



Interim Evaluation of Progress in Achieving the Main Objectives of the 2001 – 2004 National Drug Policy Strategy

(March 2004)

The 2001-2004 National Drug Policy Strategy was adopted by Government Resolution no. 1045/2000. It consists of four corner stones – primary prevention, harm reduction, treatment and re-socialisation, and law-enforcement.

The National Strategy is in its principles, priorities and objectives in line with the 2000 – 2004 EU Strategy and Action Plan.

1 Main Objectives of Drug Policy Defined by the Strategy

1. Stop the increasing trend of drug use and reduce the number of children and young people experimenting with drugs,
2. Offer the families and individuals coming into contact with drugs and solving problems associated with drug use, an appropriate, accessible, timely, and professional help,
3. Maintain the existing network of provided services,
4. Reduce the availability of all types of drugs (including alcohol and tobacco), in particular for children and young people,
5. Create an integral system of training in the area of drug policy and improve the qualifications of workers,
6. Participate actively in implementation of international activities and programmes of drug supply and demand reduction,
7. Improve the system of drug policy coordination on both the horizontal and vertical level,
8. Involve the whole society in drug prevention with special emphasis on municipalities/local communities,
9. Ensure adequate financial resources, create and implement a new system of financing drug policy programmes with regard to the public administration reform.

Objective 1 - Stop the Increasing Trend of Drug Use and Reduce the Number of Children and Young People Experimenting with Drugs

Different trends have developed in the area of experimental and recreational use on the one hand and problem drug use of drugs on the other.

Problem drug use (i.e. long-term and regular, mainly intravenous, use of heroin and pervitin) has stabilised within the past four years, especially the number of heroin users is declining – see Figure 1. The number of applicants for treatment related to the use of illicit drugs has stabilised, and even decreased at some types of treatment (e.g. short-term residential), in particular the number of opiate (heroin) users; however, the number of people treated in connection with alcohol use has been growing, see Figure 2, Figure 3. Problem drug users are growing old, which is a positive trend that gives evidence of decreasing influx of new problematic users – see Figure 4.

In the society in general, and among the youth in particular, experimental and recreational drug use (mainly of cannabis and Ecstasy) shows an increasing trend, though the increase has slowed down in recent years. Experiments with heroin and pervitin (methamphetamine) have declined, the tolerance towards use of these drugs has also dropped – see Figure 5. The cessation of decline of the age at first experience with illicit drugs can be regarded as a positive tendency.

In the area of tobacco and alcohol use, the situation has not changed; which, owing to the relatively high alcohol consumption among the young people in the Czech Republic, is an alarming information. Highly risk forms of alcohol consumption pervade among young people (frequent binge drinking and intoxication) – see .

Incidence of health consequences related to the use of illicit drugs has a favourable trend – HIV/AIDS incidence has stabilised on a very low level, reported incidence of viral hepatitis has been declining - . Number of overdose deaths has been declining - see Figure 8. The cause of such a positive trend can mainly be found in the availability of harm reduction programmes and in the growing accessibility of the substitution treatment.

- Objective 2 - Offer the Families and Individuals Coming Into Contact with Drugs and Solving Problems Associated with Drug Use an Appropriate, Accessible, Timely, and Professional Help** – see Objective 3
- Objective 3 – Maintain the Existing Network of Provided Services**

The network of services designed for drug users and their relatives and friends has been stabilised in the Czech Republic. It covers a wide spectrum of different types of services varying from long-term complex programmes of primary prevention to low-threshold outreach programmes, contact centres, and out-patient / residential therapeutic or re-socialisation centres. Regional availability of individual types of care is relatively good, except for after-care programmes, special education and substitution treatment facilities – see Figure 9 to Figure 12. The capacity of treatment programmes in prisons is growing. Up to 60 % of problem drug users are in contact with low-threshold centres.

Treatment (including the detoxification units) is available without waiting periods with the exception of specialised programmes for mothers with children and some substitution centres.

With the aim to improve the quality of the services provided, a system of certified qualifications of services for drug users is being introduced that includes 9 different treatment modalities.

- Objective 4 – Reduce the Availability of All Types of Drugs (Including Alcohol and Tobacco), in Particular for Children and Young People**

Availability of illicit drugs, as subjectively perceived by the young people, has recently been differentiated. While pervitin (methamphetamine) and heroin are perceived as less available, availability of cannabis and Ecstasy among young people has grown – see Figure 13. The proportion of people who have been offered drug has increased. Availability of alcohol and tobacco is virtually unlimited – restaurants and discos are the most common places where the underage youth (under 18) consumes alcohol, although it contravenes the law – see Figure 14. Alcohol and tobacco are also widely available in grocery stores and many other places.

The amount of illicit drugs seized by the law-enforcement bodies remains low in the long run, despite its oscillation in some years. In the Czech Republic about 1 % of drugs intended for consumption is seized every year. As for pervitin (methamphetamine), manufactured in the

Czech Republic and intended mainly for the domestic market, whose yearly consumption is estimated to roughly 4 tons, the law-enforcement bodies seizure about 5 - 10 kg a year.

The drug price is stable in the long run or dropping in some drugs, giving evidence of non-declining availability of drugs. The outcomes of surveys made among the youth show that for the first-time users and experimenters, pervitin (methamphetamine) and heroin are less available – this positive tendency shows higher organization and conspiracy in distribution of these drugs under pressure by the law-enforcement bodies.

The law-enforcement bodies have not developed a system of monitoring and analysis of availability of these drugs, and it is therefore very difficult to evaluate their effectiveness.

•Objective 5 – Create an Integral System of Training in the Area of Drug Policy and Improve Qualifications of Workers

Professional qualities of workers providing services oriented on drug users are constantly being improved. Education of workers is part of the certification standards of the qualifications for service provision. Educational programmes are provided by several state and non-state subjects. There is a scientific journal published in the Czech Republic called “*Adiktologie*” [Addictology] – an interdisciplinary specialised periodical for the area of drugs and drug addictions. Several Internet presentations targeted at different groups are operating. In 2003 an extensive, almost 700-page-long monograph was published called “*Drogy a drogové závislosti*” [Drugs and drug addiction], under the support of the Council of the Government for Drug Policy Coordination (National Drug Commission), and many specialised publications continue to be published. Periodically (bimonthly), “*Zaostřeno na drogy*” [Focused on drugs] is published by National Monitoring Centre for Drugs and Drug Addiction (Reitox national focal point). There is also a specialised drug related web-site “drogy-info.cz” that has been operating since 2003 (administered by the National Monitoring Centre for Drugs and Drug Addiction).

