

2013 NATIONAL REPORT (2012 data)
TO THE EMCDDA
by the Reitox national Focal Point

SLOVAKIA
New Development and Trends

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1 NATIONAL POLICY – LEGAL FRAMEWORK, STRATEGIES AND CONTEXT

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1.1 1.1 Introduction

Since the drug policy of the Slovak Republic has been formulated, it is based on the UN international treaties concerning the drugs, the Political Declaration on the Guiding Principles of Drug Demand Reduction of the Special Session of the UN General Assembly to Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (UN Commission on Narcotic Drugs, March 2009), and to World Health Organisation's policy Health for all in the 21st century. The particular source of inspiration represent the EU drug strategies and action plans – the current EU Drug Strategy for the period 2013-2020 and the EU Drug Action Plan for two periods until 2017 and 2020.

The basic programme documents for national drug policy are national strategies and related action plan/plans of the concerned ministries.

Over the last 15 years, since the first national strategic document in this field was adopted, the Slovak Republic became a member of international and European community that actively seeks solution to a complex of issues related to drug abuse and is open for any international activities that direct towards effective solution.

1.1.1 New national drug strategy 2013-2020

The currently adopted¹ National Drug Strategy of the Slovak Republic for the years 2013-2020 (hereinafter the "NDS") is the fifth consecutive document of the Government of the Slovak Republic laying down the foundation for national drug policy being further developed and updated. The general aim of the new NDS is to continue to contribute in drug demand reduction and drug supply reduction, as well as in reduction of health and social risks and harms caused by drugs. The dominant characteristic of the NDS in both main fields is an integrated and balanced European approach.

The Strategy provides a common and evidence-based framework for addressing drug issues in the Slovak Republic and beyond its territory, and a framework for joint and complementary actions, ensuring both effective and efficient use of resources invested in this field, while taking into account institutional and financial restrictions and capacity of the Slovak Republic.

¹ Resolution No. 380 of 10 July 2013.

1.1.2 Drug policy coordination, development and current political, institutional and organisational arrangements

In the years 2011- 2013, some significant changes occurred in development of drug policy coordination (Report 2012).

The competencies of political structure - the Committee of Ministers for Drug addiction and Drug Control (hereinafter the "CM DADC") which comprehensively covered the drug issues - lapsed onto the newly established Ministerial Council, and previous executive body of the CM DADC – 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 and renamed to the Department of Drug Strategy Coordination. This arrangement - political level of the Ministerial Council and executive level of the Department of Drug Strategy Coordination – created de facto two parallel structures with different competencies, without defining internal links and mechanisms.

The new government, appointed after the parliamentary elections in March 2012, has kept the Ministerial Council in existence, but it has not used its functions. In October 2012, the Government adopted a decision by the governmental regulation² approving the transfer of competencies in the field of drug policy and monitoring of drug situation in Slovakia. Since 1 January 2013 the Ministry of Health has become a new umbrella institution and bearer of objectives of drug policy in Slovakia. The Minister of the Ministry of Health has become a new political representative responsible for field of drug policy and a chairperson of a newly established advisory body of the Government of the Slovak Republic - Council of the SR Government for drug policy (*hereinafter the "Government Council"*).

1.1.2.1. Current political and institutional framework for drug policy

The Government of the Slovak Republic adopted by Resolution No. 610 of 31 October 2012 transfer of competencies in the field of drug policy and monitoring of drug situation in Slovakia.

The transfer of competencies in this field responded to the governmental resolution No. 154 of 27 April 2012, recalling the Deputy Prime Minister (without portfolio), namely the Deputy Prime Minister for Human Rights and Ethnic Minorities (hereinafter the "Deputy Prime Minister") and the Act No. 287/2012 Coll. of Laws amending and supplementing the Act No. 575/2001 Coll. of Laws on Organization of Activity of the Government and Organization of the Central State Administration as amended. The Deputy Prime Minister also became the chairperson of the Ministerial Committee for Drug Addiction and Drug Control that was cancelled by the governmental resolution No. 135 of 2 March 2011 and its competences were transferred onto the Ministerial Council.

In the view of the fact that since 1 January 2013 drug policy has not been covered by the Government Office, under the responsibility of the Deputy Prime Minister, the transfer of

² Resolution No. 610/2012 of 31 October 2012

competences in the field of drug policy and monitoring of drug situation in Slovakia, including staffing, material and technical equipment, contractual agenda and financial provision, from the Government Office to the Ministry of Health of the Slovak Republic, which cooperates with the central state administration authorities and institutions in the field of drug-related issues at international level, was proposed.

This procedure should ensure continuity of tasks fulfilment and coordination resulting from the relevant decrees of the Government of the Slovak Republic, in particular formulation, monitoring and evaluation of the NDS and monitoring of situation in the field of psychoactive substances in Slovakia, as well as actions of a coordinator of national drug information system through the National Monitoring Centre for Drugs (*hereinafter the “NMCD”*) which is a representative of the decentralized European agency – European Monitoring centre for Drug and drug Addiction, with a seat in Lisbon.

1.2 1.2 Legal framework

The essential legal framework (Report of 2010) covering the area of drug demand and drug supply has not changed in terms of a number of legislative tools and is composed by 21 acts³. However, the following amendments were adopted by 15 June 2013.

1.2.1 Legislative changes related to new synthetic drugs – amendment to Act No. 139/1998 Coll. on Narcotics and Psychotropic Substances and Preparations

To ensure more flexible response to development of new synthetic substances which have been and are available via internet (and in the chain of the so-called “Crazy shops” and Euphoria until August 2012) the Government of the Slovak Republic approved a decision allowing the control of these substances by their inclusion into the list of potentially hazardous substances and subsequent restriction of their distribution and sale. The amendment to the Act (Act No. 40/2013 Coll. of Laws) No. 139/1998 Coll. of Laws on Narcotics and Psychotropic Substances and Preparations introduced new provision effective from 1 April 2013.

Pursuant to Section 16a – List of hazardous substances

(1) Hazardous substance shall be included into the list of hazardous substances, if there are reasonable grounds for suspecting that it is abused for persistent or sporadic intentional and excessive use that is accompanied by harmful physical or psychological reactions.

(2) If it is proved within the period of three years following its inclusion in the list of hazardous substances that the hazardous substance has properties of narcotic or psychotropic substance, it

³ http://www.infodrogy.sk/ActiveWeb/d/aktualizacia_drogove/sk/drogova_legislativa.html

shall be immediately included in the list of narcotic and psychotropic substances listed in Annex No.1 and at the same time it shall be excluded from the list of hazardous substances.

(3) A hazardous substance shall be, without undue delay, excluded from the list of hazardous substances, if it is proved within the period of three years following its inclusion in the list of hazardous substances that the hazardous substance has no properties of a narcotic or psychotropic substance. The hazardous substance shall be immediately excluded from the list of hazardous substances even if it is not proved within the period stated in the first sentence that the hazardous substance has properties of narcotic or psychotropic substance.

(4) The Ministry shall issue the generally binding legal regulation setting the list of hazardous substances.

1. 1.2.1 Reduction of a term of imprisonment from four to three years – amendment to the Criminal Code

Since 1 August 2013 has entered into force the amendment to Criminal Code (Act No.300/2005 Coll. of Laws) in the meaning of which a term of imprisonment was reduced from four to three years by the Section 172. Defendant who a) manufactures b) exports, imports, transports or will transport, c) purchases, sells, exchanges, procures, or d) possesses for any period of time, any narcotic substance, psychotropic substance, poison or precursor, or who mediates such activity, shall be liable to a term of imprisonment of three to ten years.

1.2..3 Other legislative changes

amendments in course of 2012 by June 2013 ?????

1.3

1.3 National drug strategy, evaluation and coordination

1.3.1. National Drug Strategy of the Slovak Republic for the period 2013 – 2020

The new National Drug Strategy of the Slovak Republic for the period 2013-2020⁴, is defined as the fundamental strategic document of the Slovak Republic in the field of drug policy, based on the Drug Strategy of the European Union for the period 2013-2020, was approved by the Government of the Slovak Republic by the resolution No. 380 of 10 July 2013.

⁴ The National Drug Strategy is available on <http://www.infodrogy.sk/indexAction.cfm?module=Library&action=GetFile&DocumentID=1043>

The NDS document is the manifestation of political will of the Slovak Republic to address problems related to drugs, and it represents the essential document based on the former drug strategies in line with the level of current knowledge of drug phenomenon. It includes a balanced and integrated approach to one of substantial social problems, while respecting global and European values and standards focusing on respect for human rights, human dignity and protection of individual. The NDS defines direction of addressing the drug-related problems and basic framework for creation and implementation of drug strategies at the level of ministries, regions and municipalities. Its primary aim is to address problems in the area of drug supply reduction, drug demand reduction and harm reduction resulting from their use. It emphasizes the importance of reliable and comparable information, need for knowledge about development of drug scene in the context of European knowledge as a basis for making informed decisions. It is characterized by an effort to balance its individual areas and openness. It focuses on public health protection with an emphasis on ensuring the population protection against risk of drug addiction and drug abuse as well as issues related to social exclusion and social integration of excluded groups. The NDP is structured around two drug policy areas: 1) drug demand reduction and 2) drug supply reduction, and three cross-cutting themes: 1) coordination, 2) international cooperation, 3) research, information, monitoring and evaluation

The NDS takes into account new approaches and addresses new challenges and needs that have been identified over the recent years in the Slovak Republic, in particular:

- the increasing trend towards poly-substance use, including the combination of licit and illicit substances, such as alcohol and prescribed controlled medicines,
- the trend towards increase of stimulant use, mainly pervitin, other synthetic drugs of amphetamine type, as well as experimenting with new psychoactive substances (derivatives of synthetic cannabinoids and catinones),
- the need to ensure specific, effective control of prescribed controlled medicines, containing psychoactive substances and drug precursors,
- despite the decrease of injecting drug use, there is the continued high incidence of blood-borne diseases, mainly hepatitis C virus, among intravenous drug users,
- the continued potential risks of new outbreak of HIV infections and other infectious diseases as a result of risky behaviour of drug users,
- the need to improve quality, coverage, and diversification of services for drug demand reduction (prevention, treatment, social reintegration and harm reduction) on platform of separate standards of provided services,
- the need to address drug use through an integrated health care approach focusing – inter alia – on co-morbidity,
- the growing dynamics of the market with illicit drugs and new psychoactive substances, mainly in the field of their manufacture, smuggling, distribution and trafficking,

- globalisation of illegal market with drugs and precursors accelerated by use of communication and information technologies,
- novelisation of legislation aimed to effectively use criminal sanctions for the less-serious drug offences, especially by increased application of alternative sentences,
- appropriate integration of measures and services in prison in order to reduce the risks related to drug use,
- the need to prevent diversion of precursors, pre-precursors and other essential chemical substances used in the illicit manufacture of drugs from legal trade to illicit market and the need to prevent diversion of chemical substances used as cutting agents,
- addressing insufficient legislative and institutional coverage of promotion, implementation and coordination of drug policy and multidisciplinary approach to drug issues at national level in relation to the requirements of the EU legislation,
- the need to use new methods of obtaining information on drug issues.

The objectives of NDS are:

- to contribute to a measurable reduction of drug demand, drug dependence and drug-related health and social risks and harms,
- to contribute to combat drug-related crimes and illicit market with drugs and precursors and to reduce availability of illicit drugs and new psychoactive substances,
- to encourage multilevel coordination through active discussion and analysis of developments and challenges in the field of drugs at national and regional level,
- to contribute to a better dissemination of monitoring, research and evaluation results and a better understanding of all aspects of drug phenomenon, as well as the impact of interventions in order to provide comprehensive evidence-base for policies and actions,
- to further strengthen dialogue and cooperation between the EU and third countries and international organisations in the field of drug demand and supply reduction.

Priorities and actions shall ensure a high level of human health protection, social stability and security, namely through a coherent, effective and efficient implementation of measures, interventions and approaches to drug demand and drug supply reduction at national, EU and international level.

Implementation of the objectives given in the document will be funded by the state budget within the approved limits and by the financial resources of the European Union and co-financing.

1.3.2 Other programmes and strategies

1.3.2.1 Crime Prevention Strategy 2012-2015 ⁵

The crime prevention objectives emerging from the prevention strategy were differentiated in the three-level system. At national level, the objectives mainly of conceptual legislative coordination, economic, advisory, information, initiating and executive nature were provided. At other two levels (regional and local) were performed the objectives resulting from real situation, conditions, structure and dynamics of crimes in the given area.

Each of the following priorities of crime prevention represents the base for creating a strategy of central state administration authorities and for regional programmes and it relates to drug issues in both main fields – drug demand and drug supply, namely:

reduction of crime rate and crime severity as well as other antisocial activities (in particular: major and organised criminal activity; drug trafficking; computer crimes; human trafficking; sexual abuse of children and child's pornography; economic and property- related crimes; corruption; arms trafficking and over-the-border crime; violence against women);

improvement of safety within cities and municipalities (inclusion of crime prevention ideas into the development concepts of regions and municipalities; improvement of quality of social relationships; increase of residents and visitors' security);

elimination of socio-pathological phenomena in risky groups (children and youth endangered by crime and socio-pathological phenomena; family; seniors; socially excluded communities, i.e. unemployed, homeless people, disabled, people released from prison; first-time offenders; recidivists);

elimination of promotion of crime and other antisocial activities through all types of media (film, television, radio, internet, printed media).

1.3.2.2 National Action Plan for Alcohol Problems for the years 2013 – 2020⁶ (hereinafter the "NAPAP")

It was approved by the Government of the Slovak Republic by the resolution No.341/2013 of 3 July 2013. The main intention of the National Action Plan is primarily to raise awareness about health in relation to promotion of responsible, cultural and controlled use of alcohol.

The important area is prevention related to raising awareness and knowledge on adverse health and social impact, control of alcohol sale, control of purchaser's age, control of alcohol consumption at workplace and in transport.

The objectives and tasks are transmitted to individual state administration authorities. The Report on preliminary progress of Action plan for the years 2013-2020 will be elaborated in the first half of 2017, the NAPAP will be updated during 2017, together with formulation of new objectives to be fulfilled by 2020.

⁵ Evaluation report on fulfilment of objectives in the field of crime prevention emerging from the Crime Prevention Strategy and Other Antisocial Activity in the Slovak Republic for the period 2012 – 2015 for 2012.

⁶ it was adopted by the governmental resolution No. 341/2013 dated 3 July 2013

The programme is sponsored by the Public Health Authority of the Slovak Republic. It overlaps with the NDS mainly in the field of demand reduction – prevention focusing on target group of children and youth and treatment – combined use of alcohol plus illicit drugs.

1.3.2.3 National Action Plan for Tobacco Control for the years 2012-2014⁷.

The objectives of the Action plan are to improve conditions in the field of

prevention of smoking at schools (including universities), in healthcare facilities and social services facilities;

controls of smoking at public places;

controls of content and composition of tobacco products,

network of counselling services for weaning from smoking;

education in schools by issuing methodological guides for teachers, parents and children;

evaluation of effectiveness of preventive measures and adopted legislation by surveys on public opinion.

1.3.2.4 National Health Promotion Programme⁸. Main objective of the programme is a long-term improvement of health status of Slovak population by eliminating incidence of health disorders lowering the quality of life and threatening man by an early death. The latest update of the programme overlaps with the NDS objectives at least in two objectives

1) reduction of harms caused by alcohol, drugs and tobacco products and 2) reduction of a number of infectious diseases.

1.3 .4 Coordination

1.3,4.1 Coordination of drug policy at national level

At present, the highest coordination body is the Council for drug policy of Government of the Slovak Republic (*hereinafter the "Government Council"*) established on 30 April 2013. At the same time, it is an advisory and expert body of the Government of the Slovak Republic for drug policy and an issue of licit and illicit drugs. It discusses and submits to the Government

⁷ Resolution No. 763/2011

⁸ Resolution No. 797/2011

- a) National Drug Strategy as its fundamental document of implementation of state drug policy
- b) proposal for financial coverage of state drug policy,
- c) proposals addressing very serious problems in drug area in the Slovak Republic.

The Government Council also discusses

- a) the most important drug departmental programmes implementing main objectives of the National Drug Strategy,
- b) drafts of laws, legislative changes and changes related to implementation of the EU standards in the field of drug demand reduction and drug supply reduction,
- c) materials to be discussed by the Government, if their contents relate to the Government Council's scope of activity
- d) drafts for implementation of drug information system, creation of data flows and databank of information, analyses, scientific evidence and current information, foresight on character and scope of drug phenomenon,
- e) measures to implement and promote monitoring of situation in the area of drug issues under the international and national requirements, regular evaluation of monitoring,
- f) coordination and promotion of research in the field of drugs and drug addictions.

Composition of the Government Council

- a) Chairman of the Government Council - minister of Health of the SR
- b) Secretary of the Government Council – director of the Department⁹,
- c) Permanent members of the Government Council,
 1. Deputy Prime Minister of the Government and Minister of Interior,
 2. Deputy Prime Minister of the Government and Minister of Finance,
 3. Deputy Prime Minister of the Government and Minister of Foreign and European Affairs of the SR,
 4. Minister of Education, Science, Research, and Sport of the SR,
 5. Minister of Labour, Social Affairs and Family of the SR,
 6. Minister of Justice of the Slovak Republic,

⁹ Department of Drug Strategy and Monitoring of Drugs

7. Minister of Economy of the Slovak Republic,
8. General Prosecutor of the Slovak Republic,
9. Plenipotentiary of the Government of the Slovak Republic for Development of Civil Society.

^^Members of the Government Council are appointed and recalled by the Government based on the proposal of the Minister of Health.

The Plenipotentiary of the Government of the Slovak Republic for Development of Civil Society invites the elected representative of non-governmental organisations (as a non-member of the Government Council), operating in the area of drug issues, to participate in governmental session.

The Government Council ensures implementation of priorities and objectives of individual areas of the National Drug Strategy and coordinates activities of all concerned ministries, other central state administration authorities and other central bodies, organizations and institutions involved in its implementation. It ensures continuity of taken actions and activities in terms of material, temporal, spatial progress as well as in terms of ways of their implementation and fulfilment¹⁰. The Government Council also coordinates the fulfilment of tasks arising from the international treaties by which the Slovak Republic is bound based on its membership in the European Union and international organisations. It elaborates aims and objectives of the EU Drug Strategy and European Action Plan to Combat Drugs, provides their implementation at national level. Within the multidisciplinary cooperation, it mediates transfer of information from abroad, mainly from the European Union, United Nations, Council of Europe, World Health Organisation and other international bodies, organisations and institutions, involved in drug demand reduction and drug supply reduction and other addictive substances.

1.3.4.1 Department of Coordination of Drug Strategy and Monitoring of Drugs

The executive body of the Government Council is the Department of Coordination of Drug Strategy and Monitoring of Drugs (hereinafter the “Department”) established within the organisational

¹⁰ Evaluation of fulfilment of tasks arising from strategy and action plans is performed in two phases - interim or mid-term evaluation which is carried out when half of the given period is over.

Final evaluation of the NPS 2009-2012 will be officially submitted to the Government to be discussed at the end of 2013, instead of original deadline of 31 March 2013, due to organisational and technical reasons. The reason for a change of deadline was transfer of the Department of Coordination of Drug Strategy and Monitoring of Drugs from the Government Office of the SR to the Ministry of Health of the SR.

structure of the Ministry of Health of the SR. The Department executes the tasks related to organisational, administrative and technical provision of activity of the Government Council, is responsible for fulfilment of adopted resolution of the Government of the SR and Government Council, for coordination and implementation of the NDS.

It represents the SR in international bodies, organisations and institutions operating in the given area (mainly in the European Union, United Nations and Council of Europe), proposes the Slovak representatives and experts of these bodies, organisations and institutions.

It submits information on identification and competencies of bodies responsible for implementation of provisions of international conventions and their amendments to the Secretary General of the United Nations.

In the organisational structure of the Ministry of Health of the SR, the Department falls under the direct competency of the General Director of the Section of Health of the Ministry of Health of the SR. By transfer from the Government Office of the SR to the Ministry of Health of the SR, the number of employees was reduced, while making efforts to meet all activities of the Department (in 2010 there were 15 departmental employees, since 1 January 2013 there are only 7 employees). The last change concerned the internal structure of the Department, namely from three to two sections: Section of Coordination of Drug Strategy and Section of Monitoring of Drugs - National Monitoring centre for drugs.

1. Section of National Drug Strategy – at national level provides coordination of implementation of national drug strategy. In this department, there is also a section with agenda of foreign relations ensuring international communication and transfer of information among the governmental departments and corresponding international authorities.
2. Section of National Monitoring Centre for Drugs – still works as a national focal point of international information network on drugs REITOX that is operated by EMCDDA. Key objective of the NMCD is to monitor the situation related to controlled psychoactive substances in Slovakia, and to coordinate national drug information system.

Activity of the Department is organized and managed by the Director who is also the Secretary of the Government Council. In relation to abroad, the Director is a national drug coordinator and represents the Slovak Republic in the managing board of the EMCDDA based on the mandate given by the Chairman of the Government Council.

The effort of the Department as a whole is to achieve, in future, re-transmission of coordination mechanisms and cooperation to lower levels, with regional authorities and local self-government authorities. This trend was stooped by eliminating the partnership structures at regional level – the coordinators of drug prevention¹¹, whose positions were terminated in process of cancellation of the

¹¹ At each Regional authority, there was a coordinator of drug prevention –a total of 8 coordinators who coordinated activities of various subject in the are of drug prevention, drug addiction treatment, re-socialization and enforcement of law in their regions.

Regional authorities of state administration in 2007, and although being re-institutionalizing in law on crime prevention, they have not been established yet.

As concerns the Section of National Monitoring Centre for Drugs, its position within the political structure, is not the optimal solution, as the agenda and objectives which the NMCD has to fulfil primarily as a focal point of the European Monitoring Centre for Drugs and Drug Addiction are very different in terms of their nature and they require a certain degree of autonomy.

1.4 1.4 Economic analysis

One of the preconditions for fulfilment of the NDS objectives is to provide corresponding financial resources and to create financing tools.

1.4.1 Budget – interdepartmental programme of funding „Drug policy“

In 2012, the Slovak Republic created¹² within the State Budget (hereinafter the “SB”) an interdepartmental programme “Drug Policy”. The programme was sponsored by the Government Office of the Slovak Republic, and in addition to the Government Office, up to 11 ministries participated in the programme – implementing the NDA and the General Prosecutor’s office). The interdepartmental programme was inserted into the database of the Budget Information System of the SR in May 2010, and implementation of the programme in the SR was planned for 2011.

Despite the efforts of the Department, the departmental programme “Drug Policy” has not come into practice yet, and it is not possible to monitor and summarize state expenditures incurred in connection with the drug-related activities. Moreover, the public expenditures represent only the one part of social costs, mainly those in a form of direct costs. These costs may be expressly labelled as “drug-related”, and it is possible to include them to final financial reports.

1.4.1.1 Public expenditures – sub-programme 01 Drug Policy - the Government Office of the Slovak Republic in the years 2009-2012

In the years 2009-2012, the programme Drug policy was sponsored by the Government Office of the Slovak Republic. At the same time, the Government Office was one of 13 programme participants with own sub-programme, named as the sub-programme 01. This sub-programme consisted of two autonomous parts, namely:

1. Amount of financial resources allocated to promotion of programmes, initiatives, and activities of the National Drug Strategy through state subsidies from the State budget.

¹² Governmental resolution No.308 of 29 April 2009.

2. Financial resources from the State Budget for financing of special activities of the National Monitoring Centre for Drugs, together with the grant resources of the EMCDDA.

Sub-programme 01	1) Expenditures – donations	2) Audited expenditures in connection with activities of the NMCD, the SB resources and the EMCDDA grant	Total
2010	€ 639 203,00	€ 309 826,00	€ 949 029,00
2011	€ 500 000,00	€ 239 841,00	€ 739 841,00
2012	€ 484 025,00	€ 245 598,00	€ 729 623,00

1.4.1.1.1 State subsidies for promotion of anti-drug activities

The financial subsidies from resources of the State Budget were reallocated in the years 1997- 2008 by the non-profit Anti-Drug fund, cancelled by the Act No. 121/2011 Coll. of Laws on the Cancellation of the Drug fund. Since 2009, the competences of the Anti-Drug fund have passed on the Government Office of the Slovak Republic. In the years 2009-2012, it provided financial means through a subsidy programme from the State Budget to promote the programmes, initiatives and activities in the field of the national drug strategy. These financial subsidies were designed primarily for non-governmental, non- profit organisations.

The Department of Coordination of Drug Policy and Monitoring of Drugs - currently at the Ministry of Health of the SR- sponsored the provision of subsidies for anti-drug activity promotion at the Government Office of the SR from 2009 to 2012 and at the Ministry of Health of the SR since 2013. Table 1.4. xxx shows retrospectively the data on financial means allocated for promoting activities and programmes of the last- fourth National Drug Strategy for the years 2009-2012. Based on the data, the gradual reduction of financial means is apparent, projected also into drawing and number of supported projects.

Table xxxxxx Overview of subsidies provided for anti-drug activity promotion under thee sponsorship of the Department (until 31 December 2012 at the Government Office of the SR):

Year/ Volume of allocated financial means	Subsidies for anti-drug activities in the years 2009-2012		
	required:	drawn:	Number of supported applications:
2009 – 1.500 000 €	3 662 857,03 €	1 461 176,00 €	73
2010 – 980 000 €	2 133 666,69 €	639 203,00 €	47
2011 – 515 000 €	1 215 425,05 €	500 000,00 €	50
2012 – 515 000 €	2 485 318,06 €	484 025,00 €	38
Total	9 497 266,83 €	3 084 404,00 €	208

In 2013, there were used and allocated the financial means in a total amount of EUR 515 thousand for promoting anti-drug activities in line with the drug policy of the SR. By cancellation of the Department, the financial means used and allocated for these specific subsidies were transferred to the Ministry of Health of the SR since 1 January 2013. Mechanism of subsidies provision by the MoH of the SR is regulated by a separate law, and it differs from the procedures applied until 2012. Based on the fulfilment of the Call's conditions which have been already published, the financial means will be reallocated among successful applicants, under the applicable legislation of the Ministry of Health of the SR, in a kind of „provisional arrangement“¹³, with maximum effort to maintain the continuity of implemented activities and initiatives related to drug issues, which should cover prevention of drug addictions, drug addiction treatment, social integration of drug addicted persons and reduction of harmful impact of drug use.

¹³ The proposed solution is an amendment to Act No. 525/2010 Coll. of Laws on Provision of Grants in the Competence of the Ministry of Health of the Slovak Republic in order to reflect specific grant area.

2 DRUG USE IN THE POPULATION

Drug use among the general population (General Population Survey - GPS) is one of the key¹⁴ indicators used by the EMCDDA to describe the state of the use of licit and illicit substances. The scope and method of the use of different drugs in the general population (usually among the 15-to-64years-old or in specific age groups and /or cohorts), opinions and attitudes of different population groups towards drug use are investigated through surveys applying standard sociological and psychological methods (standardized questionnaire, face-to-face interview, telephone interview, and via internet - online). For data comparison both within Europe and globally, the European Monitoring Centre for Drugs and Drug Addiction recommends that the GPS indicator contains data formulated in the so-called European Model Questionnaire (2002). For each psychoactive substance (including tobacco and alcohol), the EMQ identifies the basis variables: prevalence, age of first contact with a drug, frequency of use (or quantity of consumed drug). The EMQ questionnaire is open to any changes and amendments¹⁵ that are elaborated by the EMCDDA in cooperation with a specific group of experts.

In the Slovak Republic, the population surveys of drug use conducted by the Institute for Public Opinion Research at the Statistical Office of the Slovak Republic (hereinafter only the "IPOR at the SO") every two years, fulfilled these criteria to a great extent. After the cancelation of the IPOR, the execution of population surveys passed under the sponsorship of the NMCD which carried out a pilot survey in the Bratislava region in 2009, applying a modified questionnaire identical with the EMQ in relevant variables. At the end of 2010, the first national survey was conducted. The execution of the second wave of the GPS has been planned in 2013; however, the population survey will take place in 2014.

On a long- term basis, the NMCD participated in both school representative surveys Tobacco-Alcohol-Drugs (TAD) and European School Survey Project on Alcohol and Other Drugs (ESPAD) financially and with professional capacities though a main investigator of the research team. These projects are compatible with the EMQ in some variables. In Slovakia, the TAD was conducted for the fifth time in 2010 and as usual, it preceded the fifth wave of the ESPAD in 2011. The third representative school survey – beyond the sphere of authority of the NMCD- is an international project HBSC (Health Behaviour in School Aged Children). It maps the behaviour of schoolchildren related to health, and to other forms that may affect health belong smoking, alcohol consumption, and marijuana consumption.

Finally, the fourth type are the surveys conducted by the Institute of Information and Prognoses of Education (hereinafter only the "IIPE") which represent the long-term implemented surveys on use of psychoactive substances among the general and (the 15-26 age group) and school population, or the surveys on use of psychoactive substances in specific environments where a particular perception of these substances is assumed. Even though the method and variables used in these surveys substantially differ from those of

¹⁴ In 2013, an indicator for supply reduction was added to five already existing indicators.

¹⁵ For example, the recommended module EMQ on new psychoactive substances in 2013.

EMQ, the long-term use of the almost identical questionnaire and elaboration of outcomes allow to monitor prevalence and use of psychoactive substances in the selected variables since 1995.

All surveys (population and school) for the period of 2009-2011 (in comparison with the previous waves of surveys) signalled a stabilizing trend in the use of the most prevalent illicit drug in Slovakia – marijuana, namely among various age groups.

The individual parts of this chapter contain the findings from available surveys conducted in 2012 or 2013. They focused on alcohol and smoking (2.1.1- Health and Healthcare. ISSP Slovakia 2012), comparison of trend in consumption of alcohol, smoking and experimenting with illicit substances within two groups of schoolchildren since 2001 – UIPŠ (part 2.2.1).

Furthermore, the findings from a regional /local survey on use of drugs at primary and secondary schools in town of Ružomberok are presented (part 2.2.2.).

In part 2.3, the data from an online survey on new psychoactive substances, applying the questions from the new module EMQ are presented.

Novelty is a pilot project of wastewater analysis in the capital city of the Slovak Republic, in Bratislava (2.1.2).

Overview of surveys and key data in chapter „Drug use among the general population”

Name	Health and healthcare. ISSP Slovakia 2012	Consumption of licit and illicit drugs among schoolchildren of elementary and secondary schools		Use of drugs at primary and secondary schools in town of Ružomberok	Use of psychoactive substances in specific environments or groups Chapter 2.3
Authors	Džambazovič, R. - Gerbery, D. - Sopóci, J.	Pétiová, M et al. Institute of Information and Prognoses of Education		Almášiová A. et al.	National Monitoring Centre for Drugs
	2013	2012	2012	2012	2013
Type of survey	representative SR	representative school	representative school	regional/local	online via the „drug friendly“ web page
Method	Face-to-face /interview	pen&paper	pen&paper	Face-to-face/interview	Online questionnaire
Age group	18+	12-16 years	15-18 years	7 -15 years (ZŠ)	11-19 years (SŠ)
					±15 – 35+

N=	1128	732	810	1141	726	191
Alcohol	13.2% risk drinking	drink often 7.9%	drink often 20.4%	LTP 47.2%	0.9% drink daily	na
Tobacco	smoke daily 26%	smoke daily 9.6%	smoke daily 23.7%	LTP 29.4%	19.8% smoke daily	na
Illicit psychoactive substances in total	na	LTP 22.1%	LTP 37.8%	LTP 11.65%	LTP 21.1%, Most frequently marihuana	3.7% z N=191 resp. 8.4% of 83 (LTP) stated also marijuana within polydrug use
<i>New psychoactive substance</i>	na	na	na	na	na	
Knows NPS Number share	na	na	na	na	na	157/ 82.19%
LTP	na	na	na	na	na	83 / 43.45%
LYP	na	na	na	na	na	40 / 20.94%
Prevalent NPS						19 / 10% salvia divinorum 11 / 5.75% Spice
Others				17/1.5% Tramal -	27/ 3.7% Tramal -	2 / 1.04% Tramal

2.1 2.1. Use of psychoactive substances in the general population

The used term of psychoactive substance, where, inert alia, tobacco and alcohol are also included, is a reflection of the current institutional position of the National Monitoring Centre for Drugs which is a part of the Department for Drug Policy Coordination included in the structure of the Ministry of Health of the Slovak Republic, in the health section. The Ministry of Health focuses on all psychoactive substances, regardless of their legal status, their overuse and abuse, especially through determinants of the health condition of individuals

and public health. Based on the data collected from survey “Health and Healthcare”¹⁶, more than half of Slovak adults (60%) realise that there is a direct link between behaviour beneficial or harmful to health of a man and its health condition.

2.1.1 Health and Healthcare. ISSP Slovakia 2012

The survey *Health and Healthcare* was conducted as a part of projects of the research network International Social Survey Programme (within the scope of the project APVV -0309-11 Slovak Society in Cross-national Comparative Research: Before and During the Crisis) under the competence of the Department of Sociology of the Faculty of Philosophy at the Comenius University and the Institute for Sociology of the Slovak Academy of Sciences in 2012 (Džambazovič, R. - Gerbery, D. - Sopóci, J, 2013).

The survey was representative, with a sample of 1128 respondents- inhabitants of the Slovak Republic older than 18 years. It focused mainly on health status of population and care of people for their own health, their opinions on health, diseases and treatment, the use of health insurance system and health-related services, the opinions of people on healthcare system and its functioning as well as on confidence in such system and its employees.

The Slovak population considers the substantial causes of serious health problems a result of heredity (78%), of adverse living and working environment (74%). Up to 60% of population think that health problems are the result of behaviour harmful to health and nearly the same majority (57%) think that they are the result of poverty.

Based on the obtained data, up to 51% of population in the SR (18+) are smokers, 35.2% of men and 65.7% of women have never smoked. Most non-smokers were among the respondents with the higher education. One-fifth (21.5%) reported that they quit smoking, most of them (27.2%) in the 35-44 age group.

Up to 26% of respondents smoke from 1 to 20 cigarettes every day, for men the share increases with a higher number of cigarettes (12.5% of them smoke daily 11 to 20 cigarettes), but for women it decreases (3.6%). Up to 1.5% of male and 0.2% of female population consume from 21 up to 40 cigarettes daily.

As regards the alcohol, the majority (56.1%) of population of the Slovak Republic never drink 4 and more alcoholic beverages per day, and nearly one-third (30.8%) do not drink such amount once a month or less often, but more than one-tenth (13.2%) of respondents drink more risky – several times per month (8.8%), several times per week (1.9%), per day (0.3%) or even they are not able to consider(2.2%). Men in the 18-24 age group (16.2% several

¹⁶ Džambazovič, R. - Gerbery, D. - Sopóci, J (2013): ISSP Slovakia 2012 – Health and healthcare. source publication. Stimul, Bratislava, 2013

times per month, or 3.5% per day) and in the 45-54 age subcategory (10.8% several times per month, or 4.6% per day) prevail.¹⁷

Similarly, the majority of respondents participating in survey admitted the health problems even when answering the question whether the last month felt unhappy or suffered from depression: often, sometimes or very often had such problems up to 24.1% of them.

According to the prevailing opinion of Slovak inhabitants, the financial means of public health insurance should be differently used to cover different kinds of healthcare. For example, up to 92% of people think that the financial means should be used to cover the costs for an organ transplantation, 90% hold the view that they should be also used to cover the preventive medical examinations; however, only 61% of people think that the financial means should be also used to fund the AIDS treatment and only 41% is of opinion that they should be used to fund the obesity prevention programmes. Possibility of treatment of psychoactive substances addiction was not included in the answer options.

2.1.2 Analysis of wastewater in terms of content of psychoactive substances

Monitoring of residues of psychoactive substances in municipal wastewater becomes the suitable objective confirmation of their use in the given habitat and of use estimates obtained through the surveys on use.

In May 2013, the EMCDDA organized an international conference focused on wastewater analysis in terms of content of psychoactive substances where was also presented the first Slovak project of such type.

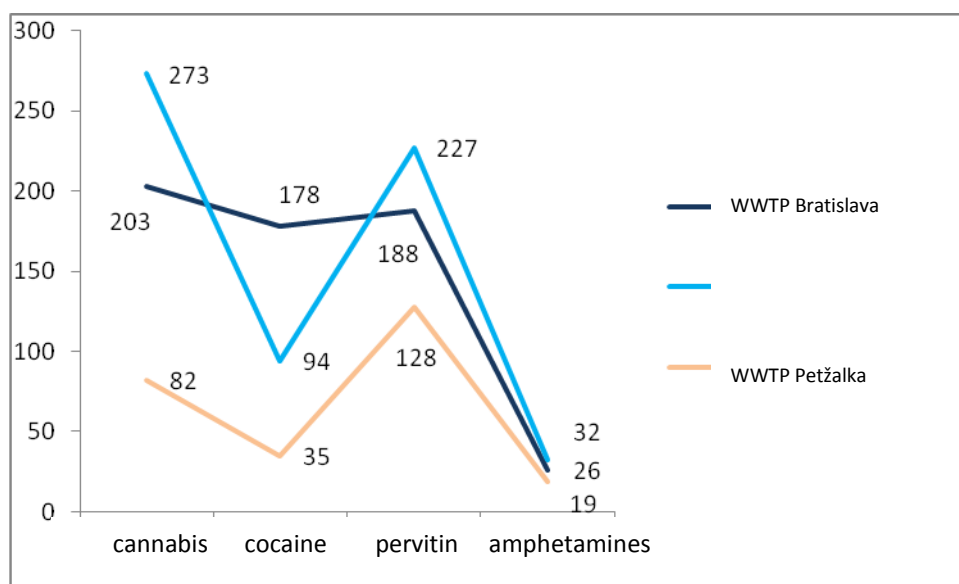
As an example is presented a graph¹⁸ containing the data obtained from the survey conducted by the experts of the Slovak Technical University, with the aim to detect the presence of psychoactive substances - at the inlet of wastewater into separate three wastewater treatment plants in Bratislava during 24 hours in February 2013. This pilot project was aimed to examine biodegradability of treated water, similarly to the following projects¹⁹ of the STU. Outcomes from the sample analyses relating to drugs are a secondary matter in this sense, however, in relation to the population surveys on the prevalence of illicit drug use represent a kind of confirmation of the so-called “soft” data.

Figure 2.1.2.1: Data of selected four psychoactive substances are in mg/1000 pp/day. Data source: Bodík I. et al.(2013): Drugs in wastewater – monitoring and removal.

¹⁷ Care of health and risky behaviour by socio-demographical characteristics of respondents, Source: ISSP Slovensko 2012 – question How often: drink 4 or more alcoholic beverages per day (O24a)

¹⁸ Information on this activity was a part of national abstract at the GPS experts meeting.

¹⁹ <http://tech.sme.sk/c/6996967/v-splaskoch-je-vela-drog-omamuju-aj-ryby-najviac-pervitin.html>



In Bratislava (February 2013), the findings proved the primacy of cannabis use, followed by use of pervitin (similarly to the GPS surveys). In both cases, the borough of Petržalka has a leading position (Report 2012, chapter 12.3).

The revealed presence of cocaine or its metabolites on the “third” place is a new fact. Although the numerical values from the GPS surveys and monitoring of wastewater are not comparable, the cocaine prevalence in the GPS has always been low on a long-term basis (Report 2012 – survey GPS NMCD 2010: cocaine, including crack: LTP 0.61; LYP 0.2; LMP 0.11), what may mean at least failure to cover “more demanding” users of cocaine into the group of responders and cocaine use in the capital city at a higher rate than it has been estimated.

The low values of residues of amphetamines – namely ecstasy – obtained from wastewater on an ordinary working day in winter could contribute to confirmation of recreational profile of this stimulant.

2.2 Use of psychoactive substances in the school population

The implementation of the survey²⁰, focused on consumption of licit and illicit drugs among the 7th, 8th and 9th graders of elementary schools and from the 1st to 3rd graders of all types of secondary schools, followed the research tasks carried out by the IIPE in 2001, 2003 and

²⁰ Consumption of licit and illicit drugs among the students of elementary and secondary schools

2009. The task was of a continuous nature and its aim was to capture and compare the overall development trends in opinions and attitudes of the students of elementary and secondary schools relating to use of licit and illicit drugs. The questionnaire was designed in order to maintain continuity in the field of smoking of tobacco products, consumption of alcohol and illicit drugs in 2001, 2003 and 2009. In relation to the students' experience, within the scope of a survey were also analyzed their family environment and activity of peer groups in order to point out their impact on creating the child's attitudes towards these negative social phenomena.

It was possible to mutually compare the obtained research outcomes and point out the development trends, and the differences between the schoolchildren of elementary and secondary schools. The survey was carried out with financial support of the Ministry of Education, Science, Research and Sport of the Slovak Republic and up to 732 pupils of elementary schools aged 12 to 16 and 810 students of secondary schools aged 15 to 18 participated in it.

Smoking of tobacco products

Comparison of data from individual years showed that since 2001, in a group of pupils of the ES, has increased a number of respondents who smoke daily, and on the other hand, has decreased a number of respondents who occasionally light a cigarette or are non-smokers. In relation to the age, it is a negative finding.

