

# **DRUG POLICY AND HEALTH IN SLOVAKIA**

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

*28 April 2002*

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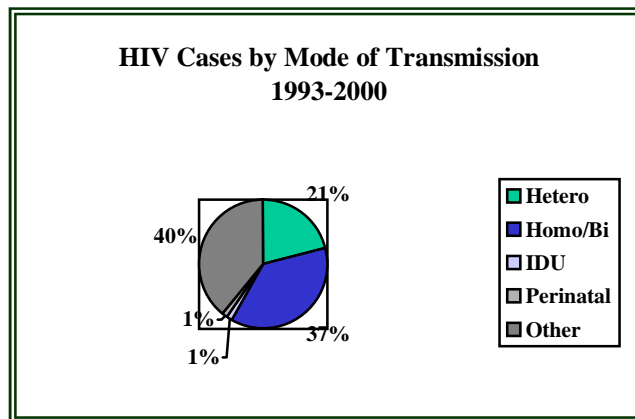
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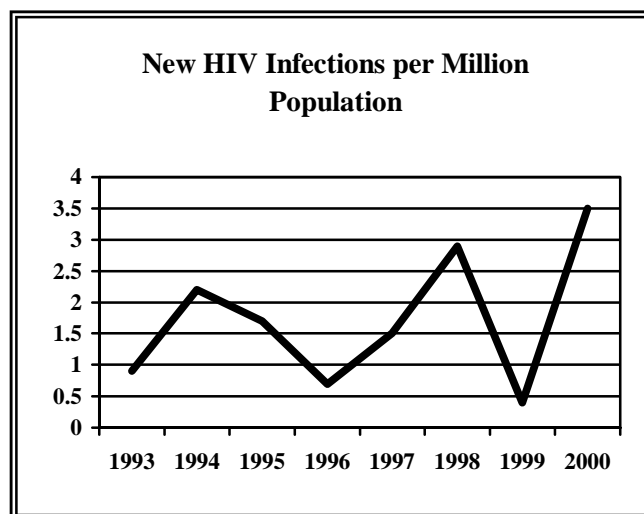
## Summary

### I. HIV/AIDS

HIV/AIDS is growing slowly, but persistently, in Slovakia. By 2001, 148 people had tested HIV-positive in Slovakia. Experts believe the actual number of HIV positive people is four to five times higher. Though the incidence of HIV/AIDS in injection drug users is low in Slovakia, the group is still the one with biggest threat of spreading the infection due to the high-risk practices of its members. (3)(5)(8)

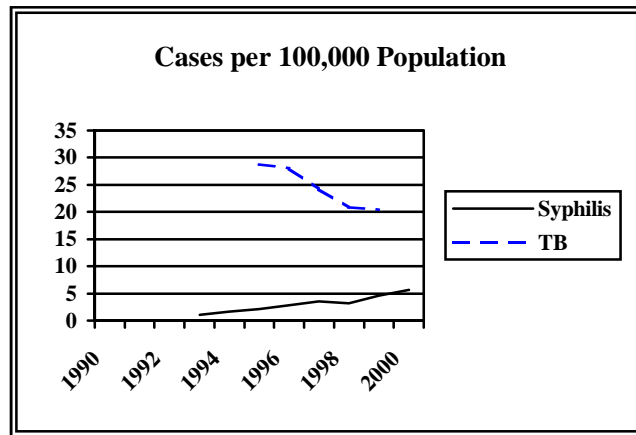


Source: (19)



Source: (19)

## II. OTHER INFECTIOUS DISEASES



Sources: (12) (19)

## III. INJECTION DRUG USE

**Drug Use.** Drug use appears to have risen in 2000. In the city of Banksa Bystrica, one of largest cities in Central Slovakia, it is estimated that 1,200 out of the cities 100,000 people are drug users. Drug use is especially increasing among young people, because parents are busy trying to compete in the changing economy. (1)(3)(17)

**Risk Behavior Information.** In 1997, almost 80% of drug dependant people who sought treatment were dependent on opiate and/or heroin use. Most of the clients were injection drug users. (9)

**Social Attitudes.** In the middle to late 1990's, surveys indicated that Slovaks were starting to understand the dangers of drug dependency. Studies indicated that Slovaks were starting to see a connection between with criminality and HIV/AIDS. Drug users are harassed by the police and, therefore, are suspicious of any form of authority. They are afraid to have any indication of drug use with them on the street, including syringes. (3)(17)

#### IV. LAW AND LAW ENFORCEMENT PRACTICES

##### Law on the Books

- Drug use is not illegal
- The judiciary is independent
- Those accused of a crime have the right to an attorney
- The accused have the right to a fair trial
- Needle exchange and methadone maintenance therapy is not illegal.