Institute for Postgraduate Education in Medicine – Department of Addictions holds a two- to four-semester course in Drug addictions for experts in the area of services for drug users. 1st Medical Faculty of Charles University in Prague prepares opening of a new department of Addictology.

•Objective 6 –Participate Actively in Implementation of International Activities and Programmes of Drug Supply and Demand Reduction

The Czech Republic, particularly thanks to the process of its accession to the European Union, is involved in several international activities in the field of monitoring, prevention, and treatment of drug use and addiction and combating drug trafficking (e.g. EMCDDA, Europol, Horizontal Working Group, the Council of Europe Pompidou Group); the Czech Republic’s membership in some of these organisations is obligatory as a precondition of the EU accession. Intensive cooperation is also maintained with international organisations (INCB, UNODC, Interpol).

In 2001 – 2003 the large project Phare Twinning 2000 “Strengthening National Drug Policy” was implemented in cooperation with Austria, aimed at improvement of data on drugs, coordination of drug policies and drug experts training.

Special bodies of the General Directorate of Customs and the Police of the Czech Republic are fully integrated in international cooperation in combating international illicit drugs trafficking.

INCB in its 2003 report assesses positively the activities of the Czech government in the field of drug policy. The activities of National Monitoring Centre for Drugs and Drug Addiction in the area of monitoring of the situation are assessed positively by EMCDDA and National Monitoring

Centre is regarded as one of the best focal points in wider EU. Also the activities of law-enforcement bodies are appreciated by international institutions.

Objective 7 – Improve the System of Drug Policy Coordination at Both the Horizontal and Vertical Level

The main coordinating body of the drug policy of the Czech Republic is the advisory council of the Government – Council of the Government for Drug Policy Coordination (National Drug Commission), consisting of the Minister of the Interior, the Minister of Defence, the Minister of Labour and Social Affairs, the Minister of Education, the Minister of Healthcare and the Minister of Justice. The Council is chaired by the Prime Minister, the Executive Vice Chairman of the Council of the Government for Drug Policy Coordination (National Drug Commission) - the Deputy Prime Minister for Research and Development, Human Rights and Human Resources, is authorised by the Prime Minister to chair it. The Secretariat of the Council of the Government for Drug Policy Coordination (National Drug Commission), which is an organisational part of the Office of the Government of the Czech Republic, coordinates the implementation of resolutions proposed by the Council of the Government for Drug Policy Coordination (National Drug Commission) in practice. The Council of the Government for Drug Policy Coordination (National Drug Commission) has three working bodies – Committee of the Resort Representatives (including officials of individual resorts that have drug-related issues on their agenda and representatives of expert associations), Committee for Granting Subsidies (assessing the applications for grants approved by the Council of the Government for Drug Policy Coordination) and Advisory Board for Drug Data Collection (assessing the Annual Report on the State of the Drugs and implementation of the system of data collection on drugs and related interventions). The Committee for Certification has been newly appointed. A Working Group for Vertical Coordination has been established that gathers 14 regional drug co-ordinators. In addition, 7 working groups of the National Monitoring Centre for Drugs and Drug Addiction were appointed to help with the data collection on drugs and its improvement.

Regional drug co-ordinators were appointed in all 14 regions; they use the network of contact persons in municipalities with extended competence in the region. Cooperation with the regions is relatively good; however, the legal framework is still insufficient.

In the resorts as well as in the regions, lack of workers in charge of coordination of drug policy still remains a problem. Moreover, in many cases, there is undesirable accumulation of functions, or improper placement of the coordinators within the organisation of the Regional Governments.

National Drug Policy Strategy is the fundamental document of the drug policy in the Czech Republic. The so called Evaluation Report is the control instrument of its implementation. The Evaluation Report is prepared by the Secretariat of the Council of the Government for Drug Policy Coordination (National Drug Commission) on the annual basis and submitted to the Government. Most regions have their own drug strategies based on the National Strategy and have established coordinating bodies for implementation of the regional strategies. Auxiliary tools of vertical coordination between the State and the regions are called Regional Planes for Prevention and Treatment.

The coordination potential of the Council of the Government for Drug Policy Coordination (National Drug Commission), its secretariat and working bodies of the Council of the Government for Drug Policy Coordination (National Drug Commission) have been growing recently.

Objective 8 – Involve the Whole Society in Drug Prevention with Special Emphasis on Municipalities/Local Communities

Civil society represented by non-government organisations is a significant part of the area of services to drug users and addicts. Non-government organisations cover up to 70 % volume of some services (mainly social sector services). Associations operating in the Czech Republic include: A.N.O. – Association of Non-Governmental Organisations Dealing with Prevention and Treatment of Drug Addictions; Society for Addictive Diseases of the Czech Medical Association and Czech Streetwork Association.

Several operating programmes of community prevention have recently been developed, particularly in large cities.

At all schools in the Czech Republic there are prevention methodologists who implement the so called Minimum Prevention Programmes. There is also a network of „regional“ primary prevention methodologists (usually pedagogic-psychological counsellors), a certain role in the primary drug prevention is also played by the Regional Pedagogical Centres (15 centres, one for the Polish National Minority). Regional coordinators of prevention activities work in the Offices of the Regional Governments but their activities are not always fully coordinated with those of the Regional Drug Coordinators.

The Army of the Czech Republic uses its own drug prevention programmes. Prisons are gradually beginning to participate in drug use prevention (and treatment) programmes. There are non-governmental organisations operating in some prisons.

The Czech media release about 3,000 contributions addressing drug-related issues every year.

The work with the youth at risk in the socially segregated groups or in the Roma community is still regarded as poor.

Objective 9 – Secure Adequate Financial Resources, Create and Implement a New System of Financing Anti-Drug Policy Programmes with Regard to the Reform of Public Administration

About CZK 180 million is spent from the state budget on prevention and treatment programmes for the drug users and about half of the sum is allotted by the Council of the Government for Drug Policy Coordination (National Drug Commission). The financial means allotted by the Council of the Government for Drug Policy Coordination (National Drug Commission) from the state budget are granted after assessment of the individual projects on the regional level, the regional drug coordinators are usual participants in the assessment of grant requests of the Council of the Government for Drug Policy Coordination (National Drug Commission) and individual resorts. Representatives of the non-government organizations are also present at the project assessment. Along with the means disbursed from budgets of the municipalities, the prevention and treatment expenses amount to about CZK 250 million.