Table .2.2.1 Smoking of tobacco products among the pupils of the ES. Pétiová M a kol.,2013

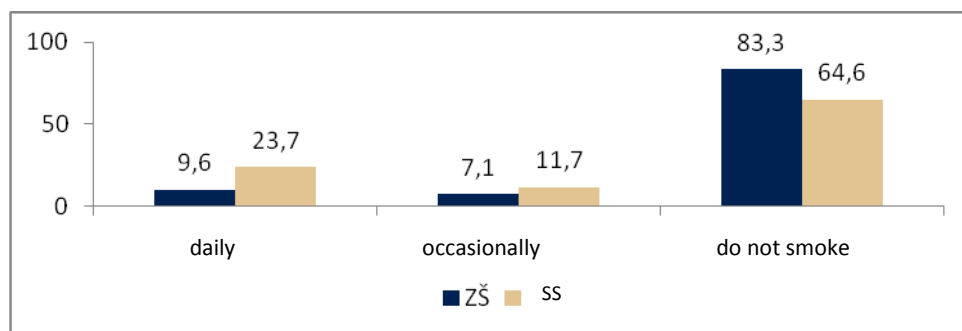
Smoking of tobacco products among the pupils of elementary schools - N= 732 pupils aged 12 to 16 years	2001	2003	2009	2012
Smoke daily	2,9	3,5	7,9	9,6
smoke occasionally	12,0	13,0	9,2	7,1
Do not smoke	85,1	83,5	82,9	83,3

The share of students of the SS who smoked daily slightly increased. It seems inevitable that there is more than two-fold difference between the schoolchildren of the ES and SS in the smoke daily category in "favour" of students of secondary schools. (Figure 2.2.1)

Table.2.2.2 Smoking of tobacco products among the pupils of the SS in %. Pétiová M a kol.2013

Smoking of tobacco products among the students of secondary schools – 810 students aged 15 to 18 years	2001	2003	2009	2012
Smoke daily	21,6	24,6	23,2	23,7
smoke occasionally	14,4	13,8	10,2	11,7
Do not smoke	64,0	61,6	66,6	64,6

Figure 2.2.1 Smoking of tobacco products among the schoolchildren of the ES and SS in % - data of 2012, Pétiová M a kol.2013

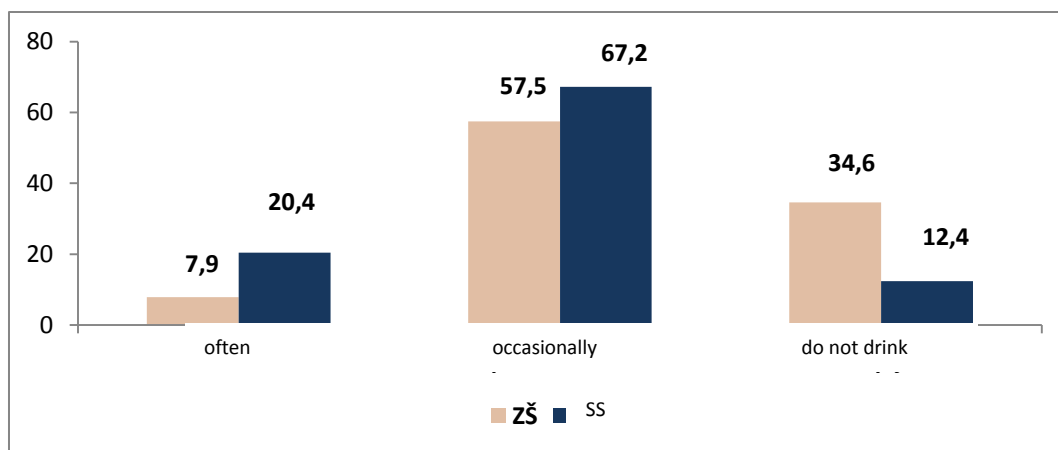


Alcohol

Comparison of data for the years 2009 and 2012 showed a slight decrease in the number of respondents who often or occasionally drank alcohol. At the same time, the number of those interviewed who did not consume such type of drink at all increased. The data showed that even though the students of secondary school consumed less alcoholic beverages at present compared to 2001, the number of those interviewed, younger than 18 years, who consume such type of drinks was still high (up to 7.9% of pupils of the ES and 20.4% of students of the SS).

Figure 2.2.2 Consumption of alcohol among the schoolchildren of the ES and SC. Data in %, Source: Pétiová M a kol.,2013

Source: Pétiová M a kol.,2013



Excessive consumption of alcohol – occurrence of drunkenness – has increased since 2001 and decreased a number of those interviewed who have never got drunk as well as a number of respondents who have experienced this awkward situation once or twice in their lives. At present, the students of the SS get drunk at a higher rate than in 2001, namely occasionally and often (Figure 2.2.2).

Illicit drugs

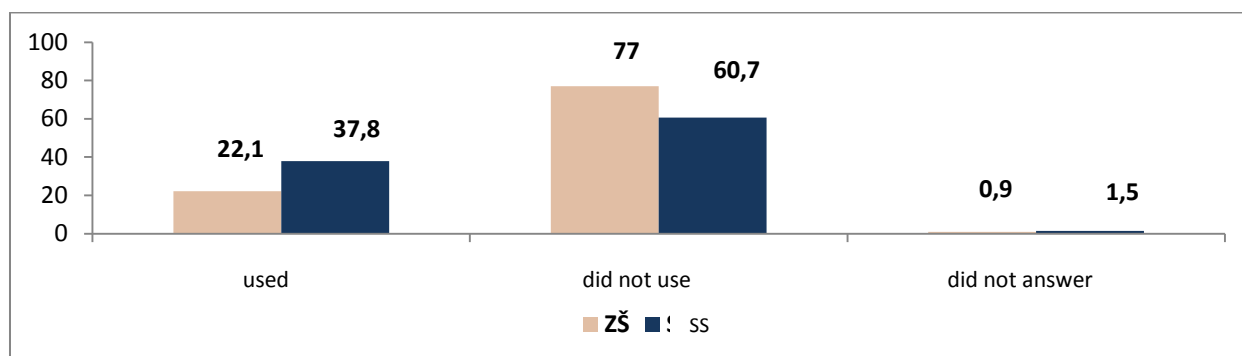
In 2012, there was an increase in the number of asked pupils of the ES who used illicit drugs and a decrease in the number of respondents who lacked this negative experience. The number of pupils of the ES who did not answer remained approximately same.

Table 2.2.3 Experimenting with illicit drugs among the pupils of the ES. Pétiová M a kol.2013

Consumption of illicit drugs among the pupils of the ES	2009	2012 ²¹
Used drugs	16,2	22,1
Did not use drugs	82,6	77,0
Did not answer	1,2	0,9

In 2012, more experience with illicit drugs had students of the SS – no experience had up to 60.2%, compared to 77.0% of pupils of the ES.

Figure 2.2.3 Use of illicit drugs among the schoolchildren of the ES and SS. Data in % - source: Pétiová M. a kol.,2013

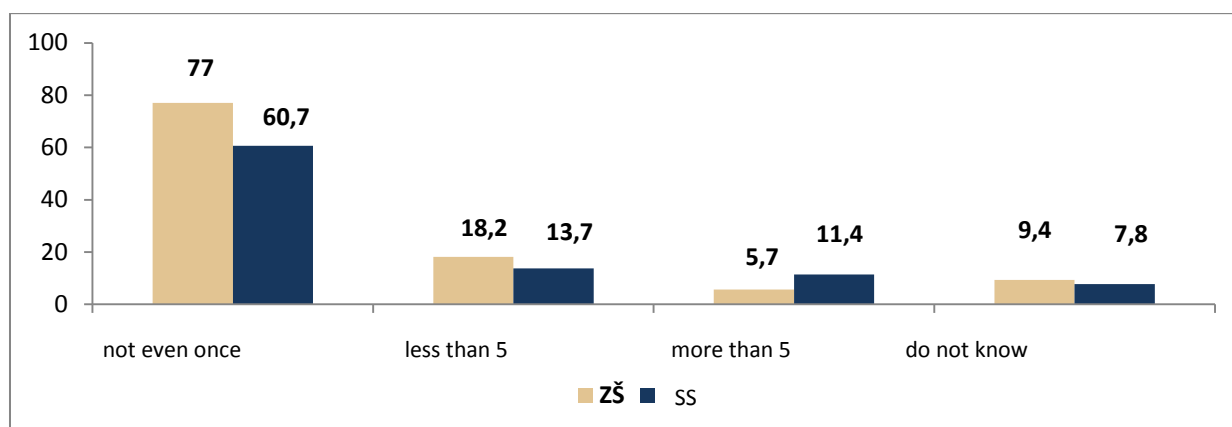


²¹ Similar division by age and individual drugs was provided for ST 02 EMCDDA/REITOX

The first experiments of elementary schoolchildren (13 to 16 years old) with illicit drugs occur approximately at the age of 13 years (± 1), when an illicit drug was used for the first time by three-quarters of schoolchildren. Secondary schoolchildren admitted a higher age and 27.9% of them used their first drug when they were 16 years old. They also used a significantly higher number of controlled substances (678) than the elementary schoolchildren (337) and both monitored groups of respondents more frequently (but the secondary schoolchildren at a significantly higher rate) smoked marijuana - was listed up to 249 times (pills by amount of 89 and pills together with alcohol by amount of 83 times).

Most respondents in both groups (50.9%, respectively 50%) used one type of drug and approximately one-fifth of respondents, from both types of school, used two types of drug. Up to 10% of respondents admitted that they used four or more types of drugs. Secondary schoolchildren used any of drugs less than five times in 13.7% and more than five times in 11.4%. It may be an alarming fact when 9.4% of the 12-16-year-olds cannot determine the frequency of drug use, while the limit "five times and more" is sufficiently flexible. (Figure 2.2.4)

Figure 2.2.4 Frequency of drug use among the schoolchildren of the ES and SS in 2012. Data in % - source: Pétiová M. a kol., 2013



Based on the data provided by the IIPE for the standard table ST 02, it is obvious a trend of *LTP of any drug* growing with age – in both age groups, i.e. respondents aged 12 to 18 (Figure 2.2.5), while among the 18-year-old boys it reaches more than three times (75.70%) of LTP of the 12-year-old boys (23.10%). The biggest difference between the sexes recorded among the 16-year-old girls – elementary schoolgirls is more likely the result of a minimum number of girls – 6- who has taken no drug in this age group. Similarly, it applies for the most commonly used drug of marijuana, where in addition to difference between the 16-year-old elementary schoolchildren is more striking the difference between the 18-year-old secondary schoolboys and schoolgirls.

Figure 2.2.5 Trend in increase of LTP (%) among the boys and girls from both type of schools aged 12 to 18.

Data: ST 02 12-16 a ST 02 15-18.

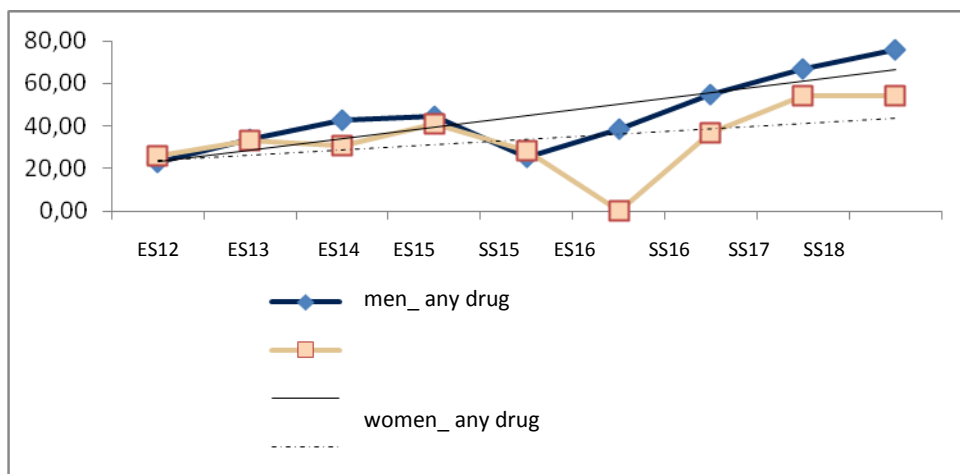
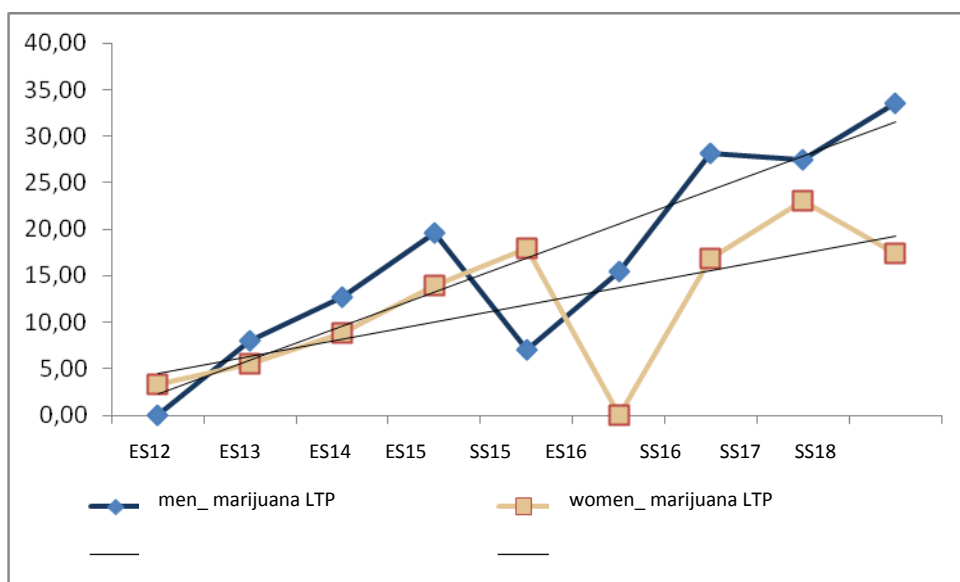


Figure.2.2.6 Trend in increase of LTP (%) of marijuana among the boys and girls from both type of schools aged 12 to 18.

Data: ST 02 12-16 a ST 02 15-18.



Note N=13 in group of the 15-year-old secondary schoolchildren (15 SŠ)

and N=6 in group of the 16-year-old schoolgirls (16 ZŠ)

2.2.2 Use of psychoactive substances in elementary and secondary schools in Ružomberok - a regional survey

In 2012, the empirical survey on abuse of drugs²² by children and juveniles in the town of Ružomberok²³ was a part of the project Ružomberok - a town of prevention, funded by the Government Office of the Slovak Republic²⁴.

²² Including energy drinks- effect of energy drinks focuses especially on increase in concentration and physical performance caused by the caffeine, taurine, vitamins and other substances which should have higher stimulation effect when used together than should have caffeine itself .

The survey was carried out by a team composed of the members of low-threshold daily centre RK PREROD²⁵, employees of the Faculty of Education at the Catholic University in Ružomberok and interviewers - volunteers from schoolchildren of elementary and secondary schools.

It was conducted in September and October 2012 by questionnaire method. Interviewers were peers – elementary and secondary schoolchildren who have been instructed in how to fill in a questionnaire.

The survey sample consisted of 1867 respondents from all elementary and secondary schools established by the town of Ružomberok and HTU Žilina.²⁶

The first set consisted of 1141 elementary schoolchildren aged 7 to 15 – Table 2.2.2.1.

Table 2.2.2.1 Characteristics of survey sample. Source: Almášiová A.et al.,2013

Age of respondents	Elementary schools	
7 – 10 years	485	42,5%
11 – 15 years	656	57,5%
15 years and more	0	0%
Sex of respondents		
female	612	53,6%
male	529	46,6%
Residence of respondents		
town	783	68,6%
village	358	31,4%

The most frequently consumed are energy drinks– reported by 64.9% of respondents. The second place belongs to alcohol and the third place belongs to cigarettes.

The age composition of the consumers of the given substances may be considered to be very alarming – up to 197 respondents (26.6%) aged 7 to 10 have experience with energy drink consumption, 111 respondents (20.6%) aged 7 to 10 have experience with alcohol consumption and 35 respondents of the same age range have experience with cigarettes. The more significant differences between boys and girls were not confirmed.

²³ Ružomberok - is one of the district towns of the Zilina self-governing region situated in the Dolný Liptov region, with about 30 000 inhabitants, a seat of the Catholic University.

²⁴ within the public call for provision of subsidy to promote the programmes, initiatives and activities in the field of national drug strategy.

²⁵ Low-threshold daily centre for children and family (RK-PREROD) is a social service facility, established by the Municipal town of Ružomberok, which provides services and social counselling to children, youth and their families under the Act No.448/2008 Coll. of Laws, Section 33. The facility was founded in 2012 by transformation of a detached workplace of Crisis centre „Palkovo centrum“ from Liptovský Mikuláš which had operated in the town of Ružomberok since 2006.

²⁶ **The Zilina region** is a region situated in north of Central Slovakia. As to the area, it is the third largest region in Slovakia and forms 13.8% of its whole territory. Area: 6 788 km², Population: 697 502 (as of 31 December 2009). It has 11 districts. Up to 64 secondary schools fall under the competence of the Higher territorial unit, based on the information presented on the HTU official web page.

Table 2.2.2.2 Experience of elementary schoolchildren with drugs. Source: Almášiová A.et al.,2013

	yes		no	
	N	%	N	%
Energy drinks	740	64,9	401	35,1
Alcohol	538	47,2	603	52,8
Cigarettes	338	29,6	803	70,4
marijuana	54	4,7	1 087	95,3
Magic mushrooms	21	1,8	1 120	98,2
tramal	17	1,5	1 124	98,5
cocaine ²⁷	13	1,1	1 128	98,9
heroin	8	0,7	1 133	99,3
LSD	8	0,7	1 133	99,4
pervitin	7	0,6	1 134	99,4
ecstasy	5	0,4	1 136	99,6
total (except alcohol, cigarettes and energy drinks)	133	11,65	1 008	88,34

Up to 11.65% of LTP prevalence (she /he has occasionally used) apply to 8 illicit psychoactive substances. Schoolchildren had more experience with marijuana, magic mushrooms, 13 respondents reported experience with cocaine and 8 respondents had experience with heroin and LSD. Up to 7 respondents tried pervitin and 5 ecstasy.

17 respondents reported experience with Tramal²⁸

The second set consisted of 726 secondary schoolchildren aged 11 to 19.

Table 2.2.2. 3 Characteristics of survey sample. Source: Almášiová A.et al.,2013

Age of respondents	Secondary schools	
11 – 15 years	164	22,6%
16 – 19 years	538	74,1%
19 years and more	24	3,3%
Sex of respondents		
female	431	59,4%
male	295	40,6%
Residence of respondents		
town	326	44,6%
village	400	55,1%

The respondents from the secondary schools answered the question about experience with drugs as well as question about frequency of their use.

The most commonly consumed energy drinks (consumed daily by 4.7% of respondents, once a week by 11.7% of respondents, once in two weeks by 9.2% of respondents) are followed by tobacco.

Up to 56.9% of respondents have tried cigarettes at least once in their lives. Up to 144 respondents (19.8%) reported daily consumption of cigarettes, 37 respondents (5.1%) smoke once a week, 25 respondents (3.4%) smoke once in two weeks, 58 respondents (8%) smoke once a month and 149 respondents (20.5%) reported

²⁷ Among the consumers in Ružomberok, cocaine is called burnt marijuana that emerges when smoking the water bongo.

²⁸ Consumers acquire this analgesic of opioid class mainly based on prescription of their general practitioners or buying it from their classmates and friend.

smoking of cigarettes once a half year. The more significant differences in tobacco consumption among boys and girls have not been proved.

The contact with tobacco products /smoking reported up to 3.2% (32) respondents younger than 7 years (!!!), 11.6% of respondents aged 8 to10, 29.6% of respondents aged 11 to 13, 29.3% of respondents aged between 14 and 16 years, and 7.3% of respondents in the age group 17 years and more.

The survey focused also on how the sample of respondents – smokers perceive the way they act in this area. Up to 100 smokers said that they quit smoking as soon as they will wish it, 82 respondents said that they would be a problem for them to quit smoking, 15 respondents admitted that they would fail to quit smoking and 19 respondents do not want to quit smoking. One-fifth of smokers reported that a group of friends is the most common environment where they smoke.

The third most commonly consumed addictive substance is alcohol. Up to 83.7% of respondents have tried alcohol at least once in their lives. Seven respondents reported daily consumption of alcohol, 97 respondents (13.4%) drink alcohol at least once a week, the same number of respondents reported alcohol consumption once in two weeks. Up to 203 respondents reported occasional drinking of alcohol – once a month, and 204 respondents drink alcohol once a half year. The age of first contact with alcohol –4.4% of respondents until the age of 7 years, 8.4% of them aged between 8 and10 years, 29.1% of respondents aged 11 to13, 43.9% of respondents aged between 14 and 16 years, and 9.4% of respondents in the age group 17 years and more. Only 35 out of all respondents reported never having tasted alcohol. Among the friends, up to 11% of respondents often drink, as much as 60% of respondents drink rarely. The more detailed analysis did not show the difference in alcohol consumption between men and women.

As far as the illicit addictive substances are concerned, the dominant position has marijuana – 21.1% of secondary schoolchildren reported at least one experience. Nearly 14% of respondents consume marijuana among the friends. Tramal²⁹ is one of the most abused substances among the students of the SC as well. At least once in a lifetime, 27 respondents (3.7%) used it for other the therapeutic purpose. Up to 34 respondents (4.7%) reported having at least one experience with magic mushrooms.

Pervitin- at least one experience with its use have 10 respondents (one respondent reported daily consumption, one respondent reported consumption once a week, two respondents consume pervitin once a month and six respondents once a half year). Up to 18 respondents reported having experience with volatile substances (one respondent reported everyday consumption, one respondent reported consumption once a week and one respondent once in two weeks, 2 respondents consume volatile substances once a month and 13 respondents reported consumption once a half year. Four respondents used ecstasy and five of them used LSD, it was a one-time consumption. No respondent reported consumption and experience with heroin.

Table 2.2.2.4 Frequency of addictive substances use in the SS. Source: Almášiová A.et al.,2013

	never	Once a	Once a	Once in	Once a	Every
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²⁹ Tramal - name of strong opioid analgesics with an effective substance of tramadol

		half year	month	two weeks	week	day
Energy drinks	78 10,7%	267 36,8%	195 26,9%	67 9,2%	85 11,7%	34 4,7%
cigarettes	313 43,1%	149 20,5%	58 8,0%	25 3,4%	37 5,1%	144 19,8%
alcohol	118 16,3%	204 28,1%	203 28,0%	97 13,4%	97 13,4%	7 1,0%
marijuana	573 78,9%	95 13,1%	28 3,9%	8 1,1%	12 1,7%	10 1,4%
Tramal	699 96,3%	22 3,0%	4 0,6%	-	1 0,1%	-
pervitin	716 98,6%	6 0,8%	2 0,3%	-	1 0,1%	1 0,1%
Magic mushrooms	692 95,3%	28 3,9%	6 0,8%	-	-	-
Volatile substances	708 97,5%	13 1,8%	2 0,3%	1 0,1%	1 0,1%	1 0,1%
<i>cocaine</i>	719 98,8%	5 0,7%	-	1 0,1%	1 0,1%	-
LSD	721 99,3%	5 0,7%	-	-	-	-
ecstasy	722 99,4%	4 0,6%	-	-	-	-
heroin	726 100%	-	-	-	-	-

Experiences of respondents with slot machines

The survey showed alarming outcomes as to the elementary schoolchildren, up to 196 respondents from the ES (74 of them aged 7 to 10 and 122 aged 11 to 15) reported having tied a slot machine at least once in their lives. The sample of secondary students consisted of 184 respondents.

More experiences with slot machines have boys than girls, and more respondents from town than countryside.

The survey dealt also with a source/ or sources of information about drugs, where the elementary schoolchildren reported television as the most common source (38.1%), secondary schoolchildren reported internet as the most frequent source (37.1%). A few respondents from both sets reported parents and teachers.

Table 2.2.2.5 Order of information sources – elementary schoolchildren. Source: Almášiová A.et al.,2013

	age 7-15	N= 1141	share		age 11-19	N= 726	share
1	TV	435	38,1%	1	internet	269	37,1%
2	internet	204	17,9%	2	friends	172	23,7%
3	other source	175	15,3%	3	TV	165	22,7%
4	parents	105	9,2%	4	teachers	51	7,0%
5	teachers	101	8,9%	5	other source	39	5,4%
6	friends	76	6,7%	6	press	20	2,8%
7	press	45	3,9%	7	parents	10	1,4%

Besides stating (Almášiová,2013) that it would be necessary to more closely review what kind of information are broadcasted by television for the children aged between 7 and 15 years – whether it is an information of preventive nature or any information about drugs, the author points out that the facts that have emerged from the survey should be taken into account in drug prevention, mainly in school environment.

The survey showed a very high consumption of energy drinks among both elementary and secondary schoolchildren. Another alarming fact is a low age of first contact with addictive substances – whether with alcohol or cigarettes as well as frequency of their consumption.

In addition to LTP marijuana (4.7% for elementary schoolchildren and 21.1% for secondary schoolchildren), the NMCD draws attention to prevalence of opioid analgesics Tramal which represents 2.36% in total in this local survey (N=1867) of schoolchildren aged between 7 and 19 years.

2.3 2.3 Use of new psychoactive substances in specific groups/ environments

In July 2013, the NMCD initiated the third online survey on the webpage www.rastamama.sk, and a questionnaire with 6 essential drug-related questions (4 of new module EMQ on NPS) was placed on this webpage in August and September 2013.

The questionnaire was completed by 191 respondents - visitors of this webpage that since its launching has profiled as an information and advisory³⁰ source for young people experimenting with or using psychoactive substances on a regular basis. Therefore, it is not a general population, and these online surveys (Report 2011 chapter 2.3, Report 2012 chapter 2.3) on “*drug friendly*” webpage reach out different³¹ group than general population of the similar age range. For items of online questionnaire were used four closed questions from a new module on NPS from the European model questionnaire (EMCDDA 2013) and two open questions:

- 1) State the names of used products (more products could have been named) and
- 2) What do you think about these products?

These 6 questions were completed by three demographic variables (sex, age group and residence / by region, district).

The data obtained

In the online survey participated the majority of men, namely 146 (76.43%) and 45 women (23.56%) of the following age composition:

³⁰ mainly in the field of legal consequences as well as options of qualified support when solving primary problems and therapy

³¹ outcomes obtained from an online survey on the most problematic marijuana use through CAST (Report 2011), as well as comparison of online survey on use of new substances in 2012 with data obtained at open-air festival Pohoda (Report 2012) did not confute this assumption on the pre-selected group.

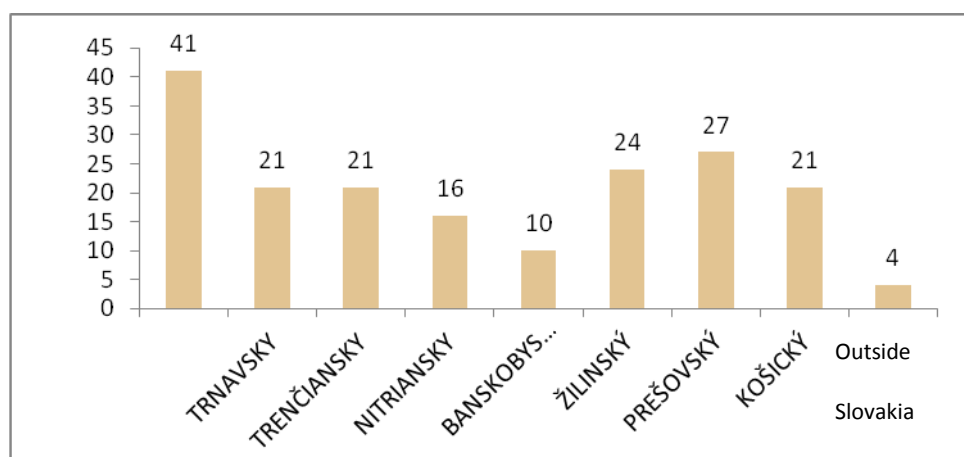
Table 2.3.1 Declared data on age and sex of respondents of the online survey NMCD.

Age group	N=	Men	Women
less than 15 years	1	1	0
15-18 years	16	15	1
19-24 years	81	66	15
25-34 years	72	53	19
more than 35 years	21	11	10
together	191	146	45
%	100%	76.43%	23.56%

Most respondents of this online survey were aged between 19 and 24 years (81), followed by 72 older visitors of webpage www.rastamama.sk, and namely aged 25 to 34.

Nearly 97% (185 visitors of webpage www.rastamama.sk) of respondents of survey indicated also town/district of their residence. Most residents – more than one-fifth – stated having residence within the territory of the Bratislava self-governing region, followed by the Prešov self-governing region (27).

Figure 2.3.1 Declared residence of respondents of the NMCD online survey– number of persons (N=187)



The first essential drug-related question “Have you ever heard about the products that have similar effects as illicit drugs?” was answered positively by 157 respondent, which represents a share of 82.20%. Among the respondents, there were 123 men (78.34%) and 34 women (21.65%).

Table 2.3.2 Composition of group of respondents by age and sex who know about the NPS (NMCD 2013)

Age group	N=	Have heard	Out of which are men	Have heard	Out of which are women	Have heard
less than 15 years	1	1	1	1	0	0
15-18 years	16	13	15	12	1	1
19-24 years	81	67	65	56	16	11
25-34 years	72	61	53	45	19	16
more than 35 years	21	16	11	10	10	6
together	191	157	146	123	45	34
%	100	82.20%	100%	78,34%	100%	21,65%

Up to 83 respondents declared occasional use of the NPS in their lives (LTP) and another 13 of them used the answer option “I am not sure”. This number - 96 – was in total a half share (50.26%) of all the respondents and a 61.14% share of those who have heard about products (N=157).

In further evaluation of the survey, the LTP and LYP were examined mainly in relation to the set of those who have ever heard about the products imitating effects of illicit drugs, i.e. to 157 respondents and, at the same time, by those who were not sure whether used or not NPS, i.e. to 83 respondents.

LTP constituted a 52.86 % share and LYP a 25.47% share (used in last 12 months).

Table 2.3.3 Prevalence „experience with the NPS occasionally in life“ (LTP) and in the last year (LYP), NMCD 2013

Age group	N=	LTP N=	LTP %	LYP N=	LYP %
less than 15 years	1	1	100	1	100
15-18 years	13	9	69.23	7	53.84
19-24 years	67	43	64.17	21	48.83
25-34 years	61	29	47.54	10	16.39

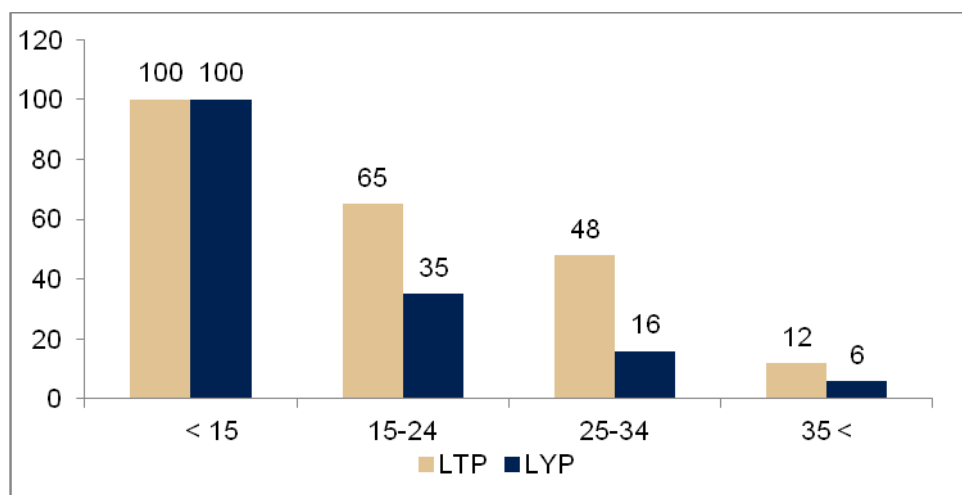
more than 35 years	16	2	12.5	1	6.25
total	157	83	52.86	40	25.47

In the age group “less than 15 years“, 100% of LTP and LYP declared one respondent.

The highest values in both prevalences “occasionally in life” and “use in the last year” were in this online survey found in the subgroups aged 15 to 18 and 19 to 24 (Table 2.3.3).

Value of LTP for standard³² age group of 15-24 years is 65%, value of LYP is 35%.

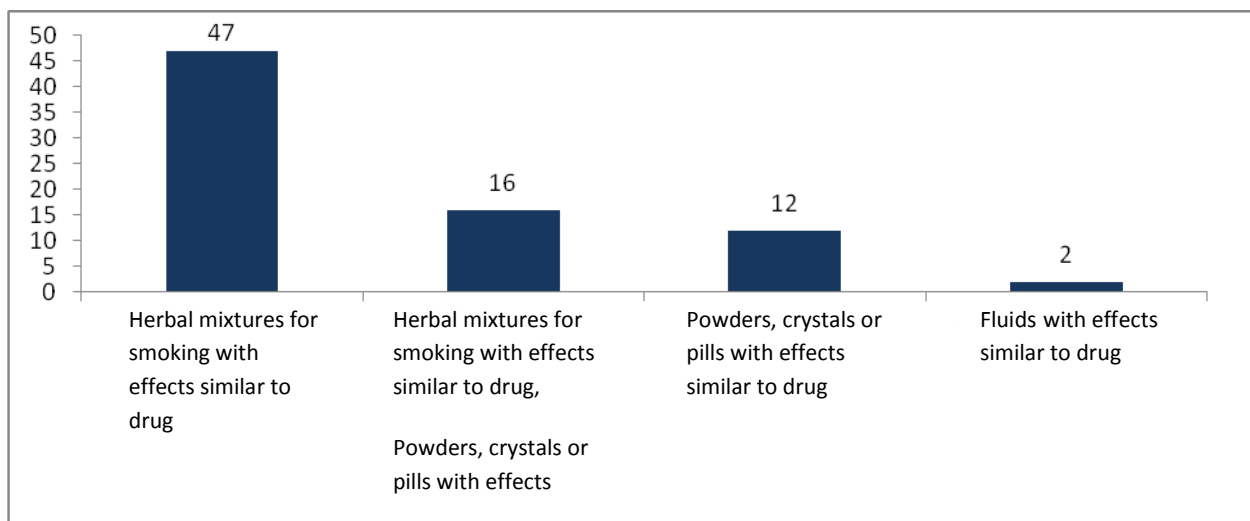
Figure 2.3.2 LTP and LYP in individual standard age groups (NMCD 2013)



Out of 83 respondents who reported the NPS consumption occasionally in life, up to 77 persons - nearly 93% /or 40.31% of whole set –provided information on what form (essential drug-related question of a new module EMQ) was the substance that used. Based on the received answers, there was prevalence of herbal mixtures for smoking with effects similar to drug (Figure 2.3.3).

Figure 2.3.3 Preference of NPS form and method of NPS use (N=77) NMCD 2013

³² According to the EMCDDA, standard age group is 15 to 24, 25 to 34, etc...



Individual substances

The data (Figure 2.3.3) correspond with another finding, namely that out of most products used by respondents of an online survey (and named them in answer to other – open – question), and up to 37 kinds had herbal origin³³.

Most common was sage (*salvia divinorum* - 19 times), followed by Spice mix (11 times), datura (*datura stramonium* – 3 times), nutmeg (*Myristica fragrans* – 3 times), cannabis indica, kava kava (*Piper methysticum*), psilocybe mushrooms (psilocybe), psilocybe mexicana, mescaline, payote cactus (peyote - *Lophophora williamsii*), papaverum somniferum (Opium Poppy; Plant of Joy; Mawseed).

Synthetic substances:(11): Mefedron, or MIAUW (4 times), MDAI, methoxetamine, methylone, modafinil, synthetic THC (K2) 2-ce, (4-ethyl-2,5-dimethoxyphenethylamine), 2-ci, 4-ao-dmt, 4-ho-dmt, 5-meo-dmt.

The commercial or slang names of substances occurred thirty times, namely: Afgán, Beep Beep, Cocolino (twice), Crazy shop (twice), Češúci hrebeň, Don Padrino, Etnobuzz (twice), Foobik, Funky, Gangster, Hali, Jamaica Gold, Joker (3 times), Panoramix, Poper, Psylka, Rasta, Rebel, Speed, Šaman (3 times), Total Hardore Speed, Tvrdý Miša.

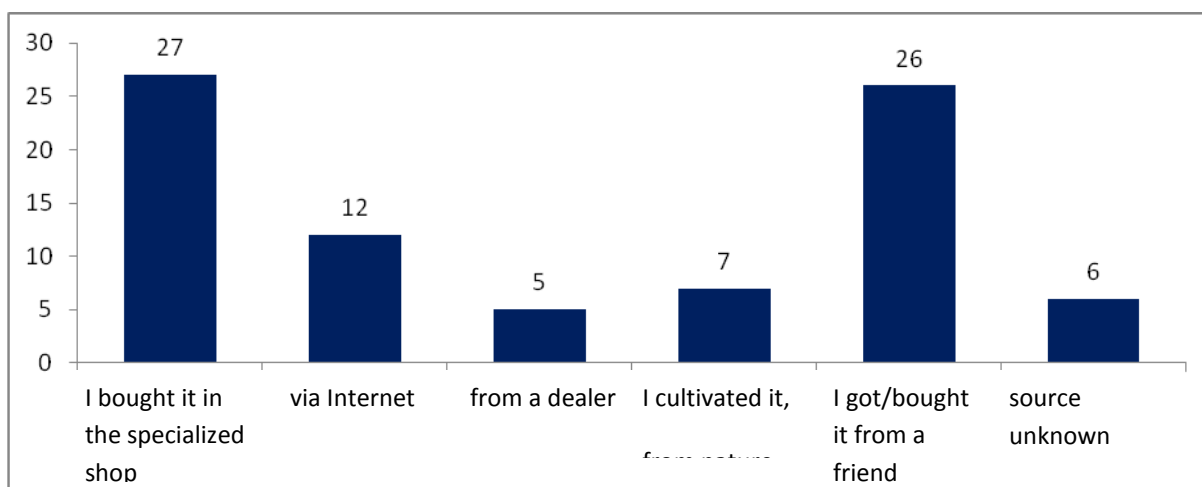
Among the mentioned substances were also the “classic” controlled substances, namely marijuana (7 times), hashish (twice), pervitin (three times), and ecstasy (twice). Furthermore, there were sedatives and analgesic such as Ibalgin (ibuprofen) and Paralen (paracetamol), as well as opioid analgesic Tramal (tramadol) and anxiolytics Frontin.

³³ Each reported product was detected on the Web – in particular on www.wikipedia.com, or www.erowid.org

In total, the used psychoactive substances represented a considerable number of types, namely up to 79 “quasi” NPS³⁴, 2 kinds of over-the-counter medications and 2 kinds of prescribed controlled medications and 4 “classic” substances.

Almost identical number of respondents (27 or 26) got these substances in specialized shops³⁵ (27=33%) or got/bought a new psychoactive substance from a friend (26=31%). Up to 15% of respondents both these substances via internet. Figure 2.3.3.

Figure 2.3.3 The NPS sources (essential drug-related question and answer options according to the module NPS /EMQ) NMCD 2013



Opinions on the NPS

Up to 159 (83.24% from N=191) respondents answered the last question of an online questionnaire aimed to survey opinions on the NPS. Out of them, up to 66 persons (41.50%) have not used any NPS, but the majority reported a negative opinion on the NPS, or in light of the fact that they have not tried the NPS, they answered that they cannot have any opinion on the NPS.

The answers – with particular problems – were placed in several groups, by a prevailing statement – for example 1. were the statements of type “*ok, it is a gift from heaven, if you know the limit they do not harm, they are super- I cannot imagine life without them*”

³⁴ Overlapping of individual groups of products – herbal origin, synthetic - chemical names and commercial names of products Prekrývajú sa jednotlivých skupín produktov – rastlinný pôvod, syntetické – chemické názvy a komerčné názvy produktov

³⁵ Options related to the NPS source were given within the fixed question of the new module EMQ.

In the groups 8 and 9, there are up to 66 respondents of 159 answering persons, and when they have had any opinion, it was dismissive, one respondent has even called for a mandatory ban of the NPS.

In the groups 2 and 3 were included opinions of respondents who have tried the NPS or not been sure whether it was a new psychoactive substance, but at the same time they have not considered it to be something special and usually as being more harmful than classic natural substances, which was often expressed in an expressive way (*it is a mess, shit, crap, - I slept only two hours, distaste...*). In this group, there was the highest number of those who have refused “chemicalisation” of psychoactive substances, preferred natural substances, mainly cannabis and related issue of its legalisation (4.,6.,7.)

I.	II.		III.		IV.	Other		
1.	2.	3.	4.	5.	6.	7.	8.	9.
Have tried - satisfaction	Have tried – do not consider it to be something special	Not sure whether it was NPS, but nothing special	Have tried, refuse chemicalisation	Have tried – priority of natural substances, mainly marijuana	Have tried – without having opinion, have not stated	Legalisation of classic drugs, mainly cannabis	Ban of NPS	Have not tried and have no opinion or refuse NPS
17	32	2	15	5	14	7	1	66
20.5%	39% resp.41%		24%		17%	41.50%		

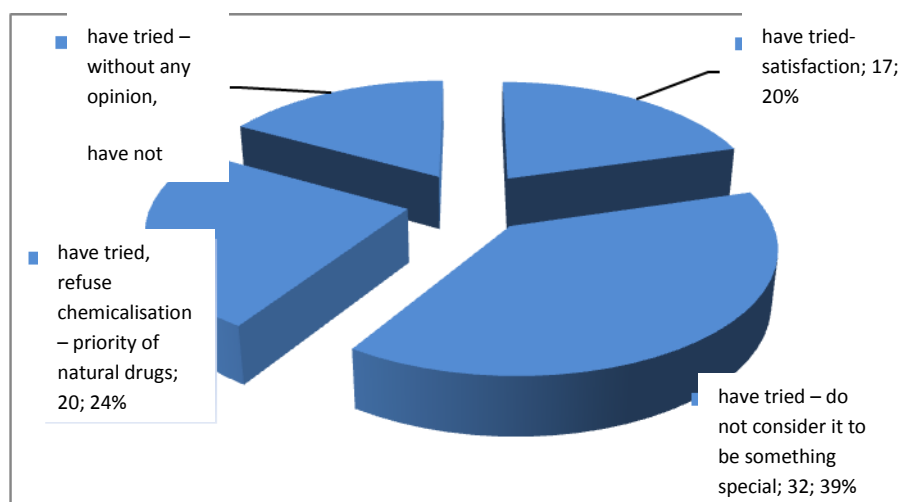
Taking into account the experiences of respondents with the NPS (i.e. stating use of the NPS once in life = prevalence LTP), reported by 83 respondents and with a preferred opinion on the NPS, it was possible to divide these respondents into four groups, as it is shown in the Figure 2.3.4.