##### Actual practice

- There are harsh penalties for even small amounts of drug possession
- Judges are dependant on the Ministry of Justice for support, undermining their independence
- Many Slovaks are unwilling to testify on behalf of Roma or ethnic Hungarians who have been the victims of race-motivated attacks.
- Drug users are often harassed by police. Therefore, they are unwilling to carry evidence of drug use on them, including syringes.

#### V. PUBLIC HEALTH INTERVENTIONS

**Harm Reduction Programs Generally.** The project “Protect Yourself” was the first Slovakian Program to offer both outreach and needle exchange. The program is centered in Bratislava and is funded in part by the Open Society Institute. The project also engages in education about safer sex and injecting habits. (9)

OSI funds two additional harm reduction programs in Slovakia. Heureka operates in Banska Bystrica, one of the largest cities in central Slovakia. The project seeks to reach hidden drug users, or those who refuse the help of any social services. The other program is Odysseus, which operates in Bratislava. It specializes in reaching commercial sex workers with needle exchange, safe sex information and contacts with public health care and social services. (17)

**Drug Treatment.** Drug dependency is treated in 50 units specializing in general service outpatient psychiatric establishments. There are 6 specialized centers for drug treatment in Slovakia. These centers arose out of the general psychiatric treatment centers. (3)

#### VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001, the rank for Slovakia was 51. (14)

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life,

knowledge and a decent standard of living. In 1999, Slovakia ranked 42 out of the 174 countries measured. (4)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for Slovakia was 19.5 (1992). (21)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Slovakia's unemployment rate was 11.6% in 1997. (14)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. In 1999, the GDP was 19,712 in USD. The average annual growth of the economy from 1990 to 1999 was 1.8%. (21)

# DRUG POLICY AND HEALTH IN SLOVAKIA

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

## Full Report

### I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that Slovakia is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

### II. HIV/AIDS

Accurate and complete data on HIV in Slovakia are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

**Overall Data.** HIV/AIDS is growing slowly, but persistently, in Slovakia. The largest increase can be seen in gay men. The total incidence of HIV/AIDS in 1999 was 104 cases. The estimated prevalence is of HIV/AIDS at the end of 1999 was 400 cases. By 2001, 148 people had tested HIV-positive in Slovakia. Experts believe the actual number of HIV positive people is four to five times higher. Though the incidence of HIV/AIDS in injection drug users is low in Slovakia, the group is still the one with biggest threat of spreading the infection due to the high-risk behaviors of its members.

(3)(5)(8)

**Data from The European Center for the Epidemiological Monitoring of AIDS**

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	2	0.4	5	0.9	-	-	-	-	-	-	-	-
1994	3	0.6	12	2.2	-	-	-	-	-	-	-	-
1995	2	0.4	9	1.7	-	-	-	-	-	-	-	-
1996	0	0.0	4	0.7	2	0	1	0	1	0	0	0
1997	5	0.9	8	1.5	2	1	0	0	6	4	1	0
1998	3	0.6	11	2.0	10	3	0	0	1	0	0	0
1999	2	0.4	2	0.4	2	2	0	0	0	0	0	0
2000	4	0.7	19	3.5	10	1	0	0	7	2	0	0

(19)

**Regional Distribution.** No information was available.

**Stigma and Social Attitudes toward HIV/AIDS.** Health education is not widely available. This has led to a rise in unplanned pregnancies, especially among teenagers. In 1990, 45% of all brides were pregnant before marriages. With the low quality of health education, it is feared that the HIV/AIDS rate in Slovakia could also accelerate. (6)