In spite of the persistent problems with timeliness of subsidies, the existing network of provided services is being maintained. In response to these problems, the Government decided that from 2004 on, the subsidies will be allocated to the Council of the Government for Drug Policy Coordination (National Drug Commission) by the Office of the Government of the Czech Republic which should result in reducing the delay.

Closer cooperation has been established between individual resorts in terms of subsidies in recent years. However, the Supreme Audit Office's audit conclusion no. 02/22 "Means of the State Budget for Drug Policy" shows that the cooperation should be even closer – in particular in the area of auditing the granted subsidies. The system of quality certification of services for

drug users should be an auxiliary instrument increasing the effectiveness of spending financial means from public budgets. The system of quality certification will be introduced by the Council of the Government for Drug Policy Coordination (National Drug Commission) in 2004. The Supreme Audit Office's audit conclusions confirm that the granted means in 2001 – 2002 were used in line with their purpose, partial deficiencies were found in bookkeeping of some of the projects and auditing of withdrawal of the means.

Creating financial means on regional levels comes under the authority of the regions. Proportion of financial means for prevention and treatment of addictive diseases from the regions and municipalities has been increasing in recent years, the regions are also more equalised – see Table 1.

The social costs connected with drug abuse were estimated 2.8 mil. CZK. Direct costs cover 2.3 mil CZK while indirect covered 500 mil. CZK (loss of productivity, caused by disease, death or criminal career). Out of 82 % of direct costs, law-enforcement costs and prevention and treatment cover cost for prevention and treatment.

Diagram and chart supplement:

Figure 1: Trend in number of problem drug users in the Czech Republic in 1999 – 2002 (Data source: National Monitoring Centre for Drugs and Drug Addiction)

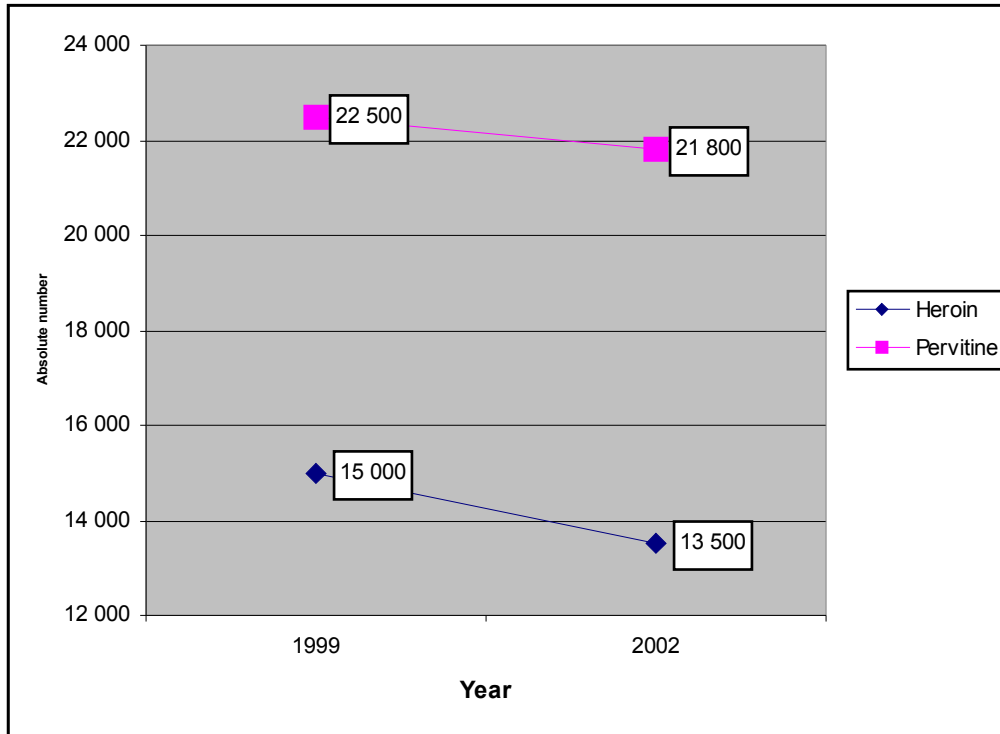


Figure 2: First treatment demands in 1995 - 2003: heroin x pervitin (Data source: Hygienic Station of the Capital Prague)

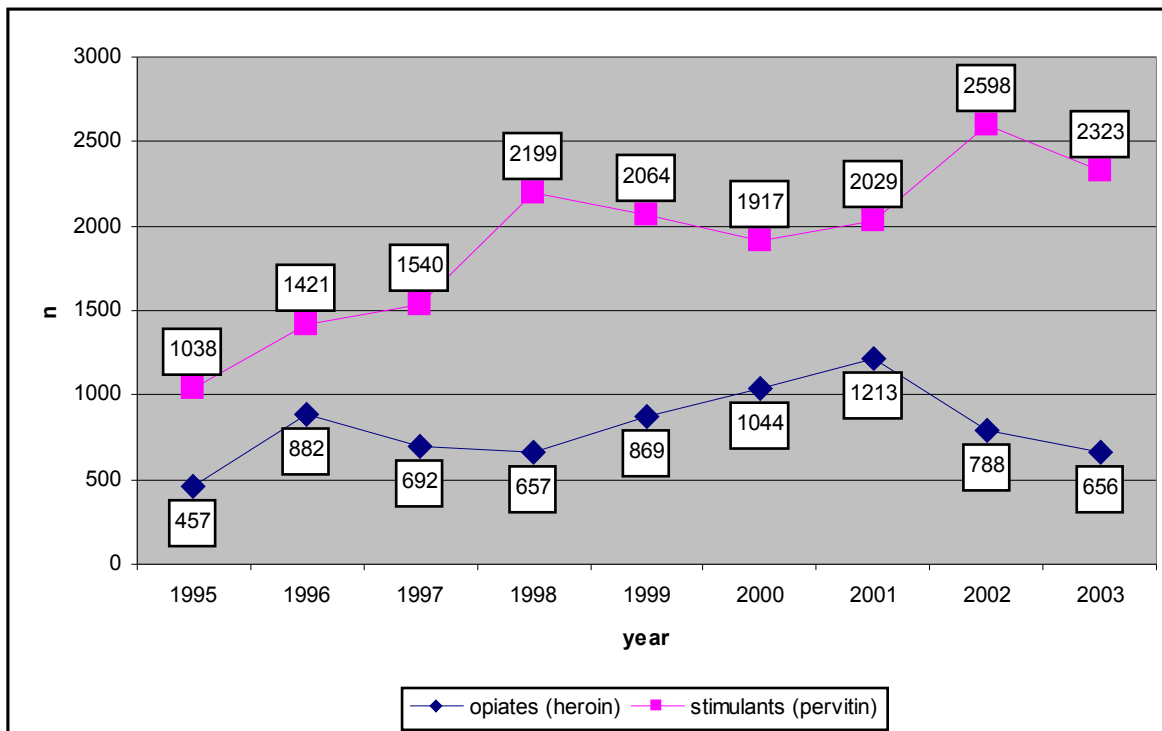


Figure 3: Number of people hospitalised for disorders caused by alcohol and other drugs in psychiatric facilities in 1995 – 2002 (Data source: ÚZIS)

