



2010 Drug Situation in the Czech Republic

Annual Report Summary

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SPECIAL ENGLISH EDITION

Main Trends in 2010

■ The Government approved the new National Drug Policy Strategy for the Period 2010–2018, which will be implemented by means of three-year action plans.

■ A new Penal Code became effective in the Czech Republic on 1 January 2010. It introduced significant changes in the statutory provisions pertaining to primary drug crime.

■ Public expenditure on drug policy amounted to a total of CZK 627.4 million (€ 24,807 thousand) in 2010. CZK 371.6 million (€ 14,694 thousand) was provided from the state budget, and the regions and municipalities contributed CZK 193.7 million (€ 7,660 thousand) and CZK 62.1 million (€ 2,454 thousand), respectively.

■ The use of illicit drugs among the general population has shown stable levels. The illegal drugs most commonly used among the Czech

population include cannabis and ecstasy, which have been used at a certain point by 23–34% and 4–10% of adults, respectively. The use of cannabis in the past year was reported by 10–15% of respondents, while less than 4% of the adults that were interviewed reported the use of other illegal drugs. Young males show particularly high levels of experience in that respect.

■ New synthetic drugs have been tried by almost 5% of young adults aged 15–34 in the Czech Republic; a similar result was also generated by the Eurobarometer survey conducted among young Czechs aged 15–24 (4%).

■ The very first representative study focusing on drug use among the prison population was conducted. The individuals starting their prison sentences show much greater experience of drug use than the general population. This particularly applies to the use of heroin, pervitin, and

cocaine. It is estimated that one tenth to one quarter of offenders (2–5 thousand individuals) show signs of the current problem use of opiates and pervitin, including the current administration by injecting, when starting their prison sentences, which represents a prevalence 20–50 times higher than that among the Czech population as a whole.

■ There was a year-on-year increase in the mean estimate of the number of problem drug users in the Czech Republic; it reached the level of 39.2 thousand people in 2010. The rise is determined by the growing number of pervitin users (28.2 thousand). On the other hand, the estimated number of opiate users fell in 2010 (11.0 thousand). The number of injecting drug users also recorded a rise (to approximately 37.2 thousand).

■ The situation concerning the occurrence of infections among injecting drug users is favourable. HIV seroprevalence among injecting drug users remains below 1%. The numbers of newly reported cases of viral hepatitis B and C among injecting drug users have been declining from the long-term point of view. The past three years have witnessed an increase in the number of tests for infectious diseases carried out among drug users in contact with low-threshold services.

■ There was an increase in the number of fatal overdoses on illicit drugs; a total of 55 cases were recorded. The number of fatal overdoses on inhalants, in particular, grew dramatically. The numbers of overdoses on opiates/opioids and pervitin remained almost on the same level. Cases of overdoses with the presence of the synthetic opioid fentanyl were reported for the first time.

■ The numbers of accidents caused while under the influence of drugs other than alcohol and of people killed in such accidents are growing. On the other hand, the number and proportion of accidents caused while under the influence of alcohol, as well as the number of fatalities resulting from such accidents, have dropped.

■ The year 2010 experienced a decline in the number of users of illegal drugs treated in both inpatient and outpatient psychiatric facilities.

■ There has been a long-term increase in the number of clients of drop-in centres and outreach programmes, as well as in the total number of contacts these facilities have with drug users. The number of syringes distributed as part of exchange programmes continued to rise in 2010.

■ There was a rise in the number of healthcare facilities registered as providing substitution treatment and the number of patients registered for substitution treatment. This applies to both specialised centres and other medical facilities where physicians prescribe preparations containing buprenorphine.

■ In 2010, for the first time, data on detoxification in inpatient healthcare facilities were collected. It was found that detoxification was provided by a total of 28 inpatient facilities in the Czech Republic. Altogether 6,650 patients were reported, including 3,091 and 3,558 users of illegal drugs and alcohol, respectively.

■ Stimulant users have long predominated among drug treatment demands registered across the different types of services (62.9%). The second largest group comprises opiate users (23.1%), followed by cannabis users. The average age of the individuals demanding treatment has been growing, reaching 27.3 years in 2010. Women continue to account for one third of treatment demands.

