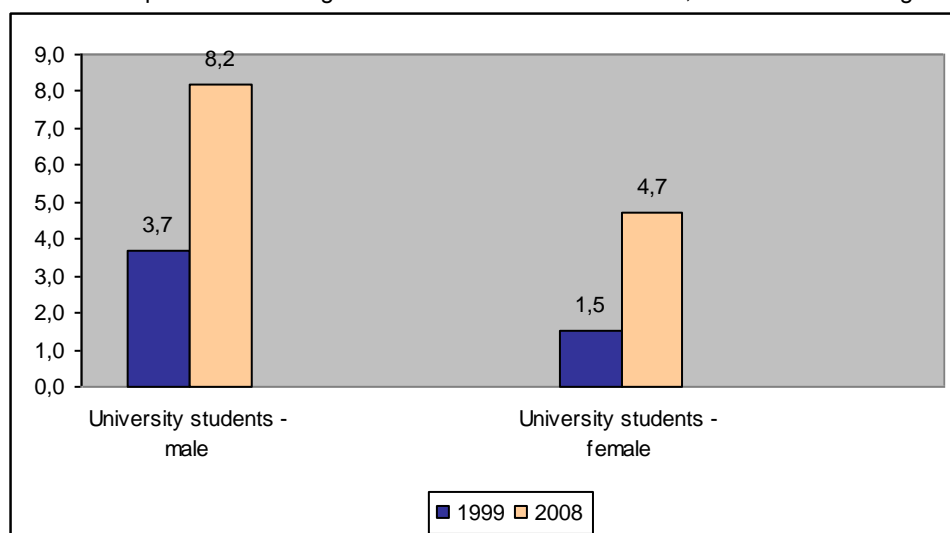


Figure 2.3.3: Comparison according to Gender: Solvents or Inhalants, once or more during his/her life (LTP)



Data source: Nociar, A.: Drug Survey among University Students in Slovakia. Final Report, Bratislava VÚDPaP 2008

C) Retrospective Self-Estimate of University Students in 1999 and 2008

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

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

Summary of Outcomes Acquired in 1999 – Comparison with ESPAD 1995:

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

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

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

Occurrence of drug use / significance	SS students 1995 versus Retrospective Estimate of University Students	Prevalence Retrospective SS1995–estimate of University Students (US)	Retrospective Estimate of University Students versus University Students 1999	Prevalence Retrospective Estimate US–US1999
Smoking	0.479	60.6 – 57.1	0.000***	57.1 – 71.9
Alcohol	0.250	95.5 – 92.8	0.000***	92.8 – 98.5
Inebriation	0.030*	53.0 – 44.6	0.000***	44.6 – 71.5
Marijuana	0.086	11.1 – 15.5	0.000***	15.5 – 31.5
Inhalants	0.018	5.7 – 2.1	0.065	2.1 – 3.0
Tranquilizers	0.011*	6.6 – 2.4	0.005**	2.4 – 8.5
Amphetamines	0.972	1.2 – 1.2	0.268	1.2 – 2.4
LSD	0.683	1.1 – 1.2	0.005**	1.2 – 5.1
Cocaine	1.000	0.6 – 0.0	0.163	0.0 – 0.6
Heroin	0.861	1.2 – 1.5	0.598	1.5 – 2.1
Ecstasy	0.307	0.3 – 0.9	0.499	0.9 – 1.5
Alcohol + Pills	0.080	6.0 – 2.8	0.004**	2.8 – 7.8
Anabolics	0.173	1.8 – 0.3	0.110	0.3 – 1.5

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

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

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

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

completed secondary vocational school and 5 % had completed either secondary apprentice school or another type of school. These estimates were then used for the selection of the sample from the ESPAD 2003 for SS students for their comparison with the self-estimate by university students.