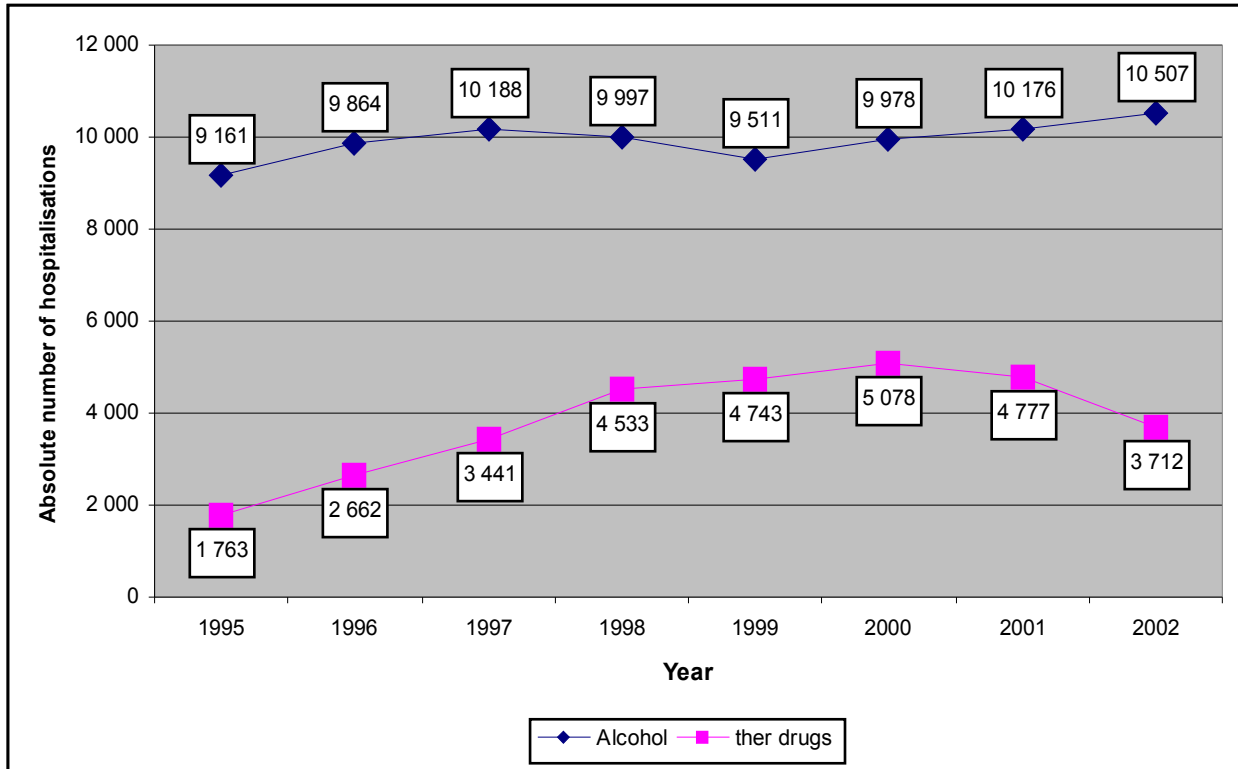


Figure 4: Average age of the people seeking treatment by selected basic drugs in 1995 – 2003 (Data source: Hygienic Station of the Capital Prague)

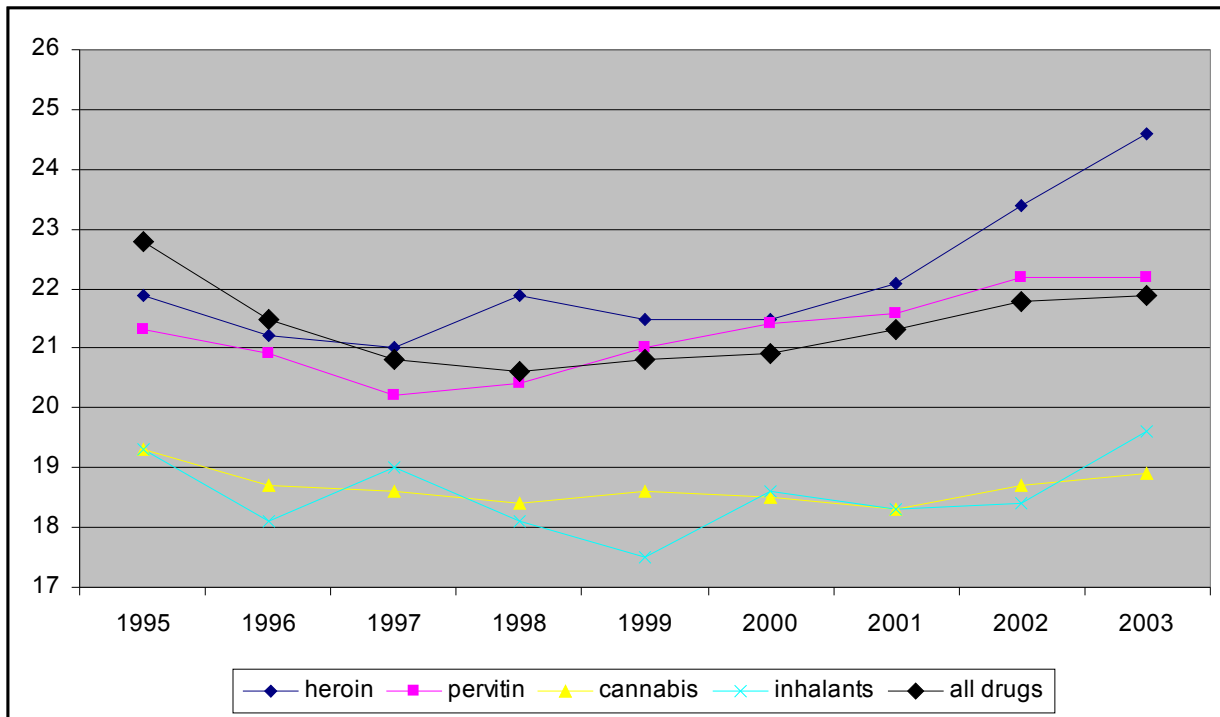


Figure 5: Lifetime prevalence (at least once in life) of drug use among sixteen-year-olds in 1995 – 2003
(Data source: ESPAD)