NGO Plaesk, located in Bratislava, has an interesting way of getting the nation's attention when it comes to HIV/AIDS prevention. It has launched a celebrity campaign to educate people about HIV/AIDS. The program gathered popular Slovak musical bands and held concerts in 10 different cities. They hung hundreds of posters at each stop and handed out leaflets. The concerts received media attention. A national newspaper and TV station advertised the program's efforts. (7)

### III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

Data from (12) (19)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	1.09	-	-	-
1994	-	-	1.66	-	-	-
1995	1537	28.8	2.13	-	-	-
1996	1503	28.1	2.85	-	-	-
1997	1302	24.3	3.55	-	-	-
1998	1117	20.8	3.17	-	-	-
1999	1100	20.4	4.56	-	-	-
2000	-	-	5.70	-	-	-

#### IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

**Summary of situation.** Drug use appears to have risen in 2000. In the city of Banksa Bystrica, one of largest cities in Central Slovakia, it is estimated that 1,200 out of the cities 100,000 people are drug users. (1)(17)

**Trends in Drug Use.** Slovakia experienced a rapid increase in drug use in the early 1990's. This increase was especially noticeable in the capital Bratislava. The drugs of choice shifted solvents, hypnotics and sedatives to injection heroin during this time period. Drug use is increasing partly because of a transition from a state directed economy. The social transition was not prepared to handle the spread of illegal drugs. Defense mechanisms were not in place at regional and municipal levels. Drug use is especially increasing among young people, because parents are busy trying to compete in

the changing economy. The number of children born to heroin dependant mothers is increasing. The drugs of concern in Slovakia are heroin, precursor chemicals, marijuana, cocaine and synthetic drugs such as ecstasy. (1)(3)(9)

**Risk Behavior.** In 1997, almost 80% of drug dependant people who sought treatment were dependent on opiate and/or heroin use. Most of the clients were injection drug users. Approximately 60 percent of drug users in Banska Bystrica are thought to be infected with Hepatitis C. (9)(17)

**Drug Traffic Information.** The number of attempts to smuggle illegal narcotics in 2000 increased in 1999. Slovakia remains a transshipment point for heroin to Western Europe along the “Balkan route”. This route runs through the Middle East and Turkey to Germany, France and other Western European countries. Russian organized crime groups became more active in heroin trafficking through Slovakia in 2000. Slovak officials believe that Kosovar Albanian groups are their greatest heroin trafficking threat, controlling some 90% of the Slovak heroin market. The shared border with Hungary and the Ukraine was the site of the greatest number of attempts to enter Slovakia with illegal substances. The greatest number of attempts to smuggle drugs out of Slovakia occurred at the Czech and Austrian borders. Indications are that small quantities of marijuana continue to be grown in all regions of the country, but that is for domestic use only. Cocaine, heroin or synthetic drugs are not produced within Slovakia. (1)

**Social Attitudes Toward Drug Users.** Surveys conducted in the early 1990’s showed that drug use was being progressively accepted over time. Very few people saw a difference between legal drugs, such as tobacco and alcohol, and other drugs like marijuana. However, in the middle to late 1990’s Slovaks were starting to understand the danger of drug dependency. Studies indicated that Slovaks were starting to see a connection between with criminality and HIV/AIDS. Drug users are mostly poor and young. They have been harassed by the police and, therefore, are suspicious of any form of authority. They are afraid to have any indication of drug use with them on the street, including syringes. (3)(17)

**Drug Overdoses.** No information was available.

## V. LAWS AND LAW ENFORCEMENT PRACTICES

### A. Drug Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrests and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

**Syringe Access/Needle Exchange Programs - Law.** Needle exchange services are legal. (9)

**Syringe Access/Needle Exchange Programs - Practices.** In 1997, the first stationary needle exchange program was established in Bratislava, but there were not outreach or other low-threshold services. Drug possession is illegal, therefore, injection drug users are afraid to have any indication of drug use on their person, including syringes. (9)

**Substitution Therapies.** Methadone treatment programs are legal. (9)

**Drug possession - Law.** Drug use cannot be punished, but drug possession is illegal (3)

**Drug Possession Law-Practices.** Penalties can be quite severe, even for users carrying small amounts. Currently, the proportion of drug offenders in prisons is two percent. That has grown from practically zero percent in recent years past. (3)

