REPORT TO THE EMCDDA
by the Reitox National Focal Point

"THE CZECH REPUBLIC"
DRUG SITUATION 2002

REITOX

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Summary and Main Trends and Developments

The basic indicators of the situation in the field of drug use and its consequences in the Czech Republic do not differ from the average or standard state of affairs in the EU (see Table below).

The Czech drug policy did not change significantly in 2002. Drug policy coordination is gradually responding to the new regional arrangement. There has been no significant change in the legislation in the field of drugs. It is a positive matter that judicial practice is to make increasing use of alternative sentences for drug users.

The data about drug use are characterized by, on the one hand, a diverging development in the field of experimental and recreational drug use and, on the other, problem use. While there is an increasing trend towards experimental and recreational use, problem use has stabilized and some indicators even suggest that it has decreased.

There is a favourable trend in the occurrence of health consequences of drug use, especially with regard to deaths and infectious diseases. There has been a decrease in the number of deaths, and the rate of infections among drug users has stabilized. The proportion of problem users who are in contact with treatment centres has been growing; problem drug users are getting older, and this represents a favourable trend.

In the Czech Republic, there is a solid network of different types of help and treatment facilities. There is a lack of substitution (methadone) centres and other substitution treatment providers in comparison with the EU states.

The number of offenders of drug-related crimes prosecuted, accused, and convicted has increased; most cases involve offences related to pervitin and cannabis. The prices of drugs have remained stable, heroin purity is decreasing.

Comparison between selected indicators in the Czech Republic and in the European Union
Source (EMCDDA, 2002) and the data collected by the Czech National Focal Point for preparation of the Annual Report

Indicator	Czech Republic	Range of values / Average in EU states
Lifetime prevalence of cannabinoids in the general population (%)	16 – 20	20 – 25
Number of problem drug users (per 1,000 inhabitants aged 15 – 64)	5	2 – 9
Number of injecting drug users (per 1,000 inhabitants aged 15 – 64)	4	2 - 7
Proportion of heroin users in treatment demands (%)	25	50 - 70
Proportion of cannabinoid users in treatment demands (%)	16	3 - 24
Proportion of opiate users in substitution treatment (%)	7	20 – 60*
HIV rate among injecting drug users (%)	< 1	1 – 34
HBV rate among injecting drug users (%)	10 - 50	20 - 60
HCV rate among injecting drug users (%)	35 - 60	40 – 90
Fatal drug overdoses (per 100,000 inhabitants)	1	2
Proportion of marijuana in prosecuted drug-related criminal offences (%)	37	37 – 85
Proportion of possession of drugs for personal use in all prosecuted drug-related criminal offences (%)	10	55 – 90

*Note: * range of values in most countries*

Organizational Background

The year 2002 was the second year of the implementation of the 2001 – 2004 National Drug Policy Strategy. The Secretariat of the National Drug Commission drew up an Evaluation Report about the fulfilment of the targets of this strategy. It claimed a failure to meet 14 short-term targets.

On the basis of the Government Resolution, the Czech National Focal Point for Drugs and Drug Addiction was set up within the framework of the Secretariat of the National Drug Commission on June 19, 2002. It is responsible for the collection, analysis, distribution, and coordination of collection of data about drugs at a national level. Since January 1, 2003, it has been fully equipped in terms of staff and material equipment.

On the basis of the Government Resolution No. 1177/2001, the Ministry of Health categorized drugs according to their levels of health risks. The Ministry of Health submitted the final draft of the categorization to the Minister of Justice and the Executive Vice-Chairman of the National Drug Commission. It is intended that the categorization should be reflected in the Penal Code and therefore allow the law-enforcement bodies to focus primarily on the organized drugs trafficking. At the same time, it is hoped that the black markets for cannabis and more dangerous drugs will be separated. The government has not discussed this intention yet, and nor have individual members of the government taken a uniform approach to this issue.

As 2002 became 2003, the House of Commons of the Parliament of the Czech Republic received a government bill about measures for protection against damage caused by tobacco products, alcohol, and other narcotic and psychotropic substances (NPS). It should replace the existing legal regulations included in Act 37/1989 Coll. On Protection against Alcoholism and Other Drug Abuse. The Secretariat of the National Drug Commission believes that the final draft of the government bill is not satisfactory – especially because it does not clearly and sufficiently define the relations between the state and the regions during drug policy implementation.

After two years of the existence of higher self-governing territorial units (regions), all 14 of them have established the position of a drug coordinator. Interdepartmental and interdisciplinary regional drug commissions have been set up in 11 regions; 9 regions have developed their own drug strategy.

In September 2002, the newly elected House of Commons of the Parliament of the Czech Republic set up a subcommittee for drugs and drug abuse issues.

An essential part of the project Phare Twinning 2000 “Strengthening National Drug Policy” was carried out in 2002. The project focused on three fields that correspond with the main components of the National Strategy: (1) the establishment, and facilitating the operations of the Czech National Focal Point for Drugs and Drug Addiction and the assurance of data collection in compliance with the EU requirements; (2) the improvement of horizontal and vertical cooperation in the field of coordination of drug policy, and (3) the education of staff in the field of drug supply and drug demand reduction.

As far as the criminal law (drug-related criminal offences) is concerned, the factual basis of a crime of the promotion of drug use was extended in 2002, according to the provision of Section 188a of Act 140/1961 Coll., the Penal Code, on Promotion in “print, film, radio, television, public computer networks, or in another similarly effective manner”; however, police statistics record a decline in the prosecution of this type of criminal activity.

It is positive that the judicial practice is to make increasing use of alternative sentences even for drug users; this involves both the prosecution of drug-related criminal offences and/or related petty crime against property. There is no doubt that this is strongly supported by the higher level of awareness about drug issues on the part of judges; in addition, the work of Probation and Mediation Service officers who have been in place since January 1, 2001 has also made a significant contribution.

Nearly CZK 205 million (€ 6.5 million[1]) was earmarked from the state budget for the purposes of the implementation of drug policy programmes; approximately CZK 92 million (€ 2.9 million) thereof were subsidies of the National Drug Commission. There were again problems with the delayed forwarding of funds to NGOs.

Drug Use

While the number of experimental and recreational drug users (especially of cannabis and ecstasy) has been increasing in the Czech Republic, the number of problem drug users (i.e. heroin and pervitin users) has stabilized.

16-20% of the adult population (i.e. approximately 1.4 – 1.7 million people) have tried an illicit drug. Most frequently, this involves marijuana and hashish (the relative and the absolute numbers of lifetime experience with cannabis are practically identical with the figures on general experience with illicit drugs). Then there follows ecstasy, a typical dance drug - 4% of the population (i.e. 350,000 people). In the last 12 months, approximately 11% of the population (i.e. approximately 950 thousand people) have used an illicit drug (especially cannabis drugs again), and 2.5% have used ecstasy (i.e. approximately 200,000 people). The use of heroin, pervitin, cocaine, or LSD is relatively rare among the Czech population; approximately 2% report experience with at least one of these drugs (i.e. approximately 170,000 people).

Data about drug use in the secondary school population are not available for 2002. According to the latest nationwide survey carried out in 2000, approximately 50% of secondary school students (age 15 – 19) have tried an illicit drug, and approximately 15% of them use drugs regularly (recreationally); again, this mainly involves marijuana and ecstasy.

31% of adolescents in the final grades of primary schools (age 14 – 15) have tried a drug (the share of experience with marijuana is again practically identical; 5% report experience with ecstasy). The steadiness of the rate of experience with solvents is disturbing – 7% of pupils in the final grades of primary schools report using/having used them. A comparison of the current surveys from primary schools with the previous surveys carried out in secondary schools shows that there is an increasing trend towards the experimental and recreational use of cannabis drugs; at the same time, pervitin and heroin use in the school-aged population is still very rare. The results of the ESPAD survey, carried out in 2003, will provide a picture of the current state of drug use among the secondary school population.

Drug use is more common in the population of recreational users – this especially involves cannabis drugs, ecstasy, hallucinogens, and pervitin.

The number of problem drug users (i.e. injecting users and/or regular or long-term users of pervitin and heroin) is stable, and has reached 35,000 – 37,000 people, of whom 30,000 – 32,000 are injecting users. Problem drug users are growing older, and this represents a favourable trend that suggests a decline in new problem users.

Czech society is increasingly tolerant towards so-called soft drugs (i.e. mainly cannabis drugs), according to public opinion polls. To a great extent, society perceives the issues related to so-called hard drugs as a criminal issue; however, it does not have a strongly negative attitude towards individual users.

Consequences of Drug Use

In 2002, 9,237 drug-related treatment demands were recorded; 4,719 cases thereof involved first treatment demands. The primary drugs involved are most frequently pervitin, heroin, and cannabinoids. As far as treatment demands in 2002 are concerned, the most marked trend involved a rapid drop in the number of heroin users and a sharp rise in the number of pervitin users. Possible causes may involve an outflow of heroin users to substitution treatment with methadone and

[1] at the rate CZK 31.6 = 1 € (2002, December 31)

buprenorphine treatment (the Register of Treatment Demands does not cover substitution treatment), heroin market instability in the geopolitical context, and, last but not least, a decrease in the number of new heroin users. It is likely that the rise in the number of pervitin users is mostly caused by the increasing coverage of the Register of Treatment Demands (pervitin users are not clients of substitution treatment).

Despite the unquestionable qualities of the Register of Treatment Demands, it does not cover all drug users who are in contact with help and treatment centres. 7,441 problem users were entered in the Register of Treatment Demands in 2002 (i.e. 21% of the estimated number of all problem users). Approximately 21,000 problem users are in contact with low-threshold centres (i.e. 60% of all problem users); active files of out-patient health facilities record approximately 13,500 (i.e. 40% of all problem users). Psychiatric hospitals registered 2,510 hospitalizations due to disorders caused by drug use in 2002 (i.e. 7% of all problem users). 391 clients underwent therapy in therapeutic communities (i.e. 1% of all problem users). Only 463 were registered at substitution centres (i.e. 3% of all problem opiate users); it is estimated that approximately 1,000 people undergo legal substitution with methadone or buprenorphine (including treatment provided outside substitution centres (i.e. 6% of all problem opiate users).

There is a trend for the proportion of problem users who are in contact with helping and treatment facilities (especially with low-threshold facilities) to increase.

There were 115 fatal overdoses on narcotic and psychotropic substances in the Czech Republic in 2002; medicaments were involved in 72 cases (48 cases thereof involved benzodiazepines). Drugs were involved in 43 cases (21 cases of opiates, 14 cases of solvents, and 8 cases of pervitin). The number of drug-related deaths has decreased with regard to all drugs except pervitin in comparison with 2001. Even in the context of the overall decrease in the number of toxicological examinations of the dissected, this picture is in accordance with trends and their possible causes that were mentioned above in the section about treatment demands.

In comparison with alcohol, the influence of illicit drugs on fatal traffic accidents is low (less than 1% of dead drivers tested positively for illicit drugs, approximately 40% were positive for alcohol).

The rate of infections (especially HIV/AIDS, HBV and HCV) among drug users has remained stable. The HIV rate among injecting drug users is still under 1%. The HBV rate in the population of clients of low-threshold facilities is around 10%, and that in the population of long-term and intensive opiate users in substitution treatment 40 – 50%. The HCV rate among the clients of low-threshold facilities is around 35%, and among opiate users in substitution around 60%. This favourable picture has been partly influenced by the dense network of needle and syringe exchange programmes; approximately one half of injecting users are in contact with these programmes.

Prevention and Treatment

Primary Prevention

Primary prevention activities are implemented by many different organizations (schools, ministries, regions, municipalities, and NGOs). Because of this it is practically impossible to gain an insight into the volume, content, and costs of the implementation of these activities.

In the Czech Republic, school-based prevention represents the most common form of primary prevention activity. It is carried out within the framework of two basic types of programmes, namely the Minimum Preventive Programme in schools and educational facilities and the Programme of the Prevention of Socially Pathological Phenomena within the sphere of competence of the Ministry of Education, Youth, and Sports. The Minimum Preventive Programme is implemented by schools; school prevention workers who operate in all Czech schools play a key role in the implementation of this programme. The programmes of the prevention of socially pathological phenomena within the sphere of competence of the Ministry of Education, Youth, and Sports are implemented by NGOs,

subsidized organizations set up by the Ministry of Education, Youth, and Sports, and other organizations outside this Ministry. Even the Police of the Czech Republic implements primary prevention projects in schools; they are carried out within the framework of crime prevention programmes. Specific extracurricular primary prevention programmes are implemented especially by NGOs and pedagogical-psychological counselling centres. Community programmes and Internet-based prevention are under development.

Harm reduction

There is a network of 93 low-threshold projects (drop-in centres and outreach programmes) in the Czech Republic. The services generally offered include needle and syringe exchange, the mediation of contact with treatment facilities, infectious disease testing, and health and social services for drug users; most low-threshold centres provide hygiene and food services. Some facilities operate a programme of secondary exchange of injecting materials. 15 projects provide an information service accompanied by benchmark drug quality testing for recreational drug users of ecstasy directly at dance events. Three low-threshold facilities provide services especially for Roma drug users. Four facilities provide services in prisons. There is a trend for the number of needles and syringes issued to increase. Approximately 1.5 million of them were handed out in 2002.

Treatment and After-care

The network of abstinence-oriented programmes for drug addicts has achieved a relatively good level. The drug addicts' treatment system consists of public health care facilities (out-patient care, AT (alcohol and toxicology) clinics, residential treatment, and detoxification) and NGOs that provide treatment in day-care centres, therapeutic communities, and after-care programmes). 342 out-patient psychiatric surgeries provided outpatient care in 2002. There were 19 psychiatric hospitals in the Czech Republic (of which 15 were hospitals for adults, with 1,194 beds for drug and alcohol addiction treatment). Residential care was provided in 16 communities with 215 beds. There are 19 detoxification units in the Czech Republic.

8 substitution centres provided opiate agonist treatment in 2002. There is absolutely no coverage in the Zlín, Pardubice, Vysočina, South Bohemia, Pilsen, and Karlovy Vary regions. The number of out-patient health care centres that prescribe buprenorphine is not known.

Currently, there are 12 specialized after-care facilities in the Czech Republic. Approximately 398 clients used their services in 2002. 7 facilities provide sheltered housing, and 7 facilities provide sheltered work. Two programmes in Prague are adapted for mothers with children within the framework of after-care.

The capacity of treatment programmes in the prison system increased in 2002. Two prison hospitals (Prague - Pankrác and Brno) provided detoxification. There was a further increase in the number of drug-free zones in prisons (22 out of 35 prisons, with a capacity of 1,114 beds). Specialized departments in prisons in Rýnovice, Opava (department for females) and, newly, also in Znojmo (with a capacity of 62 beds) provide residential compulsory treatment. The possibility of serving a differentiated sentence in treatment departments was offered in three prisons (with a capacity of 188 beds). Substitution treatment or harm reduction programmes are not implemented in the Czech prisons.

The Sixth Revision of the Standards of the Quality of Drug Services was drawn up in 2002, and organizational and administrative steps were taken towards the implementation of the system of certification of the quality of drug services in 2003 so that it could be implemented in 2004.

Law Enforcement

4,330 drug-related criminal offences were detected in 2002 (i.e. criminal offences according to the provision of Section 187 to 188a of the Penal Code). 2,204 offenders were prosecuted for these crimes. There were 122 children (5.5%) (in these cases, the sentence is waived due to their young age), 329 (15%) juveniles (i.e. persons that are 15 – 18 years old) and 633 (29%) repeat offenders.

There is a trend towards an increase in the number of offenders of drug-related crime prosecuted; the only decrease took place under the provision of Section 188a (promotion of drug abuse). The cases related to amphetamines, especially pervitin (40%), and cannabinoids (37%), represent the highest share of drug-related criminal offences; the shares of heroin- and ecstasy-related cases are 8% and 7% respectively.

The cases related to cannabinoids (40%), followed by pervitin (35%), represent the highest share of criminal offences according to Section § 187a (possession of drugs for personal use). The relatively low numbers of those prosecuted according to Section 187a of the Penal Code (possession of drugs for personal use), in comparison with the number of people who use drugs recreationally or problematically, indicate that the law is enforced selectively in practice; in addition, regional differences in how the police and the judiciary judge individual cases persist.

The Police of the Czech Republic prosecuted 2,204 persons in connection with drug-related criminal offences in 2002; Public Prosecutors' Offices brought charges against 2,247 persons. In summary, more people were formally accused of these criminal offences (according to the data of the Public Prosecutors' Offices) than were prosecuted (according to police data); this also indicates inconsistencies in the statistics of the police and the Public Prosecutors' Offices. 1,216 persons were convicted for drug-related criminal offences. Even the numbers of those accused and convicted show an upward trend.

As of December 31, 2002, 615 offenders were undergoing punishment in prison for drug-related criminal offences. This means a decrease in comparison with 2001. This was especially caused by the favourable growth in alternative sentences. In addition, there was a significant decrease in the number of offenders in custody; this was especially caused by the amendment to the Penal Code that arranged the conditions for imposing custody.

716 offences involving the possession of drugs in a greater than small quantity were recorded in 2002; there was a slight increase in comparison with 2001.

So far, data about secondary drug-related crime committed by drug users are not available in the Czech Republic.

Police and customs officers seized 157 kg of illicit drugs and precursors in 2002; these seizures are lower than in 2001. It is estimated that 0.25% of the annual consumption of drugs in the Czech Republic was seized.

The price of drugs has remained stable. The purity (concentration) of heroin has been decreasing due to the relatively insufficient and instable market supply in the geopolitical context (the war in Afghanistan). The quantity and concentration of MDMA and its analogues is fluctuating.

Part I: National Strategy – Institutional and Legal Framework

1 Drug Policy

1.1 Political Framework in the Drug Field

Parliamentary elections took place and a new government was constituted in the summer of 2002. The change of government has not had any impact on the framework, principles, and direction of the drugs policy. This is documented by the balance and rational basis for the preparation of the 2001 – 2004 National Drugs Policy Strategy adopted by the Government by means of Government Resolution No. 1045.

The 2001 – 2004 National Drugs Policy Strategy follows from an analysis of the strengths, weaknesses, opportunities, and threats[2] of the drug policy system that was carried out in 2000. On the basis of the findings, the basic underpinning principles, priorities, objectives, and targets were defined for four basic (prevention, treatment and resocialization, harm reduction, and law enforcement) and four supporting (international cooperation, training, funding, and coordination) fields of the drugs policy. The National Strategy assigned 84 targets and aims to accountable ministries and local and regulation administrative bodies; at the same time, it serves as a basis for the forming and implementing of their own drug strategies.

In 2002, the Secretariat of the National Drug Commission prepared a Evaluation Report on the Fulfilment of Targets from the 2001 – 2004 National Drugs Policy Strategy. The Evaluation Report (adopted by the Government Resolution No. 1110/2002 of November 13, 2002) focused especially on the evaluation of the fulfilment of targets specified in the 2001 - 2004 National Drugs Policy Strategy (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2002). The report states that 14 short-term targets have not been fulfilled - 6 of them were previously assigned to the Ministry of Education, Youth, and Sports, 4 to the Executive Vice-Chairman of the National Drug Commission, 2 to the Ministry of Health, 1 to the Ministry of the Interior, and 1 to the Ministry of Labour and Social Affairs. The failure of the Ministry of Education, Youth, and Sports to draw up minimum standards of primary prevention probably represents the most important target that was not complied with. The deadline for this target was postponed to the end of 2003.

One of the tasks was to set up an appropriate institutional framework for the evaluation of drugs policy measures in order to ensure that the measures already implemented and prepared were based on scientific and verified information. Therefore, the Government Resolution No. 643 of June 19, 2002 provided for the establishment of the Czech National Focal Point for Drugs and Drug Addiction within the Secretariat of the National Drug Commission. The Focal Point is responsible for the collection, analysis, distribution, and coordination of drug data collection at national level (since January 1, 2003, it has been fully equipped in terms of staff and material equipment).

On the basis of the Government Resolution No. 1177/2001, the Ministry of Health categorized drugs according to their health risks. The Government Resolution No. 1177/01 was adopted by the government as a result of the PAD study (Zábranský et al. 2001b). Its objective was to increase the efficiency of activities and procedures, especially in the field of drug use. The Ministry of Health submitted the final draft of the categorization to the Executive Vice-Chairman of the National Drug Commission and the Ministry of Justice. The National Drug Commission assigned these two bodies to negotiate the reflection of the drug classification in the prepared re-codification of the Penal Code. It is the intent of the categorization and its reflection in the Penal Code to allow bodies acting in criminal proceedings to focus primarily on the supervision and prosecution of the activities of organized criminal groups that produce, traffic in, and distribute illicit drugs (especially Category C drugs – i.e. heroin, pervitin, and cocaine). At the same time, it is hoped that the markets for Category A drugs

[2] The SWOT analysis.

(cannabis drugs), Category B drugs (ecstasy, hallucinogens), and Category C drugs will be separated and, therefore, there will also be a lower risk of cannabis users being offered other drugs. The government has not discussed this intention yet; the individual members of the government have not taken a uniform approach to this issue.

At the turn of 2002 and 2003, the House of Commons of the Parliament of the Czech Republic received a government bill about measures for protection against damage caused by tobacco products, alcohol, and other NPSs. It should replace the existing legal regulations included in Act 37/1989 Coll. on Protection against Alcoholism and Other Drug Abuse. The Secretariat of the National Drug Commission believes that the final draft of the government bill is not satisfactory – especially because it does not clearly and sufficiently specify the relations between the state and the regions drugs policy implementation.

After two years of the existence of higher self-governing territorial units (regions), it is possible to claim that all regions have established the position of a drug coordinator. The position of a regional drug coordinator is of key importance for the transfer of information and implementation of measures in compliance with the 2001 - 2004 National Drugs Policy Strategy in any given region. In addition to these obligations, the drug coordinator also fulfils tasks that were assigned to him/her by the self-government. Interdepartmental and interdisciplinary regional drug commissions have been set up in 11 regions and they involve local experts in these issues. The regional drug commissions serve as advisory bodies to the Board of Representatives of the region (or the President of the region) in drug-related issues. For activities at the local/municipal level, regional drug coordinators cooperate with the so-called contact persons in municipalities with extended competence (in some municipalities, this function is performed by former district coordinators who were transferred from the cancelled district authorities).

1.2 Legal Framework

1.2.1 Extension of the Facts of the Case of a Criminal Offence according to Section 188a of the Penal Code

In the field of the criminal law's treatment of drug-related criminal offences, the factual basis of a criminal offence of the promotion of drug addiction according to the provision of Section 188a of Act 140/1961 Coll., the Penal Code, was extended within the framework of an amendment to the Penal Code implemented by Act 134/1962 Coll. With effect from July 1, 2002, according to the amended provision of Section 188a Article 2 letter b), the criminal offence of the promotion of drug use[3] also takes place when it is committed "in the press, film, radio, television, public computer network, or another similarly efficient manner"; the penalty ranges from one to five years. This involves a so-called harmonization amendment that reflected the obligations imposed on the Czech Republic's legal system in connection with the harmonization of the laws and practice of EU Member States regarding the prevention of, and the fight against the illicit drugs trafficking; from the point of view of the Czech penal law, this rather involves clarification of the manner of commission of the criminal offence of promotion of drug use, namely in the increase of penalties in Article 2. The amendment stirred up negative responses among several activists and journalists; on the contrary, penal statistics for 2002 report a slight decrease in this criminal activity that may have taken place due to this amendment; see the chapter on Drug Offences .

1.2.2 Amendments to the Code of Criminal Procedure

On January 1, 2002, an extensive amendment to Act 141/1961 carried out by Act 265/2001 Coll. became effective; this was of primary importance for the whole field of the criminal law (and therefore also for the prosecution of primary and secondary criminality). At the same time, this is one of the

[3] The Criminal Code provides this definition of the factual basis of a criminal offence of the promotion of drug use: "He/she who encourages another person to use an NPS other than alcohol or supports him/her in this, or he/she who instigates or spreads the use of such a substance in a different manner, will be sentenced to.…"

harmonization rules in connection with the accession of the Czech Republic to the EU. This amendment heralds the upcoming re-codification of the criminal law. This process is very complex, and so it was necessary to adopt several substantial changes by means of this amendment. The main objective was to make penal proceedings in the Czech Republic easier and faster in order to ensure that the detection, conviction, and penalization of an offender will take place as soon as possible after the commission of the crime. A substantial part of penal proceedings should take place in front of the court; in this respect, the amendment has had a marked impact on the previous legal arrangement of all stages of penal proceedings.

Within the framework of the amendment, the position of the public prosecutor during supervision and decision-making in the preparatory proceedings (the pre-trial stage, investigation of the crime by the police, and the preparation of documentation for prosecution) was reinforced. This means that investigating offices were scrapped; their existence used to mean that it was necessary to carry out double police operations in the pre-trial stage. It is no longer important in penal proceedings which police body carried out a particular operation. It is only important now whether the content of this operation will stand up in the evidence procedure. The possibility of the so-called shortened preparatory proceedings represents another significant change with regard to the length of the penal proceedings; it allows solving the least serious forms of crime in informal proceedings that should be completed within two weeks; at the same time, this term can be prolonged by a maximum of 10 days. In the field of evidence, the use of expert opinions has been limited to use of the so-called expert statements. Even custody proceedings have changed significantly. As a matter of principle, the highest admissible term of custody follows from the degree of seriousness of the offence for which the accused is prosecuted and from the cause for custody. The court that conducts the custody proceedings is obliged to decide upon the legitimacy of the further continuation of the custody within prescribed terms. This should lead to (and it already did in 2002 - see the chapter on Drug Offences) a significant decline in the number of persons in custody who had to wait there pointlessly due to long and inflexible penal proceedings. Together with the above-mentioned modifications, other changes in the Code of Criminal Procedure should shift the operations from the police to the court (Ministerstvo spravedlnosti ČR, 2000; Šámal et al. 2002a; Šámal et al. 2002b).

1.2.3 Amendment to the Penal Code

The amendment of the Penal Code follows on from the amendment of the Code of Criminal Procedure. It is a direct reflection of the changes that were suggested to be included in the material law in the course of the process arrangement. Therefore, the amendment of the Penal Code changes the general provisions of the Penal Code so that they have become consistent with the modification of the Code of Criminal Procedure. As far as this amendment is concerned, the new definition of the term “criminal damage” represents a significant change. This provision has major significance for defining the limit of a criminal offence against property (or other) and a corresponding violation. Therefore, the original minimum amount of criminal damage increased from CZK 2,000 to CZK 5,000 (€ 63 – 158). This change may especially affect hard drug users who procure the means for drugs through petty criminal activities.

1.2.4 Act on Narcotic and Psychotropic Substances

Act No. 167/1998 on Narcotic and Psychotropic Substances did not change at all in 2002. The text was subject to many modifications in the past, and so the full text was published under No. 55/2002 Coll. However, there have been modifications in the continuation and the implementing regulations to this act. In the field of the handling of narcotic drugs and psychotropic substances, Ordinance 304/1998 Coll. was amended through Ordinance 82/2002 of the Ministry of Health. This ordinance specifies the cases when a license for the export of assistant materials is not required; it specifies details about the registration of narcotic drugs and psychotropic substances, preparations, and precursors and the documentation of substances. In addition, the ordinance of the Ministry of Health specified a list of legal and physical entities whose operations do not require a license for them to be

able to handle narcotic drugs and psychotropic substances, preparations containing them, and with precursors.

1.2.5 Other Laws

It is necessary to mention the adoption of Act 198/2002 Coll. on Volunteer Service and the adoption of Act 109/2002 Coll. on the Execution of Residential Care or Protective (Compulsory) Care in School Facilities and Preventive Educational Care in School Facilities and Change of Several Laws with regard to other laws that may affect drug users or have an influence on the operations of facilities where even children and juveniles that use drugs may be treated, and the operations of non-governmental organizations dealing with the treatment and prevention of drug use. The President of the Republic returned the second of these acts to the House of Commons of the Parliament of the Czech Republic; however, it did not modify it at all and passed it.

1.3 Laws Implementation

Since January 1, 1999, the Czech Penal Code has included the provision of Section 187a that sanction the possession of narcotic and psychotropic substances for personal use "in a greater than small quantity". The application practice has experienced difficulties in connection with the existence of this provision; it related to the unclear definition of the term "greater than small quantity". At the level of police bodies and Public Prosecutors' Offices, these hardships were overcome by means of the instructions of the Police President and the Supreme Prosecutor; at court level, the judicature of the Supreme Court of the Czech Republic was used. The number of criminal offences prosecuted according to this provision continues to increase, as does the number of persons prosecuted; however, the proportion of those prosecuted among the total number of users is very low (see the chapters on Problem Drug Use and Drug Offences). Most of the offenders were given a suspended sentence (60) or community service (17) or another sentence in 2002. Some of the offenders were given an unsuspended sentence of imprisonment (18); 8 offenders thereof were given an unsuspended sentence of imprisonment for more than one year. It is not possible to read from the existing data which specific cases were involved in these sentences, and especially which type or quantity of drugs were involved. The type and length of imprisonment may also be influenced by the previous criminal activities of the offender and other facts regarding his/her person.

The relatively low number of people prosecuted for an offence according to Section 187a of the Penal Code in comparison with the number of drug users suggests that the law has been applied selectively in practice. In 2002, this provision mostly affected the users of cannabis and amphetamines (see the chapter on Drug Offences). Cannabis drugs users are also often prosecuted according to the provision of Section 187 or Section 188 of the Penal Code. In these cases, this often involves persons who grow cannabis for personal use.

There are still practical problems regarding the interpretation of the term "in a large extent" because growing cannabis "on a large scale" is prosecuted, according to the provision of Section 187 article 2 of the Penal Code, with a sentence of 2 to 10 years. Application in practice again varies according to the region concerned; for instance, growing 10 cannabis plants was prosecuted according to Section 187 article 1 of the Penal Code in the Ústí nad Labem region, while an offender who grew the same quantity of cannabis in the Southern Bohemia region was formally accused according to Section 187 article 2 of the Penal Code. In both cases, this involved otherwise irreproachable persons who had never had any conflict with the law, never had social problems, and had studied and worked. At the same time, both of them were prosecuted on the basis of a complaint from other citizens. Such cases happen in practice very often, especially in villages where cannabis users are markedly less tolerated than in towns.[4] Even reports in the media indicate that the police show interest in cannabis growers (see the chapter on Developments in Public Attitudes and Debates). 37.4% of the total number of persons accused for the criminal offences of the unauthorized production and possession of narcotic

[4] These data were obtained from the practice of the Legal Advice Bureau of the Association of Non-Governmental Organizations.

and psychotropic substances and poisons (Sections 187, 187a, and 188) were cannabis cases, 39.1% amphetamines, 7% ecstasy, and only 7.9% involved heroin. At the same time, it holds true that the use of so-called hard drugs cause demonstrably more serious health and social damage. Cannabis users – when cannabis is the only drug they use – cannot be labelled as problem drug users; at the same time, cannabis use is not usually associated with secondary drug-related crime.

On the contrary, problem users come into conflict with the law more frequently because of property crimes by which they get the means for drugs than due to the direct commission of drug-related criminal offences.[5] Actual estimates for 2002 are not available; the methodology of gathering data about the secondary criminal activity of drug users represents one of the tasks of the Criminal Law Sector Data working group of the Czech National Focal Point.

It is positive that the judiciary is making increasing use of alternative sentences even for drug users; this involves both the prosecution of drug-related criminal offences and cases of secondary drug-related criminal offences. There is no doubt that this is mainly promoted by judges being better informed about drug issues; in addition, the work of Probation and Mediation Service officers who have been in place since January 1, 2001 has also made a significant contribution. However, the practice of the courts in these respects even varies in individual regions; e.g. there is no doubt that the judges in Prague courts come into contact with drug users during criminal proceedings more often, and that therefore they usually have a better idea about the facilities that deal with the prevention and treatment of drug addictions and they also have more extensive experience with how they influence the behaviour of the accused or the convicted (see the chapter on Alternatives to Prison for Drug Dependent Offenders). As far as the imposition of compulsory drug treatment is concerned, the courts consistently adhere to the conclusions of expert opinions when these experts often do not recommend this treatment with reference to the fact that compulsory treatment would be ineffective or it would lack purpose. In this regard, even the judges prefer treatment that the users undergo at their own will.

The above-mentioned problems of application provide evidence of the need to modify the legal regulations. The work has already started both in the sense of the clarification of several terms (e.g. “large extent”) and in the sense of the reflection of scientific knowledge about the different levels of health and social risks of individual types of drugs. This is also supported by the fact that the Government of the Czech Republic adopted the Government Resolution No. 1177/01 and directed the relevant ministries to implement steps that are geared towards the legislative categorization of drugs according to their level of health and social risks (see the chapter on Political Framework in the Drug Field). A legislative change in this direction would undoubtedly lead to a more balanced approach on the part of the law enforcement bodies during the prosecution of drug-related criminal offences. So far, the Penal Code has not been modified at all; however, the Ministry of Justice has been working on the re-codification of the Penal Code – it will also reflect drug-related criminal offences. Nevertheless, the recodification works have not been completed yet due to the large range of all the changes that are required in the whole Penal Code.

1.4 Developments in Public Attitudes and Debates

In March 2002, Section 188a of the Penal Code was amended - see the chapter on Legal Framework for more information. The House of Commons of the Parliament of the Czech Republic adopted this draft bill in February 2002 – there were 147 affirmative votes and 3 negative votes (of 163 MPs present) (Poslanecká sněmovna, 2002). The second and third readings took place without any debate regarding the modification of Section 188a. The fears expressed in several sections of the

[5] See the note above.

media, that there will soon be prosecution of journalists and artists who deal with drug issues, have failed to come true. If there have been any such cases, they did not win the attention of the media.[6]

In September 2002, the newly elected House of Commons of the Parliament of the Czech Republic set up a subcommittee for drugs and addiction issues. The subcommittee should consist of a maximum of 9 members (at the same time, at least 5 members are also members of the subcommittee for social policy and health care).

Drug issues are not one of the fields where "party discipline" is applied during readings; therefore, the attitudes of the individual politicians of individual parties may vary – they range from "tough" approaches to the promotion of the decriminalization of several drugs. None of the political parties represented in the Parliament has promoted the legalization of an illicit drug. However, one marginal political body represented in the Senate purports to favour the legalization of marijuana, at least to the extent of putting the logo of www.legalizace.cz on its web page.[7] It is the Liberal Reform Party, with one Senator.[8]

Many non-governmental organizations operate in the drugs field in the Czech Republic. They mainly deal with the prevention and treatment of addictions; however, the activities of some of them also have an influence on public opinion. The Association of Non-Governmental Organizations (A.N.O.) dealing with the prevention and treatment of drug addictions is the umbrella organization and it has approximately 70 members.[9] The association operates a legal advice bureau for the general public (see the chapter on Approache). As far as associations of individuals (physical entities) are concerned, we must especially mention the Czech Medical Association of J. E. Purkyně – the Association for Addictive Diseases, and the professional organization the Czech Streetwork Association (ČAS)[10].

However, apart from service providers or employees of, and collaborators with, institutions from this field and/or politicians and civil servants, there are not many organizations that would deal with drug issues.

On one hand, the so-called cannabis ombudsman Marek Jehlička proposing legalization of marihuana is one of the most prominent figures to stand up publicly outside the professional sphere, and on the other hand there is the association Parents against Drugs supporting punitive approach in the drug policy. Even several high police officials were involved in media debates about drug policy in 2002.

Even though the topic of illicit drugs and the use of these drugs received everyday attention in the press and was often discussed on television and in radio broadcasts in 2002 - as well as in the previous years – what predominated was the conveying of rather simple news information both in the sense of content and how it was processed. This is a problem of the Czech media as such and it does not only involve the most popular media that belong to the tabloid category in terms of content (e.g. the daily newspaper "Blesk" and Nova TV).

Investigative journalism and the writing of more in-depth analytical articles are only slowly finding their way into the sources of information about drugs that are published outside the professional press. Nevertheless, it is possible to claim that the level of informedness of the public about drug issues has been increasing.

Most of the information about drug issues has been published in the press. Information about individual programmes of drug prevention and the treatment and social (re)integration of drug addicts,

[6] A complaint that was lodged by the association Parents Against Drugs in 2003 in connection with the documentary series "When you have to, you have to? (Když musíš, tak musíš?)", K. Vrána published the facsimile in the magazine Týden (Vrána, 2003).
[7] At: http://www.liberalnistrana.cz.
[8] Prof. RNDr. Jiří Zlatuška, CSc., Rector of Masaryk University in Brno. He was elected as an independent candidate on the ticket of the Liberal Reform Party; however, he has worked within the Club of Open Democracy in the Senate.
[9] This piece of data was provided by the Association of Non-Governmental Organizations, June 2003.
[10] It associates streetworkers from the field of drug services and other fields – especially services for children and young people.

including information about programme funding, has been published relatively frequently (both in the national and regional press). Information about individual used drugs, the level of their dissemination, and their influence on users has been published less frequently. However, there has been no wide public debate about the attitudes to drug use that would be based on relevant arguments.

The ADIKTOLOGIE[11] journal has been published since 2001, and it has taken an interdisciplinary approach to the field of addictions; it covers the fields of medicine and psychiatry, psychology, pedagogy, social politics and work, sociology, politology, law, criminology, and other disciplines.

Within the framework of the project Phare Twinning 2000 "Strengthening National Drug Policy", preparatory work on the establishment of a national information server about drugs has been carried out. See: http://www.drogy-info.cz/.

According to the Internet Media Monitoring archive (NEWTON INFORMATION TECHNOLOGY, s.r.o.), 2,638 contributions about the topic of "drug issues" were published in the Czech media in 2002. In 2001, 2,983 contributions were published in the monitored print and electronic media[12]. In 2002, the lowest number of contributions were published in July (98) and the highest number in February (331 contributions). 1 to 32 contributions were published every day in 2002.

The regional press publishes a considerable number of drug-related contributions; unfortunately, these articles are usually short and do not provide a deep analysis of the problem. However, let us mention that information about the possibilities of help for drug addicts in the regions and about individual help facilities is published on a regular basis. The regional press is monitored through the archive of the Newton company and Monitor médií (Media Monitor), an internal publication of the Office of the Government of the Czech Republic processed with the use of information provided by the Anopress agency. The media monitor has been available to the public since June 2003 at www.drogy-info.cz.

There are many Czech web pages about illicit drugs; the majority of the pages express "liberal" approaches (from anti-repressive to legalization-oriented). At the same time, most of these pages deal with marijuana. On the other hand, there also many Internet pages that are mainly operated by helping institutions. There is also a growing amount of information from the field of drugs provided by regions and municipalities. Even on-line counselling is available; for more information, see the list of pages about drug issues that can be found on the Czech web.

When we entered the word "drugs" on the Atlas server, the engine found 280 pages in the catalogue (120 thereof were found in the category 'marijuana'). The keyword "anti-drug" resulted in 45 pages in the catalogue and more than 16,000 full-text references; an overwhelming majority of these refer to the "professional" sphere (pages of helping institutions, authorities, municipalities, etc.).

The Centrum search engine provided 132 catalogue references for the word "drugs"; the first positions referred to general information and help to addicts. The Seznam search engine lists approximately 80 catalogue references to the word "drugs".[13]

1.4.1 Public Opinion Polls

At the end of February and beginning of March 2002, the Public Opinion Poll Centre of the Institute of Sociology of the Academy of Science surveyed 1,083 persons, representing the population of the Czech Republic, aged 15 and more (within the framework of the survey Our Society 2002) (Centrum pro výzkum veřejného mínění, 2002).

[11] Published by Sdružení Scan twice a year; each issue has approximately 90 pages.
[12] The electronic media only involve television and radio. The Internet is not monitored.
[13] All of the data about the Internet come from June 2003.

Table 1-1: Agreement that drug users should be punished by law (Centrum pro výzkum veřejného mínění, 2002)

"Do you think that people who.… should be punished by law:"	Definitely yes	Rather yes	Rather not	Definitely not
Grow marijuana for their personal use	24	23	30	13
Use a cannabis drug (marijuana or hashish)	20	30	28	12
Use ecstasy	31	33	19	6
Offer a cannabis drug to an adult (marijuana or hashish)	39	31	18	6
Offer ecstasy to an adult	45	32	12	4
Use "hard drugs"	56	25	10	4
Offer a "hard drug" to an adult	64	24	7	1
Make "soft drugs" for further distribution	60	29	6	1
Make "hard drugs" for further distribution	86	10	1	1

Note: Refusal to answer and the answers "I don't know" complete the 100% calculation in the columns.

It follows from the survey carried out by the Public Opinion Poll Centre that the attitude towards criminal sanctions against the users, distributors, and producers of illicit drugs has remained stable in comparison with the data presented in the Annual Report on Drug Situation 2001 - Czech Republic (Zábranský et al. 2002); however, there are sharp differences in public attitudes to these drugs. It is true that citizens of the Czech Republic are highly tolerant towards the use of cannabis and the growing of marijuana for personal use (40%, 43% respectively); however, at the same time, 50% and 47% respectively of respondents require such cases to be penalized (to a greater or smaller extent). It is interesting to point out that inhabitants of the Czech Republic are more tolerant towards the growing of cannabis for personal use than towards cannabis use, according to the survey of the Public Opinion Poll Centre.

As far as hard drugs (heroin, pervitin, and cocaine) are concerned, public attitudes were strongly in favour of the criminal prosecution of distributors and users (96%, 81% respectively). At the same time, only 27% of respondents in the same survey answered the question "Do you perceive a drug user as a criminal or as a patient?" by saying "more as a criminal". The extreme public attitudes are balanced (22% perceive a drug user "more as a patient"). There is a relatively high share of indecisive answers - 51% of respondents chose one of these answers: "neither as a patient nor as a criminal", "as a criminal and a patient", or "I don't know". This indicates that to a great extent society perceives the issues associated with "hard drugs" as a criminal matter; however, it does not have a completely negative attitude to individual users.

1.5 Budget and Funding Arrangements

The 2001 – 2004 National Drug Policy Strategy (Sekretariát Meziresortní protidrogové komise, 2000) specifies that drug policy funding will be implemented at two levels: central and local. The government directed the National Drug Commission to earmark financial resources from the General Cash Administration budget chapter – drug policy expenses. The National Drug Commission adopted the intention to support projects at local level via the sectors of the Ministry of Health, Ministry of Education, Youth, and Sports, Ministry of Labour and Social Affairs, and the Ministry of Culture. Other ministries that had allocations for the Drugs Policy Programme in their budget include the Ministry of Finance, Ministry of Justice, and Ministry of Defence. The Ministry of the Interior does not have expenses for the Drugs Policy Programme in its budget; however, it supports activities aimed at the non-specific primary prevention of drug addiction within the framework of the Programme of Social and Crime Prevention.

In 2002 insufficiencies in the timeliness of the transfers of the subsidies to non-governmental organizations from the General Cash Administration budget chapter, according to the subsidy proceedings of the National Drug Commission, persisted. The existing model of funding, in which the

resources earmarked from the General Cash Administration for drug policy programmes at the local level are transferred via the ministries, is inflexible and lengthy. It means that the transfers of financial resources to the accounts of programme implementers are delayed by several months; this leads to financial uncertainty for these implementers. Therefore, it is necessary to change the system of subsidy provision (detailed information is included in the chapter on Major Strategies and Activities).

The expenses of central administrative bodies and the National Drug Commission for drug policy in 2002 are presented in Table 1-2.

Table 1-2: Expenditure of public administrative bodies and the National Drug Commission for drug policy in the Czech Republic in 2002 (in thousands of €)

Expenditure	Subsidy of the National Drug Commission	Ministry of Health	Ministry of Education, Youth and Sports	Ministry of Labour and Social Affairs	Ministry of Finance	Ministry of Justice	Ministry of Defence	Ministry of the Interior	Total
Non-investment expenditure	2,908.1	589.7	300.8	1,112.5	56.8	254.8	126.0	45.1	5,393.9
Investment expenditure	0	224.9	0	0	812.5	50.0	0	0	1,087.4
Total	2,908.1	814.7	300.8	1,112.5	869.4	304.8	126.0	45.1	6,481.3

1.5.1 Resources of the General Cash Administration Earmarked by the National Drug Commission

CZK 91,895,000 (€ 2,908,100) were drawn for drug policy from the General Cash Administration budget chapter in 2002. According to the decision of the National Drug Commission, this amount was used for the financial securing of drugs policy projects within the spheres of competence of the individual budget chapters in the following manner:

The Ministry of Education, Youth, and Sports drew the amount of CZK 584,000 (€ 18,500) from the General Cash Administration budget chapter for the programmes of competent ministries (central level); see Table 1-3.

Table 1-3: Drawing of resources from the General Cash Administration for programmes of the Ministry of Education, Youth, and Sports in 2002 (€ thousand)

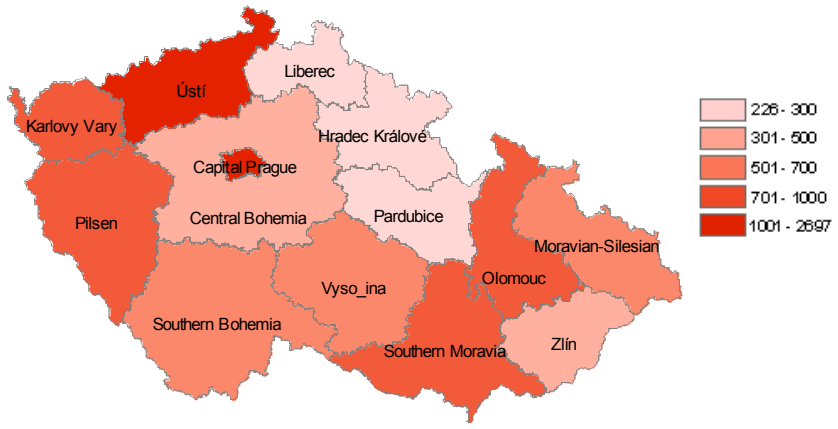
Ministry	Purpose	Resources drawn
Ministry of Education, Youth, and Sports	Educational and treatment programme for boys who have just completed compulsory education and are endangered by NPSs	6.3
	Care for young people endangered by addiction to illicit drugs in the course of the school holidays IV	2.9
	Primary prevention centre	6.3
	Educational programme for lecturers of primary prevention of addictions and socially pathological phenomena	2.9
Total	**-**	**18.5**

Within the framework of its subsidy proceedings, the National Drug Commission supported 152 programmes (local level) via the budgets of the Ministry of Health (56 projects – CZK 38,412,000, i.e. € 1,215,600), Ministry of Education, Youth and Sports (26 projects – CZK 6,291,000, i.e. € 199,100), Ministry of Labour and Social Affairs (69 projects – CZK 37,708,000, i.e. € 1,193,300), and Ministry of Culture (1 project – CZK 5,762,000, i.e. € 182,300), see Table 1-4, Map 1-1.