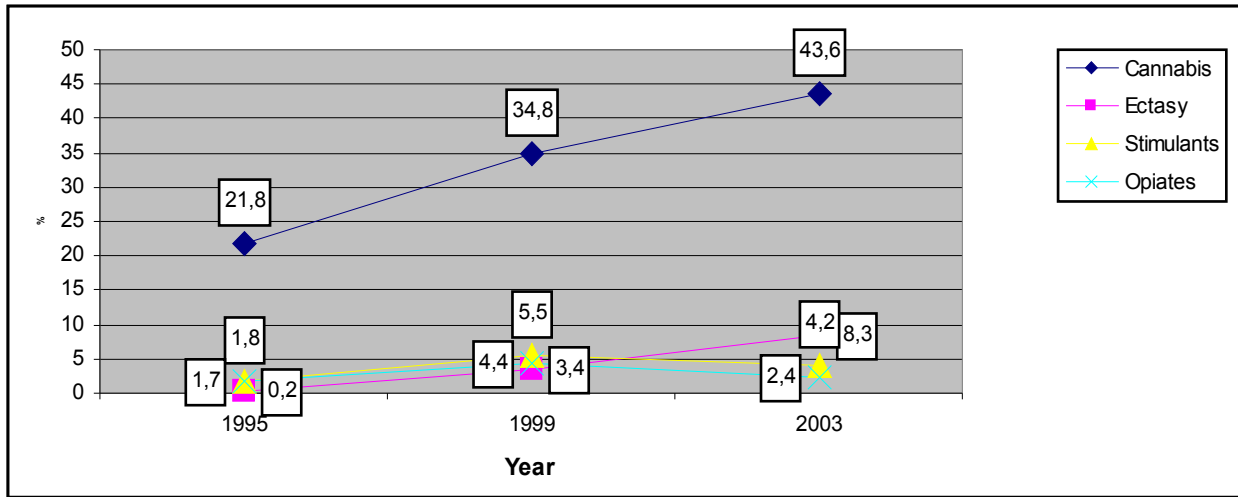


Figure 6: Dangerous patterns of alcohol consumption in past 30 days among sixteen-year-olds in 1995 – 2003 (Data source: ESPAD)

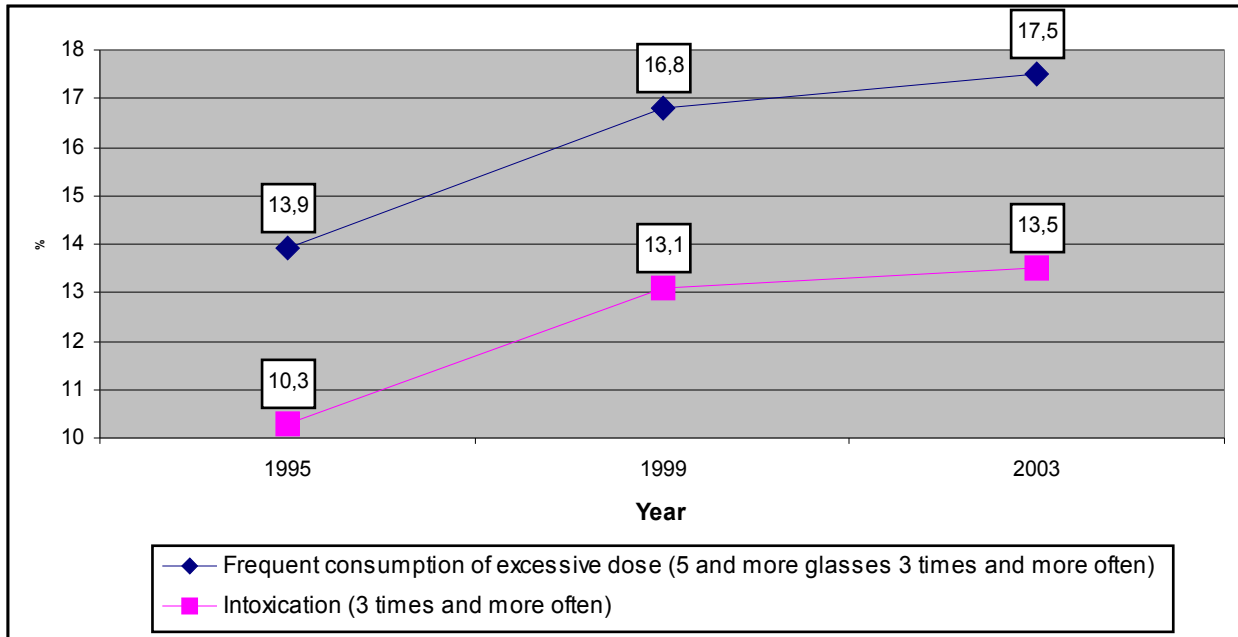


Figure 7: Reported cases of acute HBV and HCV among injection drug users and distributed syringes 1998 – 2003 (Data source: SZÚ Prague (Institute of Public Health), National Monitoring Centre for Drugs and Drug Addiction)