**Drug treatment Law.** In 1997, a law was passed that allows for allocation of financial resources to anti-drug programs and projects. A 1999 law allowed for licensing of rehabilitation and re-socialization facilities. These facilities must be created in conjunction with the National Program for the Fight against Drugs. (3)

**Compulsory Treatment –Practices.** Drug treatment is forced in cases where there are severe criminal violations, but it is mostly voluntary. (3)

**Drug Trafficking Law.** Penalties for drug dealers tend to be quite severe, 3-10 years. If the dealer or trafficker was a member of an organized crime group, then they can get between 12 and 15 years. If they are a member of criminal group and caused the death of several people they can get lifetime in prison. Drug production is punishable by one to ten years in prison. (3)

**Drug Treatment Regulation.** In 1997, a law was passed that allows for allocation of financial resources to anti-drug programs and projects. A 1999 law allowed for licensing of rehabilitation and re-socialization facilities. These facilities must be created in conjunction with the National Program for the Fight against Drugs. (3)

**Drug Treatment Regulation-Practices.** No information was available.

**Criminal Justice System- Law.** The Slovakian constitution sets up a multi-party, multi-ethnic parliamentary democracy, with an independent judiciary. Someone suspected of a crime must be given a hearing in 24 hours, or set free or remanded to the court. The accused has the right to an attorney. If the judge orders an investigation, detention may last up to two months, but may be extended up to one year. In order to be detained for more than a year, the Slovakian Supreme Court must determine that the

detained is a serious danger to society. A bail system exists. Those charged with a crime have the right to a free and open trial. (11)

**Criminal Justice System- Practices.** There have been disturbing trends of violence and discrimination against the Roma and ethnic Hungarian populations. The right to an attorney only exists in circumstances where a penalty of more than 5 years in prison. Critics say that judges' dependency on the Ministry of Justice for logistical support undermines their independence. Many charge that police are reluctant to take testimony of witnesses to racist attacks against the Roma. Police often intimidate Roma victims of police brutality into dropping their complaints. (11)

**International drug conventions signed.** The country is a party to the following international drug agreements.

- 1988 UN Drug Convention
- Bilateral extradition treaty between Czechoslovakia and the United States has been updated to encompass drug-related offenses by virtue of the Slovakian ratification of the UN Narcotics Conventions (1)

## **B. Public Health and Human Rights Law**

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the rights to healthcare, privacy, HIV reportability and anti-discrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

**Right to Health Care/ Right to HIV Treatment –Law.** Everyone in Slovakia has the right to access health care, treatment and medications. (13)

**Right to Health Care/ Right to HIV Treatment –Practice.** No information was available.

**Reportability of HIV, AIDS, HCV, HBV – Law and Practice.** No information was available.

**HIV Testing Provisions–Law and Practice.** Anonymous HIV counseling and testing is available. Most programs that provide this are located in Bratislava. Blood and organ donors are tested for HIV/AIDS. (3)(13)

**Anti-Discrimination Provisions based on HIV or drug use – Law and Practice.** No information was available.

**Privacy Generally and HIV in Particular –Law.** In Slovakia, a physician can only inform partners or others at risk for contracting HIV/AIDS if the patient who has tested positive HIV/AIDS consents. (13)

**Privacy Generally and HIV in Particular –Practice.** No information was available.

**Criminalization of Prostitution –Law and Practice.** Slovakian law does not prohibit prostitution. Local governments often prohibit offering sexual services in public places. Offenders are subject to fines. (9)

**Criminalization of Homosexuality –Law and Practice.** Homosexual behavior was decriminalized in 1961. The age of consent is the same for heterosexual acts as it is for homosexual acts. (10)

**Status of International Human Right Conventions.** Slovakia's status in relation to major international human rights instruments follows.