Table 1-4: Drawing of financial resources from the General Cash Administration according to the subsidy proceedings of the National Drug Commission for drug policy programmes in 2002 by regions (€ thousand)

Region	Ministry of Health	Ministry of Education, Youth and Sports	Ministry of Labour and Social Affairs	Ministry of Culture	Total
Capital Prague	406.7	84.2	315.7	182.3	989.0
Central Bohemia	64.4	1.3	50.9	0	116.6
Southern Bohemia	52.6	8.9	51.8	0	113.3
Pilsen	64.6	11.7	91.1	0	167.5
Karlovy Vary	0.0	12.2	67.8	0	80.0
Ústí	120.4	3.2	137.6	0	261.2
Liberec	37.9	0	0	0	37.9
Hradec Králové	3.3	0	35.9	0	39.2
Pardubice	11.9	0	30.9	0	42.8
Vysočina	36.4	17.8	54.6	0	108.7
Southern Moravia	170.4	42.2	116.1	0	328.7
Olomouc	83.3	1.6	87.0	0	171.9
Zlín	7.4	8.6	64.6	0	80.6
Moravian-Silesian	156.1	7.6	89.3	0	253.0
Total	**1,215.6**	**199.1**	**1,193.3**	**182.3**	**2,790.3**

Map 1-1: Drawing of financial resources from the General Cash Administration according to the subsidy proceedings of the National Drug Commission for drug policy programmes in 2002 (in thousands of CZK per 100,000 inhabitants)



As far as the budget chapter of the Office of the Government of the Czech Republic (transfer from the General Cash Administration chapter for guaranteeing the operations of the Secretariat of the National Drug Commission) is concerned, CZK 3,138,000 (€ 99,300) were drawn (more detailed information is included in Table 1-5).

Table 1-5: Drawing of financial resources from the chapter of the Office of the Government of the Czech Republic for the Secretariat of the National Drug Commission in 2002 (€ thousand)

Purpose	Drawn resources
Project evaluation	3.2
Translations – a large part of the resources was not used because materials were translated within the framework of the Phare Twinning Project "Strengthening National Drugs Policy" (including payments for the translations from the EU budget)	1.0
Project DDRSTP II – work of a team of authors and print preparation of a publication "Drogy a drogové závislosti – mezioborový přístup (Drugs and Drug Addictions – Interdisciplinary Approach) (working title "Textbook")	15.9
Project Phare 2000 – costs of guaranteeing the operations of the Phare project, labour costs of Czech experts - involvement of the Czech Republic	65.1
Publishing – reprinting of the PAD publication, publications designed for the work of low-threshold facilities "Když už bereš", graphics processing, printing of a Collection of Contributions from the VIII. National AT Conference	7.1
Pilot project of toxicological examinations – refunding of toxicological examinations for the presence of narcotic and psychotropic substances among victims of traffic accidents	6.9
Total	**99.3**

1.5.2 Ministry of Health

CZK 57,048,000 (€ 1,805,300) were drawn for non-investment expenditure. These resources were mainly used to guarantee the accessibility of detoxification units, the availability of outpatient counselling programmes for problem drug users, the capacity of long-term resocialization programmes, the operation of programmes geared towards the minimization of health risks among drug users, and the support and expansion of substitution treatment. From the budget chapter of the Ministry of Health, resources amounting to CZK 1,305,000 (€ 41,300) were transferred to the budget chapter District Authorities and they were used for drug policy programmes.

Investment resources were earmarked for 15 programmes; CZK 7,108,000 (€ 224,900) were allocated.

Therefore, the Ministry of Health provided CZK 64,153,000 (€ 2,030,300) towards the solving of drugs issues in 2002; CZK 25,744,000 (€ 814,700) thereof were from their own sources and CZK 38,412,000 (€ 1,215,600) were means provided by the National Drug Commission.

1.5.3 Ministry of Education, Youth and Sports

Financial resources were transferred to the regions for the implementation of Minimum Preventive Programmes in schools and school facilities. To be precise, CZK 3,924,000 (€ 124,200) were earmarked – see Table 1-6.

Table 1-6: Non-investment transfers of the Ministry of Education, Youth and Sports to regions in 2002 (€ thousand)

Region	€ thousand
Capital Prague	14.4
Central Bohemia	17.3
Southern Bohemia	10.1
Pilsen	10.1
Karlovy Vary	4.3
Ústí	10.1
Liberec	5.8
Hradec Králové	7.2
Pardubice	5.8
Vysočina	7.2
Southern Moravia	10.1
Olomouc	7.2
Zlín	5.8
Moravian-Silesian	8.7
Total	**124.2**

In total, the financial resources that were allocated for the implementation of projects in the field of drugs policy amounted to CZK 16,381,000 (€ 518,400); CZK 9,506,000 (€ 300,800) thereof were drawn from their own sources. Furthermore, according to the decision of the National Drug Commission, CZK 6,875,000 (€ 217,600) were drawn from the General Cash Administration; CZK 584,000 (€ 18,500) thereof were earmarked for the support of projects in the ministry and CZK 6,291,000 (€ 199,100) were allocated to programmes at the local level.

1.5.4 Ministry of Labour and Social Affairs

Civic associations were provided with CZK 52,280,000 (€ 1,654,400) from the modified budget of non-investment subsidies; humanitarian organizations received CZK 10,185,000 (€ 322,300) and public community services received CZK 10,397,000 (€ 329,000). Therefore, CZK 72,862,000 (€ 2,305,800) were used from the modified budget of the binding indicator drugs policy programme. What came from the ministry's own resources represents CZK 35,154,000 (€ 1,112,500) and CZK 37,708,000 (€ 1,193,300) were subsidies for the projects approved by the National Drug Commission.

A critical part of the resources were expended on outreach work and the operation of therapeutic communities. The priority funding of the mentioned areas of work complies with the targets of the 2001 - 2004 National Drugs Policy Strategy.

1.5.5 Ministry of Culture

One project was funded via the Ministry of Culture: "Audiovisual work as a means for primary prevention". In accordance with the decision of the National Drug Commission, CZK 5,762,000 (€ 182,300) were drawn from the General Cash Administration.

1.5.6 Ministry of Finance

Drug policy expenditures were allocated to the approved budget of the General Customs Headquarters; CZK 1,796,000 (€ 56,800) were drawn for non-investment expenditure. The means were especially used for the provision of protective equipment, weapons and materials for the squads, service dogs, and materials required for the handling of drugs, and then for specific expenditure connected with operational investigative activities. CZK 25,676,000 (€ 812,500) were drawn for investment expenditure. CZK 9,796,000 (€ 310,000) were used for the purchasing of special technology for the conducting of operational investigative activities; CZK 3,405,000 (€ 107,800) were used for the purchasing of means of transport for the Department of Investigation. Furthermore, the Motorola system was updated and completed at a cost of CZK 4,420,000 (€ 139,900), and monitoring equipment, weapons, and other equipment were purchased for a total of CZK 2,055,000 (€ 65,000). Furthermore, the General Customs Headquarters acquired hardware for cryptographic equipment for the intelligence system; it cost CZK 3,800,000 (€ 120,300) and the software cost CZK 2,200,000 (€ 69,600). From the budget of the Ministry of Finance, CZK 27,472,000 (€ 869,400) were drawn for the General Customs Headquarters and its implementation of the Drugs Policy Programme.

1.5.7 Ministry of Justice

CZK 9,632,000 (€ 304,800) were drawn from the budget of the Ministry of Justice for the Drugs Policy Programme. This amount was divided between the Prison Service of the Czech Republic and the Institute of Criminology and Social Prevention (see Table 1-7).

Table 1-7: Drawing of financial resources of the Ministry of Justice for the Drugs Policy Programme in 2002 (in € thousands)

Earmarked to	Running expenses	Capital expenses	Total
Prison Service	254.1	47.5	301.5
Institute for Criminology and Social Prevention	0.8	2.5	3.3
Total	**254.9**	**50.0**	**304.8**

1.5.7.1 Prison Service

The specific resources earmarked in 2002 were used for the improvement of the qualification of prison personnel for handling drug users and the differentiated handling of inmates in special departments for convicted persons suffering from personality disorders and behavioural disorders caused by the use of psychotropic substances. In addition, the financial resources were used for the differentiated handling of inmates in drug-free zones and remand prisons and for using utility dogs during the detection of the production, possession, and distribution of drugs in prisons and remand prisons.

1.5.7.2 Institute for Criminology and Social Prevention

A laptop was bought from investment expenditure; current expenditure was used for the other costs of the work done by two workers who were conducting a field survey within the framework of a penological survey.

1.5.8 Ministry of Defence

From the budget of the Ministry of Defence, financial resources were drawn to fund the Drugs Policy Programme of the Czech Republic's Government and the Conception and Programme for the Prevention of Socially Pathological Phenomena. CZK 3,981,000 (€ 126,000) were spent in total.

On the basis of submitted projects approved by the Commission for the Prevention of Socially Pathological Phenomena, non-investment financial resources were earmarked for the following programmes:

- LABIS – Laboratorní monitorování zneužívání návykových látek u příslušníků Armády ČR (Laboratory Monitoring of Substance Abuse among Members of the Army of the Czech Republic),
- DROGIS – Drogový informační systém (Drug Information System),
- EDIS – Koordinace informačních systémů epidemiologie drogových závislostí ČR a Armády ČR (Coordination of Information Systems of Drug Addiction Epidemiology in the Czech Republic and in the Army of the Czech Republic – the Central Military Health Institute guarantees these three projects),
- Diagnostika – nutnost pro adekvátní prevenci (Diagnostics – a necessity for adequate prevention),
- Salutogenetický přístup v prevenci závislostí u VŠ populace (Salutogenetic Approach to Addiction Prevention in the University Population – Military Medical Academy Hradec Králové is the guarantor,
- ARMY-ZETA – the Brno Military Academy is the guarantor,
- EKO 2005 – the Brno Military Academy is the guarantor,
- Monitorování aktuální situace Armády ČR pro oblast prevence SPJ (Monitoring of the Current Situation in the Field of Prevention of Socially Pathological Phenomena in the Army of the Czech Republic – CASRI Prague is the guarantor).

The projects especially focused on drug diagnostics and the monitoring of the epidemiological situation in the field of drugs, alcohol, tobacco, and lifestyle in the Army of the Czech Republic.

1.5.9 Ministry of the Interior

Within the framework of the specific and non-specific prevention of drug addictions, several projects were supported at the local level. They involved leisure time activities (sports, hobbies, and educational activities), club and public enlightenment educational activities (holding of preventive blocks for children at elementary schools, information seminars for teachers, counselling and therapeutic work with parents). This involves counselling facilities focusing on drug prevention, helplines, and streetwork). The intersectorial counselling body the Republic Council for Crime Prevention earmarked financial resources in the amount of CZK 1,425,000 (€ 45,100) from the General Cash Administration budget chapter.

Data about the total expenses of the Police of the Czech Republic for the solving of drug issues are not available. Information about the budget of the National Drug Squad is not provided (this falls under the heading of classified matters).

Part II: Epidemiological Situation

2 Prevalence, Patterns and Developments in Drug Use

2.1 Main Developments and Emerging Trends

In the field of drug use in the general population, the year 2002 was especially characterized by a diverging development in the field of (socially very harmful) problem drug use on the one hand and recreational drug use on the other.

All of the available problem drug use-related indicators[14] draw a picture of the slow extinction of the "drug epidemic" that was recorded in the second half of the 1990s. This is especially indicated by the development of problem drug use prevalence estimates, the ageing of the users who are applying for treatment or a service in connection with drug use (first treatment demands), decreasing overdose-related mortality[15], and, last but not least, the still low occurrence of HIV and stable rates of viral hepatitis.

On the other hand, the results of school surveys document an ever-increasing proportion of students and pupils who have tried an illicit drug at least once (especially cannabis and/or ecstasy) and also an increasing share of those who use these types of drugs "recreationally" – i.e. within the framework of social or relaxation activities.

The most apparent new trend in the field of problem drug use in 2002 is the rapid drop in the hitherto increasing share of treatment demands in connection with the (ab)use of opiates (especially heroin). Possible causes may involve any combination of the following factors:

- The instability of the heroin market and floating quality (purity) of heroin.
- The presence of a pharmaceutical opioid Subutex® on the black market (especially in Prague and Northern Bohemia). The users use it for "wild" substitution.
- Methadone substitution treatment (in specialized centres) and the dissemination of legal prescription of Subutex®.
- The decreasing number of newcomers among opiate users; this is documented by first treatment demand data and qualitative information from the drug scene.

On the contrary, the gradual decrease in the number of "pervitin clients" stopped as early as in 2001; the number of these clients then kept increasing in 2002; this may be partly due to the higher involvement of treatment and low-threshold facilities in the reporting system of (first) treatment demands and improved reporting.

At the same time, we are witnessing that those making first treatment demands in connection with pervitin and heroin are becoming steadily older; this trend was also clearly visible in the previous years, and it has become increasingly apparent (see the chapter on Drug Treatment Demand).

The results of school surveys confirm a progressively increasing lifetime prevalence of drug use among pupils and students (in other words, in comparison with the figures from previous years, a growing number of Czech adolescents have experimented with a drug or use it for recreational purposes – this especially involves cannabis and/or dance drugs). Inhalants (solvents) have retained their position as an easily available experimental drug; however, these highly dangerous substances (14 deaths in 2002) are used more than "experimentally" almost exclusively in socially marginalized groups; there are only exceptional cases of contacts of inhalant users with treatment institutions. It is a challenge for the future.

[14] according to the definition of the EMCDDA
[15] At the same time, the number of the non-fatal emergencies decreased in 2002.

From the point of view of public health, the necessity to develop an effective preventive strategy also represents a challenge for the future. It must be geared towards the section of the population that has had (experimental or recreational) experience with drugs, and its objective must be not only to discourage them from using drugs but especially prevent them from shifting to problem use (EMCDDA et al. 2002).

2.2 Drug Use in the Population

Population and school surveys implemented in 2002 confirmed a trend towards increased lifetime experience of the Czech population with drug use.

There was again an increase in drug use, namely of the experimental and recreational use of cannabis substances, in 2002; there was also an increase in the use of dance drugs, especially ecstasy. The increase in drug use is most apparent among young people and young adults.

Three general population surveys were carried out in the Czech Republic in 2002 and they focused on drug issues; in addition, one international survey focused on drug use among the school population. The results of the individual surveys vary due to different methodologies – it is difficult to compare them and evaluate development trends.

2.2.1 Drug Use in the General Population

The Public Opinion Poll Centre has been carrying out a survey focusing on drug issues every year since the beginning of the 1990s. Therefore, the time series of the results allows for the monitoring of lifetime prevalence in the last ten years (Table 2-1). It is obvious at the first glance that lifetime prevalence has at least tripled between 1993 and 2002 (Centrum pro výzkum veřejného mínění, 2002).

Table 2-1: Development in lifetime prevalence of illicit drug use,% of respondents (Centrum pro výzkum veřejného mínění, 2002)

Year	Yes	No
1993	5	95
1994	7	93
1996	10	89
1997	11	89
1998	9	90
1999	10	89
2000	9	90
2001	14	85
2002	16	83

The Czech part of the international survey "Gender and Alcohol Comparative International Survey" (GENACIS) was implemented by the Prague Psychiatric Centre. It focused in greater detail on differences between genders in the prevalence of use of selected drugs in the group aged 18 – 64. 21.1% of 2,526 persons surveyed report an experience with cannabis; at the same time, 10.9% of respondents reported using cannabis in the last 12 months (Table 2-2) (Psychiatrické centrum Praha, 2003a).

Table 2-2: Lifetime prevalence and prevalence in the last 12 months by gender and type of the drug,% of respondents (Psychiatrické centrum Praha, 2003a)

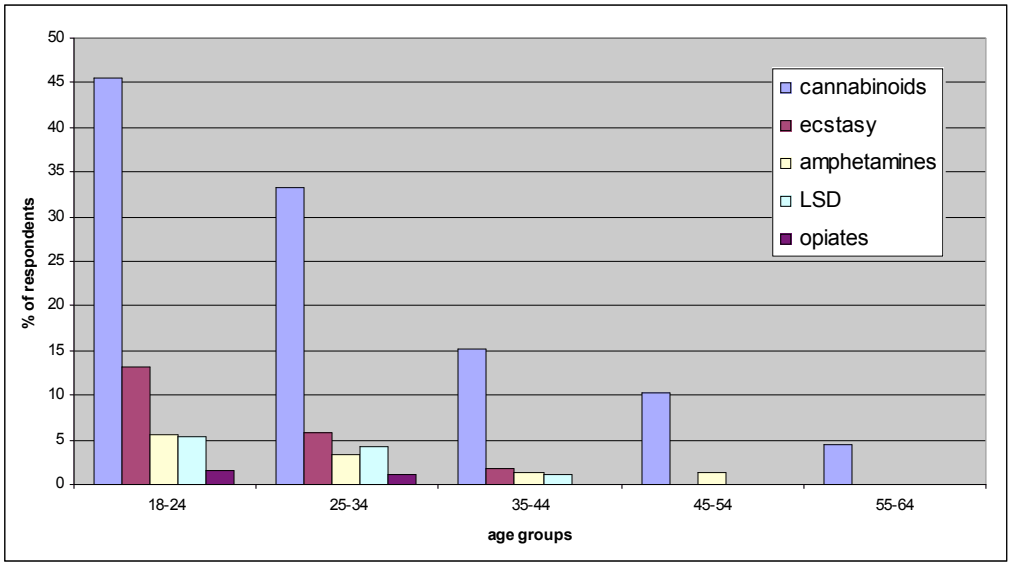
Drug	Lifetime prevalence			Prevalence in the last 12 months		
	Total	Males	Females	Total	Males	Females
Cannabis substances	**21.1**	26.3	16.1	**10.9**	14.4	7.5
Opiates	**0.7**	1.2	0.0	**0.0**	0.0	0.0
Amphetamines	**2.3**	3.5	1.1	**1.1**	1.8	0.5
Ecstasy	**4.0**	5.5	2.5	**2.5**	3.1	1.9
LSD	**2.2**	3.6	0.8	**1.0**	1.9	0.0

Note: The values under 0.5% are regarded as zero in population questionnaire surveys.

Ecstasy is the second most common drug after cannabis substances, and it is followed by amphetamines and LSD. Opiates represent the least common drug among those surveyed. The survey demonstrated significant differences in drug use between genders - lifetime prevalence and prevalence of use of all of the drugs surveyed in the last year are higher among males.

Experience with drugs is more common among younger age groups and they decrease with age. Nearly half of the population aged 18 – 24 has had experience with cannabis, 13.2% have tried ecstasy, 5.6% have tried amphetamines, 5.3% have tried LSD, and 1.6% of the respondents have tried opiates (Figure 2-1). The population aged 55 and more does not report any experience with drug use at all.

Figure 2-1: Lifetime prevalence of use of selected drugs in individual age groups, in% (Psychiatrické centrum Praha, 2003a)



The Institute for Health Information and Statistics implemented a Sample Survey on the Health Status of the Czech Population in 2002, where drug use was also monitored. It is difficult to compare the results with the above-mentioned surveys due to the fact that a different methodology was used in this survey. 7.3% (8.8% males and 5.9% females respectively) of the 2,476 respondents aged 15 – 64 reported an experience with an illicit drug, 3.4% (4.5% and 2.4% respectively) reported use within the last 12 months, and 1.7% (2.5% and 0.9% respectively) reported use in the last month (Ústav zdravotnických informací a statistiky, 2003c). In comparison with the previous survey conducted in 1999, an increase in drug use was found both among males (from 7.1% to 8.8%) and among females (from 4.1% to 5.9%) (Ústav zdravotnických informací a statistiky, 2001). The lifetime prevalence of drug use found in this study conducted by the Institute for Health Information and Statistics is twice as low, or even more, as the prevalence found in other recent similar surveys of the Czech population. One of the possible explanations involves the fact that the data were collected through the method of a structured “face to face” interview with a respondent.

The data collected in general population surveys carried out in 2002 do not allow for the regional comparison of the scope of drug use.

2.2.2 Drug Use in the School-Aged Population

A survey geared towards drug use among school-aged children was carried out in the Czech Republic in 2002. The survey was a part of the international project “Health and Health Behaviour in School-Aged Children” (HBSC), focused on the health and lifestyle of children aged 11, 13, and 15.

The World Health Organization (WHO) guaranteed the project; and the Prague Psychiatric Centre was involved on behalf of the Czech Republic.

A question about drug use was only included in the questionnaires for 15 – 16-year-old pupils of the final grade of basic schools (average age 15.4 years). 31.0% of the total number of 1,660 pupils reported an experience with an illicit drug (Psychiatrické centrum Praha, 2003b). Most respondents have experience with cannabis smoking; then there follow experience with solvents, hypnotics and sedatives, and ecstasy (Table 2-3). Usage within the last month was not investigated.

Table 2-3: Lifetime prevalence and prevalence of use within the last 12 months of selected drugs by young people by gender, in % (Psychiatrické centrum Praha, 2003b), (Psychiatrické centrum Praha, 1999)

Drug	**Lifetime prevalence HBSC**			**Prevalence in the last year HBSC**			**Lifetime prevalence ESPAD**		
	Total	Boys	Girls	**Total**	Boys	Girls	**Total**	Boys	Girls
Any illicit drug	**31.0**	35.3	27.0	**27.4**	31.4	23.6	**34.9**	40.2	30.0
Cannabis and derivatives	**30.5**	34.6	26.7	**26.9**	30.9	23.2	**34.6**	40.1	29.8
Solvents	**7.3**	8.2	6.4	**3.9**	4.9	3.0	**7.2**	8.1	6.5
Hypnotics and sedatives	**7.0**	5.9	7.9	**4.4**	3.4	5.4	**17.7**	13.6	21.4
Ecstasy	**4.5**	5.0	4.2	**3.2**	3.0	3.3	**3.4**	-	-
LSD	**3.0**	3.7	2.5	**2.1**	2.2	2.0	**5.4**	6.5	4.5
Amphetamines	**2.0**	1.8	2.1	**1.3**	0.9	1.7	**5.3**	4.6	5.9
Opiates	**1.2**	1.7	0.7	**1.0**	1.3	0.7	**4.3**	3.9	4.6

A comparison of the HBSC survey results with the ESPAD survey that was implemented in 1999 (Psychiatrické centrum Praha, 1999) showed that marijuana use among ninth-grade pupils in 2002 (age 14 - 15) reached the level at which cannabis was used among students of the first grades of secondary schools (age 15 - 16) in 1999. Ecstasy use is even more common. On the other hand, the use of pervitin and heroin is still markedly lower.

As in the general population, boys in the school-aged population report or have more experience with drug use; the lifetime prevalence of medicaments is the exception; it is traditionally higher among girls. It is rather surprising that girls even show a higher lifetime prevalence of amphetamine use.

Another round of the international project ESPAD is taking place in the Czech Republic in 2003; it focuses on alcohol and drug use among young people. This data will serve for the assessment of further developments and new trends among drug users in the secondary school population and it will also make interregional comparisons possible.

2.2.3 Recreational and Experimental Drug Use

The Czech Republic has witnessed a marked increase in experimental and recreational drug use in recent years. This trend is especially apparent with regard to cannabis substances and the so-called dance drugs. Experimental and recreational drug use is the most prevalent among young people – according to available surveys, the average age of those attending dance events is around 20. Marijuana is the most popular drug: 82.6% of visitors of these events report that they have tried it; 53.6% report ecstasy, 49.0% report LSD, 33.4% report pervitin and 18.7% report cocaine (Kubů et al. 2000).

The survey among those attending dance events who had their ecstasy tablets tested in 2002 (531 people) has shown 67% of them also use cannabis on a regular basis (three or more times per month) and 14% use pervitin on a regular basis (Valnoha and Národní monitorovací středisko pro drogy a drogové závislosti, 2003).

2.2.4 Drug Use in Selected Subpopulations

General population and school surveys are not able to reflect the situation in drug use in individual subpopulations, e.g. national and ethnic minorities, prison populations, sex workers, etc.; in these groups, it is possible to expect that the drug use situation will be less favourable in comparison with that in the general population.

The Social Workers Support Programme was implemented in 81 Roma communities in 2002 and it also focused on the evaluation of drug issues. The survey showed that drugs are prevalent in 60 communities (74.1%); the situation is considered to be serious or very serious in 45 of them (56%). Marijuana, toluene, pervitin, and heroin are the most common drugs in the Roma communities (Kancelář Rady vlády pro záležitosti romské komunity, 2003). More detailed information about the situation in Roma communities is included in the chapter on Social Problems.

2.3 Problem Drug Use

It is estimated that there are 35,000 – 37,000 problem drug users in the Czech Republic; 30,000 – 32,000 people are injecting users. Most of them are pervitin and heroin users. It is estimated that there are 22,000 problem pervitin users, and 13,000 – 15,000 problem heroin users. The estimated number of problem drug users has remained stable during the last four years.

EMCDDA defines problem use as injecting drug use and/or long-term or regular use of opiates and/or amphetamines and/or cocaine.

In the Czech Republic, the use of amphetamine-type drugs has practically narrowed to pervitin. Since the end of the 1990s, amphetamine use has been recorded especially in Northern Moravia, near the border with Poland; lately, the name “krajovka” has been used for it (Miovský et al. 2001; Národní protidrogová centrála Policie ČR, 2003). The use of homemade opiates or opiates consumed directly from poppy heads is rather a seasonal phenomenon in the Czech Republic. Unlike in the period of the 1970s and 1980s, the injecting of “braun”[16] has practically disappeared. There are sporadic reports about the injecting of Alnagon® tablets or other medicinal products containing opiates, crushed and dissolved in water. The illicit use (including injecting) of Subutex® tablets containing buprenorphine represents a current challenge; see the chapter on Substitution and Maintenance Programmes for more information. Such “non-traditional” substances from the group of opiates and amphetamines are (illicitly) used especially as a drug for overcoming a period when the primary drug, i.e. heroin or pervitin, is unavailable or there is a shortage of it.

The scope of cocaine use is still very limited; there have been recent reports about cocaine use in the dance scene; however, available data still confirm very low occurrence (Valnoha, 2001; Valnoha and Mravčík, 2003).

Therefore, in the conditions of the Czech Republic, problem use can be operationally defined as the intravenous use and/or long-term/regular use of heroin and pervitin.

Even though problem use does not involve solvents by the EMCDDA definition, the health and social impacts of inhalant use are similar to those of the substances included within the concept of problem use. It is difficult to estimate the number of inhalant users in the Czech Republic, because they are a completely different social group of people than pervitin and heroin users and because the in-treatment rate of inhalant users is very low (Polanecký et al. 2003) - see the chapter on Drug Treatment Demand - and these inhalant substances are legaly used for other purposes, therefore it is difficult to estimate the total extent of inhalant abuse in the Czech Republic.

[16] A mix of homemade opiates, mostly codeine, obtained from medicinal preparations containing codeine.

The existing estimates of the number of problem drug users in the Czech Republic were carried out according to the multiplication method[17] with the use of treatment sources. The Capture – Recapture Method (CRM) was used as an auxiliary method for the determination of multipliers.

Table 2-4 provides a summary of the estimates.

Table 2-4: Overview of multiplier values and the estimated numbers of all problem users, heroin users, pervitin users, and injecting users in 1999 - 2002

Year	Multiplier value (%)	Total number of problem drug users (in thousands)	Number of heroin users (in thousands)	Number of pervitin users (in thousands)	Number of injecting users (in thousands)	Source
1999, 2000	15 -20* 20 -37**	37.5 (30 - 45)	15 (12 -18)	22.5 (18 - 27)	30 (24 -36)	(Mravčík and Zábranský, 2001b)
2001	15 -20* 20 -37**	23 – 56.6	n.a.	n.a.	24.6 - 40	(Polanecký et al. 2002)
2002	60***	35.1	13.3	21.8	31.8	(NMS, 2003)

*Note: * Capture – recapture at the local level - PAD, ** nomination technique, qualitative analysis - PAD, *** In-treatment rate for outreach centres.*

A modified estimation of the prevalence of treated persons according to the first treatment demand register from the 2000 Final Report of the Prague Hygiene Station was used as the number of treated persons in the PAD project (Mravčík and Zábranský, 2001b). In-treatment rates[18] collected at local level by means of CRM and from the PAD qualitative study (Miovský et al. 2001) were used as multipliers. The Prague Hygiene Station repeated this calculation in 2001 using the same methodology and multipliers. The estimate for 2002 was carried out using the share of problem drug users in contact with low-threshold centres (60%), which was determined using a nomination technique from the survey HCV Seroprevalence among Injecting Drug Users (see the chapter on Drug-Related Infectious diseases for more information). The calculation was based on an estimate of the number of problem drug users in contact with low-threshold facilities found in the final reports of projects subsidized by the National Drug Commission (extrapolation from available final reports provided an estimation of 8,000 heroin users, 13,100 pervitin users, and 19,000 injecting drug users who were in contact with low-threshold facilities in the Czech Republic in 2002), see the chapter on Harm Reduction for more information.

The estimates carried out by means of multiplication methods in 1999 – 2002 are mutually consistent even though different source data were used; they suggest that the number of problem drug users in the Czech Republic has remained stable in recent years.

The estimation of the number of problem drug users by regions in the Czech Republic was conducted using the same methodology and the same sources as the national estimate for the year 2002. Regionally specific proportions of problem drug users who are in contact with low-threshold facilities and the number of these users in contact were used as the basis; see Table 2-5.

[17] This method is based on a combination of a known number of defined users (e.g. in treatment, prosecuted by the police, or dead) and their share (in-treatment rate) in the whole population of problem drug users (the so-called multiplier); it also leads to an estimate of the size of the hidden population.
[18] See the note above.

Table 2-5: Prevalence of problem drug users in 2002 by regions in the Czech Republic

Region	Number of problem drug users	Per 1,000 inhabitants aged 15 – 64
Capital Prague	10,950	13.3
Central Bohemia	3,350	4.2
Southern Bohemia	1,550	3.6
Pilsen	1,850	4.8
Karlovy Vary	1,150	5.3
Ústí	4,200	7.2
Liberec	550	1.8
Hradec Králové	1,050	2.8
Pardubice	600	1.7
Vysočina	700	1.9
Southern Moravia	3,350	4.3
Olomouc	1,450	3.2
Zlín	1,550	3.7
Moravian-Silesian	2,800	3.1
Total	**35,100**	**4.9**

Map 2-1: Prevalence of problem drug users in 2002 by regions of the Czech Republic (per 1,000 inhabitants aged 15 – 64)

Despite the sustained domination of pervitin, it has been possible to trace an increase in heroin use at the cost of pervitin use and an accompanying spread of heroin to nearly all regions of the Czech Republic since 1998 (Zábranský et al. 2002). There was a shift in the number of heroin and pervitin users treated in 2002 – a decrease was recorded with regard to heroin, and an increase in pervitin-related first treatment demands was recorded. See the chapters on Drug Treatment Demand and Trends per Drug for more information.

The share of injecting heroin users in all first treatment demands entered in the register kept by the Hygiene Service has been stable, at nearly 90%, for a long time; pervitin users represent approximately 80%, with slight fluctuations in individual years (Polanecký et al. 2000; Polanecký et al. 2003; Polanecký et al. 2001; Polanecký et al. 2002). Fresh data from a HCV prevalence study confirm these results; a nomination technique provided a finding that approximately 89% of problem drug users use drugs intravenously. In comparison with 2001, there was a favourable trend in the share of injecting users in all heroin users and pervitin users among first treatment demands and all treatment demands in 2002 (92% vs. 89% of heroin users, 86% vs. 83% of pervitin users).

See the chapter on Drug-Related Infectio for other data – needle sharing, sexual risk behaviour, and drug use in prison.

3 Health Consequences

3.1 Drug Treatment Demand

The working group "Treatment Demands" was constituted in 2001 within the framework of the Phare Twinning 2000 project "Strengthening National Drugs Policy". The groups involved representatives of the Prague Hygiene Station and representatives of the Harm Reduction Section of the Association of Non-Governmental Organizations; it is possible to summarize the main outputs in three main items:

- the recording of "all treatment demands" was introduced in the register of treatment demands kept by the Hygiene Service. It is a requirement of the EMCDDA in connection with harmonized drug epidemiology indicators,[19]
- cooperation between representatives of the Hygiene Service and the Harm Reduction Section of the Association of Non-Governmental Organizations (HR A.N.O.) was developed,
- initiation of work on the development of an interface between the System of Uniform Data Collection in Low-Threshold Facilities[20] and the Register kept by the Hygiene Service; this will allow for uniform reporting of first treatment demands and all treatment demands from low-threshold facilities to the Register of the Hygiene Service; in addition, it will provide for electronic data exchange between these institutions.

3.1.1 Treatment Demand Register of the Hygiene Service

There is a functioning nationwide system for reporting first treatment demands in the Czech Republic; it started to operate within the framework of the Hygiene Service in 1995. All treatment demands have been newly monitored within the framework of this system since January 2002. 293 centres contributed to the system of the Hygiene Service of the Czech Republic in 2002; a summary is given in Table 3-1. The database of facilities was extended with facilities that had not recorded first treatment demands; they are mainly involved in the reporting of all treatment demands – e.g. therapeutic communities and after-care centres (Polanecký et al. 2003).

[19] According to the Hygiene Service, the term "all treatment demands" involves each client of treatment/outreach centres only once in each monitored year. However, according to the EMCDDA, it is each treatment episode in the course of the year provided that at least six months passed between them.

[20] The Harm Reduction Section of the Association of Non-Governmental Organizations (HR A.N.O.) has already worked on the System of Uniform Data Collection in Low-Threshold Centres project for five years. In addition to a uniform method of data collection, this system uses the coding of anonymous clients; a "Freebase" computer database has been developed in the system for the purposes of documentation and the evaluation of data about clients and services provided to them. The Harm Reduction Section and the National Focal Point are planning to implement the System of Uniform Data Collection in all low-threshold facilities in 2004.

Table 3-1: Treatment and outreach centres in the Register of the Hygiene Service in 2002 (Polanecký et al. 2003)

Type of facility	Facility		First treatment demands			All treatment demands		
	number	%	number	%	number of clients per facility	number	%	number of clients per facility
Out-patient health care	129 (103)	44.0	790 (770)	19.6	6.1 (7.5)	1,815	19.6	14.1
Out-patient non-health care	32 (21)	10.9	330 (245)	7.0	10.3 (12.3)	450	4.9	14.1
Residential	56 (26)	19.1	748 (712)	15.9	13.4 (27.4)	1,760	19.1	31.4
Low-threshold facilities	76 (72)	25.9	2,851 (2248)	60.4	37.5 (31.2)	5,212	56.4	68.6
Total	293 (234)	100	4,719 (4,228)	100	16.1 (18.0)	9,237	100	31.5

**Data from 2001 are included in brackets and they serve for comparison*

As was the case in 2001, low-threshold facilities represent the most frequented type of services; they report a mean value of at least 69 clients and 38 first treatment demands per facility and year.

Table 3-2 provides the number of all treatment demands and the numbers reported from the three treatment modalities that make the largest contributions to the reporting system; in addition, it provides total numbers of facilities and the numbers of facilities in the three most common modalities.

Table 3-2: Comparison of the number of new treatment demands and the number of reporting centres (Polanecký et al. 2003)

Year	Total number of demands	Number of demands from low-threshold facilities	Number of demands from outpatient health care	Number of demands from residential facilities	Total number of facilities	Number of low-threshold facilities	Number of outpatient health facilities	Number of residential facilities
1995	**2,905**	n.a.	n.a.	n.a.	**226**	n.a.	n.a.	n.a.
1996	**3,252**	n.a.	n.a.	n.a.	**252**	n.a.	n.a.	n.a.
1997	**3,132**	n.a.	n.a.	n.a.	**269**	n.a.	n.a.	n.a.
1998	**3,858**	1,704	1,014	551	**237**	42	126	25
1999	**3,891**	1,698	1,030	780	**259**	56	138	30
2000	**4,148**	2,020	896	691	**287**	69	145	31
2001	**4,233**	2,248	770	712	**234**	72	103	26
2002	**4,719**	2,851	790	748	**293**	76	161	56

Note: n.a. = non-applicable

All treatment demands were monitored for the first time in 2002. 9,237 persons were recorded (6,302 males and 2,895 females – the gender of 40 users was not recorded); 4,719 persons (3,173 males and 1,524 females) thereof were first treatment demands.

The share of females among first treatment demands decreased in comparison with the previous year (see Table 3-4). 4,719 newly registered treatment demands (i.e. 46 per 100,000 inhabitants; 4,460 persons in the group of 15 – 39-year-olds, i.e. 118 per 100,000 inhabitants) represent the highest yearly incidence since 1995 (Polanecký et al. 2003). It is likely that the increase in first treatment

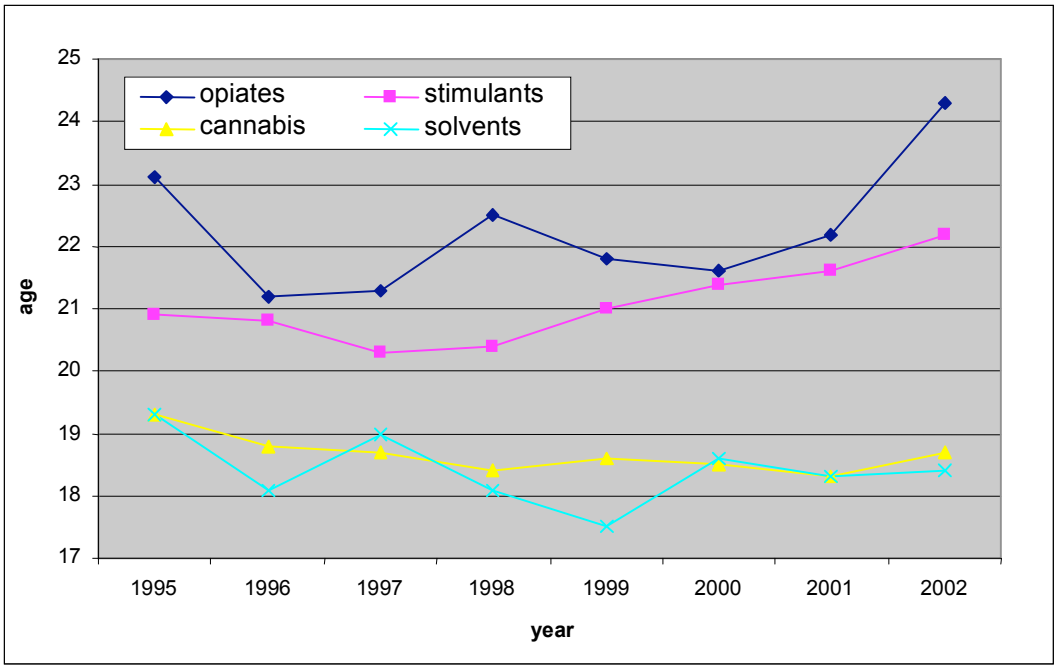
demands was not caused by an increase in the actual number of drug users but rather by the improved quality of the reporting system of the Hygiene Service system (increase in the number of reporting facilities, improvement of reporting discipline) or by the increased willingness of users to enter treatment.

The group aged 15 – 19 has remained the most represented among first treatment demands; 1,892 persons were newly registered in 2002; however, their share decreased from 41.6% in 2001 to 40.1% in 2002. The average age of first treatment demands has been increasing since 1998 - see Table 3-3, Figure 3-1 (Polanecký et al. 2003). The group aged 20 – 24 is the most represented in all treatment demands (3,427 cases). The increasing average age and the related reduction in users in younger age groups is a favourable indicator of the development of problem drug use – it is most likely that the actual incidence of problem drug users has been decreasing. This trend is especially apparent among heroin users.

Table 3-3: Average age of first treatment demands, Czech Republic, 1999 -2002 (Polanecký et al. 2003)

Drug type	1995	1996	1997	1998	1999	2000	2001	2002
Heroin and other opiates	23.1	21.2	21.3	22.5	21.8	21.6	22.2	24.3
Pervitin and other stimulants	20.9	20.8	20.3	20.4	21.0	21.4	21.6	22.2
Cannabinoids	19.3	18.8	18.7	18.4	18.6	18.5	18.3	18.7
Hallucinogens	20.0	20.5	19.4	19.4	18.0	18.6	19.8	20.6
Solvents	19.3	18.1	19.0	18.1	17.5	18.6	18.3	18.4
Sedatives, hypnotics	37.5	36.6	33.9	33.1	38.4	35.3	39.4	36.5
Other drugs and medicaments	31.0	31.4	32.2	21.7	24.4	26.0	33.7	28.2
Not specified	18.7	21.0	22.2	22.1	27.0	22.6	25.1	27.0
Total	**22.8**	**21.5**	**20.8**	**20.6**	**20.8**	**20.9**	**21.3**	**21.8**

Figure 3-1: Average age of first treatment demands in 1995 - 2002 – selected drugs, ČR, 2003 (Polanecký et al. 2003)



The average age of users of stimulants and opiates who demand treatment for the first time has been increasing since 1997 (from 20.3 to 22.2 and 21.3 to 24.3 years respectively). The average age of users of cannabinoids and solvents has been more or less stable; it has been between 18 and 19

years of age since 1996. Users of sedatives and hypnotics, or other drugs and medicaments, do not conform to this rule; they are on average ten years older than other drug users who demand treatment.

Problem users[21] (see the chapter on Problem Drug Use) represented 80.6% (7,441 cases) of all treatment demands in 2002; there were 73.6% problem users (3,472 cases) among first treatment demands - see the chapter on Problem Drug Use.

Table 3-4 (Polanecký et al. 2003) gives a comparison of selected characteristics of all treatment demands and problem users demanding treatment.

Table 3-4: Treatment demands in 2002, a comparison of selected characteristics all treatment demands and problem users in all treatment demands and first treatment demands (Polanecký et al. 2003)

Characteristics	All treatment demands	First treatment demands	All treatment demands. problem users	First treatment demands – problem users
Incidence/100,000 inhabitants	89.9	45.9	72.4	33.8
Incidence in the group aged 15 – 39 / 100,000 inhabitants	231.9	118.1	189.8	88.5
Rate of males/females	2.1 : 1	2.1 : 1	2.1 : 1	1.9 : 1
Average age	23.4	21.8	n.a.	n.a
Proportion of users aged under 19	28.7	40.1	19.0	25.1
Proportion of users aged under 25	37.1	33.5	32.2	27.2
Proportion of injecting users aged under 19 in all injecting users (%)	22.2	32.8	-	-
Number of demand – heroin users (primary and secondary drug) - percentage of all users	2,707 29.3%	947 20.1%	-	-
Number of demands – pervitin users (primary and secondary drug), percentage of all users	5,912 64%	2,932 62.1%	-	-

Selected characteristics of first treatment demands in 1995 – 2002 are presented in Table 3-5.

[21] i.e. according to the Hygiene Service, users who use stimulants (excluding ecstasy) and opiates as a primary and secondary drug

Table 3-5: First treatment demands, selected characteristics, Czech Republic, 1995 – 2000 (Polanecký et al. 2003)

Characteristic	First treatment demands							
	1995	1996	1997	1998	1999	2000	2001	2002
Incidence/100,000 inhabitants	23.9	31.5	30.4	37.4	37.7	40.3	41.2	45.9
Incidence in the group aged 15 – 39 / 100,000 inhabitants	62.9	78.7	75.1	96.3	99.0	105.5	106.1	118.1
Male/female ratio	2.4 : 1	1.9 : 1	1.7 : 1	2.0 : 1	1.9 : 1	1.9 : 1	1.9 : 1	2.1:1
Average age	22.8	21.5	20.8	20.6	20.8	20.9	21.3	21.8
Proportion of users aged under 19	47.2	57.4	54.1	52.4	49.1	47.5	43.9	40.1
Proportion of users aged under 25	44.9	54.7	51.2	46.5	40.3	38.3	35.5	32.8
Proportion of injecting users aged under 19 in all injecting users (%)	529 21.4%	1 050 32.3%	945 30.2%	909 23.6%	1 094 28.1%	1 229 29.6%	1 362 32.2%	947 20.1%
Number of demand – heroin users (primary and secondary drug) - percentage of all users	1 252 50.7%	1 757 54.0%	1 946 62.1%	2 642 68.5%	2 554 65.6%	2 576 62.1%	2 545 60.1%	2 932 62.1%

Stimulants represent the most common primary drug among first treatment demands – 2,595 cases (55% of first treatment demands); pervitin was involved in 2,389 cases thereof and ecstasy was represented in 193 cases (50.6% and 4.1% respectively, of all first treatment demands). Cannabinoids represent the second most common primary drug among first treatment demands - 1,070 cases (22.7% of all first treatment demands). More information about cannabinoids users as first treatment demands is given in the chapter on Cannabis problems in context: understanding increased treatment demand. Then there follow opiates users, with 788 cases (16.7% of all first treatment demands); heroin was involved in 675 cases thereof (14.3% of all first treatment demands); finally, inhalant users were involved in 171 cases (3.6% of all first treatment demands).

Table 3-6 provides a picture of trends in absolute numbers and shares of individual primary drug groups.