I. “Satisfaction” with the given substance was expressed by one-fifth of respondents with LTP.

Up to 24%, i.e. 20 respondents having experience with the NPS, have refused chemicalisation of psychoactive substances and would prefer natural products; including their legalisation (category III).

The highest share - 39% - had the answers grouped in category II. “I have tried, but I do not consider it to be something special” and up to 17% of them have not presented their opinion on the drug they tried (category IV.).

Figure 2.3.4 Share of individual categories of answers /opinions of respondents having experience with the NPS ($N_{LTP}=83$)



Being aware of limits of online surveys and evaluating the obtained data without applying more sophisticated statistical tests it would be possible to state that a community of visitors of the webpage www.rastamama.sk, and specifically participators of an online survey are informed about the NPS and more than two-fifths (43.45%) have already used them. The most tested were herbal mixtures for smoking with effects similar to those of drugs (47/24.6%), or in combination with powders, pills (16/8.37%).

Out of 83 respondents who have used the NPS (LYP/43.45%), the majority of them (52/63%) do not consider those substances to be something special and refuse “chemicalisation”, while preferring natural origin. As far as the NPS source is concerned, most respondents reported a specialized shop³⁶, followed by friends who have offered or sold the NPS.

Literature:

1. Pétiová, M. a kol.: Consumption of licit and illicit drugs among the schoolchildren of the EC and SS. Final survey report. ÚIPS, Bratislava 2012.
2. Džambazovič, R. - Gerbery, D. - Sopóci, J (2013): ISSP Slovakia 2012 - Health and healthcare. source publication. Stimul, Bratislava, 2013
3. Almášiová Angela (2013) Report for NMCD
4. Survey on NPS use in specific environments NMCD 2013

³⁶ In Slovakia, the operation of Crazy and Euphoria shops was stopped in summer 2012.

3 PREVENTION

3.1 3.1 Introduction, Definitions, Data Collection Tools and Background Information

From the early establishment of national drug strategies in Slovakia, prevention, with special emphasis on children and youth, was one of its essential pillars with a core responsibility of the Ministry of Education in co-operation with the Ministry of Health, Ministry of Labour, Social Affairs and Family, and the Ministry of Interior.

At different levels, it is of the nature of measures or interventions aimed at different target groups, starting from the general population (universal prevention) through vulnerable and endangered groups (selective prevention) to the more predisposed individuals requiring forms of indicated prevention in the environment of a school, community and family in order to prevent and avoid future problems.

However, the evaluation of the preventive interventions and efficiency of programmes, i.e. what and if it works at all, which should be an integral part and sine qua non, is rare. As in many other countries, this is particularly true at the level of universal prevention. This may be a result of various sectorial priorities, as well as the continued absence of prevention standards and a single framework. Lack of mutual awareness of subjects participating in prevention (including and especially civil society) and different interpretation of terminology concepts are other causes affecting the quality of prevention moving it to isolated activities.

Data and information in this chapter is updated for 2011, particularly with regard to the quantitative data from the sources of the Ministry of Education (Institute of Information and Prognosis of Education, Research Institute for Child Psychology and Pathopsychology), Ministry of Health (Public Health Authority), Ministry of Labour, Social Affairs and Family in terms of measures of social and legal protection of children and social guardianship and psychological services in this sector, and partially from the Ministry of Interior.

The chapter is structured according to the scheme prescribed by EMCDDA. Some relevant information was introduced into structured questionnaires too.

Quite limiting factor is the lack of comprehensive information on this type of activities/programmes undertaken by non-governmental entities, which are not obliged to provide information to NFP. When found (on web and/or in media outputs) due the rules of donors the information priority is put more on their promotion and/or finances than on content and efficiency.

3.2 3.2 Environmental Prevention

Previous reports submitted by the National Monitoring Centre for Drugs (NMCD) have already contained (Chapter 1 or Chapter 3, respectively) existing legislative and other measures that are currently summarised under the category of environmental prevention strategies, i.e. (anti) alcohol and (anti) tobacco policies and other social and normative measures, especially in recreational environments and communities. In accordance with EMCDDA definition of the term “environmental prevention” this type of prevention is to cover the *immediate change of a cultural, social, physical and economic environment, in which the individual can opt to use or not to use psychoactive substances*.

The applicable legal framework in the Slovak Republic ensures regulating the availability of licit psychoactive substances alcohol and tobacco in a public commercial network for minors – less than 18 years of age, being the age limit corresponding to reaching the legal capacity.

The control of the sale of products both (and serving alcohol) to minors is assured by the State Trade Inspection in cooperation with state and municipal policy and social workers. The advertisement/sponsorship of tobacco/cigarettes is completely banned in television and radio broadcasting, ads on alcohol can be broadcast after 10 p.m. The advertising/sponsorship of alcohol/ sponsored events is however possible in outdoor forms.

The sale of alcoholic beverages and their consumption on public places can be limited in terms of space and time by municipal regulation. The latest measure³⁷ in capital Bratislava ward – Old Town – has banned smoking near the schools, hospitals and in parks and children playgrounds.

In 2012, the amendment³⁸ to Act No. 377/2004 Coll. on the Protection of Non-smokers and on amendments and supplements to certain acts, as amended, came into force. The main point is the ban of smoking in (open) coffee bars in shopping centres/malls and the increase of the financial sanction for violation this rule (EUR 500 instead of EUR 331 and EUR 15,000 instead of EUR 3,319).

Other environmental measures in the Slovak Republic with respect to alcohol and tobacco are formulated in the two documents at least and followed in given year:

1) The National Action Plan on Tobacco Control (under the jurisdiction of the Ministry of Health) is based on the theme of the National Tobacco Control Programme (2007) and the National Action Plan on Tobacco Control for 2009-2011 (see chapter 3.1 Report 2012). (For example activities related to the World "No Tobacco Day - 31 May; popular exchanges of cigarettes for fruit, and the organisation of the Quit and Win competition. The European campaign "Ex-smokers are unstoppable" and its promotion in Slovakia started already in 2011. The most active NGO "Stop fajčenie" (Stop smoking) has publicised contact on "i-couch"³⁹.

The Ministry of Education (after the methodology and educational materials on the problems of alcohol abuse) prepares the issue of an educational material – *methodology of tobacco smoking prevention*. It is a transfer of the international project called *Everyone Does That* together with the additional text entitled *Prevention in Schools*. As part of the development project *Health in Schools*⁴⁰, specific projects aimed at preventing smoking will be supported. Through Pedagogical and Organisational Instructions, recommendations for the area of smoking prevention for each school year are issued.

2) The National Action Plan on the problems with alcohol use⁴¹ (in the jurisdiction of the Ministry of Health of the Slovak Republic) and its latest version⁴² emphasises, among other things, the importance of the measures regulating the products themselves, regulating of their sale and distribution (incl. ads and sponsorship of attractive events). The Slovak Republic applies zero tolerance for blood alcohol levels of drivers. Refusal of a control is sanctioned⁴³. Since 2011, driving intoxicated has been considered a criminal offence (see the Report 2011 – section 1.1.3).

³⁷ http://www.staremesto.sk/data/MediaLibrary/18/18414/vzn_2013_016.pdf

³⁸ Act No.142/2013 of Coll. in force from July 2013

³⁹ <http://www.exsmokers.eu/dayoftheexsmokers>

⁴⁰ The Ministry of Education, Science, Research and Sport of the Slovak Republic.

⁴¹ <http://www.cpldz.sk/storage/data/nappa.pdf>

⁴² National Action Plan on the problems with alcohol use for 2013-2020, MH SR and WHO Country Office in the Slovak republic, Bratislava 2013

⁴³ <http://portal.gov.sk/Portal/sk/Default.aspx?CatID=39&aid=286>

Environmental measures for the prevention of alcohol and tobacco as risk factors raised from other strategic documents also, such as the Programme on Health Promotion, the Youth Action Plan, resulting from the Action Plans of the State Policy towards Children and Youth in the Slovak Republic for the years 2008-2013. Documents emphasise the control of the application of legal regulations for the prevention of alcohol abuse (the ban on sale and restriction of the possibilities for consumption of alcoholic beverages by minors and adolescents).

3.3 Universal Prevention

3.3.1 Schools – Interventions for Pupils and Students

Objectives: Prevention of the development of drug dependence or increasing the age of first contact with drugs through health education, health support and protection (alcohol, tobacco, illegal drugs, sexual health), and reduction of socio-pathological phenomena.

“Primary prevention involves creating optimal conditions for the physical, mental and social development of children and youth, and, in particular, it means the integration of prevention of using psychoactive substances and the development of drug addiction in the educational process and the establishment of drug prevention coordinators and socio-pathological phenomena in schools” (definition of universal prevention in Reports 2008 - 2011).

In the education sector, the schools themselves⁴⁴ are the institutions active in the area of prevention supported by Educational and Psychological Counselling and Prevention Centres (EPCPC), Methodological and Educational Centres, the National Institute for Education, the Institute of Information and Prognoses of Education (IIPE), and the Research Institute for Child Psychology and Pathopsychology (hereinafter referred to as the “RICPaP”).

Special facilities that are set up in almost each of the 79 districts of Slovakia and operate on each of the levels of prevention – universal, selective and indicated – are EPCPCs.

3.3.1. Certain Programmes, Projects and Activities in 2012

In the school year 2011/2012, EPCPCs implemented a total of 1108 (894 in 2011) prevention programmes. Compared to previous years there is a constant increase in numbers of programmes (in app.20-25%). The highest number of programmes was aimed – as usually - to the group of *“elementary school pupils”* – 595 programmes (61%), pupils of high schools were addressed by one fifth of programs. In the school year 2011/2012, EPCPCs carried out also 13 728 preventive activities, (growth in app.32% comparing last year) of which group activities accounted for the highest proportion (90%). Most were lectures and discussions.

3.3.1.1 The Prevention Programme Way to Emotional Maturity (the programme of the MUSTAP type)

It is one of the nation-wide prevention programmes, which has been implemented since the beginning of the school year 1999/2000⁴⁵, and in the school year 2011/2012, the 13th year of its implementation was recorded. In this year the programme Way was realised in 60 counties (of 79) included a total of 208 schools and 848 classes. It was attended by 11, 875 (14,178 pupils in 2011, 14,096 in 2010) pupils and implemented by 399 trained teachers (Slovíková, 2013).

⁴⁴ Through Prevention coordinators set in each school

⁴⁵ Taking into account the experimental verification carried out in the school year 1998/1999, it has already been the 14th year.

The decline in the number of participants, participating schools and the decrease in the number of classes continued mainly due to demographical development in school population of that age. This Slovak origin programme is a rare type of evaluated programme in form of surveys supported by questionnaires for teachers and participants in two years period.

Evaluation⁴⁶ of the Programme WAY by Pupils (Slovíková, 2013)

525 pupils participated in the survey on WAY. Almost 40% of them considered the Way as an interesting programme, 28% have liked its practical parts (games, competitions and skills training) and almost 28% themes of the programme. 22% appreciated “management” of conflicts.

Also other programmes have been implemented in schools (e.g. *before It Is Too Late; We Know that...* (Details see in SQ25M); 7th cycle of sports competition “Take a Ball, Not Drugs”;

3.3.1.2 “Unplugged” program

This program in Slovakia was initiated out of EPCPCs

Involvement of the Pavol Jozef Šafárik University in Košice, the Faculty of Arts in the project EU Drug Abuse Prevention EU-Dap Faculty, University College Ghent, to the international network of universities⁴⁷ reflects the development of scientific and research activity⁴⁸ of the Pavol Jozef Šafárik University in Košice, the Faculty of Arts in the field of research on risky /protective factors of drug use among adolescents and in the field of research on effectiveness of the drug use prevention programmes based on the research data.

With the support of the Slovak Research and Development Agency⁴⁹, the works aimed to verify influence of the school programme of universal prevention Unplugged on prevalence of drug use among adolescents in Slovakia (smoking of tobacco cigarettes, alcohol consumption, marijuana use among the adolescents (randomized experiment) have been commenced in 2012, in cooperation with colleagues from the Clinic of Addictology of the 1st Faculty of Medicine at the Charles University in Prague and the General University Hospital in Prague. The EU-DAP *Unplugged* programme of universal prevention of drug use is designed for pupils aged 12 to 14. The programme is based on the strategy of social influence in drug use prevention, and implements the components of life capabilities to a cognitive model of social influence, special attention is paid to correction of normative beliefs relating to drug and drug use. In accordance with theoretical and methodological base of the programme, the research includes methodologies allowing implementation of mediation analyses aimed to answer a question concerning not only whether the Unplugged programme has an influence on risky behaviour of adolescents but also how it operates. .

In 2012⁵⁰, the *Unplugged* programme was adapted for the conditions of school practice in the SR, the working materials for teachers and pupils in the Slovak language were prepared, the selection of a research sample of elementary schools in experimental and control group was carried out (stratified randomization, 60 elementary schools /30 schools in experimental group/ 30 schools in control group of Eastern, Central, Western Slovakia). In 2013,

⁴⁶ Another evaluated project was the project of the rope training© within the internationally coordinated programme TAKE CARE (for more information, see section 3.2 Selective Prevention).

⁴⁷ http://www.eudap.net/Research_home.aspx

⁴⁸ Orosová 2013, Report on research activities

⁴⁹ Under the contract No. APW-0253-11

⁵⁰ <http://www.infodrogy.sk/indexAction.cfm?module=Library&action=GetFile&DocumentID=1062>

preparation/ training of teachers will be executed as well as first two stages of data collection (before and after completion of the programme in elementary schools, in the forthcoming years other data collections will be conducted). The research sample consists of 1800 pupils- 6th graders of elementary schools: 30 pupils from each of 60 included schools (900 pupils in experimental group and 900 pupils in control group).

In the school year 2012/2013, up to 33 selected schools from whole Slovakia participated in project examining the efficiency of the Unplugged program.

3.3.2 Programmes for Young People outside Schools and in Sports Clubs

In 2012, the Government Office of the Slovak Republic provided support for the anti-drug activities in the total amount of EUR 515,000. The sum was run out in 94%. The largest share, almost 70% (58% in 2011) of the funds, went to the projects categorised as *prevention projects*, which, in addition to universal forms of prevention in schools and communities, supported also selective prevention, incl. harm reduction, research activities, further education of professionals in that field and several media projects or projects using information technology. (Source of the data: The List of approved projects to support anti-drug activities in 2012⁵¹). From among the universal prevention projects, the continuation of a peer programme of the civic association FILIA in Košice can be mentioned as well as peer programmes at the Centre for the Prevention of Youth in Čadca, the Drug Abuse and AIDS Prevention Programme for university students of the Pavol Jozef Šafárik University in Košice with a focus on the creation and implementation of the alcohol policy (Campus Alcohol Policy), the 18th year of the national⁵² thematic art competition *Why Am I Glad to Be in the World*, etc. In 2012, as part of the development project **Health and Safety in Schools**, the Ministry of Education provided funding⁵³ in the amount of EUR 58 844 € for 25 (in 2011 61,957 EUR for 30) projects incl. outside schools and in Sports Clubs⁵⁴..

3.4 Selective Prevention

3.4.1 Risk Groups – Interventions for Pupils / Students with Learning Difficulties, Social Problems and Truancy

Detailed definition of prevention of risk behaviour was found on the website of National Educational Institute⁵⁵. The term risk behaviour of pupils covers whole whack of unacceptable features of pupils behaviour in school environment, e.g. smoking, alcohol consumption and other addictive substances, bullying, aggressiveness, and intolerance of diversity due to race or health. For pupils manifesting such behaviour the „ *Intentional, comprehensive, co-ordinated and coherent assertion of psychological, psychotherapeutically, formative methods and methods of social reintegration*” are assigned.

These interventions are provided/supervised mainly by EPCPCs, however reasons of clients for coming to EPCPCs in the school year 2011/2012 were not changed and behavioural disorders and so called social pathology behaviour forms relatively smaller part of EPCPCs agenda comparing professional orientation, learning problems, and school maturity issues.

3.4.1 Model of the Universal-Selective-Indicated Prevention (USI)

⁵¹ Data source:

<http://www.infodrogy.sk/index.cfm?module=Library&page=DocumentList&LibraryID=1&AreaID=213>

⁵² With international participation

⁵³ No funds were provided in 2011

⁵⁴ Letter from the Ministry of Education of the Slovak Republic, Department of Regional Education, 2012-14465/44305-6-915 of 5 October 2012.

⁵⁵ (www.spu.sk) <http://www.statpedu.sk/sk/Vyhľadavanie.alej?s=prevencia>

Some information on a modular integrated system of prevention of socio-pathological phenomena in children and adolescents in the city district of Bratislava – Ružinov (2011-2013) had already been provided in the 2011 and 2012 Report respectively. USI community project⁵⁶ included direct counselling or preventive activities with pupils identified as having problems in behaviour. Within the framework of USI there was also the international “Take Care⁵⁷” project realised with focus on the issues of hazardous drinking.

3.4.1.1 The project⁵⁸ *Take Care* was launched in Slovakia in March 2011, and was programmed to December 2012. This project is a multi-level intervention towards four target groups: adolescents / young people, parents, the so-called key persons, and alcohol retailers in the respective locality. The aim is to strengthen the skills of young people through the rope training© in order to manage risk situations by experiential learning methods along with peer learning and psycho-education. The rope training© should reduce alcohol consumption and related risks in adolescents and young people, promote compliance with national laws relating to alcohol consumption, and enhance a responsible approach to alcohol among young people under 18 years. The goals of multilevel interventions are often structural and environmental changes in communities – such as reduction of alcohol advertising intensity in local pubs or support of or stricter abiding by the laws regulating use of both legal and illegal drugs. Taking place in 2012⁵⁹ was the principal implementation part of the project on all of its levels - Rope© training (42 participants), Key Persons training (15 specialists: educational advisors, school psychologists and special pedagogues) were rendered the opportunity to take the basic “Training in techniques of motivation interviewing and short-time intervention”. Once successfully completed, the workshop participants were granted the **European Key Person Certificate** and handed over to them were materials on the methodologies and techniques presented. In April of 2012 there was other rope© training for 12 primary school children. In total, for the entire duration of the rope© project training of 42 pupils from the Bratislava II region was provided. To implement the training, the Manual rope©training was translated.

Home-party for parents as an informational briefing of the parents of adolescents, which should take place in the home of one of the parents was not arranged. Instead, talks and discussions with parents were effected during meeting of the parents at the Primary school, as well as during the “Family day” in May 2012 held in the church of St. don Bosco⁶⁰ located in respective city ward in Bratislava,. Prepared for the parents was a short quiz on the effect of alcohol issues, which subsequently triggered discussion pertaining to those dangers to their children that they considered to be important to them at the moment. To strictly adhere to the multilevel nature of the project, the events were aimed on the parents children of which were participating or were expected to participate shortly on the rope© training. Elaborated for the prevention specialists was the “Home-party for parents” titled implementation instruction manual.

⁵⁶ The Research Institute for Child Psychology and Pathopsychology, in collaboration with the civic association “V&P Prevencia”

⁵⁷ https://www.lwl.org/LWL/Jugend/lwl_ks/Praxis-Projekte/Take_Care_Start/newsletter?lang=en

⁵⁸ CA (Civic Association) V&P Prevention 2012

⁵⁹ Kopányová 2013: Report for NMCD

⁶⁰ cooperating with local parish priest

Instruction courses for alcohol retailers - For the need of alcohol retailers interventions (short-term or long-term), the Belgian CAD Hasselt partner on the Project devised and prepared materials as posters, sorry cards, wobblers and a practical manual for the retailers. Within the short-term intervention, prevention activists visited shops, restaurants, pubs and petrol stations located in Ružinov metropolitan district and were offering the retailers and/or owners of shops/facilities promotional materials to present “Banning the sale of alcoholic beverages to minors”. The owners welcomed the short interventions and displayed promotional materials on their premises whereas they were this way extending labelling the Ban on sale of tobacco products. Practical manual for alcohol retailers provides both information on basic legislative issues and practical instructions to be followed in case a youngster insists on purchasing an alcohol product. Practical workshop presents an integral part of the long-term intervention during which are retailers advised on the effect of alcohol on teenagers. At the end of the intervention held for alcohol retailer each the retailers filled out an evaluation questionnaire.

3.4.1.2 Socio-psychological training in the method of short intervention in drug addiction⁶¹

The aim of this project⁶² was to raise awareness and improve socio - psychological approach of school facilities professionals, counsellors and prevention officers through the method of short interventions in drug addiction. The project was intended for employees of the educational counselling institutions and of special educational facilities (psychologists, special pedagogues and special employees) with the targeted intention to upgrade the level of drug prevention in these facilities. The project was planned for 26 persons and the real number of participants reached 26 too.

The implemented project entailed the following priorities, goal and measures:

Principal priority: Through extending interventions based on the arrived-at information and good experiences to prevent usage of drugs by individuals, and to mitigate health and social implications related to use of drugs within the society.

Goal: 1 Prevent use of drugs and associated risks through the support of both new and proven approaches and measures on the field of prevention and making them available for various environments with the objective to either prevent the first-time taking of a drug and/or to postpone the onset.

Goal 2. By applying targeted prevention, to prevent high-risk behaviours of the drug users - to develop tools of early recognition, counselling and professionally guaranteed interventions.

Respective measures for efficient and indicative prevention programmes for vulnerable groups featuring high risk of problematic drug use incorporated: to enhance awareness and tools of monitoring and evaluating and to extend possibilities and availability of counselling and early resolving of risky behaviour.

The project was realized **in the form of two** five days workshops of socio–psychological training on the subject of drug addiction universal and selective prevention held in October and November 2012. Purpose of the project was formulated as a specialised preparation in the form of experimental training of two groups of participants. The team of lecturers trained 26 employees of the school-based counselling and prevention employees that were to act at

⁶¹ Kopányová 2013:Report for NMCD

⁶² The project connected on realization of analogic projects that had been successfully realized in years 1988, 2001 – 2011

their respective workplaces on the field of drug prevention or as coordinators of drug prevention and/or as co-workers of the previous years' participants.

Changes resulting from the project implementation can be proclaimed along two synergy-wise interconnected planes; The first one – personal: All the participants demonstrated positive shifts as in the direction of self-awareness processes related to the performed practices, and also in the direction of enhanced self-critical demandingness related to individual performing of their professions and also in relation to the necessity of implementing changes in the institutions the participants were employed. The professional level covers the fact that majority of participants (85 %) became confident that the need of systematic enhancement of professionalism must concern all professionals of their institutions. The most important conclusion resulting from implementing this project is that met have been the drug addictions prevention objectives. Such form of education helps in creation of multidisciplinary preventive team members who are duly educated, professionally erudite, and having communication, psychological and social skills.

Enhancing resistance of the children and young people against drugs must be preceded by systematic and coordinated education of those effecting preventive activities in schools and school-based facilities, where trained specialists are highly qualified to meet the goals both as individuals and in teams. Considered for key indicators of the programme success must be those activities that participants of the training–educative programme become able to put into practice. Our up to the day experiences do confirm that in the suggested manner realized education of specialists spreads geometrically. It is assumed that participants of the training will get involved in the work of regional teams that will be implementing analogous programmes financed from regional resources. Organized in the third quarter of 2013 will be supervisory–counselling workshop-like meeting of participants and the realization team members, which will address exchange of experiences in the so-called good practice when implementing drug prevention in schools and school counselling facilities. Geographically, the program covered all significant regions of Slovakia, and it implicitly assumes cooperation of several branches and NGOs – forming inter-departmental teams on a regional level by the very training participants after completing the programme might, on the long run, significantly influence the social prevention policy on regional levels.

3.4.2. Other Risk Groups in the Community/Communities

Prevention of HIV / AIDS (Hamade, Janechová,2013)

Participation of 18 regional Public Health Authorities⁶³ in project “Game against AIDS” regarding 2012 have to be mentioned, as well as continuing of other cycle of school project “Red Ribbons”.

In addition to the SUNFLOWER project aimed at young people representing a significant proportion of newly diagnosed cases of HIV infection, regional public health authorities (hereinafter RPHA) participated in health education of men having sex with men (including providing information about the EMIS project – the European Internet research), continued in the EUROSUPPORT VI project, which is used for mapping and subsequent reductions in risk behaviour among people with HIV from a group of men having sex with men as well as in the SIALON II project aiming to map the prevalence of HIV infection and other sexually transmitted infections. Health education focused on the social and health prevention of sexually transmitted infections and HIV / AIDS among persons providing paid sexual services and injecting drug users is also reflected in the programme *Protect Yourself* and the SEX / DRUGS programme – the programme of the field social work of the civic association

⁶³ Mostly in East of Slovakia

Odysseus⁶⁴ realised in summer festivals, concerts and nightclubs, is primarily devoted to two topics – safer sex and safer drug use. The initiative www.drogy.org designed for people using heroin and methamphetamine continues.

At the level of selective prevention, there were two projects / community programmes. The first is the **Health Promotion Programme for Disadvantaged Communities in Slovakia for the years 2007-2015** of the Ministry of Health and the other one is the **Community Social Work Programme** (Ministry of Labour, Social Affairs and Family). Both were implemented in marginalised, mostly Roma communities. However, in 2012, the *Health Promotion Programme for Disadvantaged Communities in Slovakia* was not implemented due to lack of finances (Hamade, Janechová, 2013). So far as the second one no relevant information regarding 2012 is available.

3.4.3 Help and Support for Families having a Risk Child or Dependent Member

3.4.3.1 Counselling and psychological services (hereinafter referred to as “CPS”), located at the Offices of Labour, Social Affairs and Family (hereinafter referred to as “OLSAF”) are provided in cooperation with the departments of social and legal protection of children and social guardianship (hereinafter referred to as the “SLPCaSG”) and are aimed to provide counselling and psychological support and care for the family or risk groups in terms of addiction. Psychological counselling was also provided to families, whose member is drug addict or there is a risk of occurrence or deepening of his addiction. In terms of selective/indicated prevention through CPS, the **activity of 7 regional professional advisers specialised for drug prevention is important** (OLSAF in Trnava cancelled the position of such prevention counsellor). The number of specialised “drug” cases than decreased app. in one half on 63 cases in alcohol problem counselling (comparing 135 cases in 2010) and on 38 cases in drugs issues⁶⁵ (79 in 2010).

3.4.3.2 Social Guardianship measures as selective prevention tool

Help and support for drug or otherwise dependent clients (or clients belonging to a group at risk of developing or deepening drug addiction) and for their families was provided within the implementation of SLPCaSG measures⁶⁶ through OLSAFs.

OLSAF provided group programmes (educative and social) and supported the involvement of parents or close relatives of children in the implementation of programmes for children with behavioural disorders and problem behaviour, incl. problem with drugs (In 2012 - 1151 children and 598 adults participated).

3.5 Indicated Prevention

3.5.1 Interventions focused on Children with ADHD Syndrome and Behaviour Disorders

No significant amendments in general.

⁶⁴ www.odysseus.org Nowadays, the civic association Odysseus manages the following programmes: Protect Yourself, Intoxi Magazine, Social Assistance, SEX / DRUGS, Red Umbrella, and HIV / AIDS. In the past, they were also the projects Pikadu, Subway Club or the Community Centre in Kopčany.

⁶⁵ Source of data: Mardíaková, 2013

⁶⁶ Overall, the SLPCaSG activities were provided for a total of 178,240 children and 8,988 adults

Three types of special educational facilities⁶⁷ of residential type are to provide indicated (incl. drugs) prevention in case that the outpatient forms is not sufficiently effective. In 2012, 1,201 children were placed in all the three types of the facilities.

Educational sanatoria (hereinafter referred to as “ES”)

Nowadays 8 facilities provide professional assistance to clients with behavioural disorders, ADD, ADHD syndrome, learning disabilities, and disorders of emotional and social development. They play the role in protecting clients against socio-pathological phenomena in the prevention of problematic and delinquent development. The preventive action is also aimed at protecting children from the risk of drug addiction. They cooperate actively with a family to improve and maintain its functionality.

In 2012, 288 children were placed in ESs, in 92% of cases the parents and/or people who take care of children decided to solve the situation in this way.

Diagnostic Centres (hereinafter referred to as “DC”)

There are five of such facilities. Under Act No. 245/2008 Coll. and Decree No. 323/2008 on special educational facilities, these special education coeducational facilities are designed for children aged 3 to 15 years. DCs provide diagnostics and consulting services to children with an endangered or impaired psycho-social development in order to determine the next appropriate educational, re-socialisation or re-educational care, develop diagnostic reports of children, and prepare a recommendation on the placement of children after their stay. A child's stay in the diagnostic centre takes the necessary time to determine the diagnosis, usually twelve weeks.

In 2012 204 children were in Diagnostic Centres, the intent of parents or legal guardians has represented the share of 65%.

Re-education Centres (hereinafter referred to as “ReedC”)⁶⁸

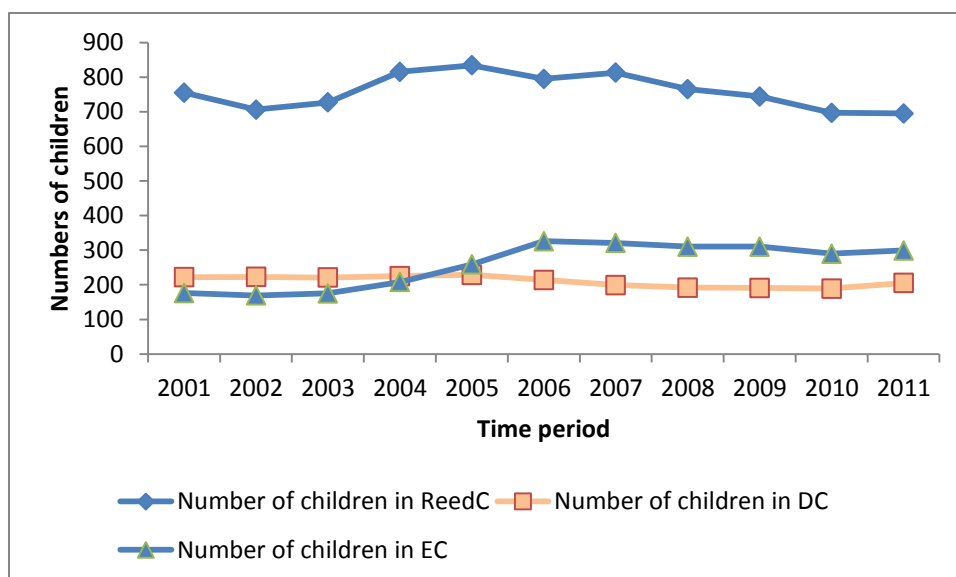
19 facilities of this type of special education facility provide children under the age of 18 years (extendable by one year) training and education based on the educational programme and individual re-education programme, including vocational training with a view to their reintegration into the original social environment.

Children are admitted to the RCs at the request of parents/ legal guardians or by the court decision (on institutional or protective care). Majority of children were placed into RCs upon a court order - in 2012, of 695 children, 80%, in 2012

Fig.3.5.1 Development in numbers of children treated/educated in three types of special educational facilities of school sector (Source of data: Slovíková 2013)

⁶⁷ Jurisdiction of Ministry of Education

⁶⁸ <http://portal.gov.sk/Portal/sk/Default.aspx?CatID=39&etype=1&aid=1878&Template=Print>



Accredited resocialisation centres (RCs) are the other institutions where measures of social and legal protection of children are implemented. According to a survey carried out by NMCD (see Chapter 8), in 2013, there were 106 clients (13% from total number of clients) younger than 18 years (small increase in 9 persons - 95 clients in 2011) in the accredited resocialisation centres. Most of them – 60 were (37 in 2011) in the specialised department of the re-socialisation centre “Čistý deň”⁶⁹ – the Children’s Therapeutic Institute. 20 (28 in 2011) young clients – in age of 16-18 were in the oldest specialised facility for juveniles in the “Komunita Ľudovítov”⁷⁰,

3.6 National and Local Media Campaigns

NMCD has no information available or did not register any national or local media campaign in 2012. Nevertheless such activities financed from different state and private sources and grants are not excluded.

⁶⁹ <http://www.cistyden.sk/http404.html>

⁷⁰ <http://komunita.sk/>

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 year⁷¹.

Cocaine users have been included into comparisons too, though they create just a small proportion in Slovakia. There are some signs, also from other indicators, that their number could become increasing, though still in small relative numbers as well as in absolute ones. No increase in the number of cocaine users was recorded by low threshold agencies in 2012. Cocaine as the primary drug was not reported by low-threshold agencies in 2012.

11 persons came to treatment due to their primary problems with cocaine⁷², of which 17 to civil health care facilities (not in prisons). This meant decrease, comparing with 2011. However, most of those patients were newly treated in their lives. Cocaine appeared as a secondary drug among population in treatment, and was connected with use of amphetamine-type stimulants, opioids and cannabis as the primary drug (where specified).

Opioids use among users of low-threshold agencies is represented mostly by use of heroin (86.7% of opioid users), and within the amphetamine-type stimulants group, pervitin was the only reported primary drug. Number of polydrug users increased further, by 7% in 2012, in comparison with 2011 (from 645 up to 691). And, this pattern of drugs use created more than one third within all drug using clients of low-threshold agencies in 2012 (see figure 4.3.1).

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.

Analysing data from low threshold agencies that are the most important source of this indicator information, continuing decrease has been observed in the number of clients in 2012, despite opening one new program in western Slovakian city of Sered. (see Table 4.3.1).

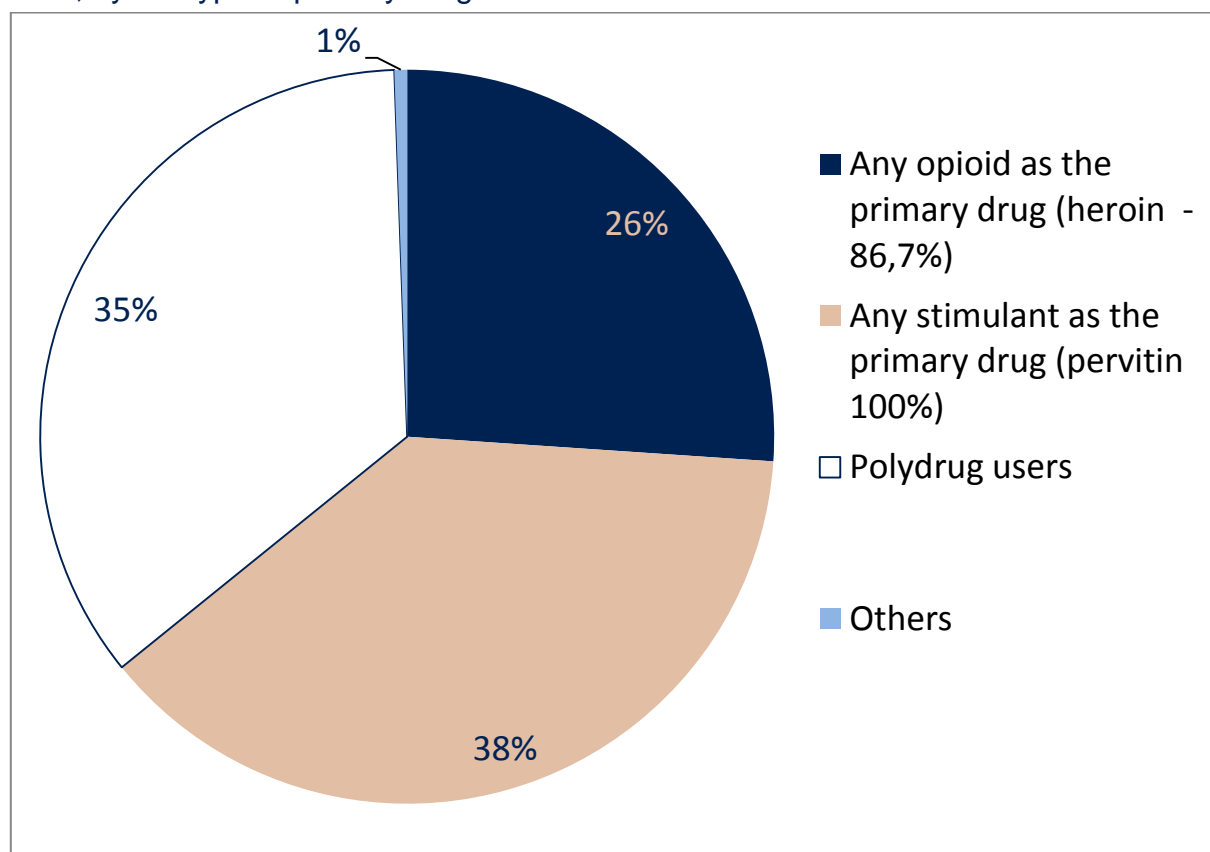
Number of clients using heroin as their primary drug in low-threshold services decreased in 2012, in line with long-term trends. This decrease was visible in absolute figures as well as in a proportion. This fact probably refutes assumption on change of trend in opioid using clients in harm reduction programmes, resulting in conclusion that 2011 value was just a random variation.

⁷¹ EMCDDA: Key epidemiological indicator: Prevalence of problem drug use. EMCDDA recommended draft technical tools and guidelines. Lisbon, EMCDDA, 2004

⁷² National Centre of Health Information: 2011 Data on TDI, 2012.

Some fluctuation in proportions could be caused by the fact that there is no common understanding of polydrug use criteria and coding, contrary to the medical diagnostics.

Figure 4.1: Composition of clients of low threshold harm reduction NGOs in Slovakia 2011, by the type of primary drug used



4.2 Estimates of the prevalence and incidence of Problem Drug Use

No new estimation on prevalence or incidence was made in 2012. The multiplier method, used in previous years for a series of prevalence estimation over the data from low threshold agencies⁷³, brought irregular results on 2008, as a consequence of considerable changes in the number and distribution of those agencies⁷⁴. 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.

⁷³ Published in Slovak national reports 2006-2009

⁷⁴ 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.

From studies that have been carried out in cooperation with low-threshold agencies among their clients, around 20% (20.9% in 2011, 21.3% in 2012) was in treatment at health care facilities within the previous year. As regards current/last month presence of clients in treatment, response was positive in 10.2% the first year and in 8% the second year of survey.

4.3 Data on PDU from non-treatment sources

In 2012, data on 10 programmes from five non-governmental harm reduction agencies acting in 6 Slovak cities has been collected. The number of agencies and programmes stayed the same as in 2010 but number of programmes provided by the NGO Storm increased. On the other hand, one programme from the Banska Bystrica city announced its closure at the end of 2012.

The information has been obtained the same way as for several years before, via paper form/questionnaire⁷⁵.

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 – more or less steady trend continued 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 continued to decrease, after the last year surprising increase; although proportion was higher than in 2011, absolute figures fell down from 2213 down to 1958.

The ratio of males to females was similar in 2012 as in the previous year (1.19 : 1 in 2011 and 1.28 : 1 in 2012), and only less than 1% of clients were of age less than 18, which makes data from previous years suspicious to be a random variation. There were no clients reported in 2012 younger than 15 from NGOs.

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 2011, a total of 281,418 syringes/needles were provided to the clients of these facilities, which is by 12% less than the year before, and, with number of patients increased, this means also decrease in the number of syringes/needles per a client.

Structure of clients of low threshold programmes is described in the Table 4.3.1 and plotted in the Figure 4.3.1.

Table 4.3.1: Structure of clients in harm reduction low threshold programmes
Source: Report of low threshold programmes for 2012

	2005	2006	2007	2008	2009	2010	2011	2012	2012 % of clients
Clients	3,979	3,957	4,023	3,542	3,769	2,267	2,306	2,030	-
of whom, users	3,773	3,722	3,812	3,310	3,588	2134	2,221	1,960	100

⁷⁵ See in: NMCD: Slovakia. New development, trends and in-depth information on Selected Issues, the national report to Reitox, Bratislava, 2010, p. 72

of whom, injecting	3,576	3,560	3,658	3,184	3,489	2075	2,213	1,958	99,9
Heroin	1,430	1,452	1,341	1,489	1,225	656	705	443	22,6
Cocaine	0	7	6	0	44	0	1	0	0
Pentazocine (Fortral)	247	162	107	27	7	n.a.	-	-	-
Pervitin	1,418	1,403	1,314	1,146	1,510	852	810	747	38,1
Polydrug use	436*	437*	722	474	652*	556	645	691	35,3
Buprenorphine	109	109	102	50	75	60	52	57	2,9
Other opioids								8	0,4
Volatile substances/solvents	5	5	22	0	42	0	1	2	0,1
Ecstasy	10	10	0	0	0	0	0	0	0
Cannabinoids	6	6	0	2	2	2	2	2	0,1
Others (e.g. alcohol etc.)	112	131	198	2	31	1	5	2	0,1

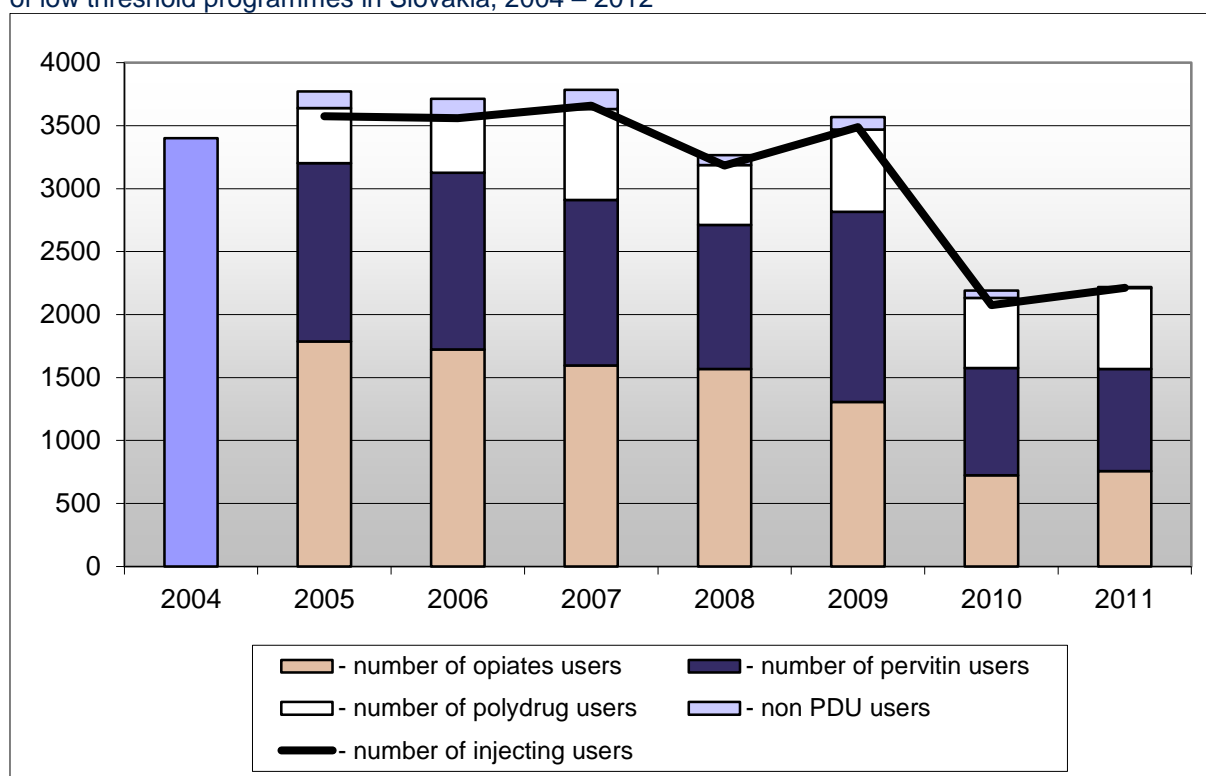
* Estimation

Buprenorphine users created still relatively considerable proportion of harm reduction agencies' clients and their number seemed more or less stabilised.