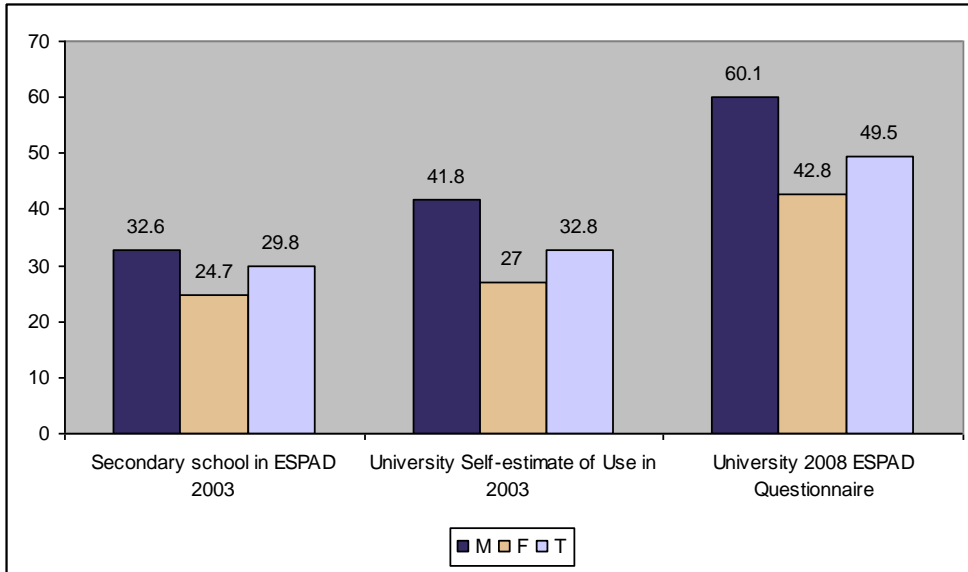
Table 2.3.5: Comparison of the selections from ESPAD03 and 08 (SS students in 2003 vs. university students in 2008: retrospective estimate); and the estimate of internal development of drug use – overall prevalence

Occurrence of drug use / significance	SS students 2003 versus Retrospective Estimate of University Students	Prevalence Retrospective SS 2003–estimate of University Students (US)	Retrospective Estimate of University Students versus University Students 2008	Prevalence Retrospective Estimate US–US 2008
Smoking	0.083	70.1 – 67.2	0.000***	67.2 – 78.4
Alcohol	0.017*	95.4 – 93.6	0.000***	93.6 – 99.0
Inebriation	0.664	72.6 – 72.3	0.000***	72.3 – 84.7
Marijuana	0.141	29.8 – 32.8	0.000***	32.8 – 49.5
Inhalants	0.033*	5.9 – 4.1	0.035*	4.1 – 5.7
Tranquilizers	0.000***	4.8 – 2.4	0.000***	2.4 – 5.1
Amphetamines	0.055	2.8 – 1.8	0.197	1.8 – 2.5
LSD	0.063	2.2 – 3.1	0.001**	3.1 – 5.3
Cocaine	0.782	1.4 – 1.5	0.027*	1.5 – 2.5
“Magic Mushrooms”	0.027*	3.4 – 4.8	0.003*	4.8 – 7.2
Heroin	0.450	0.7 – 0.9	0.860	0.9 – 1.0
Ecstasy	0.341	3.9 – 4.3	0.000***	4.3 – 8.2
Alcohol + Pills	0.193	11.7 – 10.3	0.000***	10.3 – 14.5
Anabolics	0.052	0.9 – 1.6	0.887	1.6 – 1.7

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

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

Figure 2.3.4: Smoking of Marijuana, once or more during his/her life (LTP)



Secondary School in ESPAD 2003 University Self-estimate of Use in 2003 University 2008 ESPAD Questionnaire

Figure 2.3.5: Use of Ecstasy, once or more during his/her life (LTP)

