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for Drugs and Drug Addiction

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NATIONAL REPORT

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SLOVAKIA

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

REITOX

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SUMMARY

2010 was a year of realisation tasks of the fourth consecutive antidrug strategy and the action plan, scheduled for 2009 – 2012; and also a year of preparation of the interim action plan achievement evaluation. In the beginning of 2011, the interim report was submitted to the Slovak government and to the National Council (parliament) to take cognisance of it.

According to the Programme Declaration of the new coalition government1, it intended to give particular attention to the fight against drug distribution and consumption in the area of repression, but also prevention. It will strengthen legal and executive authorities of the Police Force in the area of the fight against drugs, but it put less emphasis onto coordination structures and their coordination role.

In the second part of 2010, the Act No. 575/2001 on the Government activities organisation and on organisation of the central state authority was amended and drug issue dropped out from the competency of Deputy Prime Minister for human rights and minorities. By the government resolution no 135/2011, Board of Ministers for Drug Addictions and Drug Control, specialised advisory body to the Government in the drug field, has been cancelled and replaced with the universal Ministerial Council that lost connections to the expert background, supporting activities and functions of the Board of Ministers.

By the government resolution No. 1/2011, cancellation of the Antidrug Fund was decided, ending series of attempts to transform the Fund and make it more effective in money rising.

In the course of 2010, some steps were undertaken, aimed to reduce “legal highs” distribution via network of internet as well as of regular shops (Crazy Shops), and, at the same time, legislative activity was initiated by the drug coordinating bodies, based on NMCD’s expert information. Drug control was extended, and preparatory works in 2010 led to the Act No. 43/2011 Coll. approval at the National Council in the beginning of 2011 that renewed Act No. 139/2008 Coll., and added 43 new substances on the list of controlled narcotic and psychotropic substances.

Legislation adopted in 2010 enforced repressive steps against drug trafficker (property forfeiture) and against diversion of chemicals used as precursors.

Government Council for the Crime Prevention, advisory body acting within the ministry of internal affairs, prepared Concept of Crime Prevention Strategy for 2011 to 2014 that involved, to some extent, also drug problem.

All population and school surveys carried out in 2010, have recorded the decline in marijuana consumption what is the overall trend in EU since 2009. On the other hand at least three surveys (NMCD population survey 2010 and Tobacco-Alcohol-Drugs school survey and 2011 Eurobarometer survey Young attitudes to drugs) showed that the gap didn’t stay empty. New designer synthetic drugs and herbal products which were not under legal control already penetrated the Slovak drug market and reached out young people. The public “nuisance”, extensive media coverage of the legal highs issue and results of the survey contributed to rapid adopting of the further control mechanisms (see Chapter 1 - legislative development).

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[1] Programme Declaration of the Slovak Republic government, August 2010, part Safety and effective state 4.2 Internal order and safety p.45

The effort of experts in education sector was mentioned in last Report regarding the establishing of standards and/or guidelines for qualified prevention. The absence of prevention standards is probably the reason that the number of evaluated programmes is dropping. Moreover the way of evaluation is not always perceived as the measurement of the effectiveness on target group.

The document of State Pedagogical Institute "The Basis to Establish School Strategy to Prevent Risky Behaviour of Pupils" was the real kick off in development of national prevention standards. A step ahead was made in finding out the needs of school prevention coordinators for the effective prevention. The survey showed strong need and demand for innovative forms, the attractive way of presentation, and active involving children and young in the programmes. Simultaneously free access of teachers to the specialised training and education was voiced. An experiment with USI prevention system tailored for children and young in city district known by the prevalence of criminal offences incl. drug offences, and the highest2 amount of drug addicted patients living on the district territory, seems to be of good promise in community prevention.

In 2010 no new estimate of problem drug use in Slovakia was carried out. However, in 2011, based on 2010 data, study was carried out to know numbers of clients of low threshold harm reduction agencies that come to programmes of these agencies (especially to needles/syringes exchange/distribution programme) and the proportion of their clients that go to the treatment at the health care facilities. This was the first preparatory works for prevalence estimation, based on combined data from low threshold agencies and health care treatment centres. In 2010, notable decrease of the number of agencies' clients was observed. Among them proportion of heroin users dropped down slightly, contrary to other opioids (e.g. buprenorphine) that seemed to spread regionally and in quantity. Also proportion of pervitin users declined in harm reduction services, and even the proportion of polydrug users.

2266 patients treated due to drug-related problems were reported in 2010. This means slight increase (as high as almost 18%) in comparison with 2009, which was again for account of treatment facilities in prisons, because from health care sector the increase is not so high (some 7%). 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. About one third of the patients were in treatment due to problems with stimulants, though in treated for the first time ever it created almost 40%) and their proportion increased in 2010. Number of opioids users declined among FTD as well as among all treated. The proportion of cannabis users remained practically unchanged. The proportion of injecting drug users among the treated drug users in healthcare facilities decrease slightly in 2010 again.

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.

In 2010, data were completed on drug related deaths and mortality for 2009 too. 42 deaths caused by the direct effects of psychoactive substances were reported in

[2] In 2010 171 drug addicted patients were reported in Bratislava II.district , similarly in Bratislava V.district, comparing Bratislava I, (45),Bratislava III.(60) and 87 drug addicted patients in Bratislava IV. Source:Drug User Treatment in Slovak republic in 2010.

2010. The important proportion of these were caused by opioids only - 5 cases, and by opioids in combination with various substances – 7 cases, which represents together 60% of all direct deaths caused by illicit drugs and solvents. Another 22 deaths (52%) of all direct deaths were caused by medicines, Other substances excluding opioids were identified in 8 cases (19%).

The share of individuals infected by the HIV virus remained low and non-epidemic. This is also true for the high risk population of injecting drug users. One new case was reported as HIV positive in Slovakia 2010 from among injecting users.

The sub-population of injecting drug users traditionally includes high numbers of the prevalence of type C hepatitis antibodies, especially among the injecting users of opiates. According to the sentinel study at the CTDD Bratislava, the proportion of serum-positive VHC cases in patients reached 40%, which means declining trend in comparison with 2009. According to this study, the percentage of patients with prevalence of antibodies of type B hepatitis rose further (up to 28%) but in absolute numbers (17) it was continuation of decrease.

There was an increase in toxic psychoses of schizophrenic nature, especially in connection with use of methamphetamine.

The deaths related to psychoactive substance intoxication did not rise up dramatically in 2010, yet their monitoring was, as usual, impeded by limited sources and the complexity of toxicological expertises. This applies in particular to the determination of a direct cause of death by a specific substance in case of the escalating poly-use amongst users, in which case use of different illegal psychoactive substances is often combined with alcohol and psychotropic medicine. The emergence of new synthetic substances on the drug scene makes analyses even more difficult..

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 2010, a total of 317,416 syringes/needles were provided to the clients of these facilities, which is approximately as many as the year before

Drug addicts and individuals with other dependences are not explicitly mentioned in relevant measures to prevent social exclusion and to assure integration into society. However, they are not excluded from benefits what these measures provide.

The significant proportion of patients entering into treatment

The distinctive facilities only for people with problem of dependence were established to provide different social services serving to backward return of clients to society. There are at leas 19 such facilities – resocialisation centres (RCs) which are certified by Ministry of Labour, Social Affairs and Family for their activities. According NMCD surveys in 2007-2010 the number of clients in these resocialisation centres are increasing (802 in 2010). Prevailing psychoactive substance what has led to the problem was alcohol, followed by illegal methamphetamine – pervitin and poly-drug abuse. So far the effectiveness of resocialisation programme (in RC) is concerned an important proportion of clients monitored after one year was abstaining of drugs, starting or completing their education, 67% of such ex-clients hold stabile jobs and were lodged.

The police recorded in 2010 drop of drug-related criminal offences (28%) and prosecuted offenders (6%). Almost two thirds of drug offenders were prosecuted for criminal offences related to marijuana and a quarter of offenders were prosecuted by

the police in relation to pervitin. What concerns the convicted, their number slightly increased as compared to the previous year (by 5%). Courts found guilty more than half from 1135 convicted (2010) for keeping drugs for personal consumption. The biggest number of persons was convicted for criminal offences related to marijuana (62.6%) and pervitin (17.3%).

The court imposed suspended sentence on more than two thirds of offenders for drug-related criminal activity and not suspended sentence on approximately one fourth. The share of convicted, on which the judge imposed sentence of obligatory work or sentence of home confinement did not exceed 2%.

There were 1370 persons in detention facilities in the Slovak Republic in 2010 who declared drug use in civil life prior to the start of the custodial sentence. The share of positive drug screenings dropped as compared to the previous year (2009) (from 31.1% to 8.8%). The presence of benzodiazepines (107), cannabinoids (71) and amphetamines (31) was most frequently confirmed in prisoners.

Marijuana remained also in 2010 the most available drug in Slovakia, the seizures of which formed 59% from the total number of seizures (2042), followed by pervitin - 27% and heroin – 7%. Home production of marijuana grew, which was grown especially by citizens of Vietnamese nationality. A new trend registered in 2010 was seizures of fentanyl (N17), which has started to substitute the active component in heroin. The share of ecstasy pills with content of MDMA significantly decreased in 2010 on the Slovak drug scene; these were substituted with pills containing mCPP. The concentration of heroin got in 2010 to the highest level since 2001 (median reached 14.6% and weighted average 16.2%). The increase of concentration was reflected also in price of heroin, the highest value of which reached the level of max. price of cocaine, i.e. € 60 /g.

The precursor for production of ecstasy – PMK-glycidate was seized in Slovakia for the first time. Ephedrine/pseudoephedrine remained also in 2010 the most abused precursor in Slovakia, although its seizures as well as seized volume have been dropping systematically since 2008.

Selected data on drug situation are displayed in the table below:

Indicator/item	2009 value	Trend 2008-2009	2010 value	Trend 2009-2010
No. of treated due to drug use	1505	►◄	1909	◓
No. of treated for the first time ever	686	◒	732	◓
Share of injecting users in treatment	39,2%	►◄	36,5%	◒
Share of treated for the first time ever	45,6%	►◄	45,5%	►◄
No. of first treatments ever - opioids	168	◒	162	►◄
No of first treatments ever – stimulants (Pervitin)	232	◒	283	▲
No. of first treatment ever - cannabis	168	◒	174	◓
Share of those treated for the first time ever younger than 20	27,6%	◒	73%	▲ ▲
No. of low threshold programmes	5	►◄	5	►◄
No. of clients of low threshold programmes	3588	◓	2267	◒
No. of resocialisation centres	19	►◄	19	►◄
No. of clients in resocialisation centres	857	◓	802	◒
Share of HIV positive among drug users	<1%	►◄	<1%	►◄
Share of positive cases of viral hepatitis C among drug users (data from Bratislava only)	50%	►◄	40%	◒
No. of deaths found as related to drugs	22	◒	20	◒
No. of deaths found due to opioids use	12	▼	12	►◄
No. of persons prosecuted due to drug offences	2011	▲	1891	▼ (by 6%)
No. of persons sentenced for drug offences	1079	▲	1135	▲ (by 5,2%)
Of which juvenile	51	▼	50	◒
No. of persons sentenced in relation to cannabis	551 (55,9%)	▲	689 (62,6%)	▲
No. of persons sentenced in relation to heroin	102 (10,3%)	▼	95 (8,6%)	▼
No. of persons sentenced in relation to pervitin	172 (17,5%)	▲	190 (17,3%)	▲
No. of persons sentenced in relation to amphetamines/ecstasy	119 (12,1%)	►◄	99 (9%)	▼
No. of persons sentenced in relation to other drugs	29 (2,9%)	◒	21 (0,9%)	▼
No. of persons sentenced in relation to cocaine	12 (1,3%)	◓	7 (0,6%)	▼
No. of persons sentenced due to possession (for own need)	620 (57,46%)	▲	629 (55,4%)	►◄
No. of persons sentenced due to illegal production, traficking, dealing	433 (40,13%)	▲	490 (43,2%)	▲
No. of persons sentenced due to other offences related to drug supply	26 (2,41%)	◓	16 (1,4%)	▼
No. of drug seizures	2797	▲	2042	▼

Continuation on the next page

▲/▼ Steep increase/decrease

◓/◒ Slight increase/decrease

►◄ Stable trend

\- not available/not observed

Continuation from the previous page

Indicator/item	2009 value	Trend 2008-2009	2010 value	Trend 2009-2010
Seizures share – cannabis	59%	▲	59%	►◄
Seizures share - pervitin	29%	◡	27%	▼
Seizures share – heroin	8%	◡	7%	▼
Seizures share – cocaine	1%	◡	1%	►◄
Seizures share – other drugs	3%	▲	5%	▲
Drug concentration				
Median – concentration of marijuana	11,2	◠	11,3	◠
Median – concentration of hashish	10,2	◠	7,5	▼
Median – concentration of heroin	14	◠	14,6	◠
Median – concentration of cocaine	34,6	▲	29,1	▼
Median – concentration of metamphet.	71,9	▲	71,8	◡
Average concentration of marijuana	12,4	▲	7,7	▼
Average concentration of hashish	8,2	▼	9,7	▲
Average concentration of heroin	14,3	▼	16,2	▲
Average concentration of cocaine	30,1	▼	48,3	▲
Average concentration of metamphet.	67,1	▲	65,7	▼
No. and proportion of drug dependent in prisons	1301 (14,2%)	▲	1370 (13,8%)	►◄
Drug crime sentences - proportions				
Suspension of sentences	65%	▲	64,9%	►◄
Unconditionally sentenced	26,7%	▲	26,3%	◡
Fine sentences	6,7%	◡	6,3%	►◄
Alternative sentences	1,5%	◠	1,6%	▼
Other sentences & dropping the sentences	0,1%	▼	0,9%	►◄

PART A: DEVELOPMENT AND NEW TRENDS

In this part, the National Report gives an overview of the situation in 2010 based on individual key indicators, and current development and trend in 2011, especially in Chapter 1.

1 NATIONAL POLICY AND ITS CONTEXT

In 2010, tasks were fulfilled stated by the fourth programme document of the Slovak Government – National Drug Strategy for the period 2009 – 2012. During 15 year period since the first strategic document in this field was adopted, Slovak Republic became a member of international community joined in combating drug danger and is open for any international activities that direct towards effective solution of drug problem.

Integrated and balanced European approach is the dominant characteristic of the national strategy of drug demand reduction and drug supply reduction.

In the beginning of 2011, the Anti-drug Strategy Coordination Department[3] processed the Report on Mid-term Evaluation of the Drug Strategy for 2009-2010. This report then was submitted to the Government of the Slovak Republic and to National Council of the Slovak Republic.

Final evaluation of the National Drug Strategy 2009 – 2012 is scheduled to the beginning of 2013.

During 2010 and in the beginning of 2011, after 15 years of drug policy coordination hitherto being executed, some major changes occurred in the type, range and scope of it. Competencies of the special political structure – Board of Ministers for Drug Addictions and Drug Control – that previously arched over comprehensively the drug problem lapsed onto newly established Ministerial Council – a body to cover universally also other fields. Previous executive body of the Board of Ministers – General Secretariat – moved from the Deputy Prime Minister's section to the section of the Head of the Government Office, where it was incorporated into the Section of Foreign Cooperation. This arrangement created de facto two parallel structures, with different competencies and without internal links and mechanisms defined – at least preliminary.

The anti-drug policy of the Government of the Slovak Republic is based on international treaties of UNO with regard to drugs, Political Declaration on Guiding Principles of Drug Demand Reduction, Special session of the UNO General Assembly and other EU strategy and current Action Plan of EU Anti-Drug Strategy for the period 2009-2012.

The Government of the Slovak Republic is responsible for fulfilment of objectives of the anti-drug policy, which in cooperation with the National Council of the Slovak Republic influences forming of the respective legislative environment for the support of main pillars of the strategy, namely reduction of drug demand (prevention, treatment, resocialization, reduction of harmful effects of drug usage) and application of law for the offer reduction.

The new coalition government established after June parliamentary elections explicitly joined in its programme declaration[4] named "Civic responsibility and cooperation" for the period of years 2010 – 2014 the EU anti-drug strategy, the main principles of which are reflected in the National Anti-Drug Strategy 2009 – 2012.

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[3] Former General Secretariat of the Board of Ministers for Drug Addictions and Drug Control

[4] http://www.vlada.gov.sk/22241/programove-vyhlasenie-vlady-sr-na-obdobie-rokov-2010-2014.php - p.45, downloaded on 13.8.2010

1.1 Legal Framework

Within legislative framework, by 15 June 2010 created by 22 legislative regulations, which are described in details in 2010 report[5], some updates were made.

1.1.1 Legislative Changes Related to New Synthetic Drugs

The most important legislative initiative started already in 2010 and completed within few months was the update of the Act No. 139/1998. Coll. – completion of the list of regulated substances. This was a reaction to the occurrence of the so-called "Crazy shops" – originally internet shops offering new synthetized psychoactive analogues, later also brick-and-mortar (physical) shops, where these products were sold masked as "gift" or "commemorative" objects, "spa salts" and so on, with warning about the ban on their consumption. These shops appeared in several towns in the north of Slovakia (Dolný Kubín, Žilina, Martin) and their network gradually expanded to the south and east. After the first registered signals about the occurrence of crazy shops, there was an extraordinary meeting of expert group for the early warning system (EWS) including representatives of the trade inspection and public health system called in August 2010 from the initiative of NMCD and in cooperation with the GS CM DADC at the Government Office, where possibilities of procedure against the sale of new synthetic drugs were sought. Measures enabling intervention against such sale were proposed within existing legislative standards and these have been gradually used – especially in form of inspection of compliance with sanitary and trade standards from the part of the seller, as well as by utilization of the act on advertisement. The adopting of legislative measure in form of amendment to the law was expedited by the case of journalists, who bought these substances in newly open shop in Bratislava and according to instructions of the selling staff used them on themselves. They subsequently published their experience and information about effects of tried substances, what caused wave of activities at various levels of politics and social life, leading to the closure and ban on sale of such products. 43 new substances were added with effect from 1 March 2011 in shortened legislative procedure by the Act No. 43/2011 Coll.[6] to the annex of the said act. Subsequently the person registered as the owner of crazy shop network was detained and shops were closed down. These shops were later renamed to Euphoria shop and their activity on the internet, as well as in direct physical sale, was renewed.

1.1.2 Legislation on precursors

In relation to the membership of the Slovak Republic in the EU, it has been continued to proceed with the fight against trading in narcotic and psychotropic substances and precursors pursuant to the ***Regulation*** (EC) No. ***273/2004*** of the European Parliament and of the Council on drug precursors and Council Regulation (EC) No. 111/ 2005, laying down rules for the monitoring of trade between Community and third countries in drug precursors. The national legislation implemented these regulations into the Act No. 331/2005 Coll. on State Administration Authorities in the Matters of Drugs Precursors and on the amendment and supplement of certain laws. The Ministry of Economy of the Slovak Republic

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[5] http://www.infodrogy.sk/ActiveWeb/d/aktualizacia_drogove/sk/drogova_legislativa.html

[6] Act No. 43/2011 Coll., which changes and amends the Act No. 139/1998 Coll. on Narcotic Substances, Psychotropic Substances and Preparations as amended

granted in compliance with the legislation (EÚ, SR) permits for export and import of chemical substances, which can be abused for illegal production of narcotic and psychotropic substances (precursors) and executed control and monitoring of reports from exporters and importers, who have statutory reporting obligation. Measures for prevention of abusing over-the-counter medicines containing pseudoephedrine[7] were taken. Wholesale medicine distributors were asked within these measures to regularly submit monthly data about supplies of all medicines containing pseudoephedrine to individual customers (public pharmacies, hospital pharmacies and other holders of licences for wholesale distribution of medicines). Inspections in pharmacies with excessive sale of over-the-counter medicines containing pseudoephedrine were made on the grounds of assessment of such data. Another measure concerned the adopting of amendment entitling the pharmacist to refuse the sale of such medicines in amount larger than for one treatment cycle (amendment to the Act No. 140/1998 Coll.). The amendment of the Act No. 331/2005 Coll. on State Administration Authorities in the Matters of Drugs Precursors (as the Act No. 425/2010 Coll.) came into effect on 1 December 2010, preventing the abuse of specified substances contained in over-the-counter medicines. The amendment amends the obligation of the pharmacist to give such medicines for only one treatment cycle[8] and it was elaborated in cooperation with the Police Corps Presidium (hereinafter referred to only as the "PCP"), State Institute for Drug Control (SIDC) and Customs Administration of the Slovak Republic (CA SR) by the Ministry of Economy of the Slovak Republic. In relation to the said amendment of the act, also the Decree of the Ministry of Economy of the Slovak Republic No. 380/2005 Coll. has been amended by the Decree of the Ministry of Economy of the Slovak Republic No. 12/2011 Coll., which specified in more detail obligations to submit annual reports for operators marketing over-the-counter medicines containing specified substances in volumes higher than is necessary for one treatment cycle[9]. That has solved weak points in the area of registration of operators using specified substances of category 2 for legal purposes under rigorous application of provisions of respective EC regulations, the area of sanction imposition for administrative offences has been extended and possibilities to obtain data about specified substances necessary for the prevention of their illegal usage[10] were made more precise.

Another measure adopted was a change incorporated to the law that authorises a pharmacist to refuse sales of suspect pharmaceuticals in amount bigger than for one treatment cycle (amendment of the Act No. 140/1998 Coll.)

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[7] Inter-ministerial work group has been established composed of representatives of the Police Corps of the Ministry of Interior of the SR, Ministry of Health of the SR, Ministry of Economy of the SR, Customs Criminal Office, State Institute for Drug Control, Slovak Chamber of Pharmacists and centres for treatment of drug dependencies.

[8] Ministry of Interior of the Slovak Republic 2011;

[9] Ministry of Economy of the Slovak Republic 2011;

[10] Ministry of Economy of the Slovak Republic 2011;

1.1.3 Changes in the Criminal Code

Only a few smaller adjustments were made in the Act No. 300/2005 Coll. (Criminal Code) in 2010 and at the beginning of 2011. The Act No. 224/2010 Coll.[11] in effect from 1 September 2010 completes the imposition of protective measures with categories "confiscation of money" and "confiscation of property" (Section 33). The act further specified more exactly and in more detail drug-related criminal offences, for which it is possible to impose the sentence of property forfeiture[12]. Similarly, the Act No. 262/2011 Coll.[13], in effect from 1 September 2011, which primarily amends the Act No. 301/2005 (Criminal Code), specified in the new wording the possibility of property forfeiture with regard to drug-related criminal offences (and some other) in the same way as with regard to especially serious property criminal offences, whereas the conviction of the offender for the life custodial sentence in not a condition (Section 58). The new wording says that court "impose" the sentence of property forfeiture, instead of "can impose" that, which means compulsory spirit of the sanction.

The Act No. 313/2011 Coll., in effect from 1 November 2011[14], specifies stricter sentences for offences committed by offenders in traffic under the influence of addictive substances. This concerns the criminal offence of endangering under the influence of addictive substance and criminal offence of causing death under the influence of addictive substance as driver of traffic vehicle. One of sentences for such criminal offences is the ban to perform activity. The new provision (Section 61) states that in case of repeated committing of some of the said criminal offences (i.e. if the person was convicted for such criminal offence before), the sentence of ban of activity in the upper half of sentence rate should be imposed, which is for these criminal offences 1 – 10 years; the sentence from the supper half of the sentence rate is imposed also in case of juveniles, where the upper limit is 5 years. In case of yet another conviction, the life sentence of ban of activity shall be imposed, for juveniles for 7 to 15 years. The expungement of record does not have any impact on the imposition of these sentences. Also in case of these criminal offences, if it concerns the ban of driving any motor vehicle and if the offender has already been convicted for the same criminal offences during the last 10 years, and conditional discharge of the remaining sentence of ban of activity is not possible.

Sentences for performance of employment or other activity in condition excluding qualification, which could endanger life or health of people or cause significant damage on property were also made stricter – the offender can be sentenced to custody for as long as one year[15]. The same sentence can be imposed on the offender if s/he refuses to undergo examination for determination of addictive substance by breath test or orientation testing instrument, or medical examination by

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[11] Act No. 224/2010 Coll., which changes and amends the Act No. 300/2005 Coll. as amended and on change and supplement of certain laws

[12] "... The court shall impose the sentence of forfeiture of property (...) if the offender is convicted for committing criminal offence of unpermitted production of narcotic and psychotropic substances, poisons or precursors, their keeping of trading with them pursuant to the Section 172 (2, 3, or 4) or Section 173,..."

[13] Act No. 262/2011 Coll., which changes and amends the Act No. 301/2005 Coll. Code of Criminal Procedure as amended, and which changes and supplements certain laws

[14] Act No. 313/2011 Coll., which changes and amends the Act No. 8/2009 Coll. on Road Traffic and on change and supplement of certain laws as amended and which changes and supplements certain laws

[15] Section 289 – endangering under the influence of an addictive substance

blood sampling and examination or examination of other biological material for presence of an addictive substance.

1.1.4 Other Legislative Changes

The Government of the Slovak Republic passed on 12 January 2011 by the resolution No. 1 the draft of bill on the cancellation of the Anti-Drug Fund, which has been subsequently after negotiation in the National Council of the Slovak Republic applied by the Act No. 121/2011 Coll. with effect from 1 May 2011. The Act stipulated in addition to the cancellation of the fund also the position of fund adjuster (liquidator) and the time procedure of the liquidation.

Based on the amendment of the Act No. 575/2001 Coll. On the government activity organisation and on organisation of the central state administration, competencies of the Deputy Prime Minister were strengthened in the field of human rights, rights of ethnic minorities, equal treatment and gender equality; drug policy was exempted from his powers.

The Act No. 524/2010 Coll. on state subsidies provision in authority of the Government Office of the Slovak Republic stipulates purpose, condition, extent, arrangements and control of takedown of subsidies in authority of the Government Office. Meeting provisions determined by this act, subsides can be provided for respective fiscal year.

The Act No. 245/2008 Coll. on Upbringing and Education (the School Act) became a significant tool for application of objectives and aims of prevention. There are school education facilities aimed also at the prevention of behaviour disorders and diagnostics of risk factors of children and youth operating in every region. They coordinate activities with facilities of ministries of health, labour and social affairs and interior. There are 76 centres of pedagogic-psychological counselling and prevention in Slovakia, which provide expert and methodical services for school pupils, pedagogues, educatory advisors and drug prevention coordinators in schools.16 Part of rendered services was related to personality and psychical problems and occurrence of social-pathological forms of behaviour having the potential for occurrence of risk drug behaviour. Special educatory facilities (SEF) operated in the field of interventions aimed at psychological, psychotherapeutical, education and reeducation care for pupils with behaviour disorders (indicated prevention). The activity was performed by 5 diagnostic centres (3 diagnostic centres for children to 15 years of age and 2 for the youth), 19 reeducation facilities (including facilities for mothers with children) and 8 treatment-educatory sanatoriums. There was an increase in diagnostic centres of the number of children placed on the grounds of court decision about institutional care (from 52 to 79), preliminary measure and education measure (from 49 to 124) and application of lawful representatives (from 58 to 131).

1.2 Other drug policy developments

As a measure towards more flexible reaction to development of new synthetic substances, especially in relation to products available free-for-all via Internet or in regular Crazy shops, Slovak Government has approved the proposal that allows narcotic and psychotropic substances to be scheduled for the list of controlled

[16] Slovíková M. UIPŠ, Ministry of Education of the Slovak Republic 2010 for SQ 25

substances in a form of a direction of the Government (and not through an amendment of the act). This would make the process faster and easier. Ministry of Health takeovers control over this proceeding[17]. Amendment of the act on narcotic and psychotropic substances is expected to come in 2012.

Health Care Committee of the National Council of the Slovak Republic discussed information concerning protection from intrusion of unregistered narcotic and psychotropic substances to Slovakia in May 2011, and bound, by its resolution No. 55/2011, the Minister of Health to submit, in cooperation with ministry of economy, ministry of interior and ministry of justice, a proposal of system measure by 31 September 2011.

1.3 Political and Institutional Frame of Anti-Drug Policy

National Anti-Drug Strategy for years 2009 - 2012

The Government of the Slovak Republic by the resolution No. 272 of 28 April 2011 and the National Council of the Slovak Republic by the resolution No. 440 of 19 May 2011 negotiated and acknowledged the Report on Medium-Term Assessment of the Fulfilment of the National Anti-Drug Strategy for the Period 2009–2010.

According to the program declaration of the current Slovak Republic Government[18], the basic framework of the anti-drug policy continues to be oriented within the Slovak Republic conditions to the European Anti-Drug Strategy for years 2005 – 2012. The NADS as the basic tool for solving drug-related problems[19] represents a set of measures taken at international, national and regional level. According to the report, the NADS can be in comparison with EU member states included among standard programmes within EU member states.

1.3.1 Interim Assessment of the Application of Strategy and Framework Action Plan for Years 2009-2010

Interim assessment of the National Antidrug Strategy implementation has been based on reports by respective departments – members of the Board of Ministers (until it was cancelled). These reports are descriptive, and summarize fulfilment of tasks in scope of central bodies of the state authority. Another important source for evaluation report were data of the National Monitoring Centre for Drugs and its annual report on the state of drug problem in Slovakia. Compilation of the report is a duty for Antidrug Strategy Coordination Department.

According to the assessment report, the main attention of the NADS was in the period 2009 - 2010 focused on:

- reduction of drug use, risks and harms related to their use,
- improvement of interventions and procedures in compliance with knowledge and acquired experience,

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[17] Inter-departmental working group has been created, composed of representatives of the Police Corps, ministry of health, ministry of economy, Custom Crime Office, State Institute for Pharmaceuticals Control, Chamber of Pharmacists and Centre for Treatment of Drug Dependencies Bratislava.

[18] Programme declaration of the Slovak Republic Government, August 2010, part Safety and Efficient State 4.2 Interior Order and Safety, p.45

[19] NADS 2009 – 2012

- decrease of offer with stress on the development of activities aimed at prevention, revealing and repressing drug-related criminal activity, abuse of precursors, production and distribution of narcotic and psychotropic substances and cross-border illegal trafficking of drugs,
- development of coordination and strengthening of cooperation at the national and regional level,
- improvement of cooperation and coordination with member states within the EU and respective international organizations and participation in the creation of a balanced European approach to the drug-related problems,
- improvement of the system of monitoring of the development of drug scene, spreading of knowledge and information about drugs and understanding of risks and consequences related to their use for the public health and health of an individual.

The Government of the Slovak Republic provided in the period 2009 – 2010 by means of the Committee of Ministers for Drug Addiction and Drug Control tasks of conception and strategic importance. Coordination and methodical guidance of the implementation and assessment of the fulfilment of NPFD (National Programme for the Fight Against Drugs) objectives were provided by the authorised executive body of the Committee – the General Secretariat. Monitoring of the drug situation in Slovakia was provided by the National Drug Monitoring Centre incorporated in the organizational structure of the Government Office of the Slovak Republic as one of departments of the General Secretariat. The Committee met three times in 2009 and only once in 2010.

The performance of objectives observed for the whole assessment period international commitments arising from European Union documents in the area of fight against drugs. International conventions and principles of international cooperation and coordination in the area of control of illegal drug and their precursors production, restricting the illegal production and trading in drugs, were respected. The attention was focused on programmes for reduction of demand and offer of drugs, programmes of healthcare for addicted individuals, risk groups. The Slovak Republic supported by achieved results of implemented anti-drug policy in relation to adopted conclusions and documents of UNO and EU the significance of international coordination of anti-drug strategy.

The set of various measures aimed at prevention of drug use and repressing of risk related to it, at efficient help to addicted citizens and risk groups, reintegration of people into the society and enforcing the law in fight against drugs, was promoted and executed. The preventive factor aimed at risk groups and environment was strengthened. Information rate about risks related to the drug use was increased, supporting services and programmes aimed at repressing risks related to the drug use were developed. A network of specialized centres was created within the scope of competence of the ministry of education, health and social affairs and in the scope of competence of non-governmental institutions. Despite the complicated development of the drug scene, the system of services in the area of treatment and reintegration of people using drugs was improved. Various forms of judicial cooperation were developed, the area of exchange of expert information and communication was improved. Control of legal production of narcotic and psychotropic substances was improved and measures for fight against money laundering were implemented. International cooperation with EU member states was actively developed.

A number of authorities, institutions and organizations participated in the execution of the NADS. The Committee of Ministers for Drug Addiction and Drug Control and its

General Secretariat performed an important role within the implementation and fulfilment of NADS tasks from 1995 until 2010 as coordination, expert-advisory and multi-ministerial body of the Slovak Republic Government for the area of fight against drugs and drug addictions. Key bodies were ministries of education, health, labour, social affairs and family, interior, justice, foreign affairs, finance and the General Prosecution of the Slovak Republic. Important tasks were fulfilled by ministries of culture, defence, economy, agriculture and transport, construction and regional development. Activities were performed in various forms within the local state administration and self-governments, with help from non-governmental organizations and civic activities.

The assessment of the first period of the national strategy implementation stated that the system of treatment of patients addicted to psychoactive substances in Slovakia forms a firm part of the healthcare system. The Act No. 576/2004 Coll. provides a framework for the system of provision of healthcare to drug users and the Act No. 305/2005 Coll. on Social-Legal Protection of Children and Social Guardianship is the legal basis for the provision of measures of social-legal protection of children and social guardianship for children, juveniles and young adults having problems with using psychoactive substances. There is an interconnection between these two legal regulations especially due to the provision of continuous care. The basis for the provision of treatment-preventive care to patients having problems with drug using has become the network of doctors and healthcare workers including general practitioners, emergency medicine doctors, doctors and healthcare workers of the emergency healthcare service, paediatricians, but also doctors with other specializations of especially the Ministry of Health in cooperation with the Ministry of Justice of the Slovak Republic and Ministry of Defence of the Slovak Republic. The problem here is the lack of qualified healthcare staff, specialist doctors, general practitioners as well as nurses. Reasons for this are various. The most significant seems to be the aging and “brain drainage”, affecting especially the young leaving for higher incomes to various EU member states (Great Britain, Germany, Italy, Austria, Czech Republic and others). The said situation restricts possibilities of denser coverage of the territory of the Slovak Republic with treatment. Continuation of this unfavourable trend of reduction of qualified human resources can be expected also in coming years.

According to the assessment report of NADS, the priority for the coming period remains to focus attention at the area of demand reduction. Problems related to the economic crisis cause difficulties and the sense of uncertainty among the weakest groups of population and often lead to risk behaviour, increase of drug consumption, or growth of drug-related criminal activities. Expenses for services and measures for the prevention of drug abuse are being decreased by means of various budget restrictions and they can thus negatively impact also the risk to the public health, social policy, enforcement of law and overall safety of the society. Part of ministries continues to have reserves in creation, implementation and evaluation of ministerial and regional strategies and policies and achieved results. The requirement for the support of approach based on expanding knowledge and information about the drug phenomena, understanding risks, consequences and needs related to their use for the public health and health of the individual and the process of assessment of adopted objectives and aims of the anti-drug strategy has therefore prominence.

1.3.2 Crime prevention

Conceptual framework of crime prevention for period 2011 to 2014[20] implies finalization of system and content of crime prevention at national, regional and local levels. Basically, each of following crime prevention priorities, which are starting point for creation of strategies of central bodies of state administration and for regional programs, relates to drug problem:

1. reduction of crime rate and crime severity as well as of other antisocial activities (especially major and organised criminal activity; drug trafficking; computer crime, human trafficking; sexual abuse of children and child's pornography; economic crime and criminal activity related to property; arms trafficking; over-the-border crime; violence against women);
2. improvement of safety within cities and towns (inclusion of crime prevention ideas into the development concepts; improvement of quality of social relationships; increase security of residents and visitors);
3. elimination of socio-pathological phenomena In risk groups (children and youth endangered by the crime and socio-pathological phenomena; family; seniors; socially excluded communities, i.e. unemployed, homeless, disabled, released from prisons, first-time-offenders; recidivists).

1.3.3 Other programmes and strategies

Year 2010 was the final year of two important national programmes under the auspices of the Ministry of Health: National Action Plan for Alcohol Problems for years 2006 – 2010 and National Action Plan for Tobacco Control for years 2009 – 2010. The evaluation of the former and the update of the latter are currently being prepared.

1.4 Coordination

1.4.1 Coordination at the National Level

One of preconditions for the fulfilment of NADS objectives is the improvement of activity of decisive tools for its execution. Executive coordination bodies of the anti-drug policy underwent a significant change in years 2010-2011.

Until the parliamentary elections in June 2010 and follow-up change of competencies of central state administration bodies, the Deputy Prime Minister for epistemic society, European affairs human rights and minorities, was responsible for creation and implementation of Slovak Government drug policy. He also led specialised counselling body – the Board of the Ministers for Drug Addictions and Drug Control[21]. Executive unit for the Board routine operation was the General Secretariat of the Board of Ministers for Drug Addictions and Drug Control, incorporated into the organisational structure of the Government Office. Establishing of the specialised governmental board, Slovakia ranked among those member states of the European Union, where drug policy was coordinated at the political level.

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[20] Report on crime prevention strategy implementation

[21] Such model of coordination has been entrenched in 1995. The Board was coordination, initiative, consultation and control instrument of the Government of the Slovak Republic, in the scope of power of the deputy prime minister. The board consisted of 12 ministers of the Slovak Government and a representative of General Attorney of the Slovak Republic.

In the second half of 2010, coordination arrangement changed, based on amendment of the Act No.575/2001 on organization of activities of the Government and bodies of central state authority. This was followed by lowering of the number of counseling entities for the Government in order to make their activities and outcomes more effective.

The drug issue has dropped out of the agenda of the Slovak Republic Government vice-chairman for human rights and minorities; part of competences, especially management of transformed structures, passed to the scope of competence of the Head of the Government Office of the Slovak Republic. The resolution of the Slovak Republic Government No. 135 of 2 March 2011 about the proposal of statute of the ministerial board and proposal for cancellation of certain advisory bodies of the Slovak Republic Government cancelled the advisory body of the Slovak Republic Government for drug issues – the Committee of Ministers for Drug Addiction and Drug Control established by the Slovak Republic Government in 1995. The new body – Ministerial Council[22] was meant to take over its competences on the grounds of the same resolution. This advisory, consultation, initiative body of the Slovak Republic Government should coordinate at the national level in matters of drug issues the fulfilment of tasks arising from international treaties, which bound the Slovak Republic on the grounds of its membership in the European Union and in international organizations in compliance with the anti-drug policy and strategy of the European Union. At the head of the Ministerial Council is the Prime Minister and the Council replicates by composition the Government of the Slovak Republic[23].

1.4.1.1 Antidrug Strategy Coordination Department

Also, General Secretariat of the Board of Ministers overpassed changes, within reorganisation of the Government Office. Formerly incorporated as an autonomous department within the Government Office, belonging by the content to the sector of Deputy Prime Minister – though in operative matters governed by the Head of the Government Office – General Secretariat, with its whole agenda fell later into the direct management power of the Head of the Government Office as the Antidrug Strategy Coordination Department (ASCD). Since 1 July 2011 it has been incorporated into the Section of the Foreign Cooperation. Except of drug field, the section coordinates and carries out programming, implementation, monitoring and evaluation of the foreign financial mechanisms.

ASCD is responsible for realisation of drug policy of the government. At the head of the department is a director who is by his/her function also the national drug coordinator.

ASCD consists of following divisions:

1. Division of national antidrug strategy – at the national level ensures coordination of the national antidrug strategy realisation. It participates on development of coordination of and cooperation with regional self-administration authorities and with local state authorities. This activity is, however, limited by the absence of

[22] http://www.vlada.gov.sk/poradne-organy-vlady-slovenskej-republiky/

[23] Position, composition, key tasks and proceedings of the Ministerial Council are regulated by the Statute of the Ministerial Council, adopted by the resolution of the Slovak Government No. 135 of 2 March 2011

partnership structures at regional level – drug prevention coordinators[24] that become extinct in 2007. By enactment of the act on crime prevention[25], prerequisite for establishing new posts of regional coordinators for drug prevention across the regions was ensured but by 1 March 2010 only function of a crime preventionist was renewed[26]. Currently, drug problem is tackled partly within these new regional commissions for prevention of anti-social phenomena.

2. Division for foreign relations – fulfils tasks of antidrug policy of the Slovak Republic Government towards international bodies, organisations and institutions relevant to drug problem and drug control. It ensures international communication, initiate and facilitate information transfer among governmental sectors and corresponding international bodies.
3. Division National Monitoring Centre for Drugs - still operates as the national focal point of the international drug network REITOX, carrying on by the EMCDDA. Key tasks of NMCD are to monitor situation concerning controlled psychoactive substances in Slovakia, and coordination role within national drug information system.

1.4.2 Coordination at the Regional Level

As stated in the NADS evaluation report, regional anti-drug strategies executed by means of bodies and institutions within the system of local state administration have become a significant component of the performance of tasks in the area of anti-drug policy in the Slovak Republic since 1995. The fulfilment of tasks and implementation of measures of the anti-drug policy of the state by bodies of state administration at the regional level has been provided since 2004 especially by the Ministry of Interior of the Slovak Republic (hereinafter referred to only as the “MI SR”) via regional offices (hereinafter referred to only as the “RO”). Tasks concerning the anti-drug policy at the RO were provided until 30.09.2007 by appointed employees, so-called coordinators for the area of prevention of drug addictions, who cooperated with the coordinator for the prevention of criminality and regional committees for the prevention of drug addictions. Cancelation of RO as of 30.09.2007 resulted also in cancelation of respective coordinators, as well as regional committees for the prevention of drug addictions and the system has been disrupted. Passing of the act on prevention of criminality and other anti-social activity by the National Council of the Slovak Republic in 2008 for the coming period found preconditions for the creation of the positions of a coordinators for drug issues.

Only the position of regional coordinator for prevention of criminality (and not also the coordinator for drug issues) was renewed at newly created district offices in the regional seats as of the 1 March 2010. This position was based on the model organization order pursuant to the Directive of the MI SR No. SVS-232002-2010/0039 and regional committees for the prevention of drug addictions were not established. Drug issues are dealt with only marginally within the activity of the

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[24] At each regional office, a drug prevention coordinator had acted – 8 coordinators in total. They were coordinating activities of different subjects in the field of drug prevention, drug treatment, resocialization and law enforcement in their regions

[25] Act No. 583/2008 on crime prevention and on prevention of other anti-social activity and on the changes and amendment of some acts.

[26] Regional coordinators of the crime prevention were operating, similarly like drug prevention coordinators, within regional offices.

committee for the prevention of anti-social phenomena[27]. This situation has not changed as of 31. 12. 2010.

1.5 Financing

One of preconditions for the fulfilment of NADS objectives is the provision of corresponding financial resources and creation of funding tools. Solution of the funding system is one of the most complicated tasks within EU and individual member states.

Neither NMCD nor ASCD have capacities to figure out societal costs, direct or indirect, related to drug use, according to definitions of EMCDDA.

Public expenditures represent only one part of societal costs, namely those in form of direct costs. These costs can be explicitly labelled as "drug related" and can be summarised from the final financial reports. Complications come when expenditures are not labelled as such but are incorporated into the financing of broader fields.

1.5.1 Inter-sectorial program of financing "Drug Policy"

The efforts of the General Secretariat of the Committee of Ministers for Drug Addiction and Drug Control (currently the Department of Coordination of the Anti-Drug Strategy of the Government Office of the Slovak Republic) has been focused since 2007 on the creation of optimal funding tool in compliance with NADS for the period 2009 – 2010. An inter-ministerial programme "Anti-Drug Policy" has been created within the state budget by the resolution of the Slovak Republic Government No. 308 of 29 April 2009. Pursuant to this resolution, the administrator of the inter-ministerial programme (the Government Office of the Slovak Republic) received the task to elaborate the preliminary draft for the creation of inter-ministerial programme together with its participants, members of the Committee of Ministers for Drug Addiction and Drug Control. The elaboration of the inter-ministerial programme proceeded in compliance with the methodical instruction of the Ministry of Finance of the Slovak Republic for the guidance of programme budgeting No. 5238/2004-42 as amended by the Amendments No. 1 and No. 2. The result of activities of the work group is the draft of the inter-ministerial programme, in which 13 administrators of budget chapters had to participate (Government Office of the Slovak Republic, 11 ministries and General Prosecution of the Slovak Republic). Its inclusion into the state budget has been planned for 2011. Aims and activities described in individual sub-programmes of the inter-ministerial programme follow the current NADS. The inter-ministerial programme has been inserted in May 2010 into the database of the Budget Information System of the state budget. Due to changes in the government after parliamentary elections in June 2010 and subsequent reorganization of the Department for Coordination of the Anti-Drug Strategy and transformation of the Committee of Ministers for Drug Addiction and Drug Control, the inter-ministerial programme was not established in 2011. The precondition for the execution of the draft of the inter-ministerial programme is the performance of an analysis of expenses of central bodies of state administration directed to anti-drug policy and analysis of programme budgeting within consultations with individual ministries.

After the change of Government in June 2010 and subsequent conceptual, structural and organisational changes in 2011, inter-sectorial program "Drug Policy"

[27] Ministry of Interior of the SR 2011

did not come into practice. A structure of 13 keepers of budget headers remained preserved however in the database of Budgetary Information System of the State Budget also in 2001, when a new proposal was prepared with the start expected in 2012 and planned also for following years 2013-2014.

Expenditures for activities planned in subprograms are not a global representation of the extent of measures and tasks that are dealt by organisations of the central state administration as a part of drug strategy, because salaries are not included that are related to activities. Salaries are budgeted separately within State Budget. Another factor is current financial crisis and saving in departments; departments of healt, culture, defence and foreign affairs did not allocate any amount for drug strategy realisation. The total amount proposed for 2012, taking into consideration limitations noted above, is preliminary 844,389.00 EUR. Final overall amount allocated to inter-sectorial program Drug Policy will be known only after the 2012 State Budget approval[28].

1.5.2 Public expenditures "Drug Policy" at the Government Office of the Slovak Republic – subprogram 01

Subprogram 01 consists of two autonomous parts, namely:

1. Amount of financial resources allocated to maintenance of programmes, initiatives and activities of National Drug Strategy through state subsidies from the State Budget, and
2. Financial resources from the State Budget for financing of special activities of the National Monitoring Centre for Drugs, together with EMCDDA's grant resources.

Total amount in subprogram 01 is represented by the sum of 949,029 EUR in 2010.

1.5.2.1 State subsidies schedule

The Government Office of the Slovak Republic provided in years 2009 and 2010 for the support of programmes, initiatives and activities in the area of the National Anti-Drug Strategy financial means by means of grant programme from the state budget29. An amount of 1.5 million EUR was reserved in 2009, 980 thousand in 2010 and 500 thousand EUR in 2011.

From the resources scheduled by the Government Office of SR, 46 projects were supported, at total amount of € 639,203. The highest subsidies package was allocated to 21 projects ranked to the prevention group, in different social environments and towards different target groups (children and youth in school/community), followed by the sum for 9 project classified as prevention, knowledge, education, information. These 30 projects represent major proportion of subsidies utilisation (See Table 1.5.1).

[28] A proposal of the State Budget was submitted to the Government in August 2011

[29] An amount of € 1.5 million was reserved in 2009; 980 thousand in 2010; 500 thousand for 2011

Table 1.5.1 Overview of the projects categories financed through state subside schedule by the Government office

Number of projects	Category of projects	Total sum (€)
21	Prevention	194,142.60
9	Knowledge, information	139,193.50
9	Resocialization	87,996.10
4	harm reduction	120,499.50
2	Liečba (materiálne vybavenie a prostriedky následnej starostlivosti	86,920.80
1	výskum-vývoj dg,metód	10,450.50
46	**Total**	**639,203.00**

1.5.2.2 NMCD activities

The second part of subprogram 01 represented costs for specific activities of the National Monitoring Centre for Drugs.

The activity in the area of monitoring was, also in 2010, performed from EU grant and state budget means, for the said year in total amount of 209,371 EUR from which the contribution of the state budget represented – according to the grant agreement with the EMCDDA – an amount of € 108,321 and valorised contribution from EMCDDA (2 %) an amount of € 101,150.

According to the audited final financial report of January 2011, eligible costs in 2010 were 309,826 EUR in total.

1.6 Social context

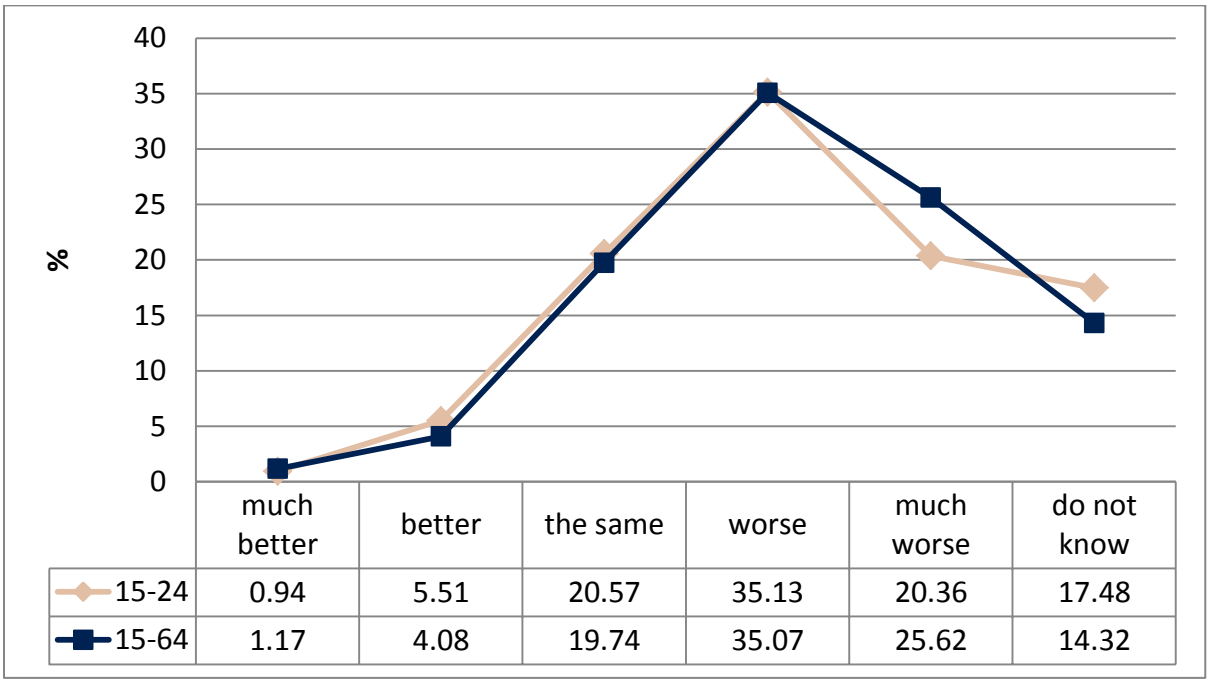
Based on current surveys (NMCD 2009, NMCD 2010, Eurobarometer 2008 and 2011), primarily as a part of a publication prepared "Development of the prevalence of drug use and of attitudes towards drug problem in Slovakia since 1994" Klobucky has analysed[30] in more details development of public opinion and the social context in relation to drug problem.

There is high social acceptance of selected addictive substance In Slovakia, namely of alcohol and tobacco. Despite alcohol is considered by experts as one of the most dangerous and devastating addictive substances, public in Slovak does not see it as dangerous and its use is commonly tolerated, without any problem. Among illegal drugs, marijuana and ecstasy are the most accepted, acceptance of pervitin and heroin is significantly lower. The biggest acceptance of drug is among young adults (15-34) of region "Bratislavsky" [31] showing approximately twice as high acceptance of illegal drugs in comparison with the total Slovak population. For almost one quarter of population (and for more than one half of the 15-34 population in region Bratislavsky) it would be easy to get any illegal drug within 24 hours. From other surveys it results that the most attainable drug is marijuana, being ahead of other drugs, its attainability perceived increases according to ESPAD surveys, and is highly over the European average (ESPAD 2007, Eurobarometer 2011).

[30] Working title: Drug problem in public opinion
[31] The region surrounding the capital city Bratislava

Among basic findings of the NMCD 2010 general population survey, the fact is to be noted that large majority of population consider situation in drug use as worsening, both groups - young adults as well as the whole sample of 15-64 years old (Figure 1.6.1).

Figure 1.6.1 Perception of drug situation development, in population of Slovakia, comparison of 15-24 and 15-64 goups (NMCD 2010, general population survey)



	much better	better	the same	worse	much worse	do not know
15-24	0.94	5.51	20.57	35.13	20.36	17.48
15-64	1.17	4.08	19.74	35.07	25.62	14.32

Drug was never offered to 72.1% of population and this proportion is relatively stable within longer period (since 2000). In region Bratislavsky, however, drugs are offered much more frequently as well as to young people across the whole country. Most common places where drugs are offered there are clubs, discotheques, pubs, bars, and the like.

Public in Slovakia regards drug dependent people as sick, on the other hand there is the notable social distance rate[32] from drug dependents, also in terms of European comparison. Slovaks would not like to have a drug dependent neighbour or mate. Drug dependent people creates a social group with the highest rate of social distance (75.7%) – they are clearly marginalised and are example of definite outsiders within desired social relationships. It is apparent that both types of substance dependencies – drugs and alcohol (heavy drinkers – 70.8% unwished neighbours) – are perceived as the most important problem factors and lead to reluctance to establish social contacts in a form of neighbour relations.

More respondents suppose that drugs cause more problems in society than alcohol, and a minor part suppose opposite. This result “in favour” of drugs is longstanding and drugs being in advance of alcohol increases.

Main risks connected with drug use, as considered by respondents, are social problems, health problems and crime increase.

[32] A degree of how much people sympathise with/determined themselves against some social groups

Results on perceived risks of respective drugs are stable for long. Heroin is considered as the most dangerous drug (from those investigated), followed by cocaine, ecstasy, pervitin, marijuana and legal drugs. Respondents that are drug-experienced perceive dangerousness of drugs lesser.

1.6.1 Perceiving of steps – drug policy of the government

Public in Slovakia is acquainted with drug strategy or its measures relatively lightly. That part of community – which are especially people with higher education completed – who knows the strategy steps, rates them in three quarters as ineffective. Public opinion influences significantly policy makers decisions and support of particular areas of drug policy. In NMCD survey (2010) almost one half of respondents (46.2%) reported that either did not know drug strategy itself (19.4%) or did not know its particular measures (26.8%). Measures taken within drug strategy are considered as effective or mostly effective only 13.7% of respondents (Table 1.6.1).

Table 1.6.1 Effectiveness of measures taken within drug strategy, as perceived by respondents of age 15-64 (NMCD 2010)

Do you consider measures taken within drug strategy for fields of prevention, treatment, resocialization, harm reduction… as effective ones?	% of responses
Yes, effective	3.8
Yes, mostly effective	9.9
No, mostly ineffective	20.5
No, ineffective	19.6
I am not able to assess as I do not know concrete measures taken within drug strategy	26.8
I am not able to assess, I do not know drug strategy	19.4

Similar question were asked to their respondents (aged 15-24) across all EU member states by surveys of Eurobarometer in 2008 and 2011 (Eurobarometer, 2008, 2011). Resulting from answers, European youth prefers strict steps against drug dealers and smugglers (European average 2011: 64.2%, Slovakia: 2010 57.5%, decrease from 64.4 in 2008).

In long term, firm drug legislation is considered the most effective way to tackle drug problem, support of this measure though decreases slightly, and, in opposite, support for preventive measures increases lightly.

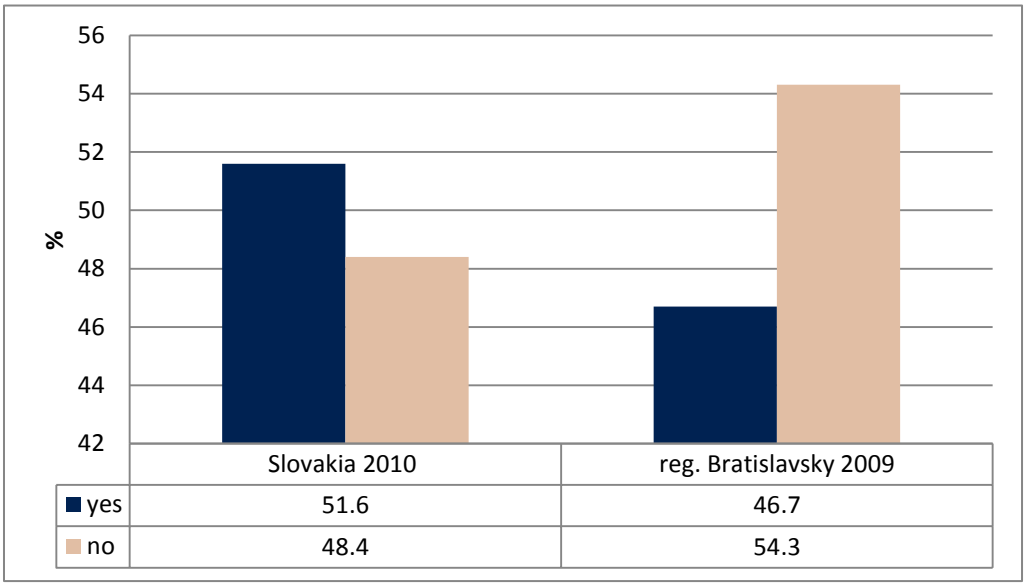
Only 7.7% of population agree with release of marijuana use. Support of this measure drops down considerably with increasing age of respondents, prohibition is supported mostly by older population. According to Eurobarometer findings, approximately one half of Slovak youth aged 15-24 supports prohibition of marijuana, and support for alternative model – regulation of marijuana – increased in 2008-2011 period markedly – by 11%, up to 40.3% of respondents (and almost 5% of respondents said that marijuana should be available without any limitations).