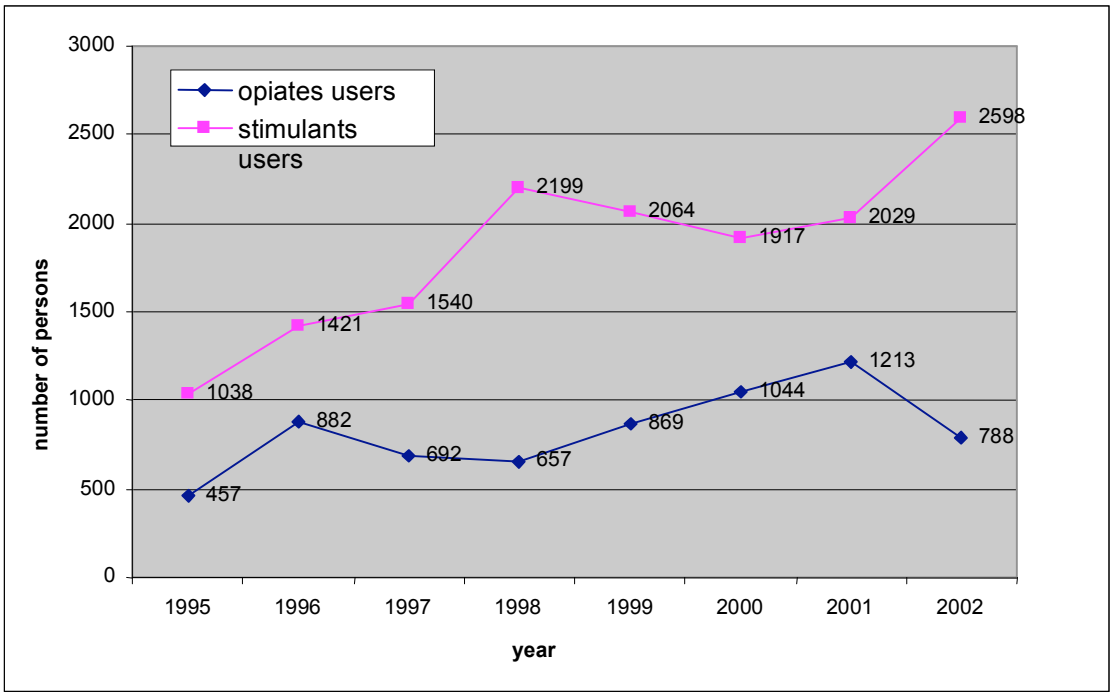
Table 3-6: First treatment demands by primary drug group, ČR, 1999 – 2002 (Polanecký et al. 2003)

Primary drug group	1999 abs.	1999%	2000 abs.	2000%	2001 abs.	2001%	2002 abs.	2002 %	Change 2001 - 2% (in the sample)	Change 2001 - 2 (%) (in the group)
Heroin and other opiates	869	22.3	1,044	25.2	1,213	28.7	788	16.9	-,11.8	- 35
Pervitin and other stimulants	2,064	53.0	1,917	46.2	2,023	47.8	2,598	55.1	+ 7.3	+ 28.4
Cannabinoids	648	16.7	912	22.0	747	17.6	1,070	22.7	+ 5.1	+43.2
Hallucinogens	44	1.1	36	0.9	25	0.6	20	0.4	- 0.2	- 20
Solvents	166	4.3	161	3.9	147	3.5	171	3.6	+ 0.1	+ 16.3
Sedatives and hypnotics	62	1.6	56	1.3	35	0.8	41	0.4	+ 0.1	+ 17.1
Other drugs and medicaments	19	0.5	17	0.4	28	0.6	25	0.5	+ 0.4	+ 13.6
Not specified	19	0.5	5	0.1	15	0.4	6	01	- 0.3	- 40
Total	**3,891**	**100.0**	**4,148**	**100.0**	**4,233**	**100.0**	**4,719**	**100.0**	**-**	**+11.5**

The number of first treatment demands with heroin as a primary drug declined in comparison with 2001 (by 35%); in 2002, the proportion of heroin users (with heroin as the primary or secondary drug) among first treatment demands also reached its lowest figure since 1995. The reason may involve the impaired availability of heroin in the first half of 2002 (see the chapter on Drug Availability and Drug Supply for more information), an increase in the use of substitutes (buprenorphine), and the decreasing number of heroin users. The year 2003 will show whether this is a temporary or a long-term phenomenon.

On the other hand, the number of first treatment demands with ecstasy as the main drug (from 48 people in 2001 to 193 in 2002), with cannabinoids as the main drug (by 43.2%), and pervitin as the main drug (by 28.4%) all increased. There was also an increase among first treatment demands by inhalant users (by 16.3%) and users of sedatives and hypnotics (by 17.1%). Figure 3-2 shows a comparison of the trend of heroin and pervitin-related first treatment demands.

Figure 3-2: First treatment demands – problem drug users 1995 – 2002 (Polanecký et al. 2003)



As far as all treatment demands are concerned, stimulants are again the most common main drug – 4,831 cases (52.3% of all treatment demands); pervitin represents 4,589 cases and ecstasy 218 cases thereof (49.7%, 2.4% respectively of all demands). Opiates were the second most common primary drug among all treatment demands – 2,353 cases (25.5% of all users); 2,060 cases thereof reported heroin as the primary drug. Cannabinoids represent the third most represented group - 1,489 cases (16.1% of all demands).

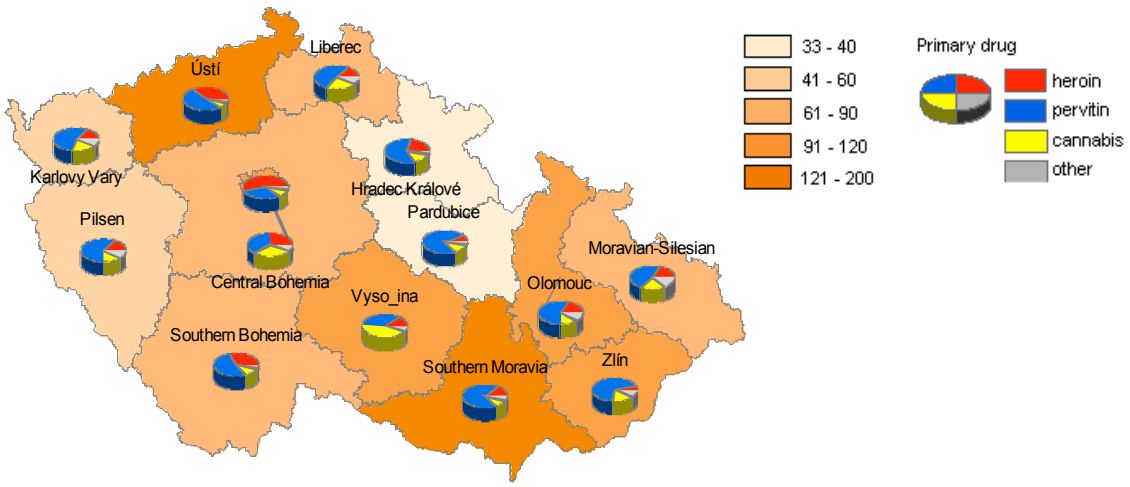
Injecting drug use (including secondary use) was recorded in 2,760 of 4,719 new treatment demands (58.5% first treatment demands in 2002, against 62.3% in 2001). Injecting use was reported in 67.4% of all treatment demands, i.e. 6,225 persons used drugs intravenously (Polanecký et al. 2003).

3.1.1.1 Treatment Demands by Regions

The relatively highest number of treatment demands (recalculated to the number of inhabitants) was reported from the Ústí region, Prague, Southern Moravia and the Olomouc region – see Map 3-1. The

highest rates of first treatment demands (in terms of their absolute number) were likewise reported from the same regions and in the same sequence.

Map 3-1: All treatment demands in 2002 by regions (per 100,000 inhabitants), (Polanecký et al. 2003)



There are marked regional differences in the types of drugs used, especially in the proportion of pervitin and heroin users.

Stimulants (especially pervitin) have spread all over the Czech Republic. In the individual regions, pervitin users represent 34.3% (Vysočina) to 80% (Pardubice) of first treatment demands. In comparison with the users of other drugs, pervitin users form the highest proportion among first treatment demands in all regions, with the exception of Vysočina and Central Bohemia, where users of cannabinoids occupy the first position. In comparison with 2001, the numbers of pervitin-related first treatment demands increased in most regions, with the exception of the Zlín region (same number) and the Karlovy Vary and the Vysočina regions (a decrease by 58 persons in total). Pervitin users represent the highest share in all treatment demands in all regions (this value ranges from 34% in Central Bohemia to 77.7% in the Pardubice region), with the exception of Prague, where opiate users occupy the leading position.

Opiate users represent 3.6% (Zlín) to 38.6% (Prague) of first treatment demands in the individual regions. With the exception of the Olomouc region (an increase of 17 people) and the Pardubice region (an increase of 6 people), the number of heroin-related first treatment demands went down In comparison with 2001. A relatively balanced ratio of heroin and pervitin users among first treatment demands can only be found in Prague. Pervitin dominates over heroin in the remaining regions.

It is likely that these regional differences are not influenced by the spectrum of services provided, because substitution treatment is the only difference in the services provided for the treatment of addiction to pervitin or heroin respectively. The relatively highest number of inhalant users can be found in the Moravian-Silesian region – 9.3% of first treatment demands and 9% of all treatment demands. Most treatment programmes, including low-threshold facilities, do not primarily focus on inhalant users, and the needs for treatment or other types of help to these users are not met; therefore, it is reasonable to believe that the extent of inhalant use is underestimated.

3.1.2 Other Registers

The Register of Hospitalizations of the Institute for Health Information and Statistics records the number of hospitalizations in psychiatric hospitals. 2,510 hospitalizations were carried out in 19 psychiatric hospitals due to disorders caused by the use of psychoactive drugs in 2002. In comparison with the previous year, the number of hospitalizations went down; 3,253 hospitalizations

in psychiatric hospitals and other 1,524 hospitalizations took place in psychiatric departments of hospitals in 2001 (these data for 2002 were not available at the time of the deadline of this Annual Report) (Ústav zdravotnických informací a statistiky, 2002). More information about this topic is included in the chapter on Drug-Free Treatment.

463 persons were involved in methadone substitution programmes in the Czech Republic in 2002, i.e. 3.4% of the estimated 12,000 – 15,000 heroin users, of whom the majority (nearly 90%) inject heroin. As at December 31, 2002, 353 patients were participating in special substitution programmes; this represents approximately 2.6% of the estimated heroin users (Ústav zdravotnických informací a statistiky, 2003b); detailed information is included in the chapter on Substitution and Maintenance Programmes.

Final reports of the projects in low-threshold facilities that were subsidized by the National Drug Commission were used to extrapolate the estimated number of drug users who were in contact with these facilities in 2002.[22] This involves 22,100 problem users[23] (8,000 heroin users, 13,100 pervitin users, 19,000 injecting drug users) and 3,200 cannabis users. The average age of the users who are in contact with low-threshold facilities is 22.3 years; there is a 2:1 ratio of males and females; see the chapter on Harm Reductionfor more information.

3.1.3 Shares of Problem Drug Users in Different Types of Care

Table 3-7: Share of heroin users and pervitin users in different types of care in 2002

Primary drug	Pervitin	Heroin	Problem drugs (heroin + pervitin) in total	
			number	%
Estimated number of all problem users	22,000	12 – 15,000	34 – 37,000	100
Number of users in contact with low-threshold facilities	13,100	8,000	21,000	59.5
Number of users in the Register of all treatment demands kept by the Hygiene Service	4,599	2,353	7,441	21
Number of users in active files of AT clinics and outpatient units of psychiatric departments[24]	5,438	8,058	13,496	38
Number of hospitalizations[25]	n.a.	n.a.	2,510	7,1
Therapeutic communities (16 facilities)	195	196	391	1,1
Number of users in substitution treatment	-	463	463	3,4

Note: n.a. = not applicable

3.2 Drug-Related Mortality

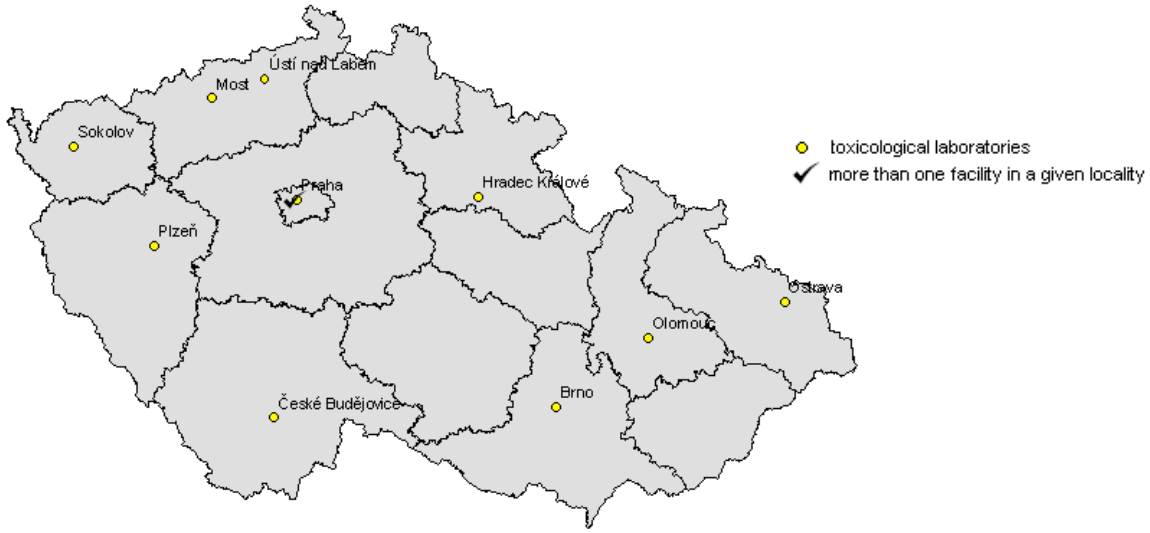
The year 2002 was the second year of operation of an automated system of collection of drug mortality data. The software was introduced in 10 out of 13[26] departments of forensic medicine and toxicology. The remaining three departments provided data in questionnaires. Czech laws (Ordinance 18/1988 Coll. of the Ministry of Health) specify mandatory dissections in all cases of sudden death when the examining practitioner could not determine the cause of death, and in all cases of violent deaths; a summary of forensic medicine departments is given in Map 3-2.

[22] This involves low-threshold centres, exchange programmes, outreach programmes, and out-patient facilities that provide harm reduction services; 93 of them operated in the Czech Republic in 2002; data from 80 facilities were available.
[23] Some of those users who use the services of low-threshold facilities meet the definition of a "treatment demand" and we believe that they appear in the Registry of Treatment Demands kept by the Hygiene Service.
[24] Number of patients who were in out-patient care in 2002 due to disorders caused by psychoactive substances (Dg. MKN 10 F11 – F19).
[25] Number of hospitalizations in psychiatric hospitals due to disorders caused by psychoactive substances (Dg. MKN 10 F11 – F19); the number of hospitalizations for the same diagnoses in hospital psychiatric departments is not available yet.
[26] The software was not introduced in the department of forensic medicine in Brno, Ostrava, and FN Na Bulovce in Prague.

Data about overdoses on narcotic and psychotropic substances are available in a consistent time series since 1998[27]; however, it is not yet possible to provide reliable recording of deaths "with the presence of narcotic and psychotropic substances", as three departments were not connected to the automated system.[28]

The whole automated system and coordination of collection of this type of data in general has been developed in close collaboration of the Czech National Focal Point and the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyně. The representatives of the council of this association were also conspicuously represented in the appropriate working group of the Phare Twinning Project; after the project ended in 2003, the National Drug Commission made a decision to award this group the status of a working group of the Czech National Focal Point.

Map 3-2: Locations of 13 toxicological laboratories participating in the system of the Czech National Focal Point for drug mortality monitoring (in comparison with the situation in 2001, two departments in FN Na Bulovce in Prague were administratively consolidated)



3.2.1.1 Drug Overdoses in 2002

Forensic medicine and toxicology departments detected 115 deaths due to overdose on narcotic and psychotropic substances in 2002. Regardless of psychotropic medicaments (see below), opiates were, as traditionally, the cause of the highest number of these overdoses (21); then, there followed solvents (14) and pervitin (8). Not a single death due to overdose on methadone (or buprenorphine) was recorded, not even in combination with another drug; at the same time, no fatal overdose of cannabis, dance drugs or their fakes, hallucinogens, and/or the relatively rare cocaine and crack was recorded.

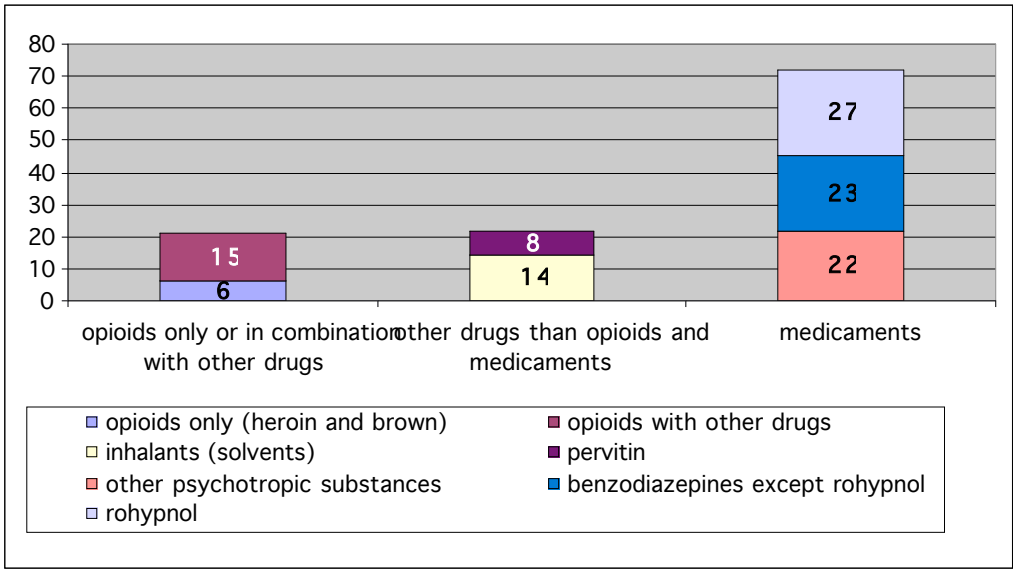
Overdoses on psychotropic medicaments represent a very heterogeneous category and it is difficult to provide an accurate assessment. The reason is that it includes suicide overdoses, accidental overdoses with *lege artis* prescribed medicaments, and also accidental overdoses on abused medicaments. In addition, it is difficult to make a distinction in the last two categories between medicaments that were prescribed by a practitioner but were abused or caused an addiction after all.

[27] With the exception of data on overdoses on solvents (see below).
[28] Detailed methodological summary of determination of acute drug-related deaths is included in an expert statement (Zábranský and Vorel, 2001); a brief terminological summary can be found in last year's annual report (Zábranský et al. 2002) on pp. 42-46.

72 overdoses on psychotropic medicaments were identified; 24 thereof were in the age group aged under 40; it is quite likely that these cases took place in connection with abuse. 50 (of 72) overdoses on psychotropic medicaments involved benzodiazepines, including flunitrazepame. It is not possible to carry out further analysis due to a shortage of anamnestic data; it remains as a challenge for the years to come.

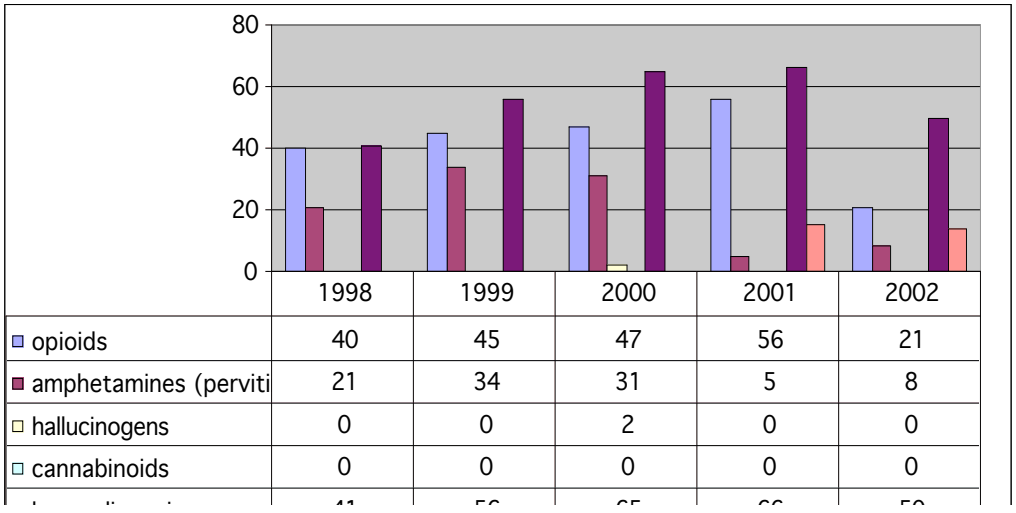
Henceforth, overdoses on psychotropic medicaments will be narrowed to overdoses on benzodiazepines, including flunitrazepame (Rohypnol®) in order to ensure compatibility with the previous years – this means that the above-mentioned division by age will not be used.

Figure 3-3: Overdoses in 2002



3.2.1.2 Development in Overdoses in 1998-2002

Figure 3-4: Overdoses on selected narcotic and psychotropic substances in 1998-2002



	1998	1999	2000	2001	2002
opioids	40	45	47	56	21
amphetamines (perviti	21	34	31	5	8
hallucinogens	0	0	2	0	0
cannabinoids	0	0	0	0	0

There has been a marked decline in all categories of acute drug-related deaths in 2002, with the exception of pervitin. Possible causes may include:

- Decrease of the “drug epidemic” that occurred after the fall of the Iron Curtain; such an interpretation is compatible with the data on the ageing of drug users (thus, about the decline in

new, inexperienced young users who are more vulnerable to overdose and other negative consequences of drug use) – see the chapter onDrug Treatment Demand,

- A picture of a fluctuating drug market; this mainly involves opiates and it is connected with the geopolitical situation and periodical failures in supplies of opiates – see the chapter on Drug Availability and Drug Supply,
- The influence of the entry of a competitive "licit" drug – buprenorphine[29] – to the black market in the regions with traditions of high overdose rates (Northern Bohemia and Prague and surroundings); this substance is markedly "safer" than illicitly prepared opiates (see the chapter on Substitution and Maintenance Programmes),
- Further development of methadone programmes (see the chapter on Substitution and Maintenance Programmes),
- More accurate diagnoses by several departments of forensic medicine and toxicology; hypothetically, it is possible that "overdoses" only used to involve suspect cases of "death with the presence of narcotic and psychotropic substances" and it was not possible to carry out retrospective source data checks,
- The reduced number of tests for narcotic and psychotropic substances in several regions; this followed from the change in the investigative tactics of the Police of the Czech Republic – due to insufficient financial resources, the police did not order such tests when the appropriate investigator made a judgment that the liability of another person was ruled out.

3.2.1.3 Drugs and Driving

Since 1998, the Forensic Medicine Department of České Budějovice Hospital has been conducting drug tests for all drivers that died in a traffic accident. According to preliminary results (Vorel, 2003), 166 out of 200 drivers examined were tested for drugs in 1998 – 2002. The influence of an illicit drug was found in two of them – one case involved pervitin and one THC (marijuana). This represents 1.2% of the total number of those dissected. Eight drivers (4.8%) were under the influence of pharmaceutical psychotropic substances at the time of the accident; eight others were under the influence of other medicaments. 72 (37%) out of 194 dead drivers tested were under the influence of alcohol.

The Czech National Focal Point is preparing an analysis of similar data that were collected at the nationwide level in 2002.

3.3 Drug-Related Infectious Diseases

3.3.1 HIV/AIDS

As at December 31, 2002, 601 HIV positive persons permanently residing in the Czech Republic were registered; 22 persons thereof are injecting drug users (IDUs) (two of them are in the AIDS stage) and 7 others are at the same time injecting drug users and homo/bisexuals – accordingly, there are two likely ways of transmission; developments are described in Table 3-8 (Brůčková et al. 2003).

[29] In the form of a branded product, Subutex®

Table 3-8: HIV+ incidence in the Czech Republic as at December 31, 2002 by the pattern of transmission (Brůčková et al. 2003)

Pattern of transmission	before 1995	1996	1997	1998	1999	2000	2001	2002	Total
Homo-/bisexual	139	31	32	15	19	27	27	28	**318**
IDU	7	1	2	3	1	4	3	1	**22**
Homosexual and IDU	1	0	1	2	0	0	2	1	**7**
Hemophiliacs	17	0	0	0	0	0	0	0	**17**
Blood recipients	14	0	0	0	0	0	0	0	**14**
Heterosexual	56	16	25	9	23	21	13	17	**180**
Mother – child	0	0	1	0	1	1	0	0	**3**
Nosocomial	0	0	0	1	1	0	0	0	**2**
Not found	15	2	2	1	5	4	6	3	**38**
Total	**249**	**50**	**63**	**31**	**50**	**57**	**51**	**50**	**601**

The situation regarding the incidence of HIV infection among injecting drug users and the total occurrence of HIV infection in the Czech Republic has been stable since the first half of the 1990s. One to four new HIV positive injecting drug users are reported every year.

819,869 laboratory tests for HIV antibodies were carried out in the Czech Republic in 2002; 49 were positive (0.006%). 1,536 HIV blood tests were reported as tests on injecting drug users; none of them was positive (a year-on-year comparison is included in Table 3-9).

Table 3-9: Testing of injecting drug users for HIV antibodies in 1994 – 2002 (Národní referenční laboratoř pro AIDS, 2003)

Year	Number of blood tests carried out	Number of positive results	Number of saliva tests carried out	Number of positive results
1994	202	0	-	-
1995	136	1	-	-
1996	316	0	-	-
1997	1,447	0	895	0
1998	2,158	0	1,124	0
1999	2,320	0	1,219	0
2000	2,091	0	1,001	0
2001	2,169	1	961	0
2002	1,536	0	734	1[30]
Total	**12,375**	**2**	**5,934**	**1**

The mode of detection of HIV positiveness among injecting users is included in Table 3-10. Only one of the 29 cases (3.4%) of HIV positive people whose anamnesis included injecting drug use (sometimes in combination with homosexual intercourse) was detected within the framework of testing in connection with risk behaviour "injecting drug use". This is why the Czech National Focal Point, in cooperation with the National Health Institute (National Reference Laboratory for HIV/AIDS and the National Programme of Fighting against AIDS), initiated activities geared towards the extension of testing of drug users in the facilities that have been designed for them – especially in low-threshold programmes that provide harm reduction services. 47 (out of 93) low-threshold facilities tested drug users for HIV antibodies; 325 saliva tests, 311 venous blood tests, and 525 orientation tests from capillary blood were carried out, i.e. 1,158 tests were carried out in total (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c).

[30] This involved a person who was to be positive as early as in 1998.

Table 3-10: Pattern of detection of HIV infection of an injecting user (Jedlička, 2003)

Reason for examination	Total number of examinations	Positive IDUs thereof
Injecting drug use	14,335	1
Promiscuous behaviour, prostitution	25,363	4
Stay at a corrective institution	72,204	2
Sexual contact with HIV+	219	2
Psychiatric patients	17,131	1
Various clinical diagnoses	573,000	13
Examination at one's own request	172,483	3
Pregnant females	1,711,410	3
Total	**2,586,145**	**29**

There are new data about HIV prevalence from testing conducted in 35 Czech prisons (Generální ředitelství Vězeňské služby ČR, 2003c) - see Monitoring of Infections in the Population of Incarcerated Drug Users, and from monitoring of testing in low-threshold facilities for drug users – see the chapter on Infection Monitoring in Low-threshold .

3.3.2 Viral Hepatitis

The data on reported new cases of acute hepatitis B and C virus infection (HBV, HCV) in the Czech Republic in 1997 – 2002 make it obvious that there is a decrease in acute cases of both types of parenteral viral hepatitis. It is not possible to distinguish between acute or chronic infection in most cases of first detection of HCV; therefore, a more objective picture of the situation can be found in an overview of all reported HCV cases, including the chronic ones. Even though the share of HCV in all cases has been stable in the last years (around 60%, see Table 3-11), HCV incidence among injecting drug users (including chronic cases) shows an upward trend.

Table 3-11: Reported incidence of HBV and HCV and the rate of injecting drug users in the Czech Republic in 1997 – 2002 (Beneš and Částková, 2003; Polanecký et al. 2003)

VH type	Year	Total number of cases	Injecting drug users thereof	Share of injecting drug users (%)
Acute HBV	1994	710	-	-
	1995	604	-	-
	1996	680	39	5.7
	1997	564	46	8.3
	1998	575	107	18.6
	1999	636	150	23.6
	2000	604	168	27.8
	2001	457	134	29.3
	2002	413	118	32.4
HCV	1994	128	-	-
	1995	216	-	-
	1996	279	95	34.1
	1997	273	132	48.4
	1998	448	261	58.3
	1999	634	362	57.1
	2000	637	365	57.3
	2001	798	499	62.5
	2002	858	512	59.7
Acute HCV thereof (Polanecký et al. 2003)	1997	220	116	52.7
	1998	319	195	61.1
	1999	329	211	64.1
	2000	319	215	67.4
	2001	276	167	60.5
	2002	213	127	59.6

It is necessary to note that recorded incidence is not a valid indicator for the monitoring and assessment of HBV and HCV prevalence in the group of injecting drug users because HBV and HCV are latent in a considerable portion of the cases (HBV in 50% and more and HCV in more than 75%); the actual occurrence of viral hepatitis is markedly higher.

A far better picture of the occurrence of viral hepatitis can be provided by testing the population for the presence of antibodies against individual causal agents of individual types of hepatitis – i.e. by means of a seroprevalence[31] survey. The results of several surveys or monitoring systems of various user groups are available in this field.

In addition to the studies that were published in the Annual Report on Drug Situation 2001 - Czech Republic (Zábranský et al. 2002), interim results from the survey of the Czech National Focal Point "HCV Seroprevalence among Injecting Drug Users" (see below) and the survey "Prevalence of Serological Markers of HBV and HCV Infections among Drug Addicts Treated in Prague's methadone centre Drop In o.p.s." (Wilczek and Urbánek, 2003) are also available. Table 3-21 provides a detailed summary of data from these surveys. Other newly obtained data about VH prevalence come from testing in 35 Czech prisons (Generální ředitelství Vězeňské služby ČR, 2003c), and they are summarized in the subchapter Monitoring of Infections in the Population of Incarcerated Drug Users. In addition, the monitoring of testing of drug users in low-threshold facilities was used and it is dealt with in the subchapter Infection Monitoring in Low-threshold .

A comparison of these surveys (see Table 3-21) shows considerable differences in the presence of antibodies; they follow from local differences and especially from different user characteristics of the sample in the surveys. HBV and HCV antibody presence especially depend on the length and frequency of injecting use.

3.3.2.1 Study "HCV Seroprevalence among Injecting Drug Users"

In the second half of 2002, the Czech National Focal Point initiated a multicentric survey, "HCV Seroprevalence Among Injecting Drug Users". The objective of this survey was to find out about the presence of antibodies among active injecting drug users in the Czech Republic and to identify the factors that influence this prevalence. Twelve low-threshold facilities were involved in the survey (see

[31] Seroprevalence = presence of antibodies against a given infection in blood serum; it is a sign that the person was in contact with this infection in the close or distant past.

Table 3-12); it is planned that the basic part will be completed in the second half of 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2002). So far, 619 interviews and tests have been carried out in the basic part; there were 193 (31.2%) HCV positive persons in this sample. 526 questionnaires have been processed thoroughly so far. In the sample that has been processed so far, there are 177 females (33.7%) and 349 males (66.3%); positive test results were less frequent among females (26.3%) than among males (33.5%). In the processed sample, the results of the test were also analyzed by age, length of regular intravenous use, needle sharing, incarceration, and injecting use in prison (see Table 3-15 and Table 3-16). The results indicate that the likelihood of HCV occurrence among injecting users increases with the length of regular injecting use, needle sharing, incarceration, and injecting use in prison. Map 3-3 provides data about HCV seroprevalence by facilities operating in a given region.

Map 3-3: Interim results of the survey HCV Seroprevalence among Injecting Drug Users" by the region where the facility operates (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Table 3-12: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey by facility (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Facility	Expected number of respondents in the basic part of the survey	Number of respondents tested hitherto	HCV positive	
			abs.	%
KC Děčín	35	33	12	36,4
KC Ústí	90	91	50	54,9
KC Opava	40	28	2	7,1
KC Liberec	40	36	5	13,9
KC České Budějovice	36	28	13	46,4
KC Tábor	45	36	6	16,7
KC Brno	70	65	14	21,5
Drop In Prague	180	90	46	51,1
KC Plzeň	90	59	9	15,3
KC Hradec	65	64	10	15,6
KC Jihlava	25	18	1	5,6
KC SANANIM Prague	180	55	23	41,8
Total	**896**	**619**	**193**	**31,2**

Note: KC stands for "low-threshold centre".

Table 3-13: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey by age (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Age	Respondents		HCV positive	
	abs.	%	abs.	%
16 - 20	173	33.0	24	13.8
21 - 25	177	33.8	57	32.2
26 - 30	69	13.2	33	47.8
31 - 35	65	12.4	21	47.7
36 - 40	22	4.2	10	45.5
More	17	3.3	9	52.9
Total	**523**	**100.0**	**164**	**31.4**

Table 3-14: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey by the length of regular injecting use (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Length of injecting use	Respondents		HCV positive	
	abs.	%	abs.	%
1 - 6 months	70	13.5	5	7.1
6 - 12 months	68	13.1	11	16.2
1 - 2 years	82	15.8	17	20.7
2 - 5 years	167	32.1	49	29.3
5 - 10 years	86	16.5	47	54.7
More	47	9.0	36	76.6
Total	**520**	**100.0**	**165**	**31.7**

Table 3-15: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey in connection with incarceration (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Prison	Respondents		HCV positive	
	abs.	%	abs.	%
No	296	59.4	73	24.7
Yes	202	40.6	89	44.1
In custody thereof	48	9.6	18	37.5
Total	**498**	**100.0**	**162**	**33.1**

Table 3-16: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey in connection with injecting use in prison (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Injecting use in prison	Respondents		HCV positive	
	abs.	%	abs.	%
Yes	81	40.1	42	51.9
First time thereof	6	3.0	2	33.3
No	121	59.9	47	38.8
Total	**202**	**100.0**	**89**	**44.1**

3.3.2.2 Monitoring of Infections in the Population of Incarcerated Drug Users

The results of testing drug users in Czech prisons for selected infections were collected in 2002 (Generální ředitelství Vězeňské služby ČR, 2003c) - see Table 3-17.

Table 3-17: Results of testing drug users in Czech prisons for selected infections in 2002 (Generální ředitelství Vězeňské služby ČR, 2003c)

Infections	Number of tests	Positive result	%
HIV	674	3	0.4
HAV	1,341	123	9.2
HBV	1,438	282	19.6
HCV	1,319	686	52.0
Syphilis	1,392	138	9.9

3.3.2.3 Infection Monitoring in Low-threshold centres

Cumulative data were collected on testing for selected infections in low-threshold programmes in the Czech Republic in 2002. 34 low-threshold centres submitted a questionnaire to the Czech National Focal Point; a summary of the results is included in Table 3-18.

Table 3-18: Results of testing for selected infections among injecting users in low-threshold facilities in the Czech Republic in 2002 (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Infection	Number of tests	Positive result	%
HIV	917	1	0.1[32]
HAV	144	1	0.7
HCV	998	159	15.9
Syphilis	176	2	1.1

2002 was the first year in which data were collected about testing for infections in prisons and in low-threshold facilities. It is possible to assume that the quality and reliability of data and the regional coverage will increase in the years to come.

3.3.3 Risk Behaviour

The data regarding needle sharing in the last 3 months range from 25% (Minařík and Zahradník, 2003) to 51% (Mravčík and Šebáková, 2002); sharing in the course of one's whole drug career ranges from 49% (Polanecký et al. 2001) to 91% of injecting drug users (Mravčík and Šebáková, 2002). According to the survey "Rapid Assessment – Assessment of the Drug Situation in the Pardubice region", 40% of respondents report that needle sharing is absolutely unacceptable for them; 33% of respondents use efficient disinfection before injecting; on the contrary, 33% never use disinfection (Minařík and Zahradník, 2003).

Table 3-19 presents the interim results of the survey "HCV Seroprevalence among Injecting Drug Users" with regard to sharing injecting materials.

Table 3-19: Interim results of the survey "HCV Seroprevalence among Injecting Drug Users" with regard to sharing injecting materials (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Needle sharing	Respondents		HCV positive	
	abs.	%	abs.	%
Yes	332	63.2	120	36.1
Only with a partner	75	14.3	19	25.3
No	106	20.2	23	21.7
I don't know	12	2.3	3	25.0
Total	**525**	**100.0**	**165**	**31.4**

Even the data about the sexual behaviour of drug users vary. 11% (Miovský et al. 2001) to 40% (Minařík and Zahradník, 2003) of those surveyed have a permanent sexual partner; 9% (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a) to 20% (Minařík and Zahradník, 2003) of the respondents reported performing sex for money or drugs. 4% (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a) to 50% (Minařík and Zahradník, 2003) never use a condom, and 20% (Minařík and Zahradník, 2003) to 39% (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a) of those surveyed use a condom most of the times. 78% of respondents admit that they have had more than five sexual partners – see Table 3-20.

[32] This case involves an infection that had already been detected in 1998

Table 3-20: Interim results of the "HCV Seroprevalence among Injecting Drug Users" survey in connection with the lifetime number of sexual partners (Národní monitorovací středisko pro drogy a drogové závislosti, 2003a)

Number of sexual partners	Respondents		HCV positive	
	%	abs.	%	
0	4	0.8	0	0
1 – 5	112	21.3	26	23.2
6 – 10	119	22.6	36	30.3
More than 10	291	55.3	103	35.4
Total	**526**	**100.0**	**165**	**31.4**

3.3.4 Summary – Infectious Diseases in the Group of Drug Users

The results that are available on seroprevalence and the incidence of HIV and hepatitis B and C virus infection among the population of drug users in the Czech Republic suggest that the situation has remained stable during the last three years. Among the population of clients of low-threshold facilities, HBV prevalence is around 10%, and it is 40 – 50% among the population of long-term and severe opiate users in substitution treatment. HCV prevalence among the clients of low-threshold facilities is approximately 35%, and approximately 60% among the population of substitution treatment clients. It is frequently the case that a combination of both of these types can be found among the population of long-term users (40% approximately). HBV and HCV prevalence among incarcerated drug users comes close to the prevalence among long-term and severe opiate users in substitution treatment; this indicates that this population is at high risk in terms of HBV and HCV transmission. HIV prevalence among Czech drug users has been very low from the long-term point of view; see Table 3-21.

Table 3-21: Seroprevalence of infections among the group of injecting drug users – overview of available data for the Czech Republic in 1998 – 2003 (Generální ředitelství Vězeňské služby ČR, 2003c; Mravčík and Šebáková, 2002; Národní monitorovací středisko pro drogy a drogové závislosti, 2003a; Národní monitorovací středisko pro drogy a drogové závislosti, 2003c; Wilczek and Urbánek, 2003; Řehák and Krekulová, 2002)

Infection	Geographic region	Subpopulation	Year (period)	Number of the tested	Presence of antibodies (%)
HBV	**Karviná**	**Low-threshold facility clients**	1998 – 2001	308	8.6
	Czech Republic	**Incarcerated drug users**	2002	1,438	19.6
	Prague	**Methadone substitution clients**	2000	60	46
	Prague	**Methadone substitution clients Drop in**	2000 – 2002	154	49.8
HCV	**Czech Republic**	**Drug users - low-threshold facility clients**	2002	998*	15.9
	Karviná	**Low-threshold facility clients**	1998 – 2001	308	21.1
	Czech Republic	**Testing within the survey "HCV Seroprevalence among Injecting Drug Users"**	2002	619	31.2
	Ústí nad Labem	**Clients of a low-threshold facility**	1999	224	37.1
	Prague	**Methadone substitution clients**	2000	60	68
	Prague	**Methadone substitution clients Drop in**	2000 – 2002	154	59.1
	Czech Republic	**Incarcerated drug users**	2002	1,319	52.0
HBV +HCV	**Prague**	**Methadone substitution clients Drop in**	2000 – 2002	154	37.7
HIV	**Czech Republic**	**HIV tests of drug users recorded by the National Reference Laboratory**	2002	2,270	0.04
	Czech Republic	**Incarcerated drug users**	2002	674	0.4
	Czech Republic	**Drug users - low-threshold facility clients**	2002	617*	0.1
Syphilis	**Czech Republic**	**Incarcerated drug users**	2002	1,392	9.9
	Czech Republic	**Drug users - low-threshold facility clients**	2002	176*	2

** This involves the number of tests, not the number of tested persons*

3.4 Other Drug-Related Morbidity

3.4.1 Non-fatal Drug Emergencies

The collection of data about non-fatal emergencies is based on the system operated by the Hygiene Service (Polanecký et al. 2003). Considerable regional differences in data collection systems have persisted, both in terms of quality and quantity. Various types of health care facilities represent a source of data about drug-related emergencies. A comparison of the rate of intoxications in 2001 and 2002 by the individual drugs is provided in Table 3-22.

Table 3-22: Drug-related non-fatal emergencies in the Czech Republic, comparison of 2001 and 2002 by individual drugs (Polanecký et al. 2003; Polanecký et al. 2002)

Drug	2001		2002		Difference 2002 – 2001 (%)
	abs.	%	abs.	%	
Heroin	285	24.1	176	17.6	-38.2
Methadone	2	0.2	6	0.6	200.0
Other opiates	16	1.4	23	2.3	43.8
Pervitin	163	13.8	191	19.1	17.2
Ecstasy	15	1.3	4	0.4	-73.3
Cocaine	4	0.3	2	0.2	-50.0
Amphetamines and other stimulants	4	0.3	12	1.2	200.0
Marijuana and hashish	63	5.3	101	10.1	60.3
Barbiturates	19	1.6	16	1.6	-15.8
Benzodiazepines	137	11.6	89	8.9	-35.0
Sedatives, hypnotics	176	14.9	121	12.1	-31.3
LSD	3	0.3	2	0.2	-33.3
Psillocybin	15	1.3	7	0.7	-53.3
Solvents	75	17.8	58	5.8	-22.7
Datura	4	0.3	0	0	-100.0
Other drugs and medicaments	182	15.4	179	17.9	+2.5
Not specified	20	1.7	13	1.3	-35.0
Total	**1183**	**100**	**1000**	**30**	**-15.5**

3.4.2 Psychiatric Comorbidity

This issue is dealt with in a special chapter, Comorbidity.

3.4.3 Other Health Consequences

The surveys focusing on the health of opiate users before they enter substitution treatment (a sample of 101 persons, 77 males and 24 females aged 20 - 47) demonstrated that liver functions were affected (increased values of liver enzymes – alanin aminotransferase 35%, aspartate aminotransferase 31%, hepatomegaly 28%, and a fatty liver were found in 15% of the sample), effects on the immune system signalling hidden infection (hypernormal IgM 38% and C-reactive protein 25% of the sample), and testosterone deficiency among males (63% of the sample) (Wilczek et al. 2002).

The occurrence of life-threatening events, i.e. injuries, poisonings, traffic accidents, violence, and suicide attempts was monitored in a sample of 158 males treated in the addiction department of the Bohnice Psychiatric Hospital (Nešpor et al. 2003). 57.8% of the patients had experienced a life-threatening event (73.2% of drug addicts, 52.5%, of alcohol addicts, 50.0% of gamblers). There was an average of 2.5 life-threatening events among those who had experienced them. As far as illicit drug addicts were concerned, overdoses (51.2%) were the most frequent, followed by a tragic life-threatening event (31.7%) and suicide attempts (29.3%). Then there followed violence (14.6%) and other injuries (7.3%). The life-threatening events may complicate addiction treatment; however, they can also have a positive effect because they may facilitate a shift from the pre-contemplation or contemplation phase to the phase of taking a decision to change or seek treatment (Nešpor and Csémy, 2003).

See the chapter on Drug-Related for information about the influence of drugs on traffic accidents, or, more accurately, the presence of drugs and their metabolites in the bodies of people who were involved in traffic accidents.

The oral health (dentition and oral cavity) of drug users is worse than that of the general population. According to the survey of a sample of 30 Czech drug addicts aged 17 – 40 (Krutina et al. 1998), the condition of oral hygiene is at a very low level. The average value of the KPE index (an index relating to caries, fillings, and teeth extractions) was 16.2; this is higher by one third than is the case among the general population (12.4). The condition of the parodontium did not differ significantly. Only 4.5% of the users had healthy gums; 45.5% had dental plaque and 27.3% parodontal pockets. Only 45.5% had visited a dentist in the last 12 months, and up to 27.2% only brushed sometimes or never at all. The survey of alcohol addicts (Pilinová et al. 2002) demonstrated a similarly low level of oral hygiene (KPE 16.31).

The survey carried out by authors from Brno (Kachlík et al. 2002) dealt with the nutritional habits of marijuana smokers. A comparison with the general population showed that the marijuana smokers (the sample consisted of 32 males aged 20 – 25, of whom 16% smoke marijuana 3 – 5 times per week and 84% every day) have a lower intake of animal proteins and vitamins A and B1, a higher intake of linoleic acid, an insufficient intake of cereals, vegetables, fruits and milk products, and an excessive intake of sweeteners, fats and oils.

4 Social and Legal Correlates and Consequences

4.1 Social Problems

Drug use, especially long-term and problem drug use, does not only affect the health of the user; due to the lifestyle of drug users, it is also connected with problems in the social field. The most frequent social consequences or correlations involve complicated or completely discontinued relations with the family and the work or school environment; then, it also concerns a low level of educational achievement or even incomplete education and the related low level of qualification, unemployment, and a poor housing situation that sometimes even leads to homelessness; it is often accompanied by criminality and prostitution.

In certain cases, the cumulative effect of the above-mentioned social problems, together with problem drug use, leads to social exclusion. Social exclusion is often supported by negative attitudes on the part of society towards a given group of citizens. Drug users have become a marginal group (Beranová, 1998). However, social exclusion does not necessarily involve drug users only – it is often connected with several ethnic and national minorities.

4.1.1 Social Problems of Drug Users Demanding Treatment

The Hygiene Service monitors selected social characteristics of those who make treatment demands. The data for 2002 allow for comparisons between first treatment demands and repeated treatment demands. More than 7% of the total number of 9,237 treatment demands involved homeless people; another 5% live or stay in various facilities (e.g. in a diagnostic or educational institution, therapeutic community, prison, or shelter). Among the repeated treatment demands, there is an apparent shift towards more problematic housing – they involve a higher number of people living in a facility and nearly 10% of homeless people (Table 4-1).