- International Covenant on Economic, Social and Cultural Rights (CESCR): **signed May 28, 1993**
- International Covenant on Civil and Political Rights (CCPR): **signed May 28, 1993**
- International Covenant on Civil and Political Rights, Optional Protocol (CCPR-OP1): **signed May 28, 1993**
- International Covenant on Civil and Political Rights, Second Optional Protocol (CCPR-OP2-DP): **signed June 22, 1999**
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD): **signed May 28, 1993**
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): **signed May 28, 1993**
- Convention on the Elimination of All Forms of Discrimination Against Women, Optional Protocol (CEDAW-OP): **signed November 17, 2000**
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT): **signed May 28, 1993** (2)

## **VI. PUBLIC HEALTH INTERVENTIONS**

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

### **A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use**

**Government Position.** The Slovakian government recently passed a law that allows for allocation of financial resources to anti-drug programs and projects. Another

allowed for licensing of rehabilitation and re-socialization facilities. These facilities must be created in conjunction with the National Program for the Fight against Drugs. (3)

**Needle Exchange Programs.** The project “Protect Yourself” was the first Slovakian Program to offer both outreach and needle exchange. The program is centered in Bratislava and is funded in part by the Open Society Institute. The project also engages in education about safer sex and injecting habits. It disseminates comic book like pamphlets, which detail safer sex and injecting habits. Since its start in 1998, the project has made 12,778 contacts between sex workers and clients. It has collected 78,697 syringes and distributed 110,752 syringes. (9)

OSI funds two additional harm reduction programs in Slovakia. Heureka operates in Banska Bystrica, one of the largest cities in central Slovakia. It is estimated that 1,200 out of the 100,000 people who live there are injection drug users. The project seeks to reach hidden drug users, or those who refuse the help of any social services. The other program is Odysseus, which operates in Bratislava. This was the first harm reduction program in Slovakia. It serves nearly 500 clients per month. It specializes in reaching commercial sex workers with needle exchange, safe sex information and contacts with public health care and social services. (17)

## **B. Drug Treatment**

**Programs/Availability.** Drug dependency is taken care of in 50 units specializing in general service out-patient psychiatric establishments. There are 6 specialized centers for drug treatment in Slovakia. The centers arose out of the general psychiatric treatment centers. (3)

**Substitution Therapies.** The first methadone treatment program began in Slovakia in 1997. That methadone maintenance center in Bratislava now has more than a hundred patients. (3)(9)

## **C. Other Public Health Measures to Prevent HIV and other Significant Diseases**

**Government Efforts/Attitudes.** In April 2001, the Ministry of Health organized the National Program on HIV/AIDS Advocacy meeting. Its aim was to strengthen Slovakian society’s cooperation with combating HIV/AIDS. The Slovak National AIDS Program is responsible for developing preventative measures and anti-retroviral treatment and care. (4)

**Programmatic Details.** The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations by year (1996 – 2000) was:

1996:	15,974	
1997:	14,741	
1998:	8,739	
1999:	12,023	
2000:	13,265	(19)

## VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Slovakia.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

- Country Rank: 51
- 2001 CPI Score: 3.7
- Surveys Used: 7
- Standard Deviation: 0.9
- High-Low Range: 2.1 – 4.9 (14)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

- GINI Index, 1992: 19.5 (21)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

- Human Development Index Rank (HDI) in 1999 – 42/174 (4)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- Unemployment rate (1997) - 11.6% (4)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC', which is defined as "currently highly-vulnerable" to a rating of 'AAA', which is defined as "extremely strong" capacity to meet its financial commitments.

Local Currency:

Long-Term rating: BBB+  
Outlook: Positive  
Short-Term Rating: A - 2

Foreign Currency:

Long-Term rating: BB+  
Outlook: Positive  
Short-Term Rating: B

(15)

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1995).

- Infant Mortality Rate:  
Poorest Quintile: unavailable  
Richest Quintile:
- Child Immunization Rate:  
Poorest Quintile:  
Richest Quintile:
- Prevalence of Child Malnutrition:  
Poorest Quintile:  
Richest Quintile:
- Low Mother's Body Mass Index:  
Poorest Quintile:  
Richest Quintile:
- Total Fertility Rate:  
Poorest Quintile:  
Richest Quintile:

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty. In Slovakia \_\_\_\_ of the population has an income below the poverty line.

- Population Below the Poverty Line, (BPL), 1996: unavailable

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There has been a precipitous decline in GDP in Slovakia during the last decade with an average annual growth rate in the economy of \_\_\_\_.

Gross Domestic Product per Capita (PPP US\$): unavailable

Gross Domestic Product - Average Annual Growth:

1980-1990: 2.0

1990-1999: 1.8

(21)

Gross Domestic Product in \$ USD Millions:

1990: 15,485

1999: 19,712

(21)

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