■ There has been a long-term increase in the number of people prosecuted for drug-related offences. The proportion of people prosecuted for the possession of drugs for personal use is also rising. Out of the aggregate of 117.7 thousand, 19.6 thousand criminal offences (16.6%) were committed under the influence of an addictive substance in 2010 and 17.3 thousand (14.7%) and 2.3 thousand (1.9%) under the influence of alcohol and drugs other than alcohol, respectively.

■ Marijuana and methamphetamine (pervitin) are the most widely available drugs. The popularity and availability of cocaine is increasing. The prices and purity of drugs have maintained stable levels from the long-term point of view.

■ Since 2010 the Czech Republic has experienced a rise in the emergence of new synthetic drugs. They are substances with effects similar to traditional drugs, but were previously not subject to international and national illicit drug control systems, as they were not scheduled as illegal narcotic and psychotropic substances (since April 2011 they have been scheduled as illegal substances). They included mainly synthetic cannabinoids and cathinone derivatives, especially mephedrone.

1 DRUG POLICY AND ITS CONTEXT

1/1 National Drug Policy Strategy

In 2010 the Government approved the new National Drug Policy Strategy for the Period 2010–2018. The Strategy was conceived in such a way as to remain in effect for 9 years. It defines four general objectives which correspond to the four cornerstones of the drug policy – Prevention, Treatment and Social Reintegration, Harm Reduction, and Drug Supply Reduction – complemented by three supporting domains: Coordination and Funding, Monitoring, Research, and Evaluation, and International Cooperation. Specific short-term drug policy procedures and measures are defined in the action plans. Three Action Plans,

each spanning a period of three years, will be drawn up during the lifetime of the Strategy.

The 2010–2012 Action Plan defines the following four priorities:

■ to implement interventions aimed at reducing the high level of the use of cannabis, in particular, and other drugs, both legal and illegal;

■ to address the high levels of problem use of opiates and pervitin by developing and applying specific programmes tailored to the users of these drugs;

■ to strengthen the drug policy in relation to legal drugs (alcohol and tobacco), primarily in terms of policy and coordination

mechanisms and treatment; as an innovation, an independent Alcohol and Tobacco domain was created in the Action Plan in relation to this priority, and

■ to develop and improve the drug policy's overall legislative, financial, and coordination mechanisms.

1/2 Changes in Legal Regulations

A new Penal Code became effective in the Czech Republic on 1 January 2010. It introduced significant changes in the statutory provisions pertaining to primary drug crime. To a certain degree, the new legal regulation differentiates drugs according to their health and social risks as it draws a distinction between cannabis and other drugs in relation to the cultivation of cannabis for personal use and the possession of this substance for personal use. As far as other types of unauthorised handling of drugs are concerned, the new Penal Code draws no further distinction bet-

ween different drug categories. In addition to the aforementioned differentiation of drugs, the Penal Code also introduced the "privileged" (carrying less severe sanctions) constituent elements of the offence of the unauthorised cultivation of plants containing a narcotic or psychotropic substance (Section 285 of the law cited above).

As a result of an increase in the supply of new synthetic drugs (i.e. new substances which were previously not included in the schedules attached to the international conventions governing the illicit handling of narcotic or psychotropic substances), Act No. 167/1998 Coll., on addictive substances, was amended by virtue of Act No. 106/2011 Coll., dated 6 April 2011. An additional 33 substances, mostly those referred to as new synthetic drugs, were added to the list of narcotic and psychotropic substances already scheduled in the appendices of the law on addictive substances.

TABLE 1: Drug policy expenditures from state and local budgets in the years 2006–2010 (€ thousand)

Year	Demand reduction*				Supply reduction**	Total
	State budget	Regional budgets	Municipal budgets	Total	State budget	
2006	6,780	3,349	1,699	11,828	6,041	17,869
2007	7,425	4,624	2,243	14,292	5,792	20,084
2008	8,812	6,530	2,505	17,847	6,100	23,947
2009	8,345	6,528	2,249	17,122	5,851	22,973
2010	8,788	7,660	2,454	18,901	5,906	24,807

Note: * expenditures indicated for the year 2006 are those of the Government Council for Drug Policy Coordination, the Ministry of Health, the Ministry of Labour and Social Affairs, the Ministry of Education, and the Ministry of Defence; since 2007 a part of the Ministry of Justice's expenditures has also been included; ** the amounts indicated for the year 2006 represent the expenditures for the operation of the National Drug Headquarters and the General Customs Headquarters and those from the budget of the Ministry of Justice; since 2007 the expenditures of the Ministry of Justice have been divided into those intended for demand reduction and those intended for supply reduction in order to reflect their actual purposes.