Table 1.6.2: Opinion on the most effective ways for public authorities to reduce drug problem – percentage of responses (Eurobarometers 2008 & 2011, youth aged 15-24)

What are, by your opinion, the most effective ways for public authorities to reduce drug problems?						
	Slovakia		Czech Republic		EU27 average	
	2008	2011	2008	2011	2008	2011
Tough measures against drug dealers and traffickers	64.4	57.5	75	77.1	63.4	64.2
Information and prevention campaigns	49.4	46.9	45.8	48.8	46.5	48.6
Treatment and rehabilitation of drug users	38.7	33.5	23.8	29.4	33.1	36.9
Tough measures against drug users	19.1	30.6	23.4	47.3	23	33.2
Reduction of powerty/unemployment	7.3	13.6	10.5	12.6	14.5	23.9
Making drugs legal	12	6.3	14.3	5.4	12.7	13.3
More leisure opportunities		49		39.3		22.9

According to NMCD survey, there is no unique opinion regarding the impact of current economic situation onto drug use; some more than one half (51.6%) believes that economic situation does influence drug use; the others (48.4%) suppose that it does not. In more prosperous region Bratislavsky, in opposite, more than one half suppose that economic situation has no impact on drug use (Figure 1.6.2).

Figure 1.6.2: Differences in public opinion on possible impact of economic situation to drug use (NMCD general population surveys 2009 & 2010)



Legalisation of marijuana is a popular topic of public discursus. Attitude of population in Slovakia towards marijuana use is currently more tolerant than it was in the past. This does not mean that Slovaks have stopped to refuse marijuana use but their current attitude is less strict. In NMCD 2010 survey this was explored through

sypmathy/dissent with the statement: „Marijuana use should be permitted to people“. Only 2% of respondents from the national sample agreed, rather accordant were 5.7%, rather dissonant were 24.7% and fully disagreed 56.1% of respondents. Some more sympathy was expressed by young adults and by even as much as one tenth of youth in region Bratislavsky (for more details see Table 1.6.3).

Table 1.6.3: Attitudes in population towards marijuana legalisation (NMCD population surveys 2009 & 2010)

Do you agree with the statement „Marijuana use should be permitted to people“ ?				
	Slovakia 2010		Region Bratislavsky 2009	
	Whole population 15-64	Young adults 15-34	Whole population 15-64	Young adults 15-34
Fully agree	2.0	3.8	5.8	9.9
Rather agree than disagree	5.7	8.7	8.2	12.9
I agree and disagree at the same level	11.4	14	12.2	16.5
Rather disagree than agree	24.7	26.1	26.7	27.3
Do not agree at all	56.1	47.4	47.2	33.3

From the results of NMCD 2010 survey it could be derived that agreement with this statement is strongest in the youngest age group of 15-24, where 14.9% of respondents agreed. Men wanted to permit marijuana use more often (10.8%) than women (4.7%). Those respondents who had already tried marijuana or hashish agreed more (39.3%) than disagreed (34.3%) with this statement.

Question: „What causes more problems in society – alcohol or drugs?“ was in the whole sample of 15-64 answered most frequently (42.2%) that both at the same level. However, after including answers „much more“ and „slightly more“, resulting picture is that much more respondents suppose that drugs cause more problems to society (37%), and 16.4% of respondents believe that alcohol causes more troubles (Figure 1.6.3).

And, finaly, both NMCD surveys provided interesting results in this context, asking respondents to identify risks connected with drug use. In both samples – national as well as regional – ranking of problems identified is the same (Table 1.6.4), even in both subgroups of young adults. Percentual differences between identical age groups were not major, except of item „HIV/AIDS & hepatites spreading“, where respondents from region Bratislavsky seemed to be more informed on public health consequences.

Figure 1.6.3: Public opinion on „What causes more problems in society?“, in population 15-64 (2010 NMCD survey)

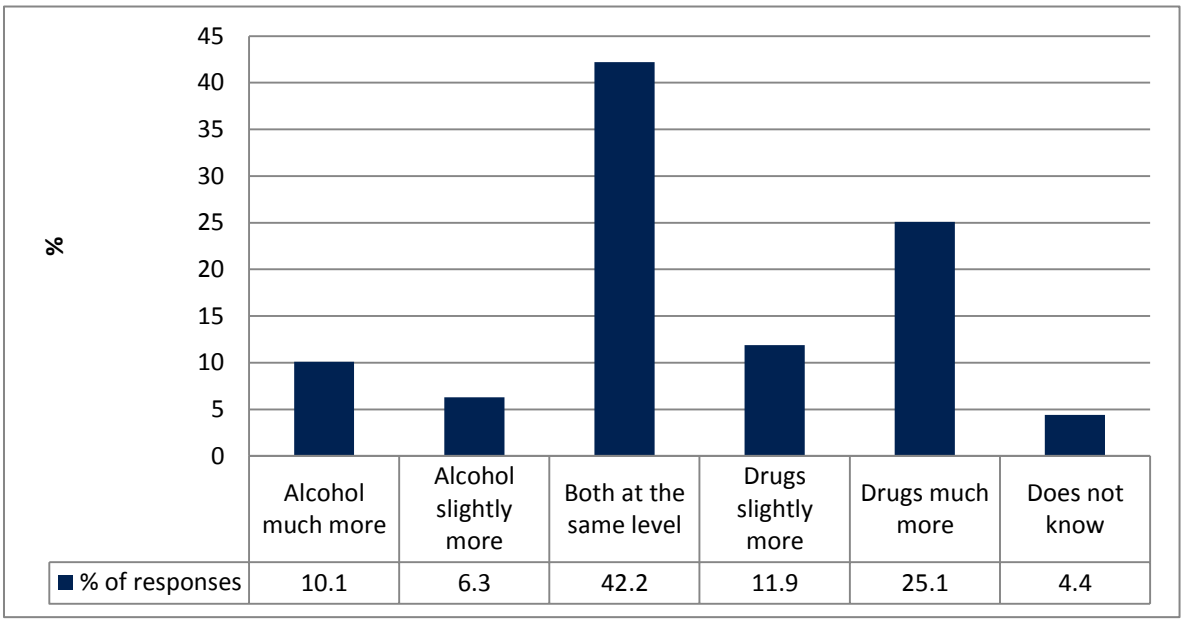


Table 1.6.4: Main risks from drug use, as perceived by population (NMCD 2009 & 2010 surveys)

Main risks from drug use				
	Slovakia 2010		Region Bratislavsky 2009	
	Whole population 15-64	Young adults 15-34	Whole population 15-64	Young adults 15-34
Social problems (unemployment, family destruction, social exclusion) of drug user	47.5	47.2	49.3	50.7
Health problem of drug user	38.4	39.6	40.0	41.3
Crime increase	29.3	26.5	29.8	23.9
HIV/AIDS, hepatitides spreading	**19.8**	**21.6**	**27.3**	**30.9**
Financial losses in society	7.1	6.7	6.9	5.8
Do not know	2.0	2.1	1.2	1.1
Other response	0.4	0.5	0.7	0.9

2 DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

Drug use in the general population (General Population Survey - GPS) is one five key indicators of the EMCDDA used for the description of the situation in using of legal and illegal substances. The scope and method of use of various drugs in the general population (usually in age 15-64, or in specific age groups and/or cohorts), attitudes and approaches to the drug use within various population groups are determined by means of surveys using standard sociological and psychological methods (standardized questionnaire, face-to-face interview, telephonic interview and online methods) on a sample of population.

Surveys of drug use in the population provide both directly and indirectly information about the availability of illegal drugs on the market, what together with information from sources in the area of enforcement of law provides more complex picture about the drug black market. Data obtained from surveys can be used for the assessment of the situation, identification of priorities and planning of preventive measures.

For the purpose of comparability of data within Europe, but also globally, the European Monitoring Centre for Drugs and Drug Addictions recommends for the indicator GPS to contain data formulated in the so-called European Model Questionnaire (2002), which determines for each psychoactive substance (including tobacco and alcohol) basic variables: prevalence, age of first contact with drug, frequency of usage (or the volume of consumed drug).

In the Slovak Republic, population surveys of drug use corresponded to a large extent to these criteria. These surveys passed to the administration of the NMCD in 2009 and the first all-area survey was performed in 2010, as well as both school surveys Tobacco-Alcohol-Drugs (TAD), performed for the last time in spring 2010 for the fifth time and preceded as usually the European School Survey Project on Alcohol and Other Drugs (ESPAD) – the field stage of this survey has largely taken place in spring 2011.

Other surveys performed in Slovakia in relation to drug use, with stress on the monitoring of various co-operating and determining factors provide – especially if repeated – information about the development of situation in drug use in certain groups. However, their significance is especially for the support of implementation of specific measures based on evidence. This chapter states data from the last surveys, majority of which was initiated or funded by the National Monitoring Centre for Drugs.

2.1 Drug Use in the general population

2.1.1 Prevalence of Drugs, Alcohol and Smoking – NMCD Survey 2010

2.1.1.1 Prevalence of drugs, alcohol and smoking in Slovak population – the General Population Survey of National Focal Point 2010

In 2009, after the cancellation of the Institute for Public Opinion Research at the Statistical Office of the Slovak Republic, which had performed each two years since 1994 population surveys (GPS), the NMCD undertook to continue with such surveys. After the pilot survey in Bratislava region in 2009 (Report 2010, chap. 2.1) with utilization of a modified[33] questionnaire, the scope of population survey covering the whole area of the Slovak Republic was successfully renewed at the end of 2010.

The public opinion survey in the general population "Prevalence of drugs, alcohol and smoking" was performed for the client National Monitoring Centre for Drugs by the company TNS SK, s.r.o[34]. The field stage of the data collection was performed in December 2010 (8.12. 2010 - 20.12. 2010) and the survey was performed by the method F2F pen&paper interview on the grounds of standardized questionnaire. Interviews with respondents were held by trained surveyors of the company TNS SK; 520 surveyors were engaged with the survey (in average, one surveyor made 8 interviews) in 360 selected points in the whole territory of the Slovak Republic.

The selection sample was represented by 4055 respondents, who represented the basic composition of SR population in age 15 – 64 years with regard to quotas.

Detailed data about use of psychoactive substances in various age groups (according to EMCDDA) in 2010 are stated in the ST 01, simplified version for the selection group of 15-64 age and lifetime (Lifetime prevalence - LTP), year (Last year prevalence – LYP) and month (Last month prevalence – LMP) prevalence of individual psychoactive substances is stated in the Table 2.1.1.

Comparison of the same variables LTP, LYP and LMP), age groups and identical psychoactive substances with data in the standard table ST 01 from 2006 (the last survey of the Institute for Public Opinion Research at the Statistical Office of the Slovak Republic) and in the ST 01 2010 (survey NMCD 2010) showed decrease or stabilization of use of psychoactive substances in the general population, which occurred during four years.

It is evident also in the group of young adults (15-34 years of age) with prevalence of using cannabis in the last years (LYP) and last month (LMP) (Figure 2.1.1 and Table 2.1.2) and heroin (Figure 2.1.2 and Table 2.1.3)

[33] which was based on the original questionnaire of the Institute for Public Opinion Research at the Statistical Office of the Slovak Republic elaborated by the NMCD in module "Illegal Drugs" harmonized with the European Model Questionnaire

[34] TNS Report

Table 2.1.1 NMCD 2010a: LTP,LYP and LMP prevalence of individual psychoactive substances in total sample; General population survey, December 2010

15-64, N=4055	LTP %	LYP %	LMP %
1. Any illegal drugs (with cannabis/hashish)	20.09	14.97	9.85
2. Cannabis (EMQ)	10.49	3.63	1.39
3. Opioids (total)	0.96	0.05	0.00
4. Heroin (EMQ)	0.27	0.00	0.00
5. Other opioids (specify)	0.74	0.05	0.00
6. Cocaine (total, including crack) (EMQ)	0.61	0.15	0.11
7. Amphetamines (EMQ)	0.53	0.12	0.00
8. Ecstasy (EMQ)	1.86	0.39	0.19
9. Hallucinogens (total)	1.26	0.27	0.10
10. LSD (EMQ)	0.43	0.02	0.00
11. Other hallucinogens	0.96	0.25	0.10
12. Sedatives and/or tranquillisers (total) (EMQ)	9.84	11.67	8.00
13. Barbiturates	na	na	na
14. Benzodiazepines	0.14	0.06	0.03
15. Solvents or inhalants	1.37	0.20	0.24
16. Anabolic steroids	1.50	0.16	0.30
17. Alcohol (EMQ)	91.01	77.49	60.13
18. Tobacco (EMQ)	60.47	38.02	34.87
19. Other 1 - methamphetamine (pervitin)	1.36	0.24	0.05
20. Other 2 - "legal" highs	1.22	0.29	0.25

Figure 2.1.1: Data comparison of **LTP cannabis** use in 15-34 young adults. Decrease within the period 2006-2010. Source ST 01/2006 and ST 01/2010

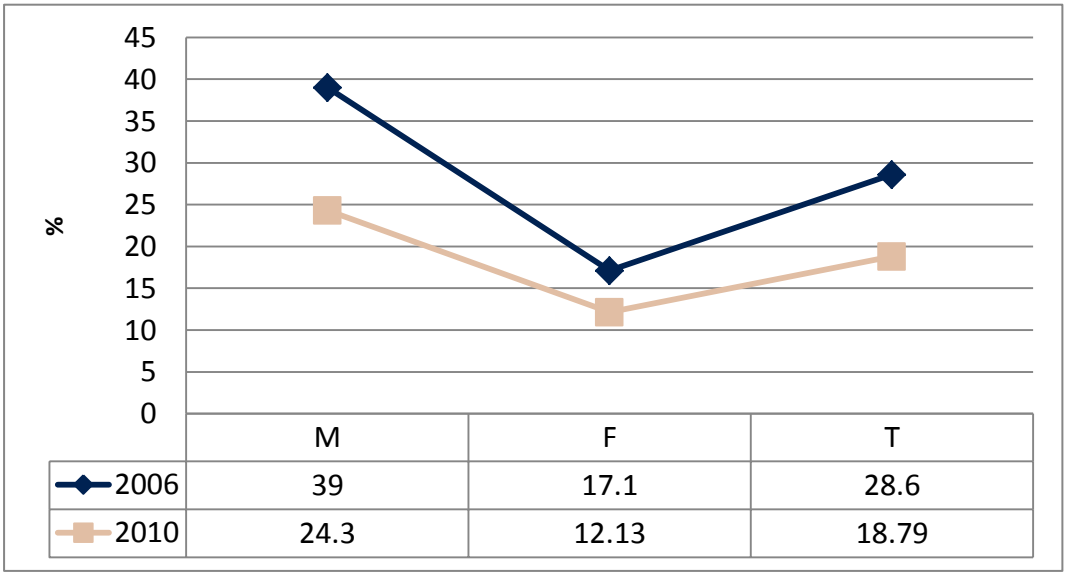


Table 2.1.2: Data comparison on **LYP and LMP cannabis** use in 15-34 young adults. Decrease within the period 2006-2020. Source ST01 2006 and ST01 2010

15-34 Cannabis		M	F	T
LYP	2006	20.4	8.4	14.7
	2010	10.0	4.3	7.3
LMP	2006	6.2	1.9	4.2
	2010	4.4	0.9	2.8

Figure 2.1.2: Data comparison of **LTP heroin** use in 15-34 young adults. Decrease within the period 2006-2010. Source ST 01/2006 and ST 01/2010

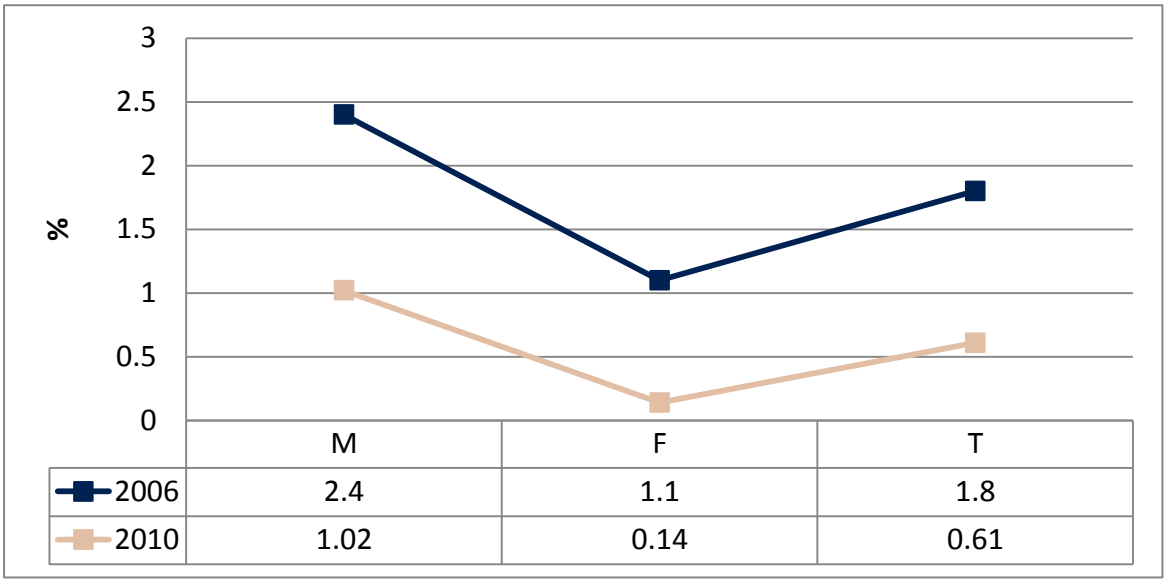


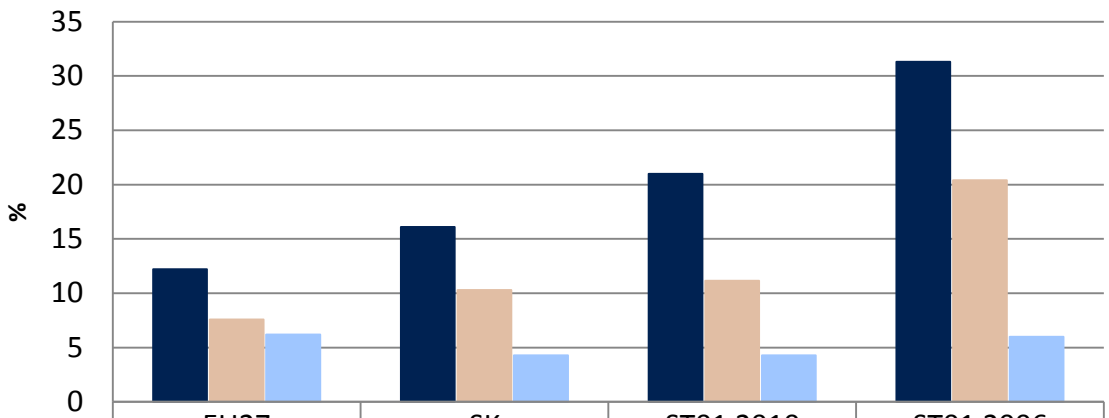
Table 2.1.3: Data comparison on **LYP and LMP heroin** use in 15-34 young adults. Decrease within the period 2006-2020. Source ST01 2006 and ST01 2010

15-34 Heroin		M	F	T
LYP	2006	1.1	0.4	0.7
	2010	0.0	0.0	0.0
LMP	2006	0.4	0.0	0.2
	2010	0.0	0.0	0.0

In the group of the youngest respondents in age 15-24, the decrease in cannabis consumption represents as compared to 2006 in LTP almost 10%, in LYP 9% and in LMP 2%. This trend is confirmed in 2010 by data from the survey Flash

Eurobarometer 330[35] (June 2011). However, despite the decrease, variables of cannabis use in Slovakia are higher than the EU average. (Figure 2.1.3)

Figure 2.1.3: Data comparison of LTP cannabis LTP in 15-24 young. Data were explored in 2011 (Eurobarometer), and in 2006 and 2010 (IPOR/NMCD surveys)



	EU27	SK	ST01 2010	ST01 2006
LTP	12.2	16.1	20.99	31.3
LYP	7.6	10.3	11.16	20.4
LMP	6.2	4.3	4.3	6

The tendency of decrease or at least stabilization of use of illegal drugs and smoking was determined also by Nociar in school survey TAD 2010 (as compared to results of TAD 2006) in younger group of respondents in age 11-19 years – more in part 2.2.1.

2.1.1.2 Perceived Availability of Illegal Drugs

The pilot regional survey GPS (NMCD 2009a) for the first time included also the question about the perceived availability of drugs formulated as “How difficult would it be for you – in case you wanted to – to get any of the following drugs – marijuana, hashish, cocaine, heroin, LSD, ecstasy, pervitin?”

It was determined that almost two thirds of the youngest – 15-24 years of age – inhabitants of the Bratislava region perceive the availability of illegal drugs as quite ease and very easy.

This “easiness” of the perceived availability of illegal drugs is significantly ($p < 0.001$) influenced by the fact whether respondents used (or were using) marijuana during the last 12 months (LYP variable), and that in all age groups, whereas there were significant differences in the youngest age group 15-24. (Table 2.1.4, Figure 2.1.4)

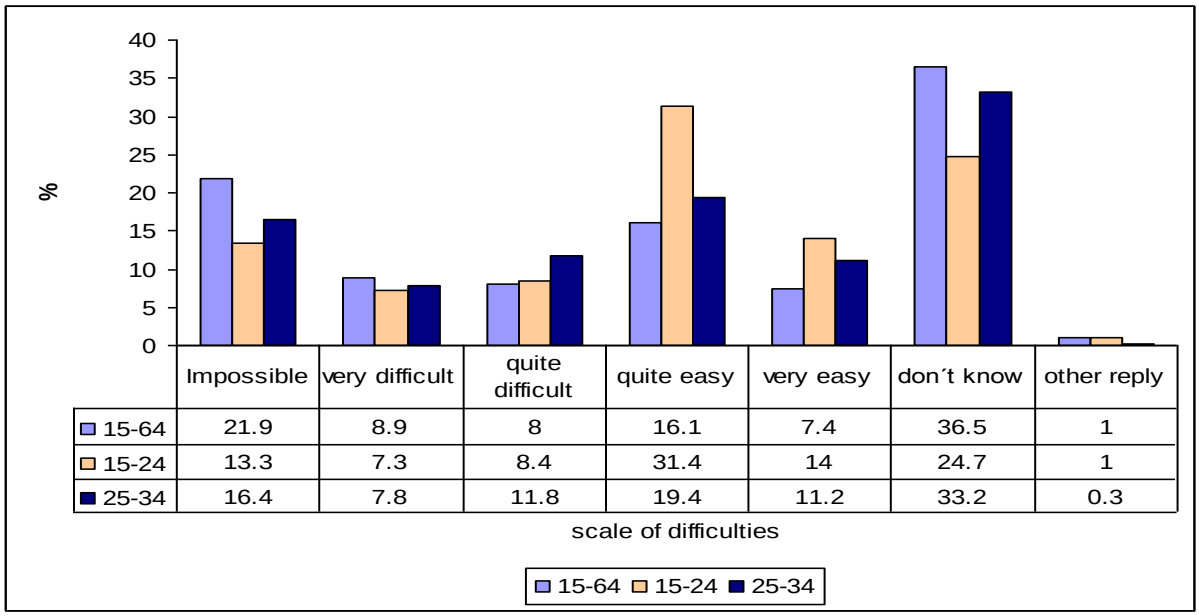
[35] Flash Eurobarometer 330

Table 2.1.4: If you want it: how difficult would it be for you to get some drugs like marijuana, hashish, cocaine, heroin, LSD, ecstasy, pervitin within 24 hours?
Source: Kastelová E., Luha J. (2011 b) Annual GPS expert meeting Lisbon 21-22 June 2011 – Perceiving risk and availability of drugs

Responses	Number of respondents not consuming marijuana last year "non-LYP"	Number of respondents consuming marijuana last year "LYP"
It would be impossible	17.9%	0.0%
It would be very difficult	5.3%	3.1%
It would be quite difficult	18.9%	0.0%
It would be fairly easy	37.9%	65.6%
It would be very easy	18.9%	31.3%
I do not know	1.1%	0.0%

The current survey NMCD 2010 covering the whole area of Slovakia showed that 23.5% of the total selection sample 15-64 perceived the availability of illegal drugs as quite easy and very easy, and the highest share – 45.4% were in the age group of 15-24. (Figure 2.1.4).

Figure 2.1.4: Perceived drug availability in different age groups of Slovak population (NMCD 2010 general population survey)



2.1.1.3 New – Non Controlled – Drugs

The situation related to the legal sale of non-registered psychoactive substances by means of internet, but especially in the network of brick-and-mortar shops called in Slovakia "Crazy shops" induced in the last period a number of reactions in the public and in the media. The NMCD has therefore included into the questionnaire GPS 2010 into the set of psychoactive substances also substances such as Spice, mephedrone and products obtained in Crazy shops. (See also 2.2.1 and 2.3.1).

Questions for the respondents, if they a) personally know someone using mephedrone, Spice or legal highs and b) if they personally sometimes used such

substances, were answered by the respondents in the total sample and in the group of young adults as follows:

Table 2.1.5: Knowledge of person using "legal highs" and personal experience. Source of data: NMCD 2010a, Marchevský P. 2011

a) do they personally know someone who uses		Sample 15-64	Sample 15-34
Products "Spice"	yes	1.5%	2.5%
	no	98.5%	97.5%
Mephedrone	yes	0.8%	1.2%
	no	99.2%	98.8%
Other legally bought psychoactive substances (products from "smartshops", "legal highs", "smart drugs", Tvrdý Míša, Rýchly Lopéz...)	yes	3.0%	4.6%
b) Himself/ herself used at some point in life (LTP)			
Products "Spice"	yes	0.3%	0.7%
	no	99.7%	99.3%
Mephedrone	yes	0	0.1%
	no	100.0%	99.9%
Other legally bought psychoactive substances (products from "smartshops", "legal highs", "smart drugs", Tvrdý Míša, Rýchly Lopéz...)	yes	0.7%	1.2%
	no	99.3%	98.8%

Shares from the Table 2.1.5 projected into absolute numbers mean 27 experimenting young people with Crazy shops products, 13 who used Spice and 2 who used mephedrone.

Users of these three "types" were included in the common category "other drugs 2" in data in the standard table ST 01 (Drug use in the general population). It is however obvious that synthetic cannabinoids in Spice products and mephedrone in Crazy shops products overlap and the question is not methodologically clear and can mislead both respondents and the interpreters of the obtained data.

However, with reference to preliminary findings in the newest school survey ESPAD in spring 2011 (see 2.2.2), Eurobarometer survey and lastly also determination within recreational environment (part 2.3.1), it is more than probable that new synthetic drugs were present on the Slovak drug scene in 2010 and 2011 and known about and experimented with especially by people in age 15 to 24 years.

Table 2.1.6: LTP prevalence of new drugs. Source ST 01 2011

Total sample and age groups	LTP prevalence
15-64	1.22%
15-34	2.09%
15-24	2.75%

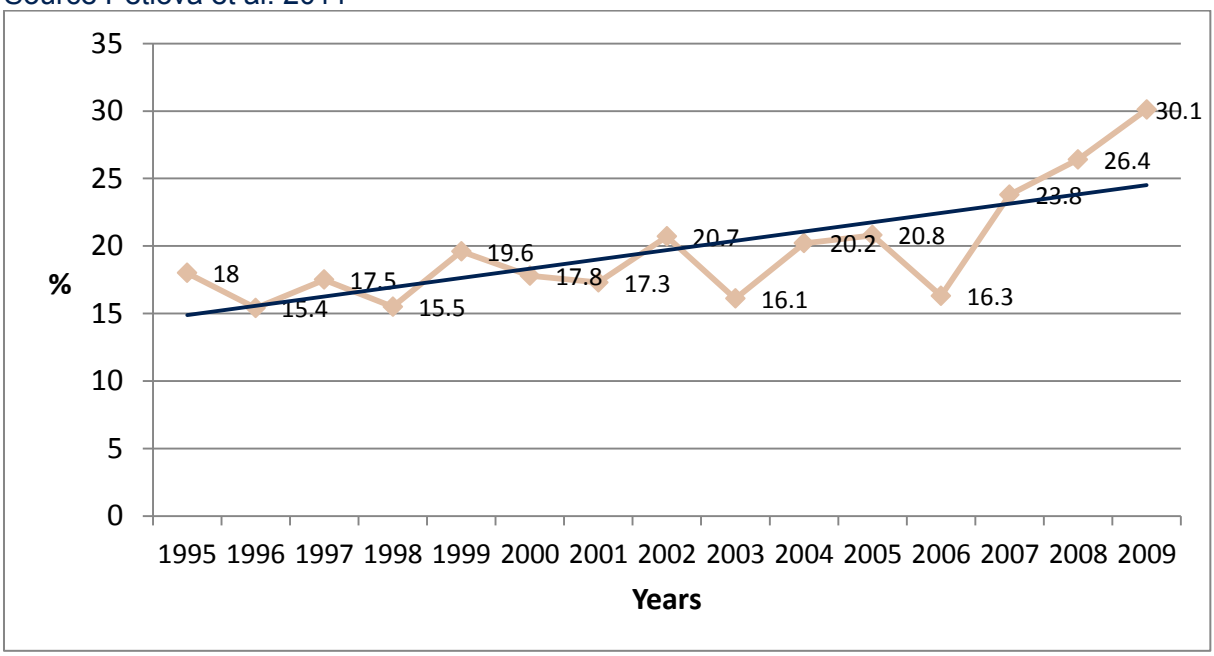
2.1.2 Final Reports from Researches Aimed at the Issue of Consumption of both Legal and Illegal Drugs in the Period 1995 to 2009.

The Institute of Information and Prognoses of Education did not perform in 2010 its regular (annual) population survey on the sample of 15-26 years old respondents due to financial reasons, but it subjected data collected for the period of 15 years to a thorough analysis, and that also in relation to factors considered to be facilitating the start of use, or, on the contrary, factors considered to be protective.[36]

The selection sample had each year approximately 900 respondents and was representative with regard to the basic sample of young people living in the Slovak Republic in age from 15 to 26 years. It was formed by a free quota selection with random choice of person in the last step. Research results were monitored according to previously determined quota attributes: gender, age, status, faith, economic activity, school type, size of domicile and region. Interpreted were especially data, in which statistically significant dependence on the level of probability $p < 0.05$ was detected.

The basic research method was the questionnaire created in 1995, which has been modified each year and completed with new questions[37] enabling continuous monitoring of important areas; the questionnaire was administered by trained surveyors.

Figure 2.1.5: Trend in illegal drugs consumption in 15-26 years aged respondents.
Source Pétiová et al. 2011



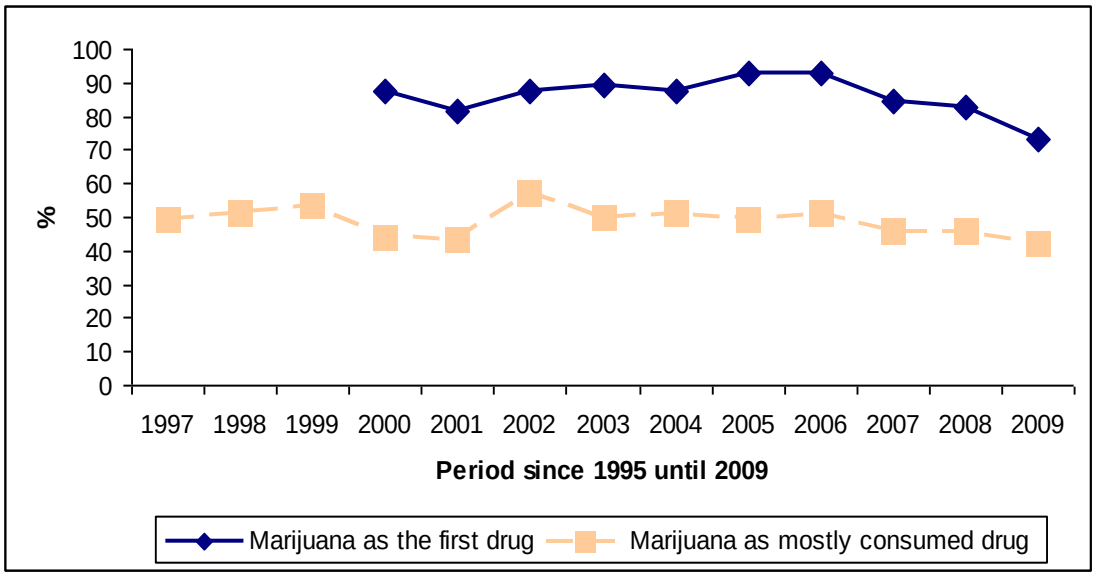
[36] Pétiová, M. et al. Final reports from researches aimed at the issue of consumption of both legal and illegal drugs in years 1995 to 2009. Bratislava: Institute of Information and Prognoses of Education

[37] Therefore it is not possible to compare all indicators in the period of 15 years, but only in the period, in which they were included into the research.

Some output data from the analysis

- The number of young adults who admitted personal experience with use of at least one kind of illegal drug has significantly increased since 1995 (Figure 2.1.5)
- Drug use has significantly increased for both men and women since 2007.
- The growing tendency in drug use has been manifested in all municipalities without regard to the number of inhabitants.
- In 2007 and 2008 an increased number of respondents who used drugs was determined in the group of pupils and students, employed respondents, unemployed young adults.
- The number of respondents who smoked marijuana, used LSD at their first experiments with drugs has decreased since 2000, and the number of respondents who could not determine the type of drug they tried has also decreased. The number of young adults experimenting with volatile substances and ecstasy has increased, also the number of respondents who consumed pills together with alcohol and mushrooms has increased since 2003. The number of respondents who tries pervitin, cocaine, pills and hashish remained at approximately the same level. No respondent since 2004 used heroin at the first experiments with drugs.
- The number of respondents who experimented with only one type of drug has more significantly decreased since 1995 and the number of young adults who tried two, three, four and more types of drugs has increased.
- Experience with the consumption of marijuana (Figure 2.1.6), volatile substances, heroin and pills has decreased since 1997 and the same time the number of respondents who could not determine the type of drug they used has slightly decreased. There was more significant increase of the number of ecstasy consumers and the number of respondents who consumed pervitin, LSD, cocaine and since 2004 also hashish and mushrooms has also slightly increased. The number of young adults who tried crack and pills together with alcohol remained at approximately the same level.
- The number of respondents stating one-time experimenting with drugs has slightly increased since 1997 and at the same time the number of respondents who admitted frequency of consumption of illegal drugs higher than five times, or could not specify it, has slightly decreased. The number of respondents who in the monitored period used drugs more than five times per month remained the same in the monitored period.
- The results of the research clearly implied that marijuana is the most frequented illegal drug used by young adults at their first experimenting with drugs in the whole monitored period.
- Respondents obtained illegal drugs mainly from their friends and classmates.
- The number of respondents having worries about drug addiction has slightly increased since 1996; at the same time also the number of young adults not caring about their possible drug addiction has increased.

Figure 2.1.6: Marijuana as the first experimented drug and marijuana as the most frequented drug. Source of data: Pétiová et al., Institute of Information and Prognoses of Education 2010



2.2 Drug Use in the School and Youth Population

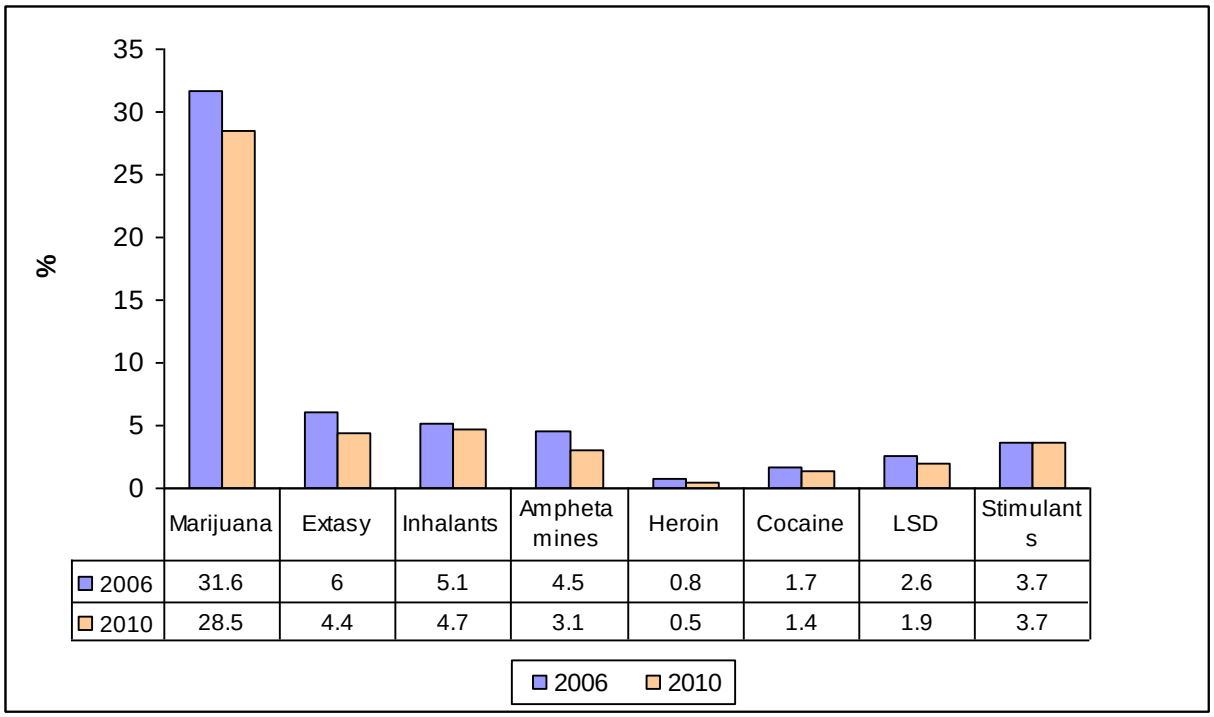
2.2.1 School survey Tobacco-Alcohol-Drugs

School surveys[38] Tobacco-Alcohol-Drugs (hereinafter referred to only as the TAD) with regard to pupils of elementary (TAD1) and students of secondary schools (TAD2) and their teachers (TAD3) were performed in Slovakia in four-year cycles – five times until the present day: from 1994 until 2010, regularly year before the next school survey ESPAD.

After 16 years since 1994, it can be assumed on the grounds of data from representative surveys TAD1 and TAD2 that stabilization has occurred, and somewhere also a slight decrease, in use of illegal drugs, as well as tobacco (Figure 2.2.1).

[38] Nociar, A.: Záverečná správa z prieskumu TAD u žiakov ZŠ, študentov SŠ a ich učiteľ ov v roku 2010. Bratislava, Research Institute for Child Psychology and Pathopsychology (VÚDPaP), 2010.

Figure 2.2.1: Decrease or stabilization in experimenting with illegal drugs in the course of four years determined by the school survey TAD 2 (age group 15-19 years). Source of data: Nociar A. 2010



	Marijuana	Extasy	Inhalants	Amphetamines	Heroin	Cocaine	LSD	Stimulants
2006	31.6	6	5.1	4.5	0.8	1.7	2.6	3.7
2010	28.5	4.4	4.7	3.1	0.5	1.4	1.9	3.7

The causes of this trend are not yet clear according to the coordinator (principal investigator) Nociar39. Two options can be assumed: either certain “saturation” of the population with drug offer, or the growth of use of new drugs (such as the so-called “legal highs”), the occurrence of which has so far eluded common monitoring.

2.2.2 Determination of Use of New Drugs in the Current School Survey ESPAD 2011

Other attempts to estimate the use of new substances (see the part New Drugs 2.1.1.2) in Slovakia include also the determination of use of synthetic cannabinoids and mephedrone in the fifth cycle of the school survey ESPAD in Slovakia. In April of this year, 15 to 19 years old respondents were asked about their experience with products of Crazy shops containing synthetic cannabinoids and mephedrone. The questionnaire also stated trade names of products such as Spice gold, Spice silver, Rýchly Lopéz, Tvrdý Míša and so on.

It should be reminded, that in April 2011 the amendment of the Act No. 139/1998 of the National Council of the Slovak Republic 998 Coll. on Narcotic Substances, Psychotropic Substances and Preparations as amended has already been in force, which completed annexes (especially annex 1) of the act by 38 psychotropic substances including mephedrone and synthetic cannabinoids.

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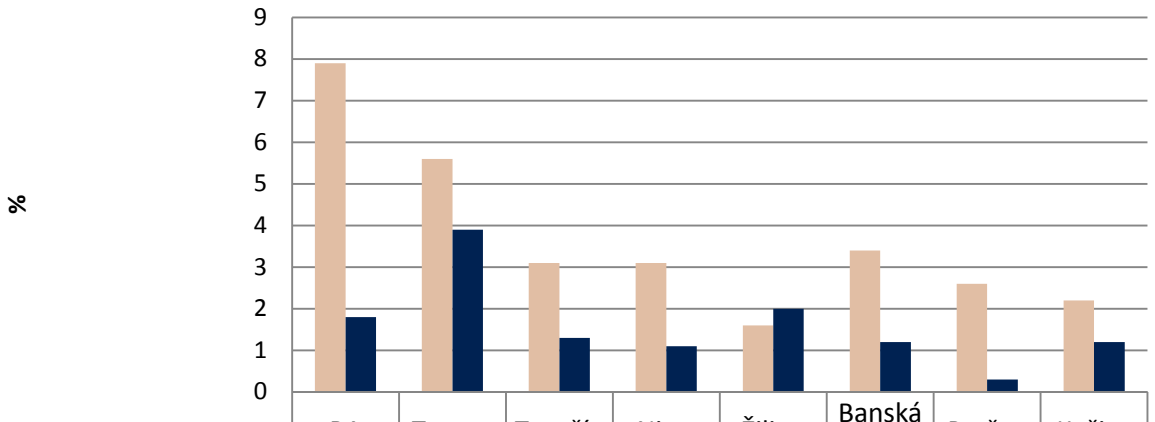
[39] Nociar A. 2011: Situácia v SR vzhľadom na nové syntetické drogy a výsledky populačných a školských prieskumov z rokov 2006-2007 a z rokov 2010-2011. Bratislava November 2011
http://www.infodrogy.sk/index.cfm?module=Library&page=Document&DocumentID=907

Preliminary processed data from the survey of 15 – 19 years old pupils and students showed prevalence LTP (used at any time in life) of synthetic cannabinoids 4.1% and of mephedrone 1.7%, what are data for the total representative sample. As shown in the Figure 2.2.2, 3 of 8 Slovak regions exceeded according to the data the all Slovakia average, and that with relation to synthetic cannabinoids and experience with mephedrone. Two of three regions are known as being problematic with regard to the offer and compliance with the law, namely Bratislava and Trnava region.

Figure 2.2.2: Experience with products of Crazy shops in 15-19 years old students – differences among regions. Source of data: Nociar, A..2011



	BA	Trnava	Trenčín	Nitra	Žilina	Banská Bystrica	Prešov	Košice
Synth. cannabinoids	7.9	5.6	3.1	3.1	1.6	3.4	2.6	2.2
Mephedrone*	1.8	3.9	1.3	1.1	2	1.2	0.3	1.2

*Trade names of products were introduced in questionnaire

The school survey TAD (2010) again confirmed the trend of growth of alcohol drinking among young people (15-19 years of age), which showed increase, and that also in the most risky methods of drinking (so-called “binge drinking”) with the aim to get drunk as quickly as possible. It was shown that alcohol drinking of girls increased much quicker and maturing girls, but also young women, virtually equalled maturing boys and young men in several aspects. (Nociar A. 2010)

2.2.3 Health Behaviour of School Children

The international project HBSC (Health Behaviour in School Aged Children) monitors behaviour of school aged children with regard to health. There are currently more than 40 countries participating in this WHO project, what enables to assess the situation in Slovakia in comparison to other countries with regard to changes in health and health-related behaviour in time (trends), as well as to evaluate influence of social determinants on health and behaviour of maturing population and on the grounds of findings to target and specify recommendations and measures for support of health of the youth.

Pupils and students in age of 11, 13 and 15 years are included in the survey (at least 1 500 in each age group, nationally representative sample). Data are collected by means of questionnaires, which are aimed at four main areas, from which the

dominant area for this purpose is the area of health-related behaviour (nutrition, physical activity, smoking, consumption of alcohol and soft drugs, sexual behaviour and violence). The collection of data is repeated each 4 years and collected data are analysed and processed in form of national reports and international report, which are freely available.

Table 2.2.1: Marijuana consumption in 15 years old boys and girls according to school survey on health behaviour

HBSC 2005/2006		HBSC 2009/2010	
15 years old boys	15 years old girls	15 years old boys	15 years old girls
LTP 23%	LTP 14%	LTP 21%	LTP 12%
LMP 7%	LMP 2%	LMP 9%	LMP 3%

2.2.3.1 Use and Perceived Availability of Marijuana[40]

In the HBSC survey 2009/2010, out of 771 boys and 797 girls with average age 15.46 years 21% of boys and 12% of girls had experience (LTP) with marijuana.

LMP (use in the last month) was declared by 9% of boys and 3% of girls.

Out of those respondents who stated other answer than “I am not using marijuana”),

majority of boys 74% and girls 66% in age of 15 years considered easy to get it.

Difference between boys and girls in perception of marijuana availability was not statistically significant.

Comparison[41] to data from the previous cycle of the HBSC survey 2005/2006 in Table 2.2.1 shows slight decrease in experimenting with marijuana, but also slight increase in the last month prevalence.

Gender differences are still maintained in favour of boys, although girls are trying as well. Boys stated in the survey 2005/2006 use of marijuana approximately three times oftener than girls (OR/CI: 3,02/1,85), in the following cycle boys stated almost two times oftener use of marijuana in their life as compared to girls (OR/CI: 1,88/1,42-2,49).

[40] Baška, T. in Sociálne determinanty zdravia školákov HBSC – Slovensko 2009/2010,978-80-89284-73-3, Košice 2011 Eds. Madarásová Gecková Andrea Zuzana Veselská, Jana Kollárová

[41] Report 2009

2.3 Drug Use Among Targeted Groups / Settings at National and Local Level

2.3.1 Knowledge of Pohoda[42] Participants about Crazy shops, Smartshops and Growshops and Their Opinions on Products Offered in Them

Tejová[43] asked a sample of 100 respondents (112 asked), young adults (average age 24.25 years, SD±4.35, from 18 to 40 years, 65 men and 35 women) – participants of the biggest Slovak music festival Bažant Pohoda, whether they have heard about shops named such as Growshop, Crazy shop, or Smartshop, and whether they have come into contact with any product from these shops and what is their opinion about such products. A short questionnaire filled in by the face-to-face interview method was used.

The selection of sample from the festival participants was intentional – a high concentration of the target group, on which sellers of said products focus, is expected on this festival. Higher affinity of Pohoda visitors to new drug experiences was confirmed already by the survey of drug use at this festival in 2005 (Report 2006).

According to preliminary processed results, 75% respondents have knowledge about these products, out of which as much as 18.7% tried these products and 17.3% has positive attitude to these products. Out of the whole sample, in the age group 15-24 (63 respondents) was determined prevalence of as much as 15.9%.

These results[44] can be discussed on the background of data of the population survey about drug use prevalence from 2010, according to which the prevalence of the lifetime use of these substances in the age group 15-24 neared three per cent (see part 2.1 1 of this chapter).

Similarly in the survey Eurobarometer 2011[45] 3.1% of Slovak respondents in the age 15-24 declared in May 2011 experience with this kind of products (for comparison, the EU 27 average is 4.8%). Almost a third thereof obtained the substance is specialized shops and another third was offered the substance on a party or in a club, a third was offered by friends.

2.3.2 Screening of Problems Related to Use of Marijuana by means of Online Survey.

On the website rastamama.sk[46], operated by the civic association Reset, was on the impulse of the NMCD placed from 1.3.2010 an online questionnaire primarily

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[42] Music festival Pohoda was created in 1997 and has gradually worked up to become the most visited multicultural open-air event in Slovakia.

[43] Tejová M. (2011): Informovanosť účastníkov Pohody o Crazyshopoch, Smartshopoch a Growshopoch a ich názory na produkty v nich ponúkané – lecture: 7. Bojnice AT Conference, Bojnice, 30 Sept – 2 Oct 2011.

[44] Especially people with larger affinity to various experience, among them also to experience with addictive substances, are concentrated at similar music events. Jírešová K. 2005 (National report, chap. 13)

[45] Flash Eurobarometer 330, June 2011

[46] Ďurove R.(2011) Report for NMCD

oriented on screening of those marijuana users, who can have certain problems caused by use of marijuana. These problems were defined in six CAST questions. 127 respondents filled in this 12-item questionnaire (out of which 6 CAST items) in the period of 14 months (assessment on 29.5.2011).

Out of them, 117 respondents got into the final processing[47] (82 men and 35 women) in average age of 22.77 years SD+5.74. As indicated by the name of the website, and finally also by the obtained data, visitors of this website do not belong among adversaries of marijuana.

The attitude to occasional use of marijuana was positive in the majority – almost 71%. The question about experience with marijuana at any time in life was answered positively by 99 respondents (LTP = 84.6%). 30.3 % stated the first experience with marijuana in age 11 to 14 years, 55.55 % in age 15-18 years, 10% in age 19+ and three respondents stated age lower than 10 years.

Table 2.3.1: On-line survey data on cannabis consumption: Source of data: Ďurove R., 2011

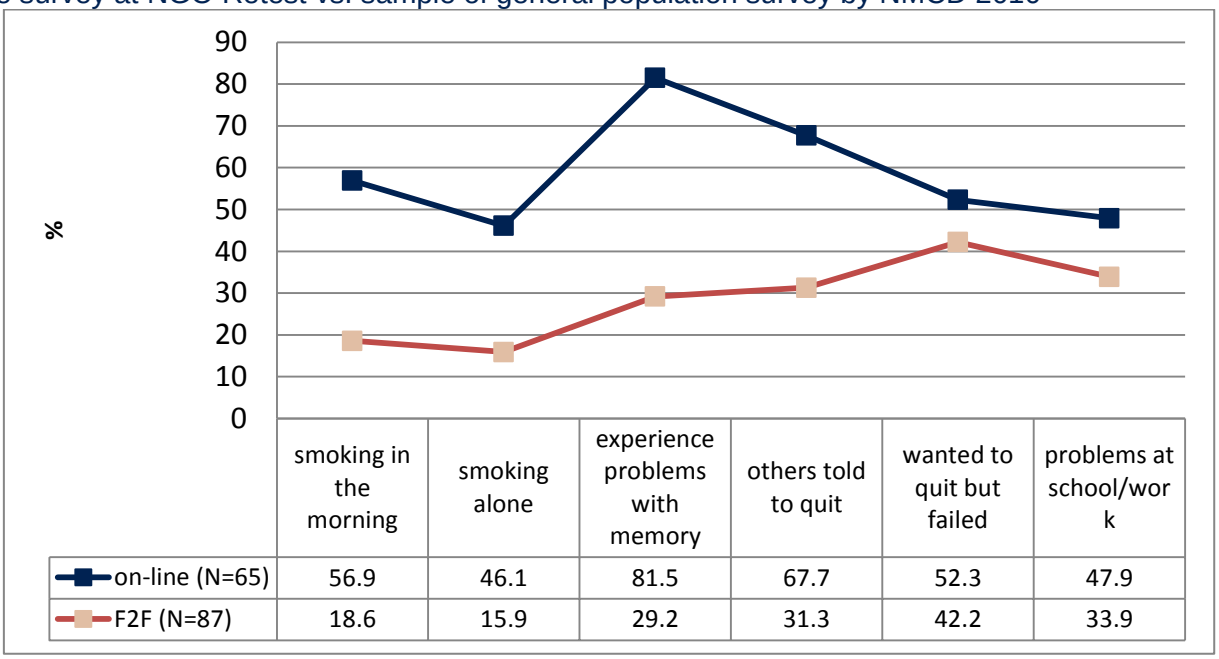
Declared use		
	Occurrence/number of respondents	%
Experience (LTP)	99	84.60
Used last year (LYP)	83	70.94
Used last month (LMP)	66	56.41
LYP/LMP total	**65**	**55.55**

Upon the assessment of the risks of marijuana use according to the CAST scaling, the group of respondents who stated both last year use and last month use was taken into account, what was 65 online respondents (55.55%). Within the whole group, the highest representation had answers, in which respondents admitted problems with memory (in range from rarely to very often), followed by situation, when the environment warned the respondent to stop to reduce smoking of marijuana.

Also these data about the occurrence of problem situations can be compared to data determined about the group of 15-24 years old respondents from the population survey of NMCD 2010 (Figure 2.3.1).

[47] The difference is created by incorrect or missing data

Figure 2.3.1: Comparison of data on problems concerning marijuana use, from sample of on-line survey at NGO Retest vs. sample of general population survey by NMCD 2010



	smoking in the morning	smoking alone	experience problems with memory	others told to quit	wanted to quit but failed	problems at school/work
on-line (N=65)	56.9	46.1	81.5	67.7	52.3	47.9
F2F (N=87)	18.6	15.9	29.2	31.3	42.2	33.9

2.3.3 Consumption of Legal and Illegal Drugs by Young People Living in Diagnostic and Re-education Centres in Slovakia

This is a repeated survey of the Institute of Information and Prognoses of Education, which was performed for the first time in 1998 and in 2005 (Report 2006).

Surveys within solved research tasks were aimed at use of legal and illegal drugs by clients of diagnostic (*hereinafter only as the DC*) and re-education centres (*hereinafter only as the RC*[48]*).* In 2011, 292 respondents participated in the survey. Questionnaires were filled in by 163 boys (55.8%) and 129 girls (44.2%).

76.7% respondents live currently in RC and not full fourth (23.3%) of the asked in three DC. 15 year old clients prevail in these DC (DC: 57.4%, RC: 16.5%). Respondents in age 18 years and more live only in re-education centres (RC 16.1%, DC: 0). Respondents[49] had to meet two conditions: age at least 15 years and mental disability must not have been diagnosed in them.

More than half (54.1%) of respondents lives in DC and RC for less than a year and not full fourth (23.8%) of the asked stated that they are in such facility longer (from 12 to 24 months). 15.5% respondents live in re-education centres from two to three years and 6.6% of young people have lived in these facilities for three years and more.

Following trends were determined by the comparison of data from previous surveys in identical facilities in years 1998 and 2005: Table 2.3.2.

[48] DC and RC are special education facilities of the Ministry of Education of the Slovak Republic
[49] Pétiová M.et al. Institute of Information and Prognoses of Education, 2011: Report for the NMCD

Table 2.3.2: Trends of smoking tobacco among clients of diagnostic and reeducation centres in Slovakia (Source: Regular surveys of IIPE)

Smoking of cigarettes - frequency	1998	2005	2011
Smokes occasionally	8.7	10.2	10.3
smokes daily	82.7	72.7	79.8
does not smoke	7.9	17.1	9.6
has not tried	0.7	0.0	0.3

Despite the relatively low age, as much as 79.8% of respondents are regular smokers and 10.3% of the asked smokes occasionally. Young people who smoke occasionally have oftenest consumption 5 to 10 cigarettes per week, but regular smokers stated consumption 10 to 20 cigarettes per day.

Experiences with the consumption of alcohol have all asked young people. 15.8% of respondents drank alcoholic beverages daily before coming to the DC or RC and 26.0% of the asked consumed them two to three times per week. As compared to findings from 1998, the number of asked who consumed alcoholic beverages daily increased and at the same time the number of young people who drank alcohol two to three times per week increased more significantly. Data in the table point out to the fact that the situation determined in this year is worse than it was in 1998 and 2005.