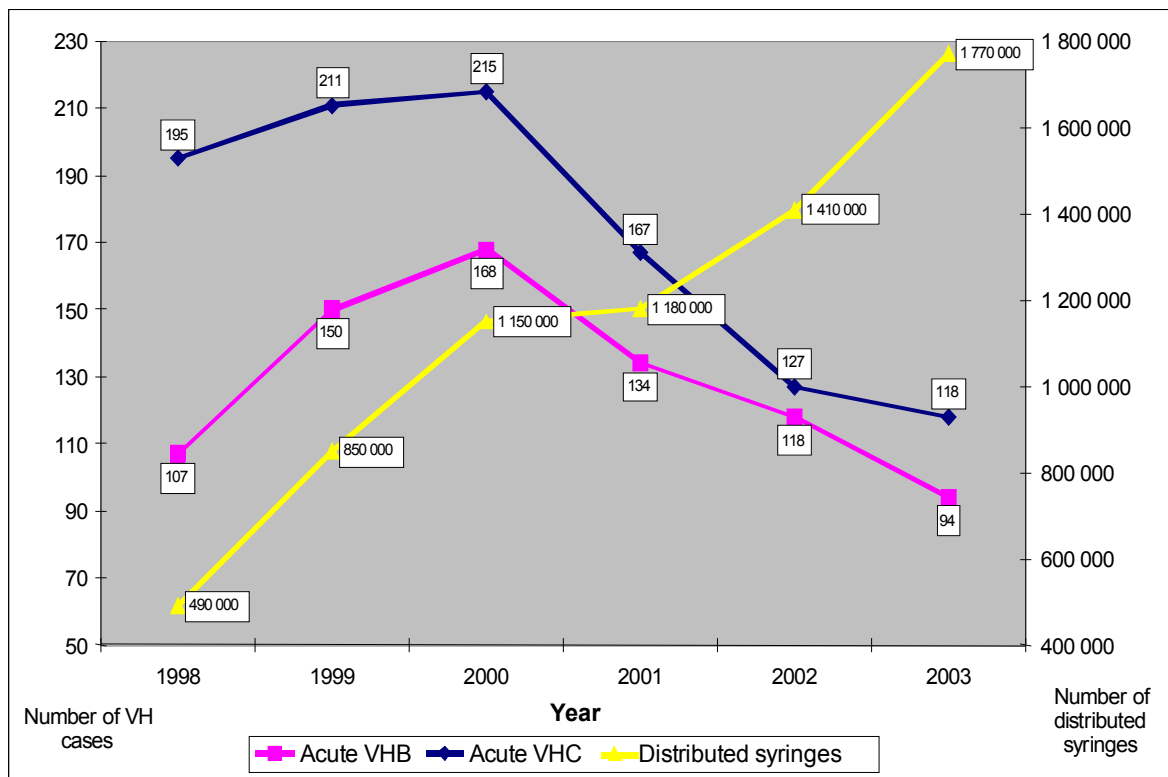


Figure 8: Deaths caused by overdose with heroin and pervitin in 1998 – 2002 (Data source: Forensic Medicine Departments, National Monitoring Centre for Drugs and Drug Addiction)

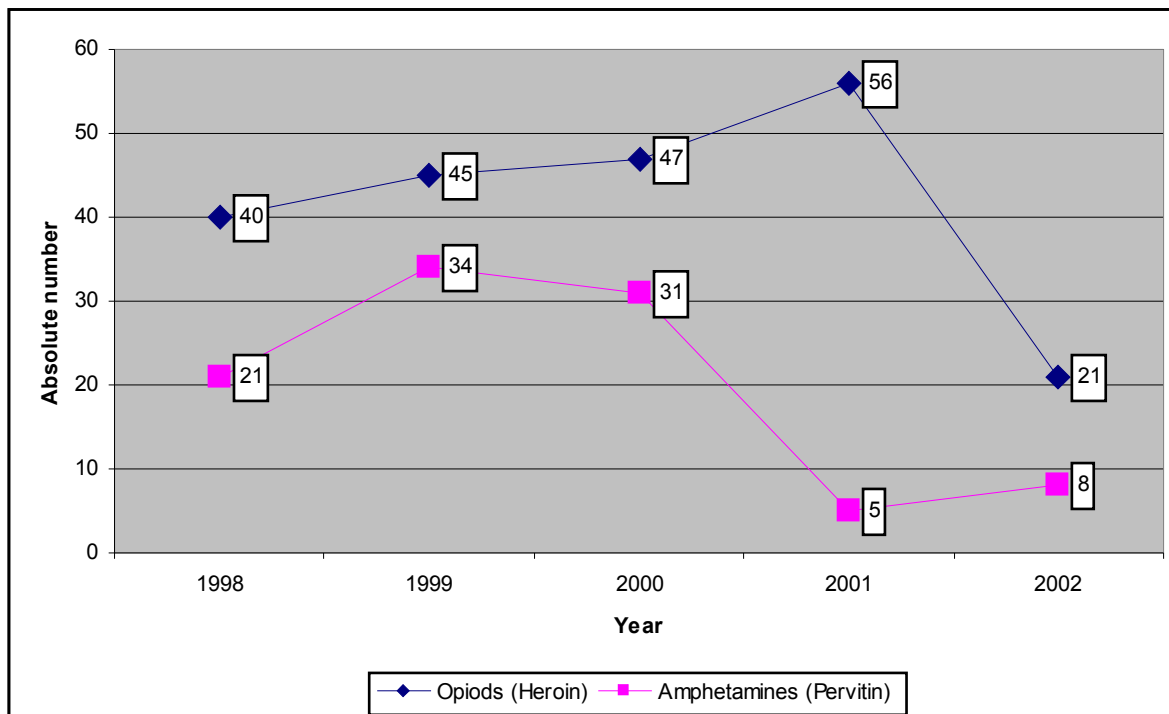


Figure 9: Low-threshold centres in the Czech Republic (Data source: National Monitoring Centre for Drugs and Drug Addiction)