According reports collected in 2012, decreasing trend in the number of clients of harm-reduction agencies continued that year. It seems difficult to understand relations between numbers of client in low threshold harm reduction agencies and number of patients coming to treatment, as they show incomparable development. From epidemiological point of view, this – at least – could support the idea about their relative mutual independency.

Other assumption is that a parts of clients are groups with a different primary problem than drug use.

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 – 2012



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) showed in two consecutive years that some one fifth of clients of harm-reduction agencies were in treatment in 2010 and 2011.

Preliminary checking of data coming from the pilot drug testing survey, carried out in one prison unit at the second half of 2012, suggested that real drug use in prison is probably not as high as it had been expected after the analysis of anamnestic data and data on testing results collected before. Several rare cases of suspect cocaine use revealed by testing were proven as false positive ones later on, in follow up specific blood tests.

A major part of problem drug users enter some treatment programme at certain moment of their drug career. Patients who 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 to those who are treated for the first time in their lives with those treated repeatedly – while in the former group a proportion was nearly 70% in 2011, in the latter one it reached more than 80%. This applies to treatment in whatever treatment centres, i.e. including prisons' ones. However, patients treated in prisons' treatment centres/units appeared as a much more risky group in 2011: e.g. among subgroup of repeatedly treated patients in prisons as much as 93.6% were

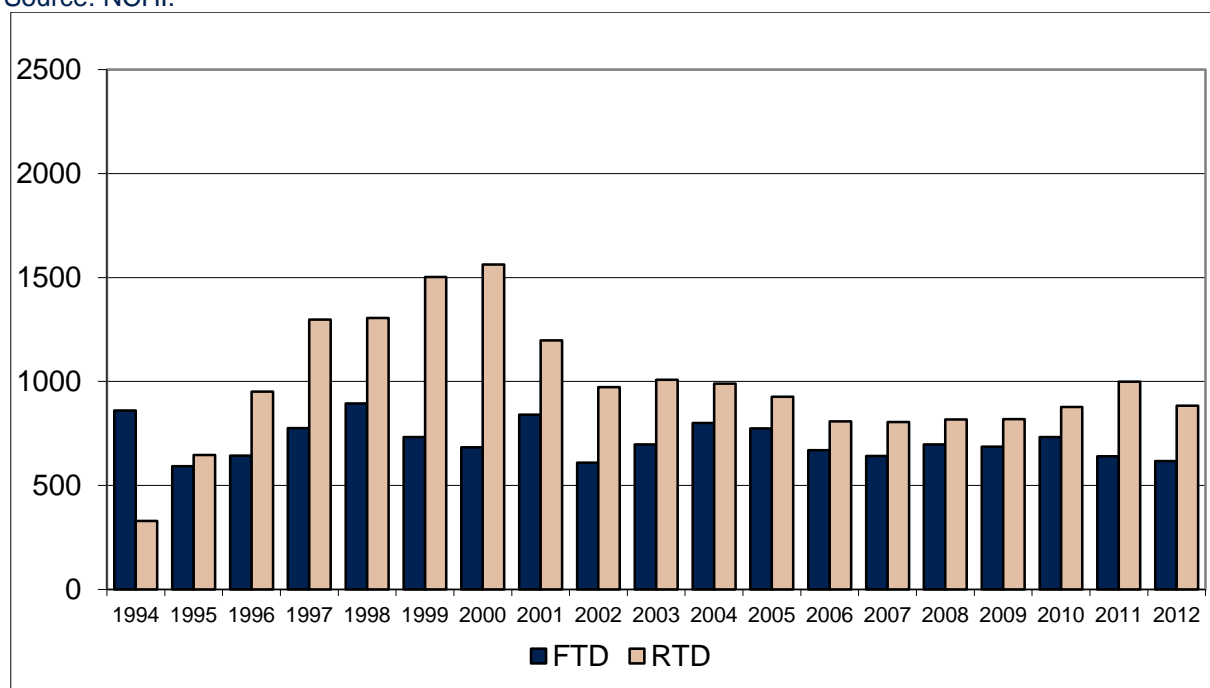
treated due to use of opioids, stimulants or polydrug use (compared to 78.6% in non-prison treatment centres). Also patients reported injecting any drug within last 30 days created 71.7% in prisons treatment units while in non-prison treatment centres they created 30.4%.

In accordance with other finding and indices, there are no sharp qualitative or quantitative changes in problem drug users that entered treatment in 2012. As indicated on figure in Chapter 5, some increase was recorded in a group of patients treated due to their problem with amphetamine-type stimulants (i.e. predominantly pervitin in Slovakia), which increased further in all treated, in prisons' treatment centres as well as in non-prisons' centres, disregard of whether there were firstly treated or repeatedly treated.

Some differences were visible in injecting behaviour in first treatment demand group (FTD) vs. repeatedly treated demand group (RTD). In treated opioid users, a proportion of current injectors was higher in FTD (60%) then in RTD (47%), while in treated pervitin users this proportion was about 12% in FTD but as much as 27% in RTD.

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, and with decrease recorded in 2012 it turned the trend that was slightly (but steadily) increasing for several last years since 2008. Number of patients treated for the first time in 2012, this proportion was about 60%.

Figure 4.4.1 Trend in repeated treatments demands (RTD) and first treatment demands (FTD)
Source: NCHI.



5 DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

5.1 Introduction

Drug-related treatment in Slovakia is professional, complex, continuous, with clients' participation, based on non-judgemental approach of personnel.

Treatment as it is defined according to EMCDDA definition encompasses medical, as well as non-medical approaches. Treatment is any focused intervention provided to drug user with structured goal-oriented plan. This could be residential, or can take place in the community. The interventions, which are considered as treatment are: detoxification, mid- or long-term residential or out-patient abstinence-oriented treatment, opiate substitution treatment, treatment in therapeutic communities, half-way houses, brief interventions, mandatory treatment in the prisons ordered by courts.

What is not included in this definition is treatment of overdoses in the emergency units, needle and syringe exchange in the streets, treatment of other related health problems associated with drug use, such as treatment of hepatitis C provided to injecting drug user. Anonymous or non-anonymous request on information about treatment options by phone, email, or in person, here is not considered as treatment. Not included is treatment of co-dependency of the relatives and significant others without presence of drug user.

Despite of this extensive definition, which includes the various types of treatment interventions for drug users, historically are prevailing treatment programs, no matter whether they are in- or out-patient, which are organized and conducted by the health authorities in Slovakia. Social and other forms of treatment out-side of the health sector fulfil only additional, less important and complementary role.

Important is distinction between voluntary and involuntary or mandatory treatment, which is ordered by court. This has its implications also on data collection for the monitoring of treatment demand indicator. The voluntary treatment entries are forming the main part of all the admissions, still there is significant number of involuntary treatments.

Data collection for treatment demand indicator is from three main sectors in Slovakia. They correspond with three different systems of treatment according to the treatment environment and are organized by three different ministries: the ministry of health, justice and the ministry of social welfare and family. Methodological guidance, common protocol and sheets for data collection are prepared by the Ministry of health.

Treatment demand data collection has full coverage on national level in Slovakia. Harmonised reporting form based on TDI protocol is used to collect the individual information from users, who requested treatment. Data collection is realised separately from the medical facilities, prisons and therapeutic communities. First two participate in data collection through unified reporting systems managed by the National Centre of Health Informatics (Národné centrum zdravotníckych informácií – NCZI) and this is forwarding aggregated information to the National focal point (NFP). NCZI is collecting individual data with unique identifiers from treatment providers. It is processing them to get aggregated information. Yearly statistical bulletin is published

by NCZI: 'Drug Addiction – Drug user treatment in Slovak Republic' (NCZI, 2013). The publication is descriptive overview, presentation of the tables derived from the dataset, which is spilt according different variables and their combinations such as: sex, age, type of primary, secondary drug, education, employment, geography etc. In addition to this, NFP is also collecting data on treatment demand from the therapeutic communities.

5.2 5.2 General description, availability & quality assurance

5.2.1 Strategy/policy

The objectives of the National antidrug strategy 2009 – 2012 in its part of drug demand reduction were serving as the main political guidelines, which were followed accordingly also in the year 2012. The drug demand policy was consistent in 2012 with previous years. No unexpected needs and changes in treatment demand have been observed. The trends continued in the same direction as it was in the year 2011. There were no steps and/or needs for significant policy corrections.

Financing

Treatment was paid by the health insurance companies in the health sector and also in the prisons. It was fully covered by mandatory health insurance for every Slovak citizen with permanent residency in the country. It is operating on the solidarity system, people with resources, who are employed are contributing with payments and state is paying on behalf of those who are in need, children, pensioners. Small amount should be paid by patient in an addition to price covered by health insurance for some medications in the case of the out-patient treatment programs.

Residential stay in the TCs for social reintegration is covered by grants from local, or regional authorities with variable degree of clients' co-financing. Grants were the main source of the income also for the low-threshold programs. Competition for grant awards was higher due to the financial and economic crisis as it was in the previous years.

5.2.2 Treatment systems

Organization

Treatment due to drug related problems is available in three sectors: health, social and welfare and justice. Programs and institutions are public or private, not for profit, or for profit. Treatment, which is available in justice sector in the prisons is organized only as public health care.

Health care providers form a back-bone of drug related treatment. Here is covered the majority of treatment demand. The health services are based on medical model of addiction, mostly is provided to people with diagnosis of drug dependence, less prevalent is treatment demand due to harmful drug use according to ICD-10 / WHO diagnostic criteria.

- (a) Treatment in the prisons is governed by prison health service which is methodologically under the guidance of the Ministry of Health, but the Ministry of Justice is responsible for its day to day operational organization in the prisons.
- (b) The Ministry of Social, Welfare and Family according to the law is responsible for social reintegration of children, adolescents and young adults with drug-related problems. This should usually follow as after care, after they underwent medical treatment for the condition of drug dependence in the health program. However, the minority of the admissions into the residential programs for social re-integration of adolescents was

ordered by the courts to be transferred directly from their families. These were the youngsters with drug-taking behaviour without dependence but with social problems. Behavioural approaches, therapeutic communities and socio-therapy are the main elements of these programs.

The health and social sectors are separated, as well as are under the two different ministries – Ministry of Health and Ministry of Social Welfare and Family.

Mutual cooperation, structure and clear-cut of responsibilities do exist among the different sectors which are providing treatment services for people with drug-related problems. Still, the main way of entry into the treatment is via health care providers in public health care, through the out-patient mental health clinics after examination by the specialists-psychiatrists and through the in-patient residential treatment in the addiction clinics. The vast majority of these admissions are voluntary. The limited number of the patients was referred to treatment by courts on court orders.

On the other hand, the opposite is composition of the patients treated due to drug-related problems in the prisons. Majority of them were entering treatment on court orders in prison setting, but again limited number of in-mates was treated on their personal request during the imprisonment in the custody.

Availability

Availability and affordability of treatment services was in general good. The problems might occur from time to time, if the capacity of the program was fully fulfilled. Because of that the short temporary waiting lists for treatment admission emerged in some of the facilities episodically. However, the clients always had the option to be treated in the other program with free slots - vacancies. There is free choice of care providers in Slovakia. The majority of the out-patient clinics are run by the private specialists – psychiatrists in the health care system and vice versa most of the in-patient facilities are public, in the owned by state or established by the local communities.

Accessibility

Accessibility of the services was and is regulated by the contracts between the health insurance companies and care providers. The network of the clinics is covering the whole country, with higher density of specialised addiction programs in the towns and cities, where typically is higher concentration of drug users.

Quality assurance

ISO 9000 is a standard in all specialized centres for treatment of drug dependencies and in the psychiatric units and hospitals, where treatment for drug-related problems is offered. Organization of specialized services is regulated by the documents from the Ministry of Health, or in the case of residential facilities for social re-integration by the Ministry of Social Welfare and Family. The guidelines specific for methadone

substitution treatment were used in clinical practice and wider updated guidelines for OST, which will include also treatment with buprenorphine-naloxone should be submitted by the group of the experts to the Ministry of Health for the approval in the year 2013. But treatment with buprenorphine-naloxone was and is already available for several years in Slovakia.

Professional requirement is that all treatment staff members should be qualified as medical doctors who are specialists in psychiatry, clinical psychologists with training in the psychotherapy, social workers and the exception are volunteers with special short training for the work in the low-threshold out-reach programs, street work.

The health insurance companies, as the main contractor and source of the income for treatment providers are checking the quality of care using different indicators. The clients' satisfaction is one of the most important. Several specialized addiction facilities are conducting also prospective long-term out-come studies with main indicator, which is the abstinence from the illicit drugs. This gives an important feedback for the staff, health insurance companies and the society as a whole.

Treatment entry

Two types of treatment entries exist in Slovakia: voluntary and mandatory on the court orders. Signed informed consent is required from the adult treatment seekers, or from their guardians in the case of adolescents and children. It is precondition for the admission into voluntary treatment programs, either they are out- or in-patient. The consent is not required from the patients who are entering treatment because of the court orders. They are obliged to report and undergo treatment. Mandatory treatment can be ordered by court only in the case, if the drug user violated law, but not for his or her drug use. Use of the drugs is not penalized or sanctioned by the law in Slovakia, but possession, production and trafficking are. The majority of the patients treated for drug-related problems were admitted on voluntary basis in Slovak treatment programs in the year 2012.

Treatment programs

Treatment is organized in out-patient or in the residential settings. There is continuity between these two forms of the treatment. All patients treated as the in-patients should continue as out-patients, the opposite is not always the case. There is significant number of people treated as out-patients only, either in drug-free or in substitution programs, without need or history of residential treatment.

Drug-free treatment modality has two stages: detoxification and relapse prevention phase. Opioid Substitution Treatment (OST) is considered as intermediate stage for those who are in the need of it, before their consecutive detoxification. The patients are not forced to detoxify from OST and many are staying in the program the whole life.

The increase in treatment demand and so the importance of drug-free treatment approach has been observed especially in the last decade, the reason for that has been increased demand for treatment by non-opioid drug users, where substitution medication is non existing alternative.

Majority of the treatment facilities are mixed and accept patients with drug related problems, who are using illicit substances, as well as people with alcohol related problems. But special, tailored made treatment procedures and programs may be different for these patients within the same treatment facility. Recently, the increase was observed of the patients with the combination, co-dependency on illicit psychoactive substances and alcohol in the same time.

Pharmacotherapy and psychosocial approaches are implemented in the treatment. Medications are part of the treatment, mostly as adjuvant symptomatic therapy in the phase of detoxification and obviously within substitution treatment. Pharmacologically assisted detoxification is as a rule, when it is needed. Treatment is participatory and the choice of the patients is respected.

The low-threshold programs are distinct entities. They are doing social and non-medical, so called preclinical work among the drug users in the capital city and several other bigger cities in Slovakia. They were managed mostly by qualified social-workers with university degree and established as non-governmental, not for profit organizations with the Ministry of Interior, but operating under the methodological auspices of the Ministry of Social Welfare and Family. It provides their accreditation. Their core activities focused on the needle – exchange, social mediation in the streets among marginalized groups of drug-users who were unemployed, home-less and/or were working in the sex-business. The social assistance to these people, the provision of harm-reduction services and treatment entry facilitations are their main objectives.

5.3 5.3 Access to treatment

5.3.1 Characteristics of treated clients (TDI data included)

Type of drugs

Poly-substance use with dependence is the main reason and characteristic of the clients who are asking for treatment of drug-related problems in Slovakia, in the recent years. The on-going trend, shifting from mono- to poly-drug use was also visible in the year 2012. It is important to mention that this sub-population in treatment was different from recreational marijuana users, or party-goers with irregular use of party drugs, such as ecstasy. The clients demanding treatment nowadays are also very different from those who were entering treatment ten or fifteen years ago. That time there were predominantly mono drug users, where their main drug was easily to be identified. Majority were using heroin. Also less frequently comorbid mental disorders were diagnosed among drug-users asking for the treatment in the past. In contrast to the times, when heroin was main drug among treatmentseekers, these years also much more frequently alcohol is drunk in an excess. This is one of the characteristics, especially frequently present among the aging patients in the opioid substitution treatment, but also of many methamphetamine users are drinking excessively.

The total number 2.193 of the patients in treatment due to drug related problems was recorded in Slovakia in the year 2012. It was 40.6 per 100,000 people in the population. There were 2.313 patients registered in treatment in 2011. So the small decline about 5% was observed. But from long term perspective there level of admissions was stagnant in the last decade, e.g. 2.136 patients were treated in the year 2003, which were 39.7 persons per 100,000 in the population.

On the other hand, what has changed was the diagnostic structure of the patients admitted into the treatment due to drug-related problems in the last decade. The number of patients with heroin related problems has reduced by 60 % (from 1.050 to 424) during the last ten years period. This decline continued also in the last two years 2011 and 2012 (from 536 to 424 patients). There was slight increase in the treatment demand due to dependence on other opioids in 10 years period from 1.1 to 1.9 patients per 100,000 persons, but also this rate is on decline in the last 3 years from 3.8 to 1.9 patients per 100,000 people in the general population.

Smaller part of the opioid users, who entered treatment due to drug dependence in the year 2012 was combining the usage of opiates with other psychoactive substances, mostly cannabis, methamphetamines and/or sedatives – benzodiazepines, but also sometimes with excessive drinking of alcohol. These patients were diagnosed as poly-substance dependence and coded as F19.2. It is estimated that opioids were part of the cocktail in about half of the cases under this code. ICD-10/WHO diagnosis F19.2 is coded in our TDI sheets only since the year 2006. There were 190 patients with poly-substance dependence in the treatment in 2006 and 189 in the year 2012. This diagnosis seems to be stable, but it is important to differentiate between poly-substance dependence and poly-substance use of psychoactive drugs among people with dependence, which was on an increase.

All the data indicate a long-lasting trend of decrease in the popularity of heroin, especially among the young drug users in Slovakia. Which is on the increase in treatment demand, is the population of the patients with stimulants related drug problems. Their rate has increased from 7.0 to 16.6 per 100,000 thousand people in the general population from the year 2003 to 2012. It was steady, gradual increase by 136% in ten years. In addition, stimulant use - predominantly of the methamphetamines is also wide spread as secondary drug among the patients who were registered in the treatment of addiction with primary drug - the opiates and also

among the patients treated due polysubstance dependence, under the coding F19.2 ICD-10/WHO classificatory system. Methamphetamines have replaced heroin as illicit drug number one taken by problem drug users (PDUs) in Slovakia, not only among the patients in treatment (Graph 5-1).

The number of patients admitted to treatment for cannabis related problems was higher than number of patients with heroin dependence. It happened for the first time in the whole history of TDI monitoring in Slovakia. The number was 432 patients, 8.0 per 100,000 people. All of them were patients, where cannabis was the first drug of their choice.

Other substances as primary drugs were very little represented among the patients in treatment in 2012: sedatives and hypnotics, volatile agents, cocaine – 1.4; 1.1 and 0.2 patients per 100,000 persons, respectively. Very rare were poppy tea, methadone, buprenorphine, dolsine, pentasocin, petidine, codein, dihydrocodein, psilocybine, as secondary drug was also recorded use of MDMA (ecstasy), LSD and hallucinogenic mushrooms. Alcohol as secondary drug was recorded in 15%, methamphetamines in 32% and cannabis was the most frequently recorded as secondary drug by 40% of the patients in treatment.

Applying the perspective of Problem Drug Users (collapsing opioid and stimulant users together) in treatment, no significant change could be observed in the last decade. Only the proportion of patients with dependence on opioids and with dependence on methamphetamines has changed significantly on behalf of the last ones. Important characteristic, from the public point of view, is the fact, that there is a far less injectors among methamphetamine users, than it was and it is among users who entered the treatment because of dependence on opioids.

Previous treatment, before this one had 73% of the patients with opioid dependence, 44% with methamphetamine dependence and 26% of patients with cannabis related disorders in the treatment in 2012. That might be explained by the cohort effect, or by different affinity, addiction potential to chronicity with respect to different psychoactive substances of dependence.

Gender

A proportion of the males and females have no clear trend, among the patients in drug treatment. Still, there are constantly more males, than females: 77% in 2003 and 83 % in 2012. But in the years in between were recorded ups and downs. The highest proportion of males – 94 %, as always, was among patients with cannabis problems in treatment and traditionally the lowest – 51 % among patients treated for dependence on sedatives and hypnotics. But for the first time the females did not prevail in this diagnostic category in the year 2012. Gender characteristics of the patients in treatment are quite stable in the time perspective. No significant or major changes were observed in the year 2012.

Age

Patients in the treatment for drug-related problems are slowly, but steadily getting older. The average age of heroin users in treatment was 31 years, of methamphetamines users was 26 years, cannabis users 23 years, but the oldest were patients dependent on sedatives and hypnotics – 47 years old on an average. The median of those in treatment was ten years ago in the age group between 20 and 24 years. It has shifted into the age group from 25 to 29 years in the year 2012. It is difficult to calculate the average age from the numbers in the age

groups, however it is clearly higher than a decade ago. There were no patients to be registered in treatment older than 39 years of age in the year 2003, but 7 % of them were 40 years old or older in 2012, even 29 were in the age category of 55 years and more. On the other side of the range, there was reduction of the number of adolescents in the treatment from 22 % in 2003 to 15 % in 2012. This shift in the age of the patients is continuous trend and was expected. Median of the age of males in treatment is in the older group, than it is among females. The males in treatment of drug-related problems are older.

Age and type of drugs

When looking at the age of the patients in treatment with respect to the primary drug of use, typical age sequence has occurred in three most frequently used types of drugs: cannabis, followed by methamphetamines (pervitin) and opiates (heroin), the medians in the age groups were: 20 – 24 years; 25 – 29 years and 30 – 34 years, respectively. This is the other evidence of the ageing of PDUs in Slovakia. The females with PDU in treatment tend to be about five years younger.

Majority of treated patients in each group of drugs, have begun using drugs on regular basis eleven or more years prior to the treatment in 2012 (not to their first treatment!). The biggest proportion – 68% of these 'old users' was in the group of patients with dependence on opioids, followed by methamphetamines – 25% and cannabis – 18%. On the other side of the spectrum one year or less prior to the treatment were using heroin, methamphetamines and cannabis on regular basis: 4%, 10% and 18% of the patients respectively, within each groups of drugs. It is in the contrast with the times of heroin epidemic fifteen to twenty years ago, when majority of the patients in treatment were with dependence on opiates and had history of its use shorter than two years before the admission. One third – 33 % started using primary drug on regular basis before achieving their age of maturity as adolescents and 5% even as children in the age of fifteen years and less. The data are self-reported by the patients during statistical monitoring, which were collected by the specialized health care treatment facilities according to TDI protocol methodology.

Routes of drug use

Both ways of injecting and smoking are equally represented both by proportions of 30% of drug users in treatment, 23% were sniffing drugs and 9% eating or drinking. 2% of opioid injectors in treatment were injecting buprenorphine in the street. Two thirds of opiate users in treatment were injecting drugs some-times in the past or currently. Other group of drug injectors were among methamphetamine users. Out of them 27% injected pervitin and rest of them were either inhaling it or were smoking the substance. Above half of drug injectors were from two counties: Bratislava and Nitra. There was none injecting drug user treated in Presov county in the year 2012.

Longitudinal trend analysis revealed that changes in the representations of different primary drugs according treatment demand indicator in the last decade was also accompanied by the changes in drug taking behaviour (Graph 5-2). Overall remarkable decrease of treatment demand from its peak in the years 1999 and 2000 has declined to the lower and more or less stable level since the year 2002 till 2012. It was closely followed, shaped by the similar changes in the treatment demand by

problem drug users (PDU). Decrease of treatment demand by opiate, mostly heroin users (F11) in the same time period is even more pronounced, and this is without stabilization and decline is continuous and closely followed by the trend of reduction in the numbers of injecting drug users (IDU), who were asking for the treatment.

Education and employment

The majority of the patients in treatment for drug-related problems had the highest completed level of education – secondary school, followed by those who had only primary education and the smallest group had university degree. 58% were unemployed in the time, when they entered treatment in the year 2012, 25% of them had regular job, or were with temporary employment and 9% were students.

5.3.2 Trends of treated population and treatment provision (incl. numbers)

Geographic distribution

Only in two: Bratislava and Trnava, out of ten administrative and geographic regions was recorded decrease in the number of patients in treatment for drug related problems in the last twelve years. Its proportion declined from 63% of all patients treated in Slovakia in the year 2000 to 38% in 2012 in these two administrative districts, and in Bratislava only, from 52% of all the patients in 2005 to 26% in 2012. Contrary to this trend in the South-Western part of the country, there has been recorded the increase of numbers of all patients in the treatment in the all six other administrative districts. This trend is typical for the phase of receding epidemic of the illicit drug use in Slovakia. While prevalence is lower in the parts where it started about 20 years ago in the South-West of the country, and increased treatment demand is recorded in the rest of the country, but with relatively much lower intensity than it was in the past in capital. Bratislava had 219.6 patients per 100,000 people of general population in year 2000 and only 93.7 in the year 2013. In the contrast with it, there were 7.6 patients per 100,000 population in Presov district in 2000, with increase only to 11.3 patients per 100,000 in 2012.

Treatment evaluation

Simple in design, but difficult to realize is longitudinal, periodic, prospective, cohort, out-come study of the patients treated due to drug dependence. This ongoing, ecological, naturalistic, descriptive study is conducted at the Centre for Treatment of Drug Dependencies in Bratislava. Its duration was already twelve years in 2012. The patients' condition is evaluated in regard to their drug use/abstinence and working status. Evaluation was conducted for the first time one year, then three years after their treatment admission. The latest cohort study, which started in the year 2009 and was finally evaluated in 2012 revealed, that 80% of the patients, who were reached by researchers abstained from the drug, which was their cause of treatment entry (Graph 5-3). The highest proportion of abstainers 77% was among the patients with diagnosis of polysubstance use (F19) and disorders due to amphetamine stimulants use (F15) (methamphetamine - 'pervitine'). On the other side, the lowest success rate 67% was detected after three years among opiate users (Graph 5-4). Out of opiate users 17% were in opiate substitution treatment with methadone and 51% was drug free, without medication (Graph 5-5). Because, no matching to OST/drug-free treatment was used, patient had free choice of treatment

modality. The other remarkable issue was observation of steady decline in the number of patients in the largest opioid substitution program, which is situated at CTDD Bratislava. From the peak of 420 patients in the program few years ago, their number has fallen down to about 350 patients at the beginning of the year 2012, and this tendency to reduction of the clients in OST is still going on. The further analysis revealed that this decline in OST was caused by decline in treatment demand due to opioid use and dependence at CTDD in Bratislava. So drop-outs from methadone maintenance program were not replaced by the new entries as this was common ten years ago. There are more drop-outs than entries. Drop-outs did not increase, but the new entries have been reduced. This is consistent with police data of low heroin seizures and with the phenomenon of heroin drought in Europe.

Resources

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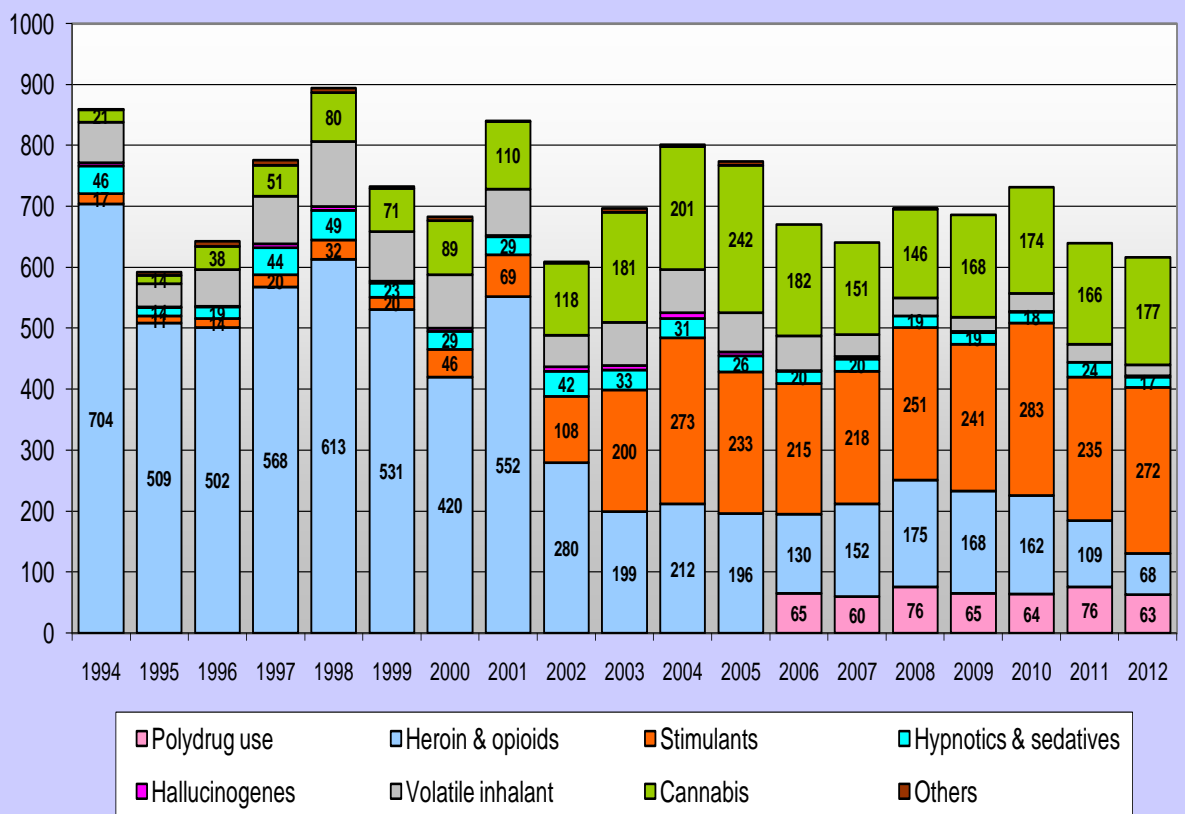
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Graph 5-1: Development of treatment demand due to drug related problems in Slovakia

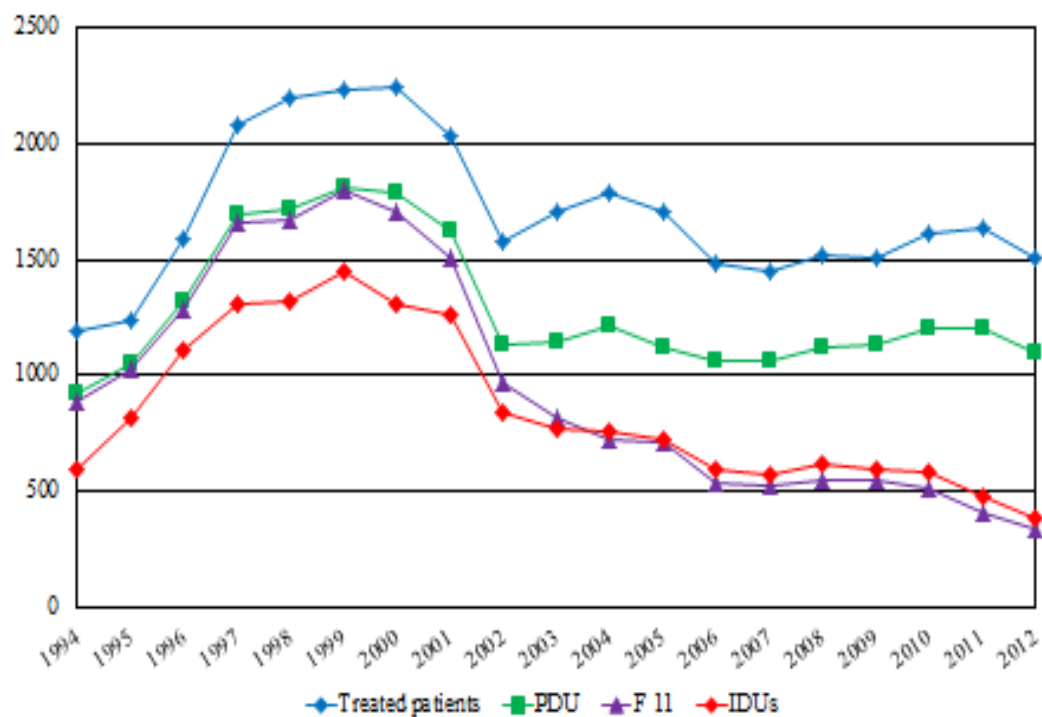
**Počet a skladba pacientov vstupujúcich v danom roku do liečby
kvôli užívaniu drog v SR**
Podľa primárnej drogy, všetci liečení



Source: Slovak National focal point

Graph 5-2

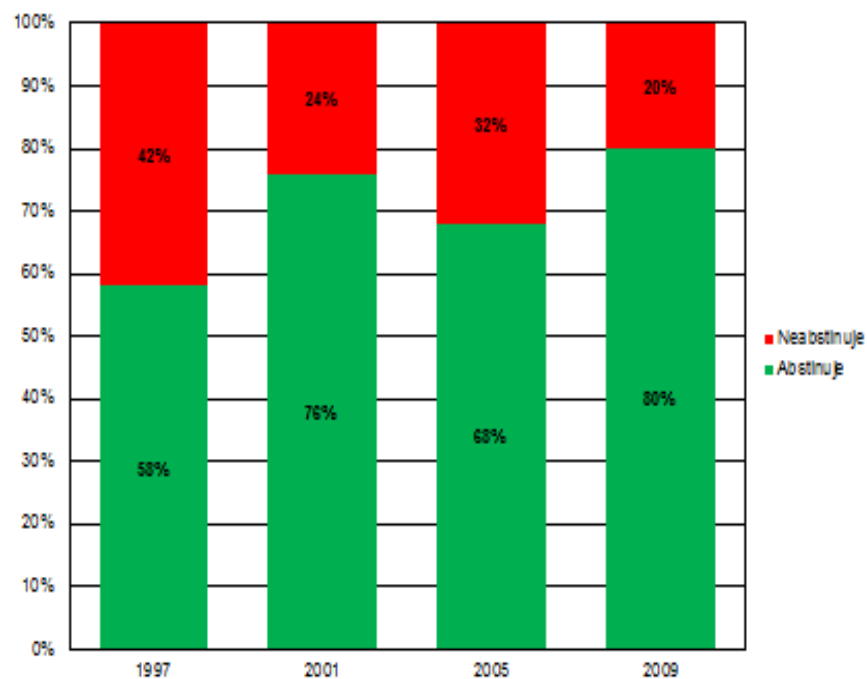
TDI trends (All, PDU, F 11, IDUs)



Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 5-3

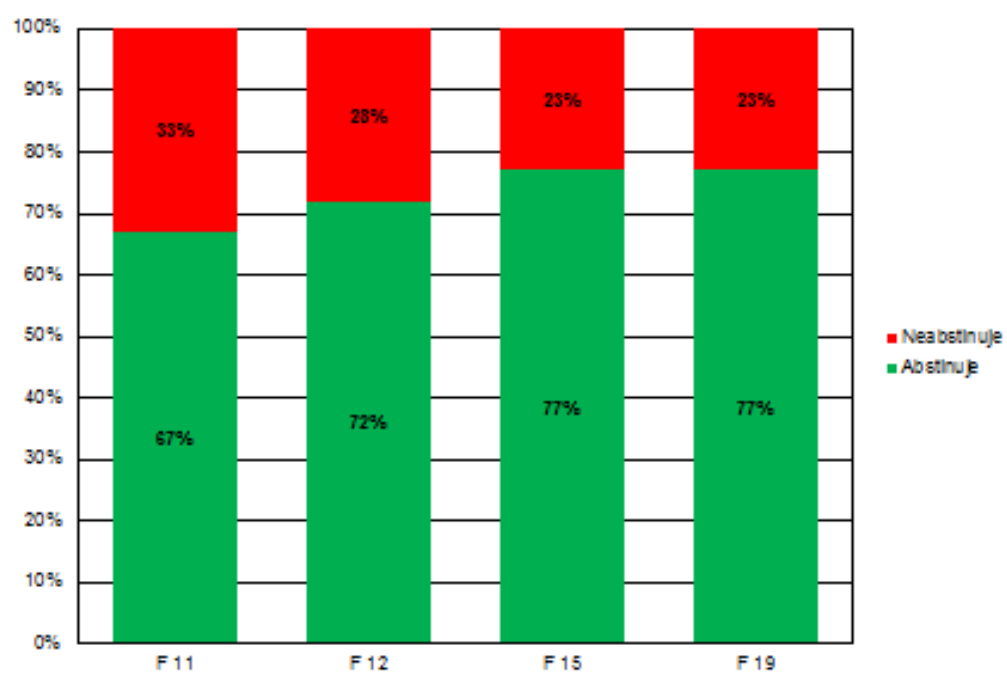
Proportions of the abstainers in the cohorts (all diagnosis)



Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 5-4

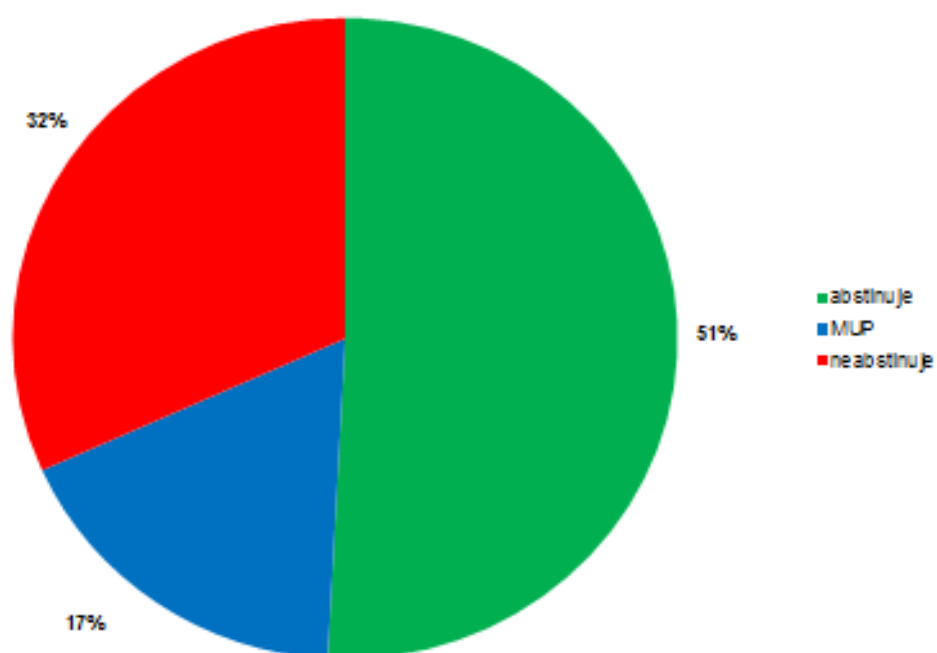
Abstainers according to their diagnosis (all cohorts)



Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 5-5

Out-comes F11.2 - opioids



Source: Centre for Treatment of Drug Dependencies Bratislava

6 6.HEALTH CORRELATES AND CONSEQUENCES

6.1 6.1 Introduction

Blood-borne infectious diseases, HIV/AIDS on the first place, followed by hepatitis C and B were in the centre and in the focus of the epidemiological surveillance of the health correlates and consequences of drug use in Slovakia in the year 2012. The main reasons were the high risk of transmission of these infections among injecting drug users and possible serious public health consequences in the case of the spill over of the epidemics from the subpopulation of drug users into the general population. Other STDs, such as syphilis and other serious infections tetanus, botulism, were also under the surveillance, because of the possibility of their transmission via sharing injecting equipment and in the association with drug taking behaviour as it was observed elsewhere. The information was consistent and based on the harmonised methods, the EMCDDA protocol for the collection of the data on drug related infection disease (DRID) indicator.

Monitoring prevalence of blood-borne infections among drug users is health correlate with high priority. HIV incidence and prevalence data were collected within the health sector. The database exists at the National Centre for Reference on HIV/AIDS. The centre is using European methodology of data collection. It has, among the others, also a variable on the way of transmission (Graph 6-1). The mode of transmission by the way of drug injecting is one of the possible routes. There is national register of all HIV-positive cases tested by the Slovak health services in the country, since the year 1982. The register is exhaustive, but recorded were only the positive findings and only from the people who were tested in Slovakia, and so known to the Slovak health system. Negative HIV test results have not been collected on the national level. Two steps of HIV testing is implemented in the country, front-line immunoassay and more specific retesting with Western-Blot methodology used only for the front-line positive samples. Except of tested drug users, tested were also nearly all pregnant women and the majority of the patients who underwent surgeries

Centre for Treatment of Drug Dependencies (CTDD) in Bratislava was selected as the main source of pilot data on the incidence and prevalence of hepatitis C, HIV, syphilis and other infections, which might be transmitted by the sharing of used injection paraphernalia and associated with drug using behaviour such as other STDs, tuberculosis and some others. The CTDD was selected, because it is the central institution in the capital city Bratislava, where was the highest occurrence of drug use with the longest history in the country. The centre has the largest clientele and time series of collected data, which are going back to the mid-nineties of the past century.