Table 2.3.3: Trends in alcohol consumption among clients of diagnostic and re-education centres in Slovakia (Source: Regular surveys of IIPE)

Consumption of alcohol	1998	2005	2011
drinks daily	11.3	8.9	15.8
drinks 2 - 3 x per week	14.9	22.7	26.0
drinks occasionally	60.1	60.2	51.7
does not drink	11.9	6.9	6.5
have not tried	1.8	1.3	0.0

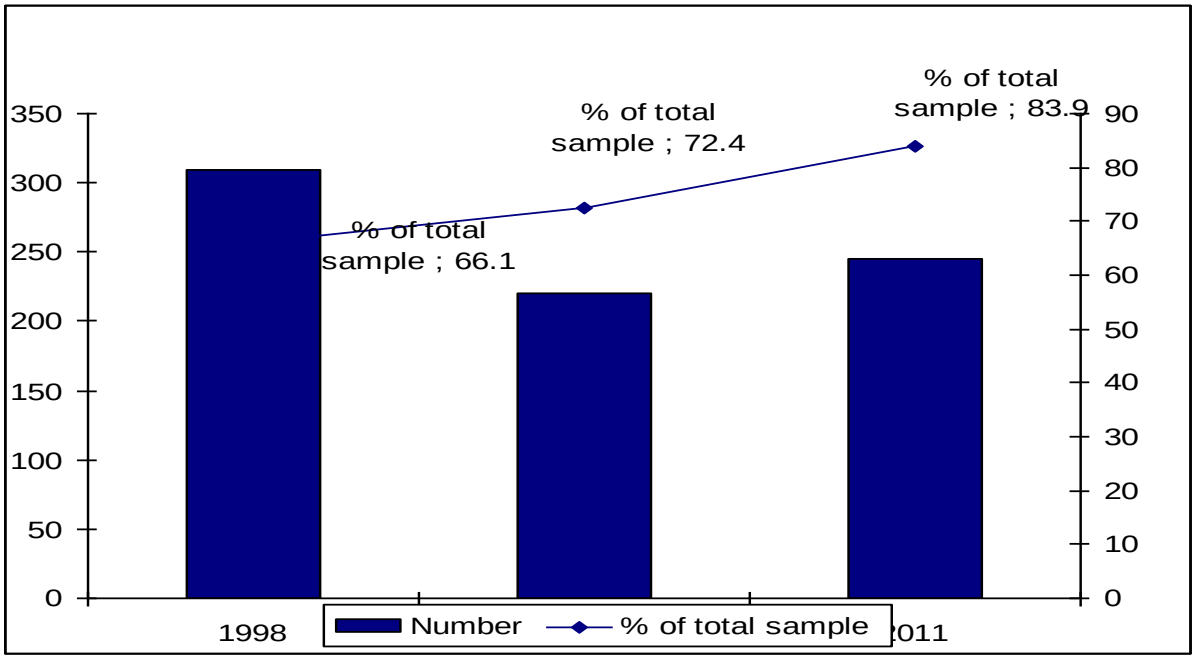
2.3.3.1 Personal Experience of Respondents with Illegal Drugs

The share of young people in these facilities who have experience with the consumption of illegal drugs has been constantly growing since 1998. (Figure 2.3.2)

Experience with at least one kind of illegal drug was admitted by 244 (84.1%) of the asked and approximately 10 (3.4%) of young people answered by means of the alternative I will not say or did not react to such questions at all. Only 36 (12.5%) of the asked clearly stated that they have never tried any illegal drug. Much worse situation was found in case of RC clients than in the DC.

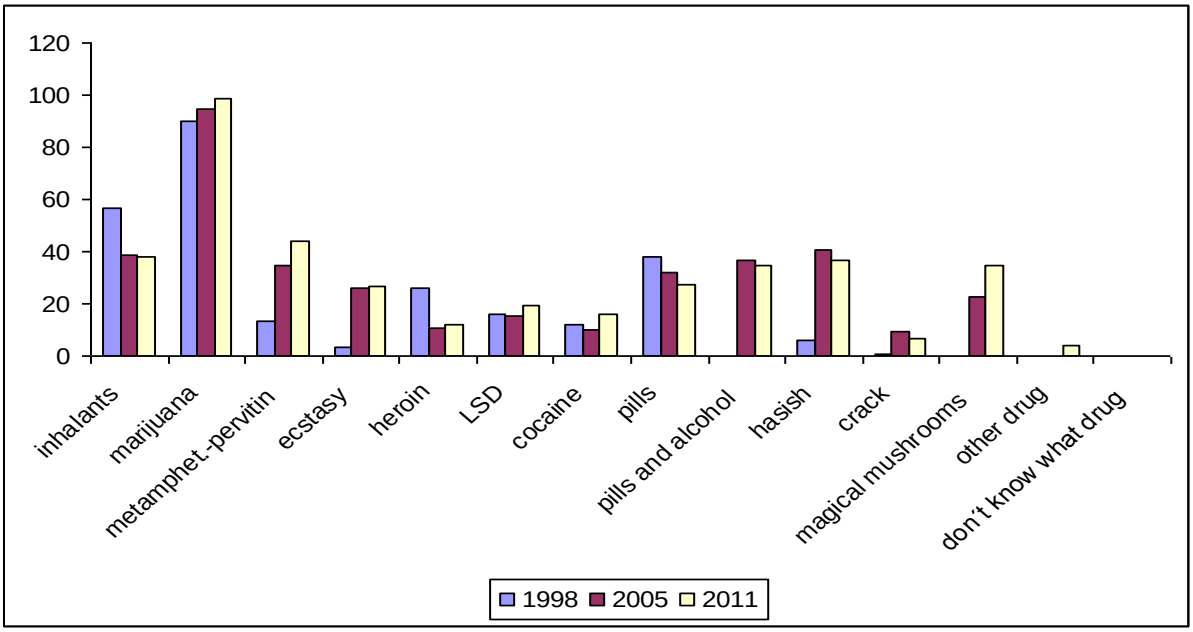
Data implied that the use of illegal drugs is closely connected to smoking of cigarettes, consumption of alcohol and gambling. Those who have experiences with drugs stated higher rate of truancy. Young people who admitted experimenting with illegal drugs, stated also in higher number experience with bullying, and that not only from the position of witnesses. Half of the asked (50.4%) who already used illegal drugs would agree with legalization of drugs in Slovakia, whereas the same opinion has in the group of respondents who have not yet tried drugs only 13.9% of the asked.

Figure 2.3.2: Trends in consumption of illegal drugs according to regular survey of IIPE.



The lowest determined age of the first use of a drug was 8 and 9 years. The most frequent age when DC and RC clients started experimenting with drugs is 13 and 14 years of age, whereas they oftenest smoked marijuana (80.8%) and inhaled volatile substances. Use of heroin and volatile substances was substituted in clients of re-education facilities by consumption of ecstasy, pervitin, hashish and mushrooms.

Figure 2.3.3: Drug used at drug use onset in clients of diagnostic and resocialization centres (surveys of IIPE)



It is obvious in the comparison with findings from 1998 that the number of young people who pass from one kind of drug to another has increased. The finding that in

1998 the highest number of asked used only one kind of drug, whereas in 2005 and 2011 respondents who admitted consumption of four and more kinds of regulated substances prevailed, is considered to be negative.

Table 2.3.4: Lifetime prevalence of illicit drugs in clients of special education facilities within the jurisdiction of Ministry of Education and differences between special facilities. Source of data: Pétiová M. et al., 2011

	Re-education centres		Diagnostic centres	
	15 years old	16 years old	15 years old	16 years old
1. Any illegal drugs (without cannabis)	8.1	10.1	30.8	13
2. Cannabis	91.9	82.6	64.1	78.3
3. Opioids (total)- hashish	10.8	36.2	20.5	17.4
4. Heroin	5.4	13	10.3	4.3
5. Other opioids	na	na	na	na
6. Cocaine (total)	na	na	na	na
7. Cocaine powder	5.4	14.5	12.8	8.7
8. Cocaine prepared for smoking (crack)	8.1	7.2	2.6	0
9. Amphetamines- incl. methamphetamine pervitin	24.3	36.2	28.2	39.1
10. Ecstasy	13.5	18.8	12.8	8.7
11. GHB	na	na	na	na
12. Hallucinogens (total)	na	na	na	na
13. LSD	18.9	11.6	17.9	4.3
14. Other hallucinogens – magical mushrooms	35.1	21.7	35.9	21.7
15. Tranquillisers or sedatives – pills	16.2	18.8	28.2	17.4
16. Other medications	na	na	na	na
17. Solvents or inhalants	27	30.4	23.1	30.4
18. Anabolic steroids	na	na	na	na
19. Alcohol	97.3	92.8	89.7	91.3
20 alcohol plus pills	24.3	24.6	30.8	13
21 alcohol plus marijuana	na	na	na	na
22 Smoking	89.2	89.9	84.6	87
23. Other drug /or don´t know what sort of drug	8.1	4.3	2.6	4.3
The size of age cohort	37	69	39	23

Finally, according to other data, there are certain differences in comparing the cohort of 15 years old and cohort of 16 years old clients of diagnostic centres and re-education centres, to the disadvantage of the latter type of residential re-education facility, where minors are placed mainly on the grounds of court decisions (Table 2.3.4).

2.3.4 Opinions of Medicine and Pharmacy Students about Smoking

Macháčová[50] performed a survey about smoking in the environment of university students of the Faculty of Medicine of the Comenius University in Bratislava (FM CU) and Faculty of Pharmacy of the Comenius University in Bratislava (FP CU). Data about smoking and opinions and attitudes to smoking of students formed a serious statement, because these are students who will be directly engaged in the area of public health. This survey is at the same time a demonstration of how the obtained data from relevant items should serve for evidence-based measures within the education.

Basic data: N=1215 students, out of which 981 students of the study subject general medicine and dental medicine from the I., III. and V. years of study and 234 students of pharmacy from the III. year of study. 72.2% women and 27.3% men in age from 18 to 29 years.

The field stage of the survey was performed in the period from November 2009 until December 2010. A standardised questionnaire was used, aimed at students of medicine, dental medicine and pharmacy, which was used in the project "GLOBAL HEALTH PROFESSIONAL STUDENTS SURVEY". The questionnaire contained in addition to demographic indicators (faculty form of study, year of study, gender and age) also 40 meritorious questions aimed at some problems with regard to smoking. Some of the findings are stated in the Table 2.3.5 below.

The following should not remain only the subject of output, but should serve as evidence for the implementation of specific measures, e.g. in education:

Only 7.2% of students of medicine and pharmacy underwent official education about approaches to breaking smoking habits and only 15.6 % has knowledge about the fact that patients who wish to stop smoking should be given education materials. The biggest number of students knows about supporting treatment (plasters and chewing gums) in smoking habit-breaking programmes. Only one third discussed at some subject about reasons why people smoke and only one not full third is aware of utilization of anti-depressants in habit-breaking programmes and only 5.8% about medicament-supported treatment.

A fifth of smokers (both former and current) have received specific advice or help related to their stopping smoking.

[50] Macháčová E,. Luha J. (2011): Názory študentov LF UK a FaF UK na fajčenie

Table 2.3.5: Overview of the results from survey to know opinion of medicine and pharmacy students about smoking (Source: Macháčová, E., Luha, J., 2011)

Smoking
• 77.7% experimented with smoking – cigarettes (LTP), first experience in age 11-15 years
• 55.8% experimented with chewing tobacco, snuffing tobacco, cigars, pipe, or water pipe
• 27.7 % smoked in the last month (LMP), out of which 3.4% daily
• 16.7 % (LMP) consumed chewing tobacco, snuffing tobacco and smoked cigars, pipe or water pipe
• 48.l'% lives in environment where others smoked in the last week
• 77% experienced smoking in their presence outside domicile
• 9% would like to stop smoking and approximately 25% stopped smoking month to three years ago in range from 1 month
• Opinions and attitudes
• 95.6% thinks that the sale of tobacco to persons younger than 18 years of age should be forbidden,
• 79.7 % in all closed public areas.
• Almost 80% (75.9%) agrees with the ban of advertisement for tobacco products,
• 94.7% agrees with ban of smoking in restaurants,
• 67.2% agrees with ban of smoking on discos, in bars and pubs.
• 81.5 % thinks that healthcare workers should serve as an example,
• 81.2% thinks that they should advice their smoking patients to stop smoking,
• 92.3% thinks that the task of healthcare workers is to give patients advice and information to stop smoking,
• 63% thinks that there is smaller probability that healthcare workers – smokers will advice their patients to stop smoking.

3 PREVENTION

Prevention in different levels has a character of measures or interventions aimed to individual target groups beginning from general population (universal prevention) through vulnerable and endangered groups (selective prevention) to more over-disposed individuals, requiring certain forms of indicated prevention, and it is in environments of schools, community, and family.

Special emphasis was put on the target group of children and the youth since the first establishment of national anti-drug strategies with key responsibility of the Education sector.

Data and information published in this part enable gaining review mostly on quantity indicators and infrastructure, directly from institutionalised prevention resources - particularly in the departments of Education, Health, Social Affairs and Family.

The quality of interventions and evaluation of their effectiveness – i.e. whether the measure brought the desired effect and reached the target determined – it is still unique. It is consequence of various priorities and quasi evaluation methods in various sectors, the absence of united framework, quality standards and/or guidelines of preventive programmes.

Beside prevention, activities based institutionally more and more NGOs are entering into preventive scene for children and young providing sometimes very innovative, flexible and attractive activities for target groups. However no information on evaluation in context of effectiveness and impact on target population is known.

The projects resulted from the policies adopted by Education, and Health, Social Affairs and Family sectors are under some regime of evaluation in above-mentioned sense, but the number of evaluated activities/programmes is dropped every year. Precise statistics of the Institute for Information and Prognosis in Education (hereafter IIPE) reported only in education sector 8.90% evaluated programme (of 589) in 2008, 8.63% (of 556) in 2009 and finally 22 evaluated prevention programmes (3.43% of 642) in 2010.

This chapter contains up-dated information and data on preventive activities/programmes reported already in previous reports. Some innovative activities are mentioned too e.g. experiment with coordinated all level (USI) prevention system in the city district of Slovak capital Bratislava.

3.1 Universal prevention

3.1.1 School - Interventions for pupils and students

The aim is to prevent of drug dependences and to increase the age of the first contact with drug (alcohol, tobacco, illicit drugs), and reduction of social-pathologic phenomena occurrence by health education and promotion and by building of social skills (life skills). Primary (universal) prevention includes creation of optimum conditions for physical, mental and social development of children and the youth. That means to integrate the prevention of using psychoactive substances and occurrence of drug dependences into pedagogic-educational process and

establishment of prevention coordinators for drug dependences and social-pathologic phenomena at school (Kopányová 2008)5135.

3.1.1.1 Prevention in Elementary Schools Practice Survey

According the survey of the State Education Institute52 (Bíziková, L. 2011) over six hundred (603) Elementary schools53 (from over 2000 schools) have replied54 14 items questionnaire concerning prevention activities/programmes in their schools.

The term risky behaviour was launched and replaced the term social pathology, which was used to cover such forms as alcohol drinking, smoking, experimenting with illicit drugs, violence and agresivity, bullying, intolerance for other groups (race, ethnic, health damages) and delinquency.

This survey was preceded by the theoretical document of the State Institute of Education „The Basis to Establish School Strategy to Prevent Risky Behaviour of Pupils"(SQ 25, 2010 and 2010 Report). Then the survey t was aimed to find out the situation and mostly the demands for better school prevention and the examples of well-proven good-practice to introduce into manual. Some outputs of the survey see in Table 3.1.1.

Table 3.1.1: The survey on the situation in prevention in Slovak elementary and secondary school, Bíziková 2011

• **83% schools are disposing with prevention strategy** formulated in their schools documents. (Only 13% have no strategy).
• The key goals of the strategy were in **long-term framework in 76%** of schools (**mostly prevention of drug dependences and bullying**). The second place was the elimination of violence and agresivity, xenophobia and intolerance as well as to intensify co-operation with pupils and parents. The third position gained the healthy life style, restful school climate and leisure activities (sports and competitions.)
• Short- term goal within one school-year (10 months) reported almost 49% school and aims are meant as events commemorating Int´l Day without smoking, Int´l Health Day or to intensify the co-operation with Preventive and Psychological Counselling Centres.
• **88% schools want to prevent the individual forms of risky behaviour** - than the signs of bullying and agresivity/violence are detected by anonymous questionnaires, boxes of trust, better surveillance of pupils within the school breaks /timeouts and by effective and rapid resolving of risky behaviour and conflicts, with psychologists in cooperation with PPCC and parents. A draft of the own school Chart of Tolerance and/or to involve so-called pro-social education into curriculum was mentioned too.
• **83% of schools reported prevention of smoking.** The policies against "consumption of drugs " set in internal schools rules was considered important as well as informing parents on these rules.
• 79% schools are concentrating on alcohol abuse prevention.
• **72% schools act in prevention of intolerance** regarding some differences (e.g. some health handicap).

Continuation on the next page

Table 3.1.1 Continuation from the previous page

[51] Kopányová, A.(2008): Tertiary/indicated prevention in Education, Prevention, VII. 1/2008 p.5-10

[52] Bizíková Ľ. 2011 http://www.statpedu.sk/sk/Vyskum-overovania-sutaze-a-vzdelavacie-aktivity/Vyskumne-ulohy.alej , downloaded 18-6-2011

[53] (ISCED 0, ISCED1, ISCED2)

[54] School coordinators of prevention

• **Three basic sources of information were reported by 87% of schools**: 61% of them use **additional schoolbooks** (e.g., "Don´t destroy your wise body," "How I know myself," "How can I change myself," "Alcohol – a hidden enemy." Almost 60% reported **Internet as the source of specialised information** and among most frequently quoted web sites the web site www.infodrogy.sk managed by National Focal Point. Those school prevention coordinators (55%) who reported **the specialised literature (**not the additional school books) as the main source identified almost 30 titles, incl. magazines quarterly issued Prevencia (Prevention), Social prevention (Social prevention) and magazine Čistý deň (Clean Day).
• 29% schools gained information from all three information sources mentioned above – additional schoolbooks, other specialised literature and internet sources, 12% additional schoolbooks and internet, and 9% reported combination of specialised literature and Internet. 5-7% reported just one source and 12% declared no information needs.
• 64% of survey responding schools considered the above-mentioned sources as sufficient (and 33% as insufficient – incl. insufficient access to Internet).
• Majority (of schools) preferred (52%) the process of the development of life skills would be set into official school documents (what have to be kept). The same condition reported those schools, which preferred the life skills and social competences education in general (48%). **More than 77%** respondents have agreed with the **cross-sectional approach to prosocial education - (environmental education, protection of life and health, media education and multicultural education)**. Schools prefer education by means of experience learning, drama playing, and creative games.
• **Good school climate is important for 95% respondents. T**he most frequent method to find out the state of climate is the discussion (82%). **49% schools employed anonymous questionnaire** at the beginning and at the end of the school year and box of confidence for complaints. **90% schools prefer free movement of pupils in interior and exterior within the school breaks.**
• The personal development of teachers by education in experience learning was considered as important only in 26% of schools. 25% respondents only would introduce such education for pupils.
• Almost 32% respondents did not have the occasion to take part in experience programmes, /trainings and only 20% reported such form of education.
• **80% schools considered the cooperation with parents as an important step** and on the other hand, the cooperation with parents from socially disadvantaged Roma settlements is not satisfying.
• The establishing of **school parliament** (composed from pupils) was considered as useful in 39%) and the possibility of the peer mediation in 26%.
• As the examples of efficient and well proven prevention of risky behaviour and promotion of healthy lifestyle, and pro social patterns of behaviour were reported these forms: **Didactic games, creative workshops, learning through experiences ,learning within Daltons´ blocs, playing roles, competitions, exhibition, sports events, musical performances, discussion with experts and pupils**. An individual access and the support of good relations, cooperation with counselling centres (PPCC), and church representatives were mentioned too. Bíziková pointed out that majority of activities mentioned above are useful, but more active participation of pupils activities would have achieved the quality of good practice. **Secondary schools prefer particular programmes e.g. The Way, Stop to the bullying, Looking to each-other way etc, peer programmes, experience learning, and dealing with model situations.**
• Finally 67% respondents presented their readiness to cooperate in mutual distribution of good practice examples.

3.1.1.2 Some programmes and projects in the year 2010 Health promotion and healthy life style

Project of primary prevention - the Anti-AIDS Game is designed for pupils of elementary and secondary schools and for risk groups of youth55 and children in institutional care. The Project "Anti-AIDS Game"which continued in 2010 met with positive response at students and the associated partner within the EU Project SUNFLOWER – „The Young and HIV. Within the project there were plenty activities for secondary school students.

The "Red ribbons" project has been initiated by Secondary School of St. Francis from Assisi in Žilina four years ago. Now the project is nation-wide and it is being realised in various forms (lectures, art, literary and photographic competition, the most creative activity competition, professional seminar for teachers). In 2010 there was over 300 schools involved into campaign (Hamade, Janechová, 2011).

The Way to Emotional Maturity (programme of MUSTAP**56**type)

Since 1999, this Life and Social Skills gaining programme has been realised for pupils aged 12-15/16 years. The programme "The Way to Emotional Maturity (hereafter "The Way") is evaluated in two-year intervals by pedagogues and pupils. Quantity data are available yearly – for the school year 2009/2010 represented 271 schools, 1 167 classes and 14 096 pupils. Programme was realised by 482 teachers, specially educated for the programme. 62 districts of Slovakia with exception of 17 ones (incl. three districts of Bratislava – capital of Slovakia) reported the realisation of the Way program in their respective schools.

The number of involved pupils was 14 096, and comparing 19.988 pupils in 2008/2009 school year was declined (Slovíková 2011).

We know that... (Programme of MUSTAP type)

The key project of the Police Corps Presidium (hereinafter PCP), its content is formed by behaviour disorders, crime, prevention, criminal-legal conscience, coexistence with minorities and dependence preventions. Starting as the pilot project in the school year 2002/03 in one Slovak district, it has moved to a complex programme stage with even higher number of involved students aged 12-17. Since 2006, the Ministry of Education has been recommending its realization at schools in Pedagogical-organizational instructions. The effect of this project aimed on building of legal consciousness is measured through tests at the input and output of 10 months lasting programme

No data on participants in school year 2009/2010 are known.

Your right choice

This project was implemented since January 2010 until June 2011. According the summary report57 the trans-frontier project, "Your right choice" (for 9 – 10 year old children) has been realised in 37 locations within Slovakia and in 18 locations of Moravian-Silesian region and Olomouc region (Czech Republic) with participation of 217 trained animators from Police Corps members and RPHA staff. Participation of

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[55] In 2010 realised in schools where almost 50 % of pupils came from disadvantaged environment

[56] MUSTAP = Multisession Standardized Printed Programme, standardized programme consisting of several phases/cycles with support of printed materials (e.g. exercise books for pupils, methodology for lecturers, etc.)

[57] http://www.minv.sk/?Vyhodnotenie , downloaded January 27, 2012

27 478 children (19.762 children of 1033 classes from 419 schools in Slovakia and 7.716 children – 360 classes from 198 schools in the Czech Republic) was achieved in this form of touring workshop. Exhibition within the workshop was installed in 55 localities

The Police Presidium initiated the project (Bučková 2011), which was realised in co-operation with the Offices of Public Health, municipal police staffs, and social services workers. Over 13.000 slovak pupils participated on the project in 2010 (Hamade, Janechová 2011).

3.1.1.2.1. Preventive programmes by PPCC

The IIPE in the school year 2009/2010 registered data on preventive programmes realised and/or initiated by "Pedagogical and Psychological Counselling Centres"(hereinafter as PPCC). In school year 2009/2010 642 prevention activities/projects/programmes (in 86 more than before), were realised by PPCC. Majority of activities (71.4%) were aimed on elementary school pupils, were short term, local or regional. Only 22 programmes (3.43%) were evaluated, what is less than in 2008/2009.

Table 3.1.2: Review of PPCC's preventive programmes within 2009/2010 school year. Source: Slovíková ., 2011

Number of activit./prog. coverage,target group, duration	total	Type of preventive programmes						
		Mater-nal schools	Pupils in elem. schools	Peers	Risky groups	Pupils of sec. schools	Leisure activit.	Lectures discus-sions
%	100.00	9.35	60.90	9.50	4.98	11.53	0.62	3.12
Total number	642	60	391	61	32	74	4	20
Local	327	34	209	26	9	38	3	8
Regional/ multiregional	270	18	156	27	23	33	1	12
National	28	6	16	3	0	3	0	0
Transfrontier, international	17	2	10	5	0	0	0	0
Pre-school	57	57	0	0	0	0	0	0
Elementary schooí	458	0	382	42	27	0	3	4
Secondary schools	94	0	0	16	2	74	0	2
Pupils with health damage	3	0	1	0	2	0	0	0
Parents	8	1	1	0	1	0	0	5
Teachers and school coordinators	22	2	7	3	0	0	1	9
Short-term	316	37	193	12	6	45	3	20
Medium-term	108	12	67	7	11	11	0	0
Long-term	218	11	131	42	15	18	1	0
Evaluation of programme	22	5	8	0	5	4	0	0
%	3.43	8.33	2.05	--	15.63	5.41	--	--

PPCC have realised 5 865 activities to prevent social pathology (more in 2 093 activities). 145 328 participants have taken part on these events, what is almost forty thousand more than in school year 2008/2009.

Table 3.1.3: Social pathology prevention activities in school year 2009/2010. Source: Slovíková, 2011

		Acivities		Participants	
		number	%	numbert	%
Group activities		6,254	78.59	121,813	83.82
	Training	2,339	37.40	38,234	31.39
	Lectures. discussions	3,915	62.60	83,579	68,61
Services for teachers		1,260	15.83	3,468	2.39
	consultations	1,188	94.29	2,080	59.98
	Courses. seminars. workshops lectures	72	5.71	1 388	40.02
Education of preventists		2	0.03	45	0.03
Other activities		442	5.55	20,002	13.76
	Publishing	198	44.80	6,195	30.97
	Promotion and info days	225	50.90	13,451	67.25
	Outdoor activities	19	4.30	356	1.78
Total		7,958	100.00	145,328	100.00

3.1.1.2.2. Universal prevention activities provided by Psychological Services within the Social and Family services

The activities in the year 2010 were designed for the youth (aged 10-18 years) in schools and they were carried out by the form of lectures, discussions, or club activities. Activities had mostly cyclic character (average number of meetings with one group was 3-5 meetings). The topics of these events were: drug and other dependences, healthy life style, psycho-hygiene, self-knowledge, education as preparation for marriage, parenthood or the topic of bullying. Despite reduction of professional workforces in 10%, and rising number of demands of schools for such activities 83 psychologists of the offices of PSVaR were able to organise in almost four hundred fifty events more than in the year 2009 (814 in 2010, 384 in 2009). The most of preventive-educational events were in Banská Bystrica region, Prešov region, and Žilina (Czuczorová 2011).

3.1.1.2.3. Universal prevention activities provided by local offices of public health

Almost 87% (1471) activities of the offices (RPHA) were aimed on children and young in form of lectures and discussion at schools (e.g. Young and life – regional peer project, health education project PoZdraVy (in slovak **po**hyb = movement, **zdra**vie = health, **výž**iva=, nourishment), competition for 10-11 years old pupils in 5th grade titled “Prevention concerns us “. Issue of smoking was presented within 1411 activities (Hamade, Janechová, 2011).

3.1.2 Universal prevention in community

The campaign “Na veku záleží” (Age Matters) continues within the framework of the project covered by the Association of Trade and Tourism of the SR with the support of the Slovak Trade Inspectorate. The target group were shop assistants/sellers and the campaign was promoted by slogan “Let’s have them on eyes” what has to remain adults, that there is a ban to sell tobacco and cigarettes to underage youngs.

Since 1996 there is a competition regarding smoking “Quit and win.” Within the eight years period 7500 adult persons have taken part in it. 2000 persons (26.6%) gave over their bad habits. In 2010, 503 participants have taken part in this competition; majorities came from Žilina and Košice region and were in age group 25-34 years. They smoked 10 - 19 cigarettes per day. (Hamade, Janechová, 2011)

In 2010 regional offices of public health realised 1694 of health-education activities aimed on prevention and/or reduction of health damages caused by alcohol, tobacco and drugs in universal population. Health counselling centres provided counselling services for adult population, mostly for smoking and alcohol consumption.

Promotion of activities and programmes regarding the protection against negative social phenomenon is included in the National programme of care on children and youth in the years 2008-2015. The task to prevent violence, suicides, illicit and licit drug consumption, bullying, intolerance etc. was filled. The target groups are children and parents and teachers when the support of ways of education and care is concerned. Different forms of hand outs for parents and teachers were prepared. 3 manuals: „Let’s looking for common - not for differences“, “The interventions of the helping services to solve problems of children and to develop social, emotional maturity “ and “The development of tolerance in schools” were issued and distributed. The training of teachers in programme “The heart on the hand” was provided for 140 teachers in Bratislava and Banská Bystrica region.

Since 1994, the well-known national project of painting competition with international participation (Why I am happy in the world) has provided the opportunity to express the attitudes towards smoking, alcohol drinking, and illicit drug consumption[58]. In 2010 1 458 paintings (more than in 2009) competed not only for prizes, but also for the opportunity to be presented on touring exhibition.

Regional project carried out in Eastern Slovakia since 2006 with intensive promotion in media is the project “Take a ball not drugs“ of NGO with the same title (Report 2010) continued also in last year 2010.

3.1.2.1 Leisure time facilities and activities

The number of leisure time facilities increased from 407 to 424, out of which 211 were centres of leisure time (CVČ) and 213 school centres of hobby activities (ŠSZČ). These facilities provided leisure time activities and club activity for children and the youth.

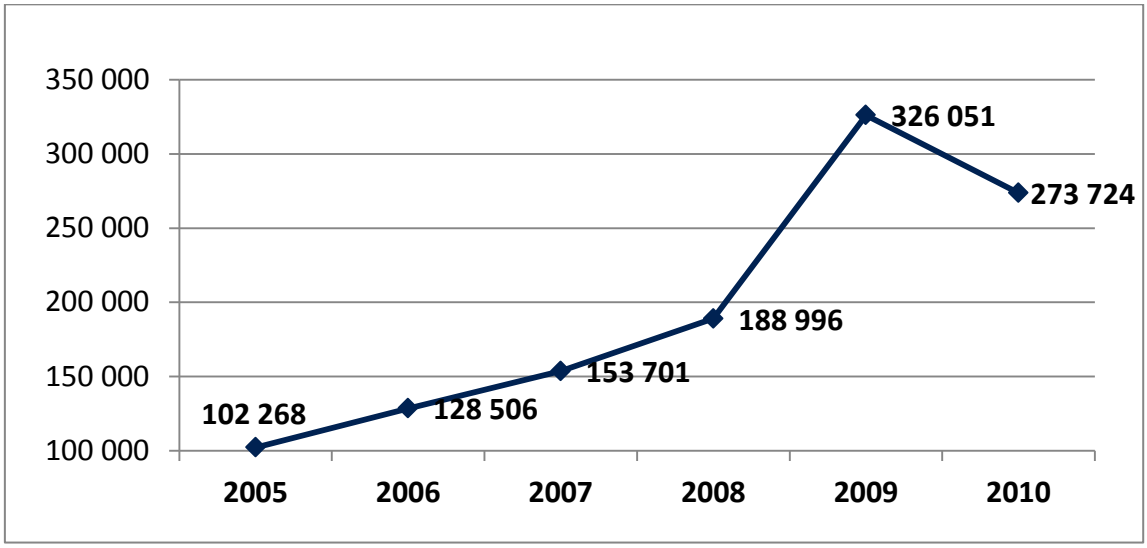
In the school year 2009/2010 there were 16 523 (18.269 in previous statistical reporting)) clubs of regular hobby activity and there were 273 724 members registered in them. Children up to 15 years old formed 80 % of participants. Slightest

[58] Project „Why I am happy in the world“ is the key prevention project of the Ministry of Culture and is involved into three national strategies and action plans (dealing with alcohol,tobacco and illicit drugs)

participation was in Bratislava region (6.736) and the most in Žilina (85. 687) Centres of leisure time (CVČ) reported 247,154 members (out of which there were 183,473 children under 15 years). CVČ organised 41,156 events of occasional hobby activity, including weekend activities and 898 summer holiday camps. There were 1,338,898 participants taking part in occasional activities; out of which 70 % were children up to 15 years old. The fewest number of participants was reported in region Bratislavsky.

Long-term trend regarding content of leisure time in both structures´ offer for children and young hasn't been changed; sports and physical education stay on first place. (Slovíková, 2011).

Figure 3.1.1: The development in school centres of hobby activities in last 6 years (Source Slovíková M.2011).



3.1.3 Universal prevention in family

This agenda is mostly under the jurisdiction of MLSaF, and his Office of Labour, Social Affairs and Family. (See also part 3.1.1.2.2). Concerning universal prevention in family provided from this source, the position of 8 regional specialised „drug" counsellors (Report 2010, 2009) has to be reminded. They are acting as a) coordinators of the co-operation with institutional care facilities, b) in cooperation with other stakeholders (networking of services), c) in psychological services for target group of "experimenters" d) in services for families with member threatened by some type of addiction.

Education sector (IIPE) reported 20% of leisure time facilities activities were specially aimed on parents and children.

3.2 Selective prevention

3.2.1 3.2.1 School - Interventions designed for pupils/students with learning problems, with social problems, and truancy

Diagnostics of risk factors with clients is provided within sector of Education by network of school facilities of educational counselling and prevention in each district town, including subsequent qualified services for selective and indicated intervention of outpatient type. In Slovakia, there were 76 centres of pedagogical – psychological

counselling and prevention (PPCC). At the same time, school sector, disposes of three types of special educational facilities of residential type. Competencies of special education facilities in Education sector are defined in Act of the NR SR No.245/2008 on Upbringing and Education (School Act). Special educational facilities provide psychological psychotherapeutic, upbringing-educational, and re-educational care in residential regime. Within the ten years, the number of these facilities decreased as well as the number of clients.

Table 3.2.1: The development in truancy phenomenon since 2000 – average numbers of absented/missed hours per pupil (Source Slovíková, IIPE 2011)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Elementary schools	3.4	3.3	4.0	3.1	3.3	3.8	4.6	5.0	5.6	6.05	6.09
Secondary schools	0.77	0.79	3.69	3.31	3.63	4.05	4.25	4.50	4.98	4.94	5.24

The majority of 1176 clients was in re-educational centres (detention home, training school) – 59,2%. They were put into detention facilities following the court decision on institutional or preventive education/training.

On the other hand, the stay of children in 5 diagnostic centres and in 8 education sanatoriums was initiated mostly by parents (in 86% cases from total number of 479 children).

Table 3.2.2: Special (educational) residential facilities for children and youth. Source of data: Slovíková , IIPE, 2011

Years				2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Numbers of facilities				29	28	29	28	30	31	32	31	27	26
Number of children and youth				1153	1098	1123	1248	1322	1335	1333	1267	1245	1176
- girls				382	373	366	402	406	394	411	372	375	340
	Orphans			8	10	14	10	14	12	9	7	7	7
	Who asks for such measure	Court deci-sion on	Institutional education	738	748	759	782	824	764	699	609	577	553
			Prophylactic education	43	63	64	70	77	61	43	39	52	46
		Preliminary measure		212	122	144	183	193	164	167	165	95	103
		Educational measure		0	0	0	0	0	0	0	0	48	21
		parents or person who take care on child ask for such measure		160	165	156	213	228	346	424	454	473	453
Number of groups				119	129	129	126	131	135	128	133	140	131

Within the behavioural disorders, the development of the phenomenon of truancy was observed. Within 10 years the trend of truancy in elementary and secondary schools is increasing, higher dynamic of growth was found out in elementary schools

(see table 3.2.1). Since 2006, the proportion of the pupils who have to repeat the school grade is permanently increasing.

3.2.2 Interventions for Young Delinquents, Club Visitors, Ethnic Groups, Experimenting and Risk Groups – community selective prevention

Some progress in implementing project[59] of early intervention with children and young people who have already come into contact with drugs (FreD goes net – Report 2008, chap.3.2.3, Report 2009 chap.3.2.3, Report 2010 chap.3.2.3) was achieved. Four certificated trainers for FreD were educated in 2010 (Kopányová 2011). "Save yourself " programme of non-governmental organisation Odysseus continues – in 2010 were harm reduction programmes (the exchange of needles and syringes, tests on HIV in field, counselling, social assistance) supported mostly from MLSaF system of grants. Similarly, the project „Sex/Drugs which is aimed on young in recreational environments (open-air music festivals, concerts). to in safer use of drugs and sex relations (e.g.Pohoda in Trenčín, Bee Free v Hornej Strede. "Red umbrella Programme – rights and protection of persons – sex workers.)Hamade, Janechová, 2011).

3.2.2.1 An experiment with the integrated prevention system (USI) in Bratislava city district

The goal of this project is[60] to create the conditions for effective cross-section cooperation of all elements participating in prevention under the auspice of the mayor of this city district with professional supervision of the Research Institute of Child Psychology and Patopsychology.

The prevention system integrates all three levels of prevention (categorisation according the target groups) in set of modules within the universal (U), selected (S) and Indicated (I) prevention of negative social phenomenon. System will be completed depending on the request for particular phenomenon prevention (e.g. prevention on truancy) and based on prevalence and incidence data (e.g. see part 3.2.1 on truancy increasing) and professional capacity of the team to deal with the problem. Definitely the USI prevention means a new approach in quality of preventive intervention. Integrated system of prevention is to suppose the coordinated co–operation – family, school and schools facilities, and Police, social services, health facilities, local offices, non-governmental organisations, church, cultural and leisure facilities, and local entrepreneurs.

In the year 2010 the effort was concentrated on building of partners network (school Office, municipal police, state police, counselling and preventive centres, University Hospital, Church). The analyse of measurable sources and factors was carried out by the RAR61 method which showed that institutions in this city district Ružinov were involved into prevention in different way and different proportion. Each institution indicated the need of higher efficiency involving the synergy and networking. The analyse defined strong points – existence of wide network of

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[59] This project is complicated regarding coordination of helping services and law implementation institutions.

[60] Matula Š., Kopányová A., 2010 Experimental examination of integrated system of prevention in city district Ružinov in 2010-2013

[61] RAR – Rapid Analyse Responses

helping services, support of local communal management. All elementary schools from city district Bratislava II Ružinov, Vrakuňa and Podunajské Biskupice were involved into USI experimental project

In school year 2010/2011 a complex screening of „problematic behaviour " in children and youth was implemented as well as the map of problems (incl. monitoring of realised measures) from the teachers point of view..

The diagnostic phase regarding the causality of the behavioural problems is the next step. This phase will be followed by particular systematic activities in groups at schools, in counselling centres and other facilities (selective prevention level and indicated prevention for individuals).

3.2.2.2 Programme of Health Promotion in Disadvantaged Communities

The programme of Health Department focus on adopting habits of healthy life style and health care in people of segregated and separated Roma settlements and locations, in which the health-hygienic situation is the most crucial one. It is performed by RPHA (local Offices of public health) mostly in East Slovakian regions Košice and Prešov. Programme is realised in the form of fieldwork of Health community workers. Health education is performed in Community centres and also in the form of "go structure" in settlements and schools. In 2010 39 672 inhabitants have taken part in this health education, incl. drug dependences prevention. RPHA in Rožňava realised in 4 Roma settlements the discussions on HIV/AIDS prevention and risky sexual behaviour (56 participants), and similar lessons in schools (elementary and secondary) where 50 % -75% pupils came from Roma minority..

10 local RPHA in Eastern part of Slovakia participated on the survey on sanitary situation in schools and stand of health in pupils from socially disadvantaged environment. In spite of difficult financial conditions the results showed quite satisfying status of sanitary conditions in majority of schools (64%), schools facilities, gyms, sportsgounds and clubs. The health status of Roma children was monitored too. Small children in age 6-10 years suffered mostly with respiratory diseases, refractive defects (8,5 %), allergies in 7,6 % detí chronical bronchi tides 6,3 % (asthma in 2,5 %). Gastrointestinal problems 4,5 %.

11 – 15 old pupils suffered mostly from headache 12,5 %, allergies 11,7 %, refraction defects in 10 %,respiratory diseases in 8,7 % and gastrointestinal problems in 4,4 % respondents. (Hamade, Janechová 2011.

3.2.2.3 Community social work in marginalized groups

Thanks to the grants[62], which assured financial means and continuity, the project of social work in disadvantaged communities was implemented also in 2010. Social community workers (194) and their assistants (225) realised mostly activities regarding housing, management of debts, unemployment, truancy of pupils, and assistance in negotiation with offices regarding claims for social benefits, and fees, but also the leisure time activities. The problem with drug consumption in these marginalised and socially excluded groups is concentrated on the alcohol abuse and smoking. The example of good practice in drug prevention are the discussion for

[62] OP ZaSI – FSR – 2009/2.1/09, OP ZaSI – FSR – 2007/2.1/01 a OP ZaSI – FSR – 2007/2.1/02 a v roku 2010 OP ZaSI – FSR – 2009/2.1/09. Source Czuczorová 2011

minors where models of problematic and non-problematic behaviours is showed, attractive leisure time and non verbal expression in performances.(Czuczorová 2011)

3.2.3 Selective prevention - family

3.2.3.1 Support to Families with Risk Child and/or Addicted Member

Help and support to families with risk child/addicted member is provided especially by taking measures of social protection and guardianship – this agenda is under competence of respective departments of Offices of Labour, Social Affairs and Family, where social curators and psychologists are concentrated. In 2010, there was a wide spectrum of individual and group programmes realised by the Ministry of Social Affairs and Family certified NGOs for and social guardianship for 2010. Measures of social protection and guardianship have taken the form of psychological counselling to families in crisis (663 cases, 1096 clients), of which drug use problem (mostly alcohol) was in 229 cases for 340 clients. In 2010 social curators set educational measure in form of duty to take part in educational or social programme for 270 children.

As a whole the measures of social guardianship for children were performed for 25.021 children; in comparison to 2009, there is decrease by 2, 7%. Within this number, 64% of minors were in age 15-18 years. Due to drug dependence or experimenting with drugs, or other dependences there were 719 (2.87%) children registered, what is an enormous increase comparing 241 children in 2009 (Czuczorová 2011).

Consultations with clients were aimed on motivation for treatment, cooperation with medical facility and work with the family as to support „healing“ relations within the family.

Eight regional “drugs” counsellors have dealt with 546 cases in total.

In 2010 there was the highest increase in group of experimenting clients (321);majority have started their drug career with alcohol.

Table 3.2.3: Categorisation of clients´ problem with psychoactive substances (Czuczorová,2011)

Clients experimenting or abusing	321
Alcohol	135
Illicit drug	79
Gambling	31
Other type of addiction	42
Abstaining after treatment	45
Delinquency related to dependence	28

The Crisis centres provided assistance for 39 children with drug problems and for 80 children due their parents drug problem.

114 children and youth were placed into resocialisation centres (RCs). (see chapter 8) Majority of children were put into RCs due to court decisions. Comparing 2009 there was an increase in number of court decisions (+20 children). Effectiveness of this measure is to absolve the entire programme what 19 children achieved in 2010. However 29 children have broken up the process.

Facilities of institutional care (the crèches) cooperated with RCs also and there was a unified procedure developed to deal with the child with drug problem who need the professional assistance.

3.3 Indicated prevention

3.3.1 Intervention aimed on individuals with behaviour disorders

See part 3.2.1 regarding the infrastructure of helping services and facilities of selective prevention.

3.3.2 No new information regarding interventions for paediatric patients with ADHD, depression, behaviour disorders

3.4 Knowledge, information, counselling - prevention by internet

Since 2005 there have been four advisory services functioning on the portal www.infodrogy.sk. Prevailing part of questions was addressed to doctors, psychologists and to lawyer mostly by parents, relatives and friends of those who have problems with drugs. With the consent of those interested in advising, the questions and answers of experts are available to other visitors of the portal. The web site www.infodrogy.sk pursued by National Monitoring Centre for Drugs was mentioned in SEI survey as one of the information source for drug prevention and education. Direct involvement into prevention intervention via internet is programmed for the year 2012, when an interactive drug information programme (adapted for Slovak pupils by Alojz Nociar) will be available on www.infodrogy.sk site.

Two web sites www.reset.sk and www.planb.sk (Report 2010) provide also counselling and access to drug information; the emphasis on legal and social counselling for risky individuals and drug users featured both sites in harm reduction sense.

3.5 National and Local Media Campaigns

No national media campaign was realised in 2010 and NMCD has not relevant information on local media events.

3.6 New developments and trends

In previous Report (2010), the effort of experts in education sector was mentioned regarding the establishing of standards and/or guidelines for qualified prevention.

The document of State Pedagogical Institute “The Basis to Establish School Strategy to Prevent Risky Behaviour of Pupils“ was the real kick off in development of national prevention standards. A step ahead was made in finding out the needs of

school prevention coordinators for the effective prevention (more in part 3.1.1.1). The survey showed strong need and demand for innovative forms, the attractive way of presentation, and active involving children and young in the programmes. Simultaneously free access of teachers to the specialised training and education was voiced.

The activities of the governmental Board for the prevention of criminality (Report 2009, Report 2010) cover the universal drug prevention too. Actually, the project of NGO supported by the Board within the "eSlovensko" (eSlovakia) programme is distributed on Internet under the title "Safe school"[63]. This project is in fact precise methodical handout /manual how to build safe school environment to secure the healthy development of pupils.

An experiment with USI prevention system tailored for children and young in city district known by the prevalence of criminal offences incl. drug offences, and the highest[64] amount of drug addicted patients living on the district territory, seems to be of good promise.

[63] http://www.bezpecnaskola.sk/ downloaded 24/08/2011

[64] In 2010 171 drug addicted patients were reported in Bratislava II.district , similarly in Bratislava V.district, comparing Bratislava I, (45),Bratislava III.(60) and 87 drug addicted patients in Bratislava IV. Source:Drug User Treatment in Slovak republic in 2010.

4 PROBLEM DRUG USE

4.1 Overview

The definition of problem drug use that is used to estimate the prevalence and incidence of drugs in the Slovak Republic and for the collection and analysis of data for this report is based on the definition corresponding to the EMCDDA's operational/pragmatic definition for the indicator Problem Drug Use: Injecting drug use or long term/regular use of opioids, cocaine and/or amphetamines in the 15–64 age group in the given year".[65]

Cocaine users have been included into comparisons too, though their numbers – in the light of also other indicators – are assumed as not noticeable in Slovakia. No increase in the number of cocaine users was recorded by low threshold agencies in 2010, similar like it was presented by one of them the year earlier. Cocaine as the primay drug was not reported at all by low-threshold agencies in 2010.

12 persons came to treatment due to their primary problems with cocaine[66], of which 11 to civil health care facilities (not in prisons). Cocaine did not appear too frequently even as a secondary drug among population in treatment, and usually (in 40.1%) was connected with amphetamine-type stimulants primary use.

Also, in general population the life-time prevalence of cocaine use appears not to be as high as resulted from the 2009 pilot study in the Region of Bratislava (the capital) and as was reported in 2010 national report[67]. While in the pilot study, lifetime prevalence of cocaine users in general population among young adults (i.e. 15-34) was some 5% in males[68], according to the national representative study (N=4055) life-time prevalence was at level 1.8% in young males and, in the same age group, 1.4% in total. This could indicate cocaine becomes a problematic drug in the region of Bratislava, the capital.

Opioids use among users of low-threshold agencies is represented mostly by use of heroin (almost 91% of opioid users), and within the amphetamine-type stimulants group, pervitin is the only reported primary drug. Number of polydrug users decreased by 50% in 2010, in comparison with 2009 (from 652 down to 315). Yet, the proportional decrease is only slight (from 18.2 in 2009 to 14.8 in 2010).

Data on problem drug use in treatment are based on the Protocol on Treatment Demand Indicator. Collecting data on problem drug use, diagnostic categories by ICD-10, recorded at four-figure level, are available, as well as the information on injection of the primary drug and other secondary drugs, on lifetime injecting behaviour, and on duration and frequency of the primary drug use.

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[65] EMCDDA: Key epidemiological indicator: Prevalence of problem drug use. EMCDDA recommended draft technical tools and guidelines. Lisbon, EMCDDA, 2004

[66] National Centre of Health Information: 2010 Data on TDI, 2011.

[67] NMCD: Slovakia. New development, trends and in-depth information on Selected Issues, national report to Reitox, Bratislava, 2010, p. 71

[68] Šteliar, I., Luha, J., Kastelová, E.: Use and polyuse of psychotropic substances in population of the Bratislava Region, a presentation at IX. Slovak AT Conference, Revucka, October 2010.

Analysing data from low threshold agencies that are the most important source of information on the indicator, decrease of the number of clients was observed in 2010. This concerns both main drugs used – heroin as well as pervitin, both dropped in their proportions. Overall number of clients, however, decreased fairly too (by 40%, see **Chyba! Nenašiel sa žiaden zdroj odkazov.**).

Some fluctuation in proportions could be caused by the fact that the greatest harm reduction agency in Slovakia had no identification of whether the client is a drug user or not in 2010 – the total number of drug users was therefore estimated (see Table 4.3.1) by the method of linear interpolation from previous 6 year trend (since 2006).

4.2 Estimates of the prevalence and incidence of Problem Drug Use

No new estimation on prevalence or incidence was made in 2010. The multiplier method, used in previous years for a series of prevalence estimation over the data from low threshold agencies[69], brought irregular results on 2008, as a consequence of considerable changes in the number and distribution of those agencies[70].The multiplier method, using data from harm reduction NGOs, remains still a valid method for prevalence estimation on problem drug use; however it appears to be suitable for local prevalence estimation, especially in the Bratislava Region.

For national prevalence estimate, a study is prepared using treatment data or combined sources. For this purpose, a study to estimate the in-treatment rate among drug user has been conducted, using 2010 data.

4.3 Data on PDU from non-treatment sources

2010 data on 7 programmes from five non-governmental harm reduction agencies acting in 4 Slovak cities has been collected. The number of agencies and programmes stayed the same as in 2009.

The information has been obtained the same way as for several years before, via paper form/questionnaire[71].

Taking into account data from other indicators, and data from NGOs – especially number of drug users among clients, their composition regarding primary drug used, injecting, number of contacts and other factors – steady or to decreasing trend was marked in problem drug use. Some changes were observed that could be just a fluctuation but can also adumbrate some more persisting trend. A proportion of injecting users remained stable; it was 97.2% in 2010, just as in 2009. This is, however, relative figure that speaks more about patients' structure than on real trends, as the absolute number decreased reasonably (from 3489 to 2075, i.e. by 40%), as well as the total number of clients (see above, section 4.1).

The ratio of males to females rose from 1.15 : 1 in 2009 to 1.55 : 1, and about 13% of clients were of age less than 18, which is considerable increase comparing with

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69 Published in Slovak national reports 2006-2009

70 Šteliar, I.: Estimate of problem drug use, monitoring study, 2009, in: NMCD (2009): Annual report on the drugs situation in Slovakia for the year 2008, Government Office of the Slovak Republic, Bratislava, ISBN 978-80-8106-025-0, 160 pp.

71 See in: NMCD: Slovakia. New development, trends and in-depth information on Selected Issues, the national report to Reitox, Bratislava, 2010, p. 72

2009 also in absolute numbers (from 193 up to 300) and there were also 2 clients reported in 2010 younger than 15 in the NGO in Bratislava.

Programmes for the exchange/distribution of sterile needles and syringes constituted a significant part of the activities of low threshold organizations in the field of harm-reduction. In 2010, a total of 317,416 syringes/needles were provided to the clients of these facilities, which is approximately as many as the year before but in fact this means an increase in number of syringes/needles per one client as the number of clients decreased. Increasing of the number of syringes/needles provided is a continuous trend, also visible in the previous year. Reasons behind are not known but it seems to be a change in policy of syringes/needles provision in harm-reduction NGOs rather than real increase of injecting drug users among their clients; TDI data does not support an assumption of increasing of injecting drug users.

Structure of clients of low threshold programmes is shown on **Chyba! Nenašiel sa žiaden zdroj odkazov.**.

Table 4.3.1: Structure of clients in harm reduction low threshold programmes
Source: Report of low threshold programmes for 2010

	2005	2006	2007	2008	2009	2010	2010 % of clients
Clients	3,979	3,957	4,023	3,542	3,769	2,267	-
of whom, users	3,773	3,722	3,812	3,310	3,588	2,134*	100.0
of whom, injecting	3,576	3,560	3,658	3,184	3,489	2,075	97.2
Heroin	1,430	1,452	1,341	1,489	1,225	656	30.7
Cocaine	0	7	6	0	44	0	0.0
Pentazocine (Fortral)	247	162	107	27	7	n.a.	-
Pervitin	1,418	1,403	1,314	1,146	1,510	852	39.9
Combination of heroin and pervitin	436*	437*	722	474	652*	315	14.8
Subutex/buprehorphine	109	109	102	50	75	60**	2.8
Volatile substances	5	5	22	0	42	0	0.0
Ecstasy	10	10	0	0	0	0	0.0
Cannabinoids	6	6	0	2	2	2	0.1
Others (e.g. alcohol etc.)	112	131	198	2	31	1	0.0

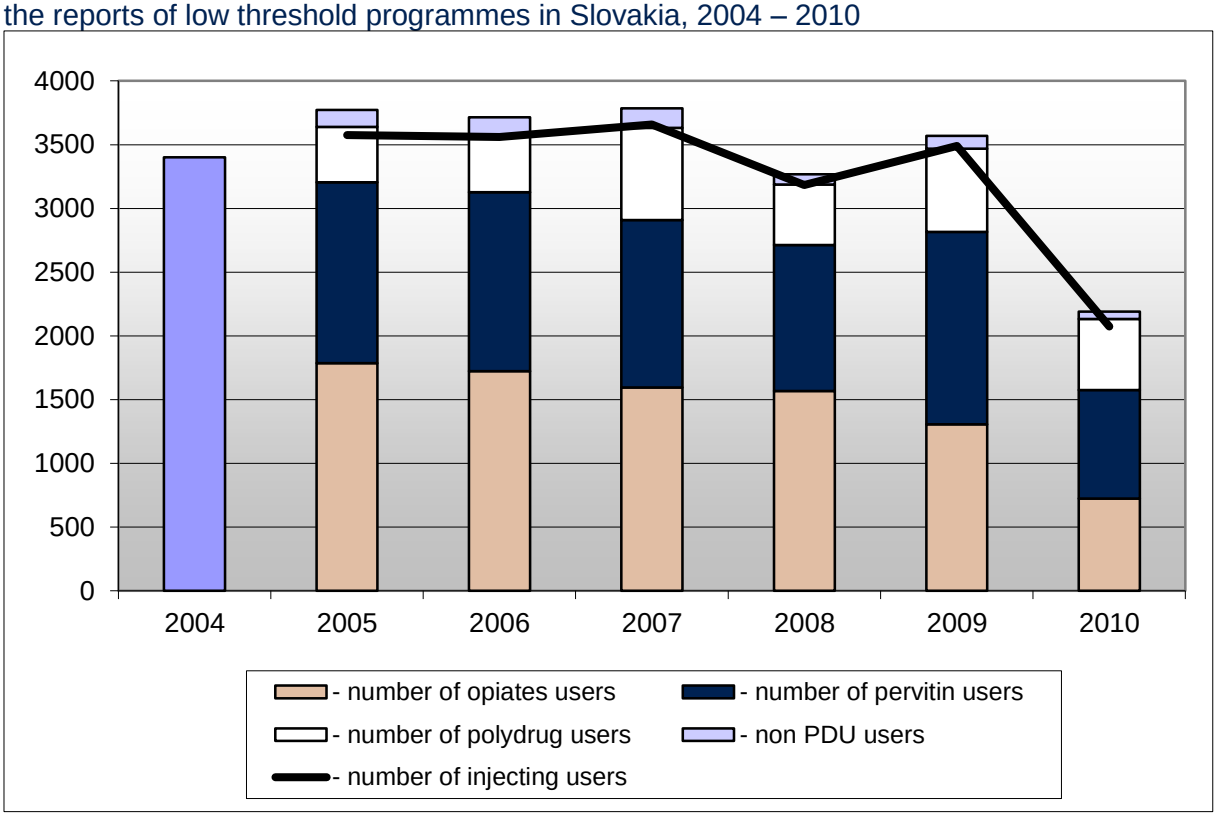
* Estimation

** The total number of which only 5 clients was using legal buprenorphine

If proportions of main drug– heroin and pervitin – in clients of low-threshold agencies observed in 2010 are decreasing, as well as the proportion of polydrug users, the question is then where theses proportions got lost? This could be partly responded by increase in the proportion of buprenorphine users, which did not copy the overall decreasing trend of the total number of clients In addition, they were reported not only from one region, but from eastern part, middle part and from the capital on the west. But not only buprenorphine users, there were also users of other opioids reported, though not Pentazocine as in previous years. This raises concerns that new opioids, with not well explored health effects, started to be used in the community of problem drug users; fragments of reports from the clinical practice and

from low-threshold agencies on fentanyl spreading as a heroin-substitute drug are in line with this assumption.