Table 4-1: Selected social characteristics of treatment demands, (%) (Polanecký et al. 2003)

Characteristic	All clients	First treatment demand	Repeated treatment demands
Homeless	7.4	5.8	9.1
Living in a facility	5.3	4.6	6.0
Unemployed, occasional work	50.4	42.7	58.5
Incomplete primary education	4.7	6.7	2.5
Primary education only	47.2	48.3	46.0

Most drug-related first treatment demands involve unemployed people; the rate of repeated treatment demands is even higher (nearly 59%). The high unemployment rate is often accompanied by a

poor financial situation on the part of the drug users – treatment-demanding users who have been unemployed for a long time often do not use the social welfare system (they do not collect unemployment benefits or other social benefits). Consequently, the lack of financial resources is connected with secondary criminality, drug dealing, or prostitution. Another handicap is the low level of education among drug users – 52% of those who made treatment demands only had basic or incomplete education.

4.1.2 Social Problems in Roma Communities

Since the first half of the 1990s, there have been isolated reports about an increasing problem with drug use and drug addiction in Roma communities, especially among Roma youth. Systematic research into this issue was not available in the Czech Republic until 2002.

It seems that the different family and community characteristics and lifestyles within the Roma community are also revealed in the field of drug use (e.g. multiple-generation use in families). The Roma hardly ever use the services in the field of harm reduction, treatment, and resocialization programmes for problem drug users. Substitution treatment programs, namely the programme in Ústí nad Labem, are the only exception.

The "Social Workers Support Programme" was implemented in 81 Roma communities in 2002. At the beginning and end of the year, the situation in the communities was monitored with regard to selected negative social phenomena – unemployment, truancy, drug use, insufficient hygiene, illiteracy, usury, gambling, prostitution, criminality, and low-quality housing. In addition to the occurrence of a given phenomenon, the seriousness of the phenomenon in the community was always assessed. The level of seriousness[33] was evaluated by Roma field workers, who received training for this programme; to a certain extent, this evaluation may be distorted by the subjective opinions of the workers.

By the end of 2002, drugs were prevalent in 74% of the communities monitored (Table 4-2). The outputs of the programme showed that more than 85% of communities also face unemployment, truancy, and low-quality housing; more than 75% have to deal with gambling, criminality, and insufficient hygiene, and more than 60% of communities struggle with illiteracy (Kancelář Rady vlády pro záležitosti romské komunity, 2003).

The analysis confirmed that there is a close correlation between the individual negative phenomena monitored, e.g. the occurrence of drugs correlates in a significantly with the occurrence of criminality (correlation coefficient = 0.541), prostitution (0.526), gambling (0.485), and truancy (0.437). In the communities where drugs are prevalent, criminality is 19 times more frequent, truancy 15 times, gambling 10 times, and usury 6 times more frequent. The seriousness of other negative phenomena also goes up with the increasing seriousness of one phenomenon.

[33] Level of seriousness of the phenomenon: 1 the phenomenon is hardly present, 2 somewhat serious (it only occurs randomly), 3 serious (it occurs among a group with not too many members), 4 more serious (it occurs among a group with more members), 5 very serious (it occurs among more than a half of the group).

Table 4-2: Prevalence of drugs and seriousness of the phenomenon at the beginning and end of 2002 (Kancelář Rady vlády pro záležitosti romské komunity, 2003)

Region	Number of monitored communities	Total number of people	Beginning of 2002		End of 2002	
			Drug prevalence (% of communities)	Seriousness of the phenomenon[34]	Drug prevalence (% of communities)	Seriousness of the phenomenon
Capital Prague	2	95	50	2.00	50	2.00
Central Bohemia	5	589	100	2.80	100	2.40
Southern Bohemia	1	120	100	2.00	100	1.00
Pilsen	6	303	67	4.25	50	2.67
Karlovy Vary	1	15	0	0.00	0	0.00
Ústí	17	1,305	100	3.29	88	3.07
Liberec	3	499	100	4.00	100	3.67
Hradec Králové	6	1,272	67	2.50	67	2.25
Pardubice	13	672	23	3.00	23	2.33
Southern Moravia	4	303	100	3.25	100	3.00
Zlín	6	347	67	2.50	50	3.00
Olomouc	9	1,136	78	2.57	78	3.00
Moravian-Silesian	8	2,017	88	3.86	88	3.29
Total	**81**	**8,673**	**74**	**3.17**	**69**	**2.88**

Note: No Roma community was monitored in the Vysočina region.

The situation in the field of drug use in Roma communities was found to be the most serious in the Liberec region (the Nový Bor locality), the Moravian-Silesian region (the Bruntál locality) and the Ústí nad Labem region (the Duchcov, Terezín, Most, and Chomutov localities). The situation is also serious in the Olomouc region (localities in Olomouc, Jeseník, and Prostějov), in the Southern Moravian region (two localities in Brno), and the Zlín region (three localities in Vsetín).

To a great extent, the differences between individual communities may also be associated with different Roma ethnicities. However, the monitoring of the situation and the programme implementation did not distinguish between the individual Roma ethnicities, even though there were marked differences in their lifestyles and other characteristics.

In Roma communities, marijuana is the most widely reported drug (49.4% of communities), followed by toluene (44.4%), pervitin (22.2%), heroin (11.1%), and medicaments (11.1%). Ecstasy, cocaine, and hashish were only prevalent in a small number of communities (Kancelář Rady vlády pro záležitosti romské komunity, 2003). It is very frequent that several drugs are combined – as the number of drugs monitored went up, the field workers assessed the situation in the field of drug use as more serious. In comparison with the data from general population surveys or data about treatment demands, it is possible to estimate that toluene occupies a more prominent position among drugs in Roma communities.

The Commission for National Minorities keeps an eye on social problems in the Roma community. In this group of inhabitants, the most serious issues involve unemployment and associated economic and social problems, which result in a failure to send children to school and preferring children to work than receive education. In addition, social exclusion of the Roma ethnic group, resulting from an accumulation of social problems, is promoted by the negative attitudes of the majority towards the Roma, discrimination, and manifestations of racism and xenophobia (Rada vlády pro národnostní menšiny, 2002). This accumulation of social problems in Roma communities – their poor social

[34] See the note above

situation, discrimination, and manifestations of racism - contribute to the decision of the Roma to migrate abroad (Zhřívalová and Kocourek, 2003).

The Hvězda association is currently implementing two projects - "Romský terén" (The Roma Outreach) and "Baterie" (Battery); they focus on monitoring the scale and modes of drug use in Roma communities and the assessment of service availability to the Roma (Svobodová, 2003).

4.2 Drug Offences and Drug-Related Crime

4.2.1 Drug-Related Criminal Offences According to the Data of the Police of the Czech Republic

The Police of the Czech Republic detected 372,341 criminal offences in 2002, for which 123,964 offenders were prosecuted (Policejní Prezidium ČR, 2003).

This number includes 4,330 drug-related criminal offences (i.e. criminal offences according to the provision of Section 187 to Section 188a of the Penal Code[35]); 2,204 offenders were prosecuted[36] for these criminal offences. There were 122 children among these cases (in these instances, the cases are suspended due to their underage status), 329 (15%) juveniles (aged 15 to 18), and 633 (29%) habitual offenders.

There is still a relatively high clear-up rate for drug-related criminal offences (i.e. the number of detected criminal offences where the offender was found) – in 2002, it ranged from 90.2% (Section 187a of the Penal Code) to 95.4% (Section 188 of the Penal Code); the mean clear-up rate of all criminal offences was 40.7%. This difference especially follows from the nature of drug-related criminal offences – in most cases, the offender is already known (or suspected) when the offence is detected.

Due to the shift in police statistics regarding the reporting of criminal offences that was described in the Annual Report on Drug Situation 2001 - Czech Republic (Zábranský et al. 2002), only the data reported by the police since 2000 have been relevant for monitoring the trends in detected criminal offences (Table 4-3, Figure 4-1). It is possible to use data from previous periods for a comparison of the number of persons prosecuted (Table 4-4, Figure 4-2). The number of detected drug-related criminal offences has been relatively stable in the last three years, but the number of offenders prosecuted keeps increasing every year. There was a relatively significant increase in the number of criminal offences detected and persons prosecuted for criminal offences of the unauthorised production and possession of narcotic and psychotropic substances and poisons, according to Section 187 and Section 188; on the contrary, a decline in both indicators was reported for criminal offences of the promotion of drug addiction, according to Section 188a.

Table 4-3: Number of detected drug-related criminal offences, according to data of the Police Presidium of the Czech Republic

Year	Section 187	Section 187a	Section 188	Section 188a	Total
2000	3,292	212	122	832	**4,458**
2001	3,198	241	157	613	**4,209**
2002	3,359	285	216	470	**4,330**

[35] **The Sections 187, 187a and 188** of the Criminal Code **- Unauthorised Production and Possession of Narcotic and Psychotropic Substances -** involve different forms of unauthorised handling of narcotic drugs and psychotropic substances and precursors (and poisons):

Section 187 of the Criminal Code involves unauthorized production, import, export, transit, offering, mediation, sale or another manner of provision of a drug for another person and possession of a drug for another person;

Section 187a of the Criminal Code involves unauthorized possession for personal use of a drug in a quantity "greater than small";

Section 188 of the Criminal Code involves production, provision and possession of tools intended for unauthorized production of drugs.

Section 188a of the Criminal Code - Promotion of Drug Addiction - involves temptation, support, stimulation or promotion of drug abuse.

[36] In criminal statistics, the term "prosecution" is also used in cases where the persons were not formally accused (e.g. offences committed by children) – it involves persons that are suspected and investigated in connection with drug law offences.

Table 4-4: Number of persons prosecuted, according to the data of the Police Presidium of the Czech Republic

Year	Section 187	Section 187a	Section 188	Section 188a	Total
1996	827	0	20	126	**973**
1997	887	0	45	131	**1,063**
1998	1,075	0	49	231	**1,355**
1999	1,436	98	42	177	**1,753**
2000	1,412	139	78	186	**1,815**
2001	1,525	166	80	181	**1,952**
2002	1,757	178	120	149	**2,204**

Figure 4-1: Development in the number of drug-related criminal offences detected by the Police of the Czech Republic

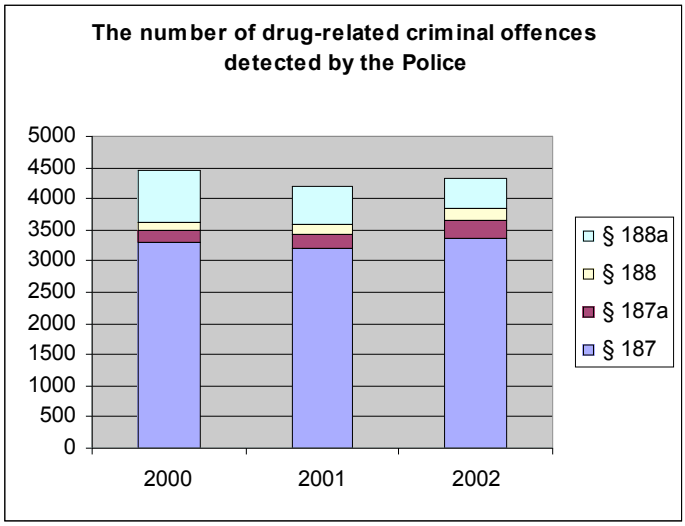
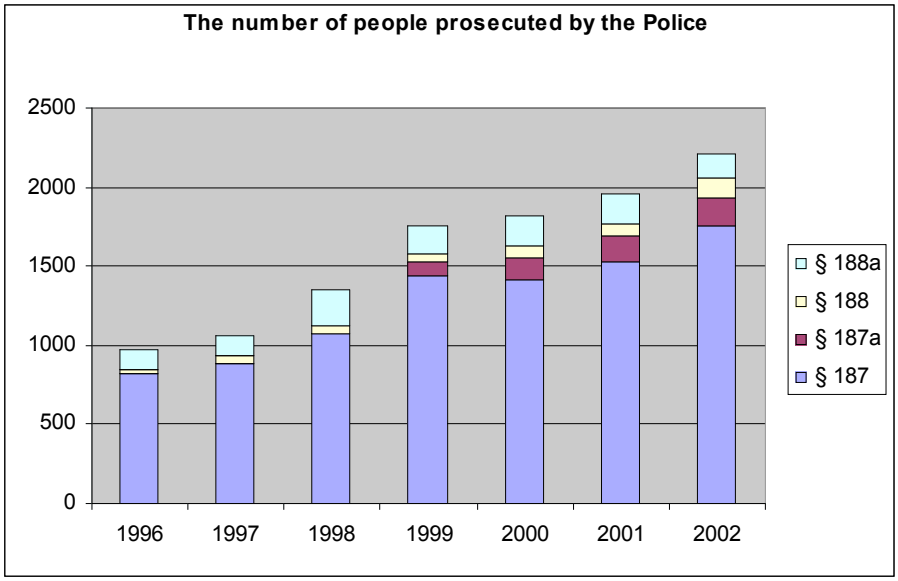


Figure 4-2: Development in the number of people prosecuted by the Police of the Czech Republic for drug-related criminal offences



At the same time, it was the first time that the National Drug Squad provided data about prosecuted persons accused of the criminal offences of the unauthorized production and possession of narcotic and psychotropic substances and poisons, according to Section 187, Section 187a, and Section 188 (2,000 persons, according to the data of the National Drug Squad) that were divided by the type of the drug that was involved in the given case - see Table 4-5. In those cases where more types of narcotic and psychotropic substances were seized, the offender is always reported only once, namely by the type of the narcotic and psychotropic substances of which he/she possessed the most.

Table 4-5: Persons accused in 2002 by the type of the drug (NPC, 2003)

Drug type	Trafficking, production (Sections 187, 188)	Possession for personal use (Section 187a)	Total	Share (%)
Marijuana and hashish	665	83	748	37.4
Heroin	141	16	157	7.9
Cocaine	9	1	10	0.5
Amphetamines	707	74	781	39.1
Ecstasy	120	20	140	7.0
LSD	3	1	4	0.2
Other drugs	146	14	160	8.0
Total	**1,791**	**209**	**2,000**	**100.0**

4.2.1.1 Share of Juveniles in Drug-Related Criminal Activities

Drug-related criminal activities have remained the field with the highest involvement of underage offenders. Juveniles represented 6.2% of the 123,964 offenders involved in all solved criminal offences, while they were involved in 14.9% of drug-related criminal offences.

According to the data reported by the police (Ministerstvo vnitra ČR, 2003b), the number of juvenile drug offenders increased by nearly 50% in 2002 (from 221 in 2001 to 329 in 2002) while the share of these offenders in all criminal offences in general decreased by 17% (to 7,698 persons). This increase was the most apparent in criminal offences prosecuted according to the provision of Sections 187 and Section 187a respectively.

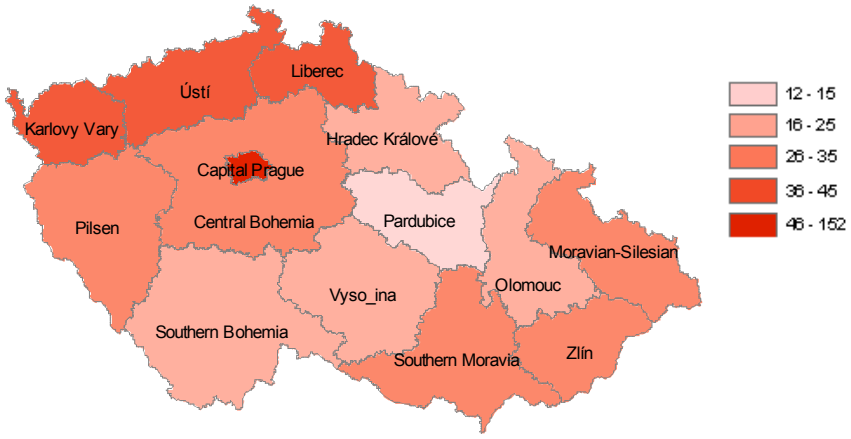
4.2.1.2 Regional Differences

As expected, the highest number of criminal offences – including drug-related criminal offences – was recorded in Prague. 1,762 drug-related criminal offences were detected in 2002; this represents at least 40% of all drug-related criminal activities in the Czech Republic. As far as other regions are concerned, Southern Moravia, Central Bohemia, the Moravian-Silesian and Ústí regions were those most affected; the Pardubice region was the least affected (Table 4-6). Regional statistics of the share of drug-related criminal activities in all detected crimes are more balanced. The share ranges from 0.55% in the Pardubice region to 1.71% in Prague; the mean value for the whole Czech Republic is 1.16% (Table 4-6, Map 4-1).

Table 4-6: Drug-related criminal offences detected by the Police of the Czech Republic by regions

Region	Criminal offences	Drug-related criminal offences	Share (%)	Drug-related criminal offences per 100,000 inhabitants
Capital Prague	102,873	1,762	1.71	152
Central Bohemia	42,149	390	0.93	35
Southern Bohemia	16,304	146	0.90	23
Pilsen	16,076	155	0.96	28
Karlovy Vary	11,154	116	1.04	38
Ústí	31,492	299	0.95	36
Liberec	16,422	158	0.96	37
Hradec Králové	13,345	107	0.80	20
Pardubice	11,285	62	0.55	12
Vysočina	8,971	97	1.08	19
Southern Moravia	35,496	396	1.12	35
Olomouc	16,535	118	0.71	19
Zlín	12,507	163	1.30	27
Moravian-Silesian	37,732	361	0.96	29
Czech Republic	**372,341**	**4,330**	**1.16**	**42**

Map 4-1: Drug-related criminal offences by regions according to the Police of the Czech Republic



4.2.2 Drug-Related Criminal Offences According to the Data of Public Prosecutors' Offices and Courts

Public Prosecutors' Offices made 77,210 formal accusations in the Czech Republic in 2002; 2,247 thereof were aimed at the offenders of drug-related criminal activities, who committed 3,664 drug-related criminal offences (Ministerstvo spravedlnosti ČR, 2003). With effect from January 1, 2002, the so-called shortened proceedings were introduced within the framework of the amendment of the Code of Criminal Procedure (see the chapter on Legal Frameworkfor more information); it makes possible faster proceedings in cases of prosecution of the least serious forms of criminality.

17,422 cases were settled by means of shortened proceedings; a proposal for penalization was put forward in 16,671 of these. 10 drug-related criminal offences were dealt with and 7 proposals for penalization were put forward.

The number of persons convicted for all criminal offences increased from 60,182 in 2001 to 65,098 in 2002 (this was the highest number since 1988). 1,216 offenders of drug-related criminal offences were convicted by courts. Suspended sentences prevailed; in particular, unsuspended sentences were often awarded to the offenders according to the provision of Section 187 of the Penal Code.

The number of offenders of drug-related criminal offences accused and convicted continued to increase slightly in 2002 (Table 4-7, Table 4-8, Figure 4-3 and Figure 4-4). There has been a long-term increase in the number of persons accused and convicted for the criminal offence of unauthorized production of narcotic and psychotropic substances and poisons, according to the provision of Section 187 of the Penal Code. More people were convicted and fewer people were accused in 2002 than in 2001 for the unauthorized possession of narcotic and psychotropic substances for personal use (the provision of Section 187a of the Penal Code).

Table 4-7: Persons accused for drug-related criminal offences in 1996 – 2002

Year	Section 187	Section 187a	Section 188	Section 188a	Total
1996	608	0	165	183	956
1997	789	0	140	223	1,152
1998	1,029	0	159	342	1,530
1999	1,102	115	119	429	1,765
2000	1,276	158	190	419	2,043
2001	1,418	215	195	332	2,160
2002	1,444	206	223	374	2,247

Table 4-8: Convicted offenders of drug-related criminal offences in 1996 - 2002

Year	Section 187	Section 187a	Section 188	Section 188a	Total
1996	283	0	27	24	334
1997	357	0	32	30	419
1998	702	0	55	45	802
1999	765	26	38	70	899
2000	819	92	29	61	1,001
2001	905	86	62	41	1,094
2002	1,007	103	58	48	1,216

Figure 4-3: Development in the number of persons accused by Public Prosecutors' Offices of drug-related criminal offences

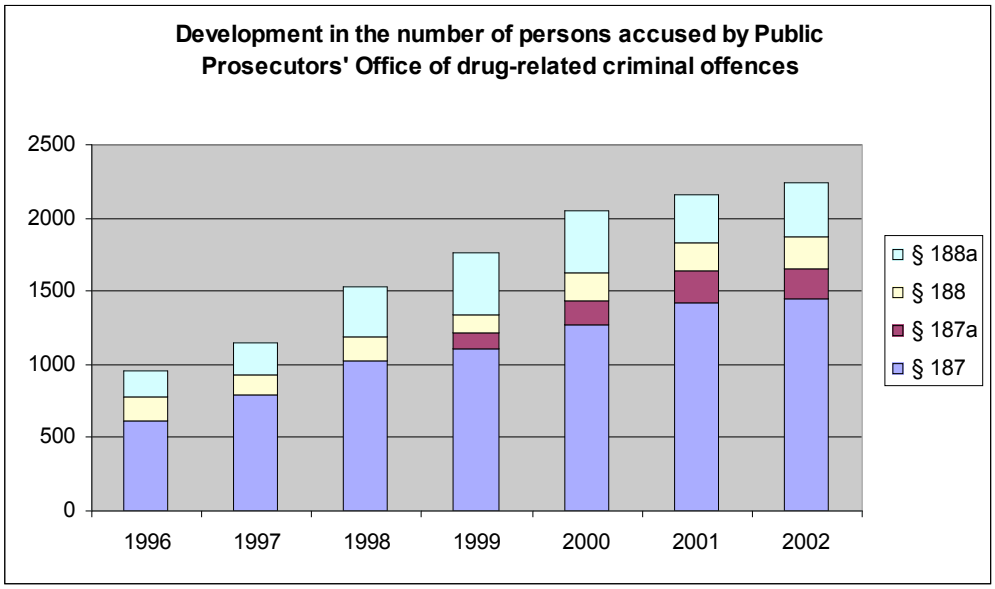
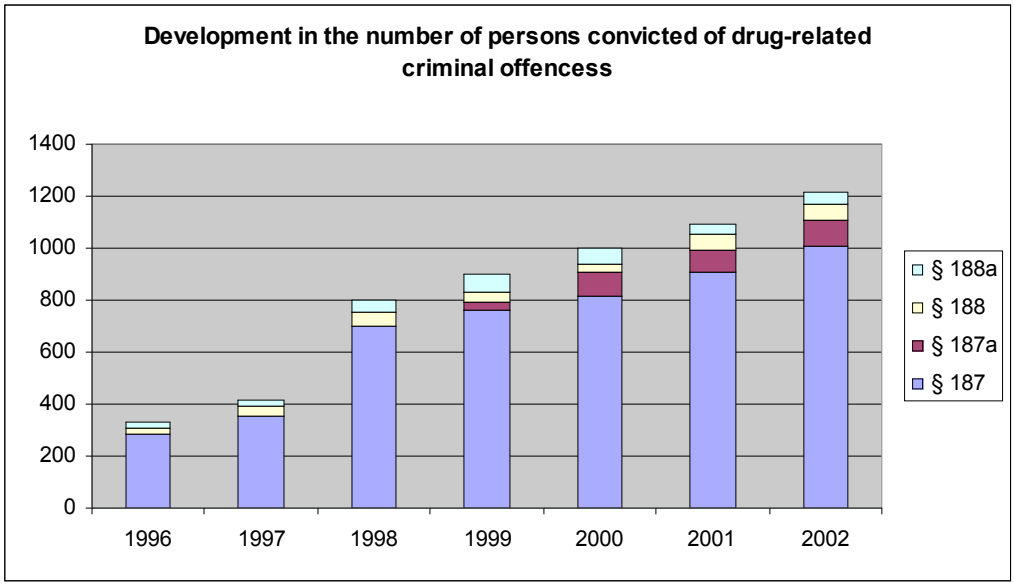


Figure 4-4: Development in the number of persons convicted of drug-related criminal offences



There is a time shift in the reporting of individual cases by these institutions and so it is not possible to compare data about the number of those accused and those convicted in a given year. A case is entered in the statistics of Public Prosecutors' Offices at the moment when a judgment on the merits of the case is passed (formal accusation, discontinuance of prosecution et al.) while it is only entered in court statistics at the moment when the final, legal decision is taken.

Therefore, it is only possible to compare the mentioned data from different stages of criminal proceedings on the basis of long-term monitoring. It is logical that the numbers of persons recorded by the mentioned institutions should decrease at the individual stages of the criminal proceedings. This also corresponds with the comparison of the total number of offenders prosecuted in 2002,

according to the Police of the Czech Republic (123,964 persons), with the data on all accused (77,210 persons) and convicted persons (65,098).

However, the above-mentioned assumption does not hold true when comparing the aforementioned indicators of drug-related criminal offences. For the period between 1996 and 2000, the Police of the Czech Republic reported fewer offenders of drug-related criminal offences than the Public Prosecutors' Offices accused - see Table 4-9. At the same time, the differences caused by the time shift in the implementation and recording of individual cases should be eliminated over a period of seven years. It is likely that this distortion is largely caused by inconsistencies in the completion of statistical reports.

Apart from exceptions, the curve of the number of those convicted adequately reflects the changes in the numbers of those accused. The cases prosecuted according to the provision of Section 187 of the Penal Code (63%) represent the highest percentage of cases leading to convictions between 1996 and 2002; the cases prosecuted according to Section 188a brought about the lowest number of "successful" accusations (14%). Less than a half of the cases for which charges were brought in the given period ended up in a legal decision (see Table 4-9, Figure 4-5 to Figure 4-8).

Table 4-9: Ratio between prosecuted, accused, and convicted offenders of drug-related criminal offences in 1996 – 2002 (summary)

Section	Prosecuted (Police of the Czech Republic)	Accused	Sentenced	Accused/ prosecuted (%)	Sentenced/ accused (%)
Section 187	8,919	7,666	4,838	86.0	63.1
Section 187a	581	694	307	119.4	44.2
Section 188	434	1,191	301	274.4	25.3
Section 188a	1,181	2,302	319	194.9	13.9
Total	**11,115**	**11,853**	**5,765**	**106.6**	**48.6**

Figure 4-5: Development in the number of prosecuted, accused, and convicted offenders of drug-related criminal offences in 1996 - 2002, Section 187

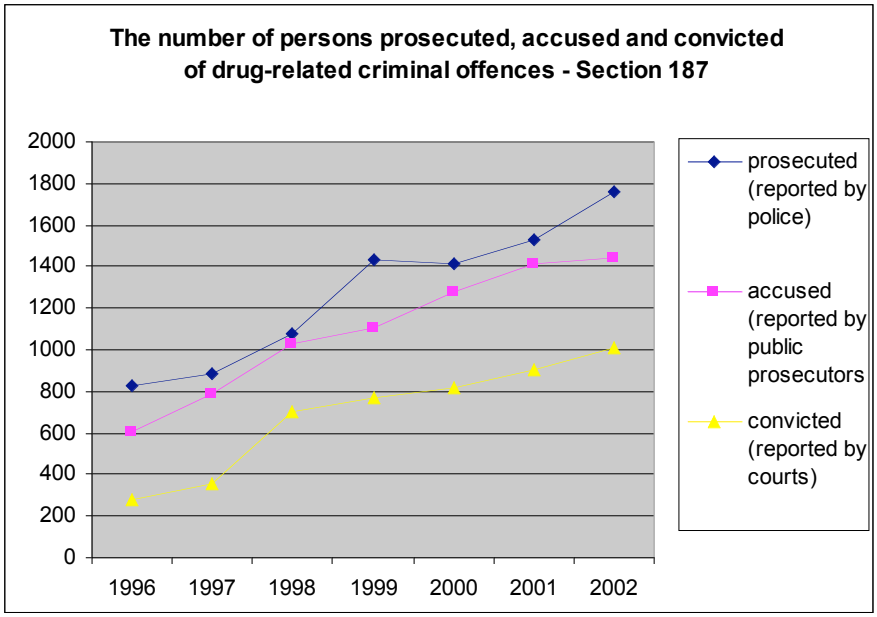


Figure 4-6: Development in the number of prosecuted, accused, and convicted offenders of drug-related criminal offences in 1996 - 2002, Section 187a

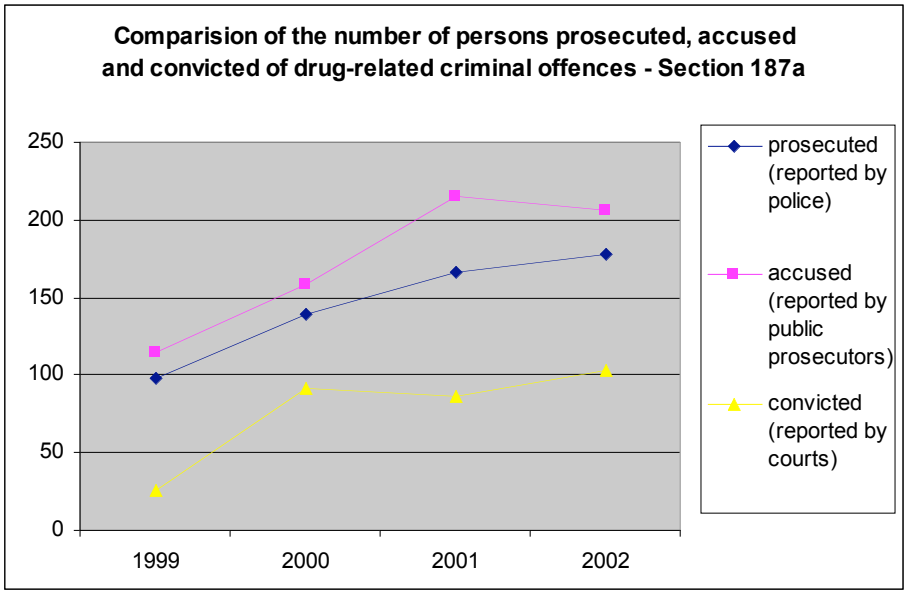


Figure 4-7: Development in the number of prosecuted, accused, and convicted offenders of drug-related criminal offences in 1996 - 2002, Section 188

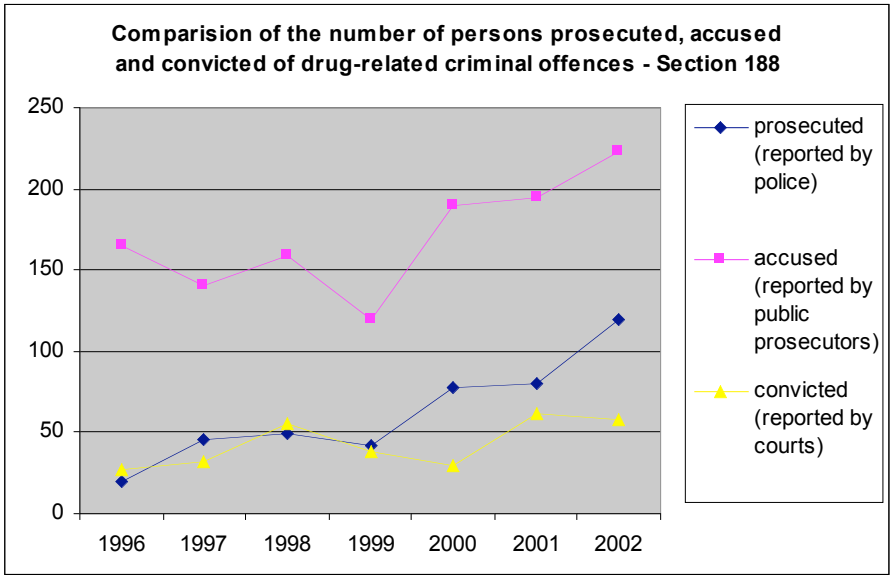
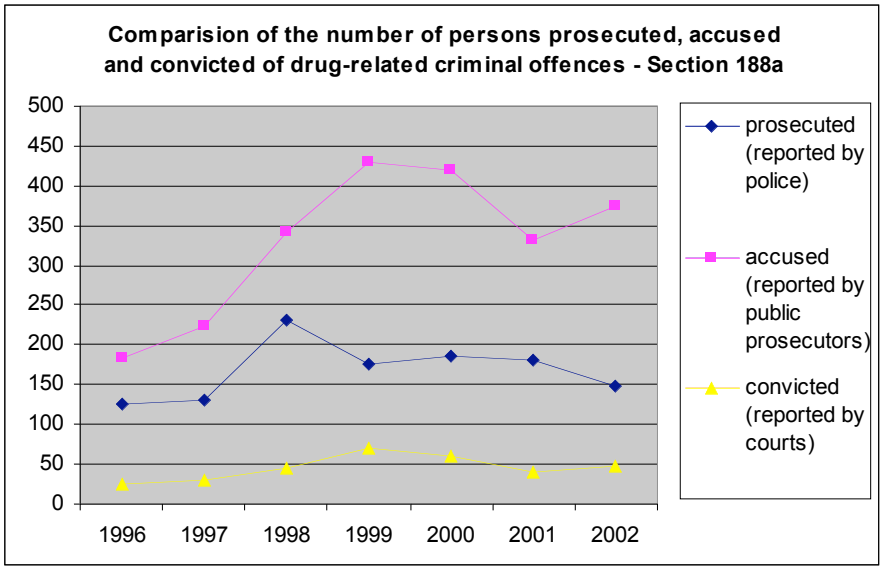


Figure 4-8: Development in the number of prosecuted, accused, and convicted offenders of drug-related criminal offences in 1996 - 2002, Section 188a



The share of the number of persons investigated for drug-related criminal offences and convicted has been growing in the last two years; this may be explained by the growing effectiveness of preliminary proceedings and the acceleration of the work of Public Prosecutors' Offices and courts after the amendment to the Code of Criminal Procedure - see Table 4-10.

Table 4-10: Relationship between accused and convicted offenders of drug-related criminal offences in 1996 – 2002

Year	Accused	Convicted	Share (%)
1996	956	334	34.8
1997	1,152	419	36.3
1998	1,530	802	52.4
1999	1,765	899	50.9
2000	2,043	1,001	49.0
2001	2,160	1,094	50.7
2002	2,247	1,216	54.1

4.2.3 Incarcerated Offenders of Drug-related criminal Offences

There was a marked decrease in the number of persons incarcerated in 2002; this involves both the number of the accused in custody (year-on-year decrease of 26%) and the number of prisoners who are undergoing punishment (decrease of 12.9%). 16,213 persons were in prison in the Czech Republic by the end of 2002; this is 3,107 persons less than at the end of 2001 (see Table 4-11). This trend is even more prominent in the statistics that record the number of all admissions to custody and admissions to execution of sentence in the given year. There was a decrease of more than 30% (admission to custody) and 20% (admission to execution of sentence) (Generální ředitelství Vězeňské služby ČR, 2003b).

This significant decrease in the number of persons sentenced to custody was undoubtedly influenced by the amendment to the Code of Criminal Procedure that changed the conditions for the imposition of custody and terms of custody (see the chapter on Legal Framework). This trend can also be partly explained by an increase in the use of diversions of criminal proceedings and alternative sentences (see the chapter on Alternatives to Prison for Drug Dependent Offenders).

In 2002, the trend of the proportion of persons incarcerated for drug-related criminal offences in the total prison population to increase continued. This finding also corresponds with the increase in drug-related criminal offences; this number increased from 885 in 2001 to 965 in 2002 (Table 4-11). Therefore, the number of drug-related criminal offences per person serving a sentence for a drug-related criminal offence increased from 1.4 to 1.6 criminal offences.

Table 4-11: Development in the number of persons prosecuted and convicted for drug-related criminal offences in 1996 – 2002 (Generální ředitelství Vězeňské služby ČR, 2003b)

Year (as at December 31)	1996	1997	1998	1999	2000	2001	2002
Number of persons undergoing punishment	12,973	13,824	14,942	16,126	15,571	14,737	12,829
Number of persons in custody	7,887	7,736	7,125	6,934	5,967	4,583	3,384
Total in prisons	20,860	21,560	22,067	23,060	21,538	19,320	16,213
Persons undergoing punishment for drug-related criminal offences	176	212	505	502	543	652	615
Share in the number of persons undergoing punishment (%)	1.4	1.5	3.4	3.1	3.5	4.4	4.8
Drug-related criminal offences of persons undergoing punishment	182	208	505	542	766	885	965

4.2.4 Drug-Related Administrative Offences

The provision of Section 30 of Act 200/1990 Coll. On Administrative Offences regulates administrative offences in the field of protection against alcoholism and other drug addictions. Summary data about the number of administrative offences committed, or, more accurately, reported to the police, are only available for those according to Section 30 article 1 letter j) of this Act, i.e. the unauthorized possession of narcotic and psychotropic substances for personal use in a small quantity.[37]

The Police of the Czech Republic recorded 761 such administrative offences in 2002 (Ministerstvo vnitra ČR, 2003a). This number is stable in comparison with the previous years (Table 4-12). Two cases thereof were settled by a reprimand, 16 by a fixed penalty (ticket), and 406 complaints were dealt with in administrative proceedings; 279 of these ended in the suspension or discontinuance of the case or its submission to another body. 14 were placed in the hands of the bodies responsible for criminal proceedings because of facts that indicated the commission of a criminal offence according to the provision of Section 187a of the Penal Code, i.e. the possession of drugs in a greater than small quantity. Statutory penalties amounting to CZK 605,400 (€ 19,160) were imposed for the commission of these administrative offences.

Table 4-12: Administrative offences of the unauthorized possession of narcotic and psychotropic substances in a small quantity for personal use (Ministerstvo vnitra ČR, 2003a)

Year	2000	2001	2002
Administrative offences	762	804	761

4.2.5 Secondary Drug-Related Crime

Criminal offences related to drug use or unauthorized trafficking in drugs are not recorded at the central or regional level at all (this, for instance, involves property crime committed in order to procure the means to obtain drugs, violent and endangering criminal offences under the influence of drugs, the laundering of profits from drug-related crime, corruption, and the like).

One of the tasks that were assigned to the Minister of the Interior by means of Government Resolution No. 549/2003 on the basis of the outputs of the Project Phare Twinning 2000 "Strengthening National Drug Policy" (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003) was to implement a system of monitoring of secondary drug-related criminality. In this connection, the Police of the Czech Republic are collaborating with the Czech National Focal Point on

[37] The law does not specify this attribute; police bodies use the instruction of the Supreme Prosecutor 6/2000 for determination of the quantity of narcotic and psychotropic substances; they also use it for cases of a criminal offence according to Section 187a of the Criminal Code.

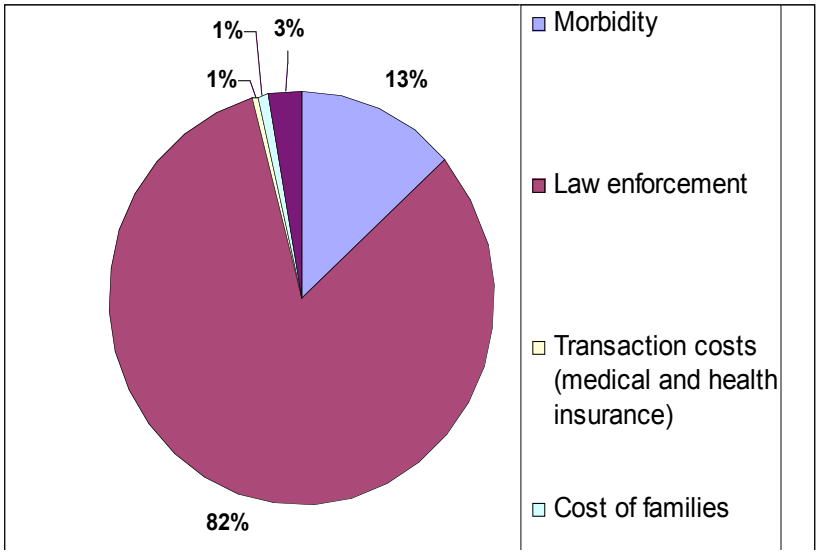
the preparation of a pilot project that will focus on the monitoring of secondary drug-related criminality in several police teams in different regions; this pilot project will start in 2004.

4.3 Social and Economic Costs of Drug Consumption

Social costs involve an economic expression of the burden that society has to bear in connection with drug use. In the field of drugs, the methodology of these surveys was defined by the American NIDA[38] at the end of the 1960s (Rice, 1967) and it was internationally standardized under the supervision of the CCSA[39] at the turn of the millennium (Single et al. 2001; Single et al. 1996). Social costs are currently considered as the most general expression of the burden arising from drug use; when related to national product, they are increasingly often used as an indicator that allows for comparison between individual states. Surveys of this type use the following operational definition of drug use: "drug use that involves any other costs than the costs of the actual procurement of the drug" (Single et al. 2001). Therefore, it does not involve the money that the user will "spend on his/her drug" – i.e. the actual price of the drug; other than that, it includes all the costs to the user and to society (such as treatment costs, costs of prosecution, prevention costs etc.). The concept of the so-called "contra-scenario" may also provide a different explanation: the surveys of social costs examine the current condition against a hypothetical condition in which drugs did not exist at all.

A social costs study was carried out in the Czech Republic in 1999 - 2000 within the framework of the PAD project (Zábranský et al. 2001b). The actual procedure for obtaining an estimate of Czech social costs is dealt with in detail in an extensive article published in the professional press (Zábranský et al. 2001a); we only provide a summary of the main results here.

Figure 4-9: Direct social costs of drug abuse in the Czech Republic in 1998 – CZK 2.3 billion (€ 73 million) (Zábranský et al. 2001a)



The social costs of the abuse of illicit (street) drugs reached CZK 2.8 billion (€ 89 million) in the Czech Republic in 1998. This represents 0.2% of the gross national product; surveys that have been conducted around the world have arrived at approximately the same value (with the exception of the United States of America, where the costs of the "war on drugs" are continually extremely high) (Single, 1996).

[38] National Institute for Drugs Abuse - NIDA

[39] Canadian Centre on Substance Abuse – CCSA

Law enforcement agencies[40] consume the highest share of the direct social costs (i.e. "physically expended money taken out of the budget or pocket"; lost productivity is not included) – in 1998, it was 82% of the total direct costs of CZK 2.3 billion (€ 73 million).

As far as indirect costs (which involve lost productivity, i.e. the social production that would hypothetically occur if illicit drugs did not exist at all) are concerned, lost productivity due to criminal careers would represent the biggest burden on society – 61% of the total CZK 0.5 billion (€ 16 million) of lost productivity.

Figure 4-10: Indirect social costs of drug abuse (lost productivity) in the Czech Republic in 1998 – CZK 0.5 billion (€ 16 million) (Zábranský et al. 2001a)

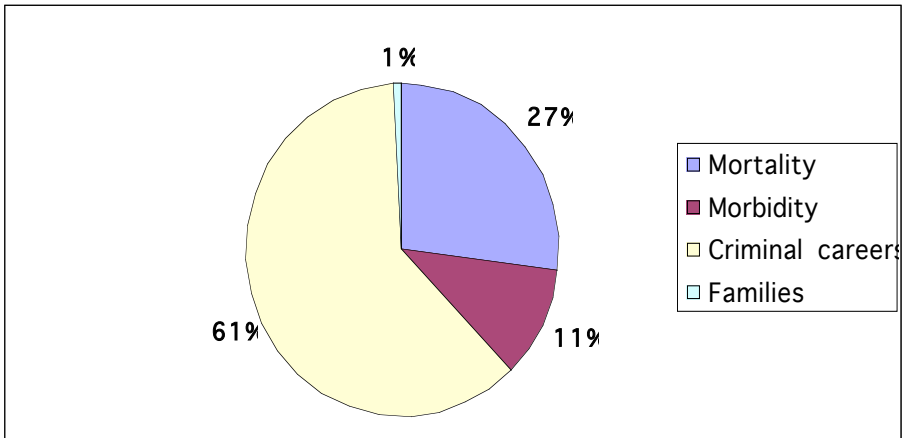
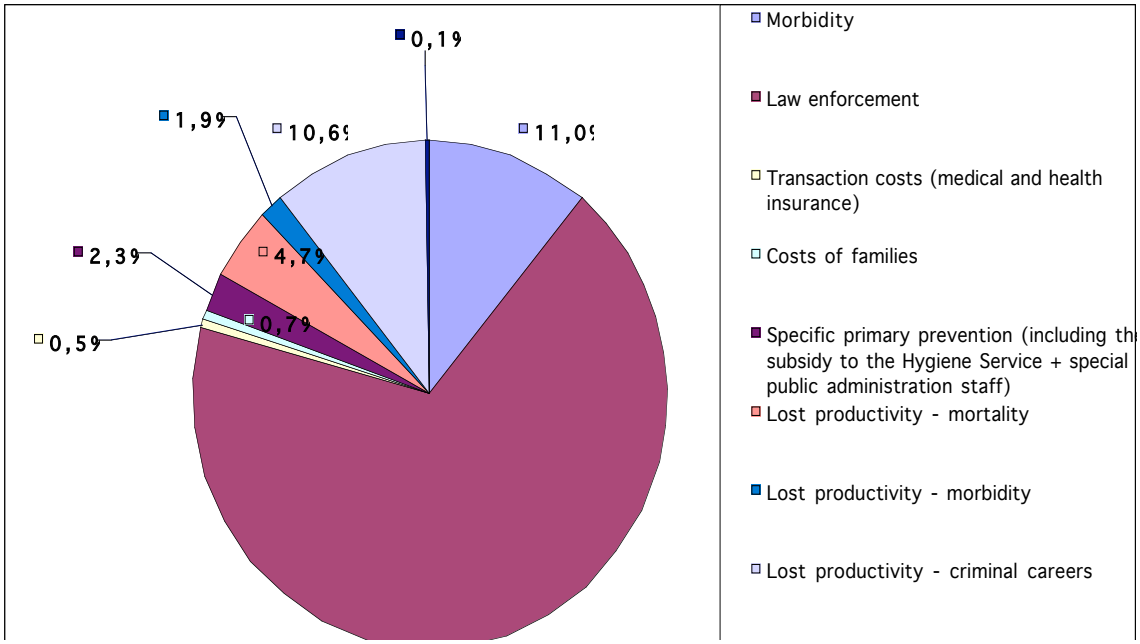


Figure 4-11 provides a general picture; it combines direct and indirect social costs into one graph.

Figure 4-11: Summary proportion graph of social costs of drug abuse in the Czech Republic in 1998 (CZK 2.8 billion) (€ 89 million) (Zábranský et al. 2001a)



Loses caused by drug-related property crime were estimated to approximately CZK 1.9 billion (€ 60 million) in 1998.

[40] This includes the work of the Police of the Czech Republic, the judicial system, including Public Prosecutors' Offices, and the prison system (i.e. for the carrying out of custody and punishment).