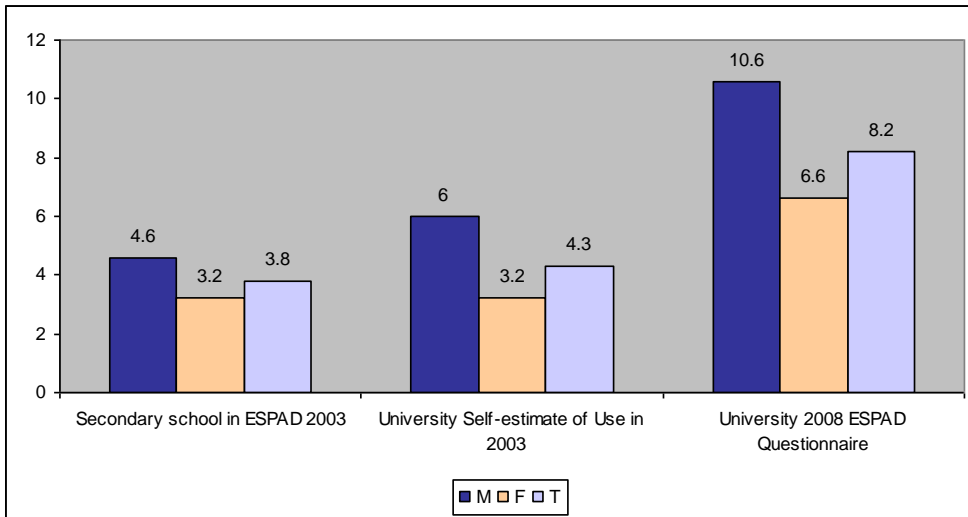
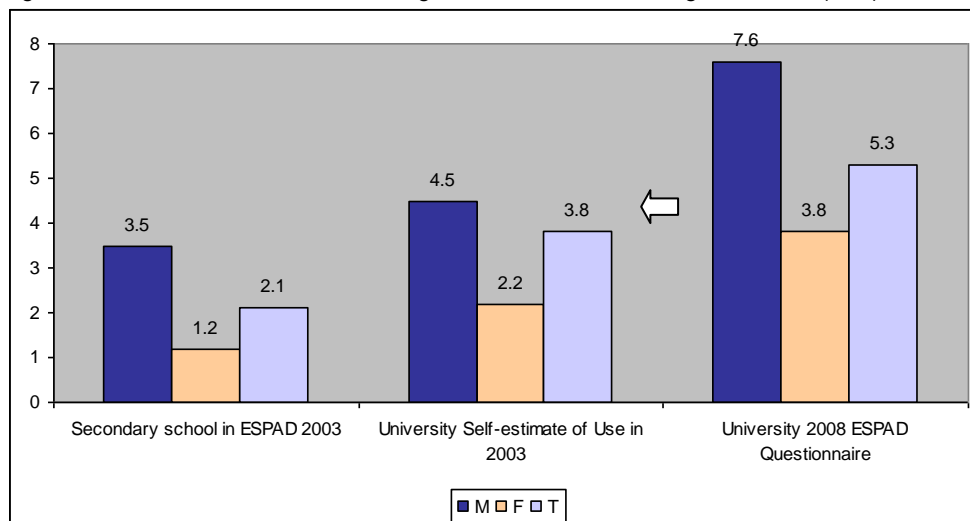


Figure 2.3.6: Use of LSD and Hallucinogens, once or more during his/her life (LTP)



Data source: Nociar, A. (2008) Final Report

D) Problem Use of Legal and Illegal Drugs

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

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

CAGE Screening	MALE STUDENTS			FEMALE STUDENTS			
	School/Year	SS 2006	SS 2007	U 2008	SS 2006	SS 2007	U 2008
1		26.7	30.2	28.1	23.4	24.9	21.8
2		16.9	14.4	14.8	11.1	13.5	9.4
3		5.5	5.6	7.1	4.5	5.6	3.3
4		1.4	1.1	3.0	0.6	0.9	1.0