Figure 4.3.1: Number and structure of clients classified as problem drug users pursuant to the reports of low threshold programmes in Slovakia, 2004 – 2010



Another point is that numbers of clients in harm-reduction agencies fall slowly down since 2007, while at the same time numbers of patients in treatment grow slowly up. Possible explanations, along with marked fall in numbers of harm-reduction agencies in 2008 and thus services accessibility impairment, could be (1) different structures of these two groups of users, (2) may be also a “lag period” between entering treatment and becoming a problem drug user in individual drug carrier and (3) increase of the number of patients in treatment is mainly on account of increasing numbers of treated patients in prisons’ treatment units.

4.4 Related data and indicators

Though health damage is one of major complications related to problem drug use, not all problem drug users seek treatment. Preliminary result of the study on in-treatment rate coefficient (noted also in section 4.2) shows, that some one fifth of clients of harm-reduction agencies were in treatment in 2010.

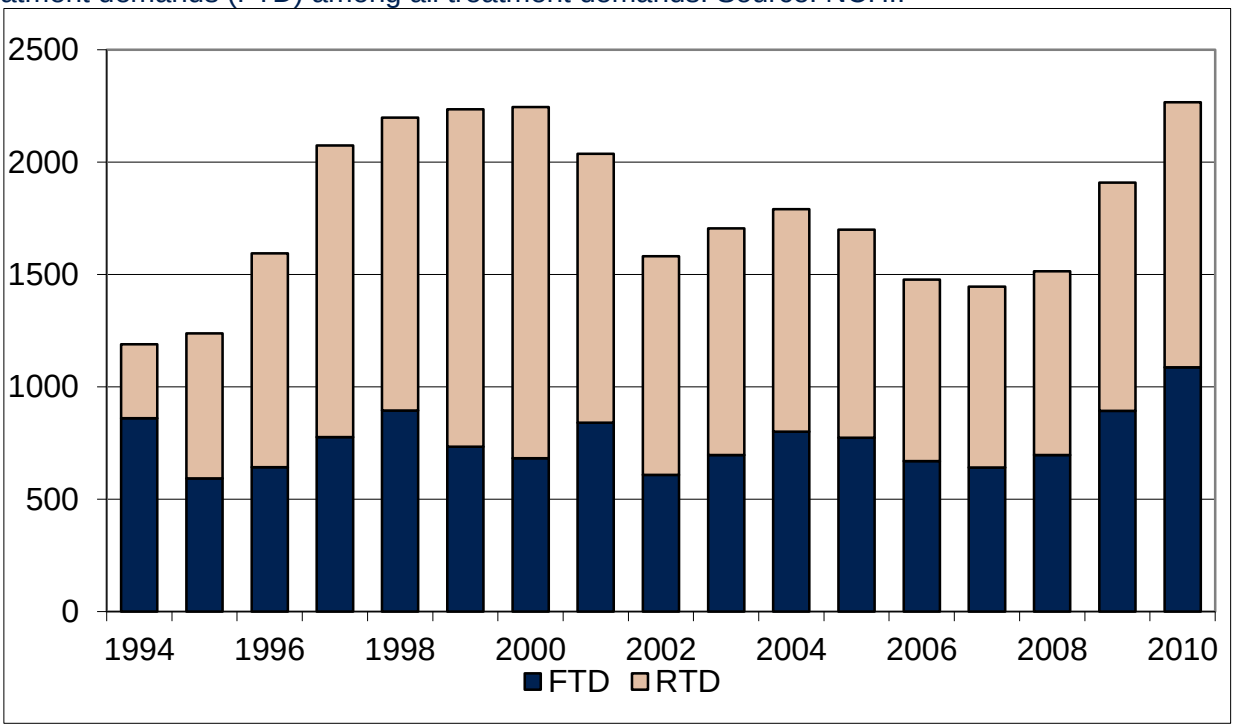
Still, a major part of them enter some treatment programme at certain moment of their drug career. Patients that meet current EMCDDA operational definition of problem drug use create a huge proportion among treated patients. Selecting a subgroups of patients according the definition, we can estimate that more than two thirds of all treated are problem drug users; this proportion differs significantly comparing those who are treated first time in their lives with those treated repeatedly – while in former group a proportion is nearly 70%, in the latter one it reaches more

than 80%. This applies to treatment in whatever treatment centres, i.e. including prisons' ones.

In accordance with other finding and indices, there are no sharp qualitative or quantitative changes in problem drug users that entered treatment in 2010. As indicated on figure (), some increase was recorded in a group of patients treated due to their problem with amphetamine-type stimulants (i.e. especially pervitin in Slovakia), which increase further in all treated as well as in treated for the first time ever, no matter whether prisons treatment centres are included or not.

An overall proportion of repeatedly treated, which is a group with higher risk of problem use, remain stable for several years as regards treatment centres in the health care department, however after including treatment establishements in prisons, the number shows increasing trend for three years (since 2008), either in firstly treated or in repeatedly treated, in latter even since 2007. Considering economic situation in Slovakia, the possibility of increase of the number of drug users in prisons is more probable than increase of treatment capacities.

Figure 4.4.1: Trend in the proportion of repeated treatments demand (RTD) and first treatment demands (FTD) among all treatment demands. Source: NCHI.



5 DRUG-RELATED TREATMENT

5.1 Treatment system

5.1.1 Demand for treatment in the healthcare system

The Act No. 576/2004 Coll. on Healthcare Provision provides organizational and legal frameworks for the system of healthcare provision to all citizens of the Slovak Republic and thus also to drug users. Diagnostic and treatment care is professionally provided in compliance with the current revision of the International Classification of Diseases pursuant to the World Health Organization. The principal objective of healthcare services is prolongation of the expected time of living and improvement of the life quality and especially of the health of the population. Fulfilment of these programme aims is closely related to the social and economic situation of the country and within this context in cooperation with other sectors. The important partner for healthcare workers in the area of treatment of people having problems with drugs is the sector of the Ministry of Labour, Social Affairs and Family providing programmes of social care and reintegration. Social issues of current or former drug users belong to the scope of competence of the separate Ministry of Labour, Social Affairs and Family of the Slovak Republic. Whereas the Act No. 576/2004 Coll. provides legal frameworks for the system of provision of healthcare, the Act No. 305/2004 Coll. on Social and Legal Protection of Children and on Social Legal Guardianship forms the legal basis for the provision of social services to children, juveniles and young adults having problems with using psychoactive substances.

An important role in satisfying demands for treatment in the Slovak Republic is played by health insurance companies. Three health insurance companies operated in the territory of the Slovak Republic in 2010: Všeobecná zdravotná poisťovňa a.s., Dôvera zdravotná poisťovňa a.s. and UNION zdravotná poisťovňa a.s. Whereas in the first of them the state was and is the majority shareholder and thus also the owner, the second two have private owners. Health insurance companies are decisive partners for healthcare providers. They negotiate with them volumes of contracted healthcare on contractual basis. Health insurance companies acquire financial resources from the insured in compliance with the Act No. 580/2004 Coll. on Health Insurance. This is the public health insurance, which is provided for every citizen of the Slovak Republic on a solidarity principle. Health insurance companies were not allowed to create profit pursuant to the law until 2010. However, demands of providers for resources have for years exceeded available means of health insurance companies and this has not changed in 2010. That is why the decisive limiting factor for the provision of available healthcare were and remain to be volumes of finances agreed by healthcare providers with individual health insurance companies. Treatment performed within the agreed limits is then for the insured, also in case of treatment drug addictions, fully paid from the sources of the public health insurance. However, some medicine categories are exempted, where the patient pays the price partially or fully. For instance, Suboxone© for treatment of addiction on opioids. In case of inpatient treatment on a bed in a healthcare facility, all medicines are paid from sources of the public health insurance, i.e. without co-participation of the patient. So if we want to identify potential limits of availability of treatment for patients applying for drug-related treatment, it concerns waiting lists – lists of patients waiting for the start of treatment, which can be established by the provider, if the demand

exceeds volumes of financial means contracted with the health insurance company. Another individual barrier of treatment availability can be, especially in case of patients from socially – economically weak ranks, payments required from them for prescribed medicines. This does not apply to urgent healthcare, where the provider cannot create waiting lists and must immediately provide necessary healthcare to the patient. However, there is also the possibility of full payment of costs for treatment by the patient himself. This applies especially to foreigners, who are not insured in any of health insurance companies operating in Slovakia. This form of treatment payment was utilized in 2010 by only a negligible number of patients who asked for drug-related treatment. Health insurance companies utilize also another form of restriction of healthcare provision in the way that on the grounds of their own criteria, which do not correspond with purely medical directives for treatment, they limit executions or payments of some diagnostic or treatment executions. In the field of drug addiction medicine, this concerns for instance limitation of the number of diagnostic toxicological tests during treatment of one patient, limitation of the number of psychotherapeutic sessions paid by the health insurance company for one patient, or condition of abstinence from drugs for the period at least 6 months for the permission of insurance-company-paid treatment of hepatitis C infection of a drug user.

The surveillance of the activity of both healthcare providers and health insurance companies is performed by the Healthcare Surveillance Authority, which is an organization independent from the Ministry of Health. The execution of drug-related treatment is performed in the Slovak Republic mainly on a voluntary basis on the grounds of informed consent of the patient and in case of children – of lawful representative – usually the parent. Smaller, but also important part of treatments is ordered by courts on inpatient or outpatient basis.

The drug-related treatment is executed separately in prison facilities, where both voluntary and court ordered treatment is possible. It can be also executed in the outpatient programme or on a bed of the patient in the prison facility. The Ministry of Health has only methodical impact on the healthcare in prisons, but the treatment is organizationally provided by the Ministry of Justice of the Slovak Republic. However, the treatment is also here paid by the provider from resources from health insurance companies.

The system of healthcare providers in Slovakia consist of: (1) primary line of general practitioners, (2) specialized outpatient healthcare provided by doctors – specialists and (3) z providers of inpatient healthcare. Whereas the first and second line of healthcare provision are executed on the outpatient basis, the inpatient healthcare concerns the treatment-preventive care provided to patients on a residential basis on the bed in a healthcare facility, which is either (a) general hospital, or (b) specialized inpatient healthcare facility. In case of the specialized healthcare facility, this can be specialized hospital, institute, sanatorium, or centre. Special position in this system belongs to the emergency medical service, which intervenes on request in urgent cases directly in field. An irreplaceable function in healthcare provision is performed also by pharmacies: (1) public and (2) hospital ones. Virtually all said components of the healthcare system participate in help to people having health problems related to using of psychoactive substances: drugs and alcohol.

Demand of drug users for treatment was in 2010, similarly as in the previous years, monitored by the National Health Information Centre, by means of collection of „Reports on Drug Users“, which were filled in by all specialized healthcare providers

of treatment of drug addicted patients in form of a questionnaire. According to the statistical processing, the change of demand for treatment of providers under the scope of competence of the Ministry of Health of the Slovak Republic was not significantly different from the demand in 2009. Only a slight increase of demand was recorded. The situation with reports of demand for treatment from prison facilities was different – the demand increased here. Due to markedly different conditions, which do not allow harmonization with the methodology of reporting drug users in healthcare facilities in the scope of competence of the Ministry of Health, we prefer in our analyses the trend of demand for treatment based only on reports from healthcare providers only from facilities outside the prison system.

The demand for treatment recoded in compliance with the determination of the treatment demand indicator (TDI) in 2010 in the Slovak Republic slight increase. This was caused especially by the increased demand for treatment from the part of methamphetamine and cannabis users. For the first time in the monitored period since 1994, that is in 17 years, the most numerous group in the number of treated patients were according to the addiction diagnosis patients treated for addiction on methamphetamines and the demand for treatment by patients addicted to opioids was thus for the first time shifted to the second place with regard to the number of patients applying for treatment in civil healthcare facilities. The situation in prison facilities was different; with patients addicted to opioids applying for treatment still prevailed. However, this is probably caused by the pre-selection due to the associated criminal activity, which is higher for this group of patients. The shift of demand for treatment from users of opioids (opiates, predominantly heroine) to users having problems with other substances is not surprising; it is only continuance of a long-term trend on the Slovak drug scene. A gradual turn systematically took place during the last monitored decade from the beginning of this millennium. Apart from the change of perception of risks related to using opiates, decrease of their popularity especially among the youth, an associated factor influencing the decrease of opiate users was in the last period and also in 2010 the lack of heroin, what is confirmed also by changes in rate of police-captured drugs in favour of methamphetamines and cannabis. Despite the slight quantitative increase, qualitative changes in the structure of demand for drug-related treatment did have more significant impact on the execution of necessary measures from the part of healthcare and social services providers.

5.1.2 Court ordered treatments

As compared to previous years, there were no changes in the legislation governing the court ordered forms of anti-toxicomanic and anti-alcoholic treatments. The legislative initiative of the Ministry of Health of the Slovak Republic on the platform of work group established by the Government Office did not reach the stage of submitting the legislative draft. The status of large number of new orders of anti-toxicomanic treatment for people, of whom court expert psychiatrists determined drug addiction and who at the same time committed drug-related criminal acts, for which they were sentenced, persisted also in the year 2010. Despite the fact that were was no revision of the Criminal Code and the Code of Criminal Procedure, certain acceleration of cancelling decisions of court ordered anti-toxicomanic and anti-alcoholic treatments was registered in the practice. This was probably caused by better cooperation between courts and healthcare providers. However, the whole area of court ordered treatments remains problematic. Apart from existing legal problems, it is an unattractive work for healthcare facilities outside the prison system,

as the administrative workload related to this type of treatment is significant and is not paid by anyone. Such patients often decrease motivation for treatment of other co-patients in civil healthcare programmes and they can also cause prolongation of waiting for the start of treatment of others in case of waiting lists. More significant change of the current status can be expected only in case of systematic legislative measures. Interesting is that although we have enough reported users in demand for treatment situated in prison facilities, not all of them have court ordered anti-toxicomanic treatment. Possibilities, programmes of drug addiction treatment on voluntary basis on the request of patient exist also in Slovak prisons.

5.1.3 Characteristics of treated patients

The diversification of patients applying for drug-related treatment has occurred in the last ten years. It is not possible to depict a unified profile of the applicant, which would contain basic characteristics of majority of the treated. On the contrary, the disintegration of homogeneity has occurred, which homogeneity was typical for the nineties of the last century, when young men addicted to heroin prevailed in treatment. The most significant differences occurred according to the type of used drug, according to the duration and method of using. Said differences resulted also in differences of health impacts of drugs using. Social – economical characteristics of patients are also considerably differing.

It is also important to point out that the characteristics of treated patients do not correspond to the characteristics of drug users in the general population. Differences are caused primarily by the type of used substance, its price on the drug scene, different addictive potential and different frequency of occurrence of other health damage, which force users to look for qualified help. That is why, concerning the number of users, in both lifelong and in the last period, cannabis (marijuana) dominate in the general population on the grounds of historical surveys, whereas in demand for treatment dominate users of methamphetamines (pervitin) and opiates (heroin).

As compared to the year 2009, the total number of drug users reported as applicants for treatment increased in 2010 from 1909 cases to 2266 cases.

Unchanging on a long-term basis was the determination of prevalence of men also in the year 2010: men formed 82% and women 18% of treated patients in healthcare facilities. Not only generally, but also according to the type of primary drug men dominated what concerns their number. Traditionally smallest share of representation according to the diagnostic group and sex had women patients treated due to cannabis, only 6.4%. On the contrary, women prevailed only in one, relatively small diagnostic group of the treated, and that was due to addiction to sedatives and hypnotics, especially to benzodiazepines. They represented 53%. More than half (53%) of patients treated in the year 2010 was in the age range from 20 to 29 years.

Geographically, from eight territorial units – self-government regions, traditionally the most treated patients came from the Bratislava Region and the least from the Prešov Region. The trend of higher number of patients applying for drug-related treatment from regions in the west of the country and significantly lower number of those from the east part Slovakia persisted also in 2010. With the exception of Trnava Region, where the situation as compared to the previous year virtually did not change and with the exception of Prešov Self-Government Region, where the number of applicants for treatment even decreased, the demand for treatment in

remaining regions increased, most markedly in the Nitra Self-Government Region with the increase of patients as compared to the year 2009 by 61%.

As much as one third (33%) was formed in 2010 by patients applying for treatment due to addiction to stimulating substances (except for cocaine), who were mainly addicted to methamphetamines. The second place concerning the number (26%) was formed by patients applying for treatment due to problems with opiate drugs, mostly heroin, and the third most often group was formed by patients using cannabis (18%).

According to the age and used primary drug, 61% were patients addicted to heroin in age range from 25 to 34 years. Pervitin users formed as much as 65% in age from 20 to 29 years. However, the youngest group of users was formed by users of cannabis, where as much as 68% of them were in age from 15 to 24 years.

What concerns the social status, the highest representation among applicants for drug-related treatment was in the group of unemployed, where they formed as much as 50%. 13% of all patients in 2010 was from the group of permanently employed.

All applicants for treatment can be basically divided to two big groups according to their basic characteristics. The first big group is formed by older patients with average age in the second half of the third decade of their life, using primarily opiates – heroin for already several years, often with history of previous treatment in the past and with averagely higher number of relapses. These are mainly men who used drugs in the course of their life also by injection form; they are more often infected with virus of hepatitis C. There is a large number of unemployed, legally punished in the past mainly for criminal offences related to drugs, among them. Apart from opiates, they have often experience with also other psychoactive substances and they often drift to the diagnostic category of polyusers with addiction, where there is difficult to determine which drug is the primary one for them. Majority of them is situated in substitution maintenance treatment.

At least similarly big group is currently formed by younger patients with age median at the beginning of the third decade of their life, with prevailing addiction to methamphetamines or marijuana. Men prevail also here, but there are relatively enough girls among applicants for treatment due to pervitin. The occurrence of injection application of drugs is much smaller among them. They are often employed or studying. Many of them have as their secondary drug either cannabis (in case of methamphetamines) or marijuana (cannabis) in case of primary drug pervitin (methamphetamines). Physical abstinence symptoms are only little significant or none at all in this group; psychopathological symptoms prevail. Contrary to above mentioned opiate users, this group of treatment applicants often has predominant serious psychiatric – psychotic mental disorders with symptoms of disorders of perception and thinking (hallucinations and delusions) connected with anxious and delusional mood.

Other, not very accurately documented but clinically well-known phenomenon has been during the last years the increase of alcohol drinking of applicants of drug-related treatment. This phenomenon is among other things conditioned by low concentration of street-sold heroin and thus lower risk of fatal overdose, which is even smaller in case of alcohol combined with cannabis or methamphetamine. Another issue is the shift towards excessive consumption of alcohol by patients placed on substitution treatment or in the period of complete abstinence from drugs.

Apart from alcohol, we deal with serious health consequences, even if significantly delayed in time, in case of smokers of tobacco products, almost exclusively

cigarettes in our country. Contrary to the general population, significantly larger part – majority – of applicants for drug-related treatment is strongly addicted to tobacco. Although this form of addiction is not present in the TDI protocol not even as a secondary drug with regard to determination of characteristics of drug user applying for treatment, it is under our conditions an important characteristics of a drug user with significantly negative health impacts.

5.1.4 Changing trends in the demand for treatment and connections

It is important to stress in this relation that despite various attempts for the transformation of the healthcare provision system, no significant changes of availability or coverage of services occurred in Slovakia in the last few years, which means that there was no change also in the availability of treatment for drug users. The relative constancy of the system of provided treatment services therefore thanks to its stability does not participate in changed trends. Causes must be sought for and seen in other, external factors.

As already mentioned above, the division of characteristics of patients applying for treatment remains and grows more significant to the group of older opiate users and the group of younger applicants for treatment who are addicted to methamphetamines or cannabis.

The second group of patients is starting to prevail with advancing time in both relative expression and absolute numbers. To the contrary, numbers of those treated for addiction to opiates decreases from year to year. Apart from insufficient availability of heroin, its small concentration on the illegal market, the negative image of heroin among users and relative trivialization of negative consequences of using cannabis and methamphetamines among young people largely participate in this shift in popularity of drug using. We should not omit the influence of the decrease of offer of opiates due to efficient repressive measures in place from areas of growing poppy and production of heroin in Afghanistan, its transit to Europe, and finally interventions of police in place of distribution in Slovakia. The lack of heroin is typical in the last few years not only for Slovakia, but for large part of the Central and Northern Europe. Preference of other drugs of low „quality“, small concentration of heroin, is connected also with price. Methamphetamines produced from precursors locally are much cheaper as compared to heroin and the same applies to cannabis, which is also illegally grown in Slovakia. These drugs are therefore significantly more accessible for users and potential patients than heroin with regard to price.

As the total number of applicants for drug-related treatment is not decreasing, the efficiency of preventive programmes aimed at the youth is disputable. Much smaller personal experience from observation of negative health impacts of the so-called soft drugs in the environment, where young people live, also participates in the shift of popularity towards using them.

It can be therefore concluded that better availability of currently preferred drugs, smaller risk of fatal overdose, smaller rate of observable physical harm due to using all participate in this shift.

5.2 Drug-free treatment

First we deem necessary to specify criteria, which define other forms of treatment under our conditions. The „drug-free treatment“ means in the narrowest sense of the

word treatment without using any medicines („drugs“) in its process for overlapping abstinence symptoms or other negative psychopathological manifestations caused by drug using. The basic and only approach is strict abstinence from psychoactive, narcotic and psychotropic substances with using mainly cognitive-behavioural, regime-based and social-therapeutic approaches from the start until the end of the therapy process. It is based on non-medical paradigm of the nature of addiction and therefore it considers educative and socio-therapeutic treatment approaches to be crucial. Such form of treatment is due to serious health problems of applicants for drug-related treatment and also due to its non-standard nature almost not reflected in the monitored demand for treatment in Slovakia. Such approaches can to a lesser degree appear within activities of some non-governmental organizations operating on lay, alternative, unprofessional, more of a family principle.

In a wider sense of the word, the so-called „drug-free treatment“ includes any structured procedure, which follows medically-assisted detoxification – that means after overcoming the acute abstinence condition with help of medicines and subsequently applies dominantly psychotherapeutic treatment methods without medicines in the process of treatment. A typical example is the so-called drug-free treatment of addiction to opiates, when the detoxification is executed in a healthcare facility by medical procedures in compliance with recommended guidelines and psychotherapy follows it. Alternative to this is medically-assisted, on-going treatment, when patients take medicines on a long-term basis, which are either antagonists of opiate receptors (nalterexon) or agonists (under our conditions: methadone, buprenorphine). These treatment procedures are based on scientifically-proved knowledge that drug addiction is a disorder of brain.

Although the drug-free treatment in this wider sense always dominated in Slovakia, even in the time of epidemics of heroin using, that means with medically-assisted overcoming of the acute abstinence state, its share with regard to drug users applying for treatment have increased during the last year also here due to the change of structure of used primary drug. In case of users addicted to cannabis or methamphetamines, no psychotropic medicines are applied during drug abstinence on a long-term basis after overcoming the acute abstinence state. No medicine for maintenance or substitution treatment of addiction to cannabis or methamphetamines is registered in our country. Despite that, the medicinal aspect of addiction to these psychoactive substances is characterized, contrary to patients addicted to opiates, with high occurrence of toxic psychoses, what usually requires medical intervention with psychopharmaceuticals. The need of long-term psychopharmacological treatment also occurs much more frequently, as the current occurrence of double diagnoses is higher: addiction and psychotic mental disorder (Palkovič and Okruhlica...).

The drug-free treatment in this sense is therefore a basis for the on-going treatment approach after pharmacologically-assisted detoxification of the patient addicted to drugs, whether by outpatient or residence – bed form. Under our conditions it utilizes a whole range of psychotherapeutic methods in group or individual psychotherapy, with dominance of the evidence based cognitive-behavioural approach. It is used in the treatment finishing process with help of ergotherapy, recreational activities, socio-therapeutic methods. Its significance is growing with the change of diagnostic structure of demand for treatment in Slovakia.

5.2.1 Outpatient and inpatient treatment

The network of healthcare facilities is organized so as it provided access to healthcare in the whole territory of Slovakia. This applies also to patients having problems with drugs. Diagnostics and treatment of disorders related to using psychoactive substances (alcohol and drugs) is essentially free of charge and therefore available for every citizen. It is provided by a mix of state and non-state providers. Whereas the outpatient care, whether at clinics of general practitioners or of specialists – psychiatrists is mainly private, the inpatient – bed care is predominantly provided in facilities established and owned by state. The system provides mutual interconnection of individual elements so as the continuity of healthcare between the outpatient and inpatient care was provided.

The quality of provided treatment care is provided in several ways. On the cross-section basis, it is provided by meeting quality standards of ISO in all healthcare facilities. The health insurance company Dôvera elaborates its own evaluation of healthcare providers.

5.2.1.1 Outpatient treatment

Specific treatment of mental problems related to using of psychoactive substances, the treatment of addictions, is not executed in the primary healthcare line, but it is a line, where looking for, orientation diagnostics of problems and often also treatment of physical consequences of using of psychoactive substances takes place. Special role in the initial diagnostics of users is played by paediatricians. In case of diagnosing a serious mental disorder related to drug using by first contact practitioners, these send patients to a more complex diagnostics or treatment to specialized clinics of psychiatrists.

Specialized outpatient psychiatric care executes diagnostics and treatment of patients addicted to alcohol, drugs, but also patients with non-substantial addictions – with currently prevailing pathological gambling. Specialized clinics for treatment of problems with alcohol and toxicomanias (drugs) form part of this network. Their advantage is that patients with these problems are not in a „competition“ to patients with other diagnoses of mental disorders forced to wait in order, but they are treated with priority, as healthcare services are intended exclusively for them (IATPAD).

5.2.1.2 Inpatient treatment

The inpatient treatment is provided by university psychiatric clinics, psychiatric departments of general hospitals, general psychiatric hospitals, where some of them have reserved special departments for the treatment of addictions, what enables better sophisticated regime treatment and more intensive care for a patient.

The highest specialized healthcare facilities for treatment of patients having problems with psychoactive substances are Centres for Drug Addiction Treatment (CPLDZ), which are organizationally included among inpatient facilities, but what concerns the provision of healthcare, they have apart from bed departments also programmes of outpatient care and in some cases also their own laboratories. The axis of care is formed by three such centres, which are state-owned: the biggest centre is in the west part of the country in the capital - CPLDZ Bratislava, and then it is CPLDZ Banská Bystrica in the middle part and CPLDZ Košice in the eastern region of the country. CPLDZ Žilina was dissolved in the past as an individual legal subject and was embedded as a separate department to the general hospital in Žilina. The specialized professional institution Predná Hora pri Muráni is non-

governmental healthcare facility of bed type for patients with addictions and the network of CPLDZ facilities is completed with smaller non-governmental facilities such as AT Sanatorium of I. Novotný in Bratislava and CPLDZ in Šútovo.

Capacity of these healthcare providers was and is essentially sufficient. There were no long waiting on waiting lists for inpatient treatment, with the exception of overdraft of limits from some health insurance companies in some inpatient facilities around the end of the calendar year, what could be however provided for patients in other facility due to free choice of healthcare facility. Emergency care in acute abstinence states, in case of toxic psychoses, is provided immediately. There were certain reserves in the portfolio of offered services. Not every psychiatric clinic for instance executed substitution treatment and not every provider of specialized inpatient healthcare provided execution of court ordered inpatient anti-toxicomanic treatments. Court ordered anti-toxicomanic treatments are executed in all specialized state inpatient facilities, but these patients are most often put on longer waiting lists due to capacity possibilities of departments with regard to saturation of patients with marked manifestations of antisocial behaviour. With regard to demand for treatment, this is a special category of patients, when the treatment is not applied for by them and usually they have no need to undergo the treatment, but they have ordered it by court.

5.3 Pharmacologically-assisted treatment

5.3.1 Detoxification treatment

Detoxification – coping with acute abstinence symptoms of patients in process of treatment of addictions to psychoactive substances is executed in healthcare facilities in combination of pharmacological and psychotherapeutic approaches. It is provided by both inpatient and outpatient form, according to the health condition and choice of the patient. In case of addiction to opiates, agonists of opiate receptors, benzodiazepines, are used, more rarely neuroleptics, if it concerns double diagnosis in connection with psychosis. Antagonists of opiate receptors are not used. In case of addiction to methamphetamines and cannabis, the pharmacologically-assisted detoxification is provided symptomatically according to intensity and nature of symptoms with sedatives, benzodiazepines and neuroleptics. Neuroleptics have during detoxification special significance for toxic psychosis in case of addiction to methamphetamines. Monitoring and completion of the treatment stage of detoxification is especially under outpatient conditions documented with the requirement for toxicologic examination of urine. With regard to the diagnostic structure of patients applying for treatment, pharmacologically-assisted detoxification is currently in Slovakia a prevailing form of introduction to treatment for patients having drug problems.

5.3.2 Substitution treatment

Treatment procedures and proper medical practice in Slovakia indicate substitution treatment only for patients addicted to opiates. Basic conditions the patient must meet for inclusion to the substitution treatment programme is medically documented diagnosis of opiate addiction, consent of patient and age over 18, exceptionally younger with the consent of lawful representative, usually parents of the patient. The substitution treatment is currently performed in Slovak Republic with two pharmaceuticals: methadone and buprenorphine. The methadone preparation for

substitution treatment is produced in pharmacy as solution of methadone hydrochloride and is administered in the distribution office of the centre for drug addiction treatment within a structured programme. Buprenorphine is registered and distributed by the network of public pharmacies in combination with naloxon (Suboxon©) and can be prescribed by any specialist in outpatient psychiatric practice. That provides access to the substitution treatment for patients having addiction to opiates virtually in the whole territory of Slovakia. Whereas the methadone substitution treatment is free, the patient has to pay small part of the medicine price in pharmacy in case of substitution with buprenorphine, which price is however no barrier to its availability. In case of putting patient addicted to opiates in custody, there is no possibility of setting or continuing with the substitution treatment in Slovakia. Special attention is paid to possible diversion of agonists (methadone and buprenorphine) to illegal market and their possible abuse. Medicines are on the list of controlled substances pursuant to the act on narcotic and psychotropic substances. Due to local epidemics of intravenous abuse of Subutex©, its distribution was stopped in the past in Slovakia. Sporadically, but on a much smaller scale, its intravenous application still occurs according to qualitative information in some localities of western Slovakia, near the border with Czech Republic.

A slight trend of decrease of demand for substitution treatment from patients was recorded in Slovakia in the year 2010 with unchanged status of the system of programmes. More patients were leaving the substitution treatment, terminated it from various reasons: start of sentence execution, detoxification and others, than those starting it. Large part of patients entering the substitution treatment were patients treated repeatedly, relapsing heroin users. Many of them became later or simultaneously addicted to methamphetamines (pervitin), what leads in case of this group of patients often to low compliance and subsequent repeated early termination of the substitution therapy from their part. We expect that the main reason of general decrease of interest in the substitution treatment is gradual change of drug preferences especially with young users, cannabis and pervitin being the most favourite. A certain role is played here probably also by the decrease offer of heroin on the market.

5.3.3 Other pharmacologically-assisted treatment

Apart from medicines administered within substitution treatment programmes, as well as sedatives, hypnotics and neuroleptics administered during detoxification, a long-term prescribing of neuroleptics is necessary in case of persisting toxic psychoses, especially in case of addiction to methamphetamines. The same applies in case of occurrence of double diagnosis of addiction and schizophrenic disorder. Mental condition requires due to an affective disorder at a not negligible part of patients, especially during the first weeks of abstinence, treatment with anti-depressives or mood stabilizers. As the polyusing of psychoactive substances and abusing of alcohol is a typical and frequent phenomenon of chronically relapsing patients, acamprosate is the medicine of choice.

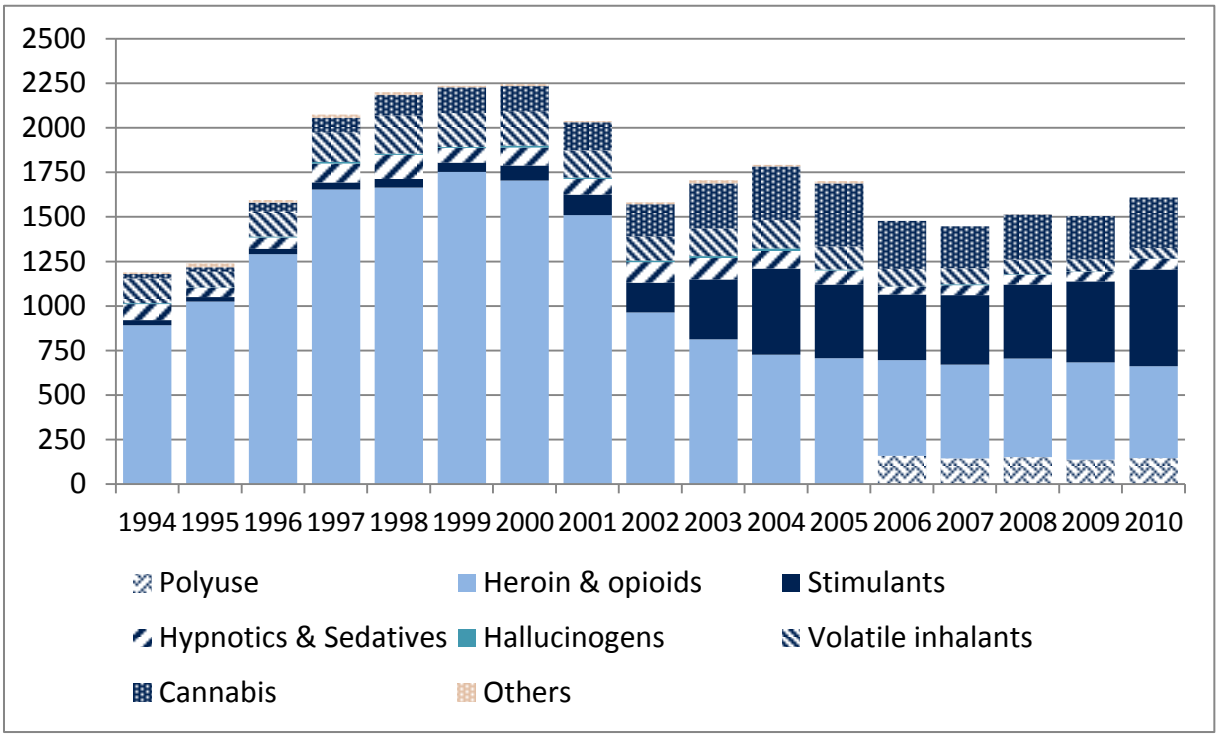
Patients having problems with psychoactive substances are apart from psychopharmaceuticals also consumers of many other medicines, whether on prescription from other doctors, specialists, or in form of self-treatment by free purchase, without prescription, of medicines sold in pharmacies. Typical serious complication requiring qualified treatment, is treatment of virus hepatitis C in former injection drug users. This therapy is made with interferon combined with ribavirin.

Then it is treatment of frequent inflammations with antibiotics and analgesics. Prescription of sedatives and hypnotics simultaneously by more doctors sought for by users remains to be a problem. Elimination of such prescription is expected in the future after mutual on-line interconnection of healthcare providers after the implementation of e-health programme.

5.4 Social reintegration – resocialization

Continuity of subsequent social care after the successful undergoing of treatment of drug addiction is provided for people who require it in resocialization facilities, which are under the scope of competence and methodical management of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. These are mainly non-governmental, non-profit organizations, providing residential care. They continue psychotherapeutic work with clients, mainly in form of therapeutic communities and are aimed at work, social reintegration, developing working skills and stereotypes, requalification and qualification of clients. Sources are a limit to the subsequent care what concerns possibilities of provision of long-term protective living for clients and their families. The possibility to find work presents under current economic conditions with relatively high unemployment rate a serious problem for abstaining people with drug addictions. It is moreover made more difficult by their criminal history and records in the register of court sentences, what disqualifies them in applying for job with many employers.

The opposite pole of the continuum of care for drug users is formed by social services provided to active drug users on streets in form of the so-called „street-work“. These are non-government organizations of non-profit nature, too, which belong to the methodical scope of competence of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. Programmes are apart from exchanging sterile needles and injections for users aimed also at social help and social mediation, accompanying of clients to authorities, healthcare facilities, etc. Figure 5.4.1: Number and composition of patients entering in the respective year drug-related treatment in the Slovak Republic. According to primary drug, all treated. Source data – National Health Information Centre


2500
2250
2000
1750
1500
1250
1000
750
500
250
0
1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010
Polyuse
Heroin & opioids
Stimulants
Hypnotics & Sedatives
Hallucinogens
Volatile inhalants
Cannabis
Others

6 HEALTH CORRELATIONS AND CONSEQUENCES OF PSYCHOACTIVE SUBSTANCE USE

6.1 Deaths related to use of psychoactive substances and death rate of psychoactive substance users

The collection of data on deaths related to use of psychoactive substances in Slovakia in 2009 underwent a change. A nationwide database of autopsy protocols, the so-called e-autopsies, which collects data from all nine forensic medicine workplaces, has been put into operation at the Healthcare Supervision Authority (HSA). Therefore, in the interim, we have refrained from using the on-line forms on the NMCD web site. As a result, 2009 data, included herein additionally together with 2010 data, were summed up and assessed with a delay. The summary of the nubmer of cases identified between 2009 and 2010 by workplaces and death types is presented in Table 6.1.1.

Table 6.1.1: Psychoactive substance related deaths in the SR in 2009 and 2010 by workplaces and death types. Source: HSA, 2010, 2011 (processed by Šidlo, J.)

Workplace/ death type/year	Direct		Indirect		Total		Percentage share	
	2009	2010	2009	2010	2009	2010	2009	2010
Bratislava	31	13	24	20	55	33	47.8	29.4
Nitra	9	4	1	7	10	11	8.7	9.8
Žilina	3	5	5	4	8	9	6.9	8.0
Martin	2	5	5	15	7	20	6.1	17.9
Banská Bystrica	2	2	-	1	2	3	1.7	2.7
Lučenec	1	5	9	6	10	11	8.7	9.8
Poprad	3	2	2	3	5	5	4.4	4.5
Prešov	-	1	1	1	1	2	0.9	1.8
Košice	5	5	12	13	17	18	14.8	16.1
Total	**56**	**42**	**59**	**70**	**115**	**112**	**100.0**	**100.0**

6.1.1 Deaths directly caused by psychoactive substances (overdose, poisoning)

In 2009, HSA forensic medicine workplaces reported 56 cases of deaths directly caused by psychoactive substances, i.e. 10 cases (22%) more than in 2008. In 34 cases (61%), it was due to an overdose of commonly available medicine, in 22 cases, it was due to overdose of illegal drugs and solvents. Opiates and opioids and their combinations with different substances were identified in 12 cases, which converts to in 55% cases of overdose of illegal drugs and solvents or 21% of the total number of cases of the so-called direct deaths. Benzodiazepines were the most commonly psychoactive medicine in 19 cases (56%), which converts to 34% of all reported cases. Though the percentage of men was higher, the percentage of women went up to 36% compared to 24% of all reported cases in 2008. A smimilar

summary of identified cases divided by groups of psychoactive substances, age groups and gender is presented in Table 6.1.2.

Forensic medicine workplaces HSA reported 42 cases of deaths directly caused by psychoactive substances in 2010, i.e. by 14 cases (25%) less than in 2009. In 22 cases (52%), it was due to overdose of commonly available medicine, in 20 cases due to overdose of illegal drugs and solvents. Opiates and opiods and their combinations with different substances were identified in 12 cases, which converts to 60% of cases of overdose of illegal drugs and solvents or 29% of the total number of cases of the so-called direct death. Amongst psychoactivey medicine, benzodiazepines were identified in 9 cases (41%), which converts to 21% of all reported cases. The percentage of men was as a rule higher, the share of women went up by 2% to 38% compared to 2009. A similar summary of identified cases divided by groups of psychoactive substances, age groups and gender is presented in Table 6.1.3.

6.1.2 Deaths of individuals who were under the influence of psychoactive substances

The total number of 59 deaths was reported in this group in 2009. Medicine was identified in 31 cases, i.e. in almost 53%. The highest share was identified in the group of benzodiazepines – 20 cases, i.e. in almost 65% of deaths of individuals who were under the influence of medicine. Compared to the group of deaths in direct correlation with use of psychoactive substances, men notably prevailed as they represented almost 75% of registered cases. The most common cause of death in this group were suicides (41%), followed by accidents (34%) and deseases (15%). A detailed summary of identified cases divided by groups of identified substances, death causes and gender is presented in Table 6.1.4. A detailed summary of identified cases divided by death category, age groups and gender is presented in Table 6.1.5.

The total number of 70 deaths was reported in 2010 in this group. Medicine was identified in 23 cases, which converts to 33%. The highest share was identified in the group of benzodiazepines – 15 cases, which converts to 65% deaths of individuals who were under the influence of medicine. The second most commonly identified group of substances was the group of psychostimulants (31%), mostly within the group of amphetamines and methamphetamines. Men made almost 89% of registered cases in this group. As in 2008, the most common cause of death in this group were accidents (43%), followed by suicides (36%) and desease (19%). A detailed summary of identified cases divided by groups of identified substances, death causes and gender is presented in Table 6.1.6. A detailed summary of identified cases divided by death category, age groups and gender is presented in Table 6.1.7 .

Table 6.1.2: Deaths caused by overdose of psychoactive substances in the SR in 2009 by groups of psychoactive substances, age groups and gender. Source: HSA, 2010 (processed by Šidlo, J.) Note: M/AMT – amphetamine and methamphetamine, haluc. – hallucinogens, solv. – solvents, BZD – benzodiazepines. The numeric designation of identified substance categories 18, 19, 20 and 21 corresponds to the standard EMCDDA tables.

Psychoactive subst./ age group	under 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	over 65	Total (M/W)	Percent-age share
Only opiods (18) (without methadone)	-	-	-	-	1/-	-	-	-	-	-	1/-	-	2 (2/-)	3.5
Methadone only (19)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poly-substances (20) including opioids	-	-	2/-	3/-	1/1	2/-	-	-/1	-	-	-	-	10 (8/2)	17.9
- whereof methadone	-	-	-	-	-	1/-	-	-	-	-	-	-	1 (1/-)	(1.8)
Total opiods	-	-	2/-	3/-	2/1	2/-	-	-/1	-	-	1/-	-	12 (10/2)	21.4
1 or more substances without opioids (21)	-	1/-	-	3/-	2/-	-/1	1/-	-	-	-/1	-	-/1	10 (7/3)	17.9
- whereof cocaine	-	-	-	-	2/-	-	-	-	-	-	-	-	2 (2/-)	(3.6)
- whereof M/AMP	-	-	-	3/-	-	-/1	-	-	-	-	-	-	4 (3/1)	(7.1)
- whereof haluc.	-	-	-	-	-	-	-	-	-	-/1	-	-/1	2 (-/2)	(3.6)
- whereof solv.	-	1/-	-	-	-	-	1/-	-	-	-	-	-	2 (2/-)	(3.6)
Total 18 - 21	-	1/-	2/-	6/-	4/1	2/1	1/-	-/1	-	-/1	1/-	-/1	22 (17/5)	39.3
Psychoactive medicine	-	-	1/-	-/1	1/1	4/1	2/1	2/1	2/3	3/2	1/1	3/4	34 (19/15)	60.7
- whereof BZD	-	-	-	-	1/1	2/1	2/-	2/-	1/1	1/-	1/1	3/2	19 (13/6)	(33.9)
Non-specified substances	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total (M/W)	**-**	**1/-**	**3/-**	**6/1**	**5/2**	**6/2**	**3/1**	**2/2**	**2/3**	**3/3**	**2/1**	**3/5**	**56 (36/20)**	**100**

Table 6.1.3: Deaths caused by overdose of psychoactive substances in the SR in 2010 by groups of psychoactive substances, age groups and gender. Source: HSA, 2010 (processed by Šidlo, J.) Note: M/AMT – amphetamine and methamphetamine, haluc. – hallucinogens, solv. – solvents, BZD – benzodiazepines. The numeric designation of identified substance categories 18, 19, 20 and 21 corresponds to the standard EMCDDA tables.

Psychoactive subst./ age group	under 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	over 65	Total (M/W)	Percent-age share
Only opiods (18)(without methadone)	-	-	-	2/-	-	2/-	1/-	-	-	-	-	-	5 (5/-)	11.9
Methadone only (19)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poly-substances (20) including opioids	-	1/-	-	1/-	1/-	-/1	-	2/-	-/1	-	-	-	7 (5/2)	16.7
- whereof methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total opiods	-	1/-	-	3/-	1/-	2/1	1/-	2/-	-/1	-	-	-	12 (10/2)	28.6
1 or more substances without opioids (21)	-	1/-	1/-	2/1	2/-	-/1	-	-	-	-	-	-	8 (6/2)	19.0
- whereof cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- whereof M/AMP	-	-	-	1/-	-	-/1	-	-	-	-	-	-	2 (1/1)	4.7
- whereof haluc.	-	-	-	-	2/-	-	-	-	-	-	-	-	2 (2/-)	4.7
- whereof solv.	-	1/-	1/-	1/1	-	-	-	-	-	-	-	-	4 (3/1)	9.5
Total 18 - 21	-	2/-	1/-	5/1	3/-	2/2	1/-	2/-	-/1	-	-	-	20 (16/4)	47.6
Psychoactive medicine	-	-	-/1	2/-	2/1	2/1	3/2	-/3	-/2	-/2	-	1/-	22 (10/12)	52.4
- whereof BZD	-	-	-/1	1/-	-	1/1	2/-	-/1	-	-/1	-	1/-	9 (5/4)	21.4
Non-specified substances	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total (M/W)	**-**	**2/-**	**1/1**	**7/1**	**5/1**	**4/3**	**4/2**	**2/3**	**-/3**	**-/2**	**-**	**1/-**	**42 (26/16)**	**100**

Table 6.1.4: Deaths of individuals who were under the influence of psychoactive substances in the SR in 2009 by groups of identified substances, death causes and gender. Source: HSA, 2010 (processed by Šidlo, J.). Note: AMT – amphetamine, MAMT – methamphetamine.

Psychoactive s./death cause	Natural/ internal	Accident	Suicide	Murder	Not specified	Total (M/W)	Percentage share
Opioids	1/1	-/-	2/-	-	-	4 (3/1)	6.8
AMT/MAMT	2/3	4/-	1/-	-	-	10 (7/3)	17.0
Canabinoids	1/-	3/-	4/-	-	-	8 (8/-)	13.5
Phencyclidine	1/-	1/-	-	-	-	2 (2/-)	3.4
Solvents	-	2/-	2/-	-	-	4 (4/-)	6.8
Benzodiazepines	4/-	5/2	6/3	-	-	20 (15/5)	33.9
Otehr medicine	-/2	2/1	3/3	-	-	11 (5/6)	18.6
Total (M/W)	**15 (9/6)**	**20 (17/3)**	**24 (18/6)**	**-**	**-**	**59 (44/15)**	**100.0**

Table 6.1.5: Deaths of individuals who were under the influence of psychoactive substances in the SR in 2009 by death category, age groups and gender. Source: HSA, 2010 (processed by Šidlo, J.) *Note: The numeric designation of death categories 24, 25, 26, 27 and 28 corresponds to the standard EMCDDA tables.*

Death category / age group	under 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	over 65	Total (M/W)	Percen-tage share
Natural/ internal (24)	-	-	-	1/-	2/2	1/-	2/1	-	3/3	-	-	-	15 (9/6)	25.4
Accident (25)	-	1/-	3/1	1/-	2/-	3/1	-	2/-	1/-	1/-	2/1	1/-	20 (17/3)	33.9
Suicide (26)	-	2/-	4/1	2/1	-	1/-	3/1	1/-	2/-	-/1	1/1	2/1	24 (18/6)	40.7
Murder (27)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Not specified (28)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total (M/W)	**-**	**3/-**	**7/2**	**4/1**	**4/2**	**5/1**	**5/2**	**3/0**	**6/3**	**1/1**	**3/2**	**3/1**	**59 (44/15)**	**100.0**

Table 6.1.6: Deaths of individuals who were under the influence of psychoactive substances in the SR in 2010 by groups of identified substances, death causes and gender. Source: HSA, 2011 (processed by Šidlo, J.). AMT – amphetamine, MAMT – methamphetamine.

Psychoactive s./death cause	Natural/ internal	Accident	Suicide	Murder	Not specified	Total (M/W)	Percent age share
Opioids	1/-	2/1	3/-	1/-	-	8 (7/1)	11.4
Methadone	-	1/-	-	-	-	1 (1/-)	1.4
Cocaine	-	1/-	1/-	-	-	2 (2/-)	2.8
AMT/MAMT	1/1	11/-	7/-	-	-	20 (19/1)	28.6
Canabinoids	3/-	5/-	1/-	-	-	9 (9/-)	12.9
Hallucinogens	-	1/-	-	-	-	1 (1/-)	1.4
Solvents	1/1	2/-	2/-	-	-	6 (5/1)	8.6
Benzodiazepines	3/-	4/1	5/2	-	-	15 (12/3)	21.5
Other medicine	2/-	1/-	3/1	-	-/1	8 (6/2)	11.4
Total (M/W)	**13 (11/2)**	**30 (28/2)**	**25 (22/3)**	**1 (1/-)**	**1 (-/1)**	**70 (62/8)**	**100.0**

Table 6.1.7: Deaths of individuals who were under the influence of psychoactive substances in the SR in 2010 by death category, age groups and gender. Source: HSA, 2011 (processed by Šidlo, J.) Note: The numeric designation of death categories 24, 25, 26, 27 and 28 corresponds to the standard EMCDDA tables.

Death category/age group	under 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	over 65	Total (M/W)	Percent-age share
Natural / internal (24)	-	-	3/1	1/-	3/-	1/-	-	-	1/1	1/-	1/-	-	13 (11/2)	18.6
Accident (25)	-	1/-	5/-	8/-	4/-	4/-	1/-	1/-	1/1	-/1	2/-	1/-	30 (28/2)	42.9
Suicide (26)	1/-	3/-	5/-	4/-	2/-	2/-	2/1	1/1	-	1/1	-	1/-	25 (22/3)	35.7
Murder(27)	-	-	-	-	-	1/-	-	-	-	-	-	-	1 (1/-)	1.4
Not specified (28)	-	-	-/1	-	-	-	-	-	-	-	-	-	1 (-/1)	1.4
Total (M/W)	**1/-**	**4/-**	**13/2**	**13/-**	**9/-**	**8/-**	**3/1**	**2/1**	**2/2**	**2/2**	**3/-**	**2/-**	**70 (62/8)**	**100**

6.1.3 General data

According to the data provided by the Statistical Office of the Slovak Republic, 52,913 and 53,445 people died in 2009 and 2010 respectively in Slovakia. 8,159 and 7,410 autopsies respectively were performed. Given this data, we may observe that the autopsy performance rate in Slovakia totalled 15.4 and 13.9% respectively, which suggests that the autopsy performance rate is constantly declining.

6.2 Blood-borne infections amongst drug users

In 2010 the continuity of collection of data on occurrence of infectious, blood-borne diseases amongst drug users was preserved from the National Reference Centre for HIV/AIDS, the Regional office of Public Health in Banská Bystrica and the Centre for the Treatment of Drug Addiction (CPLDZ) in Bratislava. The first two institutions collect data notified from all over Slovakia and the entire population, in contrast to the CPLDZ, which systematically, actively carries out testing and diagnostics of solely the people who request treatment relating to drug use related problems. Within this sentinel monitoring, more information on users is available in this specifically selected group. The CPLDZ sentinel monitoring results obtained from testing the HIV/AIDS, hepatitis C and hepatitis B antibodies are valid but do not cover the entire group of injecting applicants for treatment because the centre is unable to take blood from some of them during the first examination for technical and/or organization reasons and because some of them do not come again to the facility to have their blood taken and therefore the centre cannot perform any diagnostics. The basic sample for monitoring blood-borne infections comprised 74 people at the CPLDZ Bratislava in 2010. Over the last three years, the total number of applicants for treatment did not change notably, yet the total number of injecting drug users went down from 107 in 2008 and 111 in 2009 to 74, i.e. dropped by ca one third. Aside from monitoring the occurrence of infections, the CPLDZ Bratislava also pays attention to some specific research-related issues. The epidemiologic findings of 2010 also point out to the fact that the situation in the occurrence of blood-borne infections amongst drug users in Slovakia had not deteriorated, but, to the contrary, even showed certain signs of improvement.

6.2.1 HIV/AIDS infection

According to the National Reference Centre for HIV/AIDS, there was not any significant change in the trends of the occurrence of infections amongst the general Slovak population in 2010, neither in the structure of infected people by age, gender and the method of transmission. In terms of prevalence, Slovakia is still one of the countries reporting the lowest occurrence of HIV infections not only in Europe but also in the world. The occurrence of HIV infections oscillates below 0.1% amongst the general population. Most often, the infection was transmitted through heterosexual intercourse, through homosexual intercourse in a group of sexually active people, mostly men and through sharing needles and syringes, which were not sterile, amongst injecting drug users. The prevalence also remains below 0.1% in the subpopulation of injecting drug users. In 2010, only one new case of a patient dependent on drugs, who was HIV antibody positive, was identified. This patient was a young man and therefore the total number of HIV-positive drug users reached 9 in the entire testing history in the Slovak Republic. If we deduct foreigners and people

having acquired their infection abroad and probably in a different way, the number drops to 6.

The National Reference Centre (NRC) for HIV/AIDS, as far as the epidemiologic situation is concerned, collects and monitors the spreading and occurrence of HIV/AIDS infections on a nationwide scale. The NRC notified cases also comprise all confirmed patients who were antibody positive at the preliminary examination during the sentinel monitoring at the CPLDZ Bratislava.

There were 16 HIV-infected women who gave birth by the end of 2009 in Slovakia, 11 newborns were HIV-negative, 1 child left the Slovak Republic with the mother following the birth and 4 children are still monitored.

By the end of 2010, 9 people infected through intravenous drug use were identified and confirmed through laboratory examination in the Slovak Republic, specifically 1 woman in 1995, 1 man in 1996, 1 woman in 2006 and 1 man (a foreigner who had been awarded the status of the SR national) in 2007, 3 men in 2008 and 1 man in 2009 and 1 new case of a man in 2010.

6.2.1.1 Sentinel monitoring

As in the previous two years, 2008 and 2009, in 2010 as well, the longitudinal sentinel monitoring carried out at the CPLDZ Bratislava identified one new case of an injecting drug user, who was tested HIV virus antibody positive. The user was a man with more than ten-year history of injecting drug use. Compared to the previous years, the number of injecting drug users fell down notably from 111 in 2009 to 74 in 2010. This number comprised 63 (85%) users validly tested for HIV antibodies. The main reason for the downward trend in the number of injecting users applying for treatment at this facility was probably the overall decline in the injecting drug use in Bratislava. Aside from this single laboratory confirmed case (Blot 2.2 and VIROSTATIKA UNIFORM II Ag/AB-), several times more users were reactive for antibodies during the screening examination by immunoassay (ELISA). Yet, HIV infection was not the case. This fact underpins the lower specificity of screening and therefore more attention must be paid when interpreting results obtained from anonymous testing in the field without any possibility of confirmation.

Aside from testing new applicants for treatment with a history of intravenous drug use, the CPLDZ Bratislava also tests by standard all drug users who apply for treatment and therefore also those who indicate use in a different way, i.e. sniffing, inhaling and/or smoking. Given the drug use structure development at the Slovak drug scene, which reports long-term abandonment of intravenous drug use (Figure 6.2.1 Number of reported patients using primary drug by injection) whilst the numbers of applicants for drug treatment remain the same, the applicants for treatment without any history of injecting use currently prevail. These people are mostly dependent on methamphetamines (pervitin) and cannabis (marihuana). Amongst these, no patient positive for HIV antibodies was identified in 2010 in the sentinel monitoring. The same applies to treated drug users who did not use drugs by injection and were also tested.

The third group of systematically monitored patients for prevalence of HIV infections comprises opioid-dependent patients at the CPLDZ Bratislava receiving a long-term methadone maintenance treatment programme. Their HIV prevalence and incident rate are set based on testing carried out on a regular basis every 12 months. HIV incidence in the methadone treatment programme at the CPLDZ Bratislava was 0% in 2010 and prevalence remained below 0.1%. One HIV infected patient received

the programme in the long term. The number of patients in this methadone maintenance treatment programme oscillated between 370 and 410 in 2010.