The Office of Public Health is collecting notifications on new infections on national level. It was limited by the oscillating degree of reporting and cooperation of the doctors. The main method was testing of biological samples, mostly blood, and behavioural data collection by self-reporting questionnaires. Use of qualitative information is sporadic.

The additional sources provided the data, which are not collected regularly, but are from the 'ad hoc' surveys and studies, predominantly from the population treated in the health institutions. This approach was used to get information on the occurrence of psychiatric and somatic co-morbidities. The studies focused on the emerging health problems in the clinical practice, which were frequently associated with drug

use. Most of them were quantitative, clinical and retrospective with simple statistical analysis.

Fatal overdoses are reported from the departments of forensic medicine. All the autopsies should be conducted of all the deaths caused by suspected intoxication with drugs. The other approach is retrospective study, research of the mortality of the former patients treated for drug related problems in the CTDD using its records from case register for the comparison with information from the national register of the people who are registered in Slovak health insurance system. The information on fatal overdoses is limited by the coroners' indications for the autopsies and by the technical equipment of the forensic – toxicological laboratories.

6.2 Drug related infectious diseases

The priority of monitoring infections among drug users was focus on HIV and hepatitis C infections. As it was already mentioned above, the reason was that regular drug users, especially those who are injecting drugs, are at higher risk of contracting these infections and their treatment is difficult and expensive. Less emphasis was on the screening of the other infections among drug users, such as hepatitis B, STDs, tuberculosis, because they are less frequently transmitted by the route of injecting drugs in the country. The number of the infected problem drug users with hepatitis B virus is for several years low due to continuous vaccination of all new-borns.

HIV

HIV testing was voluntary and signed informed consent was required. It took place in the doctor's office during the admission procedure. Patient could refuse testing without any sanctions. Pre-test and post-test counselling were parts of the process. Firstly, the front line immunoassay testing was conducted in the laboratory and if the sample was reactive, confirmatory testing with ELISA and Western Blot followed. Because of different causes of cross-reactivity of immunoassay, only approximately 1 in 10 reactive samples were confirmed as positive for HIV infection in the Slovak National Reference Laboratory for HIV/AIDS.

HIV testing was offered also to the people visiting as the patients the health care facilities in Slovakia. Especially high coverage has been achieved among pregnant women. High response rate was on testing, which was offered prior to the surgeries.

Specialized addiction services were providing testing with special focus to problem drug users who injected drugs. HIV testing was done from the blood of the patients, who asked for the treatment in the addiction facility selected for sentinel monitoring of the incidence and prevalence of blood-borne infectious diseases. Here the screening was exhaustive, with the exception of those, when it was not possible to take blood because of the bad venous conditions and in the fraction of those who refused the testing, but it was negligible.

No significant change has been registered in the incidence and prevalence of HIV infection in general population, or among problem drug users in Slovakia in the year 2011. It did not achieve the level of the epidemic. 185,571 tests were performed in professional licensed medical institutions in Slovakia in the year 2012. However, the prevalence in general population was on slow, but continuous increase, because of the effective medical treatment of those, who were already infected in the past. 459

people confirmed as HIV-positive lived in Slovakia in the year 2012, which means that prevalence in general population was below 0.001%. The spread of HIV among those who were detected as infected during the whole period of HIV testing from 1985 till the end of 2012 was as follows: by homosexual intercourse 64%, heterosexual 24%, by injecting drugs 3% and undetermined 9%. The majority of the reported cases of HIV in the general population were from the Western regions, mostly from Bratislava, and the lowest prevalence was in the Eastern parts of Slovakia.

Occurrence of 12 cases among drug users in 2012 indicated HIV prevalence 0.01% according to TDI; 0.1% among PDUs and 0.3% among injecting drug users in treatment. These small numbers of infection acquired by drug injecting as a probable way of transmission were far behind heterosexual and sex man with man, the other two modes of HIV transmission in the country. Incidence: there was one case of new HIV infection identified in the sentinel monitoring during the year 2012. Relative risk for current not yet infected injecting drug user to acquire the HIV infection was $RR = 4$, which means that it was four times higher than for the person from general population in Slovakia in the year 2012.

NGO Odyseus published the results of the project of HIV testing conducted among active injecting drug users in the streets of Bratislava city. The results showed only one non-confirmed positive screening test in drug user, who disappeared from the follow up.

Hepatitis C (HCV)

In contrast with HIV infection the most frequent route of hepatitis C virus transmission was by the way of sharing of used injecting paraphernalia among drug user. There is epidemic of hepatitis C (HCV) infection among problem drug users in Slovakia, which is lasting for more than 10 years. The findings did not support the hypothesis of the co-occurrence of the spread of HIV together with HCV in this subpopulation.

Similar clinical protocol was implemented for the testing of HCV antibodies, as it was in the case of HIV at the Centre for Treatment of Drug Dependencies in Bratislava. The testing of HCV antibodies in the serum from taken venous blood was conducted in the medical laboratory on the request from clinical addiction centre, followed by confirmatory testing in the case when positive HCV antibodies were detected. The RNA testing and genotyping was not done. These patients, who have been tested positive for antibodies, were advised during the post-test counselling to visit specialist in hepatology or in the infectious diseases for further diagnostic specification and treatment. All the procedures were done with informed consent and so on voluntary basis.

The occurrence of HCV infection among all drug users, who asked for the first time for treatment at CTDD in Bratislava decreased from 15% in 2011 to 10% in 2012 and in the absolute figures from 34 cases in 2011 to 16 in 2012, which were the lowest ever recorded figures. For example, 61 cases were detected in 2005 and even 54 in 2009 (Graph 6-2).

The prevalence of HCV among the first treatment admissions, who injected drugs, has dropped in the sentinel sample to 38% in 2012 in comparison with 40% in 2011 and with 50% in 2009. But which was even more important, was that the absolute number of tested, eligible IDUs has decreased by one third in comparison with previous year and by almost 50% compared to the year 2008 results. The total number of anti-HCV positive injectors dropped from 27 cases in 2011 to 14 in 2012 (Graph 6-3).

As it was expected the rates of patients with HCV positive test results correlated positively with the age of injecting drug users. The rates were rising: 23% in the age group below 25 years of age, 38% in the age group between 25 to 34 years old and to 54% in the age group of the patients older 34 years. However, validity of these findings is not very strong, because of the small sample size. A little bit more convincing is the evidence of higher rates of HCV infection, which are growing with the time from the first injection. While there were 10% and 17% of anti-HCV positive patients among the injectors, who injected drugs for the first time in their life less than 2 years and from 2 to 5 years, respectively; it was already 63% and 100% of the positives for HCV in the group with history of the first injecting from 5 to 10 years ago, and more than 10 years prior to the current treatment, respectively.

No change has been observed in comparisons with the previous year. Still, the highest rate - 75% of HCV infections was found among injecting drug users, who were dependent on opioids, and only 28% among the others, whose primary drug was other substance, mostly the methamphetamines – pervitin.

This finding together with the findings of decline in all PDUs and IDUs and in HCV infected patients among them since the beginning of sentinel monitoring in 2008 is suggesting recession of HCV epidemic among drug users. One should be careful concerning the possibility to generalize the data. The results are from small samples and from the sentinel monitoring. However, they are from central, the largest, specialized treatment institution and cross referencing with some other indicators, especially TDI, is pointing into the same direction.

Hepatitis B (HBV)

Similar protocol concerning HBV medical office procedure was used as it was in the case of testing on HIV and HCV infections. Serum antigen HBsAg was used as the indicator of current infection and anti-HBc – hepatitis virus core antigen, as marker of the past hepatitis B virus infection in the tested person.

Only one patient with HBsAg positivity, prevalence 3%, was detected among IDUs entering the treatment at CTDD Bratislava for the first time in the year 2012. This is the lowest figure from the year 2008 when prevalence was 10 cases, 11%.

Anti-HBc prevalence among the first admissions of all drug users (IDUs and non-IDUs altogether) went down from 8% in 2011 to 7% in 2012 and from 17 to 10 cases. For comparison, recorded peak prevalence of anti-HBc was 13%, 29 cases in the year 2008 (Graph 6-4).

Overall prevalence of anti-HBc positive cases was 28% among IDUs admitted for the first time to CTDD Bratislava in the year 2012 in comparison with 23% in 2011, which was slight increase. But the total number of persons with the marker is systematically declining from 23 in the year 2008 to 14 in 2012 and going down to 9 cases in 2012 (Graph 6-5).

50% of anti-HBc positivity was found in the group with the longest history of injecting, 10 or more years, and the lowest 11% in the group with less than 2 years of injecting prior to the current treatment.

In contrast to the situation of HCV antibodies, the prevalence of HBV did not exceed 50% in any group of IDUs, if we relate it to the duration of drug injecting. The most probable explanation could be the availability of vaccination, which is not the case in HCV infection.

Interestingly, the prevalence of 17% anti-HBc was lower among IDUs with primary drug – opioids, as it was among the users with other primary drug, mostly methamphetamines - 31%. Here different sexual activity might be the explanation. Because in contrast to HCV HBV is frequently transmitted by sexual intercourse.

Again, the similar overall trend was detected, same as it was with hepatitis C, which showed continuous decline in the occurrence of hepatitis B infection among drug users. But in the contrast with HCV, the numbers of HBV infected were so small, that we came nearly to the 'bottom' of its prevalence. The vaccination is playing a major role.

Other viral hepatitis

Testing for hepatitis A, D and others is not included in the list of routine tests of blood for viral infections for epidemiological purposes. Their occurrences are very small in the association with drug use in Slovakia at present.

Syphilis

The prevalence of syphilis among the first admissions of injecting drug users was 10% (4 out of 40) in the Centre for Treatment of Drug Dependencies in Bratislava. It is similar as it was two years ago – 11%, but higher than in 2011 – 1.5%, and 3% in 2008. These fluctuations were due to small sample size. The number of patients positive for syphilis was oscillating from 1 to 7 in the years of monitoring.

Other STDs

Clinical practice is showing that also other sexually transmitted diseases (STDs) are frequently occurring among drug users. Gonorrhoea and trichomoniasis are found especially among those who are earning money in the sex business. We No quantitative data were available, because the screening of these STDs was not conducted.

There was no information and no evidence on the occurrence of the cases with tuberculosis among drug users. Country belongs to the group of developed countries, where tuberculosis is not medical or public health problem.

Other infections

There was no registered case of tetanus infection among drug users in the country for decades. Other infections, such as abscesses or endocarditis, were not systematically registered in the relation with drug use, despite of their anecdotal clinical occurrence. Even in the specialized addiction facilities we could see patients with abscesses far less frequently as it was 10 – 15 years ago. This was due to the coincidence of at least three factors. In the first place it was significant decrease in the prevalence of PDUs, who were injecting drugs. The availability and good access to medical care was another reason, and finally it might be also due to the fact that drug users with these problems were much less frequently seen and attracted less attention as did the other marginalized groups in the society, such as homeless people, who did not take drugs.

The recent DRID trends cross-referenced with TDI data seem to suggest the reduction in the risk of the epidemics of blood-borne infection diseases among drug users in Slovakia. Still, the smaller proportion of IDUs is at higher risk. Even if it is lower in general, the spread of HCV in this small group is a persisting problem.

6.3 6.3 Other drug-related health correlates and consequences

Several studies on drug-related health correlates focused on selected psychiatric comorbidity and no new research data were published on the co-occurrence of other somatic disorders than on the above mentioned blood-borne infections.

Psychiatric co-morbidity dealt with co-occurrence of psychotic disorders mainly among the patients with dependence on methamphetamines – pervitín, but also on marijuana. Izáková et al. (2012) in the retrospective comparative clinical study compared two groups of the inpatients: with primary schizophrenic disorder and with toxic psychosis. They found paranoid – hallucinatory symptomatology with expansive syndrome in the group of the patients with toxic psychosis and incoherent thinking, intrapsychic hallucinations and negative schizophrenic symptomatology in the group of patients with diagnosis of schizophrenic disorder, these later symptoms were not present in the condition of toxic psychosis. André and Izáková (2013) also discussed the role of methamphetamines and THC as factors triggering the onset of schizophrenic disorders in predisposed individuals and worsening of the course of their psychosis.

Some other researchers presented their findings on sexual disorders among patients with dependence. Chovanec et al. (2013) in their descriptive clinical study administered ASEX, GRISS and IIEF questionnaires to 64 inpatients treated due to dependence on psychoactive substances. They found problems with sexual desire in 17%, erectile dysfunction in 16%, and the difficulties with arousal in 11%. The authors (Alexanderčíková et al. 2013) of prospective, comparative, clinical study on sexual disorders administered ASEX questionnaire to 522 patients who were entering addiction treatment. The results show the highest 33% proportion of disorders among the patients with opioid dependence, followed by alcohol dependence 21%, methamphetamines 19% and practically unaffected sexual functioning had patients with dependence on marijuana with 2% of disorders. They did not differ from the patients treated for pathological gambling who served as control group with 6% of the

prevalence of sexual disorders. The prevailing disorder in the whole sample was decrease in the sexual desire.

There are no quantitative research data on alcohol related use disorders and their health consequences among drug users, such as alcohol hepatic disorder, pancreatic disorder and the others. But their frequent occurrence is known from the everyday clinical practice, especially among the patients in the opioid substitution treatment. The problem is a subject of the ongoing research study.

6.4 Drug related deaths and mortality of drug users

Drug-induced deaths (overdoses/poisonings)

The departments of forensic medicine reported 26 cases of direct fatal drug-induced poisonings in Slovakia in the year 2012. According to their sex and age distribution 20 (77%) were males 36.5 years old on average, and 6 (23%) were females with average age of 53.8 years. The opiates were present in 17 (65%) of deadly poisonings, and fatal intoxication with other psychoactive substances without presence of opiates were in 9 (35%) cases. The number of reported drug related deaths in Slovakia was lower in 2012 in comparison with 2011.

Retrospective, descriptive study from the Department of forensic medicine in Bratislava analysed all the autopsies on deceased, where deaths were associated with psychoactive substances, except of alcohol in Bratislava and Trnava county in the time period 1996 – 2012 (Šidlo, 2013). 499 cases - 3% of all the autopsies were associated with the presence of drugs. 46% were problem drug users. The sample consisted of 85% of males, 82% of the cases were in the age range from 1 to 34 years at the time of their death. The opiates and opioids were the most frequently found substance in 85% of the cases of the direct causes of death and in 37% of the cases of indirect causes of death. The most frequent combination of two substances consisted of opiates and benzodiazepines and of opiates, benzodiazepines and ethanol, when three psychoactive substances were present.

Mortality and causes of deaths among drug users (mortality cohort studies)

Retrospective, cohort study on mortality among the patients treated at the Centre for Treatment of Drug Dependencies in Bratislava covered period of eleven years from 1999 to 2010 (Alexanderčíková et al. 2013; Slezáková, S., Okruhlica, L., 2013). The sample consisted of 2,954 patients with average age of 23.5 years, 73% were males. Out of the whole sample died 112 (3.8%) former patients. The highest mortality rate was among the patients with dependence on sedatives 25.0 deaths per 1,000 persons-year, followed by the inhalants 21.3 deaths per 1,000 persons-years, followed by the patients with dependence on opioids 7.3 deaths per 1,000 persons-years. The overall mortality rate was 6.1 deaths per 1,000 patients in a year.

Resources

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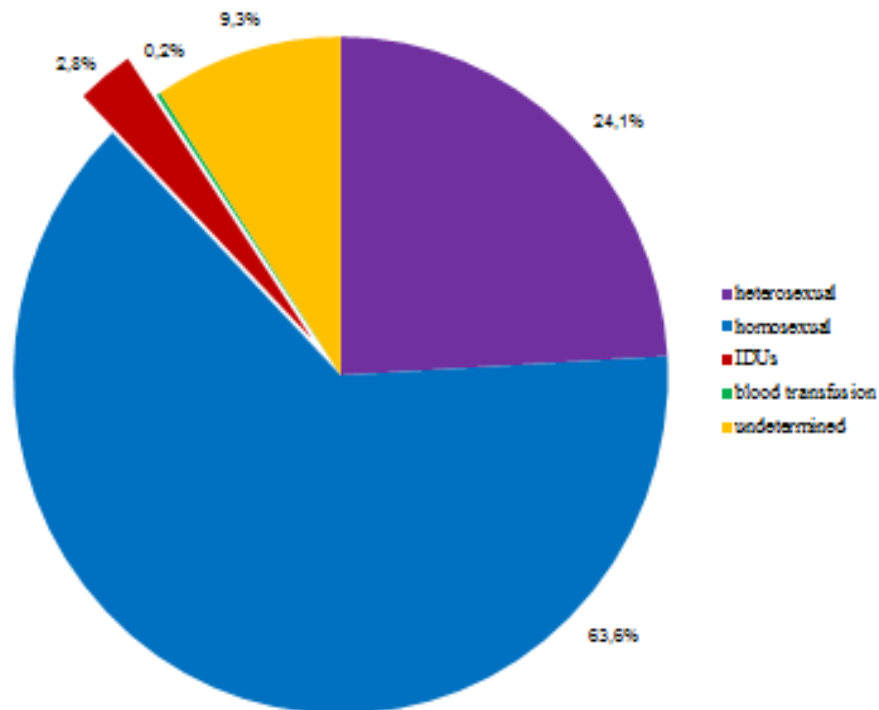
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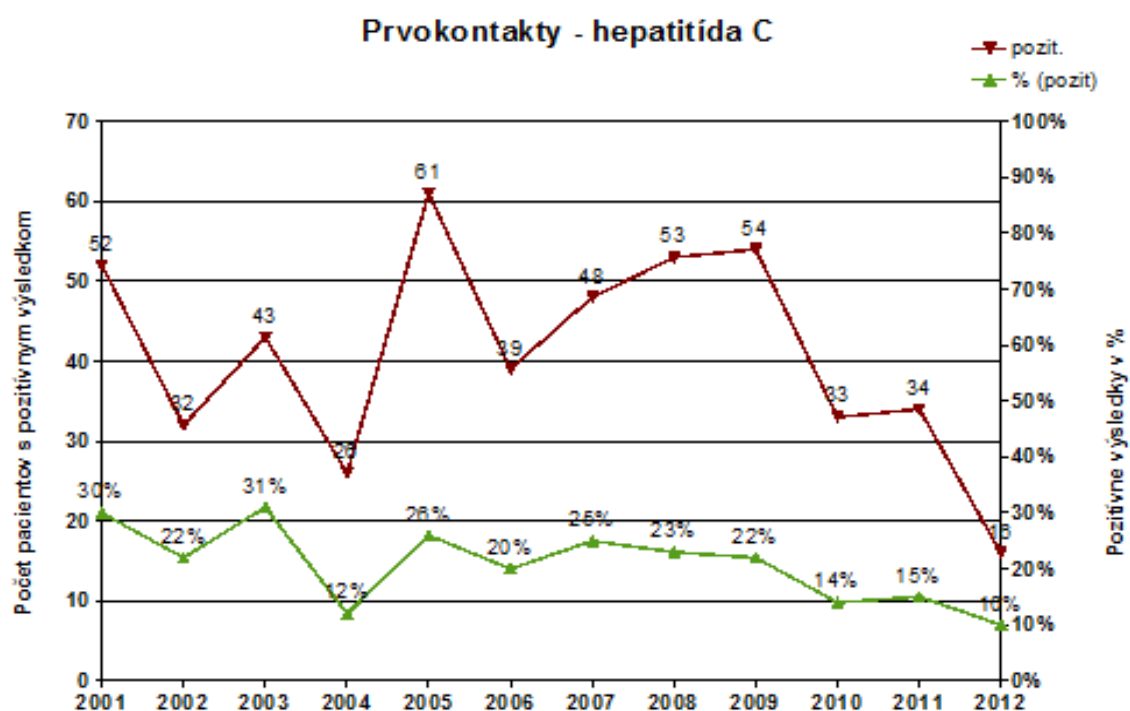
Graph 6-1

The routes of HIV transmission in Slovakia

Routes of transmission (1985 – 2012)

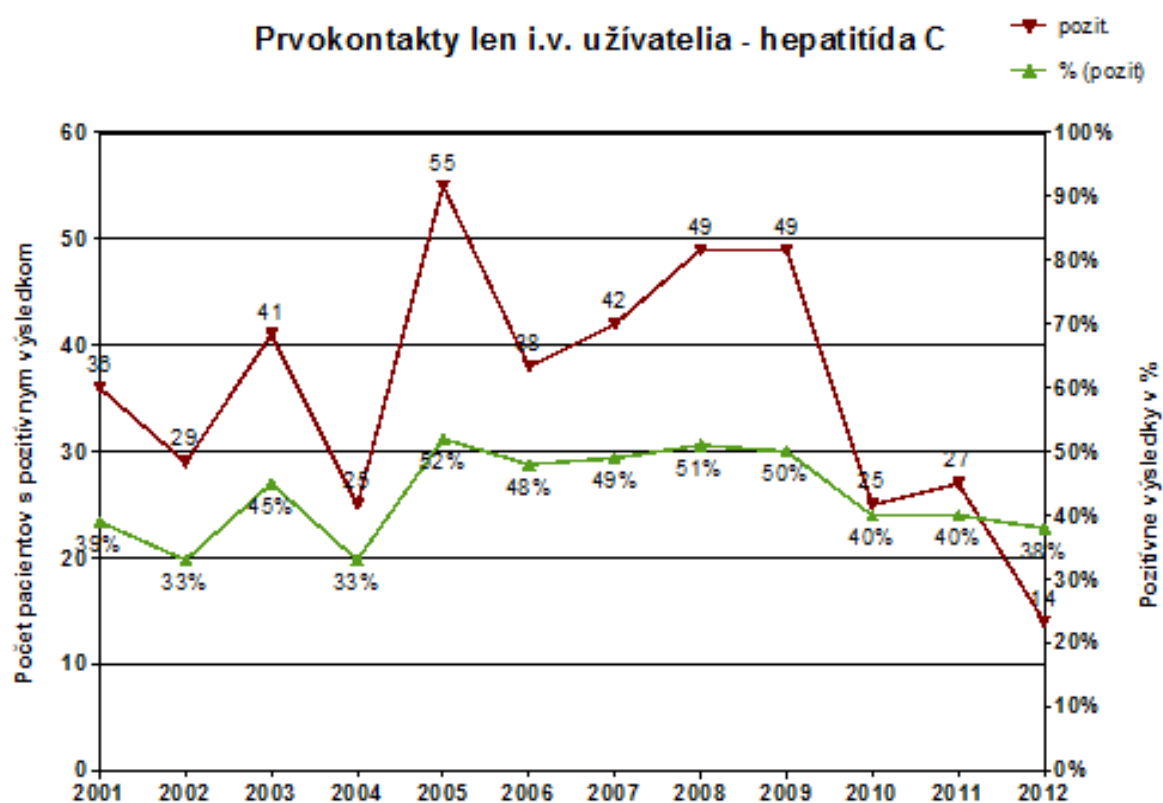


Graph 6-2: Prevalence of HCV among the first admissions in CTDD Bratislava



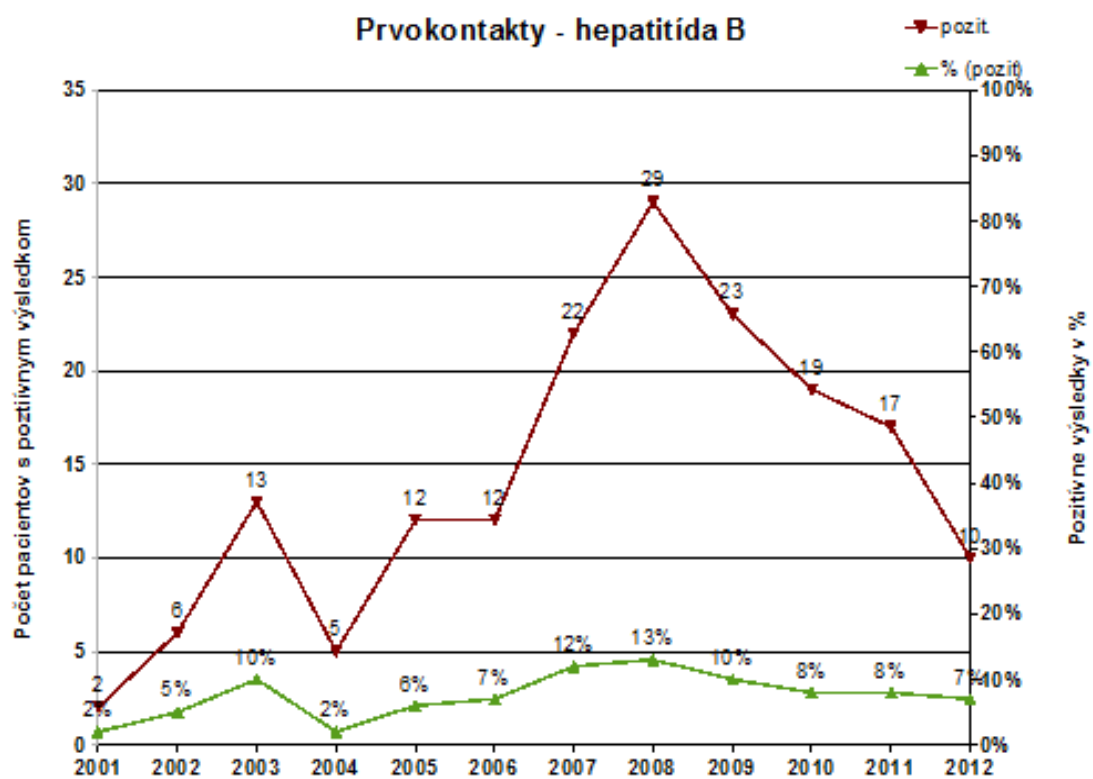
Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 6-3: Prevalence of HCV among the first admissions IDUs in CTDD Bratislava



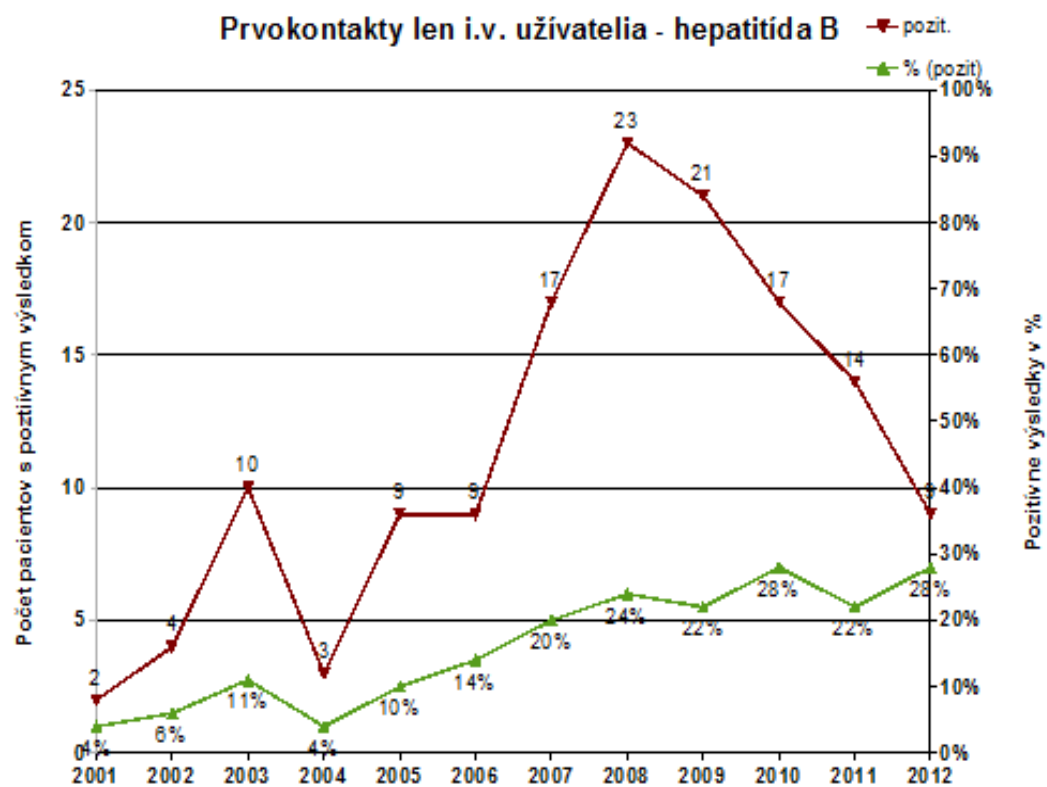
Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 6-4: Prevalence of anti-HBc among the first admissions in CTDD Bratislava



Source: Centre for Treatment of Drug Dependencies Bratislava

Graph 6-5: Prevalence of anti-HBc among the first admissions IDUs in CTDD Bratislava



Source: Centre for Treatment of Drug Dependencies Bratislava

7 RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1 Introduction

Responses to health correlates and consequences of drug use are based on treatment demand and related public health issues. Treatment demand indicator (TDI) and drug infection diseases (DRID) indicators are playing an important role as the tools, which are assisting as guidance on the implementation of the national drug strategy and actions. This is complemented by data from drug related deaths (DRD) indicator and some special studies, for example by the out-come study of treated patients.

The out-comes are critical for the evaluation of the policy implementation on the responses to health correlates and consequences on national level in Slovakia (Alexanderčíková et al. 2013, Okruhlica et al. 2013, Graphs 5-1, 5-2, 5-3). Here, in this chapter we are describing the targeted responses which might contribute to the reduction of the negative health correlates and consequences of drug using behaviour in the context of other non-defined factors.

Traditional, scientific based approaches, such as sterile needle and syringe provision, treatment availability and accessibility for drug users, opiate substitution treatment is implemented. Besides that, the other new approaches are required due to new challenges, for example in the case of the new emerging drugs. Important role on national level has the early warning system (EWS). The responses must be time and drug-specific appropriate. The responses on health consequences are based on scientific evidence and where is it needed and available on standard treatment protocols. Confidentiality and personal data protection is must. Slovak system of health care provision is providing available and accessible treatment for all, but the individual has also right to refuse it. One should be aware of this delicate line between individual treatment demand and public health needs. Mandatory treatment of drug users is part of the responses in Slovakia.

Needle and syringe programs (NSP) are providing sterile needles and syringes and other equipment to drug users, to prevent health related harm.

Provision of sterile needles and syringes is free of charge by the exchange for used ones, or they can be bought by drug users in the pharmacies. Very few programs are disposing them free of charge without any requirements (at CTDD in Bratislava), some are asking for handing out the used paraphernalia, which is in the exchange for sterile needles and syringes. This is typical way in which operate the low-threshold programs in the streets. Probably, the injecting equipment is the most frequently bought in the pharmacies. It is cheap, affordable and it is also for drug users easily accessible due to dense coverage of the whole country with pharmacies. One sterile needle with syringe cost about 15 cents in 2012. Needle and syringe provision programs (NSP) are operating in large cities: Bratislava, Nitra, Kosice, Banská Bystrica, either in the centres for treatment of drug dependencies, or as programs run by independent NGOs working in the streets. Short survey among the patients at CTDD Bratislava, in the city where do exist all the ways how to obtain the sterile needles and syringes, has revealed, that users were mostly buying them in the pharmacies.

Low-threshold programs are the programs, which were aiming to assist drug users without putting high requirements on them as pre-conditions for the access to their services.

There were two types of the programs in Slovakia in 2012: low-threshold programs operating mostly in the streets of big cities, which were predominantly providing non-medical, social services, such as free of charge NSPs, out-reach street work, social assistance, and mediation for active drug users. The core personnel formed social workers and students – volunteers. Anonymity of the clients is common in this type of low-threshold programs. These low-threshold programs are often times involved also in other different projects, for example assistance to homeless people and sex workers in the streets.

The other type of the low-threshold programs, were opiate substitution treatment programs. They had smaller target group of the people with dependence on opioids. Methadone and buprenorphine with naloxone are the main medications used in these medical programs, which are run in the medical health facilities by professional medical personnel. Typically, they are situated in the specialized addiction centres, where also other programs for people with substance use disorders are available.

Due to decrease of problem drug users, drug injectors, and because of heroin drought, there was not observed the trend of the expansion of the above mentioned low-threshold programs in Slovakia in the year 2012. Just the opposite was the reality. Such a decline in the demand for low-threshold services has been observed for several consecutive years. Part of the program resources shifted to other services serving to an increased demand in the treatment for people with alcohol use disorders, pathological gambling and to drug users, who asked for the treatment with drug use disorders, which did not fulfil criteria as defined by EMCDDA for problem drug use.

7.2 7.2 Prevention of drug related emergencies and reduction of drug-related deaths

Drug related deaths (DRD) indicator and the Early Warning System (EWS) were the most important instruments, which have been used to evaluate the situation and to facilitate fast reaction to new emerging risks.

The good news for the year 2012 was that the recorded number of drug induced deaths by DRD indicator has dropped to very low level in the country. In the same time no new drugs have emerged in the drug scene, at least not drugs, which might be cause of serious intoxications or even deaths. Consistent with the changes in treatment demand (TDI) for substance use disorders, was that the majority of treated intoxications in the emergency departments were the intoxications with alcohol in Slovakia in 2012. Many of them were young people, adolescents and even several children. The fatal alcohol intoxications were also recorded. Alcohol in the mixture with drugs was present in significant proportion of deadly intoxications (see chapter 6).

Prevention of drug related emergencies and deaths was based on the above mentioned findings. The major role had the general health education and general prevention, which targeted young people at risk of drug and alcohol use. This was implemented in the education system in the primary and secondary school curricula. General prevention was realized in the mutual cooperation of the Slovak Ministry of Education with the Health Ministry. Programs of specific prevention were aimed at drug users with concrete instructions how to prevent fatal intoxications and how to avoid drug overdoses. These were conducted by NGOs within their street-work

activities and by the specialized centres for treatment of drug dependencies in their harm-reduction programs.

The important role had in the context of reduction of drug emergencies, the reduction of the number of injecting drug users and especially drop in the number of opiate users in the country in 2012. No doubt, that so called tertiary prevention, which was mainly the abstinence - oriented treatment and OST, contributed with its good long-lasting results to it (see also Graph 5-3 in chapter 5).

7.3 7.3 Prevention and treatment of drug-related infectious diseases

Blood borne infections, typical representatives are viral hepatitis C and B, HIV, which could be transmitted from person to person by blood, either by sharing of non-sterile needles, syringes, or other injecting paraphernalia, or by blood transfusion, or tattooing.

The prevention activities consisted of the educational programs for all drug users, the specific selective prevention targeting the injecting drug users: NSP to prevent spread of infectious diseases by sharing of used needle and paraphernalia. Specifically, the opioid substitution treatment with methadone and buprenorphine-naloxone was provided to chronic opiate users, which was mostly effective tool for prevention of the spread of HIV. The goal of the prevention of the spread of blood-borne infections could not be completed without the implementation and good availability and easy access to specialized addiction treatment, so called drug free and to medical treatment in general. Good signs in this respect were decrease in the demand for treatment by PDUs and drop in the demand for OST in the country in 2012. The challenging task was to find the effective responses to prevent spread of infections by methamphetamine users who were injecting – pervitin. This issue was at least partially solved by the implementation of effective drug-free treatment for those, who asked for it, and by the offer of traditional NSP for users, who were not in the treatment.

HIV, HCV and HBV testing

Motivation to and provision of the testing on HCV, HIV, especially for injecting drug users, was the first step for detection of already infected and was followed by motivation to enter specific antiviral treatment, but also to enter treatment and OST in particular, where it was indicated. Pre- and post-test counselling was part of the process. The testing itself has significant consequences as it concerns the behavioural change in the prevention of the infections of those with negative test results, or in the motivation to treatment for those with positive ones. These were the ways, which from public health point of view reduced and prevented the spread of the epidemics of HIV, HCV and HBV.

HIV treatment

HIV treatment was free of charge for the patients and fully covered by the health insurance companies in Slovakia. The antiretroviral treatment with combination of medicines was implemented according to detected viral load. The latest medications in combination were available for all who were seeking the treatment. All the treatment is voluntary, so high attention was paid to attract those in need of it and to secure their adherence. The HIV prevalence among IDUs had no characteristics of the epidemic in Slovakia. It was one of the lowest in Europe.

HCV treatment

Same as it was in the previous year, the combination of pegylated interferon with ribavirin was a standard treatment for hepatitis C infection. The latest approach, specifically for the non-responders infected with genotype 1 HCV, was the introduction of the new direct acting antiviral medications from the protease inhibitor group – telaprevir and boceprevir into practice. Treatment was free charge and readily available. Hepatitis C was the major and the only blood-borne infection with epidemic prevalence in the subgroup of IDUs in Slovakia, which was transmitted by drug injecting behaviour. Persisting problem was how to attract to treatment all those who have been infected. The reasons given by them to avoid HCV treatment have been, that they were afraid of negative side-effects and that they did not have any signs of health problems caused by the infection. Good sign was decrease of new detected cases with anti-HCV antibodies among drug users, who were entering drug treatment in 2012.

HBV treatment

Free of charge and availability of testing for current and past hepatitis B infection was a rule for those drug users who were contacting the treatment services. Treatment was recommended and provided for all the patients with positive anti-HBsAg. Vaccination against HBV infection was offered to all tested negative for HBc antigen. The education programs aimed at the change of sexual behaviour had an important role, because hepatitis B is also commonly transmitted by unprotected sex behaviour. Again, good news is that the population age cohorts, where general vaccination against HBV was implemented in Slovakia, are entering the age of adolescence, which is critical for the beginning of drug using behaviour. Because of that is predicted further decline of new HBV infections among drug users in the future.

The education on other sexually transmitted diseases, about safe sex behaviour, the testing for syphilis and reference to the specific treatment is regular part of the interventions provided by the addiction services.

7.4 7.4 Responses to other health correlates among drug users

Co-morbidity is the co-occurrence of psychiatric or somatic disorders together with drug dependence. The responses were driven by the situation on drug scene and the demand for treatment of other health correlates by drug users.

Authors in few studies discussed their works the clinical diagnostic and treatment experience in the field of drug addictions in the country. Recently, frequent occurrence of toxic psychosis due to methamphetamine use in the clinical practice was reflected in the works on differential diagnosis with schizophrenic psychosis (Izáková et al., 2012, André and Izáková, 213). Bodnár (2013) described his experience with detoxification using buprenorphine-naloxone in the patients with dependence on opioids and also discussed a problem of the treatment acute withdrawal at polydependence, where benzodiazepines should be prescribed. Lúčna (2013) dealt with her experience on prescription of buprenorphine-naloxon in opiate substitution treatment.

The out-comes of treatment interventions and social reintegration were presented in the results from long-term, clinical, periodic, cohort study (Okruhlica et al., 2013) from CTDD Bratislava. The response rate was 72% in the sample of 615 patients treated

due to drug dependence at CTDD. The abstinence was considered as the main indicator of their improvement. After one year were 72% and after 3 years 77% abstinent from the drug of their dependence. The best results have achieved patients with dependence on methamphetamines 77% followed by those with dependence on opiates with 67% of abstainers: out of them 50% were drug free and 17% in OST. Interesting results were shown by the comparison of the rates of abstainers from four cohorts with the rates of employment after three years from the beginning of their treatment. Despite of the emergence of the economic crises the highest rate of economically active patients - 80% was after 3 years in the cohort, which started treatment in the year 2009.

Quality Assurance

Quality of the services was under the control of the Ministry of Health, Health Departments of The Offices of the Regional Governments and The Office on the Control of Health Care, which is independent body from the state. These authorities were responsible for the control of the health care providers, whether they in their clinical practice complied with the health laws, with methodological recommendations, the guidelines on diagnostic and treatment processes, the requirements of the quality, with the qualifications and numbers of the personnel, as well as diagnostic and treatment equipment. Similar, even more demanding were the quality requirements demanded from the health care providers by the health insurances. To be able to cope with these quality requirements the specialized addiction centres and mental hospitals have entered the processes of continuous certification of quality – ISO 9001:2000. The health treatment facilities also had the internal systems of the quality control. The feed-back from patients/clients served as an important part of it.

Resources

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8 SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Drug use and mainly addiction to psychoactive substances can be understood as a cause of social exclusion in consequence of income reduction or job loss and deterioration of housing conditions leading to homelessness. On the other hand, social exclusion in possible combination with other factors can be the cause for which individuals exposed to such risk begin to consume psychoactive substances.

Social reintegration is considered an inevitable component of complex drug strategy. It comprises mainly search and capacity building on the part of an individual at risk or vulnerable groups, improvement of social skills, actions to facilitate and promote employment, and acquisition or improvement of housing conditions.

The National Drug Strategy for the period 2009-2012 emphasized the need of continued development of the rehabilitation, re-socialization and social reintegration services and programmes aimed at the achievement of measurable progress.

The National Plan of Social Inclusion (2008-2010) defined main groups of population which are exposed⁷⁶ to the risk of poverty and social exclusion - such definition has not change since that time and means that individuals with problem of the alcohol and drug dependence are not explicitly considered to be the vulnerable category. However, these individuals may be usually endangered more, by unemployment (in particular long-term unemployed persons), the fact that they live in marginalized communities (mostly Roma settlement), homelessness, disability, migration, as well as by the fact that they come from families with more children and single-parent families. Similarly, other vulnerable groups are not defined explicitly – gamblers, abused children, victims of domestic violence, people released from prison, and young people, who after reaching the age of maturity, leave institutions of institutional care (Reports 2010,2011,2012).

Follow-on information on social reintegration of persons having problems with drugs come from two key sources; Ministry of Labour, Social Affairs and Family of Slovak Republic (*hereafter only MoLSAF*) and its Office of Labour, Social Affairs and Family respectively (part 8.2), and from annual surveys (since 2007) carried out by National Monitoring Centre for Drugs⁷⁷ (part 8.3).