5 Drug Markets

5.1 Drug Availability and Drug Supply

Drug supply in 2001, the most recent year for which data are available, showed an upward trend in comparison with the previous period; 27% of adults were offered drugs. This mostly involves marijuana, which was offered to 25% of the population in 2002; hard drugs were offered to 12% of the population.

It follows from local data that 80% of problem users have a direct contact to a producer or a dealer who is directly connected with the producer. Travelling to large centres in order to purchase drugs is common for drugs that are not available locally (heroin, ecstasy, or LSD) or in the cases of temporary shortages of pervitin.

Domestic drug sources and the production of drugs in the Czech Republic (pervitin, marijuana) have also increasingly started to appear outside large centres. The distribution of drugs to users (on the street) takes place in smaller quantities, with the aim of minimizing the penalty in the case of arrest. Cannabinoids represent the most commonly trafficked drug in the Czech Republic. Postal transportation is the most common route for drug trafficking, according to the number of seizures. Bus transportation has started to be used increasingly often, especially for imports of cannabinoids and ecstasy from the Netherlands. The southern part of the Balkan route is increasingly often used for heroin imports; the Kosovo Albanian community dominates the heroin trafficking. The quantities of cocaine imported to the Czech market are still relatively low. Pervitin predominates among drugs produced in the Czech Republic and exported to neighbouring countries, especially Germany.

5.1.1 Drug Availability and Supply in the General Population

There is a general upward trend in drug supply in the Czech population (Centrum pro výzkum veřejného mínění, 2001) - see Table 5-1.

Table 5-1: Drug supply in the population aged 15 or more (%) (Centrum pro výzkum veřejného mínění, 2001)

Offered drug	1994	1996	1997	1998	1999	2000	2001
Yes	19	23	23	22	21	20	27
No	81	76	76	77	78	79	72

Note: The answers "I don't know" complete the 100% calculation in the columns

A steady increase in the share of the Czech population that had ever been offered a drug was recorded between 1994 and 1996. Since then, the results have remained stable at around 20%. The number of respondents who have ever been offered a drug increased markedly, to as much as 27% of the respondents in 2001.

The 2001 data show marked sociodemographic differences by age; the older the respondents are, the fewer report ever having been offered a drug - see Table 5-2.

Table 5-2: Drug supply in the population aged 15 and over by age (%), (Centrum pro výzkum veřejného mínění, 2001)

Age category	A drug has been offered	Never offered
15 - 19	65	33
20 - 29	48	51
30 - 44	24	74
45 - 59	18	81
60 and more	5	94

Note: Line percentage, the answers "I don't know" complete the 100% calculation in the columns.

As far as the respondents surveyed in 2001 who had been offered a drug are concerned (n=267), 69% of these cases involved marijuana, 6% pervitin, and 3% LSD and alcohol respectively. 10% of

the respondents did not know the name of the drug. The figures for the other drugs mentioned were very low.

Marijuana has been offered to 25% of the adult Czech population, and 12% of the population have been offered hard drugs (heroin, pervitin, cocaine) according to the 2002 Public Opinion Poll Centre report (Centrum pro výzkum veřejného mínění, 2002). Similar data from previous years are not available.

5.1.2 Local Drug Markets in the Pardubice Region

A survey, "Assessment of the Drug Situation in the Pardubice Region" (Minařík and Zahradník, 2003), was carried out using the Rapid Assessment methodology (Stimson et al., 1998) in the second half of 2002. 36 injecting drug users were surveyed; 94% of them reported pervitin as their main drug; heroin is rarely used in the Pardubice region. Therefore, the following data mostly involve pervitin sources.

5.1.2.1 Drug Sources in the Region

The survey demonstrates the high and easy availability of pervitin in the region. A relatively high number of small producers operate in this area and there are relatively few middlemen in the cascade of dealers. 64% of participants mention that they have a direct contact with a producer, or they have a contact with a dealer who is directly connected to a producer (19%). 19% of participants have experience of pervitin production, frequently for personal use. The participants agree that pervitin quality has remained stable and high and that prices have also remained stable.

The availability of heroin in the drug scene in the Pardubice region is only limited; it is rather available on request from localities with its high availability (Prague, Northern Bohemia). Users in the Pardubice region do not show much interest in heroin. One of the explanations is based on the easy availability of relatively high-quality pervitin. Only approximately a quarter of drug users report that they have tried heroin.

As far as other secondary drugs are concerned, ecstasy use is common. Drug sources are usually located outside the region. Ecstasy use is mostly recreational.

It is characteristic of the region that natural sources of drugs are used (opium, magic mushrooms, and sporadically datura).

5.1.2.2 Drug Sources outside the Region

Most of the participants have some experience of travelling for the purpose of purchasing drugs. They buy both the primary drug (pervitin) and the secondary drugs (heroin and other opiates, ecstasy, cannabinoids, and LSD). Most of the users have steady sources; purchasing from a stranger on the street is rather rare.

Only approximately 23% of the participants deny that they travel to obtain drugs. These users usually have several stable sources of a quality drug directly in the place where they live. At least one of these sources is usually a direct producer or a middleman directly connected to the producer. 39% of participants report that they seldom or sometimes travel for drugs. 39% of participants travel to drug sources often or regularly. A desire to try a drug other than pervitin is very often the reason for travelling. Prague is the most frequent destination – more than 2/3 of participants – and Hradec Králové – more than a half of participants. Drug purchases outside the republic were entirely exceptional (Poland – this involved the purchasing of precursors for drug production and the purchasing of amphetamines).

5.1.3 Drug Markets and Drug Availability in the Czech Republic – Law Enforcement Branches

5.1.3.1 Drug Market in the Czech Republic

According to the Annual Report, Illicit Drugs Situation in CR in 2002 of the National Drug Squad of the Police of the Czech Republic, drugs have started to appear in smaller towns and municipalities of the

Czech Republic more frequently (Národní protidrogová centrála Policie ČR, 2003); at the same time, manufactories of narcotic and psychotropic substances have been dislocated to small municipalities. Drug dealers and the drug market as a whole respond to changes in the law; minimum quantities of drugs are possessed and juvenile distributors are employed. In comparison with previous periods, dealers do not purchase large quantities of drugs; they rather purchase 10 to 50 grams as often as several times per day. This eliminates the risk of the seizure of a large quantity of a drug they have on them.

According to the report, the share of drug addicts in property crimes (thefts in supermarkets, car burglary, thefts of mobile phones etc.) is increasing; detailed quantitative data about this field are not available.

The first cases of hydroponic cannabis growing on a large scale in remote localities and abandoned buildings were recorded in 2002 (see, for instance, (Doležal, 2002).

5.1.3.2 Export of Narcotic and Psychotropic Substances from the Czech Republic

According to the Annual Report Illicit Drugs Situation in CR in 2002 (Národní protidrogová centrála Policie ČR, 2003), the export of pervitin to neighbouring countries, especially Germany, has continued to increase. It is exported in quantities that can be measured in kilograms. Pervitin is sold under the name Crystal in Germany; its street purity ranges from 60 to 70%, and the price is €30 to €80 per gram. Both German and Czech citizens organize the export of pervitin; there have been some reports that efforts are being made to build laboratories for the production of this substance in Germany.

No export of considerable quantities of other narcotic and psychotropic substances from the Czech Republic was recorded.

5.1.3.3 Transit and Import of Narcotic and Psychotropic Substances to the Czech Republic

The southern part of the Balkan route is used for the transit of heroin from Near East areas, namely by sea or via Bulgaria, Greece, Macedonia, Kosovo, and Albania, according to the 2002 Annual Report of the National Drug Squad (Národní protidrogová centrála Policie ČR, 2003). Bulgaria also plays an important role as a reloading area.

The Kosovo Albanian community has retained a dominant position in the heroin trafficking in the Czech Republic; however, it is increasingly interconnected with citizens of Bulgaria, Croatia, Bosnia and Herzegovina, and Albania; this is directly connected with the commonly-used courier routes. The Kosovo Albanian groups are joined on the domestic scene by Arabs, Roma, and Vietnamese. Poles and Czechs are increasingly mingling with these criminal structures; in these cases, the transportation of narcotic and psychotropic substances is masked by legal trade with a connection to Turkey.

Shipments of heroin have gone down in size to 1 – 3 kilograms (against their previous size of several dozen kilograms).

Cocaine availability has not changed considerably. This drug is not very common in the Czech Republic (see the chapters on Problem Drug Use and Drug Treatment Demand). As far as the illicit trafficking in cocaine is concerned, the main trend observed in the period monitored was based on larger quantities of smaller consignments from South America. This means a decrease in the quantities of one-off consignments of cocaine and an increase in the total number of consignments. It is a trend in the whole of Europe.

According to the report of the National Drug Squad, imports and sales of hashish by Arab dealers have declined. Hashish was practically the only drug imported to the Czech Republic from Arabian countries. It is estimated that several kilograms of hashish per month were imported and that, aside from exceptions, they were destined for use in the Arab community. The decrease in (Moroccan) hashish was caused by the cancellation of the only direct air line of the Air Algeria company that used to fly to Prague once a week. Until then, hashish was shipped from Morocco to Algiers and then to

Prague. However, the cooperation of the National Drug Squad with the General Customs Headquarters did not lead to tip-offs about and seizures of drug consignments destined for the Czech market. Persons from Arabian countries started to employ intermediaries and import hashish from Spain and the Netherlands. Customs bodies seized 3.8 kg of hashish, 2.6 kg of which were from Spain; a part of the consignment usually stays in the Czech Republic, and a part travels to Poland and then to the north to the Scandinavian countries.

The report of the National Drug Squad does not contain information about the importation and manner of distribution of cannabinoids for domestic consumption outside the Arab community.

According to the 2002 Annual Report of the Drug Unit of the Department of Investigation of the General Customs Headquarters, the situation regarding drug trafficking has remained stable (Generální ředitelství cel Ministerstva financí ČR, 2003).

As was the case in the past, marijuana and hashish are the most frequently smuggled drugs. In most cases, the drugs are shipped to the Czech Republic via airmail. In comparison with the previous period, there was an increase in the number of drug seizures from bus passengers, especially from Spain and the Netherlands. In 2002, this involved 57 cases; 48 of these involved bus lines from the Netherlands.

As far as regular bus services are concerned, the number of hashish seizures increased (in 2001, 18 g were seized in 4 cases, and in 2002, there were 24 cases and 2,671 g of hashish were seized) and marijuana (in 2001, there were 14 cases and 645 g were seized, and in 2002, there were 43 cases and 3,248 g of this drug was seized).

Buses from the Netherlands were also often used for imports of ecstasy in 2002.

There is an apparent trend away from using postal transportation for shipments of narcotic and psychotropic substances – the number of seizures of narcotic and psychotropic substances in the post decreased from slightly over 70% in 2000 and 2001 to 58% of cases in 2002.

5.1.4 Consumption of Drugs

Estimating the total drug consumption in the Czech Republic follows from an estimation of the number of users of individual drugs and their average annual consumption; the most recent published estimate involves the year 2000 - see Table 5-3 (Vopravil, 2001).

Table 5-3: Estimated annual consumption of drugs in the Czech Republic in 2000 (Vopravil, 2001)

Drug	Number of consumers	Average consumption (year/person)	Consumption in the Czech Republic
Cannabis (g)	250,000	100	25,000,000
Ecstasy (tablets)	5,820	50	291,000
Pervitin (g)	22,500	180	4,050,000
Heroin (g)	15,000	360	5,400,000
LSD/hallucinogens (pc)	6,540	12	78,480
Cocaine (g)	1,860	30	55,800

Note: 840,000 ecstasy tablets were consumed in the Czech Republic in 2002, according to a preliminary estimate of the Czech Statistical Institute for the year 2003.

The 2000 data basically correspond with the current situation; ecstasy is the only exception – the preliminary estimate of yearly consumption of ecstasy, made by the Czech Statistical Institute (Vopravil, personal communication, 2003), has nearly tripled in 2002.

5.2 Drug Seizures

The National Drug Squad of the Police of the Czech Republic and the General Customs Headquarters of the Ministry of Finance record data about drug seizures in the Czech Republic at the central level.

Both of these statistics overlap with one another. This is especially caused by the fact that police and customs branches carry out some operations together but they use different criteria for recording joint seizures. There is another factor that complicates the possibility of obtaining accurate data about the total number and volume of drug seizures – the fact that nearly all cases of the detection of illicitly possessed and transported drugs implemented by customs branches immediately become subject to criminal proceedings and they are also recorded by individual police branches. It is extremely complicated to eliminate these overlaps, especially when they are not eliminated continuously but only during the final preparation of annual statistics.

The start of the operations of the Common Analytical Workstation of the National Drug Squad and the General Customs Headquarters should lead to the establishment of uniform, or at least better interconnected, recording of seizures of narcotic and psychotropic substances in the following years. This will make the data concerning the total volume of seized drugs more accurate.

5.2.1 Seizures Implemented by the General Customs Headquarters

The General Customs Headquarters records the operations of customs bodies in which drugs were seized and it uses a relatively reliable and, in the long term, uniform electronic system.

Customs bodies reported 313 cases in which 74 kg of narcotic and psychotropic substances and precursors were seized in 2002. Inter alia, 6,154 tablets of ecstasy (see Table 5-4, recalculated to grams), 27.5 kg of heroin, 4.5 kg of cocaine, 17.9 kg of marijuana, 3.8 kg of hashish, 0.9 kg of pervitin, and 16.3 kg of ephedrine were seized in these operations (Generální ředitelství cel Ministerstva financí ČR, 2003).

The total amount of narcotic and psychotropic substances and precursors seized decreased by two thirds (by approximately 156 kg) in comparison with 2001; this represented the lowest volume of drugs seized since 1995 – see Table 5-4. The highest decrease was reported for seizures of pervitin and amphetamines; this also involved ecstasy (however, the seizure of 78,000 ecstasy tablets that was carried out during a joint operation of the Police of the Czech Republic and the General Customs Headquarters was not included - this seizure is only reported in the police statistics). The highest seizures involved a seizure of 27 kg of heroin transported to the Czech Republic from Turkey, via Greece, Italy and Austria. Seizures of small quantities of heroin were involved in other cases; therefore, the total quantity of heroin seized was the lowest in the last five years. There was an increase in the quantity of hashish seized (by more than a third) and marijuana (more than three times) in comparison with 2001; at the same time, there was an increase in cocaine and ephedrine seizures.

Table 5-4: Seizures of narcotic and psychotropic substances and precursors implemented by customs branches in 1996 - 2002 (g)

Drug type	1996	1997	1998	1999	2000	2001	2002	Change 2002/2001	
								abs.	%
Amphetamine	20,767.1	11.0	16,021.4	4,129.1	222.3	5,047.6	164.5	-4,883.1	-96.7
Ecstasy	0.0	2.2	124.2	202.7	3,737.0	27,333.1	1,845.0	-25,488.1	-93.2
Ephedrine	1,600,400.00	17,900.0	113.0	22,534.0	4,047.0	6,929.1	16,344.0	9,414.9	135.9
Hashish	2,806.2	324.3	2,654.9	1,188.1	19,021.9	2,823.4	3,832.9	1,009.5	35.8
Heroin	15,670.0	21,442.5	240,296.0	96,830.8	98,657.9	92,012.0	27,445.7	-64,566.3	-70.2
Cocaine	23,133.5	66,828.0	42,969.1	131,488.9	11,947.4	2,986.5	4,544.5	1,558.0	52.2
Marijuana	11,866,134.6	5,402.8	3,986.8	20,675.3	15,202.4	5,855.6	17,920.1	12,064.5	206.0
Pervitin	650.0	596.2	277.5	1,501.6	2,576.3	2,317.8	859.5	-1,458.3	-62.9
Total	**13,533,661.4**	**112,507.0**	**306,444.0**	**334,327.8**	**177,917.5**	**228,578.2**	**72,956.2**	**-155,622.0**	**-68.1**

Note: Other narcotic and psychotropic substances and precursors are the cause of the difference between the sum of quantities of drugs and the "total" value in several years

5.2.2 Total Seizures According to the Police of the Czech Republic and the General Customs Headquarters

Total statistics for drug seizures in the Czech Republic are considerably influenced by the overlap between the data of the Police of the Czech Republic and the General Customs Headquarters. The ongoing elimination of duplication within the framework of the mandatory monthly processing of reports (amended internal management acts are expected to order the police bodies to carry out this processing) should bring about a considerable improvement.

Summarized data on all seizures of narcotic and psychotropic substances in the Czech Republic reported by police and customs branches in 2002 are included in Table 5-5.

Table 5-5: Seizures of narcotic and psychotropic substances in 2002 according to the data of the Police of the Czech Republic and the General Customs Headquarters

Drug type	Units of measurement	Total		Customs bodies		Police	
		Seizures	Quantity	Seizures	Quantity	Seizures	Quantity
Marijuana and hashish	**kg**	**386**	**112.12**	334	21.75	52	90.37
	plants (pc)	**58**	**3,173**	0	0	58	3,173
Heroin	**kg**	**55**	**34.34**	7	27.45	48	6.89
Cocaine	**kg**	**12**	**6.04**	8	4.55	4	1.50
Methamphetamine	**kg**	**297**	**4.3**	13	0.57	284	3.73
Other amphetamines	**kg**	**10**	**0.41**	7	0.16	3	0.25
Ecstasy	**tablets**	**36**	**88,391**	6	6154	30	82,237
	kg	**1**	**0.02**	0	0	1	0.02
LSD	**doses (trips)**	**3**	**107**	2	47	1	60
Total	**kg**	**858**	**157.23**	**377**	**54.47**	**481**	**103**

The National Drug Squad carried out a total of 74 operations and seized more than 13 kg of narcotic and psychotropic substances, 843 marijuana plants, and 5,649 ecstasy tablets (Národní protidrogová centrála Policie ČR, 2003) – see Table 5-6.

Table 5-6: Seizures of narcotic and psychotropic substances implemented by the National Drug Squad in 2001 and 2002

Drug type	2001	2002
Heroin (kg)	4	6.07
Methamphetamine (kg)	9	1.66
Amphetamine (kg)	0.5	-
Marijuana and hashish (kg)	5.5	4.02
Marijuana – plants	-	843
Cocaine (kg)	0.17	1.49
Ecstasy (tablets)	20,247	5,649
Total (kg)	**19.17**	**13.24**

It is estimated that police and customs branches seized 0.25% of the annual consumption of drugs in the Czech Republic in 2002 (from 0.1% of pervitin to approximately 10% of ecstasy and cocaine (see also the chapter on Trends per Drug). The aforementioned estimated seizure rates of drugs consumed in the Czech Republic (i.e. distributed on the Czech black market) may be distorted – on the one hand, the estimate does not consider the share of consignments that were destined for foreign markets in the total volume of drugs seized (that is, overestimation of the seizure rate), and, on the other hand, it does not reflect the differences in the concentrations of drugs seized in large quantities and drugs distributed to final consumers (i.e. underestimation of the seizure rate).

5.2.2.1 Responses of Local Markets and Drug Scenes to Police Interventions

Among other things, the survey "Zhodnocení drogové situace v Pardubickém kraji (Assessment of the Drug Situation in the Pardubice Region" (Minařík and Zahradník, 2003) described the local impacts of police interventions aimed at the producers and large-scale dealers of pervitin (pervitin is more common than heroin in this region). Information from semi-structured interviews and focus groups and direct observation of the drug scene by field workers were used as sources for the description. The impacts of these interventions recorded or analyzed by the Police of the Czech Republic were not investigated in this survey.

The authors of the survey described three stages in the response of the local drug scene after a police intervention:

Stage 1 – Stagnation

It starts immediately after the intervention; it takes several days or weeks.

Only a part of the drug scene is usually directly affected by a police intervention. The drug users who belong to the affected group close in on themselves due to fear of the intervention's consequences for themselves; they are invited to police interrogations. Some of them try to abstain. The drug scene closes in on itself. In this phase drug availability decreases for experimenters and occasional drug users; however, drug availability among the "hard core" of the drug scene does not change much.

Drug users begin to look for and activate alternative drug sources; they often start to travel in order to purchase drugs. Some users leave their primary drug for another drug – most commonly the legal alcohol.

Risk behaviour increases. Users do not want to risk contact with helping institutions in order to avoid identification. There is little chance that specialized programmes are able to influence the increased occurrence of risky behaviour – the number of injection sets exchanged decreases by more than 60%, and there is a 20 – 30% decrease in contacts with low-threshold facilities.

Phase 2 – Reactivation of the drug scene

It starts several days after the police intervention; it takes several weeks or months.

The closed nature of the drug scene persists; however, drug users gradually calm down. The group of users that were immediately affected by the police intervention begins to look for alternative drug sources. Most of those who tried to abstain from drugs after the intervention gradually return to drug use. The "unaffected" already have stable sources of drugs. Pervitin is sufficiently available for a part

of the drug scene in this phase. Drug availability for experimenters and first-time users is slightly limited.

New sources start to appear in the area of the intervention.

Risk behaviour is still relatively common. The availability of sterile injecting equipment is still markedly limited. Helping institutions still have problems contacting drug users.

Phase 3 – Regression to the original condition

This takes place several months to one year after the police intervention.

The drug scene is very similar to that before the intervention. There are stable local sources; availability is comparable to that before the police intervention. It is less common for people to travel to get to drug sources; users prefer drug sources in the region. The insertion of a middleman between the producers and final consumers, by which the drug market protects itself, represents one of the possible consequences of the intervention.

In this phase, the drug scene is more open – this represents a better opportunity for helping institutions to contact drug users and positively influence them towards safer modes of drug use.

Summary of impacts of police interventions on the local drug scene:

- Drugs are less available for the group of less experienced and starting drug users immediately after the intervention. On the other hand, drug availability does not change for well-established users. Within one year at the very latest, drug availability returns to its original condition; there is a certain transitory phase when many alternative sources within the region and the whole of the Czech Republic are utilized.
- Temporary limitation of availability and impairment of quality of the hitherto main drug (pervitin) open the door for the entrance of other drugs (especially heroin).
- It is a consequence of the intervention that the drug scene becomes more closed in and therefore there are fewer opportunities for interventions on the part of helping institutions geared towards a reduction in risky behaviour.
- The secondary consequences of a police intervention involve the impaired availability of injecting equipment; injecting drug users are afraid to purchase the equipment in pharmacies and exchange it via exchange programmes. The impaired availability of sterile injecting equipment and consequent travel bring about a higher risk of the spread of infectious diseases, especially viral hepatitis and HIV.
- Secondary consequences may also involve a higher level of “hierarchization” of the drug scene; this brings about greater safety for producers. There appear new middlemen between the source and the final consumer; consequently, the quality decreases, or, more accurately, the price of the drug undergoes a relative increase.

5.3 Price and Purity of Drugs

5.3.1 Price

The National Drug Squad processed data about the price of drugs offered in the territory of our country. According to the data reported by the National Drug Squad, prices of drugs ranged across the figures mentioned in Table 5-7.

Table 5-7: Drug prices in 2002 according to the National Drug Squad (€ per gram/dose)

Drug type	Wholesale level			Retail level		
	Min.	Max.	Average	Min.	Max.	Most common (average) price
Hashish	1.6	7.0	4.3	4.7	7.9	6.3
Marijuana	1.6	4.7	3.2	3.2	7.9	5.5
Heroin	12.7	38.0	25.3	22.2	63.3	42.7
Cocaine	31.6	57.0	44.3	47.5	94.9	71.2
Methamphetamine (pervitin)	9.5	38.0	25.3	12.7	38.0	31.6
Ecstasy (tablet price)	1.9	4.7	3.2	3.8	7.9	4.7
LSD (price of 1 dose – trip)	4.7	5.7	5.2	4.7	9.5	7.1

As is common in general patterns, not only in drug markets, the price increases at the individual levels of sales; the smaller the quantity purchased, the more expensive it is. It is more difficult to obtain information about "wholesale" trading than about "retail" sales. It is easier to get information from the final customer than from the manufacturer or from the middleman in the trafficking in narcotic and psychotropic substances. It is possible to claim that police data about retail sales are more readily available and they provide a better picture of the current state of illicit markets than data about wholesale drug prices.

At the beginning of 2002, the police recorded an increase in the price of pervitin because of insufficient supplies of ephedrine (precursor) on the illicit market due to the discontinuation of operations of the biggest Czech manufacturer, ICN a.s. Roztoky. Pervitin prices went up to CZK 1,500 (€ 44.3) per gram. Starting from April 2002, there was again a relatively sufficient quantity of ephedrine on the illicit market in the Czech Republic; therefore, the street price of pervitin has again stabilized at CZK 1,000 (€ 31.6) per gram (Národní protidrogová centrála Policie ČR, 2003). 1 kg of ephedrine sold for CZK 120,000 to CZK 200,000 (€ 3,800 – 6,300); 0.6 – 0.7 kg of pervitin is usually made from this quantity. No information is available about an increase in the price of pervitin following the complete discontinuation of ephedrine production by the aforementioned manufacturer during the floods in August 2002.

Aside from the fluctuations mentioned, pervitin prices have remained stable; this is also supported by the regional survey in the Pardubice region (Minařík and Zahradník, 2003). The task of this survey was to map the regional drug scene and, especially, the habits of users and behaviour of injecting drug users. However, this report also mentions that one dose of pervitin (i.e. 100 mg) may cost up to CZK 500 (€ 15.8) on the street.

According to the National Drug Squad, ecstasy prices "have kept decreasing rapidly" in the previous year; this may indicate increasing availability. However, the situation seems stable as compared to the data about average prices of this substance in 2001 (Národní protidrogová centrála Policie ČR, 2002). The minimum price has decreased substantially, according to the data of the National Drug Squad. The price for individual purchases of one tablet ranged from CZK 120 to CZK 250 (€ 3.8 – 7.9); they were sold by the hundred for about CZK 80 (€ 2.5), and by the thousand for CZK 50 to CZK 60 (€ 1.6 – 1.9); when several thousand are bought abroad (especially in the Netherlands and in Belgium), the price often does not even reach CZK 40 (€ 1.3).

The average "retail" price of marijuana was around CZK 175 (€ 5.5) per gram in 2002, according to the data of the National Drug Squad from this year; this would mean that the price decreased as compared to data from the previous year (Národní protidrogová centrála Policie ČR, 2002). According to other available data (Miovský, 2003), the price of marijuana has remained rather stable and it usually costs the final consumer CZK 200 – 250 (€ 6.3 – 7.9) per gram. It is practically impossible to

determine the bottom price of marijuana. The top price of extraordinarily strong[41] marijuana of domestic or foreign provenance may be as high as CZK 300 to CZK 350 (€ 9.5 – 11.1).

There have been substantial changes in the marijuana market due to the expansion of hydroponic "indoor" growing in the last two to three years; for instance, the share of marijuana distributed for free (especially among friends) has gone down and there is an increase in the proportion of users who purchase it.

5.3.2 Purity

Individual departments of criminal and technical expertise of the regional administrations of the Police of the Czech Republic carry out analyses of the content of seized drugs; more demanding analyses are conducted by the Institute of Criminology in Prague. The National Drug Squad provides annual summary results of the laboratory analyses carried out by the departments mentioned (see Table 5-8).

According to the knowledge obtained within the framework of the regional survey in the Pardubice region (Minařík and Zahradník, 2003), the purity (concentration of the active substance) of pervitin has remained stable.

Table 5-8: Purity (concentration of the active substance) of drugs seized in 2002 according to the National Drug Squad (%)

Drug type	Wholesale		Retail		
	Min.	Max.	Average	Min.	Max.
Marijuana	3	21	2.6	0.2	5.1
Hashish	2.5	10	6.3	2.5	10
Heroin	20	41.3	22.5	4.6	41.3
Cocaine	75	86	68	50	86
Methamphetamine (pervitin)	60	75	40	5	75
Ecstasy	10	20	15	10	20

It follows from the data that narcotic and psychotropic substances are "cut" in order to increase the profit for the dealer. Of course, this practice does not apply to drugs that cannot be "cut" (e.g. marijuana, ecstasy, LSD); in these cases, the price usually increases on the way from the producer to the user. Heroin and pervitin are "cut" on the way from the producer to the user in nearly all cases. Cocaine cutting is also common. Piracetame has started to be used for pervitin cutting recently.

Long-term monitoring of the purity of narcotic and psychotropic substances has shown that heroin purity (content of the active substance) has decreased significantly. According to the National Drug Squad, this is a consequence of the ban on poppy growing in Afghanistan and a consequent real shortage of opium on the market. According to the same source, this also resulted in further decreases in the amount of heroin in individual doses sold on the street, down to a threshold limit of 4 mg of heroin in a dose.

It is not possible to provide a reliable determination of the type and quantity of active substance in ecstasy tablets according to the shape, colour, size, and logo of the tablet. According to police sources, the absolute majority of the tablets analyzed contained MDMA as the active substance; however, there were even tablets that looked very similar or identical but contained MDEA and/or MDA instead. Several cases of PMMA were recorded; this substance is very dangerous because the effects arrive later and therefore it is easy to overdose when several tablets are taken. There are also considerable differences in the quantity of the active substance. The size of the tablets does not determine the quantity of the active substance in the tablet. The weight of a pill ranges approximately from 140 mg to 540 mg, and the content of the active substance ranges approximately from 25 mg to 140 mg per tablet. Most of the tablets analyzed weighed 200 – 300 mg and there was 60 – 80 mg of

[41] i.e. containing a higher quantity of psychotropic THC

the active substance in them. The extremely light tablets, for instance, included a tablet with a Dolphin logo (149 mg) and 69 mg of MDMA, and a no-logo tablet (144 mg) containing 43 mg of MDMA. On the other hand, the heaviest pills involved an AUDI TT tablet (341 mg) with 31 mg of MDMA and an Apple tablet (363 mg) containing 143 of MDMA.

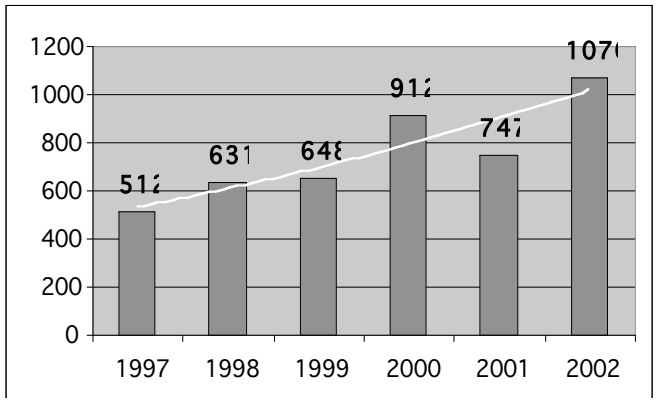
6 Trends per Drug

Data on long-term trends concerning the use of individual drugs, trends in the field of the treatment and services provided to drug users, and trends in acute drug-related deaths are available in the Czech Republic. In addition, there are long-term data about drug seizures implemented by the customs administration (General Customs Headquarters) and the National Drug Squad of the Police of the Czech Republic; nevertheless, duplications were not removed from these data[42]; the year 2002 was the first year when the National Drug Squad supplied data about drug-related criminal activities by individual types of drugs.

6.1 Cannabis

Cannabis substances represent the most common illicit drug in the Czech Republic. Cannabis use in the population has been rising since the 1990s. 16 - 20% of the Czech population have tried them, approximately 11% of the population report use within the last 12 months (i.e. 1.4 – 1.7 million, 950 thousand people respectively). Cannabis use is increasing especially among young people (approximately 30% of pupils in the final grades of basic schools (age 14 – 15) and approximately 50% of secondary school students (age 15 – 19) have tried it). The share and the absolute number of cannabis-related first treatment demands has a slowly-increasing trend, with minor variations. There were 1,070 such first treatment demands in 2002 (see the chart below). This complies with the increasing prevalence of use of these substances in the population. About 3,500 cannabinoid users were in contact with low-threshold facilities.

Figure 6-1: Number of cannabis-related first treatment demands in 1997 -2002 (data source: Hygiene Service)



In the last years, domestic "self-supply" outdoor growing has been replaced by indoor growing or purchasing of marijuana and hashish on the black market. In 2002 the Police of the Czech Republic detected the first large-capacity hydroponic marijuana growroom.

Cannabinoids are the most commonly smuggled drugs, according to the number of police seizures. The quantity of cannabis seized by customs increased from approximately 8.7 kg in 2001 to 21.8 kg in 2002. 112.12 kg of marijuana and hashish and 3,173 plants were seized in total in the Czech Republic in 2002; this represents approximately 1% of the quantity of cannabis consumed in the Czech Republic annualy.

6.2 Synthetic Drugs

Synthetic drugs have become increasingly common in the world and they represent a rather heterogeneous group of drugs. The position of the Czech Republic in the European context is completely unique, due to a history more than thirty years long of home-made pervitin; pervitin has been a dominant problem drug in the Czech Republic on a long-term basis. The recreational use of

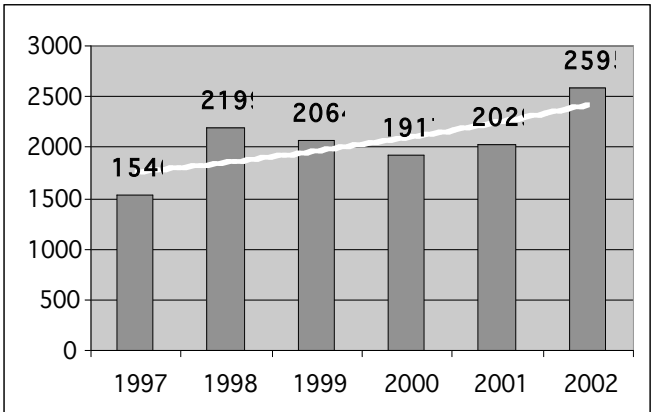
[42] i.e. seizures from joint operations or seizures by the customs administration that were again reported by the police in the course of criminal proceedings

"dance" synthetic drugs has become increasingly common – this has especially involved ecstasy. LSD is rather associated with experimental (and rarely recreational) use.

6.2.1 Pervitin

Pervitin is the most common problem drug in the Czech Republic. Approximately 2% of the adult population report experience with amphetamines; approximately 1% report use within the last 12 months. The experience of the school population with pervitin has stagnated in recent years. It is estimated that there are approximately 22,000 problem pervitin users in the Czech Republic. This estimate has remained stable in the last three to four years. Pervitin users represent approximately two thirds of all problem drug users in the Czech Republic. Pervitin has been the most common drug in treatment demands for a long time. There were 2,595 amphetamine-related first treatment demands in the Czech Republic in 2002 (i.e. 55% of all first treatment demands); pervitin was the cause of 2,389 cases (i.e. 51%). It is estimated that 13,000 pervitin problem users used the services of low-threshold facilities in 2002.

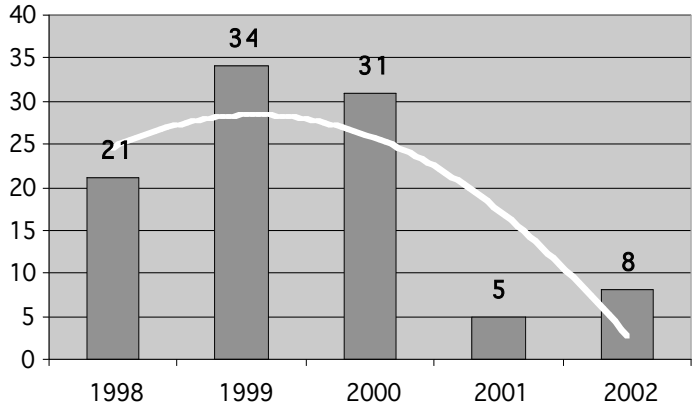
Figure 6-2: Number of first treatment demands related to pervitin and/or other amphetamines in 1997 – 2002 (data source: Hygiene Service)



There has been a steady high supply of pervitin on the Czech market; there were some fluctuations due to shortages of precursors; in addition, there were local fluctuations due to police operations. Organized crime has been taking over the production and distribution of pervitin in recent years; there is a decrease in production in "home" laboratories. Law enforcement bodies seized 4.3 kg of pervitin and 0.41 kg of other amphetamines in 2002. The quantity of pervitin seized by the National Drug Squad has decreased from 9 kg in 2001 to 1.7 kg in 2002.

There was a rapid decrease in fatal pervitin overdoses between 2000 and 2001 (see Figure 6-3). Possible explanations involve both the higher quality of the reporting system in toxicological laboratories and the ageing of the population of problem pervitin users – in other words, there are fewer "newcomers", who are those most endangered by overdoses.

Figure 6-3: Number of pervitin overdoses in the Czech Republic in 1998 - 2002



6.2.2 Ecstasy

Ecstasy use no longer involves the alternative "dance scene" only; it is also connected with mass "nightlife" activities in general. 4% of the adult Czech population have used ecstasy at least once (approximately 350,000 people), 2.5% (approximately 200,000 people) report use within the last 12 months). 7% of the school population report that they have used ecstasy (i.e. approximately 27,000 students). The

number of ecstasy-related first treatment or service demands increased from 48 in 2001 to 193 in 2002 (i.e. 4.9% of all first treatment demands in 2002).

There is no significant domestic source of production of dance drugs in the Czech Republic, according to police and customs data since 1995;[43] most ecstasy tablets on the Czech market come from the Netherlands and Belgium. Ecstasy prices have been declining since 1993, when they were monitored for the first time (from CZK 350 (€ 11.1) in 1993 to approximately half that in 2002). Law enforcement bodies seized 82,237 tablets in 2002; this represents approximately 10% of the yearly ecstasy consumption in the Czech Republic.

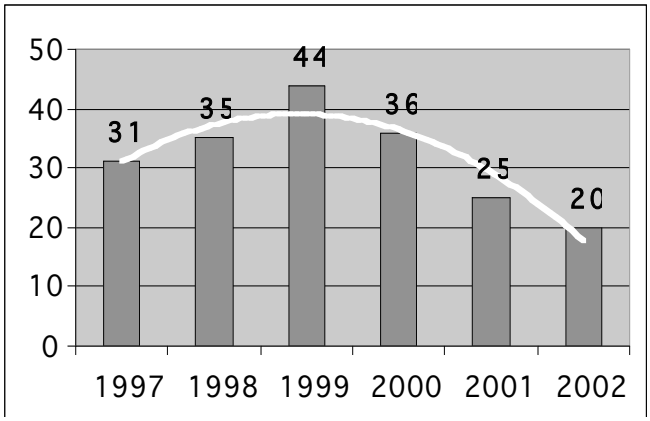
Not a single acute death related to ecstasy or ecstasy fakes was recorded in the Czech Republic in 2002. Three deaths in connection with, or with the presence of, dance drugs have been recorded in the history of the Czech Republic.

6.2.3 LSD

LSD is the best-known synthetic hallucinogen; LSD abuse is mostly experimental in the Czech Republic according to the available information[44]. Approximately 2% of the Czech adult population report that they have used LSD at least once in their life (i.e. approximately 170,000 people), 1% (i.e. 90,000 people approximately) report using LSD within the last 12 months; 9% of students and apprentices report experience with LSD and other hallucinogens.

Hallucinogen-related treatment demands have been declining since 1999. There were 20 such cases in 2002 (i.e. 0.4% of all first treatment demands).

Figure 6-4: Number of first treatment demands related to LSD and/or other hallucinogens in 1997-2002 (data source: Hygiene Service)



The Czech Republic is an important producer of LSD precursors – ergotamine, ergometrine, and lysergic acid are made at IVAX a.s. in Opava. Law enforcement bodies seized 107 "trips" in 2002; this represents approximately 0.1% of the annual consumption in the Czech Republic.

6.3 Heroin and Other Opiates

The use of medicaments containing opiates has been popular in the Czech Republic since the 1970s. Even the so-called "braun" – a home-made mixture of opiates made from available medicaments – achieved considerable popularity. Heroin has started to appear in Prague and Northern Bohemia since 1993; then it spread to other regions of the Czech Republic from 1999 to 2001; it gradually reached the level of the availability of pervitin that had dominated until then. The pharmaceutical

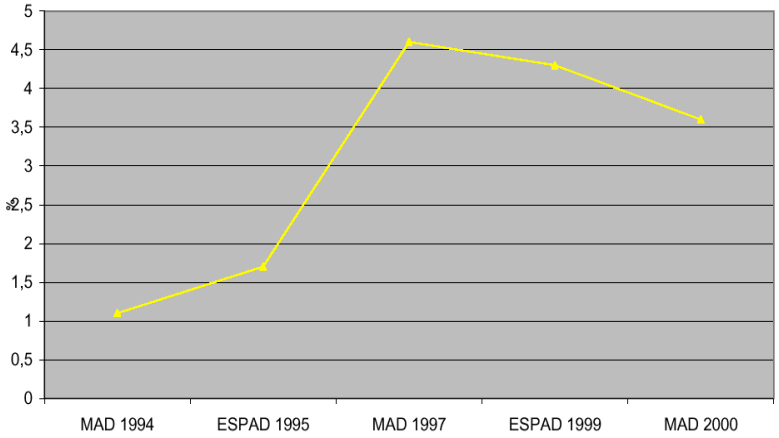
[43] A manufactory for the production and tableting of MDMA was detected shortly before commencing operations in Central Bohemia in 1995.

[44] Herbal hallucinogens are also used in the Czech Republic; magic mushrooms are the most common. There are sporadic cases of high-risk abuse of datura (which contains delirious atropine and scopolamine), fly mushrooms (containing psychotropic muscarine), and other plants and mushrooms.

opioid Subutex®, containing buprenorphine, entered the black market in several areas of the Czech Republic in 2002 (it is a leakage of legally prescribed substitution substance).

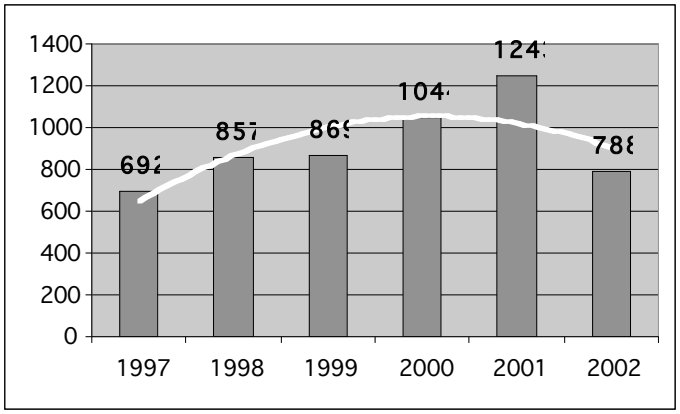
0.7% of the Czech adult population have had an experience with illicit opiates; use within the last 12 months is close to zero. The upward trend of (at least single) experience with opiates among sixteen-year-old pupils and students peaked in 1997; it has been decreasing since then (see the graph below).

Figure 6-5: Lifetime experience with opiates among sixteen-year-old pupils and students (%) (data source: (Mravčík and Zábranský, 2001a))



It is estimated that there are 13,500 problem heroin users in the Czech Republic; the estimated number has been slightly declining in the last three years (from an estimated 15,000 in 1999). The absolute number (and share) of treatment or service demands in connection with opiate use has been more or less constantly increasing between 1997 and 2001; it went down abruptly in 2002, when it declined to 788 persons, i.e. 16% of all first treatment demands (see Figure 6-6). Heroin-related first treatment demands represented 675 cases. It is estimated that 8,000 heroin users used the services of low-threshold facilities in 2002.

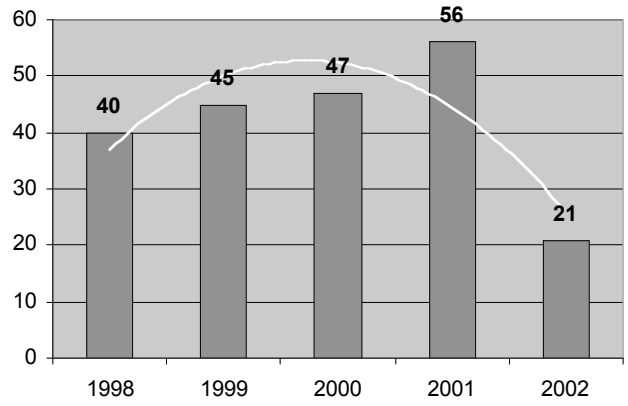
Figure 6-6: First treatment (help) demands related to the use of opiates (especially heroin) in 1997 - 2002 (data source: Hygiene Service)



Law enforcement bodies seized 34.4 kg of heroin in the Czech Republic in 2002 (0.6% of estimated annual consumption in the Czech Republic), i.e. approximately one third of the quantity seized in 2001.

Fatal overdoses on heroin and other opiates increased in 1998 – 2001; there was a rapid decline in 2002 (21 cases) - see the graph below.

Figure 6-7: Development in identified acute deaths with the presence of opiates in the Czech Republic in 1998 - 2002



6.4 Cocaine and Crack

Cocaine-type drugs are not very common in the Czech Republic. Cocaine use frequency is under the level of sensitivity of population surveys and statistical estimates in the Czech Republic. There were 10 treatment or service demands in connection with cocaine use in 2002 (3 thereof were first treatment demands).

No attempts to produce cocaine in the Czech Republic have been recorded and nothing is known about a contingent conversion of cocaine to crack.

Czech customs bodies seized 6.04 kg of cocaine in 2002 (approximately 11% of estimated domestic consumption); however, most of the cocaine seized was not destined for the Czech domestic market.

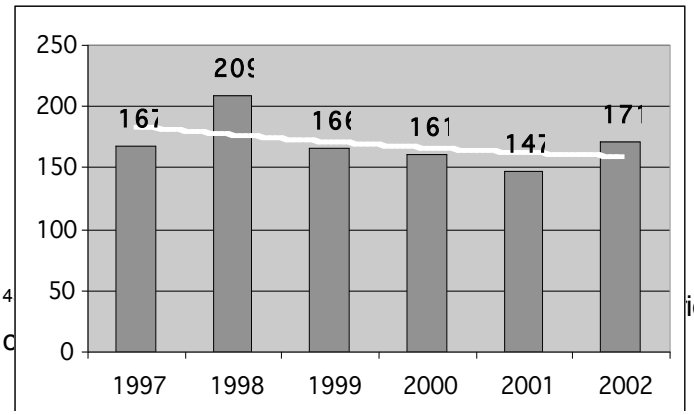
No acute death with the presence of a cocaine drug has yet been recorded in the Czech Republic.