The most prevailing reasons for not testing a minor group of patients for HIV were the fact that blood samples for testing purposes could not have been taken due to vein scarring and/or blood samples were not taken at the time the patients came to the facility for technical reasons and the patients did not come again to undergo examinations. Owing to high quality pretesting counselling and patients' confidence in the medical staff, most patients gave their informed consents to testing.

Within other structured, yet smaller in terms of the number of patients, methadone or buprenorphine substitution treatment programmes provided at the CPLDZ Banská Bystrica and the CPLDZ Košice, no HIV infected patient was identified in the given period.

We did not detect the presence of HIV infections using only data provided by users because given our past experience we obtained very misleading information when we compared such data with objective laboratory results.

We can conclude that the low HIV prevalence with injecting drug users in Slovakia corresponded in 2010 again to the very low occurrence with other drug users and also with patients in substitution treatment, where prevalence tends to be relatively higher when compared with other countries. These findings are consistent with the very low HIV occurrence in the rest of the population. Slovakia still ranks amongst the countries of the lowest HIV occurrence in Europe.

We assume that the set of well timed proactive measures and programmes, starting with programmes to reduce the risk of harm reduction and ending with the easy availability of effective treatment, played a crucial role in maintaining the non-epidemic occurrence of HIV infections amongst drug users.

6.2.2 Type C hepatitis virus (HCV) infection

Whilst the numbers of HIV infected people in Slovakia mostly comprise patients having been infected through ways other than by injecting drug use, most of them having never faced any drug problems, the situation in type C hepatitis infection is quite the contrary. The HCV infected patients comprise mostly patients with a history of injecting drug use having developed their infection through this form of transmission. Unlike in the general population, type C hepatitis (HCV) infections have reached epidemic proportions in the subpopulation of injecting drug users. With reference to the above specified measures to prevent or reduce HIV spreading, the chances that these measures would prevent HCV infections form spreading are much smaller, mainly, due to the much higher HCV virulence and contagiousness.

6.2.2.1 Sentinel monitoring

Among the total number of 74 new injecting applicants for treatment at the CPLDZ Bratislava in 2010, 62 patients (84%) were validly tested, among which, 25 were confirmed for HCV antibodies, which is 40%, i.e. a lower percentage compared to 2008 and 2009. Before, 50% injecting drug users were tested positive for HCV antibodies. Men (74%) compared to women (26%) prevailed 3:1 in the tested group, yet as to the occurrence of infected individuals, the prevalence of infections was higher amongst women (56%) than amongst the tested injecting drug users – men

(35%). Most patients tested positive for HCV were at the age between 25 and 34. The share of individuals tested positive increased proportionally to the duration of injecting drug use and/or the time since the first injecting use. The occurrence of HCV infections topped 67% with those having started to receive injections 10 and more years ago. Based on the primary drug criterion, 39% tested injecting users were opioid-dependent (heroine-dependent) and 61% were patients dependent on other drugs – methamphetamines (pervitin). The HCV infection rate in the group of heroine injecting users was 54% compared to 38% in the group of pervitin users. The lower occurrence of HCV infections amongst methamphetamine users can be probably ascribed to the much shorter exposure, either due to the young age of users and shorter duration of use, as well as due to the lower frequency of drug use as opposed to the tested heroine users.

Testing the virus presence in blood samples taken from the monitored patients using the HCV RNA methodology was not performed for practical reasons. Although HCV RNA detecting along with virus genotype would extend the monitoring, in order to ensure economic diagnostics, it is performed only with patients undergoing actual treatment for infections. Most injecting drug users applying for treatment did not abstain from drug use and therefore did not meet the requirement for starting treatment with interferon plus ribavirin (combination therapy), which is one of criteria of health insurance companies. Therefore, laboratory tests performed on these patients in this stage were not very detailed.

6.2.3 Type B hepatitis (HBV) infection

The type B hepatitis virus (HBV) infections are spread through ways other than HCV because first, HBV is less contagious, the overall rate of infection among the general population is higher, probably, the virus has been circulating in Slovakia much longer than HCV and besides, compared to HCV, HBV is more often also transmitted through other ways, the sexual ones. Second, there is another distinctive feature, unlike hepatitis B, there is not any effective vaccine against HCV. To a certain degree, which cannot be easily differentiated, all these facts account for the differences in the occurrence of both infection types in the same population of drug users as clearly illustrated by our sentinel monitoring results. We have not received any information on the general Slovak population, which would indicate a notable change, an HBV epidemic.

6.2.3.1 Sentinel monitoring

Among the total number of 74 new injecting applicants for treatment at the CPLDZ Bratislava in 2010, 60 patients (81%) were validly tested, among which, 25 were confirmed for HBc antibodies. This number converts to 28%, i.e. increased prevalence in relative numbers compared to 2008 and 2009. Before, 24% injecting drug users and 22% were tested positive for HBc antibodies in 2008 and in 2009 respectively. But in absolute numbers, the number of injecting drug users tested positive for antibodies suggesting HBV infection dropped compared to previous two years: 17 in 2010, 23 in 2008 and 21 patients positive for HBc in 2009. Alike HCV, men prevailed 3:1 in the tested group compared to women. The prevalence of infections was higher amongst women (36%) than amongst the tested injecting drug users – men (26%). Most patients tested positively for HBV were also in the age

cohort between 25 and 34. Alike HCV, the share of individuals tested positive for HBV infections increased proportionally to the duration of injecting drug use and/or the time since the first injecting use and the share of those positive for HBc who started to receive injections 10 and more years ago was 60%. Based on the primary drug criterion, 42% tested injecting users were opioid-dependent (heroine-dependent) and 58% were patients dependent on methamphetamines (pervitin). The HBc infection rate in the group of heroine injecting users was 36% compared to 23% in the group of pervitin users. Alike HCV, the differences in prevalence can be probably ascribed to the different rate of exposure to the risk factor of transmission, i.e. the duration and frequency of injecting use of the primary drug. No clinical manifestations or laboratory signs of acute disease caused by HBV were identified in the tested patients during the testing. In view of the clinical practice needs, patients were not tested for antiHBs type antibodies in 2010.

6.2.4 Other infections

For practical reasons, we did not carry out in the previous period, neither in the sentinel monitoring, any screening of other infectious diseases, such as tuberculosis or tetanus, which can occur in isolation amongst injecting drug users in the epidemic scale in some cases, because such disease has not been identified and reported in any case, neither has been any infection, which would have spread specifically amongst drug users. Both TBC and type A hepatitis sporadically occurred in other populations, in some socially and economically poor population groups, for example amongst the homeless, however, the infection was not transmitted by injection. In the monitored period, injecting drug use was not identified in Slovakia as the causal factor for transmission of other, except for the above mentioned blood-borne infectious diseases, of course, unless we take into account bacterial infections, which often undergo at the subclinical level, and which do not imply man-to-man transmission but were caused by administration, which was not sterile. Therefore, these were not blood-borne infections.

In summary, first and foremost, we must underpin the unrelenting very low occurrence of HIV/AIDS infections in drug users. In addition, the findings from the monitoring showed that the occurrence of type C hepatitis infections dropped by half, amongst applicants for treatment in the sentinel monitoring at the largest facility for drug abuse treatment in Bratislava. Accordingly, we also identified a decline in the number of injecting users infected with B type hepatitis (Figure 6.2.2), though, due to the high decrease in the number of injecting users starting treatment at the CPLDZ Bratislava in 2010, the relative value of HBV prevalence in this sample increased in this case. However, from the clinical perspective, we consider the overall decrease in the number of infected people to be more significant. Given the significant decrease in the number of intravenous drug users in Slovakia over last 5-10 years, taking into consideration the change in the structure of primary drug use and the reduced share of heroin users, we can expect this positive trend in the occurrence of the three most common blood-borne infections amongst users will continue in the nationwide scale also in coming years.

Figure 6.2.1 Number of reported patients using primary drug by injection

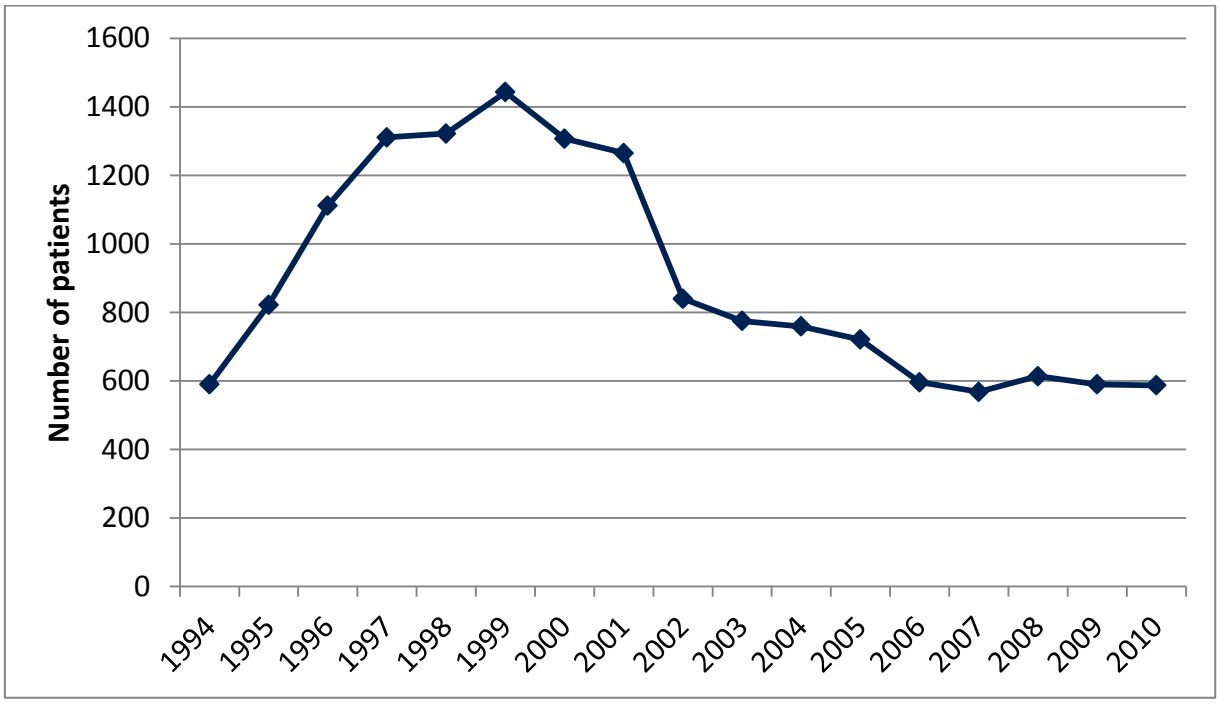
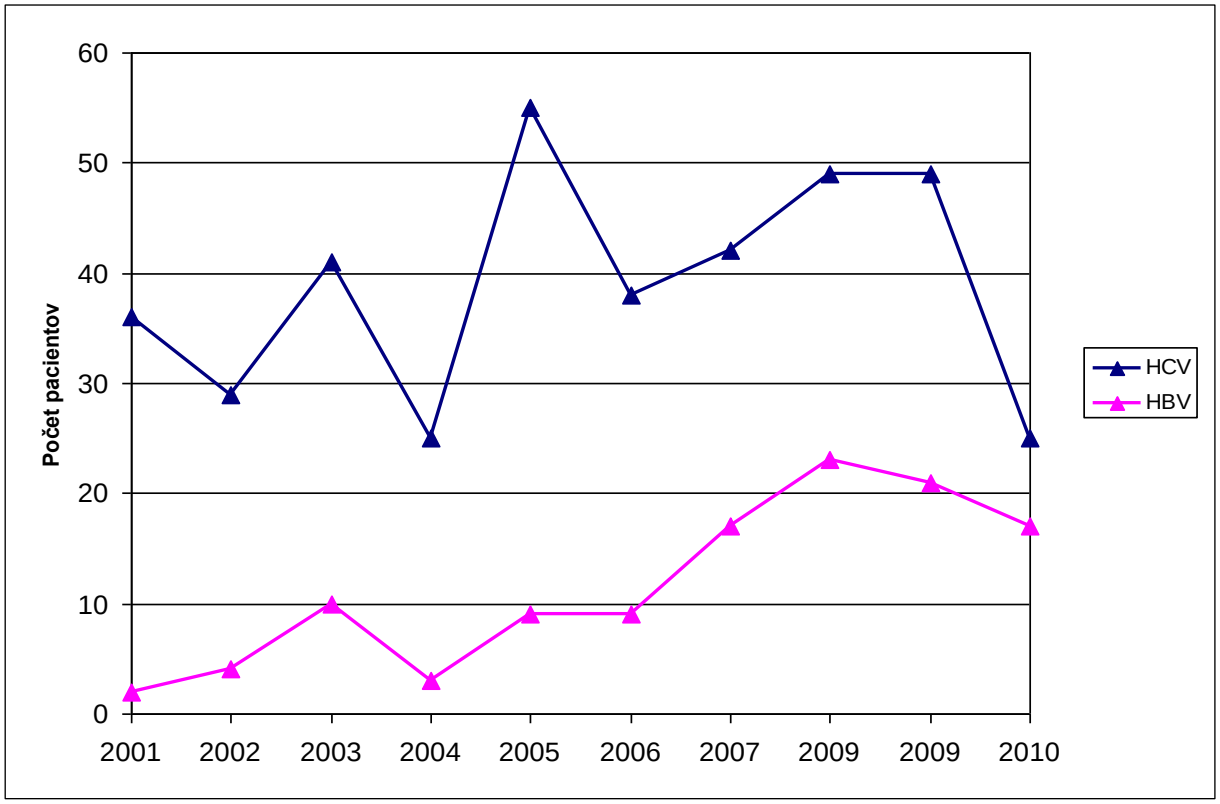


Figure 6.2.2: Trend of the occurrence of HCV and HBV infections in injecting drug users starting treatment at the CPLDZ Bratislava



6.3 Psychiatric comorbidity

The increased occurrence of other psychiatric disorders in combination, along, or in consequence of, drug addiction is a major complex medical and therapeutic problem.

Alcohol reported as a secondary drug in drug addicts more often receives attention during subsequent abstinence from illegal drugs. The clinical practice observed such shift from drug addiction to excess alcohol consumption, often involving addiction, after a lapse of years. For this reason, the Centre for the Treatment of Drug Addictions has undertaken quantitative research.

The medical staff keeps observing more intensely the presence of tobacco addiction in most patients starting drug treatment. This addiction, as a rule, precedes drug use and abuse and mostly persists also after successful treatment and along with abstinence from controlled psychoactive substances. The tobacco abuse is a disease subsequently causing serious cardiovascular and oncologic diseases, which greatly shorten the lives of the abusers.

Given the most common drug addiction, the abuse of methamphetamine in applicants for drug treatment in 2010, the occurrence of related serious psychiatric schizophrenic disorders and toxic psychoses poses a currently big problem. These disorders have increased proportionately to the increase in the number of chronic pervitin users over the last decade (Cook and comp. 2008). The quantitative catamnestic monitoring of the group of 318 pervitin-dependent patients the Centre for the Treatment of Drug Addictions in Bratislava identified the occurrence of psychotic disorders in 30% of these patients and in 35% patients in the sub-group of injecting users. 38% of psychotic patients who started drug treatment also required antipsychotic pharmacotherapy (Palkovič and comp. 2011). Apart from boosted therapeutic severity, the detoxification phase, which as a rule requires institutional treatment, gets much longer and more expensive in case of combined methamphetamine addiction and acute psychotic disorder.

Apart from addictions, also affective psychotic disorders, anxiety disorders, psychogenic eating disorders, sexual dysfunctions and personality disorders are often identified in drug users starting treatment. Often, most patients dependent on stimulants (pervitin) have developed pathological gambling habits in relation to pervitin use.

Combined drug addictions and personality disorders pose a very challenging task for both medical addiction treatment programmes and programmes of social services promoting social reintegration of drug addicts. Patients with combined psychiatric disorders are more often referred to residential care. Most of them are drug addicts showing antisocial personality traits and have to undergo court ordered drug treatment.

The frequent and varied occurrence of comorbidity of psychiatric disorders in applicants for drug treatment underpins the necessity of comprehensive assessment of their psychiatric conditions by psychiatrists. Only so, we can assure optimal effectiveness of the care provided to these patients.

7 RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

The update of the list of controlled narcotic and psychotropic substances to include new captured synthetic substances distributed in the newly created network of ´brick and mortar´ shops, the so-called “crazy shops” was the principal measure taken to reduce damage to health caused by use of psychoactive substances. These substances included mostly synthetic cannabinoids and mephedron sold as souvenirs. Despite the fact medical facilities in Slovakia did not register any identified intoxication with any of the listed psychoactive substances in 2010, the Trade Inspection proved their presence in the sold products. Slovak mass media played a crucial positive role in pointing out to the intimidating problem. Owing to, not exclusively, the prompt response the use of new synthetic psychoactive substances did not turn up as the main problem in patients applying for treatment in the period under review. Therefore, we consider the proposal put forward by the MoH of the SR to include the above substances in the list of controlled substances to be a key, well timed and preventive measure to stabilize the situation on the Slovak drug scene.

7.1 Drug users' deaths

The key health indicator of changes in the drug scene and possible effectiveness of the adopted measures is the drug related deaths.

As to the overall mortality rate, whether caused directly by drug intoxication or indirectly in relation to drugs, findings obtained in the sentinel monitoring of the fates of patients treated in relation to drugs at the Centre for the Treatment of Drug Addiction in Bratislava provide a good alternative. Given the findings of the ongoing cohort monitoring of a cohort after four years from the date of treatment start in 2006, which was evaluated in 2010, 1.8% (4 among 227) patients were removed for death reasons from the register of health insurance companies per the given period, unlike in case of the 2005 cohort, when 2.3% (6 among 259) patients were removed. In absolute numbers, the highest mortality rate per the four-year period till the end of 2010 was recorded in users dependent on several substances – with poly drug addiction: 3 among 31 (9,7%) patients diagnosed with this type of addiction and in one patient among 34 (2.9%) patients having started treatment in 2006 diagnosed with cannabis related problems. Unlike in the previous year, by the end of 2009, 3 among 90 (3.3%) opiate-dependent patients died in four years. We recorded one death per each group of applicants for treatment of dependency on stimulants – pervitin 1/84 (1.2%), volatile substances 1/6 and sedatives and hypnotic drugs 1/3.

112 people who died in relation to drug use were autopsied in 2010 in Slovakia, compared to 115 in 2009. Drug intoxication was the main cause of death in 42 cases in 2010 (compared to 52 in 2009), whereof 5 deaths were caused solely by opioids, 7 were caused by opioids combined with manifold other substances, 22 deaths were caused by medicine and 8 by other substances.

Compared to 2009, we recorded a downward trend in the death rate of drug users caused by and related to intoxication in 2010 in Slovakia. Most deaths were caused by several substances concurrently and the death rate of chronic users having combined several psychoactive substances went up.

The deaths related to psychoactive substance intoxication did not rise up dramatically in 2010, yet their monitoring was, as usual, impeded by limited sources and the complexity of toxicological expertises. This applies in particular to the

determination of a direct cause of death by a specific substance in case of the escalating poly-use amongst users, in which case use of different illegal psychoactive substances is often combined with alcohol and psychotropic medicine. The emergence of new synthetic substances on the drug scene makes analyses even more difficult.

7.2 Measures in the medicine policy

The pursuit of the rigorous policy aimed at limiting access to and availability of potentially addictive medicine in the Slovak health industry is one of the crucial factors helping to reduce problems related to psychoactive substances. Other factors include the already cancelled registration of the widely abused flunitrazepam administered intravenously, severe regulation and monitoring of possible leaks of medicaments containing opioids from the medical system through the so-called opiate prescriptions, stopping the import and distribution of pure buprenorphine, without its antagonist naloxone (Subutex©), which was abused by injection, inclusion of ketamine in the list of controlled substances pursuant to the narcotic and psychotropic substances act, restrictions on the prescription of medicine containing methadone, buprenorphine, codeine or gabapentin, which was limited only to medical specialists. These measures resulted in the low abuse rate and relatively low number of problems caused by the use of the above listed pharmaceuticals. The regulation of availability of medicine involving high potential for abuse reduces the number of psychoactive substances identified in intoxications caused by poly-use. The access to some medicines in the group of sedative and hypnotic substances, mostly benzodiazepine sedatives and non-benzodiazepine hypnotics, which are often used without any medical indication, despite the fact these are prescription-only medicines, is still not sufficiently restricted. Likewise, we also have not managed to restrict the even less regulated free sale of preparations containing pseudoephedrine, which are often used for illegal methamphetamine (pervitin) manufacturing. They are easily accessible, which affects the situation on the drug scene.

7.3 Measures aimed at decreasing the risk of damage to health

The principal measures in 2010 also included the further implementation of programmes to decrease the risk of bodily harms – the principle of “harm reduction” amongst injection drug users: exchange of sterile injections and syringes under the field programmes implemented at streets and centres for treating drug dependent patients, as well as the possibility of buying them cheaply at public pharmacies. Drug users were educated and informed of the methods of preventing overdose and infections. These programmes were implemented not only by bringing the target user group into sharp focus through education provided to them by the field staff or the medical staff involved in medical programmes but also by publicizing the problem widely in mass media. The medical staff and specialists systematically informed at press conferences and in press news and through individual media reports of the risks associated with drug use and in particular of the emergence of new synthetic drugs, cannabinoids and mephedron on the Slovak drug scene. In this respect, the information obtained from the National Focal Point early warning system proved, amongst other information, very effective.

Giving priority to other than injection drug use and/or use of sterile injections and syringes, minimization and/or no sharing of used injection paraphernalia with other users, the need for testing to identify blood-borne infections along with publishing

treatment start in media were primarily directed to reduce the prevalence blood-borne diseases such as HIV/AIDS, types C and B hepatises amongst drug users. All measures were aimed at maintaining low, almost zero prevalence of HIV infection and reducing HCV and HBV prevalence amongst drug users, thus benefiting the health of the entire population. In this respect, the continuing nationwide vaccination against type B hepatitis in children and providing free interferon and ribavirin treatment to abstaining former drug users having been infected with type C hepatitis produce a synergic effect. In view of the identified trends in prevalence of these infections amongst drug users, we managed to achieve these objectives through the medical measures in 2010.

The easy access and availability of substitution treatment and comprehensive treatment of dependencies on psychoactive substances remained at the level of the previous periods. This means that substitution treatment was mostly available in bigger cities, above all in Bratislava and Banská Bystrica, which aside from buprenorphine substitution treatment also provide methadone substitution treatment programmes. The other parts of Slovakia provide buprenorphine (Suboxone©) treatment through psychiatry specialists at outpatient clinics. Free treatment or only minimum costs for patients were the decisive factors for drug users to consider treatment available.

7.4 Drugs and motor vehicle driving

At the legislative level, a big deal of work was done in drafting underlying legal documents to support the practical testing of drivers on roads to determine narcotic and psychotropic substance use before driving a car. Priority was given to the zero tolerance of presence of psychoactive substances and/or their metabolites in tested biological material amongst drivers.

8 SOCIAL CORRELATES AND SOCIAL REINTEGRATION

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

The Slovak National Action Plan on Social Inclusion 2008 – 2010 has defined the main groups of the population who are at risk of poverty and social exclusion, which is largely in line with the EMCDDA concept of vulnerable groups. The unemployed, marginalised (mostly Romany) communities affected by multiple exclusion, the homeless, the disabled persons, migrants, families with children (those most at risk are incomplete families and families with three or more children) are defined explicitly. The category „other vulnerable groups“ in the population covers the individuals with drug problems, gamblers, abused children, victims of domestic violence, prison inmates, former inmates, and young people who have been brought up in institutional care.

Drug addicts and individuals with other dependences are not explicitly mentioned in NAPSI, and since their problems overlap largely and require a complex solution, they are associated with the group of former prison inmates. (Czuczorová 2010).

The National Antidrug Strategy for the Period of 2009-2012 sets the need to continue in developing and improving the services/programmes of rehabilitation, re-socialization, and social inclusion with the aim of achieving measurable progress. The measures of prevention of social exclusion and in favour of social re-integration are directed towards the target groups through three channels.

Table 7.4.1: Overview of key stakeholders responsible in social sphere of drug problem in Slovakia

	Measures for target group	Key stakeholders
1.	Excluded and vulnerable groups with or without dependence problems	Ministry of Labour, Social Affairs and Family and Offices of Labour, Social Affairs and Family , NGO
2.	Social re-integration of persons with dependence problem	Resocialisation centres
3.	Social re-integration exclusively for problem drug users	Partially within the harm reduction activities of NGOs

8.1 Social Exclusion among Drug Users

No new study /ies available

8.1.1 Social characteristics of drug users in treatment in healthcare facilities

An input data on social characteristics on dependent patients treated in outpatient and residential healthcare facilities are available from the health statistics.

Variables like housing conditions, the highest level of education completed, economic activity, and living with other persons (including other persons with drug problems) are recorded in patients entering into treatment.

A significant percentage of patients treated for drug problems in Slovakia[72] are people who have completed only the first level of education (elementary school) or less. Comparing 2009 data, the proportion of such patients in 2010 slightly increases in 2 % (39%-41%).

The significant proportion in both sexes consists of persons with completed secondary education – 51, 6 % (around 50% in 2009). In terms of economic activity, the unemployed make up the majority of patients and this proportion was 59.7% (see table 8.1.1). On the other hand only one fifth (20.1%) of patients were economically active (regularly or part-time job).

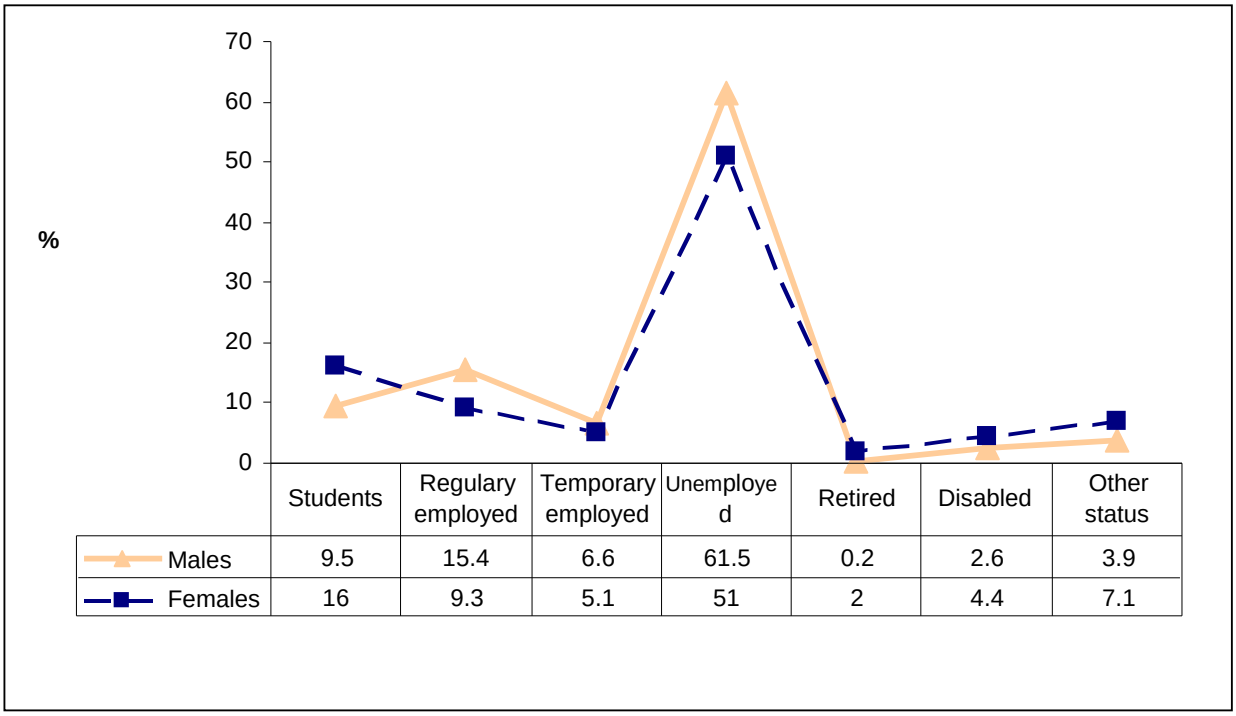
The development of some social variables since 2003 shows Table 8.1.1.

Table 8.1.1: Selected social characteristics of drug users in treatment in percentage – all requests for treatment since 2003. Total number of patients in healthcare facilities in 2010 was 2266 (1859 men and 407 females). Source: National Health Information Centre

Social background variables	2003	2004	2005	2006	2007	2008	2009	2010
Unstable accommodation	6.6	7.6	8.9	8.6	9.6	7.0	10.6	11.9
Prison/Institution inmate	1.9	1.6	1.6	1.0	0.8	1.4	0.6	0.8
Unemployed	55.2	54.2	54.0	55.2	56.5	53.0	63.2	59.7
Highest of education: elementary	40.3	43.0	39.1	38.5	40.3	39.5	39.0	41.0
Never went to school, didn't complete elementary education	na	na	na	na	na	na	2.5	2.6

[72] 2266 patients - drug addicts were treated in 2010

Table 8.1.2 Economical activity in men and females drug addicted patients treated in 2010 – Source National Health Information Centre 2011



	Students	Regulary employed	Temporary employed	Unemployed	Retired	Disabled	Other status
Males	9.5	15.4	6.6	61.5	0.2	2.6	3.9
Females	16	9.3	5.1	51	2	4.4	7.1

8.2 Social Re-integration

The terms social re-integration, social rehabilitation, and re-socialization are used simultaneously as synonymous terms. However, the re-socialisation is the most used term associated with the functioning of so-called resocialisation centres (hereafter RCs).

Resocialisation centres in Slovak Republic were established for "activating the internal abilities of children and adult persons to overcome the psychological, physical, and social consequences of drug and other dependences and inclusion in life in a natural environment". This is effectuated by means of individual guidance, group therapy, working therapy and rehabilitation. In general the content of the term re-socialisation arises from the context; the inclusion of an individual into society where it is identical with the term re-integration as any method for the integration of drug users in the community (EMCDDA, 2003). The way how some RCs are functioning are to satisfy concurrent condition of residential therapy (treatment) because participants of re-socialisation programme have to live in a facility (hostel, home or hospital unit) where the positive drug-free environment is provided and clients are expected to participate in a full-time programme of counselling and group work developing social and other life skills. Therapeutic communities are an example of residential treatment (EMCDDA 2010); however not all certified RCs provide the therapeutic community in its medicinal rationale. Some quality level of RCs is guaranteed through the process of accreditation set by Ministry of Labour, Social

Affairs and Family, and by the set of regulative recommendations[73] (Report 2009) adopted by RCs within the implementation of French-Finish –Slovak Twinning project . These recommendation were adopted in 2008 and according RCs´ statements in 2010, there is no need to amend them (Czuczorová 2011).

8.2.1 Legal and Institutional Framework of re-integration measures

General measures for excluded groups with or without dependence problems to reduce their problems related to employability, housing, and education are set in number of legislative rules and policies set in national strategies (e.g. NAPSI and Employability Strategy, the Operation Programme of Employment and Social Inclusion, Act No. 5/2004 Coll. on Employment Services as amended. Act No. 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship as amended and the Act No. 448/2008 Coll. on Social Services as amended. As was already said the drug addicts and/or former drug addicts are not explicitly mentioned in any legal rule, but they are not excluded from the benefits provided by these measures in education, employment and housing. E.g. housing as a social service is provided by regional self-governments (Upper tier territorial units), municipalities, NGO structures, and churches (public providers of social services and non-public providers of social services). The type, form, and extent of the provision of social service are designated according to the unfavourable social situation in:

1. Lodging and shelters - are threshold facilities of social services for all homeless individuals with or without dependence. (In March 2011 the Holy Orders of Hospitalers sets up in Bratislava its daily social welfare institution with the capacity of 100 persons[74])
2. Emergency Housing Facility – Crisis Centre. Housing for limited period is provided to persons who are victims of physical violence, victims of human trafficking, single parent, or parents with children who do not have housing and/or who cannot use their housing due to serious causes. old people (retired persons and mostly persons depending on assistance from other persons are also among beneficiaries.
3. Half Way Homes provide housing for a certain period of time in cases of young people completing institutional state care in age of 18 years or after being released from prison or detention. Since 1992 Antonin Srholec[75] well known catholic priest devoted his attention to such old clients and homeless people in Bratislava. His Half Way home “Resoty” provide housing for 60 clients and 40 out-clients. The stipulation to stay here for a longer time is to find out the position in or out of facility.
4. Supported housing – (in the sense of EMCDDA SQ 28 2010) is rare or none due total lack of social apartments in SK.

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[73] Quality of RCs in Slovakia – Standards and good practice (Kvalita resocializačných stredísk pre drogové a iné závislosti - Štandardy a dobré skúsenosti) http://www.infodrogy.sk/index.cfm?module=Library&page=DocumentList&LibraryID=1&AreaID=48

[74] Source www.milosrdni.cz , downloaded in September 7,2011

[75] http://sk.wikipedia.org/wiki/Anton_Srholec - downloaded in September 7,2011

8.2.2 Social Guardianship Measures in 2010

Measures result from the Act No. 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship were implemented for children and youth – see Chapter 3.2 Selective prevention, and for adults

In 2010 the social guardianship measures for adult persons were aimed on 8 935 persons mainly for males – only 9.5% was females. 66.5% clients came from prisons. 1.2% of clients of the social curators were threatening by drug problem. 36 persons were released from healthcare drug treatment centres, 11 clients were released from re-socialisation centres, and 61 clients suffered by drug dependence. (Czuczorová 2011)

8.2.3 Re-socialization

The key institutional element of social re-integration process for drug addicts is resocialisation centre. Establishing RC is within the competence of the upper-tier territorial units (regional self-government); the law also creates the possibility to establish resocialisation centres for municipalities. NGO subjects who were awarded the accreditation for implementing social legal protection measures for children and social guardianship from the MLSAF SR can also found RC under the established terms.

Since January 2009, RC provides professional assistance to the client who is recommended by an addictology professional or psychiatrist. Minimum duration of the programme is 8 months.

According statistical data of MLSAF (Czuczorová 2011) the total number of clients in RCs was 787, incl. 114 children in 2010 (847 in 2009), 87 clients were females (96 in 2009) The number of new clients starting in 2010 was 454; in 95 clients less than in 2009. Average duration of the stay in RC was almost 10 months (9.15 months in 2009). Majority of RCs´ clients were showing the problems with alcohol.

Effectiveness of resocialisation programme is considered in terms of achievement of entire resocialisation programme, which four-phased and individually tailored for the client. See Table 8.2.1

Table 8.2.1: Successful completion of RC programme in 2010. Source Czuczorová 2011

	Numbers of clients
Successful completion of re-socialization process (minimum 12 months)	153 (incl.19 children)
Early termination by client	216 (incl.18 children)
Early termination (violation of RC or community rules, etc…)	66 (incl.1 child)
Other reasons	**32 (incl. 10 children)**

8.3 The NMCD Surveys on structure of clients and the services of social reintegration in RCs.

In 2011 NMCD carried out the fourth survey aimed on structure of clients of RCs. Collection of data was done through questionnaire, which was filled in by the responsible/head of RC in April 2011. RCs were financially motivated to provide data and information.

There are two purposes of these surveys: For the first to find out the structure of clients regarding psychoactive substances abuse or non substance dependence. Although majority of clients entered into RC after drug treatment in health care facility (in 2010 - 47%) and they already are registered in health statistics, rather important part of clients, mainly children who their parents want to protect against psychiatric stigmatisation in health facility must not be recorded in official statistics.

The second reason for the survey is to follow up the development in RCs services quality and/or the efficiency of their services. It is monitored through several criteria; the number of clients who successfully completed entire resocialisation programme, number of former RCs clients who are abstaining from primary drug after one year, and three key criteria of reintegration: Education, Employment and Housing.

The findings bellow represented 19 certified RCs.

8.3.1 Basic data of 2011 survey for 2010 data

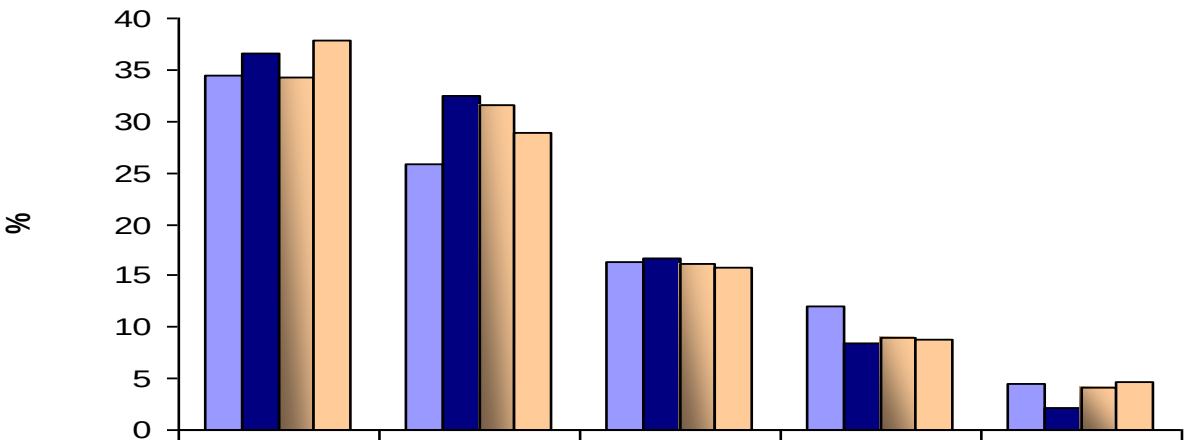
The total capacity of 383 places (beds) in 19 RCs was exploited by 802 clients, majority of them were men 53.1%. 448 (55.9%) new clients admitted during the year 2010. 115 clients were 16-18 years old, including 18 minors less than 16 years. (Table 8.3.1)

17 clients came into RCs from prison (post- penitentiary care) (12 in 2009).

Table 8.3.1: The survey of basic data on structure of clients in resocialisation centres within the period 2007-2010. Source NMCD surveys 2007-2010.

	2007	%	2008	%	2009	%	2010	%
Total number of clients	614	100%	741	100%	857	100%	802	100%
New clients in given year	382	62.2	470	63.4	521	60.7	448	55.9
Males	420	68.4	487	65.7	531	62	426	53.1
Minor clients up 18 years	50	8	80	10.7	106	12.3	97	12.1
Incl. clients up to 16 years	5	0.8	5	0.6	14	1.6	18	2.2
Clients with IDU history	168	27.3	150	20.2	184	21.5	113	14.1
Primary drug – heroin	74	12	60	8.5	77	9	70	8.7
Methamphetamine (pervitin)	159	25.8	229	32.4	270	31.5	232	28.9
Cocaine	2	0.3	4	0.5	7	0.8	3	0.3
Polyuse	101	16.4	117	16.6	139	16.2	127	15.8
Cannabis (THC)	27	4.4	15	2.1	36	4.2	38	4.7
Ecstasy	0	-	2	0.2	0	-	1	0.1
Volatile substances	5	0.2	6	0.8	13	1.5	9	1.1
Buprenorphine	6	0.9	4	0.6	4	0.4	4	0.4
Methadone	0	-	1	0.1	1		2	
Alcohol	211	34.4	259	36.6	293	34.2	303	37.8
Non substance dependencies (F 63, PC, gambling, bulimia	29	5	9	1	17	1.7	13	1.6

Figure 8.3.1: Proportion of RCs clients who had problem with individual psychoactive substance within four years period. Source: NMCD surveys 2007-2010



	alcohol	pervitin	poly-use	heroin	cannabis
2007	34.4	25.8	16.4	12	4.4
2008	36.6	32.4	16.6	8.5	2.1
2009	34.2	31.5	16.2	9	4.2
2010	37.8	28.9	15.8	8.7	4.7

8.3.2 Effectiveness of RCs services

14 RCs replied the question if they follow up their former clients after one year positively (i.e. who finished the programme in 2009?). 5 RCs did not follow it.

Total number of 138 persons was checked out if they are abstaining from primary drug after one year. 3 RCs confirm surveillance of former clients by objective testing. The most usual form of following the clients was the phone contact – a call to the client and some additional information from his/her family or from his/her place ,personal meeting of clients, either individually or within the post-resocialisation activities e.g. Community weekend sessions, AA clubs, and/or some family therapy events.

132 clients (113 clients in 2009) had completed the entire programme of re-socialisation.

On the other hand 309 clients have not finished the programme.

The identical proportion between clients who completed the programme and majority of those who left ahead of schedule was found in statistical record of MLSAF – see table 8.2.3.1. Only 10 RCs (12 RCs / 2009) investigated[76] clients´ satisfaction through questionnaire and/or interview individually or in group within the community sessions. Two RCs have reported the method of SEIQL[77].

[76] In 2011 a survey with Czech version named SQUALA questionnaire has been realised in majority of RCs. Results will be publicised in 2011 Report.

[77] SEIQL Schedule of Evaluation of Individual Quality of life

8.3.3 Re-integration criteria in the NMCD survey

1. Education: 14 RCs reported 44 clients, who were to continue in schooling, they completed the grade or they began to study on the higher level. Short- time courses of professional requalification counted as positive sign of this reintegration activity also.
2. Employment: According data obtained from 14 RCs majority of former clients were involved into economical activities (91). 66% (42% in 2009) hold stabile jobs! The rest run their own business or work in part- time and/or short- time jobs.
3. Housing: 14 RCs from 19 resocialisation facilities have reported majority of former clients who returned back to their parents/families, or they lived in hired flats and even in their own apartments (115). 41 former clients lived in institutional facilities, incl. half way homes, hostels etc. Comparing MLSAF statistical data 2010, 30 persons (leaving RCs) were placed into Half way Homes and 110 persons returned to families (Czuczorová 2011).
4. Further information on social reintegration of former drug addicts sees in part 5.4.

8.3.4 Differences among resocialisation centres

It has to be underlined that there are differences in absolute numbers comparing NMCD surveys and MLSAF statistical forms; now the differences cannot be explained. However the basic trends within the years 2007 – 2010 are identical – the growth of number of clients, new clients and minors, and prevailed trend of clients with alcohol problems in these facilities, regional differences and differences in offered services according the structure of clients. It seems that RCs with younger clientele dispose of higher reintegration capacity due well-balanced services/programmes, including post-resocialisation services (weekend meetings, recreational activities, family field therapy, and AA clubs). The concentration of middle aged and older clients (mostly former alcoholics) in these facilities located mainly in east Slovak regions seems to determinate the extent and type of services; the dominant activity is the work therapy in house and/or outdoor. Social services are there in their fundamental reasons - housing and boarding. So far as the interagency and cooperation with other helping services is concerned, there were 6 RCs (5 RCs in 2009) which managed their relations with health facilities, social authorities and services etc under the formal agreement, the rest of RCs managed cooperation familiarly. 14 resocialisation settings (from 19 RCs) are satisfied and almost satisfied with their position within the helping services system in region/locality. 5 RCs are not satisfied.

The programmed NMCD survey in 2012 (data 2011) will be concentrated on the presence and effectiveness of the therapeutical communities in RCs.

8.4 Social integration of problem users of drugs (out of treatment and reintegration services of RCs).

In addition to harm reduction services, low-threshold agencies also provided other services for ensuring elementary social and economic conditions according to their capacity. Social mediation and social assistance through field (street) workers and low thresholds programmes also plays a significant role. (See also part 5.4).

9 DRUG-RELATED CRIME, PREVENTION OF DRUG RELATED CRIME AND PRISON

This chapter provides detailed information on drug issues in terms of drug-related crime: i.e. the arrests/convictions for drug possession for personal use; drug production, trafficking or possession for selling purposes; production and/or procuring an item[78] designed for drug production and promoting addiction. Other drug-related crime implies monitoring crimes committed under drug influence or for the reason of drug addiction (e.g. driving under drug influence or theft to obtain money for drugs). In addition to direct indicators of drug-related crime (crime of offenders), this chapter also tackles the prevention of drug-related crime, interventions in the Criminal Justice System and in detail the issues of drugs in prison as well as social reintegration of prisoners released from prison.

In 2010, the police recorded a decline in drug related offences (28%) and prosecuted persons (6%). Almost two thirds of drug offenders were prosecuted for crimes related to marihuana and one quarter of offenders were prosecuted by the police in relation to pervitin.

The highest share in the nationwide drug-related crime pertains to Bratislava region, followed by Trnava and Nitra regions.

The courts in the SR in 2010 sentenced 1,135 offenders for drug-related crime (up 5% compared to 2009), more than half of them having been found guilty of drug possession for personal use. More than two thirds of those serving a sentence of drug possession for personal use possessed an amount of up to 3 doses. Most people were sentenced for crimes related to marihuana (62.6%) and pervitin (17.3%).

Courts (2010) passed suspended sentences on more than two thirds of drug related offenders and approximately one quarter of offenders received immediate custody. The share of the persons serving a sentence, on whom judges passed one of new alternative sentences valid since 2006 (community services or home curfew) for drug-related crimes, did not exceed 2%.

In case of juveniles serving a sentence (N50), the most common sentence imposed in 2010 was also the suspended sentence (84%). No juvenile, was sentenced to imprisonment for drug-related crime in 2010.

Total 1,370 persons reported drug use before entering to prison in 2010, i.e. 69 more than in the previous year.

The institution for executing custodial sentences in Hrnčiarovce nad Parnou reported the highest number of recorded drug users. The most abused illicit drug in prison in 2010 was heroin.

Compared to the previous year (2009), the share of drug positive screenings dropped (from 31.1% to 8.8%). The most common drugs confirmed amongst prisoners were benzodiazepines (107), cannabinoids (71) and amphetamines (31).

[78] This means an item, which as a rule constitutes a crucial component in the manufacturing of narcotic substances, psychotropic substances and precursors, mostly, apparatuses, other equipment but also raw material, which is fit and designed for such manufacturing (Čentéš, J. 2007, p. 116).

Services of social guardianship were provided more than two thirds (67%) of offenders release from prison in 2010.

9.1 Drug-related crime

In 2010, there were also occurred some cases, when drug offenders of persons prosecuted/convicted under the Old Criminal Code (OCC) valid until 31 December 2005 in 2010, we also provide in this report the total drug-related crime as sum total of the persons prosecuted/convicted a sentence under the OCC and the New Criminal Code (NCC) effective as of 1 January 2006.

The term "drug-related crime" includes the following criminal offences in Slovakia: drug possession[79] for personal use (Section171 of the NCC[80]/Section186 of the OCC[81]); unauthorised production, trafficking or dealing (Section172 of the NCC/187 of the OCC); production or procuring an item designed for drug production (Section173 of the NCC/Section188 of the OCC) and promoting addiction (Section174 of the NCC/Section188 of the OCC). Drug use is not classified as a crime in the Slovak Criminal Code.

The main data sources in this chapter come from statistics of the Ministry of Interior[82] (MI) and the Ministry of Justice (MJ).

9.1.1 Persons arrested for drug-related crime

In its statistical system, MI keeps records of crimes and offenders charged and subject to criminal prosecution. The police statistical system is not linked to the statistical system of the prosecutor's office and MJ, therefore we cannot in the given year connect and compare data on prosecuted offenders (arrested), charged and serving a sentence.

In 2010, the police recorded a decline in drug-related crimes by 28% and prosecuted offenders by 6% (compared to the previous year). The number of prosecuted offenders in 2010 dropped to the 2006 level – see Table 9.1.1.

Table 9.1.1: Number of arrested persons and drug law offences in Slovakia (2003-2010). Source: MI, 2011a

	Year							
	2003	2004	2005	2006	2007	2008	2009	2010
Arrested persons	1059	1113	1308	1256	1717	1750	2011	1891
Drug law offences*	1276	1261	1638	1722	2135	2259	2439	1754

* includes all drug related offences: possession for personal use; trafficking/production/dealing and other drug supply offences.

[79] The term drug, as defined in the New Criminal Code (No. 300/2005 Coll.), covers any narcotic substance, psychotropic substance, poison or precursor.

[80] New Criminal Code

[81] Old Criminal Code

[82] includes the statistical data obtained from the Police Force and other specialized police workplaces, e.g. the Office for the Fight against Organized Crime.

9.1.1.1 Drug-related crime by regions

The highest share in the nationwide drug-related crime[83] pertains to Bratislava region in 2010 again, though its share slightly drooped from 51.5% (2009) to 45.9%. The same trend was reported in the second region in the order of the highest drug-related crime - Trnava region, the share of which dropped from 15.1% (2009) to 12.1% (MI, 2011a).

The police records the highest number of prosecuted offenders in the long term in Bratislava region, in which their number[84] increased in last five years per 100,000 residents – from 133 prosecuted/100,000 residents (2005) to 145/100,00085 residents (2010). The second highest concentration of drug offenders in 2010 was reported Trnava region, in which their number has doubled since 2005 per 100,000 residents - from 18/100,000 residents (2005) to 39/100,000 residents (2010).

The lowest number of drug offenders is in the long term reported by Prešov region, in which the police prosecuted 57 offenders for drug-related crimes in 2010. The concentration of drug offenders increased slightly in this region – from 4/100,000 residents (2005) to 7/100,000 residents (2010).

9.1.1.2 Arrested persons by type of drug

The drug type is statistically reported in crimes and offenders prosecuted for drug-related crime (since 2006). Even after five years from the date of implementing the monitoring of this indicator, we are still encountering administrative and technical problems relating to their record-keeping (a police officer documenting a case does not always indicate a specific drug type in a drug-related crime).

In 2010, the police specified drug type in 869 prosecuted offenders, i.e. in 46% cases among the total number of the persons prosecuted for drug-related crime (1891) and in 1,066 crimes, i.e. in 61% of cases, from the total number of recorded drug-related crimes (1754).

Marihuana was again the most abused drug in 2010 - almost two thirds of offenders (549 persons/63.2%) were prosecuted for its possession, production, trafficking, and/or other crime related to drug supply. Pervitin was the second most abused drug in the SR (2010), in relation to which the police prosecuted almost one third of the total number of prosecuted offenders (210 persons/24%). Heroin was the third most frequent drug according to police data (63 prosecuted offenders/7.3%).

9.1.2 Convicted persons and juveniles serving a sentence for drug-related crime

In 2010, altogether 1,135 persons were serving a sentence for drug possession, trafficking and other crimes related to drug supply in Slovakia (1,101 persons were sentenced under the NCC and 3% under the OCC). Compared to the previous year; the share of the persons serving a sentence slightly increased by 5.2%.

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[83] from the perspective of recorded crimes
[84] http://portal.statistics.sk/showdoc.do?docid=1836

9.1.2.1 Structure of drug-related crimes – persons serving a sentence

More than a half of the total number of persons serving a sentence in 2010 was found guilty of drug possession for personal use (55.4%). The second most numerous group comprised persons serving a sentence for illicit production, trafficking or dealing (43.2%). 16 offenders (1.4%) were sentenced for production or possession of an item designed for drug production and drug addiction promotion - see in table 9.3.

In 2011, MI provided statistics on persons serving a sentence pursuant to the NCC, which specifically monitors individual sections of drug-related crimes and enables thereby to differentiate between: possession for personal use up to max. 3 doses, possession for personal use up to max. 10 doses, production, smuggling, drug trafficking, dealing and also repeated sentences for drug-related crime (recidivism) – see table 9.2.

More than two thirds of persons serving a sentence for possession for personal use (N627) possessed an amount of up to 3 drug doses (433). Offenders sentenced for crime of production/trafficking/dealing (N460) were most often dealing drugs (216 persons/47%), trafficking them (149 persons/32.4%) and producing them (47 persons/10.2%). Almost 2% persons serving a sentence for smuggling (9 persons) and 1.5% of persons serving a sentence were recidivists (7 persons).

Table 9.1.2: Persons convicted of specific drug-related crimes in the SR (2008-2010). Source: MJ, 2011

Type of Offence	Year		
	2008	2009	2010
possession for personal use (max. 3 doses)	356	437	433
possession for personal use (max. 10 doses)	155	174	194
production	32	29	47
smuggling	1	0	9
trafficking	82	46	149
dealing	163	261	216
recommitment	18	14	7
other serious drug crime	26	45	30
the most serious drug-related crime	6	8	2

Note: This table includes only persons serving a sentence pursuant to the NCC, not persons serving a sentence pursuant to the OCC; therefore this data cannot be compared with the total number of persons serving a sentence for drug possession and trafficking (2008-2010).

9.1.2.2 Persons convicted by type of drug

According to MJ data, in 2010, most persons were sentenced for marihuana related crimes (689 persons/62.6%), which were followed by persons serving a sentence in relation to: pervitin (190 persons/17.3%), other amphetamine, including ecstasy (99 persons/9%), heroin (95 persons/8.6%), other (unspecified) drugs (21 persons/1.9%) and cocaine (7 persons/0.6%). Compared to the previous year (2009), the share of persons serving a sentence in relation to marihuana increased by one

quarter (25%) and so did the share of persons serving a sentence in relation to pervitin (10.4%).

The share of persons serving a sentence for heroin related crimes has been following a systematic downward trend since 2007 (from 17.1% in 2007, 1.3% in 2008, and 9.9% in 2009 to 8.6% in 2010).

More than a half of the total number of persons serving a sentence in relation to marihuana (689) possesses this drug for personal use (417 persons/60.5%). On the contrary, most of the total number of persons serving a sentence in relation to pervitin (190) produced this drug, dealed or trafficked it (98 persons/51.6%). Compared to the previous year (2009) the number of persons serving a sentence for heroin possession dropped (- 14) and the number of persons serving a sentence for heroin dealing, trafficking or production slightly increased (+8).

Courts found more than a half (55.4%) of the total number of persons serving a sentence for drug-related crimes[86] (1,135) guilty of possession for personal use, followed by persons serving a sentence for drug dealing, trafficking or production (43,2%) and other crimes related to drug supply (1.4%). The development of the structure of persons serving a sentence by individual drug-related crimes and drug types is presented in detail in Table 9.1.3.

Table 9.1.3: Persons convicted of drug-related crimes and drug type (2009-2010). Source: Standard Table 11/2011

	Possession for personal use		Dealing/trafficking/production		Other drug supply offences*	
	2009	2010	2009	2010	2009	2010
Cannabis	341	417	204	266	6	6
Heroin	69	55	32	40	1	0
Cocaine	2	1	10	6	0	0
Metamphetamine	80	89	89	98	3	3
Amphetamines	67	57	40	32	3	3
Ecstasy	2	2	7	5	0	0
LSD	0	0	0	0	0	0
Other drugs**	8	6	12	13	9	2
Total	569	627	396	460	22	14

* illicit production/possession of items intended for drug production and drug addiction promotion.

** includes other unspecified kind of drugs and prescription drugs

[86] Pursuant to the NCC and the OCC

Table 9.1.4: Number of offenders/juveniles serving a sentence for drug possession, trafficking and other crimes related to drug supply in Slovakia (2002-2010) Source MJ SR 2011

	Year								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Possession for personal use	166	192	185	205	406	454	521	620	629
Dealing/trafficking/production	297	413	435	375	300	319	372	433	490
Other drug supply offences	5	6	15	10	15	13	19	26	16
Total	468	611	635	590	721	786	912	1079	1135
of which juveniles									
Possession for personal use	11	20	6	20	29	20	25	16	26
Dealing/trafficking/production	41	45	35	43	28	27	44	32	20
Other drug supply offences*	0	3	3	2	2	4	6	3	4
Total	52	68	44	65	59	51	75	51	50

* illicit production/possession of items intended for drug production and drug addiction promotion.

9.1.2.3 Sentenced juveniles

In 2010, courts sentenced in total 50 juvenile offenders for drug-related crime, of which: (N26) for possession for personal use, (N20) for drug production and trafficking and (N4) for other crime related to drug supply. For the first time (2010), the share of juveniles serving a sentence for crime of possession for personal use (52%), the share of persons serving a sentence for crimes related to drug trafficking and supply (48%). All 26 persons serving a sentence for possession for personal use were prosecuted pursuant to the NCC, which enables possessing for personal use an amount of up to max. 10-times the usual one-off drug dose, i.e. an amount, which was classified as dealing pursuant to the OCC[87].

9.1.3 Other drug-related crimes

This section is based on data obtained from criminal institutions: MI SR (PFP), GPO SR and MJ SR.

9.1.3.1 Secondary drug-related crime

Secondary drug-related crime in the context of this report means an act of committing other than drug-related crime, in consequence of drug addiction (e.g. theft to obtain money for drugs). This aspect is as a standard monitored in the MJ statistical system in a statistical sheet[88] (field no. 30, par. 11, in which drug addiction is provided as a special reason for committing a crime).