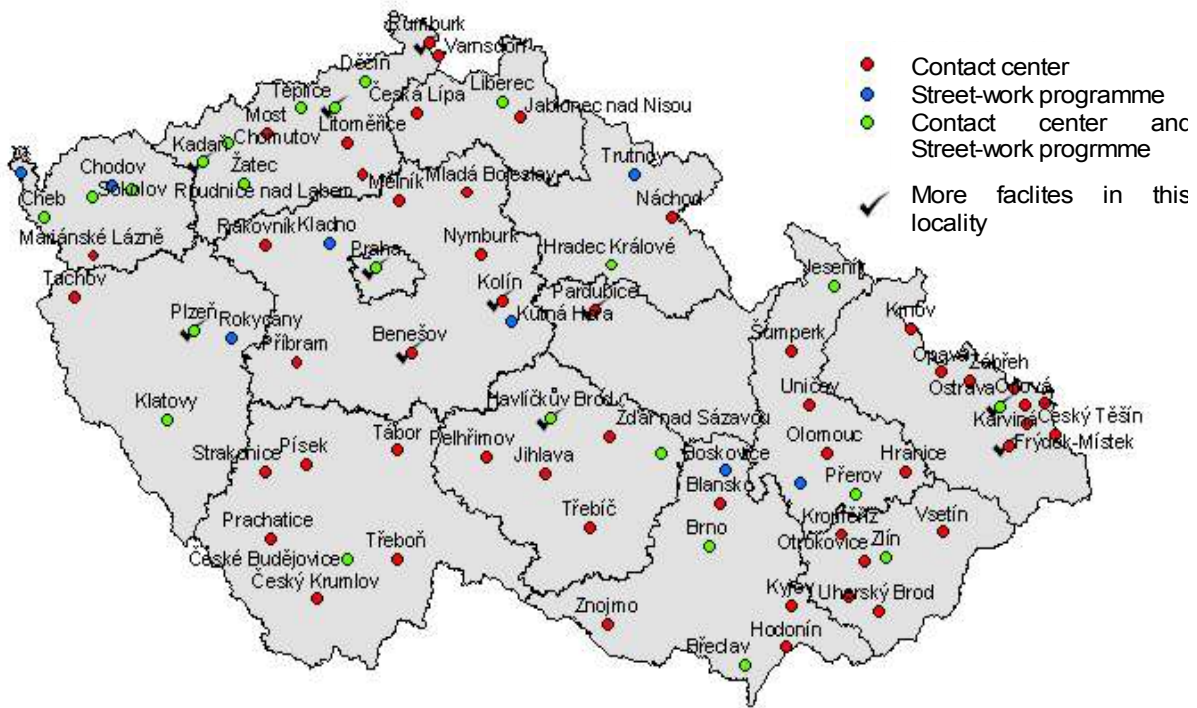


Figure 10: Residential treatment in the Czech Republic (Data source: National Monitoring Centre for Drugs and Drug Addiction)

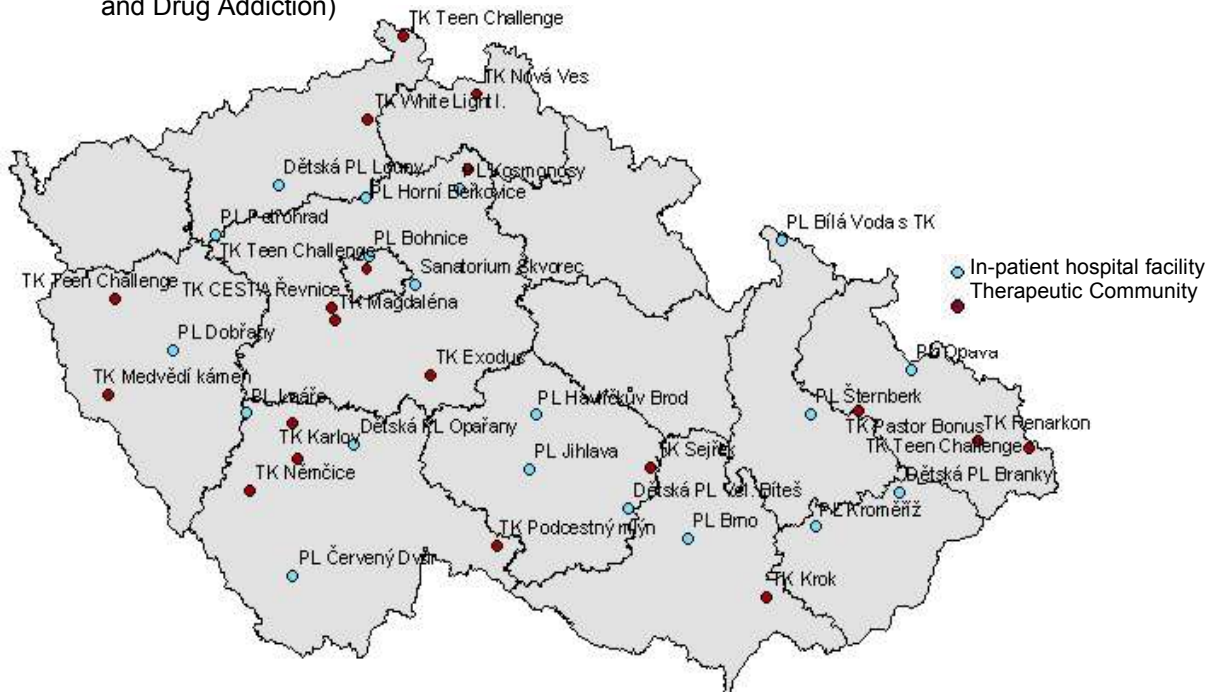


Figure 11: Substitution (Methadone) centres in the Czech Republic (Data source: National Monitoring Centre for Drugs and Drug Addiction)



Figure 12: After-care (re-socialisation) in the Czech Republic (Data source: National Monitoring Centre for Drugs and Drug Addiction)

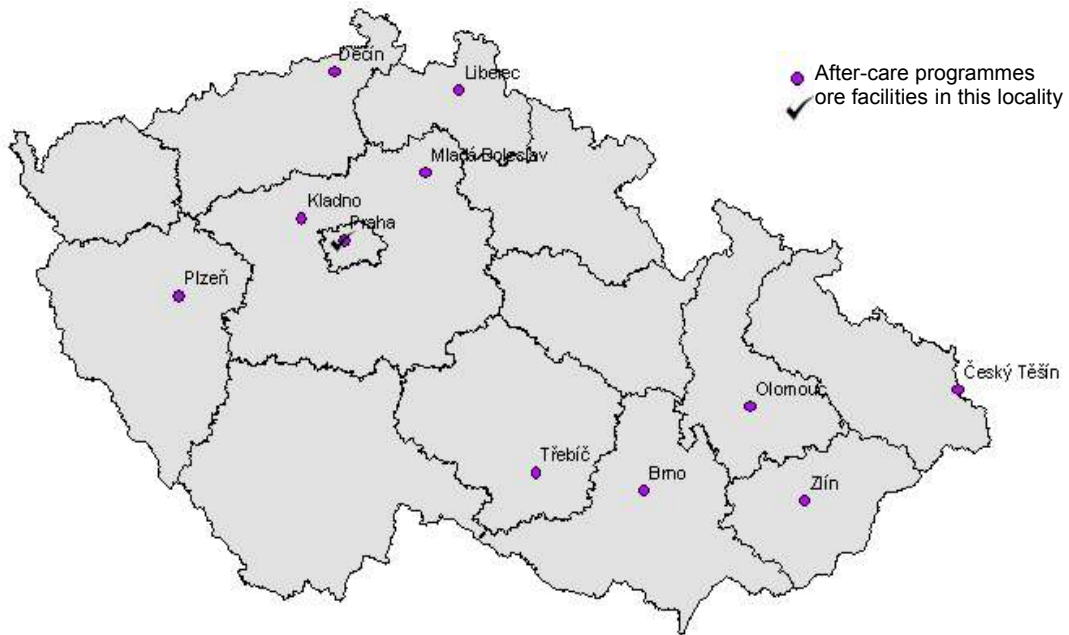


Figure 13: Availability of alcohol and illicit drugs as perceived by the sixteen-year-olds in 1995 – 2003 (responses: „generally easily“ and very easily), (Data source: ESPAD)