TABLE 2: Drug policy expenditures from the Czech state budget in 2006–2010 by ministries/departments (€ thousand)

Source	2006	2007	2008	2009	2010
Government Council for Drug Policy Coordination	3,838	3,762	4,008	3,686	3,381
Ministry of Education	381	452	499	426	592
Ministry of Defence	172	129	212	162	173
Ministry of Labour and Social Affairs	1,753	2,054	3,186	3,282	3,628
Ministry of Health	635	801	757	569	849
Ministry of Justice	1,455	454	296	409	280
General Customs Headquarters	829	963	427	120	83
National Drug Headquarters	3,757	4,601	5,527	5,542	5,709
Total	12,821	13,217	14,912	14,196	14,694

1/3 Initiatives on the Part of the Professional Community and Civil Society

In 2010 and in the first half of 2011 discussions and initiatives on the use of medical cannabis took place. The general public, the professional community, and politicians and representatives of the public administration were involved in these events and activities. A seminar entitled "Prospects of Treatment with Cannabis: Health, Legislation, Politics" was held at the Chamber of Deputies in April 2010. In August 2011, as a follow-up to the seminar, experts, patients, and representatives of civil society initiated the "Medical Cannabis" petition calling for legislative changes which would enable patients in the Czech Republic to gain access to treatment with cannabis and make it possible to facilitate research into medical cannabis.

An expert working group reporting to the Secretariat of the Government Council for Drug Policy Coordination was established under the auspices of the Prime Minister of the Czech Republic and the Chair of the Chamber of Deputies of the Parliament of the Czech Republic in September 2011. It was commissioned to submit, by the end of 2011, a proposal for legislative changes to the effect that cannabis and cannabis-based substances could be used for medical purposes in the Czech Republic.

1/4 Drug Policy Funding

Public expenditure on drug policy amounted to a total of CZK 627.4 million (€ 24,807 thousand) in 2010. The state budget provided CZK 371.6 million (€ 14,694 thousand) earmarked for drug policy. The regions and municipalities contributed CZK 193.7 million (€ 7,660 thousand) and CZK 62.1 million (€ 2,454 thousand), respectively. In comparison to 2009, total expenditure showed a nominal increase on all three levels by 3.3%. However, these changes need to be considered in the light of the increase in the number of sources of funding to which the drug policy-specific expenditures may be traced. An overview of drug policy expenditures from state and local budgets is provided in Table 1.

As regards drug policy expenditures from the individual sources of the state budget, the most significant decreases were observed in relation to the Government Council for Drug Policy Coordination and the Ministry of Justice. On the other hand, more resources earmarked for drug policy were provided in 2010 by the Ministry of Health (which reported having allocated money in support of drug-related research for the first time) and the Ministry of Labour and Social Affairs. The expenditures of the individual ministries/departments are summarised in Table 2. On the regional level, there was a marked increase in aggregate year-on-year expenditure – this particularly applied to the Karlovy Vary, Zlín, and Moravia-Silesia regions. Over one third of regional expenditure, however, was earmarked to finance sobering-up stations and the treatment of intoxicated people. The aggregate of funds expended by municipalities experienced a slight increase.

Out of a total amount of CZK 627.4 million (€ 24,807 thousand) dedicated to drug policy, CZK 166.2 million (€ 6,527 thousand, 26.5%) was earmarked for harm reduction services, CZK 108.9 million (€ 4,304 thousand, 17.4%) for treatment, CZK 62.3 million (€ 2,463 thousand, 9.9%) for primary prevention, and CZK 31.3 million (€ 1,238 thousand, 5.0%) for aftercare. The sobering-up stations, funded exclusively from the regional budgets, cost CZK 87.2 million (€ 3,449 thousand, 13.9%), and CZK 149.4 million (€ 5,906 thousand, 23.8%) was earmarked for law enforcement.