According to MJ data, the persons serving a sentence (2010) provided drug addiction as a reason for committing the crime of: a theft (19), dangerous threatening

[87] Pursuant to the OCC, an offender could possess for personal use only an amount of one-off drug dose

[88] This is a standard record sheet, which is completed for each sentenced offender in the SR and which provides comprehensive offender information (the crime for which the offender is sentenced, the sentence or detention order imposed and the reason for committing a crime).

(7) obstructing the enforcement of an official decision (2), battery (2), robbery (2), racketeering (2), prohibited acquisition and possession of firearms and trafficking in weapons (2), assaulting a public official (2), trafficking in children (1), maltreatment of a close person and person entrusted to one's care (1) threatening under the influence of an addictive substance (1), fraud (1), credit fraud (1), sexual abuse (1), illegal entry into dwelling (1), unauthorised use of a motor vehicle of another (1), harm done to a thing of another (1), infringement of copyright (1), damaging and endangering the operation of a generally expedient utility (1) and neglect of compulsory maintenance (1).

9.1.3.2 Crime committed under the influence of drugs

The prosecutor's office and the Ministry of Justice statistically monitor any crime committed under the influence of alcohol or other illicit drug. The prosecutor's office records cases of persons who are no longer subject to criminal prosecution due to: conditional discontinuance of criminal prosecution, approval of alternative dispute settlement and subsequent discontinuance of criminal prosecution, agreement to plead guilty and receive agreed sentence or by charge. The Ministry of Justice records cases of persons validly sentenced to unsuspended sentence, suspended sentence, suspended sentence under probation supervision, home detention curfew, community services, monetary sentence or prohibition to engage in professional activities.

In 2010, increased by 53.9% the number of persons prosecuted the prosecutor's office for committing a crime under the influence of other psychoactive substance than alcohol (from 356 cases in 2009 to 548 cases in 2010). On the contrary, the number of persons prosecuted for crimes committed under the influence alcohol dropped by 18.5% (from 5,228 cases in 2009 to 4.258 in 2010). In case of persons charged, the same trend was reported: 259 persons were charged for committing a crime under the influence other psychoactive substances in 2010 (49 more than in 2009) and 2,670 persons under the influence of alcohol (817 less than in 2009); (GPO, 2011; GPO, 2010).

Among the total number of 31,179 persons serving a sentence (2010), only 0.86% crimes were committed under the influence an illicit drug compared to 8.14% crimes committed under the influence of alcohol. The highest share in the number of persons serving a sentence for committing a crime under the influence of other drug than alcohol was reported in Nitra (1.89%) and Bratislava region (1.18%); (MJ, 2011).

9.1.3.3 Drugs and Driving

According to information published in media[89], the Ministry of Interior plans to purchase fifteen thousand drug testers in 2011, to precisely detect trace quantities of illicit psychoactive substances in drivers using samples of their saliva.

With effect as of 1 November 2011, an amended road traffic act[90] comes into effect in Slovakia, which lays down more severe road traffic rules and cuts down the

[89] http://aktualne.centrum.sk/domov/doprava-a-bezpecnost/clanek.phtml?id=1226715

[90] http://www.minv.sk/?tlacove-spravy&sprava=od-novembra-budu-moct-soferovat-aj-sedemnastrocni, downloaded on 31 October 2011

age for obtaining B category driving licence (passenger motor vehicle driving) to 17 years[91].

Any of the listed acts may lead to the withdrawal of a driver's driving licence: where a driver would cause three collisions in 5 years, or break the road traffic rules twice by consuming alcohol or an addictive substance, or refuse to undergo examination to detect presence of these substances to receive the driving licence back, the driver would have to take a new driving course. Any person committing a crime of killing, in a state excluding legal capacity, incurred by the influence of a psychoactive substance/i.e. any person having alcohol level in excess of 1 pro mille/or committing a crime of threatening under the influence an addictive substance for three times shall be banned for a life term to engage in driving.

In its statistical system, the general prosecutor's office keeps records of cases, in which criminal prosecution for individual crimes has been terminated. In 2010, the prosecutor's office recorded 918 persons serving a sentence for "threatening under the influence of an addictive substances", amongst whom 12.8% persons serving a sentence for unconditional custodial sentence, 60% persons serving a sentence to suspended sentence and community service sentence was imposed to 3.2% persons (GPO, 2011).

9.2 Prevention of drug-related crime

9.2.1 Priorities of the MI and police projects aimed at preventing drug-related crime

At the nationwide level, there is the Government Council for Crime Prevention of the Slovak Republic, which is pursuant to the Crime and Other Anti-Social Behaviour Prevention Act (No. 583/2008 Coll.) defined from 1 January 2009 as a standing consultative, initiative and coordinating body of the government for the area of crime prevention.

In the devised Strategy for Crime Prevention in the SR for 2011-2014, one of the main priorities –the area of reducing the rate and severity of crime and other antisocial behaviour, which is primarily also aimed, among other things, at trafficking in drugs and serious organized crime. The other priorities are: increase the safety of cities and municipalities (integrating crime prevention in regional and municipal development concepts; improve the quality of social relationships; increase the feeling of safety in residents and visitors), eliminate socially pathologic phenomena in risk groups (e.g. children and the young) and eliminate any promotion of crime and other antisocial behaviour through mass media.

Preventive measures taken by district authorities are in many cases implemented in cooperation with the Police Force officers, city police and staff of labour, social affairs and family offices. As in case of project implemented under the Police Force, these preventive measures are also aimed at decreasing the demand for narcotic

[91] However such B category driving licence holders will be permitted to drive a category B car only in company of

a fellow driver having category B driving licence for at least ten years until they are 18 – however not less than

three months.

and psychotropic substances and limiting crime provoking factors, at detecting truancy and providing persons under 18 with alcoholic beverages.

9.2.1.1 Projects of the Police Force in the field of drug prevention, implemented in 2010

The "Safe Lodging RYS – *Drugs away*" project took the first place at the national contest for the best anti-drug related project in 2010. The project was implemented in cooperation with the city police of the metropolitan district Bratislava-Vrakuňa recording the highest rate of drug-related crime and with the SR Police Force.

The "*We know that...*" project was aimed at preventing criminal behaviour of children and the young (problem behaviour of children and the young, racism, xenophobia and multicultural education, drug addiction and cooperation between the PF and schools). The main objective of the project was to fight against malevolence, violence, addiction, prejudice, racism and unproductive way of life. In total, 7,336 students of 7 to 9 year at elementary schools, 1st and 2nd years at secondary schools and 1st to 7th years at eight-year grammar schools engaged in this project.

The "*Behave normally*" project aimed at building up a bridge of confidence between the police, schools, children, families and the public. The project accomplished not only informative but also preventive objectives, e.g. provided specific advice to children as to how to avoid becoming a victim of a crime, how to manage specific oppressing situations, whom to ask for help, etc. the target group of this project were 5th year elementary school students and 14,157 students in total engaged in the project.

The "*Lead a full life without any problems!*" project was aimed at all crime types, in particular at drug related, violent and economic crime. Through integrated education and training and learning by experience, the project aimed at informing the target group of the criminal consequences of antisocial behaviour, increasing legal awareness, providing positive and active forms of self-fulfilment through a healthy life style and assisting in setting positive values. 100 students at the age of 13 to 15 engaged in this project.

The "*Crime rate of the young and impact of drug addiction on committing crimes*" project pointed out to the bad influence of drug on human organism, criminal liability for committing crimes related to possession, use and distribution of narcotic substances. The target group were the first and second year secondary school students.

The "*I am big, yet not grown-up*" project was aimed at increasing legal awareness of the young, informing the young of the risks of employment abroad, crime rate of the young, drugs, crimes of the young, violent and property crime. 280 secondary school students engaged in this project.

The "*Police officer – my friend*" project also supports the development of legal awareness, reducing crimes of children and the young, reducing the risk of becoming a victim of a crime, reducing accident rate of children, crimes, drugs and road traffic education. The project was implemented through lecturers given by specialists attended by 2,666 elementary school children in total (3rd and 4th, 6th and 7th years).

The "*Decide yourself!*" project was aimed at eliminating drug use and distribution at school facilities, preventing the young to engage in drugs (alcohol) and presenting in more detail the consequences of illicit actions. 628 elementary and secondary school students engaged in this project.

The "*The young without any drugs*" project was aimed at strengthening the responsibility of an individual for own health and underpinning the risks associated with drug use and related criminal consequences. 372 elementary and secondary school students engaged in this project.

9.2.2 Priorities of the MJ in the area of drug-related prevention

There is an independent "criminology and crime prevention" department at the MJ SR and the Criminal Law section to deal with the crime prevention issues and perform in cooperation with the Government Council for Crime Prevention of the Slovak Republic the measures proposed to fulfil the tasks in the area of crime and other antisocial behaviour prevention.

9.2.3 Prevention and help drug users in prison

The edifying and educational programmes focused on an integrated and harmonic personality development of persons in prison, on the promotion of healthy life style without drugs with the aim to underpin the significance of primary drug addiction prevention by providing other alternatives, in particular, through lectures, discussions, working in groups, contests aimed at anti-drug related issues (drawing and painting, writing, sports competitions). These programmes were organised for the persons charged and serving a sentence by pedagogues, psychologists and the medical staff of the Force institutions.

The programmes of individual institutions in drug-related crime prevention principally stem from own initiatives, which in turn principally depend on the fact whether an institution at D or an institution at CS is concerned. CS institutions, where persons found guilty and having sentences imposed are kept, provide more space for implementing anti-drug related programmes. The anti-drug related programmes at institutions for the detention involve mainly tests to detect drug presence in charged persons employing the declared zero tolerance approach.

In 2010, 257 lectures on drug addiction issues and 209 discussions on drug addiction prevention were held in institutions for custodial sentences. 10,690 persons serving a sentence in total engaged in these programmes. 207 programmes related to drug addiction prevention, in which 1,523 persons charged, comprising 520 juveniles, were held in institutions for the detention in the given year.

Within the edifying programmes, pedagogues, psychologists and the medical staff of the Institution at CS for juveniles in Sučany organised for the imprisoned juveniles 151 lectures and discussions on topics involving anti-drug related immunization – suppressing drug addiction, training resistance to pressures exerted by peers and preventing recidivism of psychoactive substance abuse on release. 3,047 imprisoned juveniles engaged in these programmes.

9.2.3.1 Selected institutional programmes in the area of drug related prevention

The "*Alternative treatment of narcotic and psychotropic substance dependent persons serving a sentence*" project is implemented on a regular basis in the Institution for custodial sentences in Banská Bystrica – Kráľová. This is a comprehensive programme involving group psychotherapy, lectures, writing diaries, relaxing techniques, sports and playing videos on addictions. In 2010, the following activities for drug addicts were carried out in the project: lectures (5), group

psychotherapy (12), relaxation – autogenic training (48), sports activities (26) and playing videos (5).

The Institution for custodial sentences in Košice – Šaca engaged in 2010 in the project entitled "*Take a ball, not a drug*", which places a special emphasis on sports activities as appropriate forms for spending one's leisure time and means for changing one's life. In the given year, more than 120 sports contests were organized in the institution in this project, football, football tennis, table tennis and chess having dominated.

Group therapeutic sessions relating to smoking cessation were held with persons imprisoned in top security prison in the institution at CS in Ružomberok in 2010. These sessions were educative and psychotherapeutic in nature and were precisely structured. The persons imprisoned could attend at own discretion.

9.2.3.2 Cooperation between the PCGF and civil associations

To improve the quality of anti-drug related prevention in prisons, the PCGF (the Corps of Prison and Court Guard) started to cooperate with the civil association Odyseus. The cooperation with this association consisted (2010) in the organization of professional seminars for selected prison officers in prisons, who work with drug dependent persons serving a sentence. The objective of this project was to advance the effectiveness of the provision of post-penitentiary care for such persons on release from prison. Drug dependent persons serving a sentence are prior to their release informed of the existence of Odyseus (c.a.) and the possibilities of entering into contact with the association staff. During an interview held with a social worker of this c.a., such persons were provided with an information leaflet entitled "*Once the prison door shut behind me...*"

In March 2011, NGO "*Odyseus*" organised an interactive seminar on drug addiction, at the PCGF treatment and rehabilitation centre in Kováčová. 16 employees from prisons all over the SR attended the seminar. For three days, they discussed topics like drugs as substances, Zinberg's continuum of drug use, dependency potential of psychotropic substances, care for persons serving a sentence using drugs for the term of serving their sentence and their preparing them for release from prison.

In 2010, the *Abuser* project, implemented by showing a featured documentary film entitled *Children and Drugs 2*, sub-headed "*Harsh reality called drug*", continued. The document presents drug dependent young women openly talking about making money for drugs by prostituting; young men making money for drugs by committing crimes but also young men currently serving their sentence for drug production and distribution. The objective of the project was to present drugs as real threats especially to the young at the age of secondary students so that they got familiar with the negative effects of drugs and understood that drug distribution may also lead to real "harsh" imprisonment. (Social prevention and crime prevention 1/2011, str.28)

In December 2010, the institution at CS in Hrnčiarovce nad Parnou[92], in cooperation with the NGO "*Erudio*", implemented a project entitled "*Children and drugs 2*", sub-headed "*Harsh reality called drug*" (the project). The persons convicted confined at this institution took active part in the project and helped to shoot a

[92] For more information on this facility – see chapter 9.4.1

documentary film. The objective of this project was to point out to the consequences of drug use and present the prison environment to the target group - the young secondary students and provide them with accounts provided by persons serving a sentence for drug-related crime.

9.3 Interventions in the criminal justice system

In the SR, criminal prosecution against drug offenders may be terminated by a judge or prosecuting officer. The structure of sentences imposed by a judge/prosecuting officer differs because we are facing two different levels in the criminal system. Specific forms of termination are provided in Annual Report 2008, in chapter 11 – Criminal Statistics.

The system of valid sentences in Slovakia does not enable drug dependent persons serving a sentence to select between imprisonment and treatment. The Criminal Code and the Rules of Criminal Procedure regulate only a possibility of imposing the so-called protective treatment, either separately, along with the sentence served, and/or on pardoning sentence. A judge may order an offender, having committed a crime under drug influence (alcohol or illicit drug) or in consequence of drug addiction (e.g. theft to buy drugs and/or any of drug-related crimes), to receive such treatment.

The Slovak drug related legislation does not classify drug use as a crime. Only drug possession for personal use is criminal, the upper sentencing limit depending on the amount of possessed drug[93]- from 3 to 5 years of imprisonment. 4 to 10 years of imprisonment are imposed for drug and precursor production, smuggling, dealing and trafficking. Where an offender commits the given crime in a larger scope, against a protected person (juveniles or pregnant women), and/or has already been serving a sentence for the same crime, a judge can imprison the offender for 10 to 15 years. Where the imposed sentence does not exceed 5 years of custodial sentence, any other alternative sentences may be imposed on the person: suspended sentence, suspended sentence under probation supervision, monetary sentence, home detention curfew and community services. Where an offender causes serious damage to health or death or sells a drug to a person under 15, the person may be imprisoned for 15 to 20 years. Where an offender is a member of an organized criminal gang and trafficks in drugs in a large scale, the person may be sentenced to 25 years or imprisonment for life. Where the imposed sentence does not exceed 5 years of custodial sentence, any other alternative sentences may be imposed on the person – see Report 2010, chapter 9.4.

9.3.1 Sentencing statistics – alternatives to imprisonment

The GPO makes evidence of prosecuted drug offenders who are no longer subject to criminal prosecution. MJ keeps statistics on sentences imposed by judges on persons serving a sentence for drug-related crimes.

In 2010, the prosecuting officer terminated criminal prosecution against 2,314 persons[94] who possessed drugs for personal use; produced, trafficked or dealed in

[93] Up to 3-times the amount of the usual one-off drug dose and 4-times to 10-times the usual one-off drug dose.

94 Includes only persons prosecuted pursuant to the New Criminal Code effective as of 1 January 2006, when new sentences alternative to imprisonment sentences came into force: conditional custodial sentence under probation supervision, home detention curfew and civil community order.

drugs; and/or committed other crimes related to drug supply[95] (compared to the previous year, there was a slight increase by 5% in such cases). The order of the most common terminated forms remained unchanged, in 2010 too, prosecuting officers most often brought actions against persons prosecuted for drug-related crimes (45.9%), made agreements to plead guilty and receive agreed sentence (23.5%), discontinued prosecution suspendly (19.5%) and terminated the remaining 11.1% of cases by imposing other[96] statistically not monitored measures. (GPO, 2011; p. 99).

In 2010, courts most often imposed on persons convicted of drug-related crime (1,135) these sentences: suspended custodial sentence and suspended custodial sentence under probation supervision (N737/64.9%)[97] and subsequently: unsuspended custodial sentence (N283/26.3%), monetary sentence (N71/6.3%), community services (N18/1.6%) and other. No person was sentenced to serve home detention curfew in Slovakia in 2010. (MJ, 2011)

The General Directorate of the PCGF, under its new concept of the prison system in 2011-2020, sponsoring amendment to Act No. 4/2001 Coll. on the Prison and Justice Guard Force, to eliminate application deficiencies in the electronic monitoring of persons having been imposed the sentence of home detention curfew. The objective of such amendments is to increase the number of persons serving their sentence in home environment under intensive state supervision. (The Concept of the Prison System of the Slovak Republic in 2011-2010, GR PCGF, 2011).

More than two thirds of the total number of persons serving a sentence for possession for personal use (N629) were persons, on whom a judge imposed suspended custodial sentence (68.3%), followed by (in the given order): unsuspended sentence (14.8%), monetary sentence (11.1%), community services (2,9%) and other sentences not monitored statistically (1.6%) and suspended custodial sentence under probation supervision (1.3%).

Offenders were for drug dealing, trafficking or illicit production most often sentenced to suspended custodial sentence under probation supervision (47.2%), the application of which is almost comparable with the second most common imposed sentence of imprisonment (40.8%). As to the rest, a court sentenced them to suspended custodial sentence (11.8%).

The persons whom courts found guilty of other crimes related to drug supply (production or possession of an item designed for drug production and/or drug addiction promotion) were most often sentenced to suspended custodial sentence (50%), unsuspended custodial sentence (37.5%) and suspended sentence under probation supervision (12.5%).

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[95] They produced and possessed an item designed for drug production or promoted addiction

[96] Deferral, assignment of a case, discontinuance or suspension of criminal prosecution, for more information on the listed ways of criminal prosecution, see Annual Report 2008, chapter 11. Criminal Statistic).

[97] Of which under probation supervision (N241/21.2%)

Table 9.3.1: Number and percentage of offenders, serving a sentence for possession, drug trafficking and other drug law offences in Slovakia (2010) Source: MJ, 2011

Imposed punishment	Possession for personal use		Dealing/trafficking/ production		Other drug supply offences	
	n	%	n	%	n	%
Immediate custody	93	14.8	200	40.8	6	37.5
Alternative to imprisonment						
Suspended sentence	430	68.3	58	11.8	8	50.0
Suspended sentence with probation	8	1.3	231	47.2	2	12.5
Fine	70	11.1	1	0.2	0	0
Home curfew	0	0	0	0	0	0
Community services	18	2.9	0	0	0	0
Other*	10	1.6	0	0	0	0
Total	629	100	490	100	16	100

* includes other sentences that are not specified in detail and not monitored (e.g. sentence of forfeiture of a thing, forfeiture of property).

9.3.1.1 Sentences imposed on juveniles serving a sentence for drug-related crimes

In 2010 again, juveniles serving a sentence for drug-related crimes (N50) were most often sentenced to suspended sentence, the share of which in the total number of imposed sentences was 84% (42 juveniles). Two juvenile offenders were by a judge sentenced to community services, other two offenders were sentenced to monetary sentence and in 4 cases of possession for personal use, a judge discharged the persons without any punishment altogether. In 2010, there was not any offender at the age of 14-18 years sentenced to unsuspended custodial sentence, i.e. not a single convicted juvenile had to start to serve their custodial sentences.

20 juveniles were sentenced to suspended sentence for drug dealing, trafficking or production; 18 juveniles for drug possession for personal use and 4 juveniles for drug addiction promotion (MJ, 2011).

9.3.2 Guardianship in drug-related crimes

In 2010, there was no data on cases (prosecuted offenders) assigned to guardianship and mediation available, including cases related to drug-related crimes, due to shortage of staff (2010) having until then processed related files at the MJ. The last statistical data on assigned drug related cases – see Report 2010, chapter 9.4.

9.3.3 Other alternative measures within the criminal system

In the period under review, no changes were recorded, neither any shift in the context of the project devised by the Ministry of Justice and the Ministry of Education of the SR entitled "*Concept of early preventive intervention in first time drug users*

(FreD)", which in case of selected juvenile delinquents provides an alternative of avoiding criminal recourse (see the Report, 2009).

9.4 Drugs in Prison

9.4.1 Drug use amongst prison population

The PCGF statistics form part of the central statistics of MJ (Report 2008, chapter 11). In 2010, persons were on detention and prisoners serving the custodial sentences in 18 PCGF facilities.

At the end of 2010, in total 9,893 persons on detention and prisoners serving the custodial sentences were placed in prison facilities in the SR, among which 1,370 persons declared drug use before starting to serve their sentence in prison (compared to the previous year, the number of prisoners increased by 760 persons and the number of recorded drug dependent prisoners went up by 69 persons). Compared to 2009, when the share of recorded drug dependent prisoners reported its historically highest level (14.2%), the share of these prisoners in 2010 get settled at 13.8% - at a value still above the long-term average (›12%).

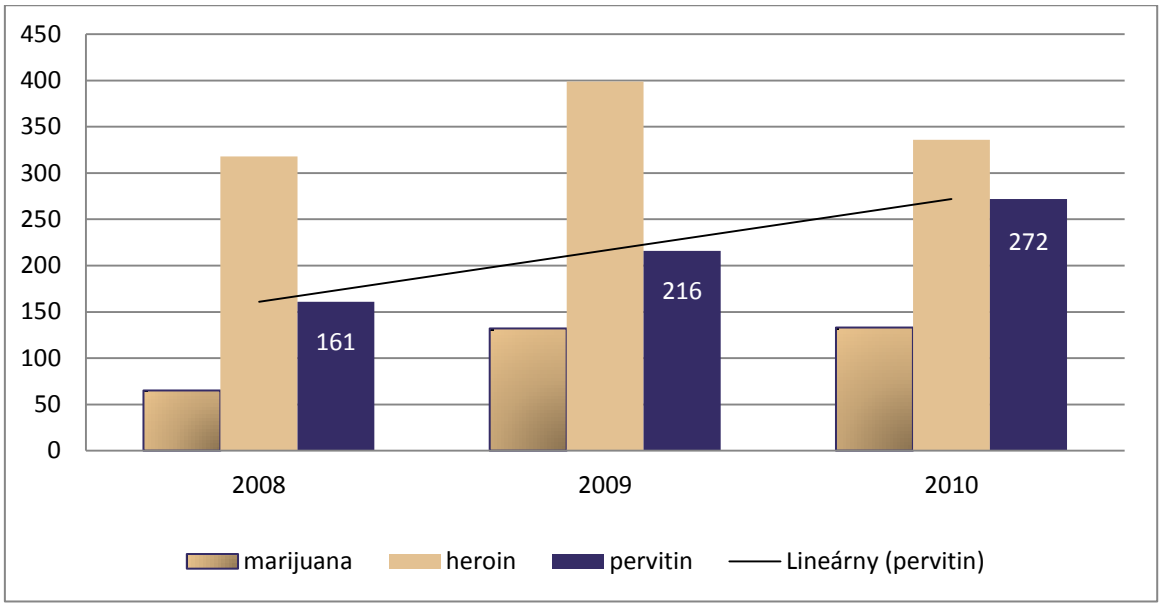
The highest number of recorded drug dependent prisoners in 2010 was reported by the institution for custodial sentences in Hrnčiarovce nad Parnou – 273 persons, (unlike in the previous year, when the highest number was reported by the institution in Leopoldov – 197 persons). The prison in Hrnčiarovce is a prison having the biggest capacity for prisoners (1,575), it is a category D prison, in which mostly persons convicted in Bratislava region, which reports the highest drug-related crime (see chapter 9.1 Drug Crime), are placed.

Currently, the NMCD in cooperation with the General Directorate of the PCGF develop a project entitled "*A sentinel study on the prevalence of illicit drug use in prisons*", which is aimed at determining the quality of the current drug use amongst prisoners (LMP).

9.4.1.1 Spectrum of drugs captured in prison

The statistics on drug seizure is evaluated based on data obtained from medical examinations of prisoners on Detention and convicted persons serving their Custodial Sentence. Prisoners also receive initial medical checks, which involve questionnaires to reveal their experience in psychoactive substances. Though drug use detecting by a questionnaire may report some inaccuracy, our experience show that the persons charged/convicted have no problem to admit drug use because they expect "benefits", which could result from drug use, e.g. the chance of having medicine to suppress withdrawal syndromes or analgesics prescribed. Where necessary, for example where a prisoner does not admit drug use, yet shows signs of drug use, we will examine him for drug presence in his organism. Statistics also covers cases, in which drugs have been seized in mail check or search of prisoners and visitors.

Figure 9.4.1: Seizures of three most frequent types of drug, in prison (2008-2010). Source: Vráblová, L.(PCGF) 2011; PCGF, 2010; PCGF, 2009



In 2010, heroin (336) was again the most abused illicit drug specified in initial questionnaires in prison, though its occurrence compared to the last year declined by 63 cases. Pervitin, which is the second most common drug used in prison, followed a continuous upward trend in 2010 and approached heroin most closely (272). Its systematic growth since 2008 is presented in Figure 9.4.1. It is followed by: marihuana (133), other substances (54), cocaine (8), ecstasy (2) and volatile substances (2).

9.4.1.2 Drug screening

Within preventive measures, screening tests to detect drug presence in urine have been carried out amongst prisoners in detention and in execution of the custodial sentence since 2004. In 2010, testing boxes samples to detect drug presence from saliva were for the first time distributed among individual institutions.

The drug screening is carried out by random selection or on purpose in persons charged/serving a sentence, where there is a suspicion of presence of a drug, (on starting to serve their sentence or in the actual course of serving their sentence in prison). Most of the time, multi-detection testing boxes to detect presence of several forbidden substances, as a rule five substance types, are used in testing. Therefore one person can be tested positive for more psychoactive substances simultaneously and therefore the number of positive cases needs not to correspond to the number of persons tested positive.

The intensity and number of carried out screening tests depends on the funds available to the PCGF. Though several PCGF institutions faced a difficult economic situation in 2010, the total number of carried out tests did not decrease because the institutions had testing boxes from the previous year at their disposal. However, the number of carried out screenings in 2011 will be very likely hampered by lack of funds.

In 2010, 2,877 tests to detect drug presence in urine were carried out in total at the PCGF institutions, which is a significant decline in the share of positive tests (from

435 cases, i.e. 31.1% in 2009 to 254 cases, i.e. 8.8% in 2010) compared to the previous year, which saw 1,479 screenings less. The most common confirmed drugs present amongst prisoners were benzodiazepines (107), followed by: cannabinoids (71), amphetamines (31), opiates (30), barbiturates (12) and other drugs (3).

As in the previous year (2009), the detention prison in Banská Bystrica reported the highest number of prisoners tested positive (111) and concurrently the highest number of persons positive for more than one drug type (77 carried out screenings confirmed drug presence in 111 cases). This institution houses solely persons who have been charged but not yet sentenced by courts but placed temporarily in detention pending trial to avoid them affecting the course of investigation.

In 2010, one positive case was recorded in the Custodial Sentence institution in Sučany[98], which detained a convicted juvenile, whose urine was positive for THC.

Four institutions did not confirm any drug presence (2010): Košice, Košice-Šaca, Nitra and Želiezovce.

9.5 Responses to drug-related health issues in prisons

9.5.1 The treatment system in prison

The quality of provided institutional treatment in the area of drug related issues rests within the limits of the framework standards developed by the Ministry of Health (MH) and the chief psychiatry specialist in the Slovak Republic. Protective treatment under the conditions of the Force is regulated in sections 80 to 88 of the Act. 368/2008 Coll. the Ministry of Justice of the SR, which publishes the Rules for the Execution of a Custodial Sentence.

The medical facility at an institution, in which the prisoner is serving his custodial sentence, shall ensure that the prisoner undergoes internal examination before placing him onto protective alcohol or drug addiction treatment[99]; be examined as to sexually transmitted diseases if to be placed onto drug addiction programme. The persons serving a sentence may be engaged in work whilst receiving protective treatment. The decision as to the person engagement in work will be given by the manager of the institution in accordance with the defined medical classification for capacity to work.

The treatment system is based on fixed principles (strict daily regime, engagement in work), most of the time the treatment is provided in a community, enabling mutual understanding and support to overcome personal problems of the individuals serving a sentence. The focus of attention is also placed on boosting self-awareness of patients and developing a more responsible attitude towards life values with focus on improved relationships with the closest people. The most common individual form in protective treatment and voluntary drug addiction treatment is penitentiary diagnostics, intervention, counselling, psychotherapy and medical and educational procedures.

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[98] This is a CS institution, which houses exclusively the young serving a sentence, at the age between 14 and 18. years.

[99] Protective treatment is started as soon as possible following the start of serving a custodial sentence in consideration of the institution capacity. A person sentenced will receive protective treatment, where imposed along with the sentence and the custodial sentence will not terminate earlier than in five months.

In 2010, the following court ordered protective treatments were provided: drug addiction, alcohol addiction, pathological gaming or their combinations (protective treatment), in four PCGF institutions[100]. Under the given conditions, 438 persons charged/serving a sentence in total received court ordered protective treatment, which is 18.7% more than in 2009, when 369 persons charged/serving a sentence received such treatment. Among the total number of persons treated (438) in 2010, up to two thirds of prisoners underwent court ordered alcohol addiction treatment (290 persons), the resting one third were prisoners treated for psychoactive substance addiction (148 persons).

52 persons in total (10 persons more than in 2009) underwent voluntary alcohol addiction treatment and drug addiction treatment in the Custodial Sentence institution in Hrnčiarovce nad Parnou and in the juvenile institution in Sučany.

In 2010, 31 addictive substance users, either detained or serving sentences, were placed in medical care for reasons of withdrawal symptoms. Among these, 52% patients showed symptoms of alcohol withdrawal syndrome (A. Bačiková, 2011).

Table 9.5.1: Structure of persons charged and serving a sentence placed in hospitals or medical facilities of PCGF, in 2010. Source: Bačíková, A.: (PCGF), 2011

Number of admitted in medical facilities	Reason by MKCH	Drug type	Average stay duration
9 persons	withdrawal syndrome	Opiates	12 days
1 person	withdrawal syndrome	Sedatives and hypnotics	14 days
1 person	withdrawal syndrome	Stimulating substances	11 days
4 persons	withdrawal syndrome	Polyvalent use or NPAS	14,5 days
7 persons	withdrawal syndrome	alcohol	14 days
9 persons	withdrawal syndrome incl. delirium	alcohol	22 days

The main objective of the prison medical system is to provide medical care in accordance with the Manifesto of the Slovak Republic Government.

Due to the constantly boosting number of prisoners, the force medical staff is heavily overloaded with work, the facilities are short in beds to provide institutional medical care. Further to the said, it will be necessary to build up an additional institutional medical facility that would provide prisoners with comprehensive medical services. The main objective in the area of psychiatric medical care is to increase the

[100] The CS institution Hrnčiarovce nad Parnou, the CS institution and the detention institution in Košice, , the CS
institution and the detention institution in Leopoldov, the CS institution and the hospital for persons convicted
and sentenced in Trenčín.

volume and quality of services provided mostly to juveniles and persons serving their sentence in specialised departments.

9.5.2 Measures aimed to prevent the spreading of infectious diseases under the PCGF conditions

In 2010, the Force officers played a role in organizing the conference entitled: "*Psychiatric Days –HIV/AIDS and Addiction under the Conditions of the Slovak Republic*", which was held in the Force medical and Rehabilitation Centre in Kováčová, under the auspices of the National Monitoring Centre for Drugs, on 20 and 21 May 2010.

To prevent the spreading of infectious diseases related to drug use, many activities aimed at early detection, prevention and education amongst prisoners in this area are carried out in the SR prison system. The disease includes primarily blood-borne infectious diseases (type B and C hepatitis, HIV). On starting to serve a sentence, every prisoner undergoes an education interview with the medical staff as to the risk behaviour and prevention. At the same time, every prisoner completes a medical history questionnaire focused on drug related issues and risk behaviour detection. Given the data obtained from questionnaires, where justified, persons charged/serving a sentence undergo examinations and tests to detect possible presence of infectious diseases. (A. Bačiková, 2011).

Data on the prevalent occurrence of infectious diseases (HBV, HCV) in the SR prison population is not as a standard collected systematically. This data was collected at the nationwide level for the last time during the implementation of the project entitled (2008): "*Risk of the Emergence of Selected Blood-Borne Infectious Diseases in Detained Persons and Persons Serving CS*" – see Report 2009, chapter 9.5.

Currently, activities following release from a custodial sentence as to the ensuring of continued prevention and treatment of infectious diseases are not coordinated, which is a deficiency. (A. Bačiková, 2011)

9.5.3 Measures aimed at preventing and precluding the risk of overdose in prison

The PCGF does not have any special standard to prevent the risk of overdosing. Principally, it pays attention to measures preventing drug leak into prison facilities.

To reduce the risk factors that a person serving a sentence has access to and comes into contact with drugs, the so-called "free drug zones" have been set up under the Force conditions since 2004. The objective is to ensure primary prevention for a person serving a sentence who has never used drugs, but with a view of the conformity and copying trend, such person can be considered to be exposed to a risk in this respect and secondary prevention for a person serving a sentence who has already used drugs and there is a risk of relapse. In 2010, free drug zones were set up in six PCGF institutions, with total capacity of 262 places – see Table 9.5.2.

No lethal case of a detained person charged a person serving a custodial sentence for overdosing reasons was reported in 2010.

Table 9.5.2: Free drug zone in custodial sentence institutions (CSI) and open departments (2010). Source: Vráblová, Ľ. (PCGF), 2011

Free drug zone	Number of Places- 2010
CSI Košice - Šaca	29
CSI pre juvenile Sučany	25
CSI Nitra – Chrenová (women)	10
Open department Opatovce	43
Open department Prešov	100
CSI Želiezovce	55
Total	**262**

9.6 Social Reintegration of Drug Users on Release from Prison

The most effective method for the prevention of recidivism is without any doubt the organized post-penitentiary care. This care falls under the competence of the Ministry of Labour, Social Affairs and Family of the SR, which controls social guardianship officers and the Ministry of Justice of the SR, which controls the guardians and mediation officers.

Social officers help persons released from prisons to find lodgings and jobs. The lodging is still a big problem (only few municipalities provide social lodging houses). Persons released are provided with material assistance through one-off financial contributions. Aside from this financial aid, the persons serving a sentence are provided with a possibility of receiving advice mostly in relation to problems encountered with other people when integrating in the society. The Ministry of Justice takes part in the control and management of the execution of guardianship and mediation, through guardians and mediation officers.

Guardians provide organization and supervision over persons charged or persons serving a sentence, control the execution of any sentence, which is not associated with imprisonment including imposed obligation or limitation, supervision over the behaviour of persons serving a sentence during the probation period on suspended release from the execution of a custodial sentence, helping persons serving a sentence to lead normal lives and manage to meet the conditions imposed on them.

Mediation officers provide alternative dispute settlement between the aggrieved and the charged party. Guardians and mediation officers work in cooperation with social security authorities, schools, school and medical facilities, interest associations of citizens, foundations, and also with registered churches and religious societies and other institutions providing community services.

9.6.1 Cooperation with stakeholders in the area of post-penitentiary care:

In 2010, the GR PCGF cooperated with the association Odyseus in the provision of post-penitentiary care to drug dependent persons serving a sentence after release

from prison. The cooperation with this association consists in the organization of professional seminars for selected employees of the Force who work with persons serving a sentence who have problems with drugs. A social worker of the PCGF contacts persons serving a sentence are before their release from prison to inform such persons of the possibility of receiving help in searching for lodging, employment, further education and, where drug addiction is involved, to motivate them to receive treatment and reintegrate in the society.

The assistance provided to persons serving a sentence during and after their release from Custodial Sentence or Detention (CS/D) facilities also cover measures of the social guardianship, which is provided by labour, social affairs and family offices at the place of their usual stay. In practice, these measures cover in particular the following:

Staying in touch in writing and in person with an adult serving a CS/D and participate in the person's re-education and solving his/her personal, family and social problems, in particular when it comes to maintaining and strengthening family relationships,

Participating in the preparation of an adult for release from a CS/D facility,

Helping an adult after from a CS/D facility, in particular to return to their family, job, searching lodging, possibilities of continuing further one's training for occupation and in solving personal problems and problems in relations,

Motivating an adult to receive drug and other addiction treatment,

Recommending and mediating for an adult the assistance of specialized institutions,

Proposing an adult to receive reintegration and other programmes organized by other state administration authorities, municipalities, higher territorial units and accredited entities,

Motivating an adult to be members of self-supporting groups aimed at solving personal problems and problems in relations,

The execution of the above measures for the target group of drug and other addicts on release from CS/D facilities is not separately statistically monitored. Table No. 9.8 provides social guardianship measures carried out in 2010 for adults following their release from CS/D facilities.

Tab.9.8. Reasons for providing adults with social guardianship services, in 2010.
Source: Statistical reports of the MLSAF SR, 2011

Reasons for executing social guardianship measures	Total number of Persons	Of which women
Cases in total	8,935	847
Released from a custodial sentence	4,239	273
Released from detention	504	26
Suspendedly released from a custodial sentence	1,197	58
Suspendedly released from detention	84	8
Suspendedly sentenced	283	51
Released from a facility for the execution of institutional care or protective care after the age of 18	110	34

Participant in guardianship/mediation	195	22

In 2010, more than two thirds (67%) of the total number of provided social guardianship services (8,935) were provided to persons released from CS/D facilities and to persons suspendedly released from CS/D facilities. The social guardianship measures were also carried out for the reason of the suspended sentencing of offenders (3.2%), release from a facility for the execution of institutional care/protective education after the age of 18 (1.2%), and participation in guardianship and mediation (2.2%).

In 2010, the PSVaR offices paid reintegration fees of EUR 139,391 in total to 2,830 persons having served a sentence after their release from CS/D facilities. Compared to 2009, the number of such persons increased by 382 and therefore the total paid sum increased by EUR 22,990.

Within the post-penitentiary care, the persons leaving prisons are also provided with the services of NGOs operating in the area of harm reduction. The civil association Odyseus cooperates with prison facilities in Bratislava region, which reports the highest rate of drug-related crime. Most often, they provide their clients with counselling in the area of preventing relapses and recidivisms, help them to navigate in the social system and provide them with social assistance (help them to receive financial support and find jobs) in close cooperation with the social guardianship departments and labour offices. They provide clients who received programmes for injection syringe exchange and are detained or serving a custodial sentence with the option of starting pen friendships (currently, 5 persons serving a sentence benefit from this option). The pen friendship is aimed at alleviating possible problematic life in prison, providing support and preparing the persons to live outside prisons.

10 DRUG MARKET

The most available drug in Slovakia was also 2010 marijuana, seizures of which formed 59% of the total number of seizures (2042), followed by pervitin - 27% and heroin – 7%. Home production of marijuana grew, which was grown especially hydroponically by citizens of Vietnamese nationality, whereas production of pervitin grew as well, which was produced in 2010 most frequently in small kitchen laboratories by way of continuous operation.

Seizures of almost all main kinds of drugs[101] (except for amphetamine) decreased in the year 2010 as compared to the previous year; on the contrary, seized volumes grew in case of marijuana (+102 kg), pervitin (+0.77 kg), ecstasy (+981 tab.) and LSD (+98 doses).

A new trend registered in the year 2010 was seizures of fentanyl (N17), which started to substitute the active substance in heroin (this trend continued also in the first months of 2011, when fentanyl almost completely substituted heroin). Its occurrence in our territory was also confirmed by police findings, which indicate existence of laboratory for the production of fentanyl in Slovakia.

The share of ecstasy pills with content of MDMA significantly dropped on the Slovak drug scene in the year 2010. These pills were substituted with pills containing mCPP (police seized 25 pills containing MDMA and 1238 pills containing mCPP in 2010).

The most frequently abused precursor in Slovakia remained also in 2010 ephedrine/pseudoephedrine, although seizures of it, as well as seized volume of it, have been systematically dropping since 2008. On the other hand, the spectrum of abused precursors has extended and new substances have become to appear on our drug scene: acetic anhydride (2009/2010) and PMK-glycidate (2010).

The concentration of heroin got in 2010 to the highest level since 2001 (median reached the level 14.6% and weighted average 16.2%). The growth of concentration was reflected also in the price of heroin, with the highest value reaching the max. price of cocaine, i.e. € 60/g.

On the contrary, both concentration (29.1%) and price (€ 45 – 60/g) of cocaine dropped in the year 2010.

10.1 Availability and supply

The situation on the drug market are monitored within the territory of the Slovak Republic by specialized police forces: the National Drug Service Bureau of Fight Against Organised Crime of the Police Force Headquarters (NDS BFAC PFH) and Customs Criminal Office, operating in the area of decreasing the drug supply; and

[101] Marijuana, herbal cannabis, hashish, methamphetamine, ecstasy, heroin, cocaine, LSD

Expertise Institute of the Police Force, which performs qualitative analysis of seized drugs.

10.1.1 Perceived availability of drugs in the general population

The perception of availability of illegal drugs in the general population in age 15-64 years was determined in 2010 by the survey of NMCD called „Prevalence of drug using, alcohol and smoking in 2010“. The survey Eurobarometer Flash (2011) determined within the selected population 15-24 years opinions on availability of selected drugs.

10.1.1.1 NMCD survey, 2010 - „Prevalence of drug using, alcohol and smoking 2010“

A representative survey was made in December 2010, which analysed the availability and using of drugs in the general population, whereas it contrary to the previous year analysed for the first time also the prevalence of using of the so-called „legal highs“. The survey was made by a face-to-face method on the sample of 4055 respondents in the age group from 15 to 64 years of age.

10.1.1.1.1. Perceived availability of drugs

The perceived availability of illegal drugs in the general population and in the selected age group was determined in the Slovak Republic in 2010 by means of the following question: „*How difficult it would be for you – in case you would like to – to obtain any of the following drugs within 24 hours – marijuana, hashish, cocaine, heroin, LSD, ecstasy, pervitin*?“.

Within the general population (15 to 64 years of age), 23.5% respondents stated that it would be „*quite easy*“ and „*very easy*“ to obtain some of the said illegal drugs within 24 hours. Within the selected age group 15 to 34 years, 37.4% replied that they would be able to obtain „quite easily“ or „very easily“ the illegal drug within 24 hours, whereas this answer gave as much as 45.4% of the age group 15 to 24 years. The said implies that almost half of the asked from the youngest age group 15 – 24 years does not consider it difficult to obtain an illegal drug within 24 hours (see more in the Chapter).

10.1.1.1.2. Prevalence of using „legal highs“

A specific question about using legally available psychoactive substances, the so-called „*legal highs*“ (spice, mephedrone and synthetic cannabinoids) was for the first time included in the standard questionnaire.

According to results, a total of 1.22% (49) persons from the selected group of respondents had experience with any of said drugs. As this question was not included in the previous cycles of the survey, it is not possible to determine growth or drop trends. As much as 3% of young respondents from the selected age group (15 to 24 years) said that they have experience with the so-called „legal highs“. The highest number of respondents who declared experience with *“legal highs”* stated that those were products of *“Crazy shops*”[102], namely more than a half of this group (28 of 49). Persons having experience with using Spice (N14) and mephedrone (N2)

[102] This concerns a specific network of shops, so-called „brick and mortar shops“ and e-shop offering for direct sale various products in form of herbal mixes, powder and pills containing synthetic cannabinoids and cathinones.

followed. Using of *„Spice“* dominates within the prevalence “last year prevalence” (LYP) as well as within last month prevalence (LMP) and it was declared by 4 respondents. On the contrary, only a small number of persons who experimented with Crazy shops products continued with this experimenting.

Table 10.1.1: Number and share of people stating using of the so-called „legal highs“: Crazy shops products, spice and mephedrone at least once in their lifetime (lifetime prevalence - LTP), in the last year (last year prevalence - LYP) or last month (last month prevalence - LMP), in 2010. Source: NMCD, 2011

LTP	49	1.22%	Crazy shops - 28 persons
LYP	8	0.30%	Spice - 4 persons
LMP	**7**	**0.20%**	**Spice - 4 persons**

*”Legal highs” includes Spice, mephedrone as well as products of Crazy-shops.

Results from the analysis of products sold by Crazy shops were not yet known in the period when this survey was conducted, of which products more than a half contained cathinone derivatives (especially mephedrone, Butylone, MDPV and ethylcathinone). As consumers did not know the exact content and composition of products bought in Crazy shops, only their commercial names (such as for instance Magic Apple, Fresh, Kamikadze, Cherry kokolino etc.), they stated only experimenting with Crazy shop products, although they „de facto“ experimented with mephedrone and other cathinone and synthetic cannabinoids derivatives.

10.1.1.2 Flash Eurobarometer 330/ 2011

The fourth survey of Flash Eurobarometer 330 was conducted in May 2011 in 27 member states of the European Union (including Slovakia). The survey was performed by means of telephone interview (WebCATI) on the sample of 12 000 respondents in the age group 15 to 24 years of age. The perceived availability of selected kinds of drugs among young Europeans was determined with the following question: „How difficult – in case you would like to – would be for you to obtain following illegal drugs: heroin, cocaine, ecstasy and cannabis[103]? “

Almost two thirds (65.6%) of young Slovaks answered the said question that they can „rather easily to very easily) obtain marijuana, whereas the EU 27 average is only 57%. Although the availability in Slovakia slightly dropped in comparison with results of Eurobarometer (2008), similarly as is the case of the whole EU (the said question was positively answered in 2008 almost by 70% of asked Slovaks and 64% of asked Europeans), we still belong to countries with the highest availability of marijuana, similarly as CZ, ESP, ITL, NL, Ireland and Belgium.

[103] Answers were scaled to options: very difficult, quite difficult, quite easy, very easy or the respondent chose no option.

More than a half od Slovak respondents stated that they could difficultly or very difficultly obtain: cocaine (64.9%, heroin (60.9%) and ecstasy (55.6%). As compared to the EU average, the perceived availability of said drugs is smaller in Slovakia. Contrary to results of the Eurobarometer (2008) survey, the number of young Slovaks who deem is easy to very easy to obtain ecstasy (in the year 2008 – 41%, in the year 2011 – 17.9%.) significantly dropped[104].

10.1.2 Offer of drugs – production and trafficking

The indicated information is drawn from the reports of the National Drug Service Bureau of Fight Against Organised Crime of the Police Force Headquarters (NDS BFAC PFH), which acquires the respective information by operative-investigative activity.

10.1.2.1 Marijuana

Marijuana is the most spread and best available illegal drug in the Slovak Republic. According to the Eurobarometer 330/2011 survey, Slovakia belongs to countries with growing trend of marijuana using (see more in chap. 10.1.1). According to the pilot population survey of the NMCD conducted in Bratislava region, according to obtained data for the selected group of population with age range 15 – 64 years in December 2009, marijuana dominated, followed with ecstasy and pervitin. This age group has also high numbers of current using concerning marijuana (LYP 9.7% and LMP 5.48%).

The growing trend of growing marijuana hydroponically by citizens of Vietnamese nationality continued also in 2010. Large-production laboratories were established in the whole territory of Slovakia, whereas the larger part of such produced yield was intended for export abroad (especially to Hungary).

Pre-grown grafts of plants planted individually in substrate were most often used for growing marijuana under laboratory conditions. Hops (also called cones or strobiles) were most frequently harvested, as they contain the highest content of THC (above 15%).

Significant differentiation of methods of marijuana growing continued also in 2010. Smaller laboratories operated by groups of Slovak offenders were almost pushed out of market[105]. They were substituted with large fully automated or semi-automated laboratories built by offenders of Vietnamese nationality. This trend started to show in the second half of 2009 and was strengthened during 2010. Several cases of revealed laboratories indicate that the group of offenders – organizers does not build only one laboratory, but usually builds and operates 2 and more laboratories simultaneously.

Two cases of poisoning due to consumption of cake with cannabis content occurred in 2010 (it concerned female students of dance conservatoire).

10.1.2.2 Pervitin

According to the NMCD survey (2009), pervitin is the third most frequently used drug in the Slovak Republic, by the age group 16 - 64 years. From the point of view

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[104] Source: Flash Eurobarometer 330, 2011 and Flash Eurobarometer 233, 2008

[105] Slovak offenders grown marijuana in smaller volumes, usually for own consumption, or for a circle of near persons

of drug-related criminality, pervitin is the second most frequently abused substances (after marijuana) – courts sentenced 190 persons (17.3%) in 2010 for possession, production, or trafficking with pervitin.

The most often used precursor for production of pervitin (2010) was pure ephedrine imported from Turkey, or also from Hungary or Poland. Another route serving for obtaining pervitin is the import of the same from the Czech Republic[106]. Offenders producing pervitin in small kitchen laboratories obtained the precursor mainly from over-the-counter sold medicines containing pseudoephedrine. According to the information of NDS BFAC, approximately 100 – 200 g of pervitin can be produced by one cooking[107] in a small *„kitchen“* laboratory.

The boom of so-called home laboratories of kitchen type continued also in 2010. Offenders produced in such laboratories methamphetamine in smaller amounts, but by teh system of continuous operation. Groups of ethnic Albanians were engaged in production and distribution of larger amounts of high quality pervitin; these groups usually participated in funding the purchase of ephedrine abroad (Turkey, Ukraine) and its import to our country, as well as in distribution of pervitin abroad. Some information indicates cooperation of organized Albanians groups with persons from Vietnam or Afghanistan. It is also confirmed by the operation called *„NEMEC I*“ executed in the year 2010 by NDS BFAC PFH in cooperation with Austrian anti-drug unit, which seized 1 kg of pervitin and arrested an Afghan citizen.

There were cases recorded in the year 2010, when offenders did not sale the goods, but exchanged it for other narcotic and psychotropic substances on the barter basis.

Heroin

There were two types of heroin available on the Slovak drug scene in 2010: brown coloured heroin coming from Afghanistan (with concentration of 5 - 13%) and heroin mixed with fentanyl (heroin was in certain cases completely substituted with fentanyl[108] and sold as „stronger heroin“). The Centre for Drugs Addiction Treatment in Bratislava informed in April 2011 by means of early warning system about the new trend and having fentanyl users in treatment – more in chap. 5.

Albanians and citizens of Roma nationality were engaged in the distribution of heroin (2010). However, there was also a case when citizens of Russian and Dagestan nationality participated in the distribution of heroin.) Information from the Office for Combating Organized Crime again indicate the existence of laboratory for production of fentanyl in Slovak Republic (procedure for its production is obtained from internet).

As compared to the last year (2009), when the interest in heroin in the Central and Eastern Slovakia temporarily dropped, its availability (2010) in the said regions increased. The growing demand for heroin was according to NDS BFAC PFH information recorded in Bratislava region.

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[106] in the year 2010, during operation named „PEPO“, a network of offenders dealing in illegal trafficking of methamphetamine was revealed in cooperation with the National Anti-Drug Headquarters of the Czech Republic Police Force and NDS BFAC PFH, and app. 2.4 kg of methamphetamine was seized

[107] designation of the technological process for production of pervitin

[108] Offenders focused on fentanyl derivatives, which are not used in medicine and are not under legal control (e.g. 3-methylfentanyl)

Cases of abuse of medicines intended for substitution treatment of heroin addiction (especially subutex) were recorded in 2010 also by the youth in the Central Slovakia.

10.1.2.3 Cocaine

Trafficking with cocaine within our territory was in the year 2010 controlled by organized groups of Albanian ethnic group with links to organized groups in South America and Caribbean. The significance of smuggling cocaine through countries of western Africa has been growing in the last few years. Cases of smuggling cocaine in bodies of citizens from Nigeria occurred in Slovakia also in 2010.

According to information obtained from abroad, also Slovak citizens were most often used as couriers in cocaine smuggling (cocaine was smuggled especially from Netherlands and Spain). Operative information of NDS BFAC PFH indicate interconnection between dealers of marijuana and cocaine. Cocaine available on the drug scene had concentration 30 – 40% and was diluted, apart from creatine and paracetamol, also with melanine.

Demand for cocaine increased in 2010 in Bratislava region (with the highest availability of drugs).

10.1.2.4 Ecstasy

Ecstasy containing MDMA almost completely disappeared from the Slovak drug scene in 2010. It was substituted with pills containing mCPP (police seized 20 pills containing MDMA and more than 2200 pills containing mCPP in 2010). Similar trend of substituting the active component in ecstasy (MDMA) with piperazines (especially mCPP, BZP) was recorded also by other European countries. Information from the Early Warning System including reports from users in Netherlands and seizures in Great Britain and Denmark imply a significant increase of the share of ecstasy pills containing mCPP in the first half of 2009, wherewith they maybe exceeded the share of ecstasy pills containing MDMA[109].

Ecstasy was distributed together with pervitin. Distribution of this drug took place especially in entertainment facilities and clubs.

10.1.2.5 LSD

Using of LSD is considered in Slovakia to be only marginal on a long-term basis, what is confirmed also by minimum number of its seizures – see the Chapter 10.2.

Hallucinogenic effects of LSD were in the year 2010 substituted by using of other hallucinogens: magic mushrooms (Psilocybe), nuts of Myristica fragrans, plants Calamus and Jimson weed. Police revealed in 2010 cases of magic mushrooms trafficking in Bratislava, as well as in Eastern and Central Slovakia region.

10.1.2.6 Mephedrone

Mephedrone imported from China, also known among the users as the „*love drug*“, was present on the Slovak drug scene also in 2010. The drug was available

[109] Annual report EMCDDA (2010) – status of drug issue in Europe, p. 96

especially via internet and special network of shops[110] offering the so-called *„legal highs“.* This is a network of shops and internet e-shop under the commercial trademark Crazyshopplus. sro selling products with content of synthetic cannabinoids and catinones (including mephedrone) – as bath salts or gift items not intended for consumption.

Mephedron together with other 42 psychoactive substances (especially derivatives of synthetic cannabinoids and catinones) are controlled pursuant to the act on narcotic substances, psychotropic substances and preparation (Act No. 139/1998 Coll.) from 1 March 2011.

10.1.3 Offer of precursors – their production and trafficking

The amendment of the Act No. 133/2010 Coll. on Medicines and Medical Aids[111], grants from 1 June 2010 right to pharmacists to limit the amount of distributed medicine with content of a drug precursors (which is not bound to medical prescription), e.g. in case of interest in buying suspiciously large amount of medicines containing pseudoephedrine (more than 10 packages of the respective medicine).). Wholesale distributors of medicines are obliged to send regular monthly data information about supplies of all medicines containing pseudoephedrine to individual customers[112]. The Ministry of Health performs on the grounds of evaluation of these data random inspections in pharmacies having excessive sale of such medicines.

Another measure taken for limitation of over-the-counter free distribution of medicines containing precursors was amendment to the act on medicines and medical aids, which enables the pharmacist to refuse sale of such medicines in amount larger than necessary for one treatment cycle[113].

Interest in over-the-counter medicines against flu with content of pseudoephedrine sold without prescription dominated in Slovakia also in the year 2010 (similarly as in the previous year). Offenders abused medicines with pseudoephedrine for the production of pervitin in small laboratories of kitchen type. Increased purchase of pseudoephedrine in form of medicines sold without prescription was registered in border regions with Czech Republic. Ephedrine for the needs of production of larger amounts of pervitin was imported from Hungary.

According to information of NDS BFAC, SR was transit country for illegal trafficking with anhydride of acetic acid. The anhydride of acetic acid intended for further diversification was legally obtained by means of Slovak legal entity. The police marred an order of 22 tonnes of anhydride of acetic acid in the past year, which were meant to be produced and smuggled into one of countries producing heroin (see more in the Report 2010, chap.10.1.2).

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[110] This concerns a network of shops and internet e-shop under the commercial trademark Crazyshopplus. sro selling products containing synthetic cannabinoids and catinones (including mephedrone) as bath salts or gift items not intended for consumption.

[111] Pursuant to the Sec. 38 (7) (on distribution of medicines and other medical aids).

[112] Public pharmacies, hospital pharmacies and other holders of licence for distribution of medicines in the SR.