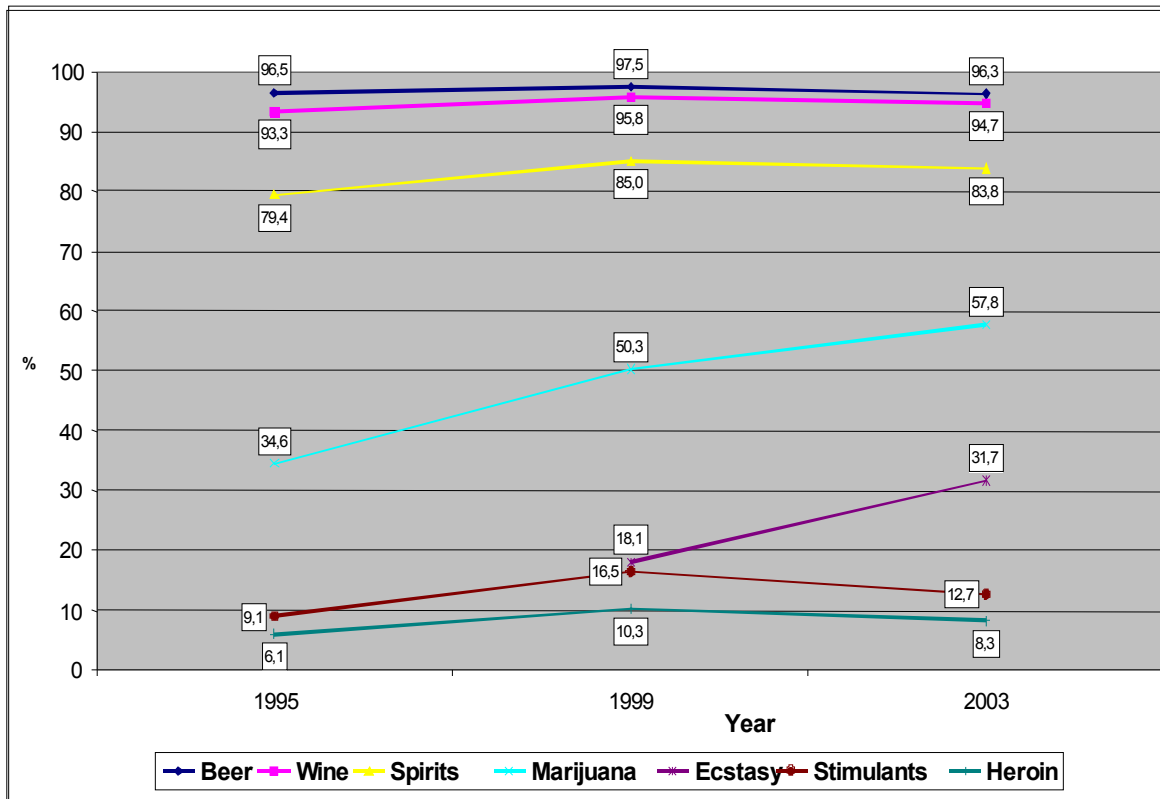


Figure 14: Place of last alcohol consumption by the sixteen-year-olds in 2003 (Data source: ESPAD)



Table 1: Subsidies for drug policy programmes granted by the Council of the Government for Drug Policy Coordination (National Drug Commission) and regions in 2002 – 2003 (Data source: Council of the Government for Drug Policy Coordination (National Drug Commission), regional drug coordinators)

Region of	2002		2003		Proportion of the Region	
	Regional Budget	The Council of the Government for Drug Policy Coordination (National Drug Commission)	Regional Budget	the Council of the Government for Drug Policy Coordination (National Drug Commission)	2002	2003
South Bohemia	2 912 521	3 581 000	2 805 000	4 018 000	45 %	41 %
South Moravia	3 000 000	10 388 000	2 000 000	10 937 000	22 %	15 %
Karlovy Vary	96 148	2 529 000	500 000	2 480 000	4 %	17 %
Hradec Králové	738 000	1 238 000	945 000	1 628 000	37 %	37 %
Liberec	0	1 197 000	2 730 000	4 170 000	0 %	40 %
Moravia-Silesia	2 268 558	7 995 000	3 000 000	9 083 000	22 %	25 %
Olomouc	80 000	5 432 000	306 000	5 456 000	1 %	5 %
Pardubice	1 500 000	1 351 000	1 500 000	1 693 000	53 %	47 %
Plzeň	0	5 292 000	1 000 000	6 082 000	0 %	14 %
Prague	12 700 000	31 251 000	12 466 000	25 940 000	29 %	32 %
Central Bohemia	3 510 000	3 684 000	8 000 000	7 251 000	49 %	52 %
Ústí	1 435 000	8 254 000	7 540 000	8 869 000	15 %	46 %
Vysočina	0	3 435 000	1 800 000	3 742 000	0 %	32 %
Zlín	1 096 000	2 546 000	3 490 000	2 402 000	30 %	59 %
Total in the CR	29 336 227	88 173 000	48 082 000	93 751 000	25 %	34 %

Bibliography:

- 2001 – 2004 National Drug Policy Strategy
- National Monitoring Centre for Drugs and Drug Addiction (NMS): Annual Report on the State of the Drugs in the Czech Republic in 2002 (and all sources used for its preparation - see references in the Annual Report)
- ESPAD Study 1995, 1999, 2003
- Final Report of the Phare Twinning 2000 Project “Strengthening National Drug Policy“
- Evaluation Report on Implementation of National Drug Policy Strategy
- Outcomes of the SWOT analysis of the working groups preparing the National Drug Policy Strategy for 2005 – 2009
- Analysis of the Regional Prevention and Treatment Plans
- The Supreme Audit Office’s audit conclusion no. 02/22 "Means of the State Budget for Drug Policy"
- Institute of Health Information and Statistics (ÚZIS): Hospitalisation in psychiatric hospital facilities in 2002, current information no. 75/2003
- Hygienic Station of the Capital Prague (HS): Drug Related Treatment Demand Register
- Institute of Public Health (SZÚ) Prague: EPIDAT