6.5 Solvents

The use of solvents in the Czech Republic has had a relatively long history, since 1960s. Almost all abused solvents are made domestically[45]. General population surveys do not inquire about the use of solvents. 7% of students and apprentices have tried solvents at least once, according to school surveys (i.e. approximately 27,000 people). 4% (i.e. approximately 15,000 people) report use within the last 12 months; the figures concerning the experience of the school population with solvents have been stable for a long time.

The share of inhalant users in first and all treatment demands has traditionally been relatively low (see the following graph). It is possible to assume that the offer of traditional services does not appeal to the specific population of users of these substances.

Figure 6-8: First treatment demands related to the solvent use in 1997-2002 (data source: Hygiene Service)



Reliable monitoring of acute deaths with the presence of solvents has only been available since 2001; 14 fatal poisonings with abused solvents were identified in 2002 (15 in 2001). Solvents represent the

4 ichloroethylene, benzene), then gasoline, and

C

third most common cause of acute deaths (after benzodiazepines and opiates).

6.6 Polydrug Use

Polydrug use is very common among Czech drug users. Users combine drugs; they shift from one to another according to the situation on the black market and they very frequently combine them with licit alcohol, tobacco, and psychotropic medicaments. Benzodiazepine series medicaments and especially Rohypnol® are the most popular.

7 Discussion

7.1 Consistency between Indicators

7.1.1 Epidemiological Data

Data from the field of epidemiology of drug use are mutually consistent, with the exception of the general population survey "Sample Survey on the Health Status of the Czech Population" carried out by the Institute for Health Information and Statistics. Data on drug use prevalence, together with data about the health consequences of drug use (infection, overdose), provide a convincing picture of two concurrent and yet contradictory phenomena: the gradual fading of the epidemic of problem drug use and a concurrent rise in experimental and recreational use.

Low HIV/AIDS seroprevalence among injecting drug users (around 0.01%) on the one hand and the relatively higher prevalence of viral hepatitis – namely HCV (30 – 40%) on the other hand may appear as an inconsistency. However, it only appears to be inconsistent; both trends are relatively favourable (i.e. low) in comparison with neighbouring EU states or the USA[46] and it is very likely that this is a result of the early implementation of harm/risk reduction measures in the mid-1990s. The difference in prevalence of HCV and HIV/AIDS is also caused by the different characteristics of both infections.

7.1.2 Data from the Criminal Justice Sector

The number of persons that were arrested, accused, and convicted for drug-related criminal offences kept gradually increasing even in 2002; as in the previous year, it is possible to see this as a reflection of the increases in capacity of specialized branches of the Police of the Czech Republic (this is, for instance, expressed in the setting up of branch offices of the National Drug Squad in former regional towns) and a consequent increase in knowledge on the part of the police regarding local drug scenes. There is also a continual increase in the number of persons prosecuted according to Section 187a (possession of drugs for personal use); cannabis-related prosecutions represent the highest share in this number.

The spectrum of drugs for which prosecution took place agrees with epidemiological knowledge about drugs in society: amphetamine-related drug-related criminal offences are the most common (especially in connection with pervitin, the most common "problem" drug in the Czech Republic) and they are closely followed by drug-related criminal offences related to cannabis (the most common illicit drugs in our country; they are used both experimentally and recreationally).

The value of the data from the criminal law sector is reduced by a lack of cohesion in the data from individual law enforcement branches; for instance, the number of persons accused of drug-related criminal offences (according to statistics from Public Prosecutors' Offices) has been higher than the number of persons prosecuted (police statistics) for a long time.

In collaboration with the Czech National Focal Point, the joint analytical station of the National Drug Squad and the General Customs Headquarters that was set up within the framework of the Phare Twinning Project should make a significant contribution to the improvement of quality and reliability of

[46] HCV seroprevalence among injecting drug users in the European Union is 40 – 90% (EMCDDA, 2002); and more than 80% in the USA (NIDA, 2000); HIV/AIDS seroprevalence in the same population in the European Union varies from 1% (United Kingdom) to 25% (Spain); it is estimated that it reaches approximately 27% in the United States of America (EMCDDA, 2002), (NIDA, 2001)

data from the criminal law sector in the future; consistent elimination of duplication in police and customs service reporting and the implementation of a study for the estimation of secondary drug-related criminality represent some of the main targets for the immediate future. In the long-term perspective, this will especially involve linking up with data from the sector of the Ministry of Justice, providing for mutual comparison and deeper analyses.

7.2 Methodological Limitations and Data Quality

7.2.1 Epidemiological Data

As far as the field of population surveys is concerned, we dispose of the results of semi-representative surveys of the Public Opinion Poll Centre with quota selection sampling (approximately 1,000 persons) in a longitudinal time series. Even though the samples are not fully representative for the Czech Republic, the results of the surveys of the Public Opinion Poll Centre are consistent in time and they match the results of representative surveys (GENACIS was the most recent one). The results (especially lifetime prevalence of drug use) of the general population survey "Sample Survey on the Health Status of the Czech Population" carried out by the Institute for Health Information and Statistics are twice as low, or even more, as in other similar surveys – a different methodology used for data collection is the most likely reason: questionnaires in the survey carried out by the Institute for Health Information and Statistics were filled in "face to face" with the respondent, therefore, it is possible that answers to delicate questions were not always forthcoming.

Nationwide school surveys implemented within the framework of international projects (ESPAD, HBSC) involve representative inquiries; the results are mutually consistent and comparable with other similar surveys that were carried out in the past, e.g. the surveys implemented by the Hygiene Service (Polanecký et al. 2001) and the NEAD survey (Miovský and Urbánek, 2001).

Key questions used for data about drug use comply with standard questionnaires (ESPAD, EMCDDA questionnaires).

In the field of the monitoring of recreational use of drugs, and dance drugs in particular, the Czech National Focal Point coordinated the collection of data about those attending dance events in 2002 (and has continued with this in 2003); data were collected with the help of organizations that carried out preventive and harm reduction activities at dance events, namely the Podané Ruce Brno civic association. The reliability of these data is limited by the fact that they come from people who make use of the on-site services of these organizations – i.e. from dance drug users. Field surveys of drug use in the dance scene such as the multicentric survey from 1998 – 2000 (Csémy et al. 2000) have not been repeated since. A questionnaire survey "Tanec a drogy" regarding drug use in the dance scene that is similar to the survey from 2000 (Kubů et al. 2000) has also been carried out in 2003 through the XMAG magazine and a web form available at www.drogy-info.cz.

New data about the extent of drug use by the Roma population in 2002 were made available through Roma field workers. The advantage of these data is that they cover Roma communities in nearly the whole country; the disadvantage is that they provide a very rough and benchmark description of the drugs situation among the Roma population.

7.2.2 Problem Drug Use

All available prevalence estimates of problem drug users in the Czech Republic were based on a multiplication method, with the use of treatment sources. The capture-recapture methods were used for estimations at the local level. The most recent prevalence estimation published in this report uses the in-treatment rate of problem drug users in contact with low-threshold facilities obtained in the "HCV Seroprevalence among Injecting Drug Users" study by means of a nomination method and the number of problem drug users in contact with these centres. The number of drug users in contact with low-threshold facilities was obtained from the final reports of projects participating in the subsidy process of the National Drug Commission; this may mean an overvaluation of the numbers. The

Czech National Focal Point is implementing a nationwide prevalence study with the capture-recapture method in 2003.

7.2.3 Treatment Demands

The trends read from the Treatment Demands Register of the Hygiene Service are partly distorted by changes in the reporting system (increasing number of various facilities of different types and changes in the reporting discipline of the facility). The coverage of different types of treatment facilities is not complete; see Table 7-1. Regional non-uniformities in the spectrum of types of reporting facilities and in the definitions of a treatment demand have persisted. Detailed information about these issues is, for instance, included in the chapter on Cannabis problems in context: understanding increased treatment demand.

Table 7-1: Comparison of the number of facilities reporting to the Treatment demand register kept by the Hygiene Service with the total number of these facilities

Type of facility	Number in the Register of the Hygiene Service	Number in other sources (source)
Outpatient health care	129	342 (ÚZIS)
Outpatient non-health care	32	n.a.
Residential	56	92 (ÚZIS, RVKPP)
Low-threshold	76	93 (RVKPP)
Total	**293**	**527***

*Note: * without outpatient non-health facilities*

7.2.4 Drug-Related Deaths

Data about acute drug-related deaths have been collected in compliance with the EMCDDA methodology from the network of toxicological laboratories at forensic departments for five years. A database system for registration and reporting was introduced in 2002; however, it was not possible to implement it in all departments. Lack of uniformity in investigative practice and equipment of individual departments represents a system disadvantage; nationwide coverage of acute deaths is the advantage.

7.2.5 Infectious Diseases

A system of testing for infections in low-threshold facilities and the facilities of the Prison Service was finally introduced in 2002. The improvement of the quality of these systems is a key issue for the future. The Czech National Focal Point started to implement a nationwide study ”HCV Seroprevalence among Injecting Drug Users”; the results are consistent with the results of similar local studies.

7.2.6 Criminal Law Data

A lack of cohesion in the data from different phases of the criminal law process (prosecution, accusation, conviction) has persisted; this is the result of a time shift and inconsistencies in reporting. It was reported that more people have been accused of drugs-related criminal offences in the last seven years than were prosecuted. The police managed to get data about prosecutions by individual drugs in 2002.

There are still insufficient data about the field of secondary drug-related criminality; it is planned that a joint study of the Czech National Focal Point and the National Drug Squad will be carried out in 2004.

The definition of an “addict” or “user” is still unclear in the field of prisons; persons are filed in this category according to different criteria; see the chapter on Interventions in the Criminal Justice System for more information. It was possible to get more detailed information about drug screening urine tests; selection is not always random and the records do not allow for the identification of persons that were tested several times.

As far as the field of data about drug seizures is concerned, eliminating the problem of duplications of seizures by the Police of the Czech Republic and the General Customs Headquarters has not yet been managed.

7.2.7 Notes Regarding Publication Culture

Frequent quoting of well-established and simplified claims unsupported by facts and numbers (for instance about the constantly decreasing age of drug users, constantly worsening situation, about marijuana with a 30 – 40% THC content, about seizure rates) is a relatively frequent attribute of information published in both professional publications and the media; this information is not in accordance with data about recent trends in the field of drug use and its consequences. Epidemiological data are sometimes also misinterpreted or simplified. The introduction of the 2002 Annual Report of the Prague Hygiene Station (Polanecký et al. 2003) can be mentioned as an example: it misinterprets trends in drug-related treatment demands and data about prevalence and testing for infectious diseases among drug users.

The failure to meet high publishing standards in official materials and the frequent use of unsubstantiated claims represent a common problem with data from the criminal law sector. Let us, for instance, mention relatively typical and frequently secondarily-quoted data such as the long-term reporting of the "latency of drug-related criminal offences" by the Institute for Criminology and Social Prevention. Even the most recent publication of this type (Cejpl et.al., 2001) suffers from an extremely narrow and selective spectrum of sources (only 3 quotations) that are not processed according to any standard at all. The professional level of this text is then decreased by frequent references to anonymous "experts". The data about the latency of "drug-related criminal offences" that the publication provides are statements that can be disproved by simple arithmetic[47].

[47] For instance, this publication mentions 20 – 30% of "detected cases of possession of drugs for personal use" (of all cases that were committed in the territory of our country); in fact, the police prosecuted 285 cases of possession of drugs for personal use and 187 offenders who committed these offences; in addition, 761 administrative offences were detected. With regard to the number of problem users (37,500) or, more accurately, the number of those who used a drug at least once in the last year (11% of the adult population, i.e. approximately 950,000 persons), it is possible to assume that the proportion of detected activities of this type was significantly lower.

Part III: Demand Reduction Interventions

8 Strategies in Demand Reduction at National Level

8.1 Major Strategies and Activities

The 2001 – 2004 National Drug Policy Strategy specifies the basic demand reduction strategies. It is the third conceptual document in the history of the Czech Republic (the previous ones were published in 1993 and 1998 respectively). It follows from the previous concepts and develops the strategies and activities that were defined in these documents. The strategies are based on the principle of a balanced approach and comprehensive, interdepartmental, interdisciplinary, and intersectorial procedures and cooperation in problem-solving (Sekretariát Meziresortní protidrogové komise, 2000).

It especially applies to low-threshold facilities and resocialization programmes that they are guaranteed by the state through NGOs. Therefore, the costs of services provided by NGOs make up approximately 90% of the expenditures from the General Cash Administration budget chapter – drug policy expenses. These financial resources are completed with expenditure from the budgets of the Ministry of Labour and Social Affairs, Ministry of Health, and Ministry of Education, Youth, and Sports, and from local budgets (see the chapter on Budget and Funding for more information). It has shown that there is not sufficient coverage of treatment programmes for juveniles, for drug users in prisons, and for the Roma community. Even after-care programmes with sheltered housing and sheltered work for people who completed treatment programmes and substitution treatment are undersized.

A substantial part of the Phare Twinning Project was carried out in 2002 (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003). The goal of the project was especially based on the establishment of the necessary conditions for EU acquis communautaire enforcement. The specific aim was to develop and reinforce an efficient legal and institutional system and the planning and implementation of an efficient drug policy in the Czech Republic.

The Phare Twinning Project focused on three areas that correspond with the main principles of the 2001 - 2004 National Drug Policy Strategy:

1. Setting up and guaranteeing the operations of the Czech National Focal Point and guaranteeing drug data collection in compliance with the methodology of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

This field focused on further development of the Czech system of drug epidemiology monitoring and improvement of the system of collection, processing, and analysis of data on the one hand, and the distribution of these data to experts, national, international institutions, and the general public including the central information server at www.drogy-info.cz. A joint analytical station of the General Customs Headquarters and the National Drug Squad was set up to monitor the field of drug supply reduction; it should become fully operative in the course of 2003.

2. Improvement of Horizontal and Vertical Cooperation

This field especially focused on the development and improvement of structures for collaboration and the coordination of the drugs policy in the Czech Republic. The position of a drug coordinator was gradually introduced in regional authorities as a consequence of the reform of public administration. The newly-established drug coordinators were provided with training and counselling within the framework of this project; it focused especially on the further professional and management activities of the coordinators in their regions. The objectives of other activities involved the improvement of collaboration between sectors that deal with drug issues, the introduction of standard procedures for the evaluation of the efficiency of measures implemented, and the design of changes to the existing system of drugs policy programme funding.

The analysis of the state of horizontal coordination found out that the Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sports, and Ministry of Justice do not possess a sufficient number of experts in drug policy. A suggestion was made to the government that it should reinforce the staff of the appropriate departments of these ministries. The situation of regional drug coordinators is similar: their workload exceeds a 1.0 workload. (In these cases, regional presidents were recommended to establish a drug policy coordination department.)

The draft of the model of decentralized funding of prevention and treatment services is the most important output in this field. This model takes into consideration the weaknesses identified in the existing system and the public administration reform and the efficient spending of public resources. The model is based on the financial participation of the state and the regions. Basic tools for quality control and the efficiency of the services provided should involve a regional plan for prevention and treatment, financial standards for services, minimum service standards, the certification of service providers, and annual reports (of regions, service providers). A detailed plan should be drawn up by June 30, 2004.

3. Education of Workers in the Field of Drug Supply and Drug Demand

Activities in this field focused on the drawing up of teaching and conceptual materials for the field of primary prevention, substitution programmes, prisons, and the police. This field involved team training, counselling, and the development of the quality of educational curricula for further training and data collection. A substantial effort was also dedicated to the methodological education of key experts, workers in different professions in the field of drugs and drug addiction, and the arrangement of existing conceptual materials.

The most important outputs in this field involve the preparation of intersectorial and interdisciplinary standards of evaluation of the quality of the services delivered that will take into consideration the existing sectorial standards in the field of treatment and resocialization, the preparation of a first draft of minimum standards of primary prevention, a dictionary of primary prevention, and a manual of good practice. The final objectives are to draw up uniform intersectorial standards for services in the field of the treatment and resocialization of drug users and to implement the accreditation system in practice – see the chapter on Quality Assurance for more information.

8.2 Approaches and New Developments

Several new or innovative programmes and approaches appeared during 2002. This was partly due to the Phare Twinning Project 2000 “Strengthening National Drugs Policy” (Haas et al. 2003; Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003), that managed to collect experts in the field of conceptualization and planning new activities.

A needs analysis for the field of primary prevention was carried out within the framework of the Phare Twinning Project. According to this analysis, the number of implementers of primary prevention activities in the non-profit-making sector is higher than that estimated from a summary of primary prevention programmes subsidized from public budgets (Miovský, 2002a). This means that there are other entities that participate in primary prevention; most of them are outreach centres that operate in centres of regions with 100,000 to 150,000 inhabitants. A working subgroup was set up within the Phare Twinning Project for the purpose of describing and analyzing this phenomenon. In the course of 2002, this subgroup carried out an analysis of services provided by these facilities (Libra, 2003; Miovský, 2002b). It has shown that these centres prefer an agency-style type of work (this is why they are called “drug agencies”); this means that they serve as multipurpose facilities that respond to new trends and the needs of the local community and they do not strictly stick to the concept of providers of low-threshold facilities defined by standards of drug services (Ministerstvo zdravotnictví ČR, 2001a). The analysis has also shown that it is necessary to solve the whole issue conceptually.

A needs analysis in the field of substitution treatment was carried out within the framework of the Phare Twinning Project (Zábranský, 2002). Two fields of priority for 2002 – 2003 were identified on the basis of this analysis. Decentralization of the supply of substitution treatment is the first priority. It has been shown that the existing manner of provision of substitution treatment displays significantly limited potential for further expansion and that this reduces availability. Setting up this type of treatment in prisons, remand prisons, and police cells was the second priority. Substitution treatment has not been provided in these facilities even though this type of treatment is totally legal and standard in the civil sector. Close collaboration was established with the General Directorate of the Prison Service and the Prisons working group of the Phare Twinning Project. The goal of introducing substitution in prisons by the end of 2004 is also expressed in the Government Decree regarding the Phare Twinning Project (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003) - see the chapter on Substitution and Maintenance Programmes for more information.

As far as the field of school-based prevention is concerned, several localities in the Czech Republic witnessed the development of activities that use tools from fields outside primary prevention in 2002. These involved two types of activities: urine tests for the presence of metabolites of illicit drugs among pupils and students of primary and secondary schools, and the use of sniffer dogs for drug detection as a demonstration within the framework of a preventive action; sniffer dogs are occasionally used for the actual detection of drugs in a particular school. Both of these approaches received media attention; this required the formulation of an official statement on the part of the Secretariat of the National Drug Commission and other ministries involved (Ministry of the Interior, Ministry of Education, Youth, and Sports); it was published as a press release. The statement clearly declares that none of these approaches belong to the primary prevention strategy supported by the state and that they are not primary prevention *per se*; in addition, it makes it clear that the approaches are not components of blanket programmes and points to legal issues related to these activities (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003) – see the chapter on Prevention for more information.

Interventions in the field of synthetic drugs have also developed. The National Drug Commission established the Synthetic Drugs Abuse Prevention working group in October 2002. The group met five times between November 2002 and May 2003, when the working group was dismissed after it had fulfilled its tasks. The task was to analyze the current situation and design appropriate measures in the field of synthetic drugs like ecstasy (MDMA) and other substances used in the milieu of dance events (i.e. dance drugs). The group consisted of representatives of the Ministry of Health, Ministry of Justice, Ministry of the Interior, Association of Non-Governmental Organizations, Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases, Secretariat of the National Drug Commission, and two independent experts. Inter alia, the group drew up a "Recommended Procedure for Execution of Preventive Actions at Dance Events" (Valnoha, 2003); the goal of this document is to harmonize the existing activities that are conducted especially by field programmes with basic professional and legislative criteria. Other outputs involve the publication "Safer Dancing", that summarizes the main recommendations for the safer organization of dance events (Zábranský and Kubů, 2003). The group recommended the preparation of a research project that will focus on the use of licit and illicit drugs in the milieu of dance events and on the evaluation of the efficiency of preventive activities in this milieu. In 2002, prevention and harm reduction activities on the dance scene developed particularly due to the work of the Podané ruce civic association – the leader of this process. This involves combinations of informative and educational work among drug users on the drug scene (information about risks connected with ecstasy use, first aid in different situations, etc.), structured influencing of attitudes, and programmes for the qualitative testing of ecstasy (Miovský, 2003); the network of field programmes that carry out qualitative testing is linked with the Pharmacology Department of the 3rd Medical Faculty at Charles University in Prague, which has carried out the quantitative testing of ecstasy tablets (see the chapter on Harm Reduction Activities Designed for Users of Dance Drugs for more information). The programmes meet with a negative attitude on the part of the police. Even the statement of the Brno-based Office of the Supreme

Prosecutor from October 17, 2002[48] (Nejvyšší státní zastupitelství , 2002) did not bring about a substantial shift in the attitude of the police regarding these activities. In one case, a complaint was lodged for suspicion of the commission of the criminal offence of propagation of drug addiction (Section 188a of Penal Code); the Public Prosecutor rejected the charge. The Ministry of the Interior and the Ministry of Health have declared their clear disapproval of ecstasy testing in dance events.

The Legal Aid Counselling Service of the Association of Non-Governmental Organizations started to operate in 2002. In the beginning, the project was especially supported by the Open Society Fund. The main objectives of the project involve legal aid to organizations dealing with treatment and help to drug users; it also provides help to drug users who have got into significant problems with the law (Gajdošíková, 2002). Legal aid used to be a missing element in the range of drug services offered in the Czech Republic. As the reform of public services has not yet been fully implemented, a large part of the social services provided for drug users (streetwork, half-way houses, community care programmes, etc.) operate in something of a legal vacuum. This is why the organizations often have to deal with peculiar legal situations. In addition, this legal aid also involves help to specific drug users in complex legal cases; these people often have problems finding quality legal aid, especially in the field of the penal law.

The so-called user fora started to emerge in the Czech Republic in 2002; their aim is to draw (ex) drug users and methadone programme clients into a discussion about the treatment of drug addicts. These user fora should participate in the mapping of drug use within the community of users, collaborate with professionals in the field, and try to influence the quality of services for drug users. A non-governmental organization, Společnost Hvězda, is involved in the project and cooperates closely with a Dublin user forum, UISCE. The Prague user forum is an association of ex-users and it has started to publish the Dr. Ufo magazine.

9 Prevention

Primary prevention is one of the four pillars of the Czech drugs policy according to the 2001 - 2004 National Drugs Policy Strategy; it defines goals, aims, and objectives in this field.

Stopping the increase of drug use, especially among children and young people, is the most significant goal of primary prevention. A very positive trend in epidemiological indicators in the Czech Republic can be observed with regard to the fulfilment of this goal. It is true that there has been an increase in the experimental and recreational use of cannabis and dance drugs in particular (but this trend is gradually slowing down in the population of adolescents); on the other hand, the experimental use of heroin and pervitin has been stagnating (Mravčík and Zábranský, 2001a); at the same time, the increase in problem drug use has also stopped in recent years. This means that there has been no further increase in the use of the most risk-laden drugs or the most risk-laden modes of drug use in the Czech population, especially among children and young people. This differentiation can be regarded as an indisputable success of the Czech drugs policy and partly also as a success of primary prevention.

Objectives and targets defined in the 2001 – 2004 National Drugs Policy Strategy mainly involve the field of conceptions, coordination, standardization, and education. The fulfilment of targets in these fields has been delayed. An overall analysis of the state of primary prevention in the Czech Republic was carried out within the framework of the Phare Twinning Project (Miovský, 2002a). The analysis found that there was insufficient collaboration and networking both at the vertical and the horizontal (intersectorial) level.

Target 5B from the 2001 – 2004 National Drug Policy Strategy was newly formulated within the framework of the Evaluation Report about the Fulfilment of Targets from the 2001 – 2004 National

[48] This statement also contains a list of conditions under which criminal responsibility could be eliminated in specific cases.

Drug Policy Strategy (Government Resolution No. 1110/2002). The Ministry of Education, Youth, and Sports is responsible for the creation of a functional and interconnected system of preventive activities within its own sector, and not in general and outside the sector, as the 2001 – 2004 National Drugs Policy Strategy originally put it. Even the fulfilment of targets following from the Phare Twinning Project (Government Resolution No. 549/2003) should improve the coordination and quality of services in the field of primary prevention. The targets are:

- To establish a Primary Prevention working group consisting of institutions responsible for the implementation of primary prevention according to the 2001 – 2004 National Drugs Policy Strategy (until September 30, 2003). This will be carried out by the Minister of Education, Youth, and Sports in collaboration with the Minister of Health, the Minister of the Interior, the Minister of Defence, the Minister of Labour and Social Affairs, and the Executive Vice-Chairman of the National Drug Commission.
- To prepare Minimum Standards of Primary Prevention, a Manual of Good Practice of Preventive Programmes, and a terminological dictionary of terms from the field of primary prevention and submit them to the National Drug Commission (by December 31, 2003). This will be carried out by the Minister of Education, Youth, and Sports in collaboration with the executive chairman of the National Drug Commission.
- To prepare a conceptual framework for primary prevention and submit it to the National Drug Commission (by December 31, 2003). This will be carried out by the Minister of Health and Minister of Labour and Social Affairs.
- To legislatively anchor the position of a school prevention methodologist to the appropriate law and ensure appropriate conditions for the execution of this work (by July 31, 2003). This will be carried out by the Minister of Education, Youth, and Sports.

It is practically impossible to get a complete picture of the total volume, quality, content, and costs of the implementation of primary prevention activities, due to the fact that they are implemented by different ministries, regions, municipalities, all schools, and nearly all providers of services in the field of treatment and help to drug users. The basic available information about types of primary prevention programmes follows.

9.1 School Programmes

School-based prevention programmes represent the highest volume of primary prevention programmes. A general definition of a primary prevention strategy for schools and educational facilities can be found in the strategies of the Ministry of Education, Youth, and Sports and continuation instructions (Ministerstvo školství, mládeže a tělovýchovy, 2000; Ministerstvo školství, mládeže a tělovýchovy, 2001; Ministerstvo školství ČR, 2000).

School-based prevention in the Czech Republic is carried out within the framework of two basic types of programme. This involves the so-called “Minimum Preventive Programme” at schools and educational facilities and the so-called prevention of socially pathological phenomena within the sphere of competence of the Ministry of Education, Youth, and Sports.

Minimum Preventive Programme

This programme is directly implemented by schools. The persons who are responsible for the field of drug prevention at each school – school prevention methodologists - play a key role (this position is established and filled at each school in the Czech Republic). The basic prerequisites and conditions for the execution of this work have not yet been provided for systematically (pedagogues are not paid for the work or their direct teaching workload is not proportionally reduced) (Miovský, 2002a); the fulfilment of the target that resulted from the Phare Twinning Project might bring an improvement – see above. Emphasis is laid on holistic approaches; the prevention of drug use and drug addictions is a part of education towards a healthy lifestyle. The projects carried out within the framework of the

Minimum Preventive Programme are based on the conception of the model programme for kindergartens and basic schools, "Škola podporující zdraví (Health Supporting School)" (www.brana.cz/zdrskola). It is the effort of the Ministry of Education, Youth, and Sports to integrate these programmes with out-of-school programmes and community programmes at the regional level. Information about financial resources for the support of minimum preventive programmes in 2002 is included in the chapter on Budget and Funding.

Prevention of socially pathological phenomena within the competence of the Ministry of Education, Youth, and Sports

The projects in this field are of a supraregional and nationwide character and they focus on:

- the creation of an integrated system of prevention in the field of special education,
- the education of pedagogical workers in compliance with the National Curriculum for the Education of Methodologists of Prevention in Schools and School Facilities,
- the activization of parents in the field of prevention, with a focus on a healthy lifestyle,
- target groups of young apprentices, minorities, and young people faced with an increased risk of the occurrence of socially pathological phenomena.

Programmes are implemented by public service organizations, civic associations, subsidized organizations operated by the Ministry of Education, Youth, and Sports, and other organizations outside the sphere of competence of the Ministry of Education, Youth, and Sports. It is currently impossible to determine the exact share of primary prevention programmes and leisure time activities within the framework of the implemented programmes.

The Police of the Czech Republic are implementing some addiction-oriented primary prevention projects in schools within the framework of crime prevention programmes; a considerable part of these activities is implemented by police prevention information groups (pilot projects "Malá policejní akademie (Small Police Academy", "Učíme se s policií (Learning with the Police)" or "Ajaxův zápisník (Ajax's Notepad)"). Even some non-governmental organizations are entering this field systematically; they focus exclusively on drug prevention in schools and the education of pedagogues – e.g. Institut Filia (http://web.telecom.cz/filia).

The control of the implementation of primary prevention programmes in schools and school facilities falls within the sphere of competence of the Czech School Inspection; it mostly focuses on administrative control; inspection of quality and effectiveness is carried out only exceptionally.

9.2 Youth Programmes outside School

Specific extracurricular primary prevention programmes are especially implemented by NGOs and pedagogical-psychological counselling offices.

Several functioning models of community programmes exist in the field of specific programmes. They deal with work with at-risk youth groups, especially in densely populated areas (on the street or in clubs and various entertainment facilities). The community programme of drug prevention in Prague 6 (www.Praha6.cz/bezpecnost/protidrogove.php) or community activities of Prague's Prev-Centrum (www.prevcentrum.cz) can be mentioned as examples of good practice.

Programmes focusing on at-risk young people in socially segregated groups or ethnic minorities appear only sporadically.

9.3 Work with Families

Four groups can be distinguished in the field of preventive work with families:

- Educational programmes for parents (purpose-written publications, popular education, and lectures),

- Programmes geared towards the prevention of high-risk behaviour among parents (use of alcohol and other drugs, etc.),
- Preventive programmes with active parental involvement,
- Programmes geared towards early diagnosis and efficient intervention by parents (especially at the level of cooperation with a school).

Parent groups allow for barrier-free communication about drug issues between experts and parents and they often represent an essential and important part of the activities of community prevention centres, counselling offices, and low-threshold outreach centres.

9.4 Other Programmes

Internet-based prevention continued to develop in 2002 (Kubů et al. 2000). www.drogovaporadna.cz (accessed approximately 5,000 times per month) and www.extc.cz (accessed approximately 4,000 times per month) were the most frequently visited on-line counselling services in the Czech Republic in 2002; they are both operated by NGOs (o.s. SANANIM, o.s. Podané ruce).

Drug use prevention in different target groups is increasingly often a part of the work of outreach centres in areas outside large municipal agglomerations; these centres use the so-called "agency type" of work and provide comprehensive drug services in a given community – see the chapter on Approache for more information.

Prevention in the workplace has been neglected for a long time. No integrated preventive programme that would focus on NPSs was prepared or implemented in this field in the Czech Republic in 2002.

9.5 Research and Evaluation Studies in the Field of Primary Prevention

Primary prevention programmes are not subject to a sufficient level of evaluation. Most implementers of preventive programmes limit themselves to several types of internal evaluation of programmes. In most cases, this involves non-structured verbal assessments of implementers or participants, or questionnaires, etc.

It is the objective of the research project that started in 2002 to develop and verify a methodology for the implementation of the evaluation of community primary prevention programmes. The civic association Prev-centrum is implementing this project in collaboration with the Academy of Science of the Czech Republic, and the Czech National Focal Point is guaranteeing it.

10 Harm Reduction

10.1 Definition and Priorities

Harm reduction is one of the four pillars of the 2001 – 2004 National Drugs Policy Strategy (Sekretariát Meziresortní protidrogové komise, 2000). This document defines harm reduction as a set of specific approaches with the objective of:

- Helping drug addicts to survive and minimize health and social damage and to motivate them to change their risky behaviour with the goal of a drug-free life,
- Protecting society against the negative consequences of drug use, including blood-borne diseases.

10.2 Description of Interventions

Low-threshold facilities in particular (outreach centres, field programmes/streetwork, exchange programmes) provide harm reduction services to drug users. The target population of low-threshold facilities involves problem drug users, experimenters and people in their close environment; some

facilities also provide specific services to recreational dance drug users. Low-threshold facilities in small towns are often involved in the field of primary prevention.[49]

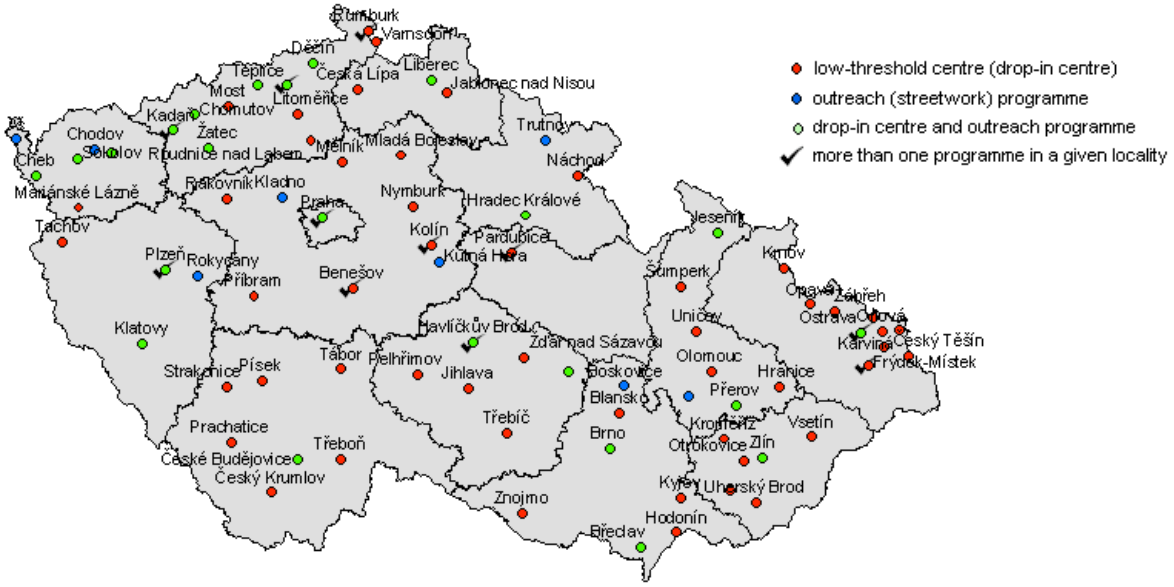
Basic specific targets of services provided in the field of harm reduction:

- To increase the motivation of drug users to less risky behaviour in connection with drug use.
- To increase the motivation of drug users to change their lifestyle towards one of abstinence.
- To lead drug users to regular exchanges and the safe disposal of used injecting materials.
- To decrease rates of HAV, HBV, and HCV among drug users.
- To maintain the low level of occurrence of HIV/AIDS among drug users.
- Data collection in the field of drug use, monitoring of trends in drug use.

10.2.1 Scope of Harm Reduction Services in the Czech Republic

There is a relatively stable network of low-threshold facilities in the Czech Republic: at the end of 2002, it consisted of 93 projects[50] - outreach centres, field programmes, streetwork, and needle and syringe exchange programmes (see Map 10-1). The range of services offered involves the exchange of injecting materials, including motivation training focusing on the safe disposal of used injecting materials, the mediation of contact with facilities that deal with abstinence-oriented treatment and substitution treatment programmes, counselling in the field of infectious diseases and overdose prevention, and health and social services for drug users or the mediation of such services; most outreach centres provide a hygiene and food service.

Map 10-1: Low-threshold facilities in the Czech Republic in 2002



Several facilities (approximately 15) operate a programme of secondary replacement of injecting materials.[51] 15 projects provided an information service accompanied by the on-site benchmark testing of tablets offered as ecstasy in 2002. Three low-threshold facilities deal primarily with contacting and supplying services to Roma drug users. Employees of 4 low-threshold facilities are

[49] 41 out of 80 facilities investigated reported activities in the field of primary prevention in 2002.
[50] The number of facilities follows from the data available to the National Focal Point (subsidy process of state institutions, publicly accessible address books, information of the Harm Reduction Section of the Association of Non-Governmental Organizations).
[51] Involvement of active drug users who exchange injecting materials and provide information to other drug users.

authorized to enter some of the Czech prisons, where they provide information about harm reduction services or mediate contact with treatment institutions; this topic is dealt with in more detail in the chapter on Assistance to Drug Users in Prisons.

The Harm Reduction Section of the Association of Non-Governmental Organizations (HR A.N.O.) was set up within the framework of the Association of Non-Governmental Organizations in October 1999. It is the main job of the Harm Reduction Section to ensure fluent communication between individual facilities, to help to professionalize the existing programmes, guarantee the observance of minimum standards of care among its members, and to help to establish uniform definitions of terms that relate to the services provided in the field of harm reduction. The Harm Reduction Section had 35 members by the end of 2002.

Some of the professionals who work in the field of harm reduction are associated in a professional organization, the Czech Streetwork Association, that was established in 1997.

10.2.1.1 Model of a Specific Local Programme

In 2002, the professional public opened a discussion about low-threshold facilities that operate in the centres of regions with 100,000 – 150,000 inhabitants. These low-threshold facilities differ from facilities in larger towns in terms of the structure of their clientele and the structure of the services they provide (especially in the conduct of primary prevention activities) (Libra, 2003). A model of such a facility – a so-called drug agency - was drawn up within the framework of the Phare Twinning Project - see the chapter on Approaches and New Developments.

10.2.2 Data Collection and Monitoring in Low-Threshold Facilities

The network of low-threshold facilities struggles with a non-uniform methodology for the collection of data about drug users and services provided to them. Services are usually provided anonymously and this complicates data collection.

All facilities are currently able to provide information about the number of syringes and needles exchanged and about the number of contacts[52] in a given period (see Table 10-1 to Table 10-3, and Map 10-1); most facilities report the volume of services delivered and there is an increase in the number of projects that also report the number of people that use the services of the facility.

Table 10-1: Exchange programmes in low-threshold facilities subsidized by the National Drug Commission in 2001 - 2002 (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Year	Number of projects	Number of contacts	Number of syringes and needles exchanged (pc)
2001	77	230,327	1,567,059
2002	80	260,180	1,423,754

Table 10-2: Exchange programmes in the Hygiene Service database in 1998 - 2002 (Polanecký et al. 2000; Polanecký et al. 2003; Polanecký et al. 2001; Polanecký et al. 2002; Polanecký et al. 1999)

Year	Number of programmes	Number of needles and syringes exchanged (pc)
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	82	1,179,011
2002	117[53]	1,410,057

[52] Each visit/situation when a client and programme worker interact (i.e. provision of a certain service, information or counselling – including group counselling).

Table 10-3: Number of syringes and needles exchanged in exchange programmes in the Czech Republic in 2002 by regions (Polanecký et al. 2003) (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Region	Number of exchange programmes	Number of syringes exchanged (pc)
Capital Prague	10	858,507
Central Bohemia	9	12,561
Southern Bohemia	7	14,883
Pilsen	3	23,221
Karlovy Vary	5	16,608
Ústí	15	256,071
Liberec	3	12,273
Hradec Králové	3	22,250
Pardubice	2	23,622
Vysočina	5	11,254
Southern Moravia	7	134,285
Olomouc	5	21,809
Zlín	4	19,973
Moravian-Silesian	10	41,907
CZECH REPUBLIC	**88**	**1,469,224**

Map 10-2: Number of syringes and needles handed out in exchange programmes in the Czech Republic in 2002 by regions where the facilities operate (per 100,000 inhabitants) (Polanecký et al. 2003) (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

The Harm Reduction Section of the Association of Non-Governmental Organizations (HR A.N.O.) has been working on the project "System of Uniform Data Collection in Low-Threshold Facilities" for five years; 35 facilities participate in this project. In addition to a uniform methodology of data collection, they also use identical coding of anonymous clients. A "FreeBase" computer database has been developed within the framework of this system for the documentation and evaluation of data about clients and services delivered to them. Within the activities of the Treatment Demands working group of the Phare Twinning Project, representatives of the Prague Hygiene Station, Harm Reduction Section of the Association of Non-Governmental Organizations, and the Czech National Focal Point

[53] The year 2002 was the first year when syringes distributed directly in low-threshold facilities and in the field (streets, flats) were recorded separately.

have started to develop an interface between this system and the Register of the Hygiene Service; this will make possible the uniform reporting of first treatment demands and all treatment demands from low-threshold facilities[54] to the Hygiene Service Register and then provide for electronic data exchange between these institutions. The Association of Non-Governmental Organizations and the National Focal Point plan to implement FreeBase in low-threshold facilities in the Czech Republic in 2004.

10.2.2.1 Outputs of Data Collection in Low-Threshold Facilities

The Czech National Focal Point possesses data from final reports of bodies involved in the subsidy process of the National Drug Commission; 80 low-threshold facilities participated in these proceedings in 2002. Analysis of data from the final reports of the individual facilities and consequent extrapolation resulted in data that can be used for a description of an average low-threshold facility[55] and a total estimate of individual indicators for all 93 Czech low-threshold facilities in 2002 – see Table 10-4.

Table 10-4: Estimated data about low-threshold facilities in the Czech Republic in 2002 (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Indicator	Average facility		Total estimate for the Czech Republic
	Number	Share in all clients (%)	
Number of employees / number of positions	4.6 / 3.5	-	440 / 330
Number of contacts (visits)	2,460	-	290,000
Number of clients	289	-	33,200
Average age of a client (years)	22	-	22
Number of clients – males	156	54	19,400
Number of clients – females	133	46	13,800
Number of clients – intravenous users	146	51	19,000
Number of clients who reported pervitin as their primary drug	113	39	13,100
Number of clients who reported heroin as their primary drug	43	15	8,000
Number of clients who reported cannabinoids as their primary drug	40	14	3,400
Number of clients – non-users	110	38	9,300
Number of first contacts	127	-	11,300
Number of exchanges – performances	551	-	111,600
Number exchange syringes	8,028	-	1,526,800
Costs of operation of the facility**	1,277,605	-	118,817,000

*Note: * These average data refer to out-of-Prague facilities; the nationwide estimate includes the data from Prague facilities. ** In 2002. approximately 64% of financial resources for the field of harm reduction were earmarked from the state budget via the subsidy process (CZK 45 million – National Drug Commission. 15 million – Ministry of Labour and Social Affairs. 1 million – Ministry of Health) and 10% represent the resources that were earmarked via the subsidy process in regions and municipalities (12 million).*

Table 10-5 provides an overview of services provided in 80 facilities that participated in the subsidy process of the National Drug Commission.

[54] In the year 2002, low-threshold facilities represented 26% of the database of treatment-outreach centres registered with the Hygiene Service

[55] These average data refer to out-of-Prague facilities. The reason is that the capacity of Prague facilities differs markedly from the capacity of other low-threshold facilities in the Czech Republic; the nationwide estimate includes the data from Prague facilities

Table 10-5: Low-threshold facilities – services (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Service	Facility providing the service		Number of instances of provision
	Number	%	
Exchange programme	75	93.8	153 977
Outreach room	52	65.0	97 475
Hygiene service	43	53.8	19 624
Food service	46	57.5	71 449
Medical attendance	56	70.0	12 026
Individual counselling	64	80.0	19 373
Group counselling	20	25.0	112
Crisis intervention	61	76.3	3 112
Referral to treatment	61	76.3	2 061
Referral to outreach centre	52	65.0	2 468
Referral to substitution treatment	44	55.0	197
HIV tests	47	58.8	1 288
HCV tests	44	55.0	1 539
Counselling over the phone	56	70.0	10 988

10.2.2.2 Harm Reduction Activities Designed for Users of Dance Drugs

15 facilities provided on-site verbal information and preventive materials (flyers) about dance drug issues, crisis intervention, and the contingent possibility of benchmark qualitative tests of ecstasy tablets in 2002; 6 of these facilities provided more detailed information about the services they delivered (see Table 10-6).

Table 10-6: Harm reduction activities designed for dance drug users in 2002

Number of projects	6
Number of events where the services were provided	39
Number of contacts	cca 5 800
Number of tested tablets	3 966
Number of distributed condoms	cca 2 300

The Podané ruce civic association (Brno) started to operate on-line Internet counselling in 2000 (http://www.extc.cz); it still focuses on issues associated with dance drug use.

A database of ecstasy tablets used in the Czech Republic, with a quantitative analysis of their content, (http://www.lf3.cuni.cz/drogy/) was published under the auspices of the Institute of Pharmacology of the 3rd Medical Faculty of Charles University in Prague in 2002.

It is an overview of randomly collected ecstasy tablets, with a complete quantitative analysis and documentation, including photo documentation (Fišerová and Páleníček, 2001; Fišerová and Páleníček, 2002). 39 tablets were added to the database in 2002; 146 tablets have been entered into the database since 1996.

39 pills were tested in 2002:

- 20 tablets (i.e. 51.3%) only contained MDMA and a binding substance, the doses of MDMA in the tablets usually ranged from 30 mg – 90 mg; the minimum MDMA content was 7 mg, the maximum 150 mg.
- 17 tablets and two crystalline substances (i.e. 48.7%) showed zero reaction to an MDMA presence test.
    - 6 of them were described as potentially dangerous – in addition to the binding substance, they contained an unknown substance (2 tablets); caffeine and piracetame were found in 2 tablets.

1 tablet contained amphetamine and caffeine, 1 tablet contained ephedrine, and 1 tablet was an anabolic substance.

- thy crystalline substances contained cocaine hydrochloride and a mixture of potassium iodide and an unknown substance.
- as far as the remaining non-reacting tablets are concerned, there were cough medicines, painkillers, medicines for inflammatory diseases, nootropic drugs, and antiallergics.

The database includes several tablets that looked identical; however, the contents of the tablets varied, especially when they were collected at different times.

The "Synthetic Drug Abuse Prevention" working group was set up within the framework of the National Drug Commission in October 2002 due to the extent of dance drugs consumption in the Czech Republic. Its tasks involved an analysis of the current situation and a proposal of appropriate measures in the field of the use of these substances; the results are summarized in the chapter on Approache.

10.2.2.3 Prevention of Infectious Diseases

The prevention of infectious diseases is a standard component of the services provided in low-threshold facilities.

The prevention of infectious diseases involves the following activities:

- the delivery of information on infectious diseases,
- education and motivation towards safer modes of drug use,
- an exchange programme – including the safe disposal of used syringes – provided by more than 90% of low-threshold facilities,
- a secondary exchange programme[56] - provided by at least 15% of facilities,
- education and motivation towards safer sex and the distribution of condoms,
- motivation and training for finding out about one's own health – motivation for testing.
- testing (from venous blood, or benchmark testing from saliva and capillary blood) – nearly 60% of facilities provide this service (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c),
- mediation of vaccination,
- mediation of contact with a practitioner when the client is or becomes ill.