[113] The act came into effect on 1 December 2010

10.2 Seizures of drugs and precursors

10.2.1 Seizures of drugs

This section of the chapter is based on IFS PPF and CCO data, whose summary is incorporated in the standard EMCDDA table No. 13 dedicated to drug seizures. The total number of seizures (drugs specified in the table ST 13 together with seizures of other types of drugs), reached in the year 2010 level 2042, which is a significant decrease as compared to the year 2009 - by 27.0%, and as compared to the year 2008 it is a decrease by 15.3%.

Seizures of all main monitored drugs dropped in 2010 in comparison to the previous year apart from amphetamine (increase by +5). In case of marijuana (-371), the number of seizures got to the level of the year 2008. Decrease of seizures of cannabis plant (-18), hashish (-24), pervitin (-272) and heroin (-79) are significant and in case of pervitin got to the level from five years ago and dropped for the first time since the year 2000.

A significant decrease of the number of seizures of marijuana, hashish and cannabis plan, pervitin and heroin was recorded in the year 2010 as compared to the year 2009. The decrease expressed in percentage is for marijuana 24.3%, hashish 66.7%, cannabis plants 29.5%, pervitin 33.3% and heroin 35.1%.

Volumes of seized drugs recorded in the year 2010 a significant increase in case of marijuana by 149% (from 68.63 kg in the year 2009 to 170.945 kg in the year 2010) and pervitin by 36.3% (from 2.167 kg in the year 2009 to 2.954 kg in the year 2010) with concurrent significant drop of the number of seizures of said drugs. Although the total amount of seized cannabis plants dropped as compared to the year 2009 by 603.7kg, their average seized amount per one seizure in 2010 increased to 46.2 kg/seizure (in the year 2009 – 42.5kg/seizure).

Significant increase of the volume of ecstasy (with active substance MDMA) pills is caused by one seizure of 968 pills.

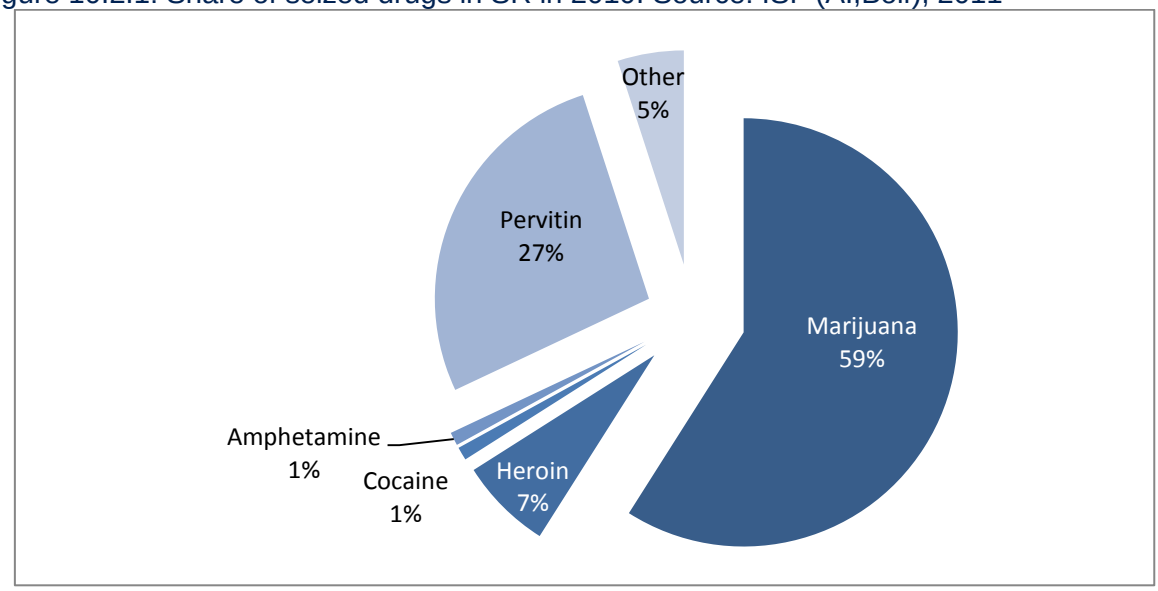
Seizures of new substances, abused as drugs, which were not included in the list of narcotic and psychotropic substances, continued also in the year 2010 and the trend of seizing substances newly included among drugs, such as mCPP and BZP, also continued. We recorded 17 seizures of fentanyl in 2010, which started to substitute heroin in our territory. This trend continues also in the first months of 2011, where we can already speak of complete substitution of heroin with fentanyl (in almost 5 months of the year 2011 there were only 4 seizures of heroin and 56 seizures of fentanyl).

Table 10.2.1: Number of cases and amount of seized drugs in SR (2007 - 2010), ST 13, IFS PPF (A. Bolf), 2011. Source: IFS,(A., Bolf 2011)

YEAR		2007		2008		2009		2010	
	unit	no. of seizures	seized amount	no. of seizures	seized amount	no. of seizures	seized amount	no. of seizures	seized amount
Hashish	kg	33	0.742	21	0.052	36	1.104	12	0.21
Marijuana	kg	1269	115.27	1202	72.952	1527	68.63	1156	170.945
Cannabis plants	kg	20	706.87	32	702.212	61	2589.93	43	1986.26
Heroin	kg	212	2.15	242	12.646	225	14.298	146	1.294
Cocaine	kg	16	0.103	33	378.984	26	7.417	21	0.393
Amphetamine	kg	3	0.00388	2	0.039	7	0.56	12	0.031
Methamphetamine (pervitin)	kg	690	1.337	774	1.486	817	2.167	545	2.954
Ecstasy pills	pill	47	2115	53	6293	5	12	5	993
LSD	dose	1	1	2	11	4	37	3	135
Others*		59		51		89		99	
Total		2350		2412		2797		2042	

* Includes following substances: psilocin, ephedrine/pseudoephedrine, Acetic Anhydride, Fentanyl, Diazepam, Bromazepam, Zoldipem, Alprazolam, methylphenidate, Clonazepam, buprenorphine, Nitrazepam, codeine, BZP, mephedrone, MDPV, JWH-081, JWH-122, JWH-250, JWH-073, bk-MDMA a bk-MBDB.

Figure 10.2.1: Share of seized drugs in SR in 2010. Source: ISF (A.,Bolf), 2011



Note: chart depicts only seizures of drugs with share at least 1%. As seizures of hashish, ecstasy and LSD in 2010 did not reach the level of 1%, said drugs are not included in the chart.

10.2.2 Seizures of precursors

What concerns the legislation, control and handling of drug precursors is governed by the Act No. 331/2005 Coll. on State Administration Authorities for Matters of Drug Precursors, which also specified the scope of competence of state authorities in matters of drug precursors. The joint police-customs workplace National Drug Service Bureau of Fight Against Organised Crime of the Police Force Headquarters (NDS BFAC PFH) monitors movement of drug precursors in practice. Analysis of all seized precursors in the Slovak Republic is performed by IFS PPF.

The total number of precursors seizures dropped in the year 2010 to the lowest level in the last five years (N15) – in the year 2009 (N17), in the year 2008 (N35), in the year 2007 (N34) in the year 2006 (N16). Structure of precursors seized in 2010 is shown in the Table 10.2.2.

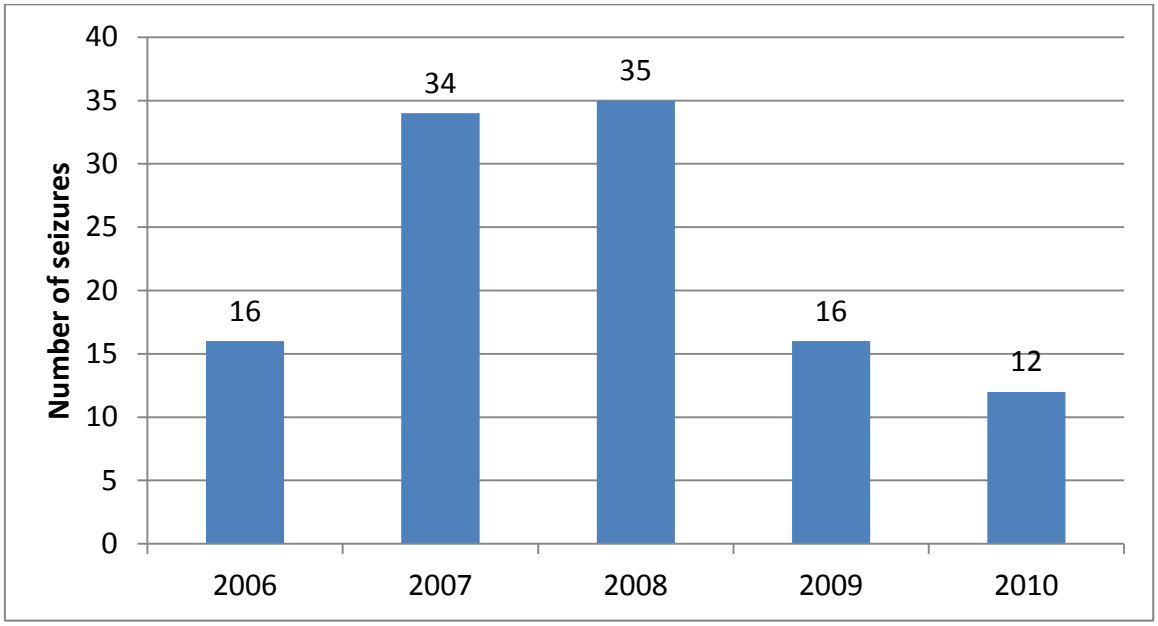
Table 10.2.2: Number of seizures and amounts of seized precursors in the SR according to the seized form. Source: Report on safety situation from the aspect of drug-related criminality in Slovakia, for the year 2010

Ephedrine/Pseudoephedrine	pill	2	432 pcs
	powder	10	108.85 g
Acetic Anhydride	solution	1	5 l
PMK-glycidate	powder	2	700 kg

The most abused precursor in Slovakia was in 2010 ephedrine/pseudoephedrine, although seizures of this precursor have been systematically dropping since the year 2008 (see Figure 10.2.2). The amount of seized pills of ephedrine/pseudoephedrine

has been also dropping on a long-time basis – from 159 thousand pills/2006, 11 thousand pills/2007, 2 thousand pills/2008 to 625 pills/2009 and 432 pills/2010. This development could have been influenced to a certain level by measures taken in relation to distribution of over-the-counter medicines containing precursors sold without medical prescription.

Figure 10.2.2: Number (N) of seizures of ephedrine/pseudoephedrine in the SR (2006-2010)



Precursor of the production of PMK: PMK-glycidate was seized in 2010 for the first time in Slovakia in volume as much as 700 kg. It concerned two airmail shipments of metal barrels designated „Camphanic acid“, imported from China, which were addressed to a Netherland citizen with permanent domicile in the territory of the Slovak Republic. Customs officers took samples for expertise into the customs laboratory and criminalistics and expertise institute of police force, whereas both laboratories confirmed that it is a mixture containing drug precursors of 1. category – piperonal and 3,4-methylenedioxyphenylpropane-2-one, whereas the main component of this component was methyl 3-(3,4-methylenedioxy)phenyl)-2-methyl glycidate, also called PMK-glycidate. Person who was the intended recipient of the shipment was subsequently charged with criminal offence of illegal production of narcotic substances, psychotropic substances, poisons and precursors, their possession and trafficking.

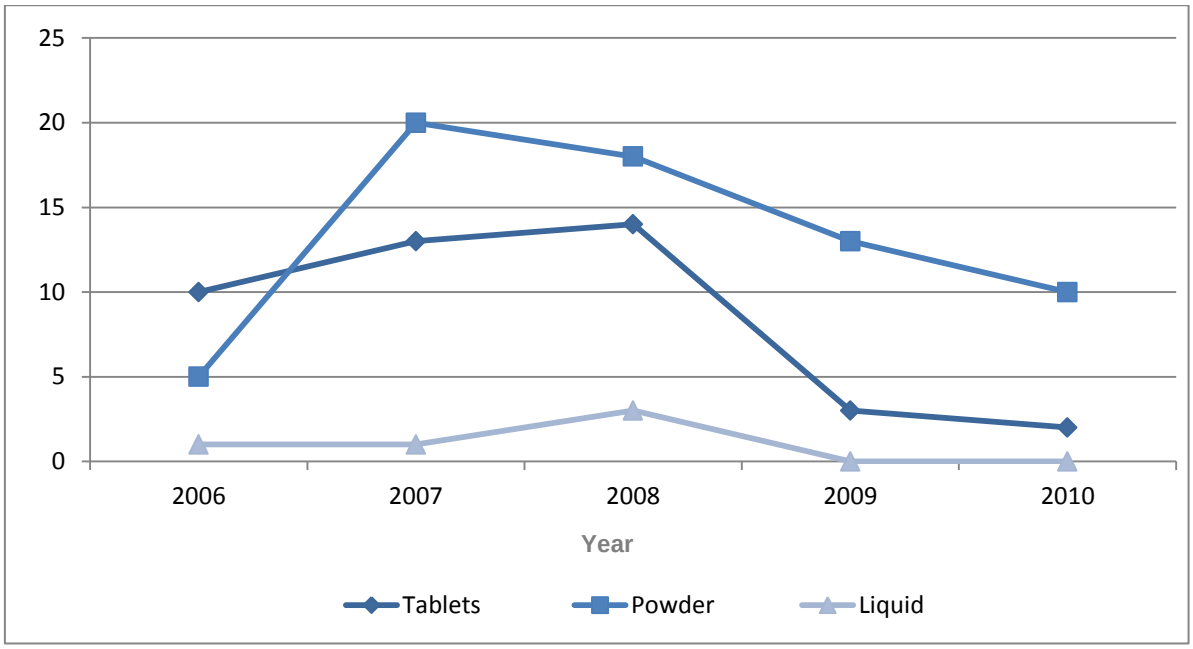
The precursor for production of heroin – acetic anhydride was also seized in our territory in 2010. As compared to the previous year, when customs officers seized more than 860 kg of precursor heading to one of heroin producing countries, the acetic anhydride was seized in small volume in 2010 (5 litres of liquid).

Source: Customs Criminal Office (2011): letter Ref. 9224/2010-5006 of 3 January 2011 – Information about seized narcotic and psychotropic substances in the SR for the period October – December 2010, Department of serious Customs and Tax Criminality – unpublished, report for NMCD needs.

Ephedrine/pseudoephedrine in form of pills or powder was in 2010 most frequently used for illegal production of pervitin. Ephedrine in liquid form was not seized in

Slovakia in the last two years (2009-2010). Structure and number of cases of seized ephedrine/pseudoephedrine in form of powder, pills and liquid are shown in Figure 10.2.3.

Figure 10.2.3: Number of seizures of ephedrine/pseudoephedrine in form of pills, powder and solution in the SR (2006-2010). Source: Report on safety situation from the aspect of drug-related criminality in Slovakia, for the year 2006, 2007, 2008 and 2009 and NDS BFAOC, 2011a



10.2.3 Dismantled laboratories for drug production

Statistical data related to the number of dismantled laboratories for the production of narcotic substances, psychotropic substances and precursors are not standardly monitored within the Police Force. The main reason why the said data cannot be recorded in the whole territory is that it is not legally defined what means the notion laboratory (bank, filtration device, cooker, etc.). Official data related to the number of dismantled laboratories in Slovakia were therefore not available for the year 2010.

10.3 Price and purity of drugs

10.3.1 Price of drugs

NDS BFAOC PFH determines prices of individual types of drugs in Slovakia on the grounds of operative-investigative activity and provides them for the needs of this report via ST16. Methodology for obtaining and analysis of prices of drugs is described in more detail in the following text:

Currently, there is not established the procedure of compiling and making statistical data analysis related to drug prices. Every suspicious substance seized by the law enforcement authority is analysed by the forensic laboratory. The objective of these analyses is to determine the type, the quantity and the concentration of the active substance (i.e., purity). Based on the relation between purity and weight, it is estimated the amount of doses which would be possible to sell, as a consequence of trafficking. According to the quantity of doses estimated, there are two legally binding

procedures foreseen. If the number of estimated doses is below 10, drugs are considered as being destined to own consumption, and neither the purity nor prices are registered. In case the number of doses exceeds 10, then, the price, the purity and the number of estimated doses are registered.

Prices of ecstasy, hashish and LSD were not updated in the year 2010 due to low number of seized samples, in volume lower than 10-times of common single dose of drug. Marijuana prices were determined only in amounts per one dose.

The year 2010 was marked with decrease of cocaine and pervitin prices and by increase of heroin price.

Gram of heroin was in the year 2010 sold for € 28 to 60, whereas in the year 2009 it was for € 20 to 55. The growing price of heroin could have been influenced by growing demand for this drug in Bratislava, Central Slovakia and Eastern Slovakia regions and growing concentration of active substance – see the chap. 10.4. On the contrary, the price of cocaine recorded a significant decrease in the year 2010: whereas in the year 2009 it was at the level 50 - 100 €/g, in the year 2010 it was only at the level 45 - 60 €/g (what equalled its max. value to the price of heroin). The decrease of price for cocaine (2010) could have been connected also to its easier availability, decrease of concentration of active substance (by 5.5% as compared to 2009) and entering of new alternative drugs with similar stimulating effects (e.g. mephedrone, MDPV etc.). The price of pervitin fluctuated also in the year 2010, its minimum and maximum value dropped by 10 €/g (from 50 - 100 €/g in the year 2009[114], to 40 - 90 €/g in the year 2010). The decrease of the price of pervitin could have been in the year 2010 influenced also by rapid occurrence of new (legal) synthetic drugs (mephedrone, bk-MDMA, bk- MBDB, D2PM) sold by the network of shops – „Crazy shop plus sro“ and its increased offer.

The price of marijuana in the monitored year was officially stipulated only per dose: 3 - 10 €/dose, therefore it cannot be compared with price of marijuana for the year 2009 (10 - 22 €/g).

10.3.2 Purity and composition of drugs

Drugs seized in the territory of Slovakia are analysed by the Institute of Forensic Science PPF in Bratislava and its workplaces in Slovenská Ľupča and Košice. The Central Register is kept at the IFS PPF in Bratislava.

In 2010, the IFS PPF carried out 2211 quantitative analyses of drugs, which is 42.3% less than in 2009 (3832 analyses) and 30.9% less than in 2008 (3201 analyses) (figure 10.4). Significant decrease is caused by significantly lower number of drug seizures and change of analysis procedure in case of small amounts of marijuana (up to 1000 mg), pervitin (up to 200 mg) and heroin (up to 500 mg).

Concentration of active substance in heroin was stabilized in both indicators in 2010 to values for median 14.6% and for weighted average 16.2%, which are the highest values from the year 2001, what means that the trend from the last year continued.

The average concentration of active substance slightly increased in marijuana (median 11.3%) and remained almost unchanged in pervitin - median 71.8% and weighted average 65.7%).

[114] Max. price of pervitin was in 2009 influenced by a single seizure of highly concentrated pervitin (above 80%) with price 100 €/g, similar seizure has not occurred since.

In analysed samples of hashish, the concentration of the active substance in 2010 increased in case of weighted average to 9.7% and dropped in case of median to 7.5 %, whereas we should say that only 13 samples were analysed, as compared to 64 samples in 2009.

The weighted average of cocaine concentration increased to 48.3%, whereas median dropped to the value 29.1%. Increase of weighted average is caused by one seizure of 46 bags of cacine with average concentration of more than 60%.

What concerns ecstasy pills, a seizure of 968 pills containing mixture of active substances, namely m-CPP, MDMA, mephedrone and caffeine, was recorded, where the average representation of m-CPP was app. 2.5% (app. 8 mg/pill), MDMA app. 0.8% (app. 3 mg/pill).

Figure 10.3.1: Number of analysed cases of seizures in the SR (2000-2010). Source: IFS, (A. Bolf), 2011

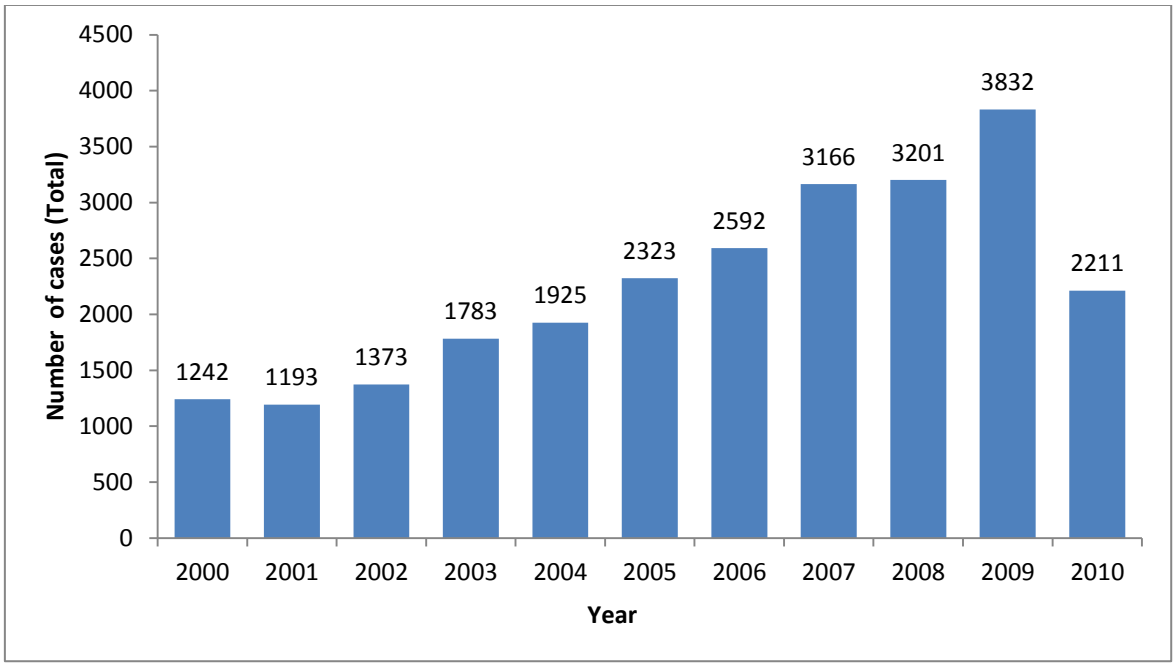
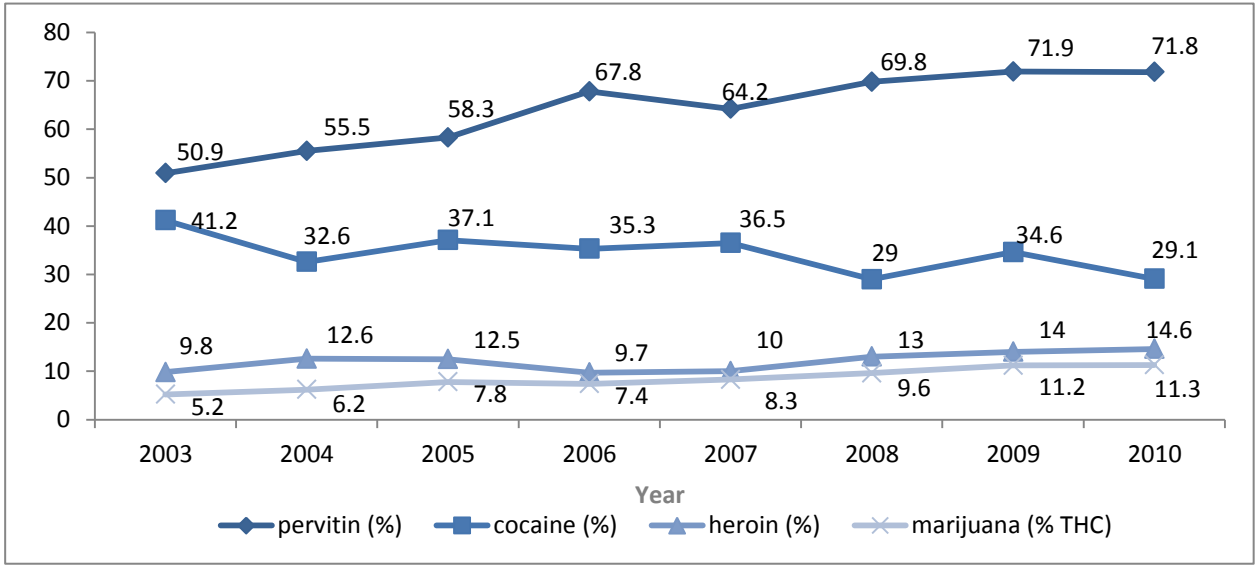


Table 10.3.1: Number of samples, weighted average and median of active substance content in selected types of drugs in the SR, in years 2007 – 2010, ST 14, IFS PPF (A. Bolf) 2011. Source: IFS, (A. Bolf), 2011

ROK	2007			2008			2009			2010		
	number of samples	weighted average	median	number of samples	weighted average	median	number of samples	weighted average	median	number of samples	weighted average	median
Hashish (% THC)	33	8.2	9.1	30	13.4	10.1	64	8.2	10.2	13	9.7	7.5
Marijuana (% THC)	1763	4.9	8.3	1655	7.6	9.6	2156	12.4	11.2	1222	7.7	11.3
Heroin (%)	1450	10.2	10	1185	15.4	13.0	763	14.3	14.0	2878	16.2	14.6
Cocaine (%)	28	35.2	36.5	46	36.8	29.0	25	30.1	34.6	29	48.3	29.1
Methamphetamine (%)	867	59.6	64.2	1000	63.5	69.8	1027	67.1	71.9	561	65.7	71.8

Figure 10.3.2: Development of median value of concentration of selected types of drugs in the SR (2004 - 2010), ST 14, IFS PPF (A. Bolf) 2011



PART B: SELECTED ISSUES

NOTE

Chapter 11 – Selected issue *Drug-related health policies and services in prison* was elaborated by external experts - collaborators of the National Monitoring Centre for Drugs as an author craft. In order to avoid unprofessional interferences, the National Monitoring Centre for Drugs did not change the text, except of formal modifications and formatting.

11 DRUG-RELATED HEALTH POLICIES AND SERVICES IN PRISON

11.1 Organization of health policy in the prison system and provision of services

The Corps of Prison and Court Guard (hereinafter only as the "corps") fulfils tasks of the programme declaration of the government „Civic Responsibility and Cooperation" /Občianska zodpovednosť a spolupráca/ and initiative „Health System 2020" /Zdravotníctvo 2020/. These basic government documents have been transferred into the updated „National Health Promotion Programme" (NPPZ). This programme follows tasks arising from the accession of the Slovak Republic into the European Union, as well as the passed decisions and recommendations of the European Parliament and Council and also current changes in legislation and strategy of the health system in Slovakia; it is based on the policy „Health for All" – of the World Health Organization (WHO) embedded in the policy „Health 21" – health for the European region for the 21st century.

The corps is also responsible for the fulfilment of the framework action plan „National Anti-Drug Strategy for Years 2009 – 2012". The corps provides in the field of reducing the demand healthcare for the charged and the convicts (hereinafter only as „detained persons") using drugs with the aim to reduce health problems related to drugs issue and expansion of services in the field of decreasing harm caused by drugs. The „National Programme for HIV/AIDS Prevention in the Slovak Republic for Years 2009 – 2012" is also focused on the area of „Harm reduction". The corps fulfil the activity No. 11 „HIV/AIDS Prevention in Penitentiary Facilities – provision of condoms and consultancy in penitentiary facilities". Thy fulfil this activity in practice by provision of condoms for shops of prison and detention facilities for detained persons and by performing various educational activities for detained persons, but also for members of the corps with the focus on the HIV/AIDS infection and also hepatitis C and B.

The execution of the said programmes provides with regard to organization and methodology at the level of the corps the Department of Healthcare of the Directorate General of the Corps by elaborating methodological procedures and internal regulations and directives. Activities of the corps in the following period will be aimed primarily at the educational sphere by continuing in organizing educational activities about drug issues intended for detained persons after completion of serving their custodial sentence and imprisonment (hereinafter only as the „execution of sentence") not only concerning the social issue, but also in the field of health (information about the option of anti-drug treatment after the completion of execution of sentence, about the option of treatment of infectious diseases such as hepatitis C, B after the completion of execution of sentence). At the same time, preventive programmes with the aim to disclose penetration of drugs into facilities with increased interest in new drugs with unclear risk of consequent health effects and drug overdose, will be continued.

The corps provides healthcare for the charged in detention and convicts serving their sentence pursuant to the Section 4 (1) let. k) of the Act No. 4/2001 Coll. on the Corps of Prison and Court Guard as amended (hereinafter only as the „act No. 4/2001 Coll."); they create conditions for the execution of this state imposed duty arising from the institutional principle of right to the same level of healthcare in two ways:

1. They organize provision of healthcare; healthcare in a healthcare facility of the prison facility, detention facility, detention facility for juveniles and in the hospital for the charged and convicts (hereinafter only as the „facility“);
2. In case the health condition of the detained person requires healthcare that cannot be provided in the healthcare facility of the corps or in the hospital, its provision is provided in another healthcare facility, which is not under competence of the Ministry of Justice of the Slovak Republic (in civil healthcare facility).

Pursuant to the Decree of the Ministry of Justice of the Slovak Republic No. 447/2006 Coll. on Organization of Healthcare Provision in the Corps of Prison and Court Guard, healthcare is currently provided in the healthcare facility of the facility, i.e. the healthcare provider is the facility (legal entity) on the grounds of licence for operation of a healthcare facility, which is issued by the respective self-government region. The healthcare facility of the facility provides healthcare by means of healthcare workers on official service basis and employment basis.

Healthcare is provided in inpatient and outpatient form with the aim to prolong and improve quality of life of detained persons and it includes especially prevention, diagnostics, treatment, dispensarisation, nursing care, provision of medicines, medical aids and dietetic foodstuffs. It is provided so as its availability for detained persons was assured, by astitution, transport and relocation of detained persons for the provision of healthcare to the healthcare facility of the corps, hospital, or other healthcare facility, or also by calling a doctor or other healthcare worker for the provision of urgent aid using services of the public healthcare system (medical first aid service, emergency healthcare service, emergency medical service).

General and specialized outpatient healthcare and inpatient healthcare is provided in the corps. The general outpatient healthcare is provided in all healthcare facilities of the corps and in the hospital and it is provided by a doctor with specialization in specialization subject general medicine or general medicine for children and youth. The specialized outpatient healthcare is provided by doctors with specialization in other specialized subjects than the general medicine, especially dental medicine, psychiatry, internal medicine, neurology, gynaecology and surgery. The specialized outpatient healthcare is provided in healthcare facilities of the corps, in the hospital and in other healthcare facilities. The inpatient healthcare is provided in the hospital or other healthcare facilities.

Each healthcare facility of the facility has to pursuant to the Act No. 578/2004 Coll. on Healthcare Providers, Medical Workers and Professional Medical Associations and on Change and Supplement of Certain Laws have an appointed professional representative with a licence for performance of activity of a professional representatives during the whole time of operation, have in ownership or lease spaces, in which the healthcare is to be provided. Such spaces must comply with requirements with regard to the health protection. The facility as the healthcare provider shall apart from the licence for operation of the healthcare facility provide also the quality system – shall fulfil minimum staff provision and material-technical equipment of the healthcare facility specified by generally binding legal regulation issued by the Ministry of Health of the Slovak Republic.

Healthcare for detained persons is provided and its provision is secured by medical workers in following categories:

1. doctor
2. dentist
3. nurse
4. assistant
5. dental technician
6. other medical worker

11.1.1 Outpatient healthcare

The general outpatient healthcare is provided for detained persons on their request. The specialized outpatient healthcare is provide for detained persons on the grounds of recommendation of a doctor or order of the facility director. In case of an acute disease or threat to life of the detained person, who needs urgent medical care and it cannot be provided by the doctor from the facility, the facility shall call the medical first aid service or emergency medical service. If the health condition of the detained person requires it, the person is provided with healthcare in the bed part, which is established in every healthcare facility of the corps. Convicts with selected chronic diseases, especially those having diabetes and tuberculosis, are placed in clinics of designated facilities, where the necessary healthcare and professional services are provided.

11.1.2 Inpatient healthcare

The inpatient healthcare under conditions of detention and imprisonment is provided in the hospital for the charged and convicts and other healthcare facilities in case the health condition of the detained person requires continuous provision of healthcare for more than 24 hours, in case of diagnostically complicated cases, which cannot be served on the outpatient basis, in cases with suspicion on an infectious disease or if court thus rules (court imposed protective treatment). The inpatient healthcare is provided in the hospital for the charged and convicts to detained persons in the internal clinic, which deals also with infectious diseases, in psychiatric clinic, surgery clinic in scope of general surgery, orthopaedics and other surgery subjects, pneumology and phtiseology clinic, neurology and other specialized subjects clinic, which provides the inpatient healthcare especially in subjects: neurology, otorhinolaryngology, dermatovenerology, urology, gynaecology, orthopaedics, physiatry and rehabilitation, ophthalmology and dentistry. If the condition is acute and immediately life-threatening of the detained person, s/he will be provided with healthcare in the closest other healthcare facility; in such case the detained person is transferred to the hospital for the charged and convicts as soon as his/her condition allows it.

11.1.3 Medical and health examinations

Medical and health examinations should provide the monitoring of the health condition of detained persons with the aim to obtain input data for preventive, dispensary and treatment measures and assessment of the health ability of detained persons to work, to look for detained persons with disturbed health condition and to provide their treatment, to monitor effects of execution of imprisonment and execution of sentence on the health of detained persons with the aim to prevent harmful effects. Medical and health examinations are performed in relation to the specifics of the

execution of imprisonment and execution of sentence and on the grounds of obligations arising from special regulations.

Medical and health examinations specific for the execution of imprisonment and execution of sentence are:

1. initial medical examination,
2. gynaecological examination,
3. check health examination,
4. medical examination in special cases,
5. output medical examination.

The initial medical examination shall be performed on the first working day after the arrival to the execution of imprisonment or execution of sentence at the latest. The purpose of the initial medical examination is to determine the health condition of the detained person, to provide assessment of health ability for the execution of imprisonment or execution of sentence, to decide about the health ability for working assignment by specifying health classification and to determine a plan for further treatment-preventive measures, if necessary. The initial medical examination includes also anamnestic detection of using illegal substances and instructing of the detained person about risks, possibilities to acquire and methods of prevention of venereal and blood transmitted infectious diseases during the person's stay in the facility. Examination of teeth and oral cavity shall be performed by the dentist; dental documentation is instituted during the examination. Dental clinics and technologies provide health performances fully or partially paid on the grounds of public health insurance. Preventive care for teeth of the detained person is provided by preventive examinations. Execution of demanding surgeries within the dental care provision is provided in the hospital for the charged and convicts or other dental healthcare facility. The initial medical examination of women starting the execution of imprisonment or execution of sentence includes gynaecological examination, which is performed for every detained woman, especially for the purpose of exclusion or confirmation of pregnancy.

The output medical examination is performed for every detained person prior to the completion of imprisonment and for detained person serving sentence usually during last six weeks prior to release from the execution of sentence. The aim of the output medical examination is to determine current health condition of the detained person and to record possible changes of the health condition into the health documentation. The medical worker provides upon the release of the detained person an extract or photocopy of the health documentation in two copies. One copy is maintained in the health documentation and the other copy is sent to the doctor, in whose care the detained person was before taking him/her into imprisonment or before starting serving his/her sentence within ten days after the release at the latest. If the name of the doctor or his/her address is not known, the extract or photocopy of health documentation shall be given to the detained person or sent to the address of his/her permanent residence.

11.2 Provision of medicines and medical aids in healthcare facilities of the corps

Medicines and medical aids for detained persons are prescribed according to principles of efficient pharmacotherapy and are provided by respective healthcare facilities of the corps. They are paid by the public health insurance according to the

principles of uniform access, preservation of quality and scope of healthcare for every citizen. The prescription, distribution of medicines and medical aids is recorded in the health documentation of the patient.

11.2.1 Provision of healthcare services in relation to drugs in facilities

The initial medical examination includes also anamnestic detection of using illegal substances prior to the start of the execution of imprisonment or execution of sentence on a questionnaire basis.

9893 detained persons were places in prison facilities of the corps as of the 31 December 2010 according to reports of individual facilities, from which 1370 detained persons stated using of primary drugs prior to the start of the execution of imprisonment or execution of sentence, what is 14.79% of the total number of detained persons.

Table 11.2.1Current number of drug recorded detained persons in individual facilities as of 31 December 2010

No.	Facility	total number of the charged and convicts	of that number: drug recorded	
			N	%
1.	B. Bystrica Detention Fac.	244	17	6.97%
2.	B. B. – Kráľová Prison Fac.	708	50	7.06%
3.	Bratislava Detention Fac.	473	89	18.82%
4.	Dubnica n/V. Prison Fac.	627	97	15.47%
5.	Hrnčiarovce n/P. Prison Fac.	1575	273	17.33%
6.	Ilava Prison and Detention Fac.	667	56	8.39%
7.	Košice Prison and Detention Fac.	670	27	4.03%
8.	Košice – Šaca Prison Fac.	777	82	10.55%
9.	Leopoldov Prison and Detention Fac.	1160	207	17.84%
10.	Levoča Prison and Detention Fac.	103	50	48.54%
11.	Sučany Prison Fac. for Juveniles	474	76	16.03%
12.	Nitra Detention Fac.	261	29	11.11%
13.	Nitra – Chrenová Prison Fac.	317	57	17.98%
14.	Prešov Detention Fac.	627	48	7.65%
15.	Ružomberok Prison Fac.	362	18	4.97%
16.	Trenčín Prison Fac. and Hospital	113	15	13.27%
17.	Želiezovce Prison Fac.	564	158	28.01%
18.	Žilina Detention Fac.	171	21	12.28%
TOTAL:		9,893	1,370	13.85%

The most commonly used drug according to this questionnaire was in 2010 heroin, the most often used application method was the injection method. From the total number of 892 captures of drug addicted detained persons 784 were men and 108 women.

With regard to the fact that not only the execution of imprisonment, but also the execution of sentence takes place only in detention facilities, detained persons pass medical examination immediately after arrival to these facilities. That is reflected also in the statistics, where apart from a few exceptions drug captures were recorded in detention facilities. Despite the fact that detection of drug using by form of a questionnaire can show inaccuracies, or cannot always corresponds with the reality in every case, experience prove that detained persons do not hesitate to admit experience with drugs, as they expect „advantages“ arising from it for them in form of possible option of prescription of medicines to inhibit abstinence effects, analgesics and so on. In the case of need, for instance if the client does not admit drug using and despite that manifests symptoms of using, an examination for detection of presence of drugs in the organism is made.

Treatment of drug addiction, as well as its consequences in the area of infectious, blood transmitted diseases, psychiatric diseases, as well as somatic diseases occurring more frequently at drug users, is performed in prison facilities of the corps. There are inpatient facilities established in the corps for the treatment of the drug addiction, where treatment procedures intensively take place in communities. Treatment takes place on the grounds of court order, or on the voluntary basis and is paid by means of public health insurance. In case of the necessity of detoxication during primary stages of the disease there patients – detained persons are hospitalized in the hospital for the charged and convicts, where complex medical care is provided for them and also symptomatic treatment according to the need. Healthcare facilities of the corps did not record any case of overdose with illegal substance in the year 2010.

11.2.2 Protective treatment

A department of specialized treatment is established in determined facility for detained persons in the execution of sentence, on which the protective treatment was imposed by the court pursuant to the Act No. č. 301/2005 Code of Criminal Procedure as amended. The execution of protective treatment under conditions of the corps is specified in the Sections 80 thru 88 of the Decree of the Ministry of Justice of the Slovak Republic No. 368/2008 Coll., which stipulates the Order of the Execution of Custodial Sentence. The protective treatment is performed in determined facilities during the execution of sentence on inpatient or outpatient basis in the department of protective treatments of the healthcare facility in the facility and in the psychiatric department of the hospital for the charged and convicts. Detained persons can be assigned to work during the execution of protective treatment. Their assignment to work is decided about by the director of the facility in compliance with determined health classification for ability to work. The protective treatment is started as soon as possible, after the start of the execution of sentence, taking into account accommodation capacities of the department of protective treatments of the healthcare facility and psychiatric department and health condition of the detained person. The protective treatment of the detained person is executed if it has been imposed along with the sentence and there are at least five months left to the completion of the sentence. In compliance with the valid profilation of facilities within the corps, in 2010 was performed court ordered anti-toxicomanic protective treatment, anti-alcoholic protective treatment, protective treatment of pathological gambling or their combination by inpatient or outpatient form in the Prison Facility Hrnčiarovce nad Parnou – anti-alcoholic, anti-toxicomanic protective treatment and protective treatment of pathological gambling and voluntary anti-toxicomanic and

anti-alcoholic treatment (operation of voluntary treatment was ceased as of 10th September 2010 due to capacity reasons), Prison and Detention Facility Košice – anti-alcoholic, anti-toxicomanic protective treatment and protective treatment of pathological gambling, Prison and Detention Facility Leopoldov – anti-alcoholic, anti-toxicomanic protective treatment and protective treatment of pathological gambling, Hospital for the Charged and Convicts and Prison Facility Trenčín – anti-alcoholic, anti-toxicomanic protective treatment and protective treatment of pathological gambling. A total of 438 convicts were treated by inpatient or outpatient form in healthcare facilities of respective facilities within court ordered protective treatment in 2010.

Table 11.2.2: Execution of protective and voluntary treatment in facilities in 2010

Facilities	Protective treatment				Voluntary treatment	
	Number of beds	Out-patient	Inpatient	Total	Number of beds	Number of treated
Hrnčiarovce n/P. Prison Fac.	46	73	84	157	12	15
Košice Prison and Detention Fac.	34	-	32	32	-	-
Leopoldov Prison and Detention Fac.	40	47	59	106	-	-
Sučany Prison Fac.	-	-	-	-	15	37
Trenčín Hospital and Prison Fac.	60	-	143	143	-	-
Total	180	120	318	438	27	52

The healthcare facility of the facility, where the detained person serves the custodial sentence (hereinafter only as the „sentence“), shall provide internal examination of the said person prior to his/her placement to the anti-alcoholic or anti-toxicomanic protective treatment; in case of anti-toxicomanic treatment also examination for sexually transmitted diseases. A condition of execution of the protective treatment in the facility is that the execution of the sentence shall not be disrupted. The director of the facility, where the protective treatment takes place, notifies the court, which ordered the protective treatment, when the execution of the protective treatment started. If conditions for the change of the method of execution of the protective treatment were fulfilled during the execution of the sentence, the department of protective treatments of the healthcare facility of the facility or the psychiatric department shall submit to the court, in the district of which the protective treatment is executed, proposal for the change of method of its execution and report on the course and achieved result of the protective treatment (hereinafter only as the „report“); it shall submit the proposal so as the court could decide about the change of the method of execution of the protective treatment prior to the release from the execution of the sentence. If reasons for continued protective treatment passed, the department of protective treatments of the healthcare facility in the facility or the psychiatric department will elaborate a report; the report will be sent by the director of the facility to the court, in the district of which the protective treatment is executed. The convict is transferred to the continued execution of the sentence to the respective facility after the delivery of the decision on release from the protective treatment.

Prior to the release of the detained person from the execution of sentence, the department of protective treatments in the facility or the psychiatric department shall elaborate a report, which shall contain the term of duration of the protective treatment, data about the course and result of the protective treatment, proposal for the method of execution of the protective treatment after the release of the detained person from the execution of the sentence, if reasons for continued execution of the protective treatment remain for the detained person. The report shall be submitted by the director of the facility not later than one month prior to the expected completion of the execution of the sentence –if it concerns psychiatric or sexuologic protective treatment, three months – if it concerns anti-alcoholic, anti-toxicomanic protective treatment and protective treatment of pathological gambling, to the court, in the district of which the protective treatment takes place. If the court decides about continuance of the inpatient protective treatment after the release from the execution of sentence in a healthcare facility or changes the protective treatment to such method, it is proceeded with pursuant to the special regulation. Transport of the detained person from the facility into the healthcare facility is provided by the facility in cooperation with the court, which ordered the protective treatment.

Detained persons, who had problems with alcohol or drug addiction before the execution and whom the court did not order protective treatment, can undergo during the execution of the sentence voluntary anti-alcoholic treatment and anti-toxicomanic treatment. The purpose of such treatment is to direct and motivate the detained person to an effort to solve problems of life without drug abuse, to have motivation for permanent abstinence and to prevent relapse of further using of psychoactive substances. Successful treatment can at the same time significantly co-influence the avoidance of relapse in committing criminal activity. A key role in achieving this purposes is played by the will of the detained person to make essential changes in his/her behaviour and addictions and at the same time the creation of internal resistance from re-yielding to the addiction.

The treatment system is based on firmly set principles (compliance with the daily regime, inclusion in work), whereas it mainly takes place in a community enabling mutual understanding and support in overcoming personal difficulties of individual detained persons. The attention is paid also to the improvement of self-awareness of patients and development of more responsible approach to life values with stress on improvement of relations to patient’s near relations.

The most frequently used individual form within the treatment during the course of the protective treatment and voluntary treatment of drug addictions is penitentiary diagnostics, intervention, consultancy, psychotherapy and treatment-educational procedures. Individual interviews are also made, these are focused on the fulfilment of set objectives in the treatment programme, solution of family or personal problems, solution of problems related to work inclusion, dealing with requests and complaints of detained persons and disciplinary practice. Most frequently used group forms of treatment include especially: discussion groups, social-training groups, group advisory and group psychotherapy.

Basic pillars of the protective treatment execution and execution of voluntary treatment of drug addictions include group psychotherapy, which uses psychological means for treatment purposes. The emphasis is here put on making changes not only in the behaviour, but also in living, in essential attitudes and value system. Convicts learn within the group psychotherapy how to tackle problems, fulfil the meaning of their life, how to better adapt to life circumstances. Dynamics and

cohesion of the group, self-exploration, feedback and corrective experience are intensively utilized here. Group sessions also process knowledge acquired through the daily community life, aimed at current problems, feelings and doubts.

The group psychotherapy helps to form healthier interpersonal relations, to cope with authorities, to understand and accept the basis of humility, with which the addicted have big problems. Very important part of the treatment is the work therapy, which patients have every day. Majority of the addicted does not have any work habits. The work therapy offers the possibility to know each other at work; it enables to notice various manifestations within natural activity, in mutual relations and teaches them to cooperate.

What concerns the didactotherapy, the staff strives for creative approach so that the didactotherapy would not be reduced to some lecturing about drug use negatives, but that it showed also wider connections.

Movement activities are a significant factor of healthy lifestyle, because they stimulate both physical and psychical activities. Patients after a long-term addiction come to the treatment devastated not only psychically but also physically and as it is necessary to work on the psychical rehabilitation, good physical condition is similarly important. Compensated physical condition create preconditions for further treatment, therefore there are apart from setting-up exercises performed also regular exercises in the gym and fitness.

11.2.3 Voluntary treatment

The detained person can during the execution of the sentence undergo voluntary anti-toxicomanic treatment and anti-alcoholic treatment; the voluntary treatment is executed pursuant to the internal regulation. Voluntary anti-toxicomanic and anti-alcoholic treatment, which is expanded also with other elements of treatment, was executed in the department of specialized treatment in the Prison Facility Hrnčiarovce nad Parnou in 2010. Department of voluntary treatment of juvenile detained persons is established in the Prison Facility for Juveniles in Sučany. The team of therapists consists of psychiatrist, clinical psychologist, educator, nurse with specialization in addictions and social worker. Treatment processes are based especially on special methodologies and techniques of work such as training of communication, assertiveness, pro-social behaviour, writing a diary and curriculum and their analysis, bibliotherapy, ergotherapy, autogenic training and practicing other relaxation techniques. Large significance is put on health education and education about the protection of health. The difficulty of work with addicts and especially detained juvenile drug addicted persons, who are not mature and well-marked personalities with clear life attitudes and who „thanks“ to this immaturity have a tendency to fail in an environment of negative influences, is very big. That is why the rules of functioning of the community system have to be even more clearly defined and respecting of the established system even more required. Not all detained persons showing the will to be treated can handle the regime treatment on an acceptable level and therefore they are excluded from the treatment on the grounds of repeated violations of the treatment regime.

Educational activities pay attention to the prevention of abuse of addictive substances by providing alternative possibilities of meaningful spending of leisure time of juvenile detained persons assigned to the drug free zone of the facility. Detained persons – juveniles have the possibility to educate themselves in requalification courses. Projects of education for the convicts „Poverty – on the life’s

crossroads“ and „Restart“ were executed in the facility in 2010, which projects consisted of Motivational Programme for the Labour Market, Basic Computer Literacy Course, Personal Development Course, Course of Social Behaviour Standards, Course of Basic Legal Awareness, Course of Financial Management and Household Economy and Manual Skills Course. 25 detained persons – juveniles from the drug-free zone were assigned for the courses and these participants obtained apart from knowledge, skills and abilities also qualification certificates. These certificates will expand their possibilities on the labour market after the completion of their sentence.

Detained persons – juveniles were assigned to the open group „**Programme for Prevention of Addictions“,** which was aimed at anti-drug prevention – creating of drug independence, training of resistance against pressure of same-age peers and prevention of relapse of addictive substances abuse after the completion of the sentence. Meaningful leisure time activities regarding the interest activity – group activity, cultural-educational activity and education and utilization of prison library are important for the development of personality of detained persons – juveniles. Detained persons – juveniles can in the drug-free zone work in gardening, football, computer and fishing interest group.

11.3 Measures in the area of „harm reduction“

The corps takes measures for the provision of prevention of blood transmitted diseases; infectious hepatitis, syphilis, HIV and treatment of detained persons with determined antibodies or some of the diseases. The basic tool in prevention of these diseases is education aimed at the provision of information to the members of the corps and detained persons. Information are aimed at methods and probability of the transmission of the disease in facilities, preventive measures and procedures for health protection, information about risk behaviour, as well as possibilities of the treatment and prognosis of diseases. Detained persons are upon starting the imprisonment or execution of the sentence informed about possibilities and methods of contamination during their stay in the facility. Education is performed in facilities by healthcare workers of the corps, members of the corps assigned to the section of execution of imprisonment and execution of sentence, especially educators and social workers. Determination of antibodies of infectious diseases is made for detained persons with risk behaviour according to the anamnestic data within preventive measures and the output medical examination. If there is a suspicion of infection or disease concerning the detained person, doctor proposes testing of his/her blood, instructs him/her about the nature of the examination and asks for his/her consent for blood taking. Testing of blood is made always when the detained persons ask for it. Facilities provide personal protective work means for the case of need of first aid provision to the detained person with regard to bleeding or renewal of life functions (rubber surgery gloves and surgical mask for breathing from mouth to mouth) for the purpose of prevention of blood transmitted diseases. Detained persons with determined anti-HIV antibodies or confirmed hepatitis type C are transferred to the hospital for the charged and convicts, where the complex examination of their health conditions is provided for them. If signs of health harm of the HIV positive detained person were not determined on the grounds of examination results in the hospital for the charged and convicts and if the hospital healthcare is not necessary for such a person, the detained person continues to execute its imprisonment or sentence in any facility. In case of HIV positive person, in which any of AIDS stages was determined by professional healthcare workplace of the Ministry of Health of the Slovak Republic, it shall be proceeded pursuant to the special

directive of the Ministry of Health of the Slovak Republic. In case of confirmed hepatitis C, it shall be proceeded pursuant to the Special Directive of the Ministry of Health of the Slovak Republic on Standardisation of Diagnostics of Virus Hepatitis and on Standardisation of Diagnostics, Treatment Procedures and Dispensarisation of Patients in Case of Chronic Hepatitis of 04. 12. 2007 No. 04533-105/2007-OZSO. Healthcare facilities of the corps provide complex treatment of the said diseases.

11.4 Primary prevention of drugs problem

Specially trained professional dogs are used for the elimination of drug penetration into objects of the corps. Each facility with established official cynology must have pursuant to the Updated Concept of Safety in Prisons of the Slovak Republic at least two professional dogs with assigned category of training and usability for searching for drugs for fulfilment of tasks arising from the „National Programme for the Fight Against Drugs“. Member of the corps performs with the professional dog for the purpose of searching for drugs search of packages, correspondence of detained persons, motor vehicles before entering the facility, searches of cells of detained persons on irregular basis and other selected spaces, rooms and objects so as the whole facility was searched through during each 6 months, check of cells, spaces, rooms and objects on the grounds of information from members of the corps assigned to the department of preventive-security service, check of package of persons entering the facility, of detained persons upon escorts of nation-wide collection, persons upon starting the execution of imprisonment and execution of sentence.

The corps directly participate via its nominates in work groups in creation, execution of anti-drug strategies aimed at reducing the offer of drugs, demand for drugs and decrease of damage caused due to drug using and in the provision of safety of citizens from the risk of drug addiction and drug abuse, but they also deal with questions of social exclusion and inclusion of vulnerable groups. The corps takes on the grounds of acquired knowledge and information and in compliance with the National Anti-Drug Strategy effective measures related to prevention for the elimination of penetration and uncontrolled distribution of synthetic drugs and suspicious products into facilities and due to the possible occurrence of emergency situation in relation to their using by detained persons by means of a thorough informing of all members of the corps in respective offices about information about new synthetic drugs. Lectures with the topic of drug addictions and alcoholism are also executed within the obligatory regular cyclic training of members of the corps and these lectures are professionally provided by the Department of Healthcare of the Directorate General of the Corps in cooperation with healthcare staff operating directly in facilities. Lectures aimed the drug addiction issue were and are also a part of the basic training of members of the corps intended for newly accepted members after coming into the corps in the Institute of Education of the Corps of Prison and Court Guard in Nitra. The department of healthcare of the Directorate General of the Corps cooperated in the assessed period with the Government Office of the Slovak Republic for the preparation of the Slovak anti-drug policy programme. It also performs supervision of fulfilment of the „National Programme for HIV/AIDS Prevention“ and „National Action Plan for Alcohol-Related Problems“. More space for execution of ant-drug activities is created in facilities for sentence execution, where detained person with proven guilt and imposed sentence are placed. The main content of anti-drug activity in detention facilities is checking presence of drugs on detained persons with declared zero tolerance.

Educational activities are performed in the corps with detained persons in facilities with the effort to contribute to the solution of the said problem. Educational and educative activities are aimed especially on the universal and harmonic development of personalities of detained persons, on strengthening of healthy lifestyle without drugs with the objective to emphasize the significance of primary prevention of drug addictions by means of offering alternatives, especially lectures, discussion meetings, group forms of work, competitions aimed at anti-drug issue (creative art activities, literary works, sport competitions). These activities are organized for detained persons by educators, psychologists and healthcare workers of the facilities. For instance, in 2010 there were 257 lectures about drug addictions and 209 discussion meetings aimed at prevention of drug addictions executed in facilities for execution of sentence. A total of 10 690 detained persons in the execution of the sentence participated in said activities. Educators, psychologists and healthcare workers of the Prison Facility for Juveniles in Sučany organized 151 lectures and discussions for detained persons – juveniles within their educational activity and these lectures and discussion were aimed at anti-drug immunization – creation of drug independence, training of resistance against the pressure of same-age peers and prevention of relapse of addictive substances abuse after completion of their sentence. 3047 detained persons – juveniles participated in the said activities. There were 207 activities organized in detention facilities in 2010 within the prevention of drug addictions and 1523 detained persons participated in them, from which there were 520 detained persons – juveniles. Apart from mentioned activities, the primary prevention of drug addictions took place also by means of assisted utilization of media, by means of radio and television broadcasting, multimedia presentations, reception of daily mail and magazines and publishing own magazine of convicts within the interest activities of convicts.

11.4.1 Selected activities of facilities in the field of drug prevention:

11.4.1.1 Prison Facility Banská Bystrica – Kráľová

The Prison Facility Banská Bystrica – Kráľová regularly executes the project of „Alternative treatment of detained persons addicted to narcotics and psychotropic substances“. This is a complex programme consisting of group psychotherapy, lectures, writing diaries, relaxation techniques, sport activities and video projections with the theme of addictions. Following activities were performed in 2010 for drug addicts within the project

Table 11.4.1: Prevention activities in the Prison Facility Banska Bystrica - Kralova

Activity	Number
Lectures	5
Group psychotherapy	12
Relaxations – autogenic training	48
Sport activities	26
Video projections	5

11.4.1.2 Prison Facility for Convicted Women Nitra – Chrenová

Section lectures and discussions:

1. Drug as poison – life stories of people addicted to drugs,
2. Drug addiction – definition, addiction types, criminality related to drug using,
3. Drugs – unbelievable danger – development and division of drugs, creation of addiction, abstinence syndrome, treatment of addiction,
4. Drugs and society – history of drug using, smoking, alcohol, medicines, doping, abbreviations and slang names.