8.1 Social exclusion of drug users

While absence of studies and surveys on social exclusion in general⁷⁸, there are available data on unemployment, achieved level of education and stable (or instable) housing from

⁷⁶ The concept of vulnerable groups (EMCDDA)

⁷⁷ Slovak NFP in EMCDDA/REITOX

⁷⁸ Except the Report on social situation for 2012 <http://www.employment.gov.sk/files/legislativa/dokumenty-zoznamy-pod/report-on-social-situation-population-sr-2012.pdf>

every year⁷⁹ statistical findings of the National Health Information Centre⁸⁰ (*hereinafter the “NHIC”*), concerning the drug users treated in the given year.

8.1.1 Social characteristics of drug users in treatment

For the purposes of this chapter, the numbers of all patients, i.e. 2193 persons who received treatment in 2012 (2312 patients treated in 2011) are presented. The 58% share of unemployed patients also includes app. one-third (31.55%) of treated patients who are accused and convicted persons in prisons⁸¹.

Note: According official and published data of the NHIC, in total number of patients in treatment (2193 in 2012) there were 692 (an increase in 18 persons, comparing 2011) persons who were treated in healthcare facilities of the Ministry of Justice (e.g. healthcare units in prisons and psychiatric unit of Prison Hospital in Trenčín). With respect to different intent and motive of prisoners to be treated (compulsory – court-ordered treatment vs. voluntary treatment in prisons facilities) – self-imposed patients from facilities under the Ministry of Health are esteemed to be crucial for Treatment Demand Indicator (TDI).

In the whole group of treated patients, the share of patients with primary education slightly decreased (from 41% in 2010 and 37.8% in 2011) to 36.2% in 2012. On the contrary, the share of patients with secondary education, without and with a leaving exam, represented by 54.5% slightly increased in 2012 as compared to 51.7% in previous year. Another – already mentioned – characteristic is unemployment fluctuating over 10 years around average of 56%, in 2012 – 58% (including unemployed prison population).

In 2012, the significant share in category of the unemployed⁸² 1272 persons – was represented by patients treated for methamphetamine dependence, a 42% share in total (534 patients - 444 men and 90 women) and for heroin dependence, a 21% share in total (268 patients - 194 men and 74 women). Development in some social characteristics of patients in treatment since 2003 is shown in Table 8.1.1.

Table 8.1.1: Some social characteristics of treated drug users in period 2003-2012

In 2012, the total number of patients treated in healthcare facilities was 2193, data in %, of which 6 persons were foreigners. Source: NHIC, SŠ-44/2013

Social characteristics	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Unstable housing	6.6	7.6	8.9	8.6	9.6	7	10.6	11.9	11.2	n.a.
Unemployed	55.2	54.2	54	55.2	56.5	53	63.2	59.7	56.3	58.0
The highest level of education - elementary	40.3	43	39.1	38.5	40.3	39.5	39	41	37.8	36,2
No education or incomplete	na	na	na	na	na	na	2.5	2.6	1.3	3,8

⁷⁹ This data is missing in the NHIC last publication „Drug addiction – treatment of a drug user in the Slovak Republic 2012“, ZŠ 44/2013.

⁸⁰ NHIC 2013: Drug addiction – treatment of a drug user in the Slovak Republic 2012, ZŠ 44/2013.

⁸¹ Jurisdiction of Ministry of Justice of Slovak republic

⁸² NHIC 2013: Drug addiction – treatment of a drug user in the Slovak Republic 2012, ZŠ 44/2013, year 2013, p. 59-62.

compulsory education										
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8.2 8.2 Legal and institutional framework for reintegration and re-socialization measures

Drug addicted people, or persons who had problems with dependence are not explicitly mentioned in strategic and other political documents concerning the social exclusion, or inclusion. The persons having problem with drugs are not excluded from the options available to other vulnerable groups, as far as the support at searching of employment and housing is concerned. Housing as a social service is provided individually by regional self-governments, municipalities and cities (public providers) and non-public providers – non-profit organizations, civil associations, religious associations, etc. It is provided in low-threshold facilities (dormitories, including shelters), crisis centres and Halfway Houses. The last type of a long-term housing – subsidized, or social housing is legislatively procured by the Act No. 443/2010 on Subsidies for Housing Development and on Social Housing, however, in practice this kind of housing is rather rare due to lack of social apartments.

The only law that mentions the drug addicted persons as the special category/group is the Act No. 305/2005 Coll. of Laws on Social Legal Protection of Children and Social Guardianship, as amended. Besides others this law enabled the further qualitative development of re-socialisation centres defining their function as *“Activation of internal abilities of children and adults to overcome psychological, physical and social consequences of drug or other dependence and to re-integrate into life in a natural environment”*.

8.2.1. Measures of social guardianship in 2012

The measures of social guardianship result from the mentioned Act No. 305/2005 Coll. of Laws on Social Legal Protection of Children and Social Guardianship, as amended. In 2012, measures of social guardianship for adults addressed a total of 8 988 persons (a slight decline by 311 clients). The number of addressed drug addicted persons is slightly increasing (From 8 cases in 2010, the number has increase to 70 clients in 2011 and to 80 clients in 2012 (Czuczorová 2013)).

Assistance in searching for housing was provided in 663 cases, including persons – clients with drug and other dependence. In 2012, up to 37 persons were placed in Halfway House after successful completion of the re-socialisation programme (an increase by 9 persons compared to 2011). 118 former clients of RCs (an increase by 14 clients) returned home - to *their natural family environment* - and 16 persons (a decrease by 7 clients) became independent as regards their housing. So far as the education and employment is concerned such persons can participate in the given educational activities if they meet general conditions for admission to work of a registered unemployed seeking for a job. **However no** special requalification course or education projects are organized for this target group

According statistical records of MoLSAF, up to 373 clients⁸³ were placed in the re-socialization facilities, which is a decrease by 259 clients compared to 211 and by 155 clients compared to 2010. The number of juvenile clients (younger than 18 years) dropped to 71, what is less by 37 in comparison with 2011. Up to 9 children were admitted due their parents demand (a decrease by 12 children) and 2 children from institutions of state care (foster homes). Most of minors were admitted into the RCs on the basis of the court-ordered educational measure or preliminary measure. This judicial decision in practice means that

⁸³ Annual statistical records of MoLSAF V(MoLSAF SR) 13-01;12-01,5-01

the initial motivation of children to undertake the re-socialisation process is missing (Czuczorová 2013).

Up to 288 new clients commenced the re-socialization process in 2012 (a decrease by 81 clients compared to 2011) and from 2010 to 2010 there was a decrease by 89 clients, and from 2009 to 2010 was recorded a decrease by 95 clients).

In the RCs, the prevailing activities are the group work with a client, work therapy in a facility, individual social work with a client and counselling and first-contact services.

In 2012 social allowance was drawn by 285 clients.

8.2.1.1 Area of assistance provided to persons after their release from prison includes measures of social guardianship carried out by Offices of labour, social affairs and family in the cities of their habitual residence. In 2012, more than two-thirds (69.5%) of a total number of social guardianship cases (8.988 cases) were provided to people released from prisons (more in Chapter 9, section 9.4)

8.2.2 Psychological and counselling services within Offices of Labour, Social Affairs and Family (hereinafter only “OLSAF”)

Within the organisational structure of the OLSAF⁸⁴, in the joint section/department with agenda of social guardianship, there are the departments of counselling and psychological services (hereinafter the “CPS”) ⁸⁵, aimed to provide psychological and other professional counselling to a family in the field of prevention⁸⁶ of socio-pathological phenomena, including drug and other addictions. Since 2009, the professional advisers specialized for drug addictions⁸⁷ have been working at the eight regional OLSAFs. Due austerity measures one regional OLSAaF Trnava had to cancel the position of such professional counsellor. The overview of the agenda of 7 professional counsellors specialized in the area of drug addictions at the regional OLSAFs Bratislava, Nitra, Trenčín, Žilina B. Bystrica, Košice a Prešov is shown in the Table 8.2.2

⁸⁴ Offices of the Labour, Social Affairs and Family are acting in 46 cities at least.

http://www.upsvar.sk/urady-psvr.html?page_id=215

⁸⁵ Mardíaková 2013: Activity of departments of counseling and psychological services (CPS) in the field of prevention of drug and other kinds of addictions in 2012 – report for the MoLSAF

⁸⁶ For other services of the CPS see Chapter 3.2.3.1 Selective prevention - family

⁸⁷ given the target group, it is a selective prevention (see also Chapter 3)

Table 8.2.2.: Intervention of regional professional counsellors specialized in prevention of drug addictions in the year 2010–2013 (Czuczorová, 2012, Mardiaková 2013)

	Interventions of regional professional counsellors specialized in the field of prevention of drug addictions	2010 (8 regions)	2011 (7 regions)	2012 (7 regions)
Total		321	245	165 (+108 family relatives – co-addicted)
Out of which experimenting with or endangered by:	Alcohol	135	115	63
	Drugs	79	60	38
	Gamblers	31	30	11
	Other type of addiction	42	10	16
	After treatment/ abstinents	45	18	17
	Persons who committed crimes connected with addiction (suspension of sentences)	28	12	20

8.2.3 Social reintegration of drug addicted persons in re-socialisation centres

As mentioned above the main institutional element of social reintegration process is a residential re-socialization centre (hereinafter the “RC”) for drug addicted persons. These helping services occur out of healthcare services and healthcare sector and are operated by NGOs (non-profit organizations and civil associations) which must be accredited by the MoLSAF, under terms stipulated by law, to provide social and legal protection of children and social guardianship. Nowadays there are 18 accredited re-socialisation centres in Slovakia. Establishment of re-socialization centres falls within the competence of higher territorial units – eight regional self- governments as well as municipalities⁸⁸. Since 2008, the uniformed level of quality in provision of services has been ensured by adopted standards (self-regulatory level), which remained unchanged until 2013. The activity of the RCs is financed from several sources – a part of funds is provided by the founder, a part of them comes from the OLSAF resources for funding of implementation of measures related to social and legal protection of children, and a part is paid by a client. In 2012, the activity/ of the RCs were supported by subsidies from grant schemes of the Government Office, MoLSAF of the SR as well as from a grant scheme of the Government Council for Crime Prevention. The providers of these services have also an option to apply for 2% of taxes every year.

Efficiency of re-socialization programme is monitored by the MoLSAF on the basis of successful completion of the entire programme which is planned individually according to the needs and motivation of a client. According to the MoLSAF data⁸⁹, the re-socialization programme was in 2012 successfully completed (i.e. all four phases of re-socialization programme were undergone) by 171 clients, which is a slight increase comparing previous years (see Table 8.2.3).

Tab. 8.2.3 Termination of re-socialization programme (Czuczorová 2013)

	Number of clients in 2010	Number of clients in 2011	Number of clients in 2012
Successful completion of the re-socialization programme (minimum 12 months)	153 (including 19 children)	156 (26 children)	171 (26 children)
Early termination by client	216 (18 children)	193 (17 children)	203 (11 children)
Early termination by the RC (violation of community rules, etc.)	66 (1 child)	64 (1 child)	25
Other reasons	32 (10 children)	24 (4 children)	24(7 children)

⁸⁸ see Report 2012 – Drug policies of big cities – resocialisation centre RETEST

⁸⁹ Annual records on implementation of measures social protection of children and social guardianship for 2012 - R(MoLSAF) 13-01; R(MoLSAF of the SR) 12-01; R(MoLSAF of the SR) 5-01

8.3 The NMCD surveys on structure of clients and services of re-socialization centres

In 2013, the sixth questionnaire – based survey was conducted in 19 accredited⁹⁰ RCs. Data are usually completed by an appointed employee of facility and the RC is financially rewarded for data provision.

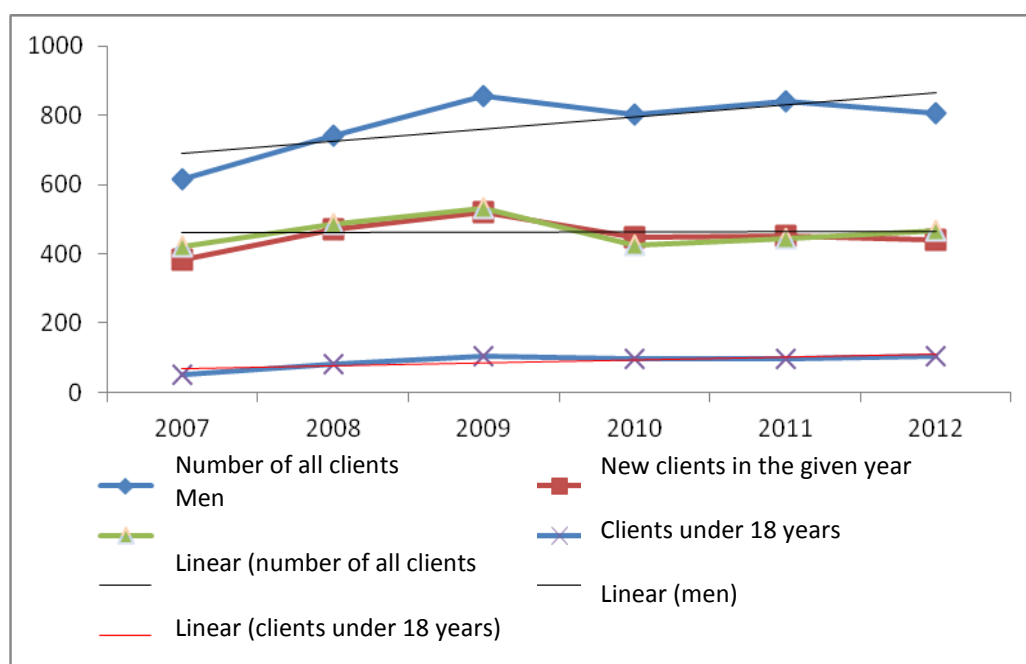
Two reasons have existed and still exist for conducting these surveys: the first one was the need to identify structure of clients in terms of type of the abused psychoactive substance, or other non-substance dependence leading to use of re-socialization services. While majority of clients have already been registered in system of medical statistics, a rather significant part of clients and particularly young people entered the RCs without undergoing any specialized residential treatment in healthcare – psychiatric facilities.

The second reason was the effort to monitor efficiency of services provided in the re-socialization centres which should lead to social reintegration. In addition, the survey monitored a number of clients who abstained after one year.

8.3.1 Basic data from the NMCD survey in the RCs - 2013 (Data 2012)

The total capacity of 431 places in 19 RCs was used in 2012 by 807 clients (less than in 2011 – 842), the majority of which were men – 58%. Out of 19 re-socialization centres, there are 9 re-socialization centres for men. In 2012, up to 441 new clients were admitted by the RCs. Up to 116 persons were aged 16 to 18 years. (Figure 8.3.1.1).

Fig. 8.3.1.1 Trends in some basic characteristics of the RC clients. Source: 2007-2012 NMCD surveys in RCs



⁹⁰ Accredited by MoLSAF for the implementation of social protection of children and social guardianship measures

Only 10 clients (9 in 2011⁹¹) used the services of the RC as a form of post-penitentiary care – they entered the RC after being released from custody. Since 2012, the surveys have included a question about the client's past in terms of criminal law – i.e. if they were in prison or on parole for drug-related offenses, or if they were in contact with police. In 2013, 17 re-socialization centres reported a total of 205 clients (121 in 2011) having such experience.

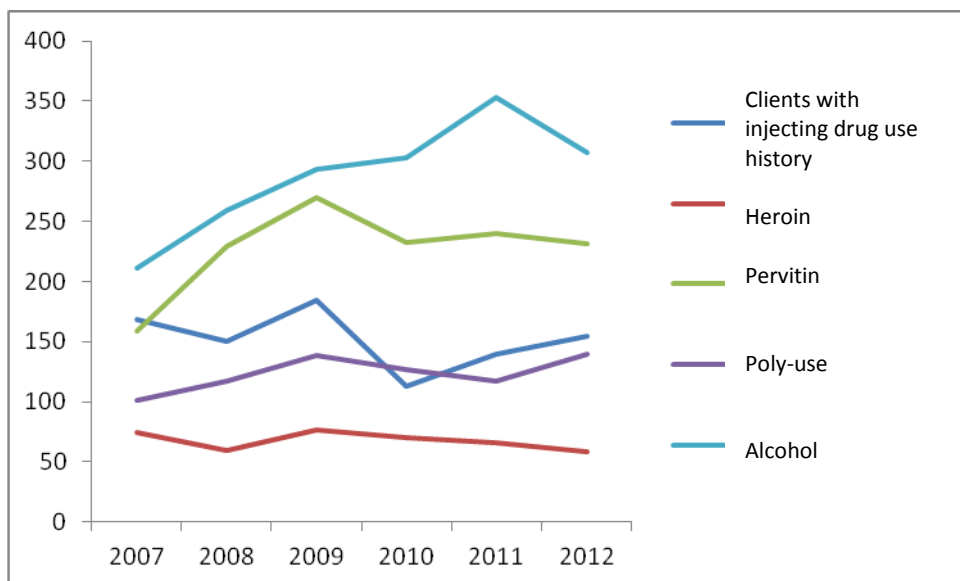
The dominance of alcohol abuse problems followed by methamphetamine and polydrug use in clients of RCs is presented in table 8.3.1.1 and fig.8.3.1.2. Contrary to alcohol where the share of clients grows, the shares in case of pervitin and poly – use are more or less stable. The share of clients at which prevailed injecting drug use decreases, even though in 2012 there were 155 clients (140 in 2011).

Table 8.3.1.1 Overview of basic data about client structure in 19 RCs

Data		2007		2008		2009		2010		2011		2012	
		N	%	N	%	N	%	N	%	N	%	N	%
Number of clients		614		741		857		802		842		807	
Of which	New clients	382	62,2	470	63,4	521	60,7	448	55,9	452	53,7	441	54,6
	Men	420	68,4	487	65,7	531	62	426	53,1	445	52,8	468	58
	Minor clients under 18 years	50	8	80	10,7	106	12,3	97	12,1	95	11,3	106	13,1
	Of which 16-year-old clients	5	0,8	5	0,6	14	1,6	18	2,2	9	1,1	17	2,1
	Clients with history of injecting drug use	168	27,3	150	20,2	184	21,5	113	14,1	140	16,6	155	19,2
therein	Primary drug - heroin	74	12	60*	8,5	77	9	70	8,7	66	7,8	59	7,3
	- Methamphetamine (pervitin)	159	25,8	229*	32,4	270	31,5	232	28,9	240	28,5	231	28,7
	- Cocaine	2	0,3	4*	0,5	7	0,8	3	0,3	3	0,3	1	0,1
	- Poly-use	101	16,4	117*	16,6	139	16,2	127	15,8	117	13,9	140	17,3
	- Cannabis (THC)	27	4,4	15*	2,1	36	4,2	38	4,7	46	5,5	35	4,3
	- Ecstasy	0	-	2	0,2	0	-	1	0,1	1	0,1	0	0
	- Volatile substances	5	0,2	6	0,8	13	1,5	9	1,1	11	1,3	9	1,1
	- Buprenorphine	6	0,9	4	0,6	4	0,4	4	0,4	3	0,3	2	0,2
	- Methadone	0	-	1	0,1	1		2		0	0	0	0
	- Alcohol	211	34,4	259	36,6	293	34,2	303	37,8	353	42	307	38,0
	Non-substance dependences (F 63, PC, gambling, bulimia)	29	5	9	1	17	1,7	13	1,6	11	n.a.	20	2,5

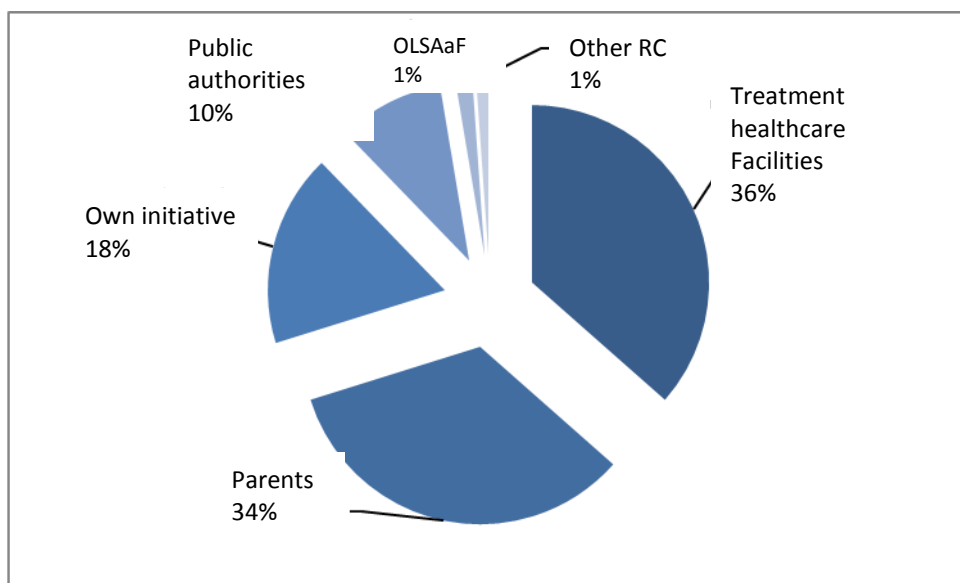
Fig. 8.3.1.2 Development of number of the RCs clients with problems in key psychoactive substances in 2007-2012

⁹¹ In 2010, up to 17 clients reported post-penitentiary care to be the reason why they entered the RC; up to 12 clients in 2009.



In 2012, most clients who entered the RCs came from treatment healthcare facilities (36%). One-third of clients were motivated to undertake such type of therapy by parents and nearly one-fifth of clients entered the RCs on their own decision. The reasons for establishing the contact with the RCs are listed in Figure 8.3.1.3

Fig. 8.3.1.3 Clients' reasons for establishing the contact with the RCs – Data 2012 (NMCD 2013)



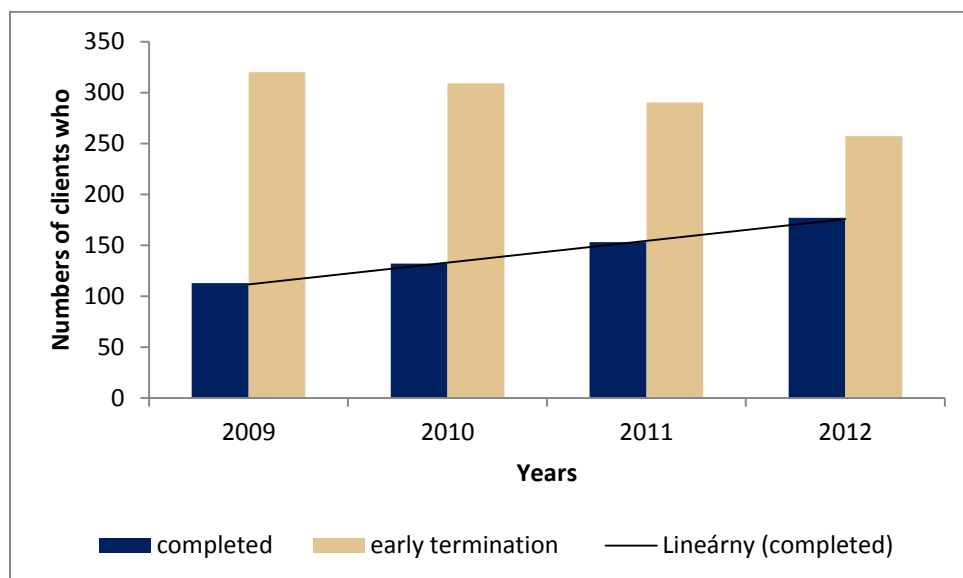
8.3.2 Efficiency of re-socialization programme and provided services

In 2013, up to 14 RCs (12 RCs in 2012) answered the question whether they monitor their former clients after one year – they reported a total of 131 (119 in 2011) followed clients.

Declared abstinence from primary drug in 131 persons after one year was checked by an objective test only in 5 RCs. In addition and similarly to other RCs – in following of former clients they combine telephone contact, personal visit to obtain additional information from family, school or place of residence. Another source of information about situation of a former client is post re-socialization activities – weekend communities, field therapies, field family therapies, and AA clubs.

In 2012, up to 177 clients completed the entire re-socialization programme what is a positive increase in 4-year tracking period. (153 clients in 2011, 132 - in 2010 and 113 clients in 2009). Despite the fact that the entire programme was terminated early by a higher number of clients - in 2012 257 clients - the trend of decrease is also evident over 4 years. See fig 8.3.2.1

Fig.8.3.2.1 Trends in efficiency of re-socialisation (NMCD surveys in RCs,2009-2012)



8.3.3 Followed EMCDDA social reintegration criteria

Education

Up to 14 RCs provided this data about 50 former clients (Table 8.3.3.1)

In 2012, most of such clients were from the oldest RC Komunita Ľudovítov – 15.

A total number of clients who continue, or start new level of education have increased since 2010 from 44 to 50.

Table 8.3.3.1: Education of clients of re-socialization centres (NMCD 2012, 2013)

Year/ data provided by	2011/12RCs	2012/14RCs
total number of clients– education	42	50
Continued or successfully completed their study	21	30
Started a new level of education	11	13
- new short-term course, training	10	7

Employment

In 2012, up to 94 of 120 former clients were economically active, of which 77.6% (73 clients) reported a regular employment (78.5% in 2011, 66% in 2010, and 41% in 2009). Even this trend of slight increase of employability and especially of stable employment of former clients of the RCs may be considered a positive output.

Tab. 8.3.3.2: Employment status of former clients of re-socialization centres (Data 2011, 2012)

year/data provided by	2011/12RC	2012/14RC
Number of clients – economic activity /inactivity	124	120
Unemployment	19	5
Occasional job	19	17
Regular employment	66/78.5%	73/ 77.6%
Self-employment	0	4

Beneficiary of pension/ social security benefits	20	21
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Housing

Up to 144 former clients of the RCs have solved the issues of housing. According to the data in sixth cycle of the NMCD survey, most former clients return back home, live with parents or in family. Up to 16% of former clients have institutional housing (less than in 2011 – 22%).

Table 8.3.3.3 : Housing status of former clients of re-socialization centres (Data 2011, 2012)

year/data provided by	2011/12RC	2012/14RC
Number of clients - housing	144	144
Sheltered housing facility, Halfway houses	14	9
Dormitory, lodging house	18	14
With parents, family	99	101
Independent accommodation in their own apartment, house	13	20

8.3.4 Quality of service provided in re-socialization facilities

Given the set standards⁹² in keeping documentation and recording the RC clients, the quantitative data should be identical, as regards the NMCD surveys and statistical finding of MoLSAF. It is supposed that long-term differences in the number of clients (more clients are reported in the NMCD surveys – e.g. in 2012, in the NMCD survey were 807 clients, in statistical finding of the MLSAF only 373 clients) should be the result of a number of clients who entered the RCs privately as “*self- payer*” or there are some missing subjects who did not provide aggregated data into statistical findings of MoLSAF.

On the other hand, some trends in structure of primary problems with psychoactive substance that lead to undertaking the re-socialization programme are in both findings the same:

- 1) dominance of problems with alcohol – in an average of approximately two-fifths of clients - followed by illicit drugs,
- 2) a number of new clients in the given year forms absolute majority
- 3) According to both sources of information, the share of those who did not complete the entire programme is always higher than a share of those who did.

Persisting differences among the RCs, arise mainly from the client structure and offer of services (the RC with younger clients have a higher capacity of reintegration possibilities and services, and that has an impact on the selection of a facility – mainly by parents). The RC with older clients having problems in particular with alcohol focus on work therapy and provision of basic social services – boarding and accommodation.

The law⁹³ allows parents with a child – under reasonable conditions – to participate in re-socialization programme, but such case has not been reported yet. One RC allows – so far

⁹² <http://www.infodrogy.sk/index.cfm?module=Library&page=Document&DocumentID=645>

⁹³ Act No. 305/2005 Coll. of Laws on Social Legal Protection of Children and Social Guardianship, as amended.

in 2 -year period – a child placed in foster house during the school year to spend holidays in a facility where his mother is a client.

Those centres that have a direct link to healthcare facilities or which have been established by a direct or significant participation of medical experts can be considered a part of comprehensive (and continuing) care provided to the drug addicted persons. However the continuing care out of health sector is not considered as treatment⁹⁴.

In the NMCD survey conducted in 2012 (data 2011) was for the first time aimed to find representation of healthcare professions in the RCs and representation of other professions (Overview in Table 8.3.4.1). Up to 10 of 19 RCs did not have contact with psychiatrist, on the other hand, 2 RCs stated up to 2 psychiatrists. There is no medical staff in 9 RCs. Compared to 2011, a number of medical employees decreased. Similarly to 2011, the most represented category were social workers, followed by psychologists and pedagogues.

Table 8.3.4.1: Structure of employees in re-socialization centres in 2011 - 2012. NMCD 2013

profession	2011	2012
psychiatrist	12	11
psychologist	27	28
Other medical staff	17	14
Social worker	58	54
Pedagogue and special/therapeutic pedagogue	19	23

Since 2012 (data 2011) is conducted survey inquiring about whether a re-socialization centre makes use of the principles of therapeutic community in terms of both the method and organisation of environment. In the current survey, 6 of 19 RCs answered the question (7 facilities in 2011), the way that they apply both, in 13 RCs predominates the method of therapeutic community.

Not all of RCs are focused on “*customer satisfaction*” and require client’s feedback. In 2012, up to 10 of 19 RCs inquired about satisfaction of their clients with provided services, especially in the form of an anonymous questionnaire, in post re- socialization weekend meetings or other meetings.

Cooperation with other entities within the existing supporting services is in majority of cases informal (13 re-socialization facilities) and based on long-term contacts, which may facilitate achievement of quality and complexity of services, but need not guarantee its maintenance for a long time (only in four cases is concluded a formal contract/s)

Up to 17 RCs (15 RCs in 2011) declared full and almost full satisfaction with their position within the helping services. Two RCs declared dissatisfaction – similarly to 2011 – justified “*failed collaboration of the self- government, competent authorities, no interest in addressing the given issues, no one being interested in what is going on and how non-profit organisations which help and steal nothing manage to survive and exist; they do not consider us to be partners in therapeutic terms...*” (NMCD 2013).

8.3.5 Other perspective surveys

⁹⁴ Journal of the Ministry of Health of the SR dated 26 July 2006 – Concept of Health Care in Drug Addiction Medicine

The Institute of Social Studies and Therapeutic Education at Faculty of Education of Comenius University in Bratislava is an investigator of the VEGA project No. 1/0221/11 named “Evaluation of outcomes of the re-socialization process of the re-socialization centres’ clients in the Slovak Republic”⁹⁵.

The project of evaluation of outcomes of the re-socialisation process is the first prospective cohort study aimed to map results of re-socialisation process of the RCs clients in Slovakia. Evaluation of outcomes of treatment process and re-socialization belong to the first steps in order to understand the efficiency of such process that is always associated with a number of parameters.

Re-socialization of addicted persons in the project was addressed in context of health status, labour, incomes, drug and alcohol consumption, marital status, family history, social relations and mental health.

In late October 2012, the first outcomes of the project were presented at the conference entitled “Re-socialization centre versus therapeutic community”. Final report of the research based on clients self- evaluation is expected in January 2014. Details will be published in the Report 2014.

8.4 Social integration of problem drug users

Qualified social workers in healthcare facilities or re-socialization centres supported the social re-integration of the clients including problem⁹⁶ drug users.

Those problem drug users who use services of low-threshold “harm reduction” agencies can rely on social assistance provided by the street workers. Such type of assistance is related to the arrangement of documents, health insurance, social benefits, information about accommodation options, daily facilities for homeless people, etc.

Some information on social reintegration opportunities in patients of healthcare facilities is provided in Chapter 5.

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⁹⁶ See Chapter 4 Definition of problem users of psychoactive substances.

9 Drug-Related Crime, its Prevention and Drugs in Prison

In the Slovak Republic, the term “drug-related crime” includes the offenders arrested, prosecuted and convicted of the following crimes: possession of a drug⁹⁷ for personal use (Section 171 of the NCC⁹⁸ / Section 186 of the OCC⁹⁹); manufacture, trafficking or possession of a drug in a quantity exceeding 10 standard doses (hereinafter the “dealing”) (Section 172 of the NCC/Section 187 of the OCC); manufacture or procurement of an object¹⁰⁰ intended to be used for manufacture for a drug (Section 173 of the NCC/Section 188 of the OCC) and promotion of drug addiction (Section 174 of the NCC/Section 188 of the OCC). As the cases of the offenders prosecuted within the meaning of the OCC were recorded even in 2012, it is necessary to include the relevant sections of the OCC in the overall picture of drug-related crimes.

In addition to the drug-related crimes, this chapter describes in detail the area of prevention of drug-related crimes, interventions within the system of criminal law, issues of drug use in prison as well as social re-integration of the accused/ convicted persons after being release from prison.

Based on the statistical data of the Police Force, the number of persons prosecuted for drug-related crimes dropped in 2012 to 1715 persons (less by 14.7% in comparison with the last year).

As to the regions, the drug-related crimes significantly increased in the Nitra region that for the first time followed the Bratislava region – a region with the highest long-term drug-related crimes.

The number of accused persons who were convicted of drug-related crimes over the last year increased up to 1214 persons (+10 persons). The offenders convicted of drug possession for personal use represented the highest share of offenders (51.5%), and were followed by those convicted of manufacture, trafficking, dealing (44.5%) and offenders convicted of other crimes related to drug supply (4%).

In 2012, the number of persons convicted of possession for personal use reached the constant level of the previous year (N=626). Even though the number of persons convicted of drug possession for personal use stabilized after 2010, the number of convicted persons who possessed maximum three doses of a drug for personal use slightly increased in 2012 (+1.5%). For the first time since 2006, there was a slight year-to-year decrease (2011- 2012),

⁹⁷ The term „drug“ within the meaning of the Criminal Code (No.300/2005 Coll. of Laws), includes any toxicant, psychotropic substance, poison or precursor.

⁹⁸ Abbreviation for the New Criminal Code effective from 1 January 2006 (No.300/2005 Coll. of Laws)

⁹⁹ Abbreviation for the Old Criminal Code effective until 31 December 2005 (No.140/1961 Coll. of Laws)

¹⁰⁰ It refers to an object which is usually a key competent in the manufacture process of toxicant, psychotropic substance, poison or precursor, and it usually refers to devices, other equipment as well as raw materials which are fit and designed for such manufacture (Čentéš, J, 2007, p.116)

by circa 2%, in the persons convicted of manufacture, trafficking and dealing, however, the number of those who were convicted of smuggling and drug-trafficking still continued to rise over the same period.

In 2012, the share of persons convicted of marijuana –related crimes increased from 56.2% in 2011 to 60%. After the marijuana-related crimes, most offenders were convicted of crimes related to methamphetamine (20.1%), followed by other types of amphetamines (7.2%). The share of heroin on drug crime scene in 2012 dropped to the lowest level since 2008 (5.6%).

In 2012, the court imposed the suspended sentence and suspended sentence with probation supervision on more than half of total number of persons convicted of drug-related crimes (61.2%). The abovementioned sentence was imposed on nearly two-thirds of offenders convicted of drug possession for personal use (63.1%). The unsuspended sentence was imposed on approximately one-fourth of offenders convicted mainly of illegal manufacture, trafficking or dealing. Over the last three years (2010-2012), there has been a significant increase in the share of persons convicted of drug possession for personal use who were imposed an alternative sentence of community service work.

The number of juveniles convicted of drug-related crimes slightly decreased (N=48). Most juvenile offenders were imposed a suspended sentence (77%). There was a significant increase in the share of juveniles who were imposed an alternative sentence of community service work (12.5%).

In 2012, the number of registered drug users in prison increased up to 2057 persons, their share in the total number of accused and convicted persons reached the highest recorded level (19.2%) till now. Qualitative screening was carried out for the presence of drugs in the urine and saliva samples. In 2012, up to 1881 screenings were made, and 10% of tested samples were confirmed positive. The order of the most commonly identified psychoactive substances remained unchanged compared with 2011. Among the prisoners, the most confirmed substances were: benzodiazepines (N=69), THC (N=66) a amphetamines ¹⁰¹ (N=36).

In 2012, a total of 5999 prisoners were subject to screening examination for the presence of selected infectious diseases. The total share of positive tests decreased from 7% in 2011 to 5% in 2012. As regards the most prevalent infectious disease in prisons – HCV, even though the decline of seropositive cases (11%), confirmation tests PCR confirmed the double increase in incidence of this disease in population of tested prisoners (2011-2012).

Within the scope of re-integration of drug users after their release from prison, the MLSAaF provided social care services to persons serving their term of imprisonment, serving custody, or persons imposed suspended sentence and suspended sentence with probation supervision. Their share in the total number of implemented cases of social guardianship represented nearly three-fourths.

¹⁰¹ In particular methamphetamine.

9.1 Drug –related crime

In this chapter, the report is based mainly on the statistical data of the Ministry of Interior¹⁰² (hereinafter the “MI”), General Prosecutor’s office and Ministry of Justice (hereinafter the “MJ”). The statistical systems of these criminal institutions are not interconnected, therefore, it is impossible to compare them.

To provide easier comparability of criminal data of the Slovak Republic with the equivalent data from other EU countries, and to provide compatibility of data stated in the ST11, the adjusted categories of offences in the Report (according to the EMCDDA directives) are presented. Therefore, drug-related crimes are classified into the following three categories:

- 1) an offence of possession of a drug for personal use (it includes the Section 171 of the NCC and Section 186 of the OCC)
- 2) an offence of manufacture, trafficking or dealing of drugs (it includes the Section 172 of the NCC and Section 187 of the OCC)
- 1) other offences related to drug supply which include an offence of manufacture, possession of an object intended for drug production and an offence of spread of drug addiction (i.e. Section 173 and Section 174 of the NCC and Section 188 and Section 188 a of the OCC)

9.1.1. Persons prosecuted for drug-related crimes

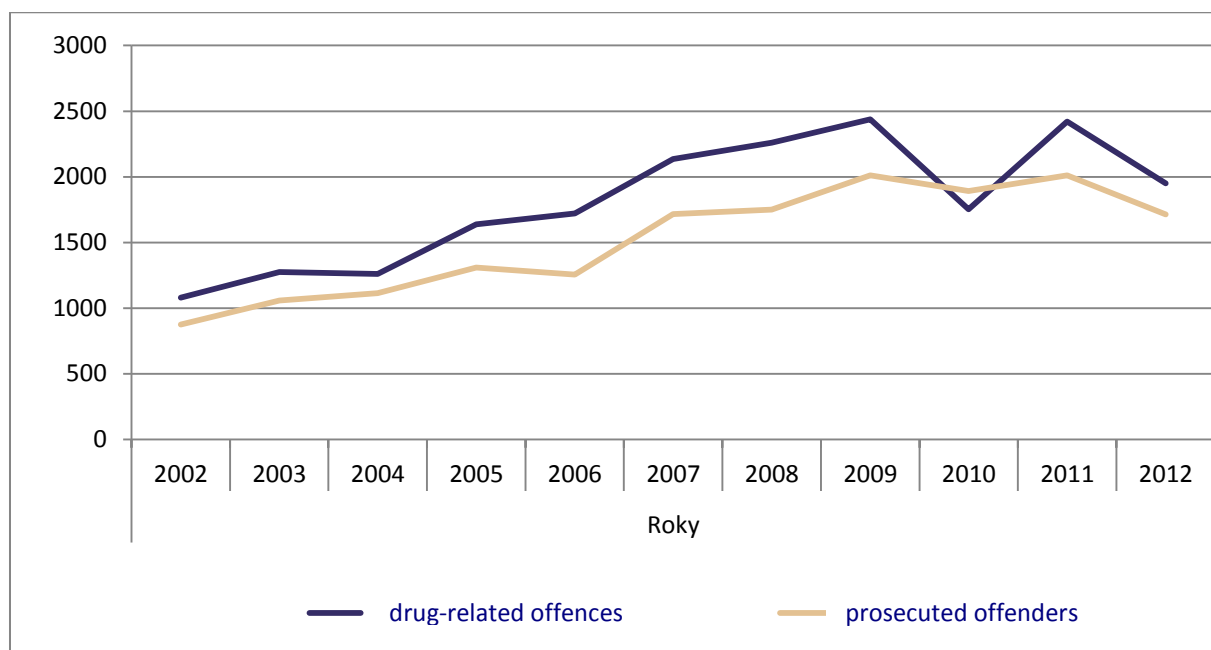
The MI keeps the register of offences and offenders in its statistical system, according to individual sections of the Criminal Code.

In 2012, there was prosecuted a total of 1715 persons for drug-related crimes (less by 14.7% than in 2011) and recorded a total of 1951 drug –related crimes (less by 19.4% than in 2011) in Slovak Republic.

Based on the statistical data of the MI of the SR (2002-2012), the growing trend of drug-related crimes (being observed until 2009) stopped, and even though the crimes have fluctuated over the last three years, neither the number of prosecuted persons, nor the number of offences exceeded the values of 2009 over the same period (see Figure 9.1).

¹⁰² it includes the statistical data obtained from the Police Force and other specialized police departments (Bureau of Combating Organized Crime).

Figure 9.1. Number of arrested persons and drug law offences in the Slovak Republic (2002-2012)



Source: MI, 2013

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

In 2012, the highest share in drug-related crimes was again held in the Bratislava region (N=486), even though its share in drug-related crimes nationwide has been reduced over the last five years from 51.5% in 2008 to 28% in 2012. The second highest share of persons prosecuted for drug-related crimes was recorded in the Nitra region (14%), followed by the Trnava region (13%).

The MI established the statistical monitoring of crimes and offenders by type of drug in 2007, however, several technical shortages have not been removed yet (inconsistent data, inaccurate classification of drug types included to “other precursors” category) which significantly modify the final data. Therefore, in the Report there are not presented the statistics of person prosecuted for drug-related crimes in classification by type of drug. Information about structure of drug-related crimes (offences and offenders) by drug type is provided in the Chapter 9.1.2.

9.1.2. Convicted persons and juveniles convicted for drug-related crimes

In 2012, the courts in Slovakia condemned a total of 1214 persons for possession of a drug for personal use; manufacture, trafficking, dealing of drugs and other offences related to drug supply. Compared to the previous year, the slowdown in growth and stabilisation of the number of persons convicted of drug-related crimes were observed (see Table 9.2). Even though the new Criminal Code (No. 300/2005 Coll. of Laws) took effect as early as in January 2006, even in 2012 there were cases when the offenders were convicted pursuant to the Old Criminal Code (No. 140/1961 Coll. of Laws) which was effective until the end of 2005 (N=10).