The final reports required for the subsidy process at the National Drug Commission also involve a questionnaire with regard to testing for infectious diseases in low-threshold facilities; a summary is given in Table 10-7 (34 facilities provided information) – see also the chapter on Drug-Related Infectio.

[56] Involvement of active drug users who exchange injecting materials and provide information to other drug users (in the exchange programme operated by SANANIM Prague, 468,412 syringes were distributed, and 110,332 syringes thereof were distributed by the so-called „external field workers" (i.e. active drug users who have received training and carry out exchange on difficult-to-reach places – flats, squats. This takes place under professional supervision.)

Table 10-7: Testing for infectious diseases in low-threshold facilities in 2002 (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c)

Service	Number of facilities providing this service	Number of tests carried out
HIV tests from saliva	7	325
HIV tests from capillary blood	18	522
HIV tests from venous blood	10	311
HAV tests from venous blood	7	176
HBV tests from capillary blood	18	250
HBV tests from venous blood	8	265
HCV tests from capillary blood	25	942
HCV tests from venous blood	8	260
Syphilis tests from venous blood	2	176

10.2.2.4 Overdose Prevention

According to the survey Alcohol, Drugs, Hazards, and Life-Threatening Events (Nešpor et al. 2003) 21 (51.2%) of the sample of 41 respondents addicted to illicit drugs have experienced an overdose at least once in their life – see the chapter on Other Drug-Related for more information.

Overdose prevention in the Czech Republic is only carried out by means of educating drug users within the framework of the services provided to them in low-threshold facilities and treatment facilities. The main topics of this education involve first aid in the event of an overdose, the risks of combining drugs, and principles of safe use.

There are no other specific activities in the Czech Republic that we could consider as strategies that lead to overdose prevention, apart from the implementation and expansion of substitution programmes.

10.2.2.5 Injecting Rooms

There are no injecting rooms for drug users in the Czech Republic, the intensive debates about the establishment of injecting rooms that took place in 2000 – 20001 failed to continue in 2002; the establishment of injecting rooms does not appear to be a current need in the Czech Republic, with the exception of Prague, where there is an open drug scene.

10.3 Standards and Evaluations

Standards for low-threshold facilities and evaluation tools for the evaluation of the efficiency of services in the field of harm reduction are part of the standards of professional competency (Ministerstvo zdravotnictví ČR, 2001a) and the defining of indicators of evaluation of quality and effectiveness of these facilities; more information can be found in the chapter on Quality Assurance .

11 Treatment

11.1 Drug-Free Treatment and Health Care at National Level

11.1.1 Definition

Addiction treatment can be described as professional, goal-directed, and structured work with a client that is based especially on the bio-psycho-social model. For the purposes of treatment, it is possible to use many methods and approaches and combine them differently: pharmacotherapy, psychotherapy, family therapy, social work, art therapy, sociotherapy etc. The following types of treatment are distinguished: outpatient treatment (AT clinics, day-care programmes), residential treatment (specialized hospital departments, psychiatric hospitals), and residential care (therapeutic communities). According to the length of treatment, we can distinguish between short-term treatment (4 - 8 weeks), medium-term (3 - 6 months), and long-term treatment (7 months and more) (Kalina et al. 2001).

11.1.2 Criteria for Admission to Treatment

Individual types of treatment establish different criteria for admission. There are also differences between individual facilities providing a certain type of service (modality). Intensive outpatient care especially requires sufficient motivation on the part of the clients, and secured housing is also a condition for admission. Residential treatment has the most precisely defined criteria.

Most therapeutic communities use the following general conditions: written application with a CV, detoxification, blood testing for HIV and VH, toxicological examination, and a recommendation for treatment from an expert. The criteria for admission to detoxification vary in each unit, sometimes they are markedly different. Some detoxification units have a very low threshold; others require special conditions, e.g. even a guarantee of after-care after the end of detoxification etc.

The lack of cohesion between the individual types of service provided represents a defect in the system. Only 180 of 448 clients of 12 therapeutic communities have also sought another type of care, according to available data (Sekce terapeutických komunit A.N.O., 2002); in most cases, this involved after-care; in the case of relapse, this again involved a therapeutic community or psychiatric treatment.

11.1.3 Delivery of Services

342 health facilities were providing outpatient care in 2002 (Ústav zdravotnických informací a statistiky, 2003e); i.e. there were 342 outpatient psychiatric surgeries that provided services to drug users. 41,136 males and females using psychoactive substances underwent active treatment in these surgeries; more than a third of them were illicit drug users (Ústav zdravotnických informací a statistiky, 2003e). Most of them were 30 – 39 years old; most illicit drug users were 20 - 29 years old (Ústav zdravotnických informací a statistiky, 2003e). Opiate (mainly heroin) abuse represents the most common form of illicit drug treatment (approximately 8,100 patients). Stimulant (especially pervitin) users formed the second largest group (approximately 5,400 patients).

It is still impossible to provide an exact number of how many non-health facilities provide outpatient care, i.e. counselling and therapeutic services reflecting individual needs of clients. The Hygiene Service mentions 33 non-health outpatient facilities and 450 clients of these facilities (Polanecký et al. 2003). In addition to the exclusively outpatient facilities, a large number of preventive and low-threshold centres also provide outpatient services. Short-term intensive outpatient treatment is only provided in one day-care centre in Prague; it has a capacity of 12 people. This intensive day-care programme provided treatment to 43 clients in 2002; the average length of stay was 2.3 months.

Residential care consists of specialized hospital departments, psychiatric hospitals, and clinics. There are 15 psychiatric hospitals for adults in the Czech Republic (1,194 beds for the treatment of alcoholism and other addictions) and 4 psychiatric hospitals for children (536 beds). 2,510

hospitalizations in connection with drug use took place in 2002, and the average length of treatment was 40 days (Ústav zdravotnických informací a statistiky, 2003a); detailed data are given in Table 11-1. Data from hospital psychiatric departments for 2002 are not available so far. 32 hospital psychiatric departments operated in 2000 and their capacity was 1,534 beds for all MKN 10 psychiatric diagnoses (Ústav zdravotnických informací a statistiky, 2002). 19 health facilities provide detoxification; it usually takes one to two weeks and it focuses on the management of withdrawal symptoms.

Table 11-1: Psychiatric hospitals in the Czech Republic in 2002 (Ústav zdravotnických informací a statistiky, 2003a)

Gender	Number of beds	Number of hospitalizations	Average length of stay (in days)
Males	n.a.	1,776	39.1
Females	n.a.	734	41.3
Total	**1,194**	**2,510**	**39.8**

Note: n.a. – data is not available

16 communities were providing residential care in 2002 (215 beds, and approximately 520 clients). 12 of them are associated in the Section of Therapeutic Communities of the Association of Non-Governmental Organizations. The total capacity of these communities was 197 beds in 2002 and they reported 564 treatment demands, with 448 users entering treatment. 116 clients successfully completed treatment (after 324 days on average), 170 clients dropped out of treatment (after 194 days on average). The average age of those treated was 23.6 years (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c; Sekce terapeutických komunit A.N.O., 2002).

Domov Agapé, a facility that specializes in the target group of drug-using clients aged 12 to 15, was set up in Opava in 2002. The facility was designed for 15 girls or boys, and it offers individual, group and family therapy, counselling, work therapy and other services. Domov Agapé started to operate in the second half of 2002, and 9 clients were treated there (average age 14.5). The average length of the stay was 2 months (Domov Agapé, Závěrečná zpráva dotačního řízení RV KPP 2002, 2003).

There are two special education facilities in the Czech Republic that complement educational and resocialization activities with treatment; they provide 31 beds for drug users.

The Prison Service ensures detoxification within the framework of treatment, therapeutic, and educational programmes (at the Praha-Pankrác and Brno prison hospitals); in addition, the so-called drug-free zones and specialized departments for differentiated sentences and the carrying-out of compulsory treatment. The capacity of specialized departments for differentiated sentences was 188 beds (the Plzeň, Příbram, and Bělušice prisons) and the number of beds in drug-free zones (22 zones) increased from 593 to 1,114 in 2002. There was an increase in the capacity to administer compulsory addiction treatment that is carried out in three prisons (Rýnovice, Opava, Znojmo) (Generální ředitelství Vězeňské služby ČR, 2003a); for detailed information see the chapter on Assistance to Drug Users in Prisons.

NGOs provide external drug services in prisons. The interventions in prisons carried out by independent external experts are beneficial for both the clients and the prison service, which is offered a guarantee, supervision, education, and cooperation during the preparation of methodologies and conceptual frameworks. Work with clients is based on individual and group therapy (self-knowledge, drama therapy, art therapy, relapse prevention, and the like), counselling, crisis intervention, mediation of service, and social and legal services. These services are voluntary for clients; they are used in 12 out of 35 prisons and provided by 5 NGOs (Miovský et al. 2003; Škvařilová, 2003).

11.1.4 Process Evaluation and Output Evaluation

An internal model of therapy was tested at the Prague – Bohnice psychiatric hospital from June 2000 to February 2002; it assumes that it will lead to increasing insight into the disease, integration of the ego, self-confidence, communicativeness, acknowledgment of treatment, and the disappearance of

anxiety and depressive moods in the course of treatment. The test sample consisted of 131 females (aged 16 - 58) who were in residential care for addiction to alcohol or another NPS for an average of 86 days. Analysis of a questionnaire survey of their responses to residential treatment shows that a marked decline in anxiety and depressive moods took place among the patients (especially at the beginning of the treatment) and that there was a permanent slight increase in their insight into the disease, the integration of their ego, and increase in communicativeness and self-confidence. Appreciation of treatment (and especially the daily regime) did not change among these females during the course of treatment (Kubička and Csémy, 2003).

11.2 Substitution and Maintenance Programmes

There were 9 substitution centres in the Czech Republic as at December 31, 2002. There is no coverage in the following regions: Zlín, Pardubice, Vysočina, Southern Bohemia, Pilsen, and Karlovy Vary. 859 persons were clients of substitution programmes in the Czech Republic between May 2000 and May 2003[57].

All programmes provided exclusively oral substitution treatment with methadone prepared from an imported generic substance. The sublingual preparation Subutex®, containing buprenorphine, was registered on the Czech market in 2001. It is administered to suitable patients within the framework of the above-mentioned substitution programmes; at the same time, it can be prescribed and so each practitioner, regardless of his/her specialization, can prescribe it to patients.

463 patients were treated in 9 substitution programmes in 2002 – 105 of these were in substitution treatment for the first time in their lives in this year; others were transferred from previous years. 213 completed substitution treatment in the same year. Table 11-2 summarizes the state of the Substitution Treatment Register by December 31, 2002.

The “Substitution Treatment” working group was working within the Phare Twinning Project and relevant ministries were involved (Ministry of Health, Ministry of the Interior, Ministry of Labour and Social Affairs, Ministry of Justice).

11.2.1 Definition and Objectives of Substitution Treatment

According to applicable Standards of Substitution Treatment, substitution treatment is an open-ended maintenance therapy that postpones the fulfilment of the final goal, i.e. permanent and consistent abstinence, until the patients are objectively and subjectively able to undergo abstinence-oriented treatment. Until then, substitution treatment aims to maintain and improve the patient’s somatic and mental condition. Substitution treatment is the first-choice method for patients who are not able to accept therapeutic methods that primarily focus on abstinence from NPSs (Ministerstvo zdravotnictví ČR, 2001a).

11.2.2 Criteria for Admission to Substitution Programmes

Criteria for admission for substitution programmes are especially defined as: (Ministerstvo zdravotnictví ČR, 2001a)

Indications for methadone treatment:

- Serious and long-term addiction to high doses of opioid-type substances.
- Repeated unsuccessful attempts to undergo abstinence-oriented treatment.

Factors supporting the admission of patients to a programme:

- Medical records indicating a positive experience with substitution.

[57] The programme in VFN in Prague (Apolinář) had been the only substitution programme in the Czech Republic until 2000. 25 patients (17 males and 8 females) received methadone treatment in Apolinář between July 1997 (when it started to be provided) and the end of 1997, 30 patients in 1998 (21 males, 9 females), 88 patients in 1999 (61 males, 27 females) and 118 patients in 2000 (82 males, 36 females).

- Opioid-type addiction of HIV-positive people or those who commit drug-related criminal activities when it is not possible to provide abstinence-oriented treatment.
- Opioid-type addiction of pregnant women when it is not possible to provide considerate detoxification and abstinence-oriented treatment.

Indications for buprenorphine treatment:

- Opioid addiction when the daily equivalent of the dose does not exceed 60 mg of methadone, and when
- It is not possible to provide abstinence-oriented treatment.

Factors supporting the admission of patients to a programme:

- Opioid-type addiction in combination with the abuse of a different substance (cocaine, pervitin).

11.2.3 Availability

The proportion of opiate users in substitution treatment in the Czech Republic was insufficient in 2002 – 463 persons undergoing methadone substitution treatment and the estimated 500 -700 persons undergoing Subutex® substitution treatment (see below) form approximately 1,000 persons undergoing substitution treatment (approximately 7% of the estimated number of problem opiate users, as opposed to the average figure of more than 30% in EU Member States).

This was especially caused by the poor availability of substitution centres; they are located in 6 large towns and therefore they are practically inaccessible to potential patients from small towns or villages. The capacity of substitution centres is completely saturated in some places, and there are waiting lists (Prague, Ústí nad Labem, Brno); the capacity is rather underused in other places (Olomouc, Ostrava, Hradec Králové). The programme in Mělník collaborates with the programmes in Prague and therefore it could be a model for the provision of this type of care under the circumstances of regular outpatient medical care.

After Subutex® was registered, treatment with this product started to pick up in outpatient clinics of psychiatrists and general practitioners. Data about the scope and quality of this service are not available; there is an apparent trend towards expansion. It is possible to estimate from the number of batches issued from the distributor's stocks that 500 – 700 patients were receiving this treatment by the end of 2002.[58]

Table 11-2: Substitution treatment patients in specialized programmes – by December 31. 2002

Centres	Number of persons
VFN - Prague 2	54
FN Ostrava-Poruba	2
AT Clinic Olomouc	4
DPS Elysium Brno	52
Methadone unit Ústí nad Labem	119
DROP IN o.p.s. Prague 1 (two programmes)	100
OAT Clinic Hradec Králové	11
AT Clinic Mělník	11
Total	**353**

11.2.4 Substitution Preparations and Organization of Substitution Treatment

Two preparations for substitution treatment have been approved in the Czech Republic:

- Methadone (generic substance): a solution is made in a pharmacy and then it is distributed to individual facilities; patients with a long history of successful therapy receive doses for home use for several days – for a maximum of one week. Methadone is fully covered from a special subsidy of the Ministry of Health.

[58] Assuming that it is used in proper treatment and doses; the estimated number does not include drug users who use buprenorphine from the black market for 'wild' substitution.

- Buprenorphine (brand-product Subutex®; prescription was not limited in 2002). None of the insurance companies in the Czech Republic provides even partial coverage and patients must pay for it themselves. The Ministry of Health provides several residential and outpatient facilities with subsidies for the purchasing of Subutex®, namely for additional funding of treatment care (detoxification) and also for maintenance treatment of selected groups of patients (especially at-risk groups, socially underprivileged groups, etc.).

Insurance companies cover the costs of all tasks performed by practitioners and health-service personnel in connection with the supply of substitution treatment. However, the actual task of "administration of a substitution medicament" is not covered and it is not even defined.

The National Register of Medically Indicated Substitution Substances has been working in the Czech Republic since mid-2000 (Ministerstvo zdravotnictví ČR, 2001b). Only methadone-based substitution treatment was obliged to be registered in 2002.

11.2.5 Psychosocial Counselling

Psychosocial care is an obligatory part of the *lege artis* treatment provided (with the exception of special cases of short-term hospitalization, etc.) according to the Standard of Substitution Treatment (Ministerstvo zdravotnictví ČR, 2001a).

However, it is problematic to ensure a quality supply of this treatment component in specialized programmes in practice, mainly due to the non-existence of a mechanism of financial compensation. This field is considered to be one of the significant weaknesses of the current state of affairs, even though specialized programmes are trying to ensure this care within the limits of their possibilities.

The supply of psychosocial care for patients who use Subutex® is not sufficiently described. It is generally believed that there is insufficient networking between outpatient practitioners and providers of psychosocial care to drug addicts.

11.2.6 Leakages of Substitution Drugs to Black Market

There is no available verified knowledge about the occurrence of methadone on the black market in 2002.

Field programmes started to report the presence of Subutex® on Prague's black market in summer 2002; by the end of 2002, similar reports also appeared in Northern Bohemia and sporadically even in other regions of the Czech Republic.

Some of those who use Subutex® illicitly use it sublingually; however, a part of them dissolve it for intravenous use and they "substitute" the injecting use of the markedly more expensive heroin; however, general health risks following from intravenous use persist. However, no overdoses or other negative consequences specifically connected with buprenorphine use have yet been recorded. The potential risks especially involve buprenorphine use in combination with benzodiazepine medicaments.

However, buprenorphine use on the open scene also has positive impacts; they were discussed at the 2003 Prague Harm Reduction Conference (Větrovec, 2003). The existence of this cheaper competitor of heroin unambiguously brings about a decline in the demand for heroin, a reduction of crime (thefts), a better opportunity to make contact with these clients, and a reduction in the provision of first aid during heroin overdoses.

11.2.7 Output Evaluation, Statistics, Research and Education

No comprehensive evaluation of substitution treatment has yet been carried out in the Czech Republic.

A survey of Prague authors (Kábrt et al. 1999) dealt with the influence of the methadone programme on the nutritional condition of opiate users. It found out that methadone substitution treatment led to

an improvement of their subjective condition and also to an objectively demonstrable improvement in nutrition (weight increase, axillary plica).

The personnel of VFN Apolinář prepared a simple internal evaluation of treatment results in 1999. It is planned that substitution programmes will be extensively evaluated in the Czech Republic within the framework of an international WHO survey in 2003; the Czech National Focal Point is coordinating the Czech part.

902 heroin addicts were admitted to substitution treatment between May 2000 and May 2002. In total, 580 went through this treatment in this time period, 404 of whom were males and 176 females (Matoušková, 2002); see Table 11-3 and Table 11-4.

Table 11-3: Age structure of methadone treatment clients in the Czech Republic from May 2000 to April 2002 (Matoušková, 2002)

Age category	Males		Females	
(years)	Number	%	number	%
18 - 24	136	33.7	81	46.0
25 - 29	135	33.4	62	35.2
30 - 34	55	13.6	16	9.1
35 - 39	46	11.4	13	7.4
40 and more	32	7.9	4	2.3
Total	**404**	**100.0**	**176**	**100.0**

Table 11-4: Average number of attempts for methadone substitution (admissions) per client by his/her age in the period between May 2000 to April 2002 (Matoušková, 2002)

Age category (years)	Males		Females	
	Number	Average number of attempts for treatment	Number	Average number of attempts for treatment
18 - 24	136	1.4	81	1.3
25 - 29	135	1.4	62	1.7
30 - 34	55	1.6	16	1.4
35 - 39	46	2.1	13	1.6
40 and more	32	2.0	4	1.8
Total	**404**	**1.6**	**176**	**1.5**

11.2.8 Plan for Further Periods

Government Resolution No. 549/2003 assigned the following targets on the basis of the outputs of the Phare Twinning Project:

- ”To initiate and conduct negotiations about covering at least one substitution preparation and appropriate performance of tasks connected with the administration of substitution treatment by health insurance companies” by the end of 2003 (Ministry of Health),
- ”To increase the availability of substitution treatment evenly throughout the whole republic according to identified needs and demands” by the end of 2004 (Ministry of Health),
- “To provide for ongoing professional education to providers of substitution treatment (practitioners and nurses)” (Ministry of Health),
- “To ensure the availability of substitution treatment in prisons, remand prisons, and police cells” by June 31, 2004 (Ministry of Justice and Ministry of the Interior, in collaboration with Ministry of Health).

11.3 After-care and Re-integration

11.3.1 Definition of After-care and Re-integration

In the bio-psycho-social model of addiction, after-care can be defined as a collection of all services that take place after the end of a basic treatment programme and that, in summary, help to set up conditions for the maintenance of abstinence from drug use or the re-integration of a client after treatment (Kalina et al. 2001). Therefore, a client's abstinence is not the only goal; the prevention of relapse to the primary drug or his/her involvement in normal life without considerable problems caused by the occasional use of a psychotropic substance are also aimed at (Kuda, 2001). In principle, three types of after-care programmes can be distinguished:

- outpatient after-care programmes,
- programmes of sheltered accommodation and sheltered housing with psychosocial support,
- programmes of sheltered workshops and sheltered work with psychosocial support.

It has not yet been possible to develop these services in a manner that would ensure the requisite availability of services or professionalism of the staff. After-care for drug users after completion of their sentence and for other specific groups of addicts (e.g. specific programmes for females, mothers with children, and ethnic minorities) is totally absent.

11.3.2 Delivery of Services

Currently there are 12 facilities in the Czech Republic that specialize in after-care. All of these facilities have been established by NGOs and they are mainly funded from the state budget. In addition to three main programmes (see above), after-care can also mean requalification or training programmes etc. Clients who have completed treatment in a psychiatric hospital, therapeutic community, or intensive outpatient treatment, and abstain and return to normal life are the target group for after-care. All twelve facilities provide outpatient treatment that mainly consists of individual and group therapy, pair and family therapy, counselling and social work, relapse prevention, education, and other activities. Approximately 400 clients used the services of these twelve facilities in 2002. 7 facilities provide sheltered housing; 183 clients made use of this sheltered housing in 2002. The length of a stay in sheltered housing varies from four to twelve months. Seven after-care facilities also provide work in sheltered workshops; some even offer a possibility of re-qualification (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c).

Two Prague programmes for mothers with children were specially arranged within the framework of after-care; the number of mothers in treatment and after-care has been constantly increasing (Národní monitorovací středisko pro drogy a drogové závislosti, 2003c).

Most facilities cooperate with the Probation and Mediation Service of the Czech Republic, see the chapter on Alternatives to Prison for Drug Dependent Offenders for more information.

After-care services are, for instance, also provided by several outreach centres that organize so-called after-care groups; some therapeutic communities and psychiatric hospitals also provide repeated (short-term) treatment stay for clients who have completed treatment.

In the manner of Alcoholics Anonymous and Narcotics Anonymous, self-helping organizations of (ex) drug users started to emerge in the mid-1990s; inside information about their activities is not available.

11.4 Overview of Treatment Availability in the Czech Republic

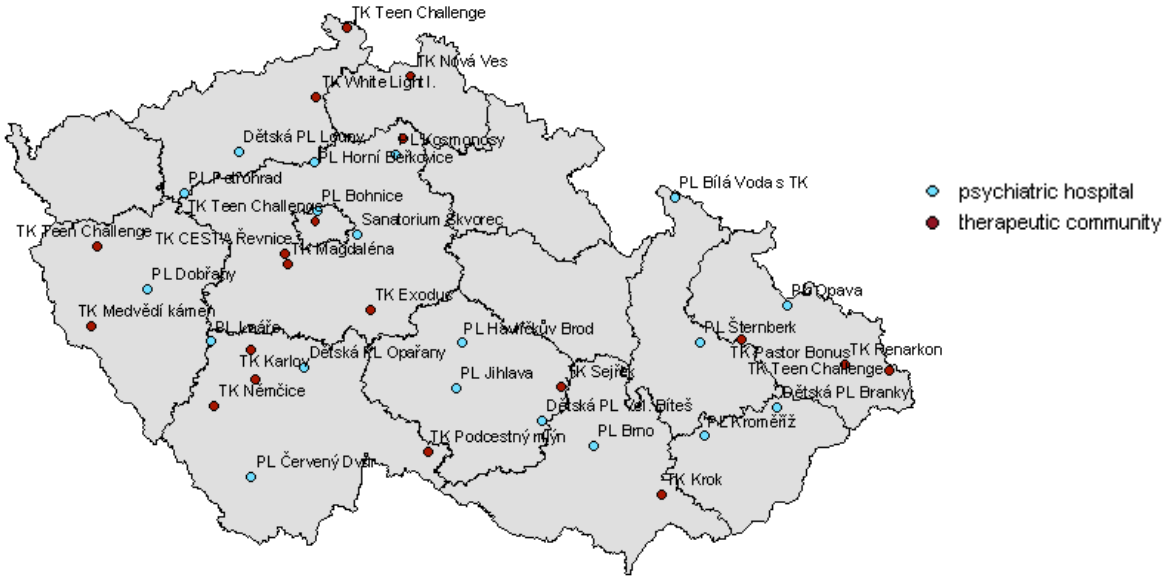
Table 11-5 and Map 11-1 to Map 11-3 provide a summary of data collected about the number of respective types of treatment facilities in the Czech Republic, and the capacity and level of use of these facilities in 2002 (Generální ředitelství Vězeňské služby ČR, 2003a; Miovský et al. 2003; Národní monitorovací středisko pro drogy a drogové závislosti, 2003c; Ústav zdravotnických informací a statistiky, 2003a).

Table 11-5: Treatment programmes in the Czech Republic in 2002

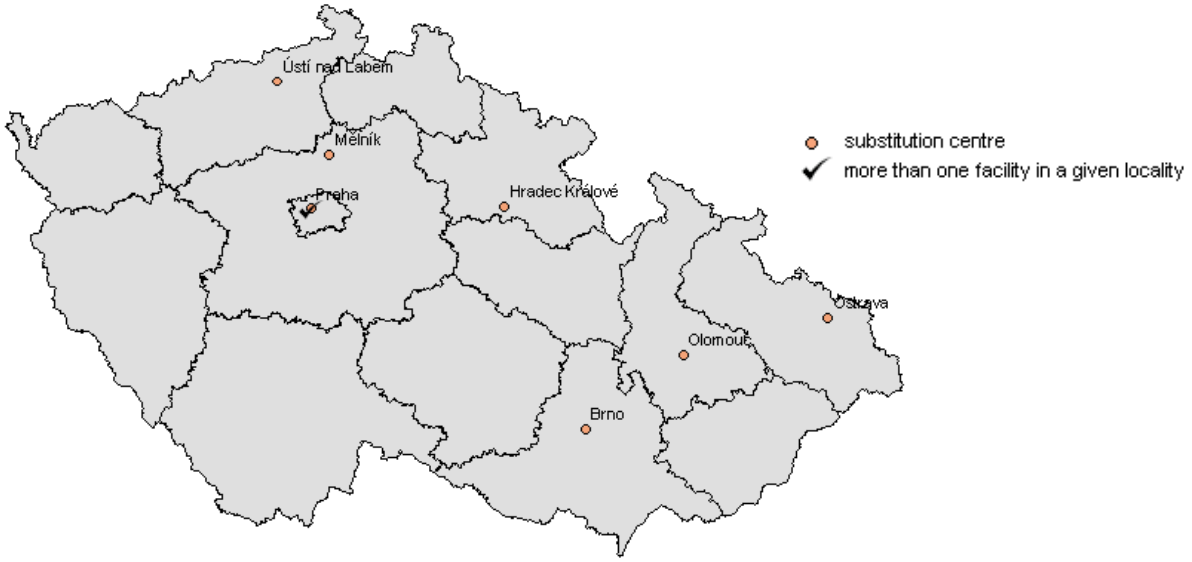
Programme type	Number	Capacity (places/beds)	Occupancy rate (number of persons)
Outpatient psychiatric clinics and AT clinics	342	n.a.	apx 15,600
Day-care centres	1	12	43
Detoxification units	19	n.a.	n.a.
Psychiatric hospitals	15	1,194	2,510****
Psychiatric departments in hospitals *	32	1 534**	n.a.
Residential departments with treatment programmes (special education facilities for problem youth)	2	31	n.a.
Therapeutic communities	16	197***	448***
After-care programmes	12	n.a.	398
Detoxification units in prisons	2	n.a.	n.a.
Drug-free zones in prisons	22	1,114	n.a.
Departments for differentiated sentence	3	188	n.a.
Department for compulsory treatment in prisons	3	62	n.a.
Substitution centres	9	n.a.	463

*Note: * data for 2000. ** all "psychiatric" beds. *** data from 12 (of 16) communities. **** number of hospitalizations*

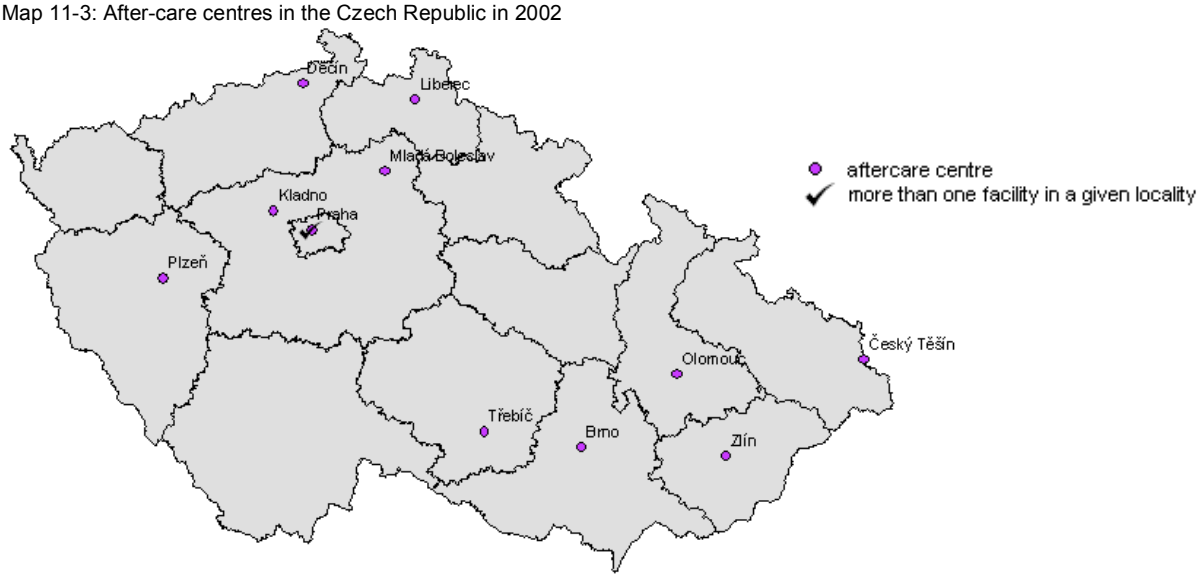
Map 11-1: Psychiatric hospitals and therapeutic communities in the Czech Republic in 2002



Map 11-2: Substitution centres in the Czech Republic in 2002



Map 11-3: After-care centres in the Czech Republic in 2002



12 Interventions in the Criminal Justice System

There were no legislative changes in statutory regulations regarding custody and sentence in 2002. However, the amendment to the Code of Criminal Procedure has had a substantial impact on the prison system (see the chapter on Legal Framework); this especially involved a new arrangement of custody proceedings that brought about a significant decline in the number of persons placed in custody and especially the number of persons newly placed in custody in 2002 (by 30%) (see the chapter on Drug Offences).

The “Prisons” working group was working within the framework of the Phare Twinning Project in 2002; it also involved representatives of the General Directorate of the Prison Service, representatives of several prisons, and the Association of Non-Governmental Organizations. The main outputs involve:

- The final report of the Prisons working group; it also includes a list of main recommendations (Haas et al. 2003), see below,

- The draft of Minimum Standards for Therapeutic Departments in Prisons (Kuda, 2003),
- The draft of an Educational Curriculum for the Prison Staff of the Czech Republic (Miovský et al., 2002),
- A document, "NGOs in Drug Services in Prisons and Custody Prisons (Nestátní neziskové organizace v drogových službách ve věznicích a vazebních věznicích)"; it also includes an analysis of the current state of affairs and a blueprint for conditions for collaboration between the Prison Service and NGOs.

The group formulated the following recommendations:

- to set up an intersectorial working group in the field of prisons and drugs (General Directorate of the Prison Service in collaboration with the National Drug Commission); it should become a communication platform for the solution of long-term and current tasks,
- to review the measures of the Prison Service regarding NPSs, with an emphasis on linking up, following up, and providing comprehensive care within the prison system and linking up these activities with programmes outside the Prison Service,
- to deepen collaboration with NGOs that deal with the implementation of programmes for drug users in prisons, namely in the form of the completion and conclusion of a contract for collaboration and in the form of the preparation and implementation of a system of funding of these services with the objective of achieving a sustainable form of this collaboration,
- to facilitate and support the development of research activities implemented both within the framework of the Prison Service and through independent studies conducted by research bodies outside the Prison Service,
- to extend and improve the monitoring system in the field of the use of NPSs within the framework of the prison system and interconnect this system with other data collection systems coordinated by the Czech National Focal Point,
- to assess the possibilities of, and set up conditions for, the introduction of substitution treatment for opiate addicts (namely heroin addicts) in custody or serving a sentence.

The two last-mentioned recommendations are reflected in a Government Resolution No. 549/2003 (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003), that directed the appropriate ministers to fulfil the targets following from the conclusions and recommendations of the Phare Twinning Project. On the basis of this decree, the other conclusions and recommendations of the "Prisons" working group should be incorporated into the prisons drug policy strategy by June 30, 2004.

This involves the implementation of long-term objectives and this is connected with a number of changes to the system; many of these changes go far beyond the current relatively conservative approach. If these changes are implemented successfully, it is possible to expect fundamental changes in the position of prisons in the system of the national drug policy in the field of demand reduction.

12.1 Assistance to Drug Users in Prisons

The study implemented by the Institute for Criminology and Social Prevention in 2000 (Marešová et al. 2000) claims that at least 40% of all persons serving a sentence (not those in custody) report lifetime experience with an illicit drug; at the same time, approximately 50% of them have used drugs in the long-term. According to this study, 31% of juveniles and 19% of males convicted for the first time have used a drug in prison; as far as repeatedly convicted persons are concerned, this involves 5% of males and 4% of females. It is common that drugs find their way into prisons; 20 – 30% of

those incarcerated have access to them; employees and consignments from the outside (packages, visitors) are the main routes of penetration of drugs to prisons.

The results of screening tests for the presence of drugs carried out by the Prison Service on admission and during the course of the serving of sentences showed that the share of positive results has declined between 2001 and 2002 (see Table 12-1).

Tests for the presence of drugs on admission were only carried out in two Prague prisons in 2002 (Pankrác, Ruzyně). 981 (26.6%) out of 3,689 entrance tests were positive in 2002 (26.6%). Tests on inmates for the presence of drugs were carried out in 17 prisons in 2002; i.e. in nearly a half of the total number of 35 prisons in the Czech Republic. 1,806 sets of tests were carried out in total (each test being for the presence of 6 basic types of drugs); 154 (8.5%) of these tests were positive. However, the number of persons tested is unknown because some persons could have been tested several times; at the same time, the directors of individual prisons determine the manner of selection of those (repeatedly) tested.

Amphetamines - 35.5% of all positive findings (33.1% in 2001), then benzodiazepines - 25.9% (46.7% in 2001), cannabinoids - 25.1%, and opiates - 10.0%, were the most commonly found substances. In addition, there were barbiturates (3.1%) and cocaine (0.3%), (Generální ředitelství Vězeňské služby ČR, 2003a; Zábranský et al. 2002).

Table 12-1: Tests conducted for the presence of drugs among inmates in 2001 and 2002 (Generální ředitelství Vězeňské služby ČR, 2003a; Zábranský et al. 2002)

Indicator	**2001**	**2002**		
	Total	**On admission**	**During sentence**	**Total**
Number of tests	4,966	3,689	1,806	5,495
Positive thereof	1,245	981	154	1,135
% of positive tests	25.1	26.6	8.5	20.7

Table 12-2 (Generální ředitelství Vězeňské služby ČR, 2003b) presents data about the numbers of persons registered as "drug-addicted"[59]. The proportion of such registered drug users in the whole prison population increased from 18.6% in 1998 to 33.9% in 2002. However, it is necessary to exercise caution in interpreting these data, due to the unfocused criteria for inclusion in this group.

Table 12-2: Development in the number of registered drug users from 1996 to 2002 and the proportion of these users in the entire prison population (Generální ředitelství Vězeňské služby ČR, 2003b)

Indicator	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**
Number of inmates	20,860	21,560	22,067	23,060	21,538	19,320	16,213
Number of drug users	2,517	3,255	4,115	5,990	5,477	5,524	5,481
Share in the total number of inmates (%)	12.1	15.1	18.6	26.0	25.4	28.6	33.8

The proportion of persons convicted for drug-related criminal offences in the total number of convicted persons serving a sentence has been increasing continuously; it increased from 4.4% in 1999 to 4.8% in 2002 (Řeháček, 2003). The number of drug-related criminal offences per person serving a sentence for drug-related criminal offences increased from 885 in 2001 to 965 in 2002 (see the chapter on Drug Offences for detailed information about criminal offences).

Tests for infectious diseases (HIV, hepatitis, syphilis) are carried out in all 35 prisons. 674 tests for HIV (3 tests (i.e. 0.4%) thereof positive), 1,438 tests for HBV (282 positive tests, i.e. 19.6%), and 1,319

[59] The use of the term "drug-addicted" by the Prison Service is inaccurate. According to a statement of the General Directorate of the Prison Service, it basically refers to persons who claim to be (regular) drug users, persons who had a record of addiction in their health documentation before they entered prison, and persons who were found positive through drug screening. Occasional users should not be included in this category.

tests for HCV (686 positive, i.e. 52.0%) were carried out among incarcerated drug users in 2002 (see also the chapter on Drug-Related Infectio).

It follows from the results of the survey "HCV Seroprevalence among Injecting Drug Users" that 40.6% of clients of low-threshold programmes have at some time been incarcerated. 40.1% thereof injected drugs in prison (3% thereof for the first time in their lives). HCV prevalence among injecting users who have been incarcerated reaches 51.9%; this is statistically more relevant than among non-incarcerated users – see the chapter on Drug-Related Infectio for more information.

12.1.1 Treatment Programmes for Drug Users in Prison

The situation in the field of treatment and other specialized programmes intended for drug users in prison does not meet the needs in this field (Miovský et al. 2003). It is true that there has been an increase in the number and total capacity of such programmes; however, attempts to draw up and implement standards of treatment and other services have failed so far. Health care programmes – especially psychiatric departments – are not sufficiently accommodated to the specific nature of drug addiction treatment. Substitution treatment has not yet been introduced; harm reduction measures are totally inadequate. Approximately 30% of prisons collaborate with NGOs; however, this cooperation lacks a specific defined framework.

Detoxification is still being carried out in two prison hospitals (Prague – Pankrác and Brno).

The number of drug-free zones increased to 22 of 35 Czech prisons; therefore, the total capacity increased to 1,444 beds. The main goal of these departments is to prevent the convicts from getting into contact with NPSs. With exceptions, the drug-free zone programmes do not provide therapy; this approximates their functions to the internationally acknowledged definition. The General Directorate of the Prison Service recommends that the facilities where therapy is still provided should be transformed into specialized therapeutic departments.

Institutional compulsory treatment (both voluntary and ordered by the court) is provided in specialized departments in the Rýnovice prison, the Opava prison (with a department for females and a department for juveniles) and, newly, also in the Znojmo prison. A total capacity of 62 beds was available in these departments in 2002. This treatment is based on a community system; at the same time, it makes use of group and individual therapy and other treatment procedures.

Differentiated treatment for convicts "suffering from personality disorders and behavioural disorders caused by the use of narcotic and psychotropic substances" was provided in the the Pilsen prison (a department for males), the Příbram prison, and the Bělušice prison. A total capacity of 188 beds was available in these specialized departments in 2002.

Substitution treatment of opiate addicts has not yet been introduced in prisons. Government Resolution No. 549/2003, approved on the basis of recommendations of the Substitution Treatment and the Prisons working groups of the Phare Twinning Project, directs the Minister of Justice to guarantee the implementation of substittion treatment in prisons and remand prisons in collaboration with the Minister of Health.

Apart from several exceptions, measures for the minimization of drug-related damage (harm reduction) are not implemented in prisons in the Czech Republic; this is true even though injecting use is relatively common in prisons (see above). The above-mentioned working group of the Phare Twinning Project identified this fact as one of the main problems. Condoms are an obligatory part of the assortment of goods offered for sale to accused or convicted persons in prisons and remand prisons, together with foods, dry goods, and industrial goods.

12.1.2 Cooperation with Outside Subjects

The publication "NNO v drogových službách ve věznicích a vazebních věznicích (NGOs in drug services in prisons and custody prisons)" (Miovský et al. 2003) was drawn up within the framework of

activities of the Prisons working group of the Phare Twinning Project. It included a description of the current level and quality of cooperation between NGOs and the Prison Service regarding the supply of services for drug users in prison, examples of the current cooperation between the Prison Service and several NGOs, identification of the main problems, and a proposal for a possible solution of these issues.

This publication also contains a proposal for a framework agreement between the Association of Non-Governmental Organizations and the General Directorate of the Prison Service; it should provide for and stabilize basic conditions for mutual cooperation with applicable legal regulations, allow for the development of counselling and therapeutic programmes, and solve other issues regarding mutual cooperation.

No complete list of NGOs that offer and provide services for drug users in prisons is yet available. The facilities that are the most active in these activities involve the Podané ruce Brno civic association - programme ”Drug Services in Prison” (in collaboration with prisons in Brno, Kuřim, and Břeclav), SANANIM Prague civic association - programme ”Work with Drug Users in Custody” (Prague prisons in Pankrác and Ruzyně), Laxus Hradec Králové civic association (prisons in Hradec Králové and Pardubice), and AVE Český Těšín civic association – outreach centre programme (prison Karviná).

The most frequently provided services involve individual and group counselling and therapy, motivation training, family counselling and therapy, mediation of after-care or treatment after release from prison, social and legal counselling, and the like. These facilities especially collaborate with medical staff and psychologists or special pedagogues of the Prison Service for the purposes of the supplying of these services; in addition, they also collaborate with other subjects (Probation and Mediation Service or after-care institutions). NGOs are also involved in the education of Prison Service staff, Probation and Mediation Service staff, or judges.

12.2 Alternatives to Prison for Drug Dependent Offenders

The provision of Section 27 of the Penal Code contains a list of sentences that can be imposed for criminal offences committed under Czech law. This involves the following sentences: imprisonment, community service, loss of honorary degrees and awards, loss of military rank, prohibition of activities, forfeiture of property, statutory penalty, forfeiture, deportation, and prohibition of stay.

In a broad sense, the term ‘alternative sentences’ is used for sentences that are not connected with imprisonment. The so-called diversions from standard criminal proceedings (also called alternative manners of criminal proceedings), which also include the suspension of criminal proceedings and settlement, must be distinguished from alternative sentences. The common attribute of both of these is that when they are used, criminal prosecution does not end in a decision about guilt or punishment (the decision is taken by means of a ruling and not by means of a conviction) but rather in a manner that prefers other interests of the offender and the interests of society (e.g. the interest in compensation of loss and damage) (Sotolář et al. 2002). However, the institute of settlement is not used within the framework of primary and secondary drug-related criminality, because one of the conditions for this procedure is that the accused makes a financial deposit for public purposes. Therefore, this solution is out of the question for problem drug users, especially with regard to their financial situation.

However, not all types of sentences can be imposed separately. The alternative sentences that can be imposed separately and are not linked to a sentence of imprisonment involve community service, statutory penalties, prohibition of stay, and deportation.

A suspended sentence, or suspended sentence with supervision, is the most common form of punishment in the Czech Republic. It is also possible to regard it as an alternative to an unsuspended sentence because it does not mean the immediate isolation of the offender in prison, which is similar to other alternative sentences.

93,378 persons were prosecuted by Public Prosecutors' Offices in 2002; 77,210 persons appeared in court. The courts convicted 65,098 persons; 9,659 received unsuspended sentences, 34,942 received suspended sentences, a prohibition of activities was imposed on 94 persons, 3,500 persons received a statutory penalty, and 13,424 persons were sentenced to community service (Ministerstvo spravedlnosti ČR, 2003). The proportion of alternative sentences in all sentences has been increasing (10.1% in 1996, 27.8% in 2002); it is mainly due to the sharp rise in the number of sentences to community service imposed.

Table 12-3 provides a summary of sentences and compulsory treatments imposed on offenders of drug-related criminal offences, i.e. criminal offences according to the provision of Section 187 to 188a of the Penal Code. The Czech legal system does not consider compulsory treatment as a punishment but rather as a protective measure. It is possible to impose compulsory treatment both in addition to sentences and in the case of waiver of sentence (see also the chapter on Laws Implementation).

Table 12-3: Summary of sentences and compulsory treatments imposed on offenders of drug-related criminal offences by courts in the Czech Republic in 2001 – 2002 (Ministerstvo spravedlnosti ČR, 2002; Ministerstvo spravedlnosti ČR, 2003)

Sentence (compulsory treatment)		**Section 187**		**Section 187a**		**Section 188**		**Section 188a**		**Total**	
		2001	**2002**	**2001**	**2002**	**2001**	**2002**	**2001**	**2002**	**2001**	**2002**
Unsuspended sentence	abs.	365	347	16	18	13	10	10	4	404	379
	%	40.3	34.5	18.6	17.5	20.9	17.2	24.4	8.3	36.9	31.2
Suspended sentence	abs.	474	540	45	60	40	34	23	31	582	665
	%	52.4	53.6	52.4	58.3	64.5	58.6	56.1	64.6	53.2	54.7
Community service	abs.	41	77	18	17	4	12	5	7	68	113
	%	4.5	7.6	20.9	16.5	6.5	20.8	12.2	14.6	6.2	9.3
Other sentence	abs.	8	9	2	5	4	1	1	0	15	15
	%	0.9	0.9	2.3	4.9	6.5	1.7	2.4	0	1.4	1.2
Sentence waived	abs.	17	34	5	3	1	1	2	6	25	44
	%	1.9	3.4	5.8	2.8	1.6	1.7	4.9	12.5	2.3	3.6
Total convicted	abs.	**905**	**1,007**	**86**	**103**	**62**	**58**	**41**	**48**	**1,094**	**1,216**
Compulsory treatment thereof	abs.	43	45	2	5	1	1	0	3	46	54
	%	4.8	4.5	2.3	4.9	1.6	1.7	0	6.3	4.2	4.4

12.2.1.1 Probation and Mediation Service

The Probation and Mediation Service was established by Act 257/2000 Coll. and it carries out probation and mediation for cases in penal proceedings in a scope defined by the Penal Code and the Code of Criminal Procedure. Special departments focusing on work with drug users have been established within the framework of the Probation and Mediation Service. Special attention should be paid to juveniles or very young people, especially if they are users of narcotic and psychotropic substances.