Group activities:

Social-psychological training – the objective is the improvement of prosocial skills with the focus on addictions. The group is intended for women detained with the minimum level of guarding, who did have in the past long-term or short-term contact with drugs in form of consumption or sale, but also for detained women with other forms of addiction (alcohol, gambling). The group works on a long-term basis.

Social-psychological training for detained women assigned to the drug-free zone – organization of activity is provided by an educator, who cooperates with a psychologist, social worker and members assigned to healthcare facility. The basic mission is to create positive precondition for prevention from using narcotics and psychotropic substances, poisons and their precursors and alcoholic drinks by detained women, as well as provision of suitable conditions for efficient influencing of attitudes of detained women to consumption of drugs or alcohol. The objective of work with this group is to keep drug free detained women during the whole execution of the sentence and creation of negative attitudes to their using after release.

11.4.1.3 Prison Facility Košice – Šaca

The most important forms of treatment within the prevention of drug addictions in the facility include sport events and relaxation techniques. Special emphasis is put on sport activities as a suitable form of spending leisure time and a means to change the lifestyle under the slogan „Take ball not drugs!“ There were more than 120 sport events organized in the facility in the past year, with prevalence of football, leg ball, table tennis and chess.

11.4.1.4 Prison Facility Ružomberok

The facility executed in 2010 group therapeutic sessions with detained persons with the focus on breaking the smoking habit. These sessions had educative and psychotherapeutic nature and exactly set structure. Participation of detained persons was voluntary. Sessions had a stable structure, which consisted in education about the treatment of addiction; making regular home assignments aimed formulation of aims, mapping risk situations, triggers and factors modifying the addiction by form of writing diaries. This approach should improve will abilities, objectivity, self-control and self-restraint, which addicted persons often lack and they should lead to gradual limiting up to complete abstinence from smoking.

11.4.1.5 Prison and Detention Facility Košice

The facility organized following activities within anti-drug prevention in 2010 (Table 11.4.2):

Table 11.4.2: Overview of prevention activities in the Prison and Detention Facility Kosice

Type of activity	Number of activities	Specification of activity
Social - psychological training	1	Specified social – psychological training for detained persons who committed the criminal offence under influence of alcohol, were drug addicts, or committed drug criminal activity. The content of this group form of treatment is adjusted to the structure of personality of the drug addicted person and person who profits from addiction of others. Its aim is to influence at two levels. The first is to provide space for meditation about the self, better self-understanding, and creation of more objective self-image. The second is the possibility to acquire social and communication skills, which will increase the probability of refusing the drug after release from the execution of the sentence. It is a secondary form of prevention.
	4	Four topics related to alcohol and drug addiction issues were presented within discussion groups with other content. This thematic focus was made with the aim to create right life attitudes and ability to resist the pressure of environment.
Relaxation exercises	2	Group relaxation exercises are not primarily aimed at drug addicts but provide also for these convicts the possibility to acquire an active form of relaxation. It is a secondary form of prevention.
Publication activity	2	Contribution to the issue of drug addictions published in the facility magazine OKNO
Lectures	2	Common form of primary group prevention. Informing about the danger of drug addictions, their causes and consequences.
Discussions	1	Ability to find help for solving a problem.
Individual interviews	71	Individual interviews with detained persons in relation to psychical or emotional problems as a consequence of using addictive substances out of prison or committing a criminal offence under the influence of addictive substance. Targeted interviews within participation of detained persons in the set programme of treatment.

11.4.1.6 Detention Facility Nitra

Preventive activities in the field of drug prevention in the facility include also the execution of cultural-educational activity, provision of spiritual service and provision of sport activities for detained persons. 22 lectures with various themes were given in the said period, table tennis competitions took place regularly, competitions in chess and checkers were organized, general knowledge quizzes were executed. Sport activities were organized in the facility gym each Saturday. A total of 57 sport events were organized in the facility gym in 2010. Sport club was enriched with a fitness for detained persons, which was used on a daily basis.

Detained persons – juveniles, detained women and men also participated in leisure time activities. These activities were aimed at a general development of personality and included a wide range of activities within staffing and spatial capacities of the facility.

A project of discussion-advisory group was executed in the facility in 2010 in cooperation with the association „AA“ (anonymous alcoholics), aimed at educational activity in the field of addictions (alcohol, drugs, gambling...). A total of 20 detained

persons were assigned to the discussion-advisory group and 20 meetings of its members took place in 2010. This activity continues also in 2011.

11.5 Secondary prevention

The corps uses for finding drug penetration into prisons screening multipanel qualitative tests, which use reaction of biological sample with specific antibody against the drug or its metabolites. Their advantage is high sensitivity, simple and quick usage also by non-healthcare worker and price availability. A sample of saliva or urine is used for testing. Examinations are made on a random basis as well as on targeted basis in cooperation with the section/group of preventive-safety service in facilities.

The limitation of its usage is that it cannot serve as evidence material in court disputes (only the blood test is relevant there), their qualitative or semi-quantitative informative value does not provide an exact information about the time and volume of used substance (e.g. use of THC is present in saliva for several days or hours, in urine several months). Drug tests are therefore useful everywhere, where it is necessary to determine very quickly and simply, but only on an orientation basis, if the detained person used or did not use a drug. In case the screening test is positive, toxicological examination of blood is made, which enables also quantitative detection of the illegal substance. This examination at the same time serves as evidential material in court disputes.

NMCD note: More detailed numbers of drug addicted detained persons are in the chapter 9.

2877 clients were examined in facilities in 2010 for the presence of drugs in urine. Individual clients in some facilities were positive for several drugs in urine and these were examined with multi 4/1 – multiparameter testing cassettes. From the said number, 107 clients were positive for benzodiazepines, 12 for barbiturates, 30 for opiates, 71 for cannabis (THC), 31 for amphetamines and 31 for other substances. There were 254 positive detections 254 (14.49% of performed tests). We positively appreciate the fact that in comparison to the year 2009, positive detections of presence of drugs in urine of detained persons decreased by 179, and that despite the fact that there were by 1479 more examinations for the presence of drugs in urine performed in 2010 as compared to 2009.

Table 11.5.1: Assessment of drug screening for the year 2010

Prison facility		number of tests	Positive results							
			BENZ	BARB	OPIAT	THC	AMPHE	OTHER	TOTAL	%
1	Banská Bystrica	77	24	5	20	38	24	-	111	144.16%
2	Kráľová	132	11	-	-	-	-	-	11	8.33%
3	Bratislava	95	2	-	-	-	-	3	5	5.26%
4	Dubnica n/V.	43	5	-	-	-	-	-	5	11.63%
5	Hrnčiarovce n/P.	86	6	-	-	-	-	-	6	6.98%
6	Ilava	61	5	1	-	-	-	-	6	9.84%
7	Košice	44	-	-	-	-	-	-	-	-
8	Košice - Šaca	54	-	-	-	-	-	-	-	-
9	Leopoldov	251	37	5	5	9	-	-	56	22.31%
10	Levoča	51	3	-	-	-	-	-	3	5.88%
11	Sučany	181	-	-	1	-	-	-	1	0.55%
12	Nitra	113	-	-	-	-	-	-	-	-
13	N. - Chrenová	207	5	-	-	-	-	-	5	2.42%
14	Prešov	132	-	1	-	1	5	-	7	5.30%
15	Ružomberok	23	1	-	-	2	-	-	3	13.04%
16	Trenčín	948	4	-	3	-	-	-	7	0.74%
17	Želiezovce	264	-	-	-	-	-	-	-	-
18	Žilina	115	4	-	1	21	2	-	28	24.35%
Total:		**2877**	**107**	**12**	**30**	**71**	**31**	**3**	**254**	**8.83%**

Abbreviations used:

BENZ. – benzodiazepines; BARB. – barbiturates; THC – marijuana; AMPHE. – amphetamines

The method of execution of the drug screening is not fully unified within the corps, but it is left within the scope of competence of respective sections of official duties of facilities. These sections of official duties of facilities include especially healthcare facilities and preventive-safety service. The drug screening is made either randomly or on target for detained persons, where there is any suspicion of drug presence upon the start of the execution of imprisonment and execution of sentence or during the execution of imprisonment or execution of sentence. It is also made for detained persons on the grounds of knowledge that they could have come into contact with drugs in the past.

Intensity and number of screening examinations primarily depends on the available volume of multidetection testing cassettes taking into account the allocation of financial means for individual facilities for their purchase. The situation concerning economic possibilities of individual facilities was less favourable in 2010, but this was not reflected in the total number of performed tests, as facilities had stock of multidetection testing cassettes from the previous period. It can be however expected that the lack of financial means will show in 2011 also in the number of performed screening tests.

11.5.1 Drug-free zones in prison facilities

Drug-free zones are established under the conditions of the corps for the purpose of limiting risk factors of access and contact of the detained person with narcotics, psychotropic substances, their precursors and poisons, alcoholic drinks and the aim to provide optimum conditions for psychical, social and physical development of the detained person by applying anti-drug programmes. A drug-free zone is established for detained persons in compliance with principles of internal differentiation as a separate community or group; it can be established as one organizational unit in an open department. Establishment and cancelling of a drug-free zone is decided about by the general director of the corps.

Every detained person is informed upon its arrival to the sentence execution about possibilities and conditions of placement into the drug-free zone, about its rules and principles. Only such detained person can be placed into the drug-free zone in the facility, who did not do business with drug, did not use drug, used drug but is currently motivated to abstinence and willingness to subject to rules of the drug-free zone and detained person, who successfully underwent treatment of drug addictions and anti-alcoholic treatment or court ordered protective treatment.

The director of the facility decides about the application of the detained person to be placed into the drug-free zone after consultation with the placement committee. The application of the detained person for placement to the drug-free zone with stating opinion is submitted to the placement committee for consultation by the educator in cooperation with the psychologist. The detained person signs a declaration, in which s/he agrees to respect rules and principles of the drug-free zone, before placement into the drug-free zone.

The aim of treatment of the detained person in the drug-free zone is to lead him/her to a conviction that toxicomania is one of possible factors conditioning criminal activity and occurrence of personality problems so as s/he can rationally solve and cope with life situations without the drug. It is aimed at the primary prevention of the detained person, who did not use drugs, but such person can be due to the tendency to conformity and imitating considered in this relation to be risk person and secondary prevention of detained person who already used drugs and there is a risk of repeated using.

The treatment in the drug-free zone puts emphasis on usage of group forms of treatment, which are aimed at preventive anti-drug programmes. Group forms of treatment include group advisory, social learning, social training, relaxation, club activities of interest, cultural, or sport nature. The treatment programme of the drug-free zone is aimed at adaptation of the detained person to conditions of the execution of the sentence, rational tackling of problems, change of opinions about himself/herself, about society, its values and standards, reassessment of attitudes to committed criminal act and imposed sentence, evaluation of behaviour and its changes, especially in relation to drug using. The drug-free zone creates spatial and material conditions, which provide for the detained person active spending of leisure time (e.g. sport or interest activities).

The detained person undergoes personal searches and is subject to ordered measures for the purpose of detection usage of alcohol or drugs within preventive measures and procedures in the drug-free zone due to prevention of production or possession of drugs or alcohol. If usage of any substance is detected of the detained person after testing for using drugs or alcohol, the educator elaborated a proposal for

removal of the detained person from the drug-free zone. The removal of the detained person from the drug-free zone is decided about by the director of the facility.

The activity of the drug-free zone is usually provided by the educator, psychologist, social worker and healthcare staff in the facility. The director of the facility can ask for cooperation in treatment in the drug-free zone also workers from the department of social affairs of the office of labour, social affairs and family, or also from other institutions, voluntary associations, church and charitable institutions.

Drug-free zones were in 2010 established in 6 facilities with the total number of places 262.

Table 11.5.2: Drug-free zones in prison facilities and in open departments

Drug-free zone	Number of places - 2010
Košice – Šaca Prison Fac.	29
Sučany Prison Fac. for Juveniles	25
Nitra – Chrenová Prison Fac. (women)	10
Open department Opatovce	43
Open department Prešov	100
Želiezovce Prison Fac.	55
Total	**262**

11.5.1.1 Drug-free zone and department of voluntary treatment of drug addicts in the Prison Facility for Juveniles in Sučany

The penitentiary treatment is based on the principle that every detained person in the execution of sentence is entitled to the provision of educational, psychological, social and health care in compliance with his/her individual resocialization needs. Special attention is paid to tackling the issue of drug addictions of detained persons – juveniles during the execution of sentence and prevention of drug criminality.

The „department of voluntary treatment of drug addicts“ (hereinafter only as the „voluntary treatment department“) was established in the facility in 1998 with the aim to tackle the elimination of drug addiction, but especially to apply efficient prevention of juvenile detained persons. Drug addicts can within the voluntary treatment departments undergo specialized treatment or intensive voluntary treatment. A drug-free zone was established in the facility in 2001, where the resocialization influence is aimed at complex prevention of drug and alcohol addiction.

The whole drug-free zone has capacity 33 accommodation places and it is formed with the section with capacity 18 places for detained persons – juveniles with positive resocialization prognosis and the already mentioned voluntary treatment department with capacity 15 places for detained persons – juveniles with positive and less positive resocialization prognosis. 37 detained persons – juveniles underwent in 2010 treatment in the voluntary treatment department.

The aim of treatment in the drug-free zone is to lead detained persons – juveniles to understanding the toxicomania as one of the factors conditioning criminal activity and occurrence of personality problems so as s/he would be able to deal and cope with life situations rationally and without drugs.

The basic form of treatment in the drug-free zone is individual work and community system, where forms and methods of educational and psychological activity, social work, spiritual service, education and cultural-educative activity, inclusion in work, adherence to set order and discipline (regime) are utilized in the interest of development of physical and psychical health of the juvenile convict, his/her preparation for release and life after the completion of his/her sentence.

The treatment in the drug-free zone is aimed at:

1. **primary prevention** for the juvenile detained person, who did not use drugs, but it can be considered to be at risk due to tendency to conformity and imitation,
2. **secondary prevention** for the juvenile detained person, who already used drugs and there is a risk of its repeated using (relapse),
3. **treatment of drug addictions in the voluntary treatment department.**

The facility organized within the prevention of criminality and other anti-social activity 12 discussions at elementary and secondary schools, aimed at the prevention of criminality and drug addictions in the region of Martin. These were attended by detained persons – juveniles accompanied by the educator, nurse from the section of nursing care and psychologist. It appears to be „good“ to use the created potential by detained persons – juveniles themselves during the treatment and to pass it to the same-age group outside. Interaction between the client of the voluntary treatment department and students functions bidirectional positively. The client of the voluntary treatment department obtains by means of feedback an insight into his/her own past consumption of drugs. S/he sees at what age s/he started and s/he starts to feel sorry about all the things s/he missed when s/he sees the carefreedom of students. S/he also acquires a feeling that a man can have value for himself as well as for others by passing over the negative experience. S/he at the same time strengthens his/her own will to abstinence, what can help him/her to improve the quality of life after the release from the treatment and from the execution of the sentence.

As compared to previous years, there was a change of spectrum of used psychoactive substances observed in the facility in 2010 and especially an increase of drug polyphagia. Formerly rare combination of alcohol and other drugs is also becoming a rule and the shift in spectrum of used substances towards cheaper narcotics, which are also of less quality, is also evident, what can be already seen and can be shown in the near future in the health condition of patients. The prison staff performs within the whole facility for both adult and juvenile detained persons preventive activities in form of lectures and discussions with anti-drug themes.

11.6 Social reintegration of drug users after release from sentence execution

The execution of sentence is for detained persons an extraordinary life change, negative consequence of which can be disruption of family and partnership relations, weakening or dissolution of social links, deterioration of life standard, decrease of social and personal activities and frustration related to it and their negative consequences.

Social work in the execution of sentence is performed in insolation of detained persons from the society, whereas especially in case of long-term sentences the detained persons loose contacts with the outside world and consequently also real ideas about functioning of social relations and links, possibilities of social

competence are weakened and social skills are disappearing. These are the causes causing serious problems for detained persons in the area of social adjustment on the freedom after the completion of the sentence.

The execution of penitentiary social work with detained persons can be organizationally divided to following stages:

1. input stage (social diagnostics),
2. interim stage (social help for the convict),
3. pre-output and output stage.

11.6.1 Pre-output and output stage

this stage starts two months prior to the release of the convict from the execution of the sentence. Social worker makes a so-called output interview with the detained person, assesses his/her stay in the execution of sentence, solution of his/her social problems, efficiency of the execution of the plan of social help and elaborates an announcement about the oncoming release from the execution of sentence, which is sent to the curator. In compliance with internal regulation, the social worker informs the detained person prior to the release to freedom about the method of provision of social help within post-penitentiary care and directs his/her further proceeding with its application. The social worker instructs the detained person about rights and obligations of job applicants, informs him/her about his/her entitlement to social benefits, motivates him/her to looking for job, helps to provide accommodation after the execution of sentence, if the detained person does not have anywhere to come back (asylum facilities, hospices), provides civil clothes in cooperation with charitable organizations for the convicts. The social worker verifies in this stage the efficiency of chosen procedures and methods for achievement of the purpose of provision of social help to the detained person during the execution of the sentence and at the same time obtains information from the curator from the office of labour, social affairs and family about his/her reintegration into the society after the release to freedom.

The social worker anticipates during all three stages active cooperation with the detained person and his/her active approach to diagnostic procedures and with solving the social situation. We should not forget the cooperation of the social worker with the educator, who had the detained person in the educated collective. Similarly to social worker, the educator directly participates in the execution of resocialization of the detained person. The social worker of course closely cooperates in the execution of the social work also with other professionals in solving social problems of the convict during the execution of the sentence.

The corps cooperates in treating detained persons and fulfilling tasks related to the programme of treatment with state authorities, territorial self-government bodies, legal entities, natural persons, interest associations of citizens, churches, religious institutions, foundations and charitable organizations operating in compliance with generally binding legal regulations. A condition for such cooperation is the consent of the director of the facility and in certain determined cases also a presentation of a project.

Pursuant to the Act No. 305/2005 Coll. on Social and Legal Protection of Children and on Social Legal Guardianship and on amendment and supplementation of certain acts (hereinafter only as the „act on social legal protection of children“), the detained person is entitled to the provision of help to bodies of social legal protection of children and social legal guardianship. Representatives of mentioned bodies and

organizations can during the term of the execution of the sentence be in personal and written contact with the detained person, be interested in his/her behaviour with the aim to help him/her with creating conditions after the release to freedom from the execution of the sentence. Representatives of mentioned bodies and organizations can also visit the detained person in the execution of sentence on date stipulated by the director of the facility. The facility can on their request provide information about the behaviour of the detained person, but the condition for this is the consent of the detained person.

The cooperation of said bodies and organizations in the process of penitentiary treatment rests in participation in solving social problems of the detained person by creating favourable conditions after the release from the execution of sentence, in organizing, providing and executing cultural-educative activities and education; they can also participate in material-technical equipment of classrooms, rooms for sport and interest activities, in support and help with applying new methods of resocialization, organizing specialized seminars and specialized preparation of the staff for treatment of the detained person. Professional workers of the facility, judges, attorneys, workers of other bodies and organizations co-act in the execution of educative events for detained persons in the social, legal, medical and other fields. The detained person with necessary professional qualification can also be entrusted with making a lecture or a discussion, if appropriate.

The task of the social worker is to strive for development and self-fulfilment of detained persons, objective and disciplined usage of his/her knowledge and skills for his/her benefit. The quality of social work depends also on the cooperation between social workers themselves, as well as educators, who are the first contact person in the execution of the sentence, to whom the detained person turns. In relation to solving social problems of detained persons during the execution of the sentence, the cooperation of the social worker with professionals in the facility and with other departments (economic, organizational-legal, healthcare etc.) is necessary, they participate in the execution of the programme of treatment and application of other methods and procedures of work. The social worker cooperates especially with the following professional prison staff:

- ***facility psychologist*** – when working with detained persons, where s/he identifies problems of the prison environment, decompensation state, frustration, maladaptivity, interpersonal problems, psychosomatic problems,
- ***educators*** – cooperates with organizing cultural-educative activity, all-facility events – such as sport events, knowledge quizzes, lectures, educative activity aimed at prevention of drug addictions, with provision of job and visits of detained persons,
- ***doctor*** – with social work with partially disabled, detained persons with permanent health damage, requiring increased medical care and regular maintained medicinal treatment,
- ***regime officer***, who provides the social worker with valuable advice about detained persons, changes of behaviour attitudes, cooperates with him/her during both individual and group work,
- ***other staff of the facility*** – especially in the interest of solving problems of detained persons related to financial matters, length of sentence, or also other problems.

11.6.2 Cooperation of the social worker with other institutions

With regard to continuous penitentiary and post-penitentiary care, the social worker of the sentence execution department cooperates with social workers from offices of labour, social affairs and family, curators (pursuant to the act on social legal

protection of children), probation and mediation officers in courts, municipal and city offices, social insurance company, police, schools, asylum facilities, charitable organizations, notary offices and other state and non-state bodies and organizations, as well as with families of detained persons, through which s/he solves social problems of the detained person and at the same time provides information about the detained person pursuant to special and internal regulations. A close cooperation with said institutions is necessary with regard to solution of personal, family and wider social problems of detained persons. A particularity of social work in the sentence execution is that it takes place in isolation and communication with bodies participating in the post-penitentiary care is made in writing form. The social worker does not visit detained persons released from the sentence execution and thus there is no feedback.

With regard to cooperation of the social worker of the facility with other institutions, we deem the cooperation with social curators, probation and mediation officers to be most important.

The most efficient methods of recidivism prevention include reliably organized post-penitentiary care. That belongs to the scope of competence of the Ministry of Labour, Social Affairs and Family of the Slovak Republic, which social curators are subject to, and Ministry of Justice of the Slovak Republic, which probation and mediation officers are subject to.

Social curators help people released from the sentence execution to find jobs. Help with accommodation remains a big problem. Very few municipalities participate in provision of social dormitories. Released persons are provided with material help in form of one-time financial contribution, monetary loan, or material aid. Then it is also advisory activity. It relates especially to problems of inter-personal relations with regard to re-inclusion to the society.

The Ministry of Justice of the Slovak Republic participates in managing and directing the executions of probation and mediation. Probation and mediation are performed by probation and mediation officers.

Probation officers provide organization and execution of the supervision of the charged and convict, control of the sentence execution, which is not connected with imprisonment, including imposed obligation or restriction, supervision of the behaviour of the detained person during probationary period in case of conditional release from the sentence execution, helping the convict to lead proper life and to be able to meet conditions imposed on him/her.

Mediation officer provides out of court mediation of solution between the aggrieved and the convict. Officers proceed with the execution of probation and mediation in cooperation with social security bodies, schools, school and healthcare facilities, interest associations of citizens, foundations, but also with registered churches and religious organizations and other institutions providing generally benefiting services.

We can thus conclude that the social worker in cooperation with professional prison staff and bodies and institutions participating in the post-penitentiary care creates preconditions for successful integration of detained persons into the civil life with their full participation, if possible.

11.6.3 Cooperation of the Corps of Prison and Court Guard with civic associations

11.6.3.1 Civic association Odyseus

The Department of Execution of Imprisonment and Execution of Sentence of the Directorate General of the Corps in cooperation with the Department of Healthcare of the Directorate General of the Corps started for the purpose of improving the anti-drug prevention in prison facilities cooperation with the civic association Odyseus. The cooperation with the said association rests in organizing professional seminars for members of the corps from individual facilities dealing with work with drug addicted criminal offenders in the field of anti-drug prevention and provision of post-penitentiary care to drug addicted convicts after the release from the sentence execution. Drug addicted detained persons are prior to the release to freedom informed by the social worker about the existence of the civic association Odyseus and about possibilities of contacting workers of this civic association.

11.6.3.2 Civic association Erudio

Detained persons from the Prison Facility *Hrnčiarovce nad Parnou* participated in December 2010 in the execution of the project „Children and Drugs II“ with sub-title „Bitter Reality Named Drug“ (hereinafter only as the „project“) in cooperation with the civic association Erudio Bratislava. They contributed with their active participation to creating a documentary movie, which will be used for prevention of drug addictions as means of prevention of criminality and its aim is to point out consequences of drug using and to inform the target group – youth from secondary schools about the environment in the sentence execution and to provide testimonies of detained persons about drug criminality.

The project was executed under the auspices of the Government Office of the Slovak Republic within the „National Anti-Drug Strategy for Years 2009 – 2012“ (supported from the grant programme of the Government Office of the Slovak Republic for the support of programmes, initiatives and activities of the national anti-drug strategy) and its main priority is to prevent drug using of individuals and to decrease health and social consequences related to drug using in society by means of distribution of interventions based on acquired knowledge and good experience.

11.7 Quality of services - methodological information and restrictions of collection of data, resources and assessments

Organizational, methodical and control bodies serve for the provision of quality of services provided in the prison system in the field of provided healthcare in relation to drug issues. Healthcare facilities of the corps are organizationally and methodically directly controlled by the Department of Healthcare of the Directorate General of the Corps. Same as healthcare providers, they are controlled by control bodies of the state (Regional Public Health Office, Healthcare Surveillance Authority, health insurance companies, social insurance company etc.). There are several standards for nursing processes elaborated within the corps, which are regularly checked by performing an internal audit. Diagnostic and treatment standards in the field of protective treatment in corps facilities are currently being elaborated.

The questionnaire method is used in practice for detection of drug users, as well as risk rate of their behaviour and preference of drugs. This method currently seems

to be suitable and sufficiently informative. It at the same time captures a cross-section through the whole sample of detained population. Its disadvantage might be only not always sufficiently clear terminology (e.g. in the area of distinguishing primary and secondary drug etc.). There are certain legal and economical restrictions in the field of systematic determination of blood transmitted diseases, which do not allow to perform full-area screening of all detained persons for the selected types of blood transmitted diseases. There is therefore currently performed serological testing for detection of presence of hepatitis B, C HIV, lues and others of those detained persons, where the examination showed occurrence of risk behaviour (homosexual intercourse, injection using of drugs, tattoos, piercing). However, this method of selection is limited by the yield of anamnestic data of examined person. Tests are also performed on the grounds of reasoned request of the examined person.

11.8 Discussion

From the point of view of „equality of care“ in the area of drugs problem, the healthcare is provided in compliance with newest knowledge of science respecting specific conditions of the prison system. Nevertheless, it would be suitable to have epidemiologic information of higher quality, especially in the area of infectious diseases in relation with regard to making the work in the area of „harm reduction“ better. Such epidemiologic data could be detected by means of screening tests of all persons coming to the execution of imprisonment or execution of sentence with focus on the most frequent blood transmitted diseases (hepatitis B, C, HIV, lues), same as it is currently with the area screening test of TBC of lungs of detained persons, which is paid by health insurance companies and that despite the fact that the TBC incidence rate is decreasing in the population in comparison to chronic hepatitis.

12 DRUGS USERS WITH CHILDREN

12.1 Introduction

A specific group of drug users are users with children.

Despite the unifying common characteristic of this group – taking care of own or entrusted children and simultaneous use of psychotropic substances – this is by no means a homogenous group.

In addition to occasional or weekend drug users with smaller addictive potential and group misusing or abusing therapeutic medicaments, this group includes also drug addicted users of opioids or stimulants, out of which some do not know or do not want to solve this problem, and yet others are in some stage of treatment or in maintenance substitution programme.

It is the information from the treatment which forms the most accurate source of information about the share of patients – drug users who take care of children. Such information have a limited informing ability with regard to total epidemiologic indicators, but they can provide a certain picture of the share and structure of these users as compared to the population of all treated, who formed a reference sample for the comparison.

12.2 Epidemiologic characteristics

Out of all reported treatments of drug users, the number of whom was 1609 in total in 2010 in Slovakia (inpatient + outpatient), the number of patients with children was 131, what is not very numerous sample for a deeper analysis – it represents 18.4% out of the total number of reported patients.

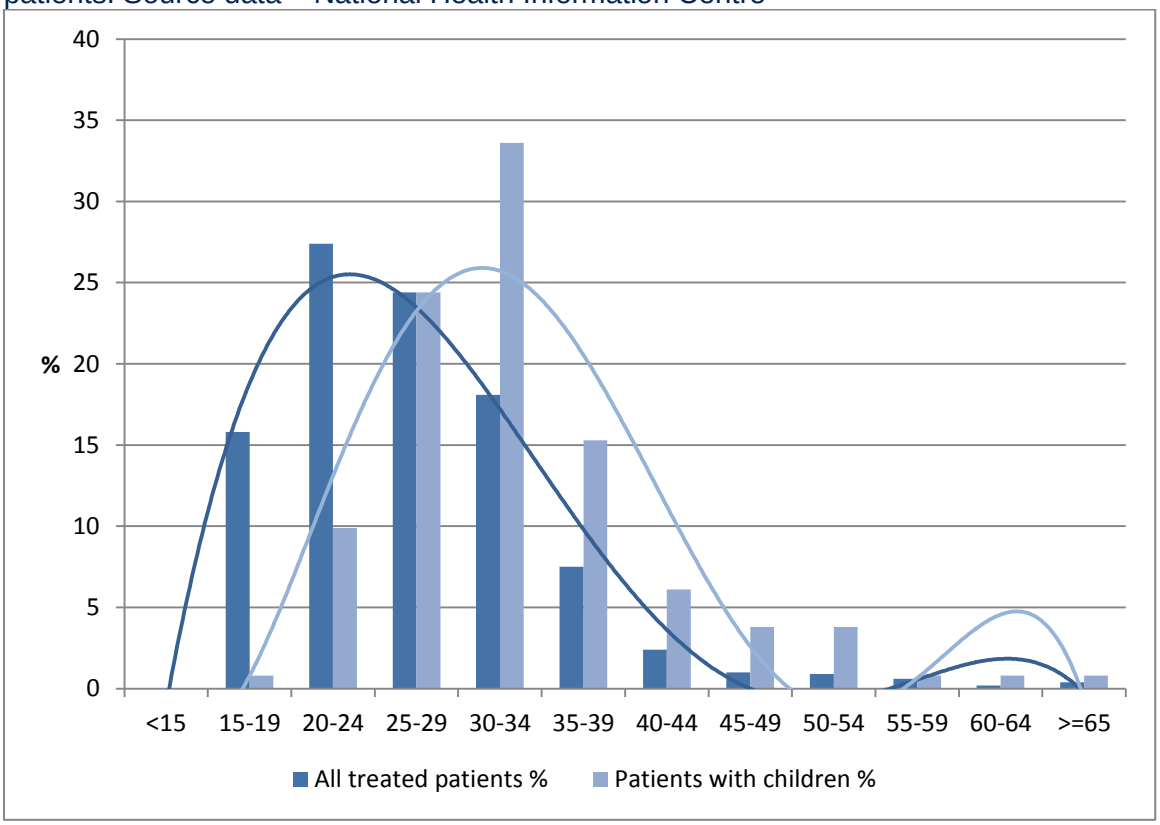
It is known from the practice that partnership and parentage can be a very strong motive for stopping drug use, especially with regard to women. The bigger share of women in this group was therefore a surprise (almost 40%) as compared to the reference group (all treated drug users), in which women formed only around 20%. This apparent conflict could have been caused by the fact that these are data from the treatment – from this point of view it would point to higher motivation of women with children to deal with their drug problem by entering treatment.

The said statement is supported also by data about the method of sending into the treatment. Almost a half of patients with children (47%) stated that they came to treatment by themselves, whereas in the total sample of the treated due to drug use only a third did so.

The average age in the total group of users with children was 33.3 years (men – 31.7 years; women - 36 years).

Whereas in the reference group of all treated the highest share of treated was in the age group 25-29 years for men and 20-24 for women, the most numerous age group of both men and women in the group of users with children was the age group of 30-34 years. The difference in the age of men and women in the reference group can be probably assigned also to the fact that there is a higher share of use of drugs from the group of sedatives and hypnotics, the use of which is bound to higher age groups, with regard to women.

Figure 12.2.1: Age distribution of patients with children, in comparison with all treated patients. Source data – National Health Information Centre



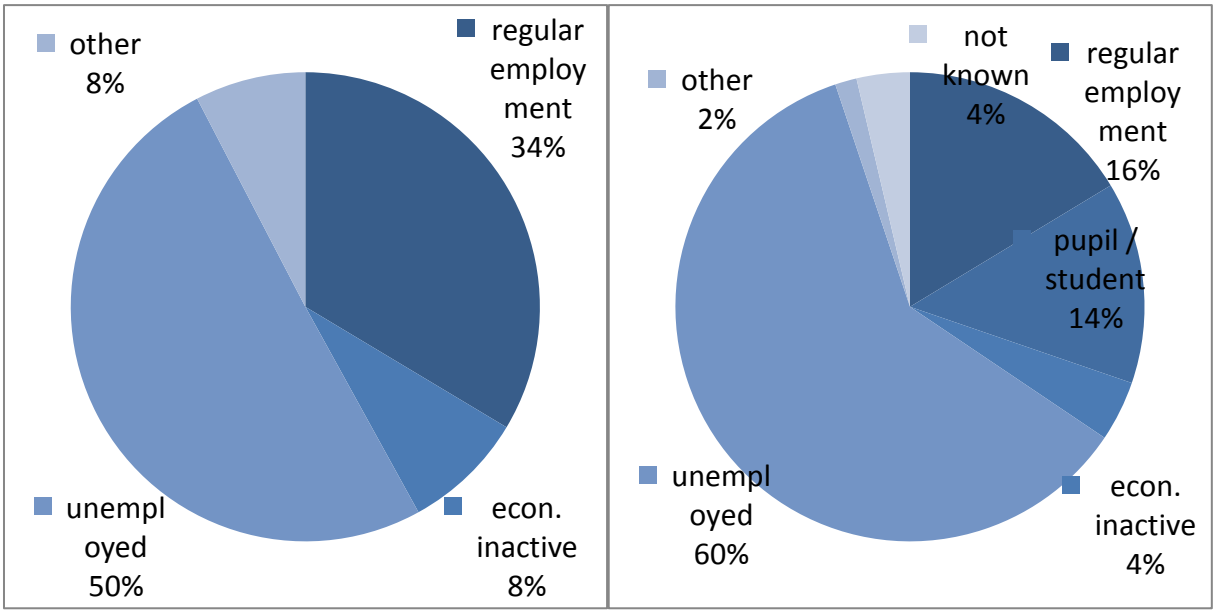
The share of patients treated for the first time (41.2%) in the sample of treated patients with children was slightly lower than in the reference sample (45.5%), and that of both men and women. This can be connected to the later arrival of children care as compared to the start of drug use.

We found out from the point of view of family background that the group of single parents with child is formed among treated patients almost exclusively by women (14, i.e. 93.3% of single parents), and only one single parent was a man. Luckily the group of single parents with child/children, where the negligence of parental obligations and upbringing represents an increased risk, is not high: out of all treated drug users with children it is only 11.5%, in the total group of treated only 0.9%. Remaining 88.5% treated drug users taking care of child/children have partner.

The fact that almost 94% of men and women taking care of child or children had stable accommodation can be considered positive.

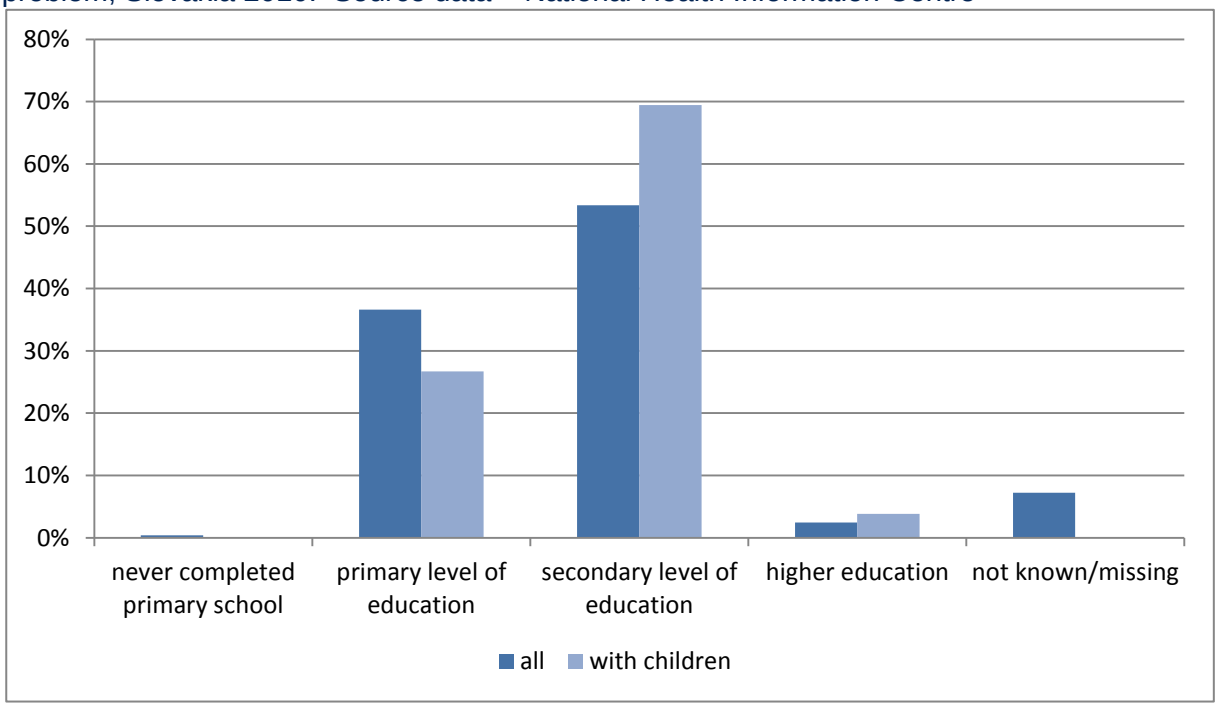
An important indication of the social status of treated drug users with children is their economic status. It is gratifying that in comparison to the reference sample (all treated patients), the share of unemployed is significantly lower in this group (50.4% as compared to 60.4%) and that both of men, where the difference is as much as 10.2%, and of women. As much as a third of treated drug users with children had regular employment, whereas it is less than a sixth in the total group of treated.

Figure 12.2.2: Composition of patients with children, by their economic status (left), and comparison with all patients (right). Source data – National Health Information Centre



The primary level of education was achieved by 35 patients (26.72%) (21+14), secondary level of education by 69.47% patients (57+34), what at the same time represents also the biggest part of the sample and higher education was achieved only by 3.82% (4+1) patients.

Figure 12.2.3: The highest education reached by the patients treated due to their drug problem, Slovakia 2010. Source data – National Health Information Centre



What concerns total shares of patients treated for the first time and patients treated repeatedly, the group of patients with children does not differ from the total

group of all treated patients. However, more detailed analysis according to groups of used drugs shows certain differences: there is a difference in stimulants users, where there is a significantly higher share of patients treated for the first time in the group of patients with children (66.7%) as compared to all treated patients (51.7%). On the contrary, the situation of marijuana users is completely different and the share of patients treated for the first time in relation to this drug in the group of patients with children is only 30.8%, whereas in the group of all treated patients it is as much as 61.3%. In total, the share of patients treated for marijuana use is lower with regard to patients with children (9.9%) than in the group of all treated patients (17.7%). On the contrary, percentage share of users of hypnotics and sedatives is significantly higher with regard to users with children (16%) than in the group of all treated patients, where it is only 3.7%. It is probably connected to the higher number of women in the group of users with children, as mentioned above, as the share of use of these drugs is higher with regard to women than to men.

Total overview of absolute and relative number of patients with children according to the used primary drug is stated in the table Table 12.2.1.

Table 12.2.1: Overview of drugs used by the patients with childre, and comparison with all patients. Source data – National Health Information Centre

		Opiates (total)	Coca-ine (total)	Stimu-lants (total)	Hypn. & Seda-tives (total)	Halluci-nogens (total)	Vola-tile Inha-lants	Canna-bis (total)	Other Subs-tances (total)	Not known/ Missing	Total
with children	N	48		33	21		2	13		14	131
	%	36.6	0	25.2	16	0	1.5	9.9	0	10.7	100
all	*N*	*515*	*11*	*532*	*60*	*1*	*59*	*284*	*0*	*147*	*1,609*
	%	*32.0*	*0.7*	*33.1*	*3.7*	*0.1*	*3.7*	*17.7*	*0*	*9.1*	*100*

The group of patients with children did not differ much from the values in compared group of all treated patients with regard to the method of use of stimulants as the primary drug. On the other hand, the group of patients with children used opioids by the injection method in lesser amount than the reference group of all treated patients (60% of injection users of opioids vs. 77%).

What concerns use of any drug by the injection method, the share of currently treated injection users in the group of treated patients taking care of children was also smaller (27%) as compared to the total group of treated patients (32%). Injection use of drug sometime in the past (not currently) was stated by 5 patients out of thirteen addicted to cannabis.

Frequency of use of the primary drug by patients taking care of children did not show any significant differences between genders. Opiates were used by both men and women in the same way on daily basis; use 2 to 6 times per week prevailed for stimulants. Daily or almost daily use prevailed also for cannabis.

In general it can be therefore summed that the group of treated drug users with children forms relatively small share of all treated users, with higher proportional representation of women and with higher age average. This group is better with regard to social and economic situation, with higher rate of stable accommodation, lower rate of unemployment, and with prevailing secondary level of education. It does not differ from the reference group with relative number with regard to used drugs; tendency to lower rate of risk behaviour with regard to frequency of use and injection

use is shown. This is a group of users who have longer experience with drug use – the rate of patients treated for the first time is lower than the share of patients treated for the first time in the reference group. They come to start the treatment on their own initiative more often.

12.3 Programmes for parents with children

The treatment can for the drug user taking care of one or more children – especially if alone for it – represent problem also from the organizational point of view, whether it concerns care for children for the period of inpatient treatment, or during the day during the time of therapeutic group. Specifically targeted programmes are rather an exemption than a rule, probably also with regard to the fact that patients with children do not form very numerous group and responsible care for children during treatment programmes brings significant organizational issues. We have currently information about only one programme adjusted to parents with children, who do not have any place to put the child in during therapeutic activities. This programme is in operation in the biggest specialized healthcare facility for the treatment of drug and alcohol addictions, in the Centre of Treatment of Drug Addictions in Bratislava. It has been started on 27 August 2010 within the programme of service improvement, with the aim to make it easier for such patients to participate in therapeutic activities, as patients showed motivation to participate, but had problems with placement of their children. They have created for children of patients a so-called "Corner for children", where children can during therapeutic activities of parent/parents play or draw, or otherwise spend time under supervision. A total of 21 children[115] were taken care of during therapeutic activities from the start of the programme for approximately one year (data as of 16.08. 2011).

12.4 Legislative framework

Children in families and partnerships, where one or both parents are drug users, are exposed to increased risk – from co-dependence thru various disorders of personality, psychological and social development, behaviour disorders or social inclusion.

Similar risks are also increased for instance in case of alcoholism, or in disrupted or incomplete families. The legislation therefore protects such endangered children complexly and not specifically according to the type of problems faced by adults in families with children. Despite that, legal regulations remember also such specific cases.

It is especially necessary to handle cases, when there is no one to take care of the children – whether due to problems of parents with drugs, or due to other reasons, and also cases where parent or parents are present, but there are outages in the care for children, or the care is insufficient due to parent/parents having problems with unhandled drug use.

Therefore probably the most important laws in this area are the Act No. 36/2005 Coll. on Family and the Act No. 305/2005 Coll. on Social-Legal Protection of Children and Social Guardianship and on change and amendment of certain laws. The former is aimed at the family, its functioning and failures; the latter specifies the competences of state with regard to the protection of children.

[115] Slezáková, S., oral information about the CTDA Bratislava programme, September 2011

The Act on Family introduces in the Section 44 thereof the notion “substitute care”, what is an institute taking over the care of parents for minor children “in cases, when parents do not or cannot provide it”. Such care can occur only by the decision of the court and its content is formed by rights and obligations specified by the law or court decision.

The institute of substitute care consists of following possibilities:

1. entrusting of the minor child to personal care of physical individual other than the parent (hereinafter referred to only as the "substitute personal care"),
2. foster care, and
3. institutional care.

The court always takes into account the interest of the minor child when deciding about the method of substitute care. In case it orders institutional care, the court shall also exactly specify the facility, in which the child is to be placed, with regard to the interest of the child and possible sibling relations.

The act at the same time imposes to monitor and to assess in at least half-year intervals the efficiency of the institutional care in cooperation with other concerned parties. If the court ordered institutional care due to reasons on the part of parents, it shall also give parents in its decision an adequate period for remedy of their family and social conditions so as they can alone take care of the minor child. If parents provide the remedy of their family and social conditions within the given period, the court cancels the institutional care. If parents fail to remedy their family and social conditions within the given period, the court shall start, also without motion, the proceedings about entrusting the child into substitute personal care or proceedings about the entrusting of the child into foster care.

The Act No. 305/2005 Coll. on Social-Legal Protection of Children and Social Guardianship and on change and amendment of certain laws “specifies the social-legal protection of children and social guardianship for the provision of prevention of occurrence of crisis situations in a family, protection of rights and law-protected interests of children, prevention of worsening and repeating of disorders of psychic development, physical development and social development of children and adults and for the prevention of increase of social-pathological phenomena”.

In selection and application of measures, measures for the provision of upbringing and comprehensive development of a child in its natural family environment or in substitute family environment have priority.

Bodies executing social guardianship are however not intended only for children with endangered development, but also for adults who use drugs. Paragraph (1) of the Section 18 of the act states: “Social guardianship shall be provided by the body of social-legal protection of children and social guardianship also for an adult ...”, what concerns, inter alia, also people abusing drugs or drug addicted (letter c)).

Pursuant to data from the Central Office of Labour, Social Affairs and Family from 2009, in 2007 and 2008 more than 4400 children were placed to institutional care facilities (Table 12.4.1). It is not possible to find out the share of placed children with drug using parents out of this number.

Table 12.4.1Total number of children with ordered institutional care in years 2007 and 2008. Source: Central Office of Labour, Social Affairs and Family, Koncepcia ústavnej starostlivosti na roky 2009 – 2012, Bratislava 2009 (http://www.upsvar.sk/buxus/generate_page.php?page_id=7771)

		Number of children as of 31.12.2007	Number of children as of 31.12.2008
Social service facilities		480	414
Foster homes		3239	3424
Re-education centres	Institutional care	684	633
	Protective upbringing	40	41
Institutional care total		**4403**	**4471**

PART C ANNEXES:

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http://statistics.sk

http://vyskumymladeze.sk

http://www.sukl.sk/sk/databazy-a-servis/databazy/vyhladavanie-v-databaze-registrovanych-liekov?page_id=242

13.3 Alphabetic list of relevant Internet addresses

http://jaspi.justice.gov.sk
http://www.cpldz.sk
http://www.drogy.org
http://www.drogyinak
http://www.economy.gov.sk
http://www.emcdda.europa.eu
http://www.employment.gov.sk
http://www.euphoria-shop.sk
http://www.finance.gov.sk
http://www.genpro.gov.sk
http://www.health.gov.sk
http://www.hiv-aids.tym.sk
http://www.infodrogy.sk
http://www.justice.gov.sk
http://www.minedu.sk
http://www.minv.gov.sk
http://www.nczisk.sk
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http://www.uvzsr.sk
http://www.vlada.gov.sk
http://www.vzbb.sk
http://www.zvjs.sk

13.4 List of abbreviations:

2-CB	4-bromo-2,5-dimethoxyphenethylamine
ADF	Anti-Drug Fund
ADHD	Attention Deficiency Hyperactivity Disorder
ADS	Alcohol Dependence Scale
ASCD	Antidrug Strategy Coordination Department
AIDS	Acquired Immune Deficiency Syndrome
BM, BM DADC	Board of Ministers for Drug Addictions and Drug Control
BZP	1-benzylpiperazine
CA	Civil associations
CAGE	Cut-Annoyed-Guilty-Eye Opener, screening test on alcohol abuse
CAST	Cannabis Abuse Screening Test
CATI	Computer Assisted Telephone Interview (Standardised interview by telephone)
CCO	Customs of Criminal Office
CCP	Code of Criminal Procedure
CCPS	Centres for Counselling and Psychological Services
CEPP	Centre for Educational and Psychological prevention
CLT	Centre of Leisure Time (CVČ in Slovak)
Coll.	The Collection of Laws
CPCG	Corps of Prison and Court Guards

CSI	Custodial sentence institutions
CSP	Community Social Programme
CTDD	Centre for the Treatment of Drug Dependencies
CWS	Community Social Work Programme
CZ	Czech Republic
DRID	Drug Related Infection Diseases
EC	The European Commission
EMCDDA	European Monitoring Centre for Drug and Drug Additions
EMQ	European model questionnaire
EPIS	Epidemiological information system
EPPC	Educational and Psychological Prevention Centres
ESPAD	European School Survey Project on Alcohol and Other Drugs
Et seq.	Et sequent
EU	European Union
EUROPAD	European Opiate Addiction Treatment Association
FPP	flourophenylpiperazine
FreD	German model of timely intervention for first-time drug delinquent
GDP	Gross Domestic Product
GPO	General Prosecutor Office
GPS	General Population Survey
GS, GS BMDADC	General Secretariat of the Board of Ministers for Drug Addiction and Drug Control
HAV	hepatitis type A
HBsAg	antigen hepatitis type B
HBSC	Health Behaviour of School Aged Children
HBV	hepatitis type B
HCV	hepatitis type C
HIV	Human Immunodeficiency Virus
HOLSAF	Head Office of Labour, Social Affairs and the Family
IDU	Injection drug user
IFS PF	Institute of the Forensic Science of Police Force
IIPE	Institute of Information and Prognoses of Education
IIPE	Institute of Information and Prognoses in Education
ITR	In-treatment rate
LMP	Last month prevalence
LSD	Lysergic acid diethylamide
LTP	Lifetime Prevalence
LYP	Last Year Prevalence
mCPP	1-(4-chlorophenyl)piperazine
MD	Ministry of Defence
MDMA	metylendioxymetamphetamine
ME	Ministry of Education
MF	The Ministry of Finance

MH	Ministry of Health (MZ SR in slovak)
MI	Ministry of Interior (MV SR in slovak)
MJ	Ministry of Justice (MS SR in slovak)
MLSAF	Ministry of Labour, Social Affairs and Family (MPSVaR SR in slovak)
MO	Morphines
MT	Ministry of Transportation
MUSTAP	Multisession Standardised Printed Programme
NA	Not available
NAPPA	National Action Plan for Alcohol Problems (NAPAP)
NCC	New Criminal Code
NCMTCHB	National Centre for the Management and Treatment of Chronic Hepatitis
NCZI	National Health Information Centre (see NHIC)
NDS BFAOC	National Drug Service Bureau Of Fight Against Organised Crime; NPJ in Slovak
NGO	Non-Governmental Organization
NHIC	National Health Information Centre
NMCD	National Monitoring Centre for Drugs, Slovak Republic National Focal Point
NPFD	National Program for the Fight against Drugs
NPJ	National Drug Service Bureau Of Fight Against Organised Crime Of the Police Force Headquarters (NDS BFAOC PFH)
NPS	New psychoactive substance
NR SR	National Council of the Slovak Republic (Parliament)
NRC	National reference centre
OCC	Old Criminal Code
OLPL	narcotic substance, psychotropic substance
OP	Opioids
OSF	Open Society Foundation
PCP	Police Corps Presidium
PDU	Problem Drug Users
PORI	Public Opinion Research Institute (cancelled in 2009)
PPCC	Pedagogical and Psychological Counselling Centres (CPPPaP in Slovak)
PPF	Presidium of the Police Force
PSI	performance of the sentence of imprisonment
PSVaR Office	Local Office of Labour, Social Affairs and the Family
RC	Resocialisation centre (rehabilitation and social reintergration services in therapeutical community
REITOX	The European Information Network on Drugs and Drug Addiction
RNA	Ribonucleic acid
RPHA	Regional Public Health Authority
RR	Reasonable restrictions
SC	facility for serving of custody
SK	Slovak Republic, see SR too
SKK	Slovak koruna
SQ	Structured questionnaire

SR	The Slovak Republic, see SK too
ST	Standard table
SYPH	syphilis
TAD	Tobacco, Alcohol, Drugs – a school survey based on ESPAD methodology
TDI	Treatment demand indicator
THC	Tetrahydrocannabinol
ÚDZS	Health Care Surveillance Authority
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
ÚVZ SR	Public Health Authority of the Slovak Republic (PHA SR)
VÚDPaP	Research Institute of Child Psychology and Pathopsychology (RICPaP)
ZŠ	Elementary School
ZVJS	Zbor väzenskej a justičnej stráže = Corps of Prison and Court Guard

14 LEGISLATIVE FRAMEWORK

1. Act No. 372/1990 Coll. on Offences, which amends offences that are committed in relation to drugs.
2. Act No. 219/1996 Coll. on Protection from the Abuse of Alcoholic Beverages and on the Establishment and Operation the Sobering-up Stations
3. Act No. 121/2011 Coll. on the cancellation of the Anti-Drug Fund
    a. Government resolution No. 1/2011 the draft of bill on the cancellation of the Anti-Drug Fund
4. Act No. 139/1998 Coll. on Narcotics and Psychotropic Substances and Preparations determines conditions for growing, processing, production, control, distribution, issue, usage for scientific, development, educational and expertise activities, for import, export, transit and transport of narcotics, psychotropic substances and preparations and for handling wastes with content of narcotics and psychotropic substances.
    a. Act No. 43/2011 Coll., which changes and amends the Act No. 139/1998 Coll. on Narcotic Substances, Psychotropic Substances and Preparations as amended
5. Act No. 575/2001 Coll. On the government activity organisation and on organisation of the central state administration
6. Act No. 524/2010 Coll. on state subsidies provision in authority of the Government Office of the Slovak Republic
7. Act No. 140/1998 Coll. on Medicines and Medical Aids.
8. Act No. 308/2000 Coll. on Broadcasting and Retransmission and on changes to Act No. 195/2000 Coll. On Telecommunications as amended.
9. Act No. 147/2001 Coll. on Advertising and on change and amendments of some acts as amended.
10. Act 377/2004 Coll. on the Protection of Non-Smokers and on changes and amendments to certain Acts as amended.
11. Act 36/2005 Coll. on Family and on change and amendment of certain Acts.
12. Act No. 300/2005 Coll. Criminal Code.
    a. Act No. 224/2010 Coll., which changes and amends the Act No. 300/2005 Coll. as amended and on change and supplement of certain laws.
13. Act No. 301/2005 Coll. Penal Code.
    a. Act No. 262/2011 Coll., which changes and amends the Act No. 301/2005 Coll. Penal Code as amended, and which changes and supplements certain laws
14. Act No. 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended.
15. Act No. 331/2005 Coll. on State Administrative Authorities in matters of drug precursors as well as change and amendment of certain Acts.
16. Act No. 475/2005 Coll. on the Performance of the Term of Imprisonment.
17. Act No. 221/2006 Coll. on Performance of Imprisonment.
18. Act No. 124/2006 Coll. on Safety and Health Protection at work.

19. Act No. 330/2007 Coll. on Criminal Register and on change and amendment of certain Acts.
20. Act No. 245/2008 Coll. on Upbringing and Education (the School Act) and on changes and amendments to some Acts
21. Act No. 300/2008 Coll. on Organization and Support of Sports and on change and amendments of certain Acts.
22. Act No. 583/2008 Coll. on the Prevention of Crime and Other Anti-social Activities and on changes and amendments to some Acts.
23. Act 67/2010 Coll. on Conditions of Introduction of Chemical Substances and Chemical Compounds to the market and on change and amendment of certain Acts (Chemical Act).
24. Act No. 313/2011 Coll., which changes and amends the Act No. 8/2009 Coll. on Road Traffic and on change and supplement of certain laws as amended and which changes and supplements certain laws
25. Resolution of the National Council of the Slovak Republic No. 440/2011 acknowledging the Report on Medium-Term Assessment of the Fulfilment of the National Anti-Drug Strategy for the Period 2009–2010
    a. Government resolution No. 272/2011 acknowledging the Report on Medium-Term Assessment of the Fulfilment of the National Anti-Drug Strategy for the Period 2009–2010
26. Government resolution of the Slovak Republic Government No. 135/2011 about the proposal of statute of the Ministerial Council and proposal for cancellation of certain advisory bodies of the Slovak Republic
27. Resolution No. 534 of May 22, 2002 – approved proposal of institutional and financial requirements fulfilment of the SR participation in European monitoring centre for drugs and drug dependence, constituted National monitoring centre for drugs
28. Resolution No. 339 of May 4, 2005 – on extension of Board of ministers mandate for drug dependences and drug control also for legal drugs – alcohol and tobacco

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Standard Table 06	Evolution of acute/direct related deaths	Also 2009 eked
Standard Table 07	National prevalence estimates on problem drug use	No new data
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