Structure of convicted persons in terms of individual drugs-related crimes

In 2012, up to 626 persons were convicted of drug possession for personal use, out of which less than three-fourths (74%) for possession of a drug in a quantity which exceeds three standard doses. Although the number of persons convicted of possession for personal use stabilized after 2010, the number of persons convicted who possessed maximum three drug doses for personal use slightly increased in 2011(+ 5.5%) and 2012(+1.5%).

In 2012, the courts convicted 541 persons of committing an offence of illegal manufacture, trafficking or dealing (less by 10 than in 2011) – nearly three-fourths of them were convicted of dealing (38.2%) and trafficking with drugs (34.5%). Over the last three years (2010-2012), the number of persons convicted of manufacture and dealing has stabilized, on the contrary, the number of persons convicted of smuggling and drug trafficking increased – see Table 9.1.

Tab.9.1: Structure of convicted offenders by offenses in the Slovak Republic (2009-2011)

Type of Offence	Year			
	2009	2010	2011	2012
possession for personal use (max. 3 doses)	437	433	457	464
possession for personal use (max. 10 doses)	174	194	169	162
production	29	47	56	46
smuggling	0	9	19	26
trafficking	46	149	175	183
dealing	261	216	200	203
recommitment	14	7	13	15
serious drug-related crime	53	32	69	58

Source: MJ, 2013

Convicted persons by type of drug

The MJ records in its statistical system the type of drug at four drug-related sections: Section 171, 172,173 and 174 of the NCC effective from 1 January 2006. Type of drug is not recorded in case of equivalent drug-related sections: Section 186,187,188 and 188a of the OCC effective until 31 December 2005. Therefore, the total number of persons convicted of drug-related crimes divided by drug type is not identical with the total number of persons

convicted of drug-related crimes.¹⁰³ In 2012, there was recorded the type of drug in 95% of cases, out of a total number of persons convicted of drug-related crimes (N=1214).

In 2012, the share of persons convicted of marijuana-related crimes increased from 56.2% (2011) to 60%. More than half of 692 persons convicted in 2012 of marijuana-related crimes were persecuted for its possession for personal use (57.4%). The second most abused drug in the Slovak Republic was in 2012, based on the statistical data of the MJ – methamphetamine, (even though its share slightly decreased from 21.3% in 2011 to 20.1% in 2012). As regards methamphetamine, the share of persons convicted of its manufacture, trafficking and dealing (50.4%) slightly prevailed over the convicted persons who possessed methamphetamine for personal use (47.8%).

The order of other drug types registered in connection with offenders of drug-related crimes in 2012 was as follows: other amphetamines (7.2%), other (unspecified) drugs (6.3%), heroin (5.6%), cocaine (0.6%), and ecstasy (0.2%).

Table 9.2: Number and share of persons convicted of drug-related crimes by type of drug (2011-2012)

	Possession for personal use		Dealing/trafficking/production		Other drug supply offences*	
	2011	2012	2011	2012	2011	2012
Cannabis	372	397	244	286	8	9
Heroin	56	36	55	29	0	0
Cocaine	4	2	8	5	0	0
Metamphetamine	106	111	126	117	5	4
Amphetamines	56	44	36	34	10	5
Ecstasy	0	0	3	1	0	1
LSD	0	0	1	0	0	0
Other drugs**	6	24	9	25	6	24
Total	600	614	482	497	29	43

Source: Standard Table 11 / 2012

* illicit production/possesion of items intended for drug production and promoting of drug addiction.

** includes other unspecified kind of drugs and prescription drugs

Table 9.3. Number of offenders/juveniles convicted of drug possession, trafficking and other crimes related to drug supply in the Slovak Republic (2002-2012)

Source: MJ of the SR 2013

¹⁰³ It includes the total of persons convicted of drug-related offences under the NCC and OCC.

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

	Year										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Possession for personal use	166	192	185	205	406	454	521	620	629	626	626
Dealing/ trafficking/ production	297	413	435	375	300	319	372	433	490	551	541
Other drug supply offences	5	6	15	10	15	13	19	26	16	27	47
Total	468	611	635	590	721	786	912	1079	1135	1204	1214
Of which minors											
Possession for personal use	11	20	6	20	29	20	25	16	26	27	25
Dealing/ trafficking/ production	41	45	35	43	28	27	44	32	20	22	11
Other drug supply offences*	0	3	3	2	2	4	6	3	4	4	12
Total	52	68	44	65	59	51	75	51	50	53	48

Convicted juveniles

Crimes of juveniles are the ultimate culmination of being bullied, playing truant, and being expelled from school. Truants tend to commit the crimes threefold more than do students with a regular school attendance. (Cvanigová E., 2012)¹⁰⁴

In 2012, the courts in Slovakia condemned 48 juveniles for drug-related crimes. The share of convicted juveniles in the total number of convicted persons (N=1214) has decreased to the lowest level over the last ten years (3.9%).

More than half of the convicted persons aged 14 to 18 were condemned for possession of a drug for personal use (52.1%). Those who were found guilty by a court for other crimes related to drug supply (25%) and for illicit manufacture, trafficking and dealing (22.9%), followed them. Out of a total of 25 juveniles who were convicted of drug possession for personal use in 2012, up to 22 offenders were condemned for possession of a smaller quantity of drug (maximum 3 doses). A total of 11 juveniles were condemned by a court for crimes related to illegal manufacture, trafficking and dealing, of which: four for trafficking, other four for dealing, two for trafficking in a larger quantity and one juvenile was convicted of drug manufacture.

Up to two-thirds (N=32) of juvenile offenders were in 2012 convicted of marijuana-related crimes, and more than two-thirds of them (N=22) were convicted of its possession for personal use.

In 2012, no juvenile offender aged 14 years was convicted of drug-related crimes.

¹⁰⁴ The roots of incidence of drug dependence and its impact on success / non- success of a student at school, p.34, pure day, 10, issue number 1-2/2012, ISSN 1336-4243

9.1.3 Other drug-related crimes

This section is based on the data obtained from the following criminal institutions: Ministry of Interior of the SR (PCP), General Prosecutor's Office of the SR and Ministry of Justice of the SR.

Criminal activity committed for the purpose of procuring funds for drugs

The criminal activity and abuse of psychoactive substances are closely interrelated (Nešpor, K., 2009). The reasons for committing an offence are statistically monitored by the MJ, through the statistical sheet T¹⁰⁵ (column 30, line 11, in which drug addiction is listed as a specific reason for committing an offence).

In 2012, drug addiction was reported to be the most common reason for committing an offence by the offender convicted of drug possession for personal use (N=224) - more than three-fourths of such offenders were adjudged guilty by the court of drug possession exceeding 3 doses (N=173).

Drug addiction was also reported to be a reason for committing offences different from drug-related crimes: theft (5), threatening under the influence of an addictive substance (4), battery (2), blackmail (2) serious threats (2) rape (2), use of anabolic substances (1), robbery (1), hooliganism (1), battering of a close person and a person entrusted to one's care (1), force entry into dwelling (1), prohibited acquisition and possession of firearms and trafficking in them (1), assaulting a public authority (1), damaging the last resting place (1), Drunkenness (1) and neglected obligatory maintenance (1).

Source: MJ, 2013

Offences committed under drug influence

Both the General Prosecutor's Office and Ministry of Justice monitor in their statistical system whether an offence was committed under the influence of alcohol or other illicit drug.

Based on the statistical data of the GPO, in 2012 there was a slight decrease in the number of persons prosecuted for committing an offence under the influence of a psychoactive substance other than alcohol – from 532 (2011) to 525 prosecuted persons (2012). The decrease of prosecuted persons who committed an offence under the influence of illicit

¹⁰⁵ It refers to a standard record sheet which is completed for each offender convicted in the Slovak Republic and which provides complex information about an offender (what offence he/she was convicted of what penalty was imposed on him/her, or what type of protective measure was introduced and the reason for committing an offence).

drugs may not realistically depict the abovementioned type of criminal activity in the Slovak Republic, as the Police Force, when controlling use of drugs among motor vehicle drivers, does not still use testers to measure the presence of illicit drugs in biological samples, but the drivers are tested only for alcohol consumption.

The number of those who committed, in the last year, an offence under the influence of alcohol significantly increased, from 3673 prosecuted persons in 2011 to 6773 in 2012.

In 2012, the General Prosecutor's Office prosecuted a total of 3680 juveniles, of which approximately 1% (N=39) for committing an offence under the influence of an illicit drug.

Out of a total number of 2101 accused persons, 23 juveniles (1.1%) committed in 2012 an offence under the influence of other drug than alcohol.

Source: Statistical yearbook of the GPO 2012, 2013

Based on the data of the MJ, in Slovakia increased the number of the persons convicted of committing an offence under the influence of an illicit drug, from 251 persons in 2011 to 467 persons in 2012. Their share in the total number of convicted persons (N=35077) increased over the last year from 0.85% (2011) to 1.3% (2012). The highest share of the convicted persons who committed an offence under the influence of an illicit psychoactive substance reported, with a significant distance from the other regions of Slovakia, – the Bratislava region (3.1%), followed by the Košice region (1.6%).

There was a significant increase in the share of convicted persons who committed an offence under the influence of alcohol- from 7.9% in 2011 to 18.5 % in 2012.

Source: MJ of the SR, 2012, 2013

The sharp increase in the number of prosecuted and convicted persons who committed an offence under the influence of alcohol might be, to a certain extent, influenced by the so-called "*superfast proceedings*" which allows in the summary proceedings to accuse and convict an offender of committing an offence. Under the new Criminal Code effective from 1 January 2012, the main purpose of surrender of detained person to a court is not to decide on taking into custody, but to decide on indictment, which may ended so that upon the completion of interrogation of a detained person, a judge for pre-trial proceedings, with a consent of the detained person, will conduct the main hearing which will decide on his/her guilt and punishment or the issue will be solved by a criminal warrant without a hearing. As detainment by investigator and prosecutor shall not exceed the period of 48 hours as well as the stay of a detained person at a judge shall not exceed 48 hours, the main hearing may be conducted even on the day of the 48 –hour period given to a judge for pre-trial proceedings. At the main hearing, the parties may waive the appeal against the verdict, and it is quite possible that in three or four days following the commitment of an offence, the valid court verdict would be reached.

Source:

<http://www.epi.sk/Main/Default.aspx?Template=~/Main/TPrintWithHeader.ascx&phContent=~/Main/ArticleShow.aspx&ArtID=4513&LngID=0&CatID=66>, downloaded on 23 August 2013

Drugs and driving

In the Slovak Republic, driving under the influence of a drug is sentenced by an offence – menace due to intoxication (Section 289 of the Criminal Code). As to the abovementioned offence, the Ministry of Interior in its statistical system does not distinguish between alcohol and other illicit drugs, and therefore it is not possible to specify a number of persons who were prosecuted for endangerment under the influence of alcohol and under the influence of an illicit drug.

In 2012, the Police Force prosecuted for menace due to intoxication (Section 289 of the Criminal Code) 6.306 persons, more by 4937 in comparison with the previous year. The sharp increase in the number of persons prosecuted for this offence could affect the increase in the number of preventive police actions focused on drug driving. (Source: MI of the SR, 2013).

In 2012, the General Prosecutor's Office also recorded the significant increase in persons prosecuted for menace due to intoxication. According to the statistical yearbook of the GPO, in 2012 up to 6163 persons were prosecuted for the given offence (more by 5017 than in 2011), and more than half of them were prosecuted for endangerment under the influence of alcohol (61%). In 2012, 35 persons (more by 31 than in the last year) were prosecuted for menace due to influence of other illicit drug (except alcohol). (Statistical yearbook of the GPO, 2012).

The Ministry of Justice of the Slovak Republic recorded 5267 persons convicted of menace due to intoxication, which is an increased by 4514 persons compared to the previous year.

Legalization of incomes from drug-related criminal activity

As concerns the legalisation of incomes from drug-related crimes, the Presidium of the Police Force fulfilled the tasks under the Act No. 297 /2008 Coll. of Laws on Protection against Legalization of the Incomes from Criminal Activity and on Protection against Financing of Terrorism.

In 2012, the Presidium of the Police Force recorded 3 648 reports on unusual business transactions in the total amount of EUR 1 016 400 100, which is more by 666 reports than in 2011. A total of 339 reports were submitted to the criminal prosecution authorities to commence the criminal prosecution, out of the given number, the investigators of the Police Force commenced the criminal prosecution in 25 cases, and the persons were accused of committing an offence in 5 cases. In 2012, the Police prosecuted and investigated 51 persons for committing an offence of legalization of incomes from criminal activity, out of which nearly one-fifth of persons (N=10) for drug-related crimes (Section 233 (4b)).

Source: Report on security situation in the Slovak Republic in 2012, the MI, 2013.

9.2 9.2. Prevention of drug-related crime

9.2.1 Police priorities and projects focused on prevention of drug-related crime

It is difficult to measure the efficiency of crime prevention and it is necessary to assess it in the context of other socio-pathological phenomena, as the validity of such measurement and assessment is affected by other factors (such as latent crime, distant time horizon when prevention success becomes evident, issue of quantification of offences whose occurrence was not affected by prevention, etc.)

Within the scope of prevention of drug-related crime, the Police focus on education and awareness of children and juveniles in the field of drug use and related social risks, while focusing mainly on causes and symptoms of this type of crime.

In 2012, the Police in cooperation with the MLSAaF implemented 13 drug projects, in which participated 30,102 schoolchildren of elementary and secondary schools.

In 2012, among the main drug activities belonged the following projects:

The “**Life without risk**” project aimed at prevention of crimes committed by juveniles, prevention of drug-related crimes, increasing criminal consciousness of children and juveniles, prevention of crime commitment by children and juveniles and reducing the risk to become a victim of crime. The target group included 7th to 9th graders of elementary schools and 1st graders of secondary and vocational schools. Up to 1256 schoolchildren participated in the project in 2012 (less by 69 schoolchildren than in 2011).

The “**To make the right decision**” project, having as its main aim to provide basic information about the drug issues, to inform about causes and consequences of use of psychoactive substances. The target group was the pupils of the second stage of elementary schools, students of vocational and secondary technical schools. A total of 1256 students participated in this project (more by 669 schoolchildren than in 2011)

The “**Police officer, my fiend**” project was aimed to promote development of legal awareness, reduce crimes committed by children and youth, reduce the risk to become a victim of a crime, child accidents, crimes, drugs and traffic education. Up to 2125 of 3rd, 4th, 6th and 7th graders of elementary schools participated in the project (less by 541 schoolchildren than in 2011).

The “**I am big, but not yet an adult**” project aimed to raise legal awareness of juveniles, to highlight the risks of working abroad, crimes committed by juveniles, drugs, violence and property-related crimes of the youth. Up to 1615 students of secondary schools participated in the project (less by 1335 students than in 2011).

The “**Behave normally**” project. It is the largest project in terms of a number of pupils participated in it (N=14 536 children aged 10 to 11 years). The aim of the project was to built up a bridge of confidence between the police, school and child, family and the public. The project was not only informative one, but it also gives specific advice to children as to how to avoid becoming a victim of a crime, advices how to manage specific oppressing situations and to who ask for help.

The “**Póla gives advice to children**” project aimed to provide coherent information about police activities, on traffic regulations, dangers of moving without parents in the streets, at home, addiction and other socio-pathological phenomena through the 20- page worksheet. The target group was pre-school children (aged 5 to 6) and 1st graders of elementary school. In 2012, the Police provide training to 172 children.

The “**Life without risk**” project is aimed to prevent crime of juveniles, prevent drug-related crimes, raise criminal awareness of children and juveniles and prevent commitment of crimes by minors and juveniles. Up to 286 of 7th to 9th graders of elementary schools and 1st graders of secondary schools participated in the project.

The “**I have both feet firmly on the ground**” project focuses on all kinds of crime. Through comprehensive educational and training activities and experience learning the police officer tried to provide the target group of secondary school students (N=32) with consequences of antisocial behaviour under criminal law. The project was aimed to raise legal awareness, provide positive and active forms of self- realisation within the meaning of healthy lifestyle and to help to develop positive value orientation.

Source: Bučková,I, 2013

9.2.2.Prevention and help to drug users in prison

The activities of individual facilities under the prevention of drug- related crimes vary depending on type of a facility, i.e. whether it is a facility for service of custody or service of a term of imprisonment. As to the facilities for service of a term of imprisonment, such activities are limited depending on level of security. Greater space for implementation of drug activities is given in the facilities for service of a term of imprisonment. In the facilities for service of custody, the main content of drug-related activity provided focuses on the control of drug presence among the accused persons, with zero tolerance being declared.

The members of the Corps of Prison and Court Guard were in 2012 trained in the field of preventive and security measures to prevent the penetration of narcotic and psychoactive substances into the prison. As regards the security measures, inspections and controls of stuff, cells and other selected premises in order to prevent penetration of drugs into the prison were carried out, too.

In 2012, the cyclic training of members of the Corps of Prison and Court Guard included lectures on complex issue of dependences presented by the members of medical staff of a facility and members of Corps operating in sections where is executed the court-ordered treatment. The lectures contained information on classification of drugs and first aid in case of overdosing, failure of vital functions and on how to give first aid with a practical demonstration on the resuscitation manikin.

In 2012, the CPCG carried out for the accused and convicted persons a total of 1730 awareness-raising and educational activities focusing on drug issues. Overall overview of individual activities for accused and convicted persons is shown in Table 4.

Table 4.: Overview of implemented types of activities in which participated accused /convicted persons in the facilities of the CPCG in 2012

No.	Type of group activity	Number of activities	Number of accused	Number of convicted
1.	Discussion	123	145	3 543
2.	Awareness-raising activity	119	603	2 286
3.	Lecture	308	305	7 550
4.	Educational activity	45	12	984
5.	Socio-psychological training group	36	-	167
6.	Socio –counselling group	41	-	520
7.	Therapeutic group	307	23	3 371
8.	Discussion, counselling group	53	31	405
9.	Watching educational movies related to given issue	94	42	3 971
10.	Educational concerts	16	-	1 187
11.	Sport events	176	394	2 137
12.	Contests	395	739	3 509

13.	Publications in facility magazine	17	-	744
Σ		1 730	2 294	30 374

Source: the CPCG, 2013

In 2012, up to 34 317 packages, 398 233 pieces of correspondence, 1 306 means of conveyance, 9 917 cells, rooms and other selected premises and areas and 49 053 pieces of baggage garments of accused and convicted persons were inspected and checked in the facilities of the Corps of Prison and Court Guard.

9.3 Interventions in the criminal justice system

In Slovakia, the current system of penalties does not allow the persons convicted of drug-related crimes to choose voluntarily between prison and therapy. The Criminal Code and Criminal Procedure Rules regulate only the possibility of imposing the so-called protective therapy, either independently, or in addition to a penalty, or in case of remission. A judge may order such kind of a therapy to an offender who committed an offence under the influence of a drug (alcohol or an illicit drug) or in consequence of drug dependence (such as theft for the purpose of purchase of drug, or any of drug-related offences).

According to the NMCD survey (2010), the Slovak public mainly considers the drug addicted persons to be ill (73.7%). One-third of respondents (33.1%) consider the drug addicted persons only to be the ill people and two-fifths (40.6%) consider them the ill people violating the laws. Up to 11% of population considered the drug addicted persons only to be the persons violating the laws (Klobucký, 2013).

9.3.1 Sentences Statistics – alternative sentences to imprisonment

In the Slovak Republic, a prosecutor or judge may lawfully discontinue the criminal prosecution. The Prosecutor's Office records the cases of persons whose criminal prosecution was discontinued by: suspended discontinuance of criminal prosecution, approval of settlement, agreement on guilt and punishment or indictment. The Ministry of Justice records the cases of persons who were condemned to unsuspended sentence, suspended sentence, suspended sentence with probation supervision, home curfew, community service work, fine or prohibition of performance of activity. The General Prosecutor's Office registers the prosecuted drug offenders whose criminal prosecution was discontinued. The Ministry of Justice keeps the statistical records of sentences imposed by a judge on the persons convicted of the drug-related crimes.

In 2012, the prosecutor discontinued the criminal prosecution of 2075 persons (of which 148 were the juveniles). The criminal prosecution was discontinued almost in half of cases by indictment (N=1001, 48.2%) which was followed by: agreement on guilt and punishment (N=625, 30.1%), conditional suspension of criminal prosecution (N=287, 13.8%) and the

remaining 7.8% of cases were discontinued by the prosecutor by imposing other¹⁰⁶ penalties which are not statistically monitored. The highest share of the accused persons represented the persons prosecuted for possession for personal use (N=609, 60.8%). On the contrary, the prosecutor made an agreement on guilt and punishment with the offenders who were most often prosecuted for illegal manufacture, trafficking and dealing (N=370, 59.2%). Out of a total number of 1001 accused persons (2012), 22.3% of offenders were repeatedly prosecuted for drug-related crimes. (Statistical yearbook of the GPO, 2013, p.97).

Based on the data of the MJ of the SR, in 2012 the court imposed a suspended sentence (61.2%) on more than half of persons convicted for drug-related crimes, similarly to the previous year (59.5%). Approximately one-fourth of offenders (26.1%) were condemned to unsuspended sentence; followed by those who were condemned to fine (6.4%), to community service work (4.8%) and other unspecified penalties (0.8%). In 2012, eight accused persons prosecuted for possession of a drug for personal use were released from indictment.

Nearly two-thirds of offenders convicted of possession for personal use were condemned to suspended sentence and suspended sentence with probation supervision (N=390, 63.1%). Over the last three years (2010-2012), there has been a significant increase in the share of persons convicted of drug possession for personal use who were imposed an alternative sentence to imprisonment – community service work, from 2.9% (2010) to 5.4% (2011) and 9.2% (2012). In 2012, the alternative punishment of home curfew was not used in practice due to lack of technical devices for monitoring the movement of prisoners.

Structure and order of the sentences for illegal manufacture, trafficking or dealing has not significantly changed in comparison with the previous year (2011). Most offenders were condemned to suspended sentence and suspended sentence with probation supervision (N=321, 59.3%). The share of those who were condemned by a judge to unsuspended sentence decreased to the level comparable with 2010 (40.8%).

More than two-thirds of the offenders adjudged to be guilty by a court for spread of drug addition and manufacture or possession of an object designed for drug production were imposed the suspended sentence and suspended sentence with probation supervision (68.1%), and less than one-third of offenders who committed the same crime was sent by a judge to the prison (27.7%).

Table 9.5.: Number and percentage of offenders, sentenced for possession, drug trafficking and other drug law offences in Slovakia (2012)

Punishment	Possession for personal use		Dealing/ trafficking/production		Other drug law offences	
	n	%	n	%	n	%
Immediate custody	85	13,8	219	40,5	13	27,7
Alternatives to imprisonment						

¹⁰⁶ Closing, transfer of a file, suspension or discontinuance of criminal prosecution, more information about the mentioned forms of discontinuance of criminal prosecution is given the Annual Report 2008, chapter 11, Criminal Statistics).

Suspended sentence	382	61,8	70	12,9	22	46,8
Suspended sentence with probation	8	1,3	251	46,4	10	21,3
Fine	76	12,3	1	0,2	1	2,1
Home curfew /home arrest	0	0	0	0	0	0
Community service work	57	9,2	0	0	1	2,1
Other	10	1,6	0	0	0	0
Total	618	100	541	100	47	100

Source: MJ, 2013

* it includes other types of punishments that are not specified and monitored in detail (such as confiscation of a thing, confiscation of a property).

Sentences imposed on juveniles convicted of drug-related crimes

In 2012, the juveniles convicted of drug-related crimes were most often condemned by a judge to suspended sentence and suspended sentence with probation supervision (N=37). The second most common sentence was community service work (N=6), followed by unsuspended sentence (N=3), fine (N=1) and other penalty not specified in details (N=1). In two cases, the juvenile offenders prosecuted for possession of a drug for personal use were discharged by a judge without any punishment.

(Source: the MJ,2013)

9.3.3. Other alternative measures in the criminal justice system

On 1 August 2013 entered into force the amendment of the Criminal Code¹⁰⁷ which, inter alia, reduced the minimum term of imprisonment for an offence of illegal manufacture, trafficking and dealing with drugs from 4 to 3 years. The reason for such legislative change was to allow imposing the suspended sentence with probation supervision for less serious cases of manufacture, trafficking and /or dealing.

The court may conditionally suspend a term of imprisonment not exceeding three years if an offender is imposed by probation supervision in the probationary time period. Probationary time period from one to five years is stipulated by law. Probation officers are crucial in this process because an offender imposed by probation supervision has the obligation to endure the control carried out by a probation officer and is obliged to collaborate actively. In addition to its control function, probation fulfils also facilitating tasks in terms of assistance to the convicted person to better overcome his/her problems and lead an orderly life in future¹⁰⁸.

¹⁰⁷ Act No.204/2013 Coll. of Laws amending and supplementing Act No. 300/2005 Coll. of Laws, the Criminal Code

¹⁰⁸ <http://www.najpravo.sk/clanky/probacia-ako-institut-trestneho-prava.html?print=1>, downloaded on 30 August 2013

As regards the forthcoming project of the Ministry of Justice and Ministry of Education entitled “Concept of early preventive intervention in case of first-time drug users (hereinafter the “Project FreD”)", there was recorded no progress towards its implementation in practice even in 2012.

9.4 9.4. Drugs in prison

9.4.1. Drug use in prison population

In 2012, the service of custody (hereinafter the “SoC”) and the service of a term of imprisonment (hereinafter the “SoTI”) was performed in 18 facilities of the Corps of Prison and Court Guards.

In the conditions of the CPCG, the term “*registered drug addicted person*” includes the following cases: anamnestic survey of the drug use before the admission to a prison (as a part of the initial medical examination of an accused/convicted person), random drug screening with a positive result and seizure of a drug at an accused /convicted person.

Out of a total of 10 721 accused and convicted persons placed in the CPCG facilities in 2012, up to 2057 were registered drug users¹⁰⁹ (19.2%). It represents the highest share of the registered drug addicted persons in prison by now, which increased from approx. constant 12% (reported until 2008) up to 19.2 % in 2012 – see Figure xy.

The highest share of registered drug addicted persons, comparable to the previous year, was reported by the facility for service of a term of imprisonment Hrnčiarovce nad Parnou (45.8%).

Project NMCD-GR ZVJS 2012

On 18 and 19 November 2012, the General Directorate of the CPCG in cooperation with the NMCD implemented the project: “Determination of prevalence of illicit psychoactive substance use among the convicted persons serving a term of imprisonment.” The target group was the sentenced persons mainly from the Bratislava region, with a stable, highest drug crime rate. As the most appropriate facility meeting the required criteria was selected the FSoTI in Hrnčiarovce n/Parnou, which is the biggest facility in terms of its capacity, with a minimum security level in the Slovak Republic. Tested sample consisted of all convicted persons placed in the facility when the testing was carried out (N=1363). The prisoners were tested in groups and instructed in advance on how to properly apply the test. To survey the

¹⁰⁹ In the context of this report, the term „registered drug addicted person“ includes: persons who before admission to prison declared the use of drugs in civil life; prisoners who were caught with drugs as well as prisoners who underwent a random screening for use of a drug with a positive result.

positivity or negativity of use of the most frequently used groups of drugs: opioids, methamphetamines/ amphetamines, cocaine, cannabinoids and methadone were used contactless salivary tests. The findings did confirm no positive result and questioned reliability of salivary tests, as the salivary tests repeatedly showed false positive results in 100% of cases. Even though there was re-confirmed positivity for cannabinoids among 21 convicted persons by salivary test and positivity for presence of amphetamines in 2 cases, the conducted confirmatory test (one-strip_and two boxes urine test) and results of toxicological urine test (in medical laboratory Analyxt s.r.o.) confirmed the positive results in none of 23 cases.

Source: Report on testing of prisoners in the Facility for service of a term of imprisonment in Hrnčiarovce nad Parnou, dated 6 December 2012

Use of drugs before admission to prison

In 2012, the CPCG stated that during the entrance examinations executed before admission to the SoC and SoTI were identified 827 persons who reported using primary drugs in civil life. More than one-third of such accused and convicted persons, before entering the prison, stated the use of pervitin (36.2 %) in the anamnestic questionnaire. The second most frequently used drug, based on the anamnestic questionnaire, was heroin (comparable to the last year), even though its share dropped from 34.7% (2011) to 28.2% (2012). There was an increase in the share of prisoners who before entering the SoTI and SoC reported the use of marijuana in the entrance questionnaire - from 14.9% in 2011 to 18.9% in 2012).

A total of 345 accused and convicted persons (i.e. 41.7%) reported intravenous application of drugs in the anamnestic questionnaire.

Drug screening

In 2012, a total of 1881 screening examinations for the presence of drugs in urine and saliva were carried out in all 18 facilities of the CPCG, which is less by 423 tests than in 2011 and less by 996 than in 2010.

In the facilities for the SoTI and SoC, screening was carried out by random selection or it was ordered for prisoners in case of a reasonable suspicion of drug use. Out of a total of 1881 abovementioned screening tests which were carried out, up to 188 samples were positive (10%). Screening tests of the biological samples of accused and convicted persons confirmed most often the presence of benzodiazepines (N=69; 36.7%), followed by THC (N=66; 35.1%), amphetamines (N=36, i.e. 19.2%), morphine/ opiates (N=10, i.e. 5.3%), barbiturates (N=3, i.e. 1.6%) and other substances not specified in detail (N=4, i.e. 2.1%).

Most positive samples were reported by the facility for SoC in Banská Bystrica (N=57, i.e. 100%) which was followed by the facility for SoC in Žilina (N=53, i.e. 43.8%).

Intensity of screening tests depends on financial options of the CPCG and available quantity of multi-detection test boxes. In 2012, an amount of EUR 13,000 was allocated to the purchase of test boxes.

Drug-free zones

In 2012, a new drug-free zone established in the Facility for service of custody in Bratislava (with capacity of 8 places) was added to six¹¹⁰ already existing drug-free zones established in Facilities for service of a term of imprisonment, expanding the overall capacity of the drug-free zones from 324 places in 2011 to 332 in 2012.

In a drug-free zone, the emphasis is placed on use of group forms of treatment aimed at preventive drug programs. Group forms of treatment include group counselling, social learning, social training, relaxation, club activities of spare-time, cultural and sport nature.

Activities of a drug-free zone are in general provided by a pedagogue, psychologist, social worker and medical staff of the facility in cooperation with the employees of the department of social affairs at the office of labour, social affairs and family, or other institutions, voluntary associations, religious and charitable institutions.

9.4.2. Responses to drug-related health issues in prison

In-patient treatment in prison facilities

The quality of the in-patient treatment provided in relation to drug issues is determined by the general standards elaborated by the Ministry of Health of the Slovak Republic and main expert of the Slovak Republic in the field of psychiatry. The court-ordered treatment in the conditions of the Corps is regulated by the Sections 80 to 88 of the Regulation No. 368/2008

¹¹⁰ Facility for SoTI in Košice – Šaca, Facility for SoTI for juveniles in Sučany, Facility for SoTI in Nitra – Chrenová, Facility for SoTI in Želiezovce, open unit in Opatovce and open unit in Prešov.

Coll. of Laws of the Ministry of Justice of the Slovak Republic, issuing the Imprisonment Rules. The healthcare is performed based on the public health insurance.

The court-ordered treatment is provided in prison by means of group psychotherapy or individual form, which includes: penitentiary diagnostics, intervention, counselling, psychotherapy and individual medical and educational procedures. Within the scope of a treatment procedure, the substitution therapy was not used even in 2012.

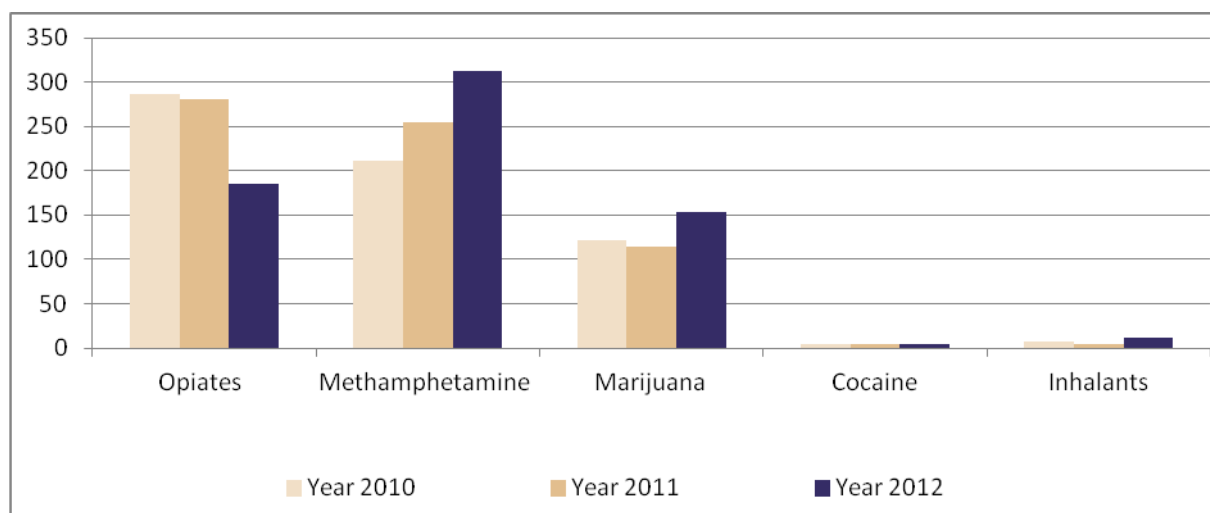
In 2012, the court-ordered protective therapy was completed at the psychiatric wards of four facilities¹¹¹ by a total of 453 sentenced persons, i.e. more by one-fourth than in the previous year (N=352). More than half of treated convicted persons underwent in-patient treatment (59.6%) in 2012, and the remaining share (40.4%) of convicted persons underwent out-patient treatment.

Voluntary treatment of drug dependences in prison was provided in 2012 only by one facility – Facility for service of a term of imprisonment for juveniles in Sučany, where such voluntary alcohol and drug addiction treatment underwent a total of 31 convicted juveniles.

Based on the TDI data (2012), a total of 28 healthcare facilities of the CPCG provided reports and information about in-patient treatment in 2012. A total of 692 convicted persons underwent the in-patient anti-addiction therapy in such facilities. More than half of them underwent such treatment for the first time (60.5%), more than one-third of convicted persons were repeatedly treated (38.6%) and the remaining percentage of treated persons (0.9%) did not specify the given parameter. Three-fourths of a total number of treated persons in the conditions of the CPCG underwent treatment upon the request of a court, probation officer or police.

¹¹¹ Facility for SoTI in Hrnčiarovce nad Parnou, Facility for SoTI in Košice - Šaca Facility for SoTI and SoC in Leopoldov, Facility for SoTI and hospital for accused and convicted persons in Trenčín.

Obr.9.2. The number of treatments¹¹² by primary drug in treatment units in prison (2010-2011) Počet liečených podľa primárnej drogy v zdravotníckych zariadeniach ZVJS (2010-2012)



Source: TDI data, 2011, 2012, 2013

In 2012, the order of primary drugs for which the convicted persons most often entered the treatment changed – see Figure 9.2. Methamphetamine was the most common primary drug for which the convicted persons underwent anti-addiction therapy in prison. Almost half of prisoners underwent treatment in 2012 due to methamphetamine dependence (N=313, 45.2%). Opiate dependence was the reason for entering the treatment for more than one-third of the convicted persons (N=185, 26.7%), even though it represented the highest share of the treated persons in the previous year (41.5%). It can be assumed that shortage of heroin on the market and its low purity could affect the interest in this drug by the users who had substituted it by other more available and concentrated psychoactive substances. Marijuana was the third most frequently used primary drug for which the convicted persons entered the treatment (N=153, 22.1%) in 2012, which is an increase compared to the previous year, when up to 17% of the convicted persons underwent the therapy due to marijuana dependence.

Measures to prevent spreading of infectious diseases in the conditions of the CPCG

In the CPCG facilities, as a part of the prevention from spreading of infectious diseases associated with the injecting drug use are carried out the activities focusing on early detection and prevention from spreading of blood-borne infectious diseases. Each convicted

¹¹² Including first treatment and previous treatment

person, when entering the SoTI, undergoes the educational interview with medical staff about risk behaviour and its prevention. At the same time, the convicted person fills in an anamnestic questionnaire focusing on drug issues and detection of risk behaviour. Based on the knowledge gained from this questionnaire, the prisoners undergo other examinations to determine their objective health status and provision of relevant treatment. By 2011, the diagnostics and treatment of the accused and convicted persons in case of infectious diseases was centralized in the hospital for the accused and convicted persons in Trenčín. Since 2012 health care for convicted persons who are positive for infectious disease is provided by the external health professionals operating at existing facilities for SoC or SoTI.

In 2012, up to 5999 screenings were carried out for the presence of selected infectious diseases¹¹³, with positive test results being identified in a total number of 295 cases. In comparison with the previous year, there was a decrease in the share of positive screenings from 7% in 2011 to 5% in 2012.

The most prevalent infectious disease in 2012, among the tested prison population (N=5999), was hepatitis C infection. Out of a total number of 1521 screenings carried out for the presence of HCV, nearly 11% of cases were seropositive. Compared to the last year, the share of prisoners with HCV positive screening decreased – from 20.4% in 2011 to 10.8% in 2012. As concerns viral hepatitis C, the incidence of HCV increased among the tested prisoners, even though a smaller number of seropositive cases were reported and a smaller number of confirmatory tests PCR carried out in 2012. The share of convicted persons with the presence of HCV, confirmed by a test PCR, doubled in the last year. Out of a total number of 482 PCR HCV examinations carried out in 2011, the presence of HCV was confirmed at 10.1% of the convicted persons, while out of a total number of 342 PCR tests made in 2012, the presence of virus HCV was confirmed up to 20.2% of prisoners. The second most prevalent infectious disease in prison in 2012 was syphilis – virus BWR was confirmed among 36 persons (2.8%) of a total number of 1280 tested persons serving a term of imprisonment. Incidence of other blood-borne infectious diseases in population condemned to SoTI, who underwent the screening in 2012, is shown in Table 9.6.

¹¹³ HAV,HBV,HCV,HIV/AIDS, syphilis and others.

Table 9.6.: Number and result of screening examinations for the presence of selected infectious disease among prison population in the Slovak Republic in 2012.

Examination	Number of examinations	Negative result	Positive result
HIV	1138	1137	1
HCV	1512	1349	163
PCR HCV	342	273	69
HBsAg	1415	1396	19
HAV	312	305	7
BWR	1280	1244	36
Total	5999	5704	295

Source: The GD CPCG, 2013

Measures to prevent and eliminate the risk of overdosing in prison

The CPCG have no special standards to eliminate the risk of overdosing. They primarily draw attention to measures aimed to eliminate the penetration of drugs in prisons.

In 2012, during the service of a custody and service of a term of imprisonment, there was recorded no extraordinary event in connection with threat to life or death of an accused / convicted person due to overdosing.

9.5 Social re-integration of drug users after their release from prison

Cooperation with social services in the area of post-penitentiary care:

Assistance provided within the scope of post-penitentiary care to the accused and convicted persons in facilities for SoTI and SoC as well as to those who are condemned to suspended sentence also includes the guardianship measures that are implemented by offices of labour, social affairs and family in the place where such persons is normally resident. The implementation of such measures, for the target group of drug addicted persons and clients suffering from other addictions after their release from the facilities for SoTI/SoC, is not

monitored by any special statistics. In Table 9.7 are shown measures of social guardianship implemented in 2011 for the persons by reason their release from the facilities for SoTI/SoC.

Table 9.7.: Reasons for social guardianship services for adults in the years 2010-2011

Reasons for implementation of guardianship measures	Number of persons		Difference (+/-)
	Year 2011	Year 2012	
Total cases	9229	8 988	-241
Released from a custodial sentence	4705	4602	-103
Released from detention	546	497	-49
Suspended release from custody	1156	1 150	-6
Suspended release from detention	99	84	-15
Suspended imprisonment	182	221	+39
Released from an institutional care/ re-educational centres after full-age of 18 years	125	53	-72
Participant in probation/mediation	211	176	-35

Source: Statistical sheets of the MLSAaF of the SR, 2012-2013

In 2012, the MLSAaF executed less cases of social guardianship services by 2.6% compared to the previous year (N=9229). In three-fourths of cases, the social guardianship services were provided to the persons serving their term of imprisonment, SoC, or conditionally sentenced and conditionally sentenced with probation.

The prosecutor provided assistance to more than half (51.2%) of a total number of 8988 cases of social guardianship due to release from prison. Consequently, guardianship services were provided due to: suspended release from SoTI (12.8%), release from SoC (5.5%), suspended sentence (2.4%), probation /mediation (2%), unsuspended release from SoC (0.9%) and release from facility for institutional care or protective care after reaching the

age of 18 years (0.6%) The remaining one-fourth of cases represented persons receiving social guardianship services for other reasons¹¹⁴.

In 2012, the offices of LSAaF paid re-socialization allowance to a total of 2966 persons after their release from prison. Compared with the last year, there was recorded a decrease in the number of these persons by 78 cases. In addition to decrease in the number of persons to whom the re-socialization allowance was allocated in 2012, there was also recorded a slight decrease in the total amount of payments to EUR 153.955 (less by EUR 207 than in 2011). Average amount of re-socialization allowance allocated in 2012 was EUR 51,90 (compared to EUR 50,64 in 2011).

¹¹⁴ long-term unemployment, drug addiction, release from a health care facility for treatment of drug addictions, release from a re-socialization facility, due to a reasonable suspicion of home violence and other reasons not specified in detail.

10 DRUG MARKET

In 2012, marijuana and methamphetamine were the most accessible and the most abused drugs in Slovakia, originally from domestic production.

In February 2013, the project on the presence of drugs in wastewater was implemented for the first time in Bratislava, proving the high consumption of marijuana and methamphetamine in the capital city of the Slovak Republic.