* 3 to 4 points mean the possibility of significant problems with alcohol. Data source: Nociar, A. (2009)

Table 2.3.7: Percents according to the four quartiles of the ADS Spectrum of the Alcohol Addiction* in the TAD surveys (2006), ESPAD (2007) and the University Survey (2008)

ADS Spectrum of Addiction	MALE STUDENTS			FEMALE STUDENTS		
	SS 2006	SS 2007	U 2008	SS 2006	SS 2007	U 2008
Q1: Signs of Psychological Addiction	24.2	26.7	28.5	20.1	21.9	20.1
Q2: Signs of Physical Addiction	14.5	12.7	17.5	9.5	9.4	6.8
Q3: Signs of Essential Addiction	4.7	3.2	3.7	2.2	2.4	1.0
Q4: Signs of Severe Addiction	1.1	0.8	0.4	0.6	0.6	0.5

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

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

Figure 2.3.7: Outcomes in ADS and Prevalence of Marijuana and Three Synthetic Drugs among SS students, Nociar A. (2008)

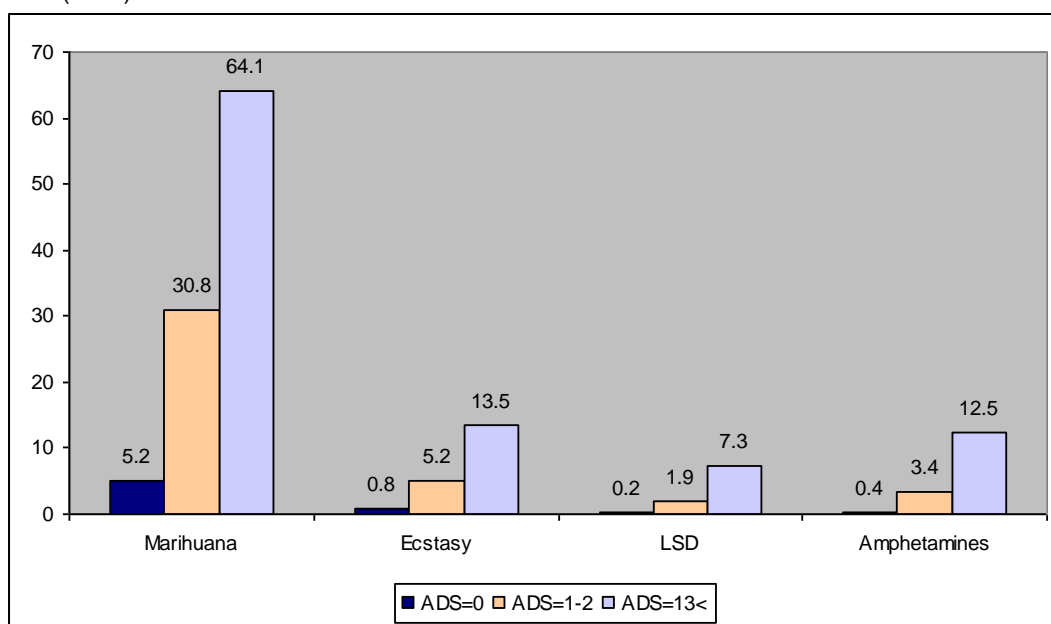
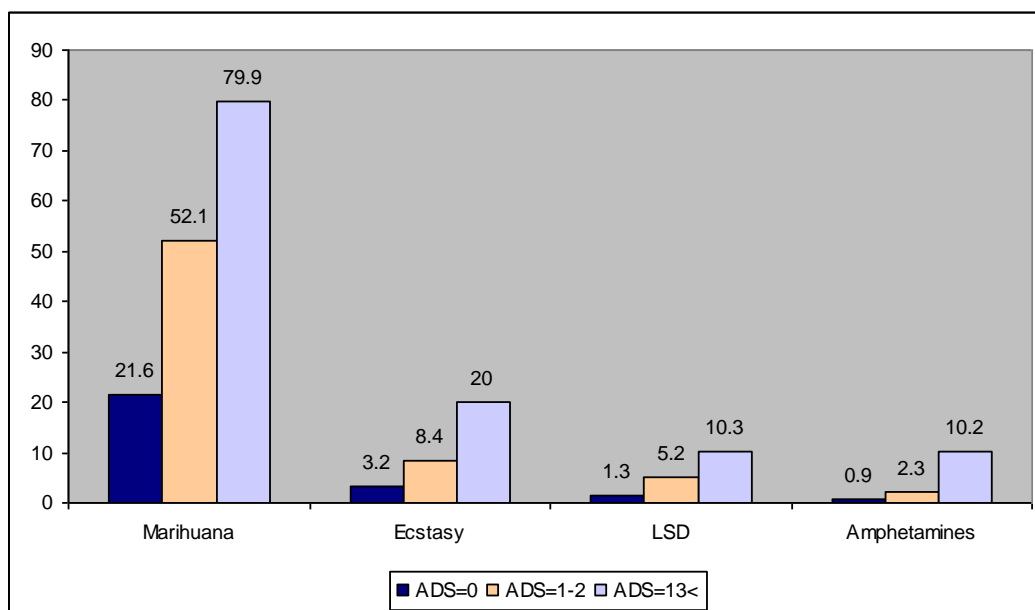