Probation especially means the organizing and carrying out of the supervision of an accused, prosecuted, or convicted person (hereinafter referred to as "the accused"), supervision of sentences that are not connected with imprisonment, including imposed obligations and limitations, and monitoring of the behaviour of a person sentenced to a period of probation.

Mediation means out-of-court mediation for the purposes of solving the dispute between the aggrieved and the accused parties and activities geared towards the settlement of a conflict and

carried out in connection with penal proceedings. It is only possible to carry out mediation with the express consent of the accused and the aggrieved parties.

The Probation and Mediation Service recorded 29,291 new cases in 2002. 765 cases thereof involved drug-related criminal offences (Probační a mediační služba ČR, 2003). A representative of the Probation and Mediation Service is also involved in the work of the Criminal Law Sector Data working group of the Czech National Focal Point. This level also involves work on a change in the recording of criminal cases by the Probation and Mediation Service; this especially concerns more detailed records of drug-related criminal activities (drug type) and the secondary criminality of drug users. The reason is that officers of the Probation and Mediation Service interview drug users, especially during the preparation of documentation for the court and in connection with the supervision of suspended sentences, and they get detailed information about the offenders of these crimes. This involves information that is not regarded as relevant from the point of view of criminal proceedings, or information that the prosecuted are not willing to tell the law enforcement bodies. More detailed recording by the Probation and Mediation Service could then make a significant contribution to the collection of important qualitative data about drug addicts who did not come into conflict with the law, or at least about some of these persons.

12.3 Evaluation and Training

The evaluation of programmes designed for incarcerated drug users and the education of Prison staff in this field are relatively new topics in the Czech prison system.

There are no available comprehensive evaluation studies dealing with the efficiency and effectiveness of treatment programmes and interventions in the prison environment.

12.3.1 Statistics and Research

The Yearbook of the Prison Service of the Czech Republic, published by the General Directorate of the Prison Service, is the main source of statistical data reported within the framework of the prison system. The basic structure of the yearbook has remained the same for several years. It provides basic statistical data about the status and development in size of the prison population (accused and convicted), and its structure by age, gender, nationality, offences, length of imprisonment, number of previous convictions, etc.; at the same time, it provides basic data about prison staff and the finances of the Prison Service.

As far as data involving incarcerated drug users are concerned, the Yearbook provides data about:

- The number of persons convicted for drug-related criminal offences and the number of offences committed by them (see the chapter on Drug Offences),
- The number of persons registered as drug users by the Health Service of the Prison Service (see the chapter on Assistance to Drug Users in Prisons).

The publication Drogová problematika ve věznicích ČR a některých zahraničních věznicích (Drug Issues in Prisons in the Czech Republic and Several Foreign Prisons) (Marešová et al. 2000) is one of the first attempts to provide a comprehensive description of the prison drug scene.

The publication Úspěšnost preventivní práce (Success of Preventive Work) (Večerka and Holas, 2001) deals with the evaluation of crime and drug use prevention measures in prisons. It especially deals with one aspect of evaluation: the evaluation of the satisfaction and acceptability of a programme for the target population; other fields of evaluation are not processed in such a comprehensive manner or are totally missing.

The study Specifické aspekty zneužívání drog u žen (Specific Aspects of Drug Abuse Among Females) (Trávníčková et.al., 2001) seems to be a promising work in the field of the future

development of treatment programme evaluations; it deals with the specifics of drug use among females and issues related to criminal activities.

Inter alia, the PAD research study (Zábranský et al. 2001b) calculated expenditure on persons in custody or serving a sentence in any connection with the use of drugs (i.e. not only for primary drug-related criminal offences but also for so-called secondary drug-related criminality). These amounted to approximately CZK 469 million (€ 14.8. million) in 1998.

A publication describing the state of drug use in prison and related phenomena was developed within the framework of the Phare Twinning Project (Miovský a kol., 2003).

In the last two years, data about drug users in prison have been acquired from the Department of Execution of Custody and Sentence of the General Directorate of the Prison Service; the head of this department is a member of the Criminal Law Sector Data working group of the Czech National Focal Point. In 2002, this collaboration resulted in the supply of data that especially involved:

- The number of screening tests conducted for the presence of drugs and the results of these tests (the Health Service of the Prison Service conducts this testing),
- The number and capacity of drug-free zones and specialized departments for drug users,
- Tests conducted for infectious diseases.

Unification of the methodology of data collection about drug use between the prisons system and the outside systems is one of the main priorities for the future.

12.3.2 Education of the Prison Service in the Field of Drugs and Drug Addictions

The Institute of Education of the Prison Service, located in Stráž pod Ralskem, plays a key role in Prison Service staff training. The Institute of Education of the Prison Service provides, for instance, basic entrance education for all new Prison staff. The institute provides three short courses in the field of drug use and related questions. The target group of these courses does not exclusively involve staff in programmes designed for drug users; however, it was shown in the course of 2002 (see below) that this group is a major target for further education, namely for ongoing education.

A Needs Analysis in the field of education of the Prison Service was carried out within the framework of the Phare Twinning Project; it identified trainer training (i.e. that of persons who will provide education within the framework of the Prison Service) as a missing field (Miovský, 2002b). For this purpose, a detailed curriculum for an educational course for workers responsible for the education of other staff in individual prisons was suggested and drawn up in the course of 2002 (Miovský et al., 2002). It is expected that this course will be piloted and evaluated in 2003 and 2004, and then it will be included in the standard offer of the Institute of Education of the Prison Service.

13 Quality Assurance

13.1 New Trends and Developments in 2002

Guaranteeing the quality of treatment, with the objective of achieving maximum efficiency, has been playing an increasingly important role in the treatment of drug users. Quality assessment can be divided into user assessment and professional assessment. The existence of criteria and introduction of mechanisms that assess the level of service delivery according to these criteria is a prerequisite for professional quality assessment (Kalina, 2001). Standards of Service Quality and the consequent process of certification of quality are tools for the improvement of quality and efficiency of treatment; in addition, they can be used for the monitoring and optimization of treatment costs.

The “Accreditations” working group of the Phare Twinning Project analyzed the development of standards of quality of services in addiction treatment and the process of quality assessment by the

Ministry of Health and Ministry of Labour and Social Affairs (see below). The main objective was to assess whether it is possible to consolidate the accreditation processes of both ministries.

The working group also reviewed the standards of quality that meet the registration standards of the Ministry of Labour and Social Affairs and the requirements of the Ministry of Health regarding the quality of drug services.

After the reviewed version of the standards had been published, a first course for future members of accreditation teams (auditors) was conducted. The training focused especially on three main fields of education:

- general part (quality assurance systems, accreditation, verification process, psychology of audit, and execution and evaluation of audit),
- special part (interpretation and analysis of accreditation standards according to individual service modalities, measurement of system performance, quality, and effectiveness),
- organizational part (accreditation process, organizational guarantee of audit, documentation required for an audit, and consequent evaluation).

A draft of the minimum methodology for local investigation was drawn up for the purposes of the guaranteeing of a uniform procedure for the evaluation of service providers; i.e. whether services are delivered in compliance with the appropriate standards. It is absolutely essential to maintain an interdisciplinary and intersectorial approach and focus on drawing up uniform quality standards acceptable for all participating ministries (i.e. Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sports), in order to preserve the continuity of the whole process of the certification of quality and contingent accreditation. This requirement was also confirmed by the outputs of the Phare Twinning Project, which resulted in the adoption of Government Resolution No. 549/2003.

13.2 Requirements for Quality of Care

The 2001 – 2004 National Drug Policy Strategy defines indicators of the evaluation of quality and efficiency of services and the success and fulfilment of defined objectives, and it has set up the objective of preparing and implementing a system of evaluation of provided care as an open system of the accreditation of health care and non-health care programmes that would also be based on the fulfilment of defined standards (Sekretariát Meziresortní protidrogové komise, 2000). The Secretariat of the National Drug Commission drew up the standards as early as 1995 and they were subsequently reviewed several times (Draft 6 was drawn up within the framework of the Phare Twinning Project in December 2002). The standards are divided into the general part (service accessibility, spectrum of services and principles of service provision, place of provision, rights of patients/clients, organizational and financial guarantees, and the education and supervision of employees) and the special part (dedicated to individual types of care). It has not yet been possible to implement these standards in practice; the implementation of the standards is still in preparation. Nevertheless, many facilities already use these standards and subsidy providers (e.g. the National Drug Commission) take these standards into consideration when providing financial subsidies to individual service providers.

A comparative analysis of the Standards of Social Services of the Ministry of Labour and Social Affairs and the basic perspectives of the Standards of the Ministry of Health was carried out within the framework of the activities of the “Accreditations” working group of the Phare Twinning Project - see Table 13-1. It is apparent that Draft 6 of the Standards of the Ministry of Health was sufficiently comprehensive and that it anchors all of the basic fields.

Table 13-1: Comparison of the Basic Aspects of the Standards of Social Services of the Ministry of Labour and Social Affairs and the Standards of the Ministry of Health

Aspect monitored	Standards of Ministry of Health	Standards of the Ministry of Labour and Social Affairs
Quality management	YES	YES
Comprehensive entry assessment of a client	YES	YES
Evaluated and documented process of care	YES	YES
Bio-psycho-social approach	YES	NO
Guaranteeing comprehensiveness of care	YES	NO
Guaranteeing continuity of care	YES	YES
Guaranteeing confidentiality of information	YES	YES
"Minimum safety" requirements	YES	Partly
Client rights	YES	YES
Adequate team structure	YES	YES
Staff education	YES	YES
Efficiency evaluation	YES	YES
Mandatory content and scope of care according to type	YES	NO

13.3 Criteria and Instruments – Plan for 2003

The plan for further procedures in the field of certification of the quality of care for 2003 was determined in relation to the recommendations of the Accreditations working group of the Phare Twinning Project. This plan is based on:

- Unification of terminology and performance indicators in all types of drug services,
- Drawing up a list of relevant performances and definitions of these performances for each type of drug service,
- Drawing up a Minimum Evaluation Set[60] (MES) and a simple verification procedure in several facilities,
- Training programme leaders how to work with the MES,
- Training another group of accreditators (auditors) with consideration of regional aspects,
- Completion of rules of certification proceedings, including methodology of level investigation, evaluation procedure, design of financial and institutional anchorage, etc.

All of these activities will be carried out in compliance with the Government Resolution No. 549/2003 and they will respect the requirement for the intersectorial nature of standards and the process of certification of quality. The process involves the individual ministries, the Sections of the Association of Non-Governmental Organizations, and the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases.

14 Selected Issues

Three sected issues chapters are included in each annual report. The EMCDDA, in collaboration with focal points in individual countries, defines the topics of these chapters with regard to current needs in practice and research.

[60] i.e. a self-evaluation questionnaire for individual types of services that captures basic quality parameters for services and reporting.

14.1 Evaluation of the National Drug Strategy

The 2001 – 2004 National Drug Policy Strategy defines goals, aims, objectives and targets, indicators of success, and tools for efficiency evaluation for each pillar of the Czech drugs policy (i.e. primary prevention, treatment and resocialization, harm reduction, supply reduction, and law enforcement). At the same time, it assigned 84 short-term and medium-term tasks to individual relevant ministries and local and regional public administrative bodies and defined deadlines for fulfilment (Sekretariát Meziresortní protidrogové komise, 2000). The 2001 – 2004 National Drug Policy Strategy has not yet been systematically evaluated according to the determined indicators of success and defined evaluation tools.

Even the individual ministries do not carry out any evaluation of their own activities according to the generally accepted criteria. This may also be caused by the considerable costs of external evaluations. However, checks on the fulfilment of tasks are carried out on a regular basis and are similar to the monitoring of the fulfilment of the EU Action Plan.

14.1.1 Evaluation Report

It is one of the roles of the National Drug Commission to evaluate drugs policy measures and activities and conduct control activities. The Executive Vice-Chairman of the National Drug Commission has been directed to prepare an annual Evaluation Report on the Fulfilment of Targets Following from the 2001 – 2004 National Drug Policy Strategy. The 2002 Evaluation Report focused especially on the evaluation of the fulfilment of short-term targets following from the 2001 – 2004 National Drug Policy Strategy for institutions/public administration bodies (i.e. 15 targets with a deadline by December 31, 2001). The Government acknowledged the Evaluation Report by means of the Government Resolution No. 1110/2002 of November 13, 2002.

The Evaluation Report was submitted to the Government in the following structure:

- Targets that were not fulfilled on schedule

The Evaluation Report claimed that 14 out of 15 targets were not fulfilled. The Ministry of Education, Youth, and Sports failed to fulfil 6 targets, the Executive Vice-Chairman of the National Drug Commission failed to fulfil 4 targets, the Ministry of Health failed to fulfil 2 targets, the Ministry of Interior failed to fulfil 1 target, and the Ministry of Labour and Social Affairs failed to fulfil 1 target.

The failed targets of the Ministry of Education, Youth, and Sports involve the field of primary and secondary prevention of drug use among children and young people. The drawing up of Minimum Standards of Primary Prevention is probably the most important target. Therefore, the services provided within the framework of primary prevention have still remained the least standardized, in comparison with services in the field of treatment and resocialization. A draft of minimum standards of primary prevention, a draft of a dictionary of primary prevention, and a draft of a manual of good practice were prepared within the framework of the Phare Twinning Project. These documents were submitted to the Ministry of Education, Youth, and Sports for completion.

As far as the sphere of competence of the executive vice-chairman of the National Drug Commission is concerned, the failure to fulfil the target “to draw up financial standards of individual types of addiction treatment in collaboration with the Ministry of Health and the Ministry of Labour and Social Affairs” can be regarded as the most substantial issue. The task was only fulfilled partly – an analysis of the cost-effectiveness of individual types of services was carried out; however, as the reporting of the services delivered has not been unified yet, it cannot serve as a financial standard for a delivered service. The financial standards of services represent one of the planned tools for the control of quality and efficiency for the provision of subsidies to drug policy programmes.

As far as the Ministry of Health is concerned, the most important non-fulfilled target was that of amending, or, more accurately, replacing Act No. 37/1989 Coll. on Protection against Alcoholism and

Other Drug Addictions. The act is not satisfactory in terms of the existing needs (for instance, it does not sufficiently determine the relationship between the state and the regions).

The Ministry of Labour and Social Affairs failed to fulfil the target "to draw up a basic conceptual document in collaboration with the Ministry of Health that will define the question of resocialization and after-care in drug prevention".

The Ministry of the Interior did not meet the target "to draw up a project of reduction of drug supply and availability in Prague, including technical, staff and financial guarantees". It is a key target, as the capital is currently the place most affected by the illicit drugs trafficking".

The Government defined new deadlines for the fulfilment of the targets mentioned in the period between December 31, 2002 and December 31, 2003.

- Targets that require updating

Updating of the targets was only carried out when there were serious reasons for it and in a manner that will not endanger the fulfilment of the objectives of the 2001 – 2004 National Drug Policy Strategy.

The Government updated three targets – one at the request of the Ministry of Education, Youth, and Sports (clarification of the target " to create an interconnected system of preventive activities at the level of the sphere of competence of the Ministry of Education, Youth, and Sports"), and two at the request of the Ministry of the Interior – one formal change of the wording and one change of the deadline from December 31, 2001 to "continuously" for the target "to prepare a programme of prevention of the use of narcotic and psychotropic substances; i.e. to provide pupils of primary schools with sufficient information in the field of drug issues and violence by means of specially trained uniformed police officers".

- Targets monitored by the European Commission within the framework of the Regular Evaluation Report about Accession of Candidate Countries to the European Union"

A total of 12 targets assigned to appropriate ministries (especially the Ministry of the Interior – National Drug Squad and the Ministry of Finance – General Customs Headquarters for the field of drug supply reduction, Ministry of Labour and Social Affairs, National Drug Commission, Ministry of Health, Ministry of Education, Youth, and Sports, Ministry of Defence for the field of drug demand reduction). Non-compliance with the targets that are relevant to the European Union was not found within the framework of the Evaluation Report.

14.1.2 Regional Drug Strategies

The National Strategy is the basis for the creation and implementation of regional drug strategies (of course, it is not a normative basis). Ten regions have adopted a regional strategy so far; a draft has been prepared in one region, and three regions have not yet drawn one up. The existence of ten comprehensive regional drug policy conceptions based on the 2001 – 2004 National Drug Policy Strategy can be regarded positively, considering the relatively short period of time that these regions have been in existence (they were established as at January 1, 2001).

Regional drug coordinators (and representatives of individual ministries) received basic information about evaluation rules within the framework of the Phare Twinning Project. The original intention of this part of the Phare Twinning Project (i.e. to draw up a set of concrete evaluation tools that are appropriate for the evaluation of impacts of implemented drug policy measures and proposals for the most appropriate procedures for the implementation of these measures, etc.) has not been fulfilled.

A pilot project of evaluation of the Central Bohemia region's drug policy was initiated in 2002 (it is funded from the region's own financial resources); the Czech National Focal Point is the professional guarantor of this project. Knowledge acquired from this project (especially concrete evaluation tools

and methods appropriate for drug policy strategy evaluation) can be used by other regions or at a national level in the future.

An evaluation project has three levels: the conceptual level (regional strategy), the level of partial strategies in the fields of drug supply and demand reduction, and the level of service providers.

1. Conceptual Level (regional strategy):

The conceptual level involves analysis of the regional strategy at two basic levels:

- Content analysis of the concepts at regional level (e.g. a designed coordination system, control mechanisms, authority and competence, information flows, subsidy system, stability of regional drug policy system, etc.),
- Content analysis of external consistency with the National Strategy and existing links with drug policy at national level (e.g. level of compatibility of the central and the regional system of coordination, compliance in authorities and competencies, compatibility of information flows and financial flows, etc.).

2. Level of Partial Strategies in the Field of Drug Supply and Demand Reduction:

A cost analysis model will be used at this level. It will be completed with a formative evaluation component with the objective of proposing ways of improving the quality and effectiveness of partial fields of regional drug policy implementation.

The following activities will be carried out:

- evaluation of basic epidemiological indicators;
- analysis of the institutional context and cost-effectiveness of the following fields:
  - primary prevention, early diagnostics and intervention,
  - treatment and social re-integration,
  - tertiary prevention;
- analysis of the institutional context of strategies that are geared towards drug supply reduction, including cost analysis.

3. Level of Service Providers:

The pursuit of several partial analyses (especially of several types of needs analyses) at the level of individual providers will especially serve as a source of verification of data and contextual relationships; this is also a prerequisite for the execution of a formative evaluation.

14.2 Cannabis problems in context: understanding increased treatment demand

There were very substantial changes in the use of cannabis drugs in the 1990s. They can be described as a process of gradual commercialization in the context of the commercialization of the market of other drugs (Miovský and Zábranský, 2002; Miovský and Zábranský, 2003). The main attributes of this process involve: a shift from the growing of cannabis for personal use to purchasing it, the use of new indoor growing technologies (especially the use of hydroponic technologies with artificial lighting), the development of the use of more potent cannabis cultivars (with a higher active substance content), and the gradual approximation and intermingling of markets of cannabis drugs and markets of more risk-laden substances like pervitin or heroin.

The opinions of the general public and the professional public regarding the use of cannabis drugs and the related risks vary. Discussion in this field takes place in the media rather than in professional fora.

In the field of research in the Czech Republic, research into cannabinoids is implemented at the non-human level at the Medical Faculty of Masaryk University in Brno (Nováková and Šulcová, 2002; Šulcová et al. 2002). A three-year study (2002 – 2004) implemented by the Department of Psychology at the Philosophical Faculty of Palacky University and the Institute of Psychology at the Academy of Science of the Czech Republic (GAČR 406/02/1449) is the only original study in the history of the Czech Republic that focuses on the psychosocial dimension of cannabis drugs use. More information about the study is available at www.curp.cz.

Data about the use of cannabis drugs, public attitudes to cannabis use, the market or cannabis drugs, and offenders of criminal offences in connection with cannabis are included in the appropriate chapters.

Smoking is still the most common pattern of cannabis use. Peroral use of THC, i.e. in food or in oil or fat, is relatively less common[61].

No specific treatment programme for cannabis users has been implemented in the Czech Republic; the need for such programmes has not yet been verified from the clinical point of view. The processed case studies indicate that the primary problem of heavy cannabis users is usually based on another disorder (e.g. more serious personality disorders, depressions, development disorders, commonly in combination with a very difficult family and social situation) (Miovský, 1998).

From the point of view of monitoring the volume and the type of treatment sought by cannabis users, we encounter problems regarding diagnostics. A large part of the care delivered to drug users has the nature of social services. This field is especially covered by NGOs; a clear majority of them do not use the international classification of diseases (MKN 10). Low awareness among the professional public regarding dual diagnosis-related issues is yet another reason for the careful handling of data about first treatment demands. It is possible to assume that a large part of treatment demands involves unrecognized (non-diagnosed) clinical primary problems of a different nature.

No relevant classification of cannabis users has existed or been used in the Czech Republic. One attempt to create such a classification has not yet been sufficiently verified on a large sample of users (Miovský, 1998); it is currently being verified within the framework of the project GAČR 406/02/1449.

14.2.1 Cannabis Users in the Treatment Demand Register

The Prague Hygiene Station carried out an analysis of cannabis-related treatment demands in the Register of Treatment Demands in 2002 for the purposes of this chapter (Studničková, 2003). 1,486 users of cannabis drugs were recorded in the Register of Treatment Demands in 2002; 751 cases involved cannabis as the main drug, and one or more other drugs were present in 735 cases.

71.3% of 751 users who reported cannabis as the only drug were under 19; see Table 14-1. There is an approximate 3 : 1 ratio of males and females. 574 cases involved first contact with a therapeutic or helping institution.

Table 14-1: Number of registered cannabis users with cannabis as main drug (Studničková, 2003)

Age (years)	Males	Females	Unknown	Total	%
under 15	45	24	0	**69**	**9.2**
15-19	325	135	6	**466**	**62.1**
20-24	118	23	0	**141**	**18.8**
25-39	55	4	1	**60**	**8.0**
40 and more	4	0	0	**4**	**0.5**
Unknown	7	4	0	**11**	**1.5**
Total	**554**	**190**	**7**	**751**	**100.0**

Most cases involved reporting from low-threshold programmes; therefore, this does not necessarily have to involve treatment as such but rather a first contact in the user's life. It is also necessary to be cautious in

[61] Even the Czech Republic has recently witnessed cases of self-medication with cannabis; this especially involved degenerative and tumorous diseases.

the interpretation of data regarding cannabis users registered as "patients", due to the fact that 48% of users (of those who reported how long they have been using it) have only been using cannabis for less than a year; see Table 14-2. It is highly unlikely that there would be complications that would be primarily caused by cannabis drug use and that would lead to the seeking of treatment in these cases.

Table 14-2: Length of use of cannabis as main drug before contact with a treatment facility by gender (Studničková, 2003)

Length of marijuana use	Males	Females	Unknown	Total	%
0 years	48	19	2	**69**	**9.2**
1 year	138	68	1	**207**	**27.6**
2 years	72	31	2	**105**	**14.0**
3 years	55	13	0	**68**	**9.1**
4 years	43	6	0	**49**	**6.5**
5 years	27	3	0	**30**	**4.0**
6-10 years	34	2	1	**37**	**4.9**
11 years and more	11	2	0	**13**	**1.7**
Unknown	126	46	1	**173**	**23.0**
Total	**554**	**190**	**7**	**751**	**100.0**

735 respondents reported that they also use a drug other than cannabis. Pervitin was the most common secondary drug (20.9%), followed by alcohol (8.5%), heroin (5%), and solvents (4.3%). A third of those whose records contained data about a secondary drug mentioned a substance with more serious consequences than cannabis as the secondary drug. It is appropriate to ask which of these drugs was the actual reason for seeking contact.

Table 14-3 gives an overview of the reasons that were given for seeking contact. More than half of registered users came into contact with a helping institution otherwise than exclusively through their own free will.

Table 14-3: Motivation for seeking contact by groups of cannabis users (Studničková, 2003)

Motivation for contact	Marijuana as the only drug	%	Marijuana with a secondary drug	%	Total – marijuana as a primary drug	%
Own	302	40.2	363	49.4	665	44.8
Family	229	30.5	127	17.3	356	24.0
Another treatment/outreach centre	86	11.5	121	16.5	207	13.9
General practitioner	29	3.9	25	3.4	54	3.6
Residential health care facility	22	2.9	25	3.4	47	3.2
Social Service	38	5.1	17	2.3	55	3.7
Courts, Police	24	3.2	26	3.5	50	3.4
Unknown	21	2.8	31	4.2	52	3.5
Total	**751**	**100.0**	**735**	**100.0**	**1.486**	**100.0**

In June – July 2003, the Czech National Focal Point carried out a survey in those facilities that report the highest rates of cannabis users to the Register of Drug Users (Národní monitorovací středisko pro drogy a drogové závislosti, 2003b). The objective was to receive detailed information about the health and social status of these clients, the reasons why they contacted the facility, and the nature of services delivered in these facilities.

40 providers of services in the whole Czech Republic who reported ten or more cannabis users to the Register of Drug Users in 2002 were addressed. Fifteen questionnaires were returned (i.e. a 38% return rate). Table 14-4 gives a description of the spectrum of facilities.

Table 14-4: Types of facilities that responded to the questionnaire survey Marijuana Users – Treatment Demands (Národní monitorovací středisko pro drogy a drogové závislosti, 2003b)

type of facility	Number of questionnaires
AT clinic	1
Educational care centre	1
Diagnostic institution	1
Preventive/crisis centre	1
K-centrum	11
Total	**15**

Ten K-centres reported that cannabis users mostly sought the facility on their own; one K-centrum reported parents as a prevailing reason. In the remaining four facilities, the most frequently mentioned reasons rather involved restrictive measures (compulsory treatment, repeated drop-outs from treatment, etc.). The spectrum of indicated difficulties mostly involved educational and social difficulties; health difficulties were not so common (Table 14-5). For illustration purposes, the three most commonly reported difficulties were selected for each facility in the sequence from the most to the least common one. The most commonly reported reason scored three points, and the least common one scored one point.

Table 14-5: Proportion between main reasons for seeking contact with a facility – questionnaire survey Marijuana Users – Treatment Demands (Národní monitorovací středisko pro drogy a drogové závislosti, 2003b)

Reason for contact	Sum of points	Total share in all reasons for contact (%)
Problems with parents	33	39.3
Discipline problems	25	29.8
Problems with school results	19	22.6
Mental problems	4	4.8
Problems with police	3	3.6
Total	**84***	**100.0**

*Note: * Each facility had 6 points available for the nomination of the first three most common reasons for contact (3, 2, 1 point respectively). One facility failed to answer this question – therefore, 14 facilities were evaluated (total score of 84 points).*

Most of the responding service providers reported a predominance of problems connected with difficulties other than health difficulties resulting from cannabis use. However, the fact that only one of the facilities tested uses the MKN 10 diagnostic system represents a certain limitation for interpretation. A qualitative description of troubles experienced by users indicates that 10 – 15% of the clientele show symptoms of problems that can be causally connected with cannabis use (memory defects, concentration, etc.) The problems described for other clients (85 – 90%) do not seem as likely to be direct consequences of cannabis use (discipline problems etc.). The type of interventions provided to cannabis users correspond with this finding. In 4 out of 15 facilities, the approach mainly involves curative methods (especially systematic long-term psychotherapy, or pharmacotherapy in justified cases). One facility reports a prevailing classic harm reduction approach because 10 out of 15 reported clients injected another drug at the same time (see below). In the ten remaining facilities, this mostly involved prevailing counselling and sociotherapeutic interventions, often in combination with specific leisure-time programmes focusing on young people at risk.

Four facilities reported cannabis users (with cannabis as the main drug) in more than 50% of cases; however, this also involved users who also mentioned parallel use of highly risk-laden drugs (pervitin, heroin), often in combination with highly risk-laden modes of use (injecting). For instance, one the facilities reported fifteen cannabis users in this manner; at the same time, injecting pervitin or heroin was recorded for ten of them. It is reasonable to believe that this is rather a result of non-uniformity of definitions for the reporting of clients, or it is a consequence of insufficient informedness on the part of professionals (especially in low-threshold and counselling services). The relatively considerable

variance and lack of homogeneity of the answers lead to the conclusion that it would be appropriate to carry out case evaluations in randomly selected facilities in order to arrive at a relevant evaluation and description of the situation.

In this respect, it seems very suitable to focus more on the field of diagnostics of cannabis drugs-use related problems and the preparation of short and specific educational programmes in 2003 and 2004; the course should be designed for the target group of professionals in social and health-care drug services.

14.3 Comorbidity

14.3.1 Frequency and Spectrum of Dual Diagnoses – Data from Literature

The term dual diagnosis (comorbidity) means a clinical picture of two or more diagnoses of one patient (Kaplan et al. 1991). As far as drug-related disorders are concerned, this usually involves the concurrence of an addiction to a psychoactive substance and another mental disorder. It is likely that the issues of dual diagnoses are very extensive in this field; however, the data vary. Some authors mention 76% of males and 65% of females (Kaplan et al. 1991). Popov (Popov, 2001) mentions 20 - 60% of psychiatric complications among alcohol addicts (20 - 40% of males, 40 - 60% of females).

According to Bayer (Bayer, 2003), a personality disorder is the most common type of comorbidity among males, and neurotic and affective disorders are the most common among females. Personality disorders dominate when psychotropic substances other than alcohol or anxiolytics are used. American authors place asocial personality disorder in first place; according to the existing MKN 10 applicable in the Czech Republic, this disorder corresponds the most with an antisocial personality disorder. Anxiety depression symptoms are relatively common; however, these symptoms usually do not have the nature of major depression: they can involve symptoms that take place within a disorder of adaptation to an unsatisfactory living situation or also personality disorder (borderline or mixed personality disorder).

Nešpor (Nešpor, 2003) quotes the Director of the American National Institute on Drug Abuse (NIDA), who claims that 30 – 60% of drug abusers suffer from a concurrent mental disorder (Leshner, 1999).

What is the relationship between these two diagnoses? According to Nešpor, a client who has previously suffered from another mental disorder may develop addiction to a drug or another addiction disease, or a mental disorder manifests itself secondarily in an individual who has previously abused drugs or was addicted to them. However, the symptoms of mental disorder and addiction disease interact and mutually influence one another (Nešpor, 2003).

The prevalence of addiction problems among patients suffering from mental disorders is higher than in the general population. This involves depressive disorders, personality disorders (more common among males), and food intake disorders (more common among females). It is also more common among females that social phobia or post-traumatic stress disorders precede the problems with the drug. In general, most mental problems increase the risk of problems with drugs and complicate the prevention and treatment of these problems.

Nešpor mentions the following typical combinations that have repeatedly appeared in practice:

- food intake disorders (anorexia, bulimia) and addiction to alcohol or drugs (this is much more frequent among females),
- depressions and anxiety states and addiction to alcohol or sedatives (more common among females),
- antisocial personality disorder and addiction to alcohol or drugs (substantially more common among males); it is typical that violent or other forms of inconsiderate behaviour preceded the addiction disease and did not appear as a consequence of it,

- narcissistic disorders,
- pathological gambling – these clients are more endangered by addiction to alcohol and other drugs (a combination of pathological gambling and pervitin is extraordinarily dangerous),
- repeated decompensations of psychotic disorders related to the abuse of alcohol, cannabis, pervitin, or hallucinogenic drugs.

It follows from several surveys monitored by Kalina (2000) that approximately only 30% of patients have a single "drug addiction" diagnosis – the occurrence of other disorders shows that a considerable part of clients suffer from phobias, depressions, anxiety, psychosexual disorders, and, especially, personality disorders (see Table 14-6).

Table 14-6: The most frequent accessory diagnoses among drug addicts in therapeutic communities in the United States of America (Tims et al. 1997)

Diagnostic group	Frequency (% of clients)
Organic brain syndromes	3
Schizophrenic disorders	3
Obsessive compulsive disorder	6
Gambling	6
Anorexia and bulimia	15
Phobia	28
Affective disorders (especially depression of various degrees)	29
Generalized anxiety	34
Alcohol abuse	39
Psychosexual dysfunction	40
Personality dsorders	44

14.3.2 Dual Diagnoses among Hospitalized Patients

3,164 persons were hospitalized in psychiatric hospitals and hospital psychiatric departments due to illicit drugs and solvents in 2001, according to the data of the Institute for Health Information and Statistics (Ústav zdravotnických informací a statistiky, 2003d). A dual diagnosis from the field of mental disorders was recorded for 226 patients (7.1%) from this sample.

However, nearly a half of these diagnoses suggested problems with use of a substance other than the main drug (116 persons, i.e. 3.6% of the sample and 51.3% of psychic complications). Psychic disorders outside the sphere of drugs were reported for 110 persons (i.e. 3.5% of the sample and 48.7 of psychic complications).

Table 14-7 provides a summary of dual diagnoses from the field of drugs. The other drugs that cause psychic problems mainly involve stimulants, opioids, and alcohol. Non-specified disorders are reported very frequently. The low representation of cannabinoids may be surprising and it certainly does not correspond with the frequency of cannabis use among the patients in the sample. At the same – in comparison with foreign data – problems with alcohol are mentioned far less frequently: they involved 39% of clients in the study of Tims et al (Tims et al. 1997), as opposed to 0.5% of clients in the sample of the Institute for Health Information and Statistics.

Table 14-7: Disorders related to the use of another drug mentioned as second diagnoses – psychiatric hospitals and hospital psychiatric departments in the Czech Republic, 2001 (Ústav zdravotnických informací a statistiky, 2003d)

Drug[62]	Number	Share in%
Alcohol	18	15.5
Opioids	25	21.5
Cannabinoids	8	6.9
Stimulants	28	24.2
Other drugs (sedatives and hypnotics. hallucinogens, solvents)	13	11.2
Not specified	24	20.7
Total	**116**	**100.0**

Personality disorders dominate as far as other psychic disorders are concerned – 34.5% of complications from this sphere (see Table 14-8). More than a half of them are mixed and emotionally unstable/borderline personality disorders; an antisocial personality disorder, the most common disorder reported by American authors (Bayer, 2003), can only be found sporadically in the sample of the Institute for Health Information and Statistics. Neurotic and stress-related disorders occupy the second position. Affective disorders and food intake disorders are reported less frequently than would seem appropriate according to clinical experience; the share of these disorders in complications of this type is practically identical to the share of schizophrenia.

Table 14-8: Other psychic disorders mentioned as secondary diagnosis – psychiatric hospitals and hospital psychiatric departments in the Czech Republic in 2001 (Ústav zdravotnických informací a statistiky, 2003d)

Diagnostic group	Number	Share (%)
Schizophrenia	12	10.9
Affective disorders	13	11.8
Neurotic and stress disorders	23	20.9
Food intake disorders	10	9.1
Personality disorders	38	34.5
Mental retardation	3	2.7
Children's behaviour disorders	11	10.0
Total	**110**	**100.0**

However, it is necessary to say that the total share of second diagnoses in the sample of the Institute for Health Information and Statistics is very low (even by orders) in comparison with data found in foreign literature. It is nearly twice as low, compared to the survey of Tims et al. (Tims et al. 1997). We have mentioned the comparison of alcohol problems with this survey above. As far as disorders other than those caused by drugs are concerned, we can, for instance, compare personality disorders – 1.2% of the sample of the Institute for Health Information and Statistics, versus 44% in the survey of Tims et al.; food intake disorders – 0.3% versus 15% - and affective disorders – 0.4% versus 29%. With regard to complications from the field of drugs, we can compare problems with alcohol: the survey of Tims et al (Tims et al. 1997) records them for 39% of clients; the survey of the Institute for Health Information and Statistics reports 0.5%[63]. Therefore, the picture of dual diagnoses in the health statistics of the Czech Republic rather gives a picture of differences in methodology and focus than in the actual representation and profile of psychic complications and comorbidities in the clientele treated.

14.3.3 Dual Diagnoses in Other Facilities in the Czech Republic

Benchmark testing of a sample of 200 clients treated for problems with non-alcoholic drugs was carried out in two Czech therapeutic communities and one day-care centre in 2001 – 2002 for the purposes of this Annual Report.

Psychic complications and comorbidities were found among 35.5% of clients, and among nearly 50% of day-care clients (in recent years, the facility won the reputation of a facility where it is possible to refer such a clientele). The spectrum was again dominated by personality disorders (nearly 40% of complications, 14% of clients); depressions, neurotic disorders, and food intake disorders were found among 5 -7% of all clients. A summary is included in Table 14-9.

[62] Nicotine is completely neglected among the presented drugs.

[63] However, even the domestic drug scene keeps changing and traditional addictions to heroin or pervitin have been replaced with polymorphous addictions. It is apparent that it is no longer relevant to distinguish between clientele addicted to licit and illicit drugs in terms of treatment and after-care.

Even though it was just a benchmark survey, the results are closer to the data found in foreign literature and they provide a certain picture of the representation and profile of psychic complications and comorbidities in the clientele treated.

Table 14-9: Psychic complications and comorbidities of clients treated in SANANIM facilities in 2001 - 2002 (Kalina. 2003)

Diagnostic group	Number	Share of complications (%)	Occurrence of complications in the sample (%)
Affective disorders (depressive syndrome)	14	19.7	7.0
Neurotic disorders	12	16.9	6.0
Food intake disorders	10	14.0	5.0
Personality disorders	28	39.4	14.0
Paranoid syndrome	7	9.8	3.5
Total of psychic complications and comorbidity	71	100.0	35.5
Total in the sample of clients	**200**		**100.0**

14.3.4 Significance of Dual Diagnoses for Treatment

Dual diagnoses bring about the following problems:

- The accessory disorder very often complicates the participation of a client in treatment in an addiction treatment facility, it decreases his/her ability to benefit from it or even stay in the treatment at all.
- The complications following from the accessory disorder often trigger relapse.
- It not possible to treat the accessory disorder in common psychiatric/psychotherapeutic services when the client uses drugs because: (a) the addiction issues overshadow and distort the clinical picture and dynamics, (b) the participation of an addict in treatment regime, systematic psychotherapy, or pharmacotherapy is very problematic, (c) it is not possible to administer most psychopharmalogical medicaments reliably, meaningfully, effectively, and safely when drugs are used at the same time.
- The staff of facilities for the treatment of addictive diseases are often not equipped with the requisite knowledge and skills to handle these issues.

An addiction problem is usually more urgent and it requires cooperation during psychotherapy or pharmacotherapy of a given disorder. However, it is apparent that a client with a dual diagnosis has to be treated for both the addiction and the other mental problem. Such treatment is far more effective than treatment of the addiction or the mental problem only. Nešpor (Nešpor, 2003) describes the following distinct types of treatment: subsequent (it usually starts in an addiction treatment facility and then in a different facility for mental treatment), concurrent (in an addiction treatment facility and in a different psychiatric facility at the same time) or integrated treatment (in one facility and by one therapeutic team that is able to treat both of the problems). It is apparent that integrated treatment represents the best of the possibilities mentioned. However, not many facilities in the Czech Republic can provide integrated treatment.

Integrated treatment of dual diagnoses requires many innovations in treatment procedures. First of all, we must mention the classification of therapy as a legitimate part of a treatment programme. Popov

(Popov, 2001; Popov, 2003) points that that the effort to "principally" avoid any pharmacotherapy for drug-addicted patients is unjustified and counterproductive for dual diagnoses.[64]

It is necessary to provide for higher individualization of psychosocial approaches and to pay much more attention to issues other than the addiction ones. At the same time it is appropriate to be more sensitive and supportive. Confrontation-oriented approaches are usually explicitly contraindicated for most clients with a dual diagnosis (they did not even prove successful among clients with an addiction disorder only).[65] Basic rules of cooperation must be defined, even though it is necessary to be more tolerant in the approach to clients with a dual diagnosis. Work with family members and partners, family therapy, and family counselling are considered necessary.

Nešpor also mentions that treatment of a patient with a dual diagnosis makes specific demands on the team and on interdisciplinary cooperation. This does not only involve theoretical preparation of the teams but also increased flexibility, increased frustration tolerance, and good communication and cooperation of practitioners, psychologists, and social and other workers.

14.3.5 Conclusion – Perspectives and Needs

Foreign data, clinical experience, and the results of the benchmark survey indicate that facilities providing help to addicts must take into account the existence of a high share of patients with dual diagnoses. At least one in three clients would also need treatment other than that offered to him in a standard programme for addicts, or at least requires specific attention to his specific troubles.

The development in developed countries shows that solving this complex package of problems can and must start among facilities and their staff by means of the training and education of the staff and consequent changes in treatment approaches.

Treatment programmes in the Czech Republic have started to change. A benchmark survey has shown that up to 10% of clients in the monitored therapeutic communities use medicaments prescribed by the psychiatrist for at least some time (20% of clients in the day care centre). This is not the case in all facilities; however, this was something unimaginable several years ago. At the same time, the share of workers who completed psychotherapeutic training is increasing, and individual approaches and focusing on the general psychological and family problems of the clients are becoming more common. This makes it possible even for clients who used to drop out of treatment or were not accepted to it at all to benefit from the treatment.

It is necessary to proceed with these innovations. A look at the dual diagnosis issues also shows another demand: the level of our knowledge is insufficient and it is necessary to conduct structured research and introduce measures in the field of diagnostics and data collection[66].

[64] See (Bayer, 2003), (Nešpor, 2000; Nešpor, 2003) and (Popov, 2001; Popov, 2003) for an overview of issues associated with pharmacotherapy in dual diagnoses. Inter alia, the authors point out the risk of the development of combined addiction (e.g. alcohol/benzodiazepines, heroin/benzodiazepines).

[65] It must be mentioned that these approaches are used far less than in the countries with a tradition of therapeutic communities of the so-called hierarchical type (Synanon line); e.g. in Poland.

[66] The insufficient level of knowledge also involves another type of dual diagnosis – the concurrence of addiction to tobacco (nicotine) and other mental disorders. This chronically neglected or, more accurately, unreported problem is not becoming subject to professional interest; however, an attempt to map this field exceeds the limits of this chapter.

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Selected Czech Web Pages about Drug Issues

An extensive list of (not only) Czech web pages dealing with drugs is available at http://www.drogy-info.cz/link/category/1/. The following list includes selected official pages of key institutions in the field of prevention, treatment and monitoring of drug use.

Adiktologie – Addictology – a professional journal for prevention, treatment and research of addictions: http://www.adiktologie.cz/

A.N.O. – Association of Non-Governmental Organizations: http://www.asociace.org/

Antidoping Committee of the Czech Republic: http://www.antidoping.cz/

Customs Administration of the Czech Republic: http://www.cs.mfcr.cz/

Centre of Epidemiology and Microbiology of the National Health Institute: http://www.szu.cz/cem/hpcem.htm

Public Opinion Poll Center – Institute of sociology of the Academy of Science of the Czech Republic: http://www.cvvm.cas.cz/index.php3?rubrika=O&oblast=B

Czech Streetwork Association: http://sttreetwork.ecn.cz/

Czech Medical Association: http://www.cls.cz/

Czech Medical Association – search in journals): http://www.clsjep.cz/hledani.asp

Czech Neuropsychopharmalogical Society: http://www.cnps.cz/

Czech Statistical Office: http://www.czso.cz/

Drug Information Server (SANANIM): http://www.sananim.cz/

DROP-IN: http://www.dropin.cz/

EXTC – prevention of synthetic drug abuse: http://www.extc.cz/

Prague Hygiene Station: http://www.hygPraha.cz/

Information Centre of the UNO in Prague: http://www.unicprague.cz/

Institute for Criminology and Social Prevention: http://portal.justice.cz/justice/iksp.nsf/Stranky/Uvod

Institute of Criminology: http://www.mvcr.cz/policie/ku/index.html

Methadone substitution: http://www.methadone.cz/

Ministry of Justice – Czech courts: http://portal.justice.cz/

Ministry of Labour and Social Affairs: http://www.mpsv.cz/

Ministry of Education, Youth, and Sports: http://www.msmt.cz/

Ministry of Interior: http://www.mvcr.cz/

Ministry of Health: http://www.mzcr.cz/

Czech National Focal Point: http://www.drogy-info.cz/, http://www.focalpoint.cz/

National Program of Combating AIDS in the Czech Republic: http://www.aids-hiv.cz/

National Police Drug Squad: http://www.mvcr.cz/policie/npdc.html

Newton IT – press monitor regarding drugs: http://imm.newtonit.cz/drogy.newton.cz.asp

Podané ruce: http://www.podaneruce.cz/

House of Commons of the Parliament of the Czech Republic – Subcommittee for Drugs and Addiction issues: http://snemovna.cz/sqw/fsnem.sqw?id=669

Probation and Mediation Service: http://portal.justice.cz/justice/pms.nsf/Stranky/Uvod

Prev-Centrum: http://www.prevcentrum.cz

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Institute for Health Information and Statistics: http://www.uzis.cz/

Prison Service of the Czech Republic: http://www.vscr.cz/

Abbreviations

AT – alcohol – toxicomania (drug addiction)

CASRI – Scientific and Research Centre of Physical Education and Sport Prague

CR - Czech Republic

CZK – Czech crown(s)

DDRSTP – project Pompidou Group Drug Demand Reduction Staff Training Programme

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ESPAD - Evropská školní studie o alkoholu a jiných drogách (European School Survey Project on Alcohol and Other Drugs)

EU – European Union

GENACIS – study Gender and Alcohol Comparative International Study

HBSC – study Health and Health Behaviour in School-Aged Children

HBV – hepatitis B virus infection

HCV – hepatitis C virus infection

HIV - Human Immunodeficiency Virus

HR – harm reduction

IgM – M immunoglobulin(s)

IDU – injecting drug user(s)

KC – outreach centre

KPE – dental health index (caries, fillings, extractions)

MAD – school survey “Youth and Drugs”

MES - Minimum Evaluation Set

MKN 10 – Revision 10 of the International Classification of Diseases

NEAD – school survey “Non-Alcoholic Drugs”

NGOs - Non-Governmental Organizations

NMS - Czech National Focal Point (Národní monitorovací středisko pro drogy a drogové závislosti)

NPC – National Drug Squad (Národní protidrogová centrála služby kriminální policie a vyšetřování Policie ČR)

NPS – narcotic and psychotropic substance

PAD – Impact Analysis Project of New Drugs Legislation in the Czech Republic (Projekt analýzy dopadů nové drogové legislativy)

WHO - World Health Organization

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