In 2012, up to 2194 drug seizures were recorded in Slovakia, which is a decrease approximately by 13% compared with the previous year. More than four-fifths of all seizures were represented by seizures of cannabis products and methamphetamine.

In comparison with the previous year (2011), the seizures of almost all kinds of drugs decreased, except for heroin and ecstasy. There was recorded the highest decrease in seizures of marijuana (by 17.9%), reaching the level comparable with 2012. The seizures of methamphetamine, cocaine, cannabis plants, hashish, amphetamine, and LSD dropped as well.

In terms of a quantity of seized drugs, in 2012 it is observed an increase in the volume of seized marijuana and pervitin– at current decrease in the number of their seizures, which indicates distribution in larger quantities in both cases.

On the other hand, the number of the seized cannabis plants has dropped due to decrease in the seizures of these plants as well as seizure of small production places compared with the previous year.

The amounts of seized amphetamine and cocaine have dropped compared with the previous year, when these volumes were affected by large one-time seizures.

The recorded trend (2010-2011), when heroin due to its decrease on the market and its low concentration had been gradually replaced by fentanyl, was not proved in 2012. Since August 2011, when police destroyed a laboratory for production of fentanyl, it has not been seized in Slovakia – which indicates that the place was the main and the only source of this synthetic opioid in the Slovak Republic. On the contrary, in 2012 the seized volumes grew in case of heroin, with an increase of its purity. Average concentration of heroin almost doubled

compared with the previous year, that was also reflected in the increased price of heroin in 2012 (EUR 25-80 /g).

In 2012, there was observed the trend of increasing cross-border cooperation between organized criminal groups operating in Slovakia and neighbouring countries (in Hungary, the Czech Republic), in the field of production and trafficking not only drugs but also precursors and psychoactive substances. The places used for manufacture of methamphetamine, GBL, 4-FA and precursor to heroin production (concentrate of poppy straw) were dismantled.

Even in 2012 was from the CR imported to Slovakia the highly concentrated pervitin that was sold on the black market for EUR 100/g, what is a price comparable per gram of cocaine.

As concerns the precursors, the most abused were the medicines containing ephedrine and pseudoephedrine.

10.1 10.1. Supply and availability

In the Slovak Republic, the situation concerning the drug supply reduction is monitored by specialized offices: the National Anti-Drug Unit of the National Crime Agency¹¹⁵ and Customs department of the Ministry of Finance of the Slovak Republic.

10.1.1. Availability of drugs perceived in general population

Availability of drugs can be a significant indicator not only for the prevalence of drugs use in population, but also for the success of drug policy in enforcement area focused on drug supply (Klobucký, 2013).

In 2012, no population survey on perceived availability of illicit drugs was conducted in the Slovak Republic.

¹¹⁵ On 1 December 2012 was founded the National Crime Agency by merging the National Anti-Drug Service and National Anti-Corruption Service of the Bureau of Fight Against Organised Crime of the Police Force. The National Crime Agency replaced the Bureau of Fight Against Organised Crime and at present it covers the activity of both independent sections: the National Anti-Drug Unit and National Anti-Corruption Unit.

In the previous year (2011), the subjective perception of the availability of illicit drugs was surveyed among the school population aged 15 to 20 years was conducted, entitled “*European school survey on alcohol and other drugs (ESPAD)*” – see Report 2012.

STU Project, 2013 - testing of wastewater on the presence of drugs

At the beginning of 2013, a pilot project *The drugs in wastewater – monitoring and removal on Slovak WWTPs* was implemented (Bodík I. et al., 2013). The project was aimed, inter alia, to detect presence of illicit drugs and their metabolites in the samples that were collected from three separate wastewater treatment plants¹¹⁶ in Bratislava. The results show that in February 2013, in the capital city, there was the highest consumption of marijuana (average concentration THC in a sample of wastewater reached the level of 212 mg/1000pp/day), followed by pervitin (193 mg/1000 pp/day). It was quite surprising that the third most prevalent drug in Bratislava was cocaine (152 mg/1000 pp/day) which surpassed heroin, ecstasy and other amphetamines. For more information about the mentioned project – See Chapter 2.1.2.

10.1.2 Drug supply – their production and trafficking

The provided information is based on the report of the National Anti-Drug Unit of the National Crime Agency that obtains the concerned information through its operative and investigative activity.

Marijuana

Marijuana holds, on a long- term basis, the position of the most accessible and most abused drug in the Slovak Republic. In 2012, the black market was mainly supplied by marijuana of domestic provenience, even though the import from the CR increased as well. Cannabis cultivation in a larger volume, with a higher concentration of THC (17-20%) was also in 2012 the subject of activity mainly of Vietnamese ethnic group that distributed marijuana within the Slovak Republic and exported it to foreign countries (especially to Hungary). The Slovak groups of offenders grew marijuana in smaller quantities, with intention to sell it only to a limited number of users.

For marijuana cultivation were more often used small, pre-grown grafts of plants planted individually in substrate. After replanting to pot, their growth was activated by watering. During the growing period, the plants were regularly fertilized and cured to prevent occurrence of any pests or other diseases. Cones containing a higher content of THC (above 15%) were harvested. This way it was possible to achieve about 3-4 harvests per year.

Based on the operative data of the Police Force, in 2012 there were the links between organized groups of offenders, mainly of Vietnamese nationality, long-term living in Slovakia or Czech Republic, who perform illicit manufacture and distribution of marijuana. The

¹¹⁶ CWWTP, WWTP in Petržalka, WWTP in Devínska Nová Ves

provided fact is also confirmed by the statistics of seizures, according to which, at the border crossing Kúty (SR-CR) there were seized 10 kg of marijuana in May 2012 and another 20 kg in November 2012, heading from the Czech Republic to Bratislava.

Methamphetamine (pervitin)

In 2012, methamphetamine was available in all regions of the Slovak Republic. It mainly came from domestic production, but there were also cases of its smuggling from the CR. In Slovakia, pervitin was manufactured in small, the so-called kitchen laboratories with simple equipment, and precursor for its manufacture was mainly obtained from the over-the-counter medicines containing ephedrine/ pseudoephedrine (such as Modafen, Nurofen, Disophrol). Even though the productivity of such laboratory was rather low, the drug was manufactured more frequently. In addition to the low-capacity production laboratories, pervitin was also manufactured in special laboratories of a high productivity, and its concentration was above 65%. In this case, the organized groups of offenders used as precursor in particular pure ephedrine smuggled along any of Balkan route branches from Turkey, or medicines with a higher content of ephedrine/ pseudoephedrine imported from Poland (Sudafed and Cyrrus), or Serbia (Rinasek). In 2012, the information on sporadic import of ephedrine from Ukraine was reported as well.

In 2012, methamphetamine was imported to our country almost exclusively from the Czech Republic, in particular from the sources operating in surroundings of Ostrava and Prague. The offenders from the Czech Republic as well as from Vietnamese community were involved in its manufacture. They not only produced pervitin in the CR, but also distributed it in the SR. Based on the operative data of the Police Force, the cooperation between organized groups operating in the CR and SR was strengthened in 2012 - as evidenced by several cases when pervitin and marijuana produced in the CR were smuggled to our country.

Pervitin was most frequently diluted with keratin. For the less concentrated pervitin, the nutritional supplements for athletes intended to prevent joint injuries and their regeneration were also used for dilution.

Heroin

In 2012, on the drug market there were available two types of heroin:

- produced from opium poppy smuggled from Afghanistan to Europe along any of Balkan Route branches, in a lower concentration (5-13%),
- produced from mixture of heroin and morphines (derived from medicaments).

In Slovakia, Albanian criminal groups controlled smuggling and trafficking with heroin. Distribution from a supplier to a user was carried out in several levels, according to the rules agreed in advance: from an organizer to a managing dealer, from a managing dealer to a street dealer and from a street dealer to a user. Roma families were also engaged in the

distribution from a supplier to a user. Organizers ensured mainly supplies of heroin for dealers, flow of financial resources, created conditions for sale of drug and they provided physical protection of dealers and territory, while having no direct contact with a drug. Similarly to the previous year, heroin was diluted with paracetamol and caffeine.

In 2012, the prescription-based medicine Metadon was the most abused synthetic opioid. Unlike the previous year, there was no fentanyl derivate on the market.

Cocaine

Based on the operative information of the Police Force, trafficking with cocaine was also in 2012 controlled by organized groups of Albanian ethnic group with links to criminal groups in South America and Caribbean.

Cocaine smuggling in body cavities of a courier from Nigeria, which was recorded in Slovakia since 2009, disappeared in 2012. With regard to a high frequency of detention of couriers in the European countries, and stricter actions at the European airports, the cocaine smuggling routes were changed, and air transport was replaced by car and train transport.

During the drug action carried out in June 2012 was arrested a person distributing cocaine in Bratislava and surroundings. That person took cocaine in higher amounts from the person operating in Bratislava and subsequently distributed it among other dealers. During the action were seized a total of 115 g of cocaine, with a lower concentration (26-27.5%)

Ecstasy

On the Slovak drug scene in 2012, there was the ecstasy containing MDMA, m-CPP, 4-FA, PMMA and pentedrone. In more than four-fifths of seizures, the ecstasy tablets contained an active ingredient other than MDMA, in particular mCPP. Operative information indicates that ecstasy was imported to Slovakia especially from the Czech Republic, Hungary, Poland, Austria, or the Netherlands.

Although ecstasy market in Slovakia is, on a long-term basis, covered solely with ecstasy from abroad, since 2010 there have been several indications such as seizures of precursors (PMK-glycidate), or spaced production places in the Southern regions of Slovakia which indicate its marginal production also in the SR (Bučková, I., 2013). In 2012, no seizure of precursor for ecstasy manufacture was recorded, however, the laboratories for manufacture of tablets containing 4-FA and GBL were discovered and dismantled in April and June 2012, during the action of the National Anti-Drug Unit – See Chapter 10.2.3

LSD

The use of LSD is consistently low in Slovakia, and like in most European countries is considered marginal. In 2012, LSD was seized only in the Central Slovakia.

The effects of LSD are often substituted by using other hallucinogens, such as magic mushrooms (*Psilocybe* mushroom), plants (nutmeg, thorn apple, sweet calamus). The cases of illicit sale of magic mushrooms were recorded also during 2012 within the all territory of Slovakia.

10.1.3 Precursor supply – their manufacture and trafficking

In Slovakia, the most frequently abused precursor in 2012 was pseudoephedrine, derived from the medicines for influenza and fever treatment (in particular Modafen, Nurofen and Disophrol). Even though in majority of cases they are the over-the-counter medicines, there were detected cases of cooperation with the pharmacists who provided larger amounts of packages for pervitin producers. That was how offenders obtained a precursor for manufacture of pervitin in small “kitchen” laboratories of a lower production.

In laboratories of a higher production, the medicines containing ephedrine (Cirrus or Sudafed) imported from Poland, or the medicines containing pseudoephedrine Rinasek smuggled from Serbia, were used for manufacture of pervitin.

10.2 10.2. Seizures of drugs and precursors

Qualitative and quantitative analysis of all seized drugs and precursors in the Slovak Republic is performed by the Institute of the Forensic Science of Police Force – ISF.

10.2.1 Drug seizures

An overall amount of seizures referred to in this report represents a sum of seized drugs – provided within the standard table EMCDDA No.13 and other types of drugs.

In 2012, the number of drug seizures decreased to 2194, i.e. less by 13.2% compared to the previous year. Decline was reported in seizures of all cannabis products, pervitin, cocaine and amphetamine –see Table 10.2

In comparison with the previous year (2011), there was a decline mainly in marijuana seizures (by 17.9%), which placed them slightly above the level of 2010. The seizures of methamphetamine dropped as well, their number decreased by 92 cases (i.e. 13.3%) compared to 2011. A slight decline was also recorded in seizures of cocaine (-11), amphetamine (-3) and LSD (-1).

There was a year-to-year increase in seizures of heroin (+49) and ecstasy (+11). As to heroin, it is important to note that on the market appeared in 2011 fentanyl, which was sold as “stronger heroin”, and it almost entirely replaced heroin due to its shortage and low concentration. Since August 2011, when the police destroyed the laboratory for manufacture of heroin, fentanyl was not seized in Slovakia. In 2012, heroin whose mean concentration slightly increased (from 4.1% in 2011 to 7% in 2012) occurred on the drug scene.

As regards the quantity of drugs seized in 2012, there was recorded an increase of marijuana from 137.02 kg in 2011 to 176.798 kg in 2012, and pervitin from 1.644 kg in 2011, to 10.9 kg – at current significant decrease in the number of seizures of such drugs. For pervitin, the quantity of seized volume was affected mainly by the one-time big seizure amounting to 5.6 kg. Decrease in a quantity of seized cannabis plants resulted from decline in seizures of these plants as well as from seizure of smaller production places compared to the previous year (Bolf A., 2013). That could indicate that marijuana market in Slovakia could be saturated by other ways (for example by import from the CR) - at current decrease in domestic large production (see Table 10.2)

As regards ecstasy tablets, the increase in a quantity of seized tablets was recorded due to growth of seizures of these tablets.

Compared to 2011, the volumes of seized amphetamine and cocaine dropped compared due to big one-time seizures.

In 2012, there were recorded two seizures of mixtures prepared from coca leaves, having form of capsules¹¹⁷.

Table 10.2: Number of cases and amount of seized drugs in the Slovak Republic (2009 - 2011), ST 13

YEAR		2009		2010		2011		2012	
	unit	Number of seizures	Seized amount	Number of seizures	Seized amount	Number of seizures	Seized amount	Number of seizures	Seized amount
Hashish	kg	36	1,104	12	0,21	22	0,017	17	0,705
Marihuana	kg	1527	68,63	1156	170,945	1512	137,02	1242	176,798
Cannabis plants	kg	61	2589,93	43	1986,26	45	18,338	38	2927*
Heroin	kg	225	14,298	146	1,294	33	0,323	82	0,261
cocaine	kg	26	7,417	21	0,393	30	35,265	19	1,751
Amphetamine	kg	7	0,56	12	0,031	10	13,223	7	0,118
Methamphetamine	kg	817	2,167	545	2,954	692	1,644	600	10,9
Ecstasy tablets	tablets	5	12	5	993	5	27	16	529
LSD	dose	4	37	3	135	2	7	1	100
Other ¹¹⁸		89		99		177		172	

¹¹⁷ The given seizures are not included in the ST13.

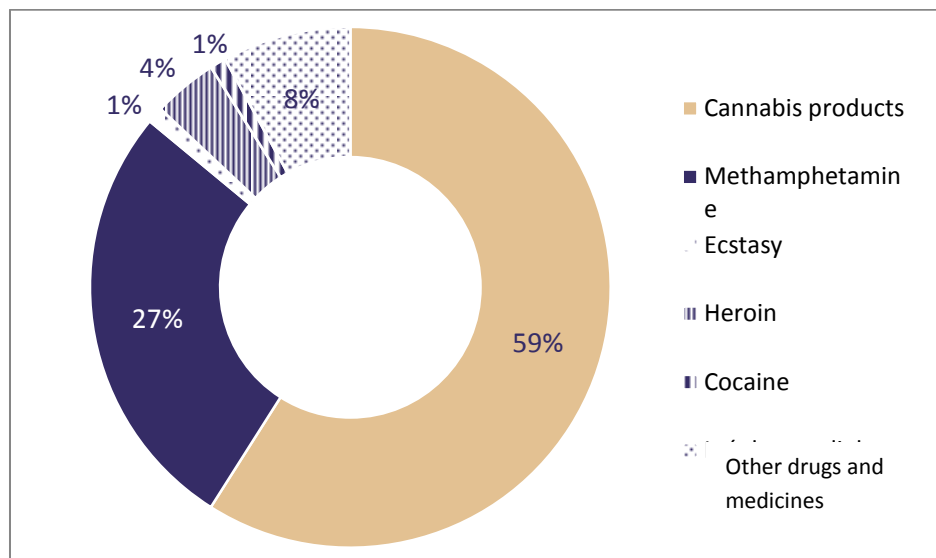
¹¹⁸ Category "other" includes other kind of drugs, medicines, and new psychoactive substances (controlled at the national level).

Total		2797		2042		2528		2194	
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Source: ST13,(IFS, A., Bolf, 2013)

*includes number of cannabis plants only

Figure 10.1.: Share of seizures of selected types of drugs in the Slovak Republic in 2012



Source: ISF (A.,Bolf), 2013

More than four-fifths of all seizures (N=2194) were seizures of cannabis products and methamphetamine. In 2012, there was a slight increase in seizures of heroin that almost disappeared from the drug scene in 2011 and was substituted by fentanyl. A share of seizures of other unspecified types of drugs and medicines did not significantly changed, comparing to 2011 and represented 8% of all seizures.

10.2.2. Seizures of precursors

10.2.1.1 In terms of legislation, control and handling of drug precursors is covered by the Act No. 331/2005 Coll. of Laws on State Administration Authorities for Matters of Drug Precursors. In practice, the movement of drug precursors is monitored by the joint police and customs office.

Table 10.3.: Number of seizures and quantities of seized precursors in the Slovak Republic by seized form in 2012

Type of precursor	Form	Number of seizures (N)	Seized quantity
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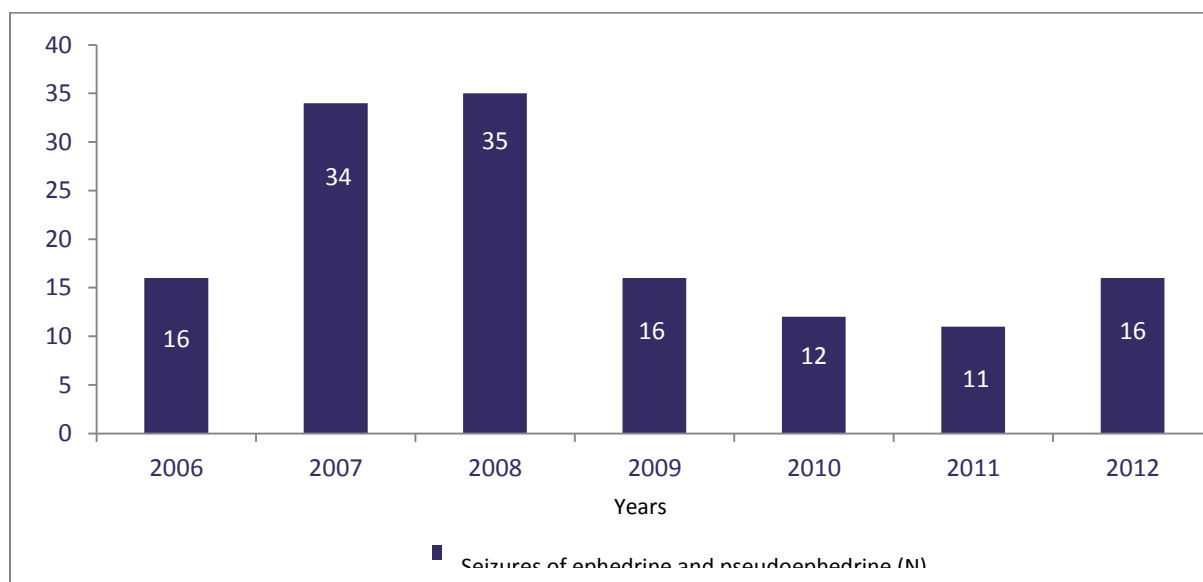
Ephedrine	Powder (kg)	2	1,168
Pseudoephedrine	Powder (kg)	7	0,699
	Pill	7	51336
Acetic Anhydrid	Solution (litter)	0	0

Source: IFS (A,Bolf) , 2013

In 2012, in Slovakia were seized solely precursors for manufacture of methamphetamine – ephedrine/ pseudoephedrine (N=16), a number of which increased up to level of 2006 and 2009 (see Table 10.2).

In nine cases, ephedrine and pseudoephedrine were seized having the form of powder. In the remaining seven cases were seized tablets containing pseudoephedrine that are the main source of precursor mainly in small laboratories of kitchen type. Over the last three years is observed systematic increase in the number of seizures of medicines containing pseudoephedrine: 2 seizures (2010), 4 seizures (2011), 7 seizures (2012). Besides the number of seizures, there was also an increase in the quantity of seized pseudoephedrine: 432 tablets (2010), 1.734 tablets (2011), 51.331 tablets (2012). This trend points the increasing supply of pervitin on our drug scene and its dominant position on the market with stimulants. Information provided by the Police Force of the SR indicates that it is the best “trade commodity” in the field of narcotic and psychotropic substances produced in own territory¹¹⁹. (Bučková I., 2012, p.17)

Figure 10.2.: Number of ephedrine /pseudoephedrine seizures in the Slovak Republic (2006-2012)



Source: IFS, 2013

10.2.3 Dismantled laboratories for manufacture of drugs

¹¹⁹ Bučková I. (2012) Omamné a psychotropné látky a drogová trestná činnosť (Narcotic and psychotropic substances and drug-related crimes), in Sociálna prevencia - prevencia kriminality 1/2012 , p.17-18

Summary statistical data concerning the dismantled laboratories for manufacture of drugs and precursors in the Slovak Republic are not normally collected and recorded within information system of the Police Force. Available is only partial information on the cases – destroyed places for manufacture of drugs that were carried out by the joint police and customs office.

In 2012, there was observed a trend of expanding cross-border cooperation of Slovakia with surrounding countries (especially with Hungary) in the areas of manufacture, smuggling, and distribution of drugs as well as precursors and new psychoactive substances.

Dismantled laboratories for manufacture of concentrate of poppy straw

In Eastern Slovakia, there was recorded an attempt to manufacture precursors (concentrate of alkaloids) for production of heroin. An offender rented the building of a former cow-barn where people of Ukrainian nationality manufactured concentrate of poppy straw.

Dismantled laboratories for manufacture of methamphetamine

During the action implemented by the joint police and customs office was destroyed a group of offenders engaged in illicit production of methamphetamine and was seized methamphetamine in an amount of 5.6 kg. Pseudoephedrine used for its manufacture was derived from the medicines containing ephedrine, imported from Serbia. Offenders manufactured methamphetamine according to the orders agreed in advance at various locations in the Trnava region. The prepared drug was hidden in the so-called “dead drops”¹²⁰ and later distributed among the dealers.

Dismantled laboratories for manufacture of 4-FA

In Komárno, the offenders of Hungarian nationality rented premises for a company registered in the Dominican Republic. These premises were used for the 4-FA substance manufacturing, packing and further distributing. Manufactured products containing 4-FA were through the courier services transported to Hungary, where had been built an extensive network of consumers. A part of prepared drugs was intended for Slovak consumers. In June 2012, three citizens of Hungary were seized during the special action of the National Anti-Drug Unit of the SR, in cooperation with the Hungarian Anti-Drug Unit. Various mixing equipment and facilities for processing pills with content of 4– fluoroamphetamine, and 367 g of pure 4-FA having the form of powder were seized.

¹²⁰ The so-called „Dead drops“were the places where offenders dug or hid drugs. Subsequently distributors, using various passwords, notified dealers about location of such place via phone, or by providing them with GPS coordinates of such place.

Further information pointed to cooperation with the Polish organized groups that distributed in Slovakia the following new psychoactive substances: 2-DPMP, 4-MEC, α -PVP, AM-2201, AM-2233, UR-144, etc.

Dismantled laboratories for manufacture of GBL

In April 2012, the National Anti-Drug Unit discovered a place of ecstasy production. The offender was a citizen of the Netherlands who had founded a company in Slovakia, trading with preparations for manufacture of fertilizers. Various chemical substances were imported from Asia and officially declared the substances for manufacture of cleaners for copying machines and other industrial use. Such substances were exported from Slovakia to countries of the Western Europe, while being declared the edible oil and agricultural fertilizers in the custom declarations. Based on the operative information of the Police Force, the activities of the offender were interconnected with the activities of other offender operating laboratories for manufacture of ecstasy in Belgium. At house search of the premises (a specially adjusted family house) were seized industrial filters, tableting machine, documentary evidence as well as instructions for manufacture of ecstasy. As a result of action, 1.400l of GBL (gamma-butyrolactone) substance were seized, which would be sold as the so-called liquid ecstasy, or after adding other precursors, the substance would be possible to process and distribute it as a synthetic drug GHB (gamma-hydrobutyrate)

10.3 10.3. Price and purity of drugs

10.3.1. Price of drugs

The National Anti-Drug Unit of the National Crime Agency maps the development of drug prices in Slovakia carrying out its operative and investigative activity. The NADU NCA, through the standard table ST16, provides data on retail (the so-called street) prices of selected types of drugs.

In 2012, the prices of heroin and cocaine increased, and on the other hand, the prices of cannabis products (marijuana and hashish) dropped. The price of pervitin remained stable at the value of 2011 (EUR 20-100 /g).

Over the last year, the price of heroin significantly increased from EUR 20-55 /g to EUR 25-80 /g, one of the reasons of the increase could be a growth of its purity and concentration – see Chapter 10.3.2.

The increase of cocaine maximum price in 2012 up to EUR 120 /g, despite the decrease in its quality, was affected by its low supply and availability, what is proved by decline of cocaine seizures (from 30 seizures in 2011 to 19 seizures in 2012).

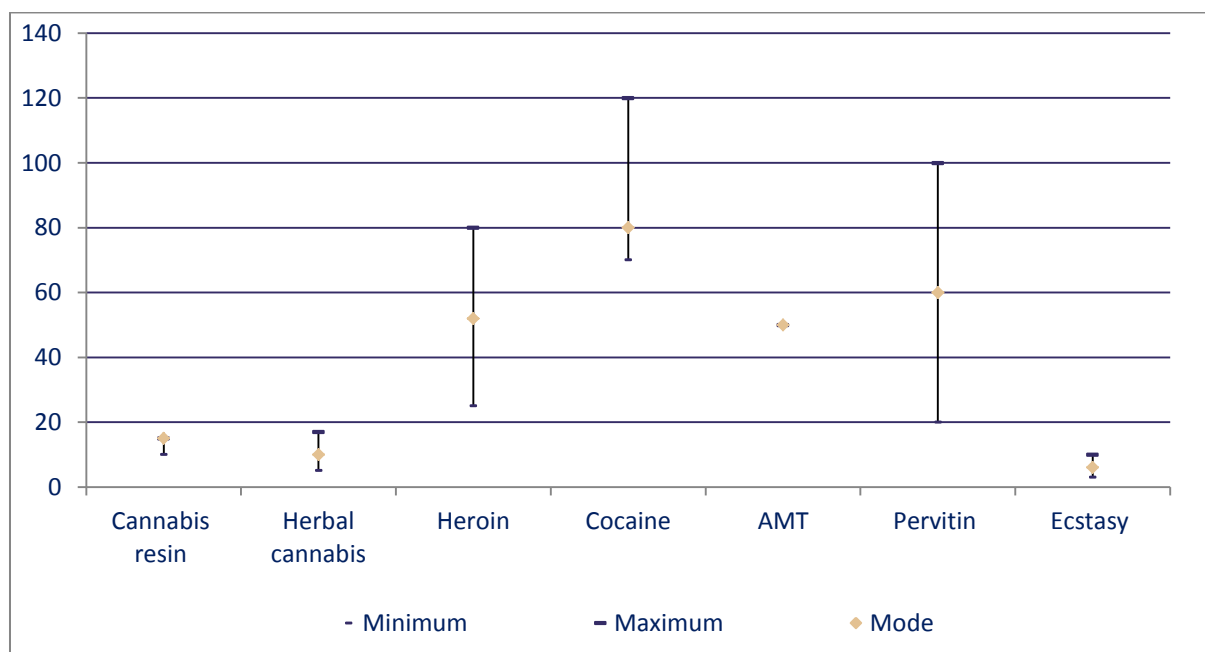
The price of marijuana in 2012, despite the increasing concentration of THC, slightly dropped – oscillated from EUR 5 to 17/g. As to cannabis resin (hashish), the maximum price slightly decreased from EUR 20 /g in 2011 to EUR 15 /g in 2012.

The price methamphetamine, after falling sharply in 2010 (EUR 25 -59 /g), stabilized at the level of 2011 (EUR 20-100 /g). In 2012, the highly concentrated pervitin imported from the CR (above 80%) was sold at the maximum price of EUR 100/g.

Amphetamine with a 2012 average concentration of 59.8% was sold on the black market for EUR 50 /g.

Tablet of Ecstasy were sold for EUR 3 to 10 in 2012, while in 2011 the price ranged between EUR 2-16.

Figure 10.3.: Minimum, maximum and average price of selected types of drugs in the Slovak Republic in EUR in 2011



Source: ST16 (NADU NCA, 2013)

10.3.2. Purity and composition of drugs

The drugs seized in the Slovak territory are analyzed by the Institute of the Forensic Science of Police Force and its departments in Bratislava, Slovenská Ľupča and Košice. The central register is kept by the IFS PPF in Bratislava.

In 2012, the IFS PPF carried out a total of 2,562 quantitative analyses of drugs, that represents a decrease by 12.1% compared with 2011 (N=2912), and an increase by 15.8% compared with 2010 (N=2211) - see Figure 10.4. The decline vis-à-vis 2011 results from a smaller number of drug seizures and from the fact that in 2012 the quantitative analyses were not made in case of seizures of small quantities of marijuana (up to 1000mg) and pervitin (up to 200mg).

Concentration of an active substance in heroin in 2012 increased in both indicators to 7.0% for median and to 8.9% for weighted average. They are the second lowest values since 2001. The increasing trend may be observed, which is caused by re-entrance of heroin on the drug market in Slovakia.

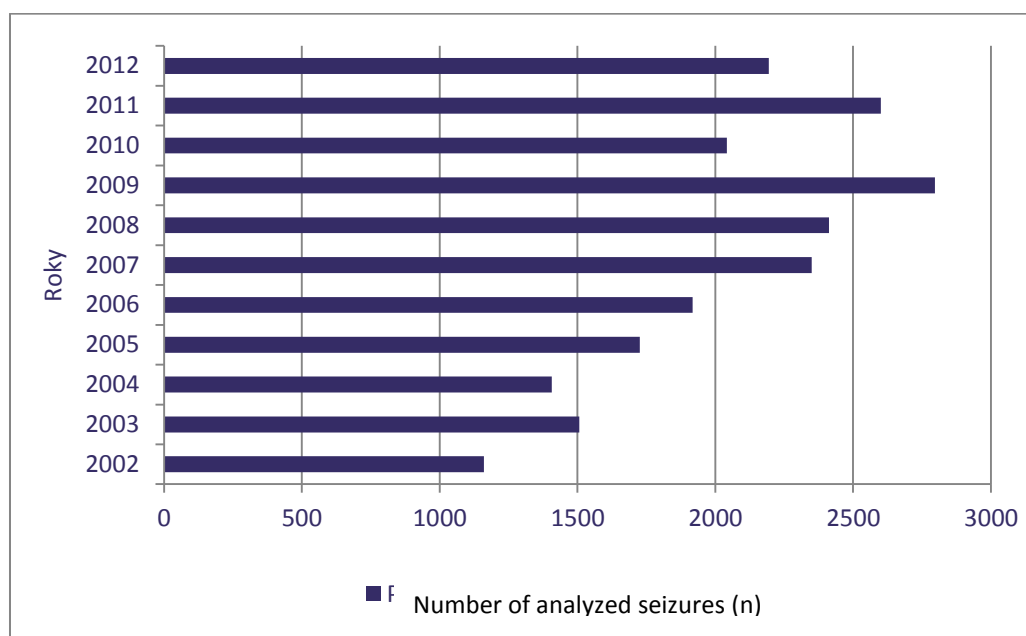
The average concentration of an active substance in marijuana slightly decreased (Table 10.4), but it should be noted that in 2012 there was made no quantitative determination of a quantity of seized material when the seized volume amounted to 1 g.

As regards methamphetamine, the concentration of an active substance slightly increased compared to the recent years – median to 74.2% and weighted average to 73.4%, which is the highest value since 2001.

The cocaine concentration median dropped to 28.8% and weighted average to 35.9%, and such values were obtained from the set of 19 samples, which is the smallest number over the recent years.

In 2012, up to 528 tablets containing MDMA were seized in 16 seizures in Slovakia, and in case of MDMA, there was the only active substance in these tablets.

Figure 10.4.: Number of analyzed cases of seizure in the Slovak Republic (2002-2012)



Source: IFS, (A. Bolf), 2013

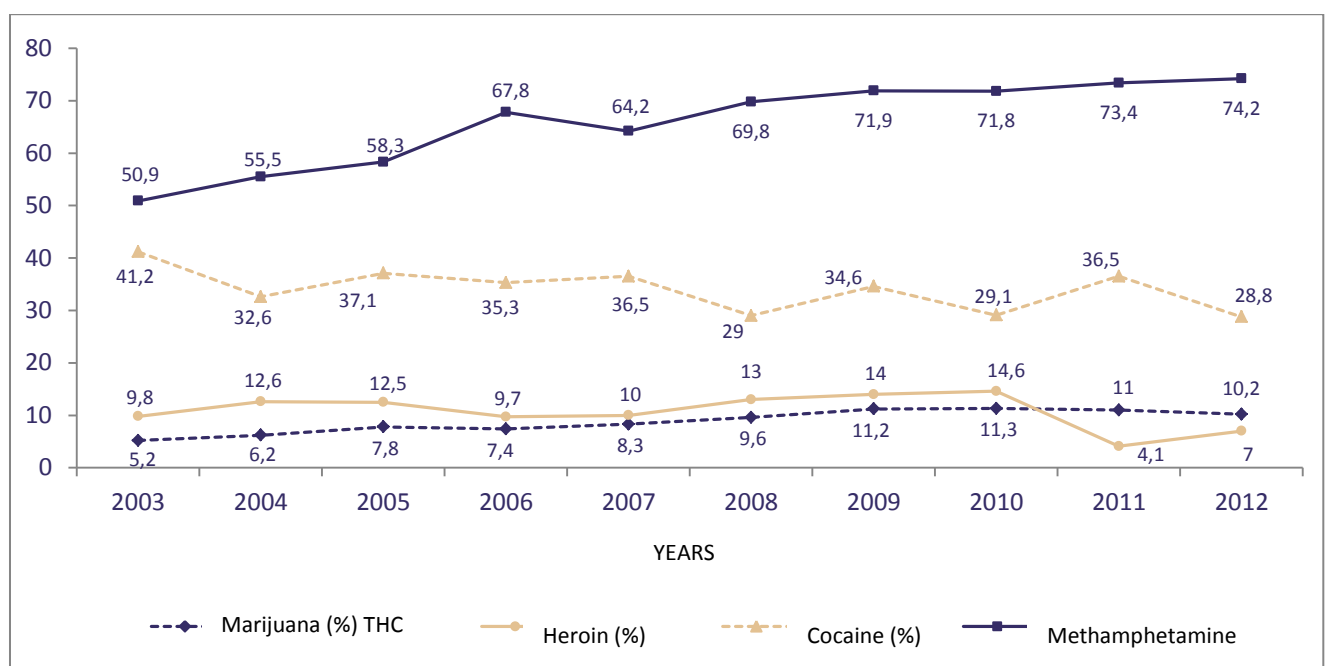
Table 10.4.: Number of samples, weighted average and median of the content of active substance in selected types of drugs in the Slovak Republic in the years 2009 – 2012, ST 14,

YEAR	2009			2010			2011			2012		
	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)	64	8,2	10,2	13	9,7	7,5	24	9,6	8,1	26	10,6	14,5
Marijuana (% THC)	2156	12,4	11,2	1222	7,7	11,3	1499	7,7	11	1496	9,2	10,2

Heroin (%)	763	14,3	14	2878	16,2	14,6	128	4,5	4,1	260	8,9	7
Cocaine (%)	25	30,1	34,6	29	48,3	29,1	55	46,7	36,5	28	35,9	28,8
Methamphetamine (%)	1027	67,1	71,9	561	65,7	71,8	774	69,2	73,4	748	73,4	74,2

Source: IFS, (A. Bolf), 2013

Figure 10.5: Development of mean value of concentration (median) of selected types of drugs in the Slovak Republic (2003 - 2011), ST 14, IFS PF



Source: IFS (A. Bolf), 2013

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11.2 Alphabetic list of relevant databases available on internet

<http://statistics.sk>

<http://vyskumymladeze.sk>

http://www.sukl.sk/sk/databazy-a-servis/databazy/vyhľadavanie-v-databaze-registrovaných-liekov?page_id=242

11.3 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>

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<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>

<http://www.nrsr.sk>

<http://www.prima.sk>

<http://www.rastamama.sk>

<http://www.ruvzba.sk>

<http://www.statistics.sk>

<http://www.sukl.sk>

<http://www.uips.sk>

<http://www.upsvar.sk>

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<http://www.uvzsr.sk>

<http://www.vlada.gov.sk>

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http://www.isgf.ch/fileadmin/download/EQUUS_Annexes_to_final_report_1.pdf

http://www.upsvar-zv.sk/docs/spo_resocializac_strediska.pdf

<https://reitox.emcdda.europa.eu/html.cfm/index95082EN.htm>

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[http://Chyba! Neplatné hypertextové prepojenie.](#)

<http://www.infodrogy.sk>

<http://www.liecebnarieka.sk>

<http://www.olup-prednahora.sk>

11.4 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	General Secretariat of the Board of Ministers for Drug Addiction and
BMDADC	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
IPE	Institute of Information and Prognoses of Education
IPE	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	metylendioxyamphetamine
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

12 LEGISLATIVE FRAMEWORK

- 162. Act № 372/1990 Coll. on Offences, which amends offences that are committed in relation to drugs.
- 163. Act № 219/1996 Coll. on Protection from the Abuse of Alcoholic Beverages and on the Establishment and Operation the Sobering-up Stations
- 164. Act № 121/2011 Coll. on the cancellation of the Anti-Drug Fund
 - a. Government resolution № 1/2011 the draft of bill on the cancellation of the Anti-Drug Fund
- 165. Act № 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 № 43/2011 Coll., which changes and amends the Act № 139/1998 Coll. on Narcotic Substances, Psychotropic Substances and Preparations as amended
- 166. Act № 575/2001 Coll. On the government activity organisation and on organisation of the central state administration
- 167. Act № 524/2010 Coll. on state subsidies provision in authority of the Government Office of the Slovak Republic
- 168. Act № 140/1998 Coll. on Medicines and Medical Aids.
- 169. Act № 308/2000 Coll. on Broadcasting and Retransmission and on changes to Act № 195/2000 Coll. On Telecommunications as amended.
- 170. Act № 147/2001 Coll. on Advertising and on change and amendments of some acts as amended.
- 171. Act 377/2004 Coll. on the Protection of Non-Smokers and on changes and amendments to certain Acts as amended.
- 172. Act 36/2005 Coll. on Family and on change and amendment of certain Acts.
- 173. Act № 300/2005 Coll. Criminal Code.
 - a. Act № 224/2010 Coll., which changes and amends the Act № 300/2005 Coll. as amended and on change and supplement of certain laws.
- 174. Act № 301/2005 Coll. Penal Code.
 - a. Act № 262/2011 Coll., which changes and amends the Act № 301/2005 Coll. Penal Code as amended, and which changes and supplements certain laws
- 175. Act № 305/2005 Coll. on the Social Legal Protection of Children and Social Guardianship and on changes and amendments to certain Acts as amended.
- 176. Act № 331/2005 Coll. on State Administrative Authorities in matters of drug precursors as well as change and amendment of certain Acts.
- 177. Act № 475/2005 Coll. on the Performance of the Term of Imprisonment.
- 178. Act № 221/2006 Coll. on Performance of Imprisonment.

179. Act № 124/2006 Coll. on Safety and Health Protection at work.
180. Act № 330/2007 Coll. on Criminal Register and on change and amendment of certain Acts.
181. Act № 245/2008 Coll. on Upbringing and Education (the School Act) and on changes and amendments to some Acts
182. Act № 300/2008 Coll. on Organization and Support of Sports and on change and amendments of certain Acts.
183. Act № 583/2008 Coll. on the Prevention of Crime and Other Anti-social Activities and on changes and amendments to some Acts.
184. 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).
185. Act № 313/2011 Coll., which changes and amends the Act № 8/2009 Coll. on Road Traffic and on change and supplement of certain laws as amended and which changes and supplements certain laws
186. Resolution of the National Council of the Slovak Republic № 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 № 272/2011 acknowledging the Report on Medium-Term Assessment of the Fulfilment of the National Anti-Drug Strategy for the Period 2009–2010
187. Government resolution of the Slovak Republic Government № 135/2011 about the proposal of statute of the Ministerial Council and proposal for cancellation of certain advisory bodies of the Slovak Republic
188. Resolution № 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
189. Resolution № 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

13 LIST OF 2013 STANDARD TABLES PROVIDED

Standard Table	Title	Remarks
Standard Table 01	Basic results and methodology of population surveys on drug use	no new data
Standard Table 02	Methodology and results of school surveys on drug use	no new data
Standard Table 05	Acute/direct related deaths	
Standard Table 06	Evolution of acute/direct related deaths	
Standard Table 07	National prevalence estimates on problem drug use	No new data
Standard Table 08	Local prevalence estimates on problem drug use	No new data
Standard Table 09-1	Prevalence of hepatitis B/C and HIV infection among injecting drug users: methods	
Standard Table 09-2	Prevalence of hepatitis B/C and HIV infection among injecting drug users	
Standard Table 09-3	Voluntary results for Behavioural Surveillance and Protective Factors	Voluntary
Standard Table 09-4	Notified cases of hepatitis C and B in injecting drug users	
Standard Table 10	Syringe availability	
Standard Table 11	Arrests/Reports for drug law offences	
Standard Table 12	Drug use among prisoners	
Standard Table 13	Number and quantity of seizures of illicit drugs	
Standard Table 14	Purity at street level of illicit drugs	
Standard Table 15	Composition of tablets sold as illicit drugs	
Standard Table 16	Price in Euros at street level of illicit drugs	
Standard Table 17	Leading edge indicators for new developments in drug consumption	Voluntary, not provided
Standard Table 18	Overall mortality and causes of deaths among drug users	n.a.
Structured Questionnaire 23	Harm reduction measures to prevent infectious diseases	
Standard Table 24	Access to treatment	
	TDI data	
Standard Table	Public expenditure	Voluntary, Not provided