Figure 2.3.8: Outcomes in ADS and Prevalence of Marijuana and Three Synthetic Drugs among University Students



Analysis⁴⁶ of the Module on Marijuana: CAST

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

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

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

ESPAD 2007	CAST	Any drug including marijuana (composite index)	Any drug without marijuana* (composite index)	ESPAD 2008	CAST	Any drug including marijuana	Any drug without marijuana
Type of School/ Index				Type of School*/ Index			
Grammar School (GYM)	1.68	38.1	6.8	GYM	0.96	44.2	6.9

⁴⁶ Nociar, A.,(2009) Analysis of Module on Marijuana: CAST and Relative Risk of Use of the Illegal Drugs by Secondary Schools and University Students

Secondary Vocational School (SVS)	2.14	42.5	12.2*	SVS	0.96	52.5	9.3
Secondary Vocational Apprentice School (SVAS)	2.55	49.0	14.3*	SVAS + other types	1.27	46.2	10.6

Note * All differences were mutually statistically significant on the level of 0.05 except for SVS and SVAS for the case of composite index "Any other drug except for marijuana". Part of ESPAD 2008 incorporates the averages of the additional spectrums and composite indexes among university students: in 2008 with a similar trend

* Data on the type of completed secondary school was indicated by only over one third of respondents; for this reason, the estimates of the percentage of representation of individual school types are only indicative.

It is possible that one of the anticipated consequences of this different composition of both populations of students is the lower prevalence of illegal drugs among university students and the end of the linear growth of frequency of their use with increasing age, which is typical for SS students.

Among university students, CAST correlated on the level of 0.05 % with two items of the depression spectrum: "Decreased ability to concentrate on something" and "Experiencing depressed mood". The correlations were negligible in the last four items. In the spectrum of the *anatomy* among these students the high score in CAST significantly correlated with the positive answer to the question "I act according to my rules in my life" (level 0.01%) and with the negative answer to the question "In fact nobody knows what's expected from him/her in life" and "One can't be ever sure of anything in one's life".

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

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

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

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

Data source: Nociar, A. (2009) The Analysis of the Module on Marijuana: CAST and Relative Risk of Use of Illegal Drugs among SS and University Students

The extent of experience with legal and illegal drugs among university students is a bit higher, which is true for their experience with alcohol, marijuana, LSD and ecstasy, but not for smoking and amphetamines. Aside from the limited comparability of both populations due