In 2010, for the first time, it was possible to obtain data, pertaining to the period 2007–2009, on the costs incurred by health insurance companies in relation to the treatment of drug users. The System of Health Accounts was used for this purpose. On the basis of data reported by health insurers, the annual costs of treatment related to disorders caused by the use of substances other than alcohol (dg. F11–F19) were estimated to have amounted to CZK 336 million (€ 13,267 thousand), CZK 395 million (€ 15,628 thousand), and CZK 448 million (€ 17,703 thousand) in the years 2007, 2008, and 2009, respectively.

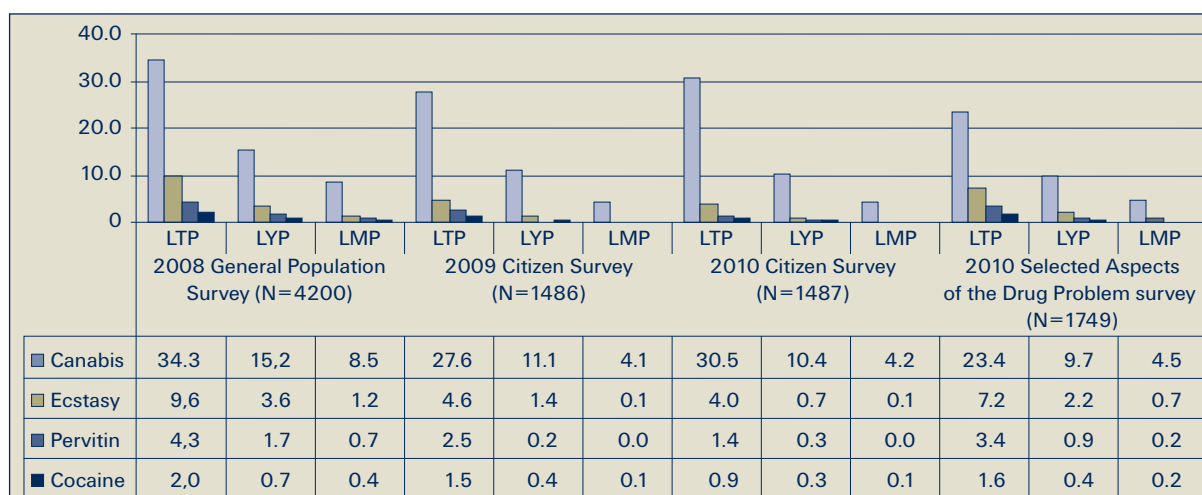
The largest proportion of the total costs (73%) incurred by health insurers in 2009 is estimated to have been spent on inpatient healthcare facilities in the period under study (hospitals and psychiatric hospitals consumed 30% and 39%, respectively, of the resources). These costs encompass those expended on inpatient care, as well as those covering other types of care, including outpatient and pharmaceutical services, provided by inpatient facilities. Independent outpatient facilities accounted for 7% of the total costs incurred by health insurers in relation to the treatment of drug users, of which 3% and almost 14% were paid to specialists (mainly outpatient psychiatric services) and pharmacies, respectively.

2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in the General Population

Two independent surveys of a representative sample of the population of the Czech Republic were carried out in 2010: "Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles", conducted by the INRES–SONES agency, and "Selected Aspects of the Drug Problem from Citizens' Perspective", carried out by the Institute for Criminology and Social Prevention in association with the Factum Invenio agency. The prevalence levels of illicit drug use identified by both surveys are very much the same. The surveys carried out in the past three years show that the level of experience with the use of illicit drugs among the general population is stable. Cannabis and ecstasy are the most frequently used illegal drugs in the adult population (23–34% and 4–10%, respectively). The use of cannabis in the past year was reported by 10–15% of the respondents, while less than 4% of the adults

FIGURE 1: Comparison of prevalence rates of the use of illegal drugs as recorded by selected surveys from the period 2008–2010, for the 15–64 age category (%)



Note: LTP – lifetime use prevalence; LYP – prevalence of use in the past 12 months; LMP – prevalence of use in the past 30 days.

FIGURE 2: Developments in prevalence rates of cannabis use among the population of 15-year-olds recorded by the HBSC surveys in the years 2002, 2006, and 2010 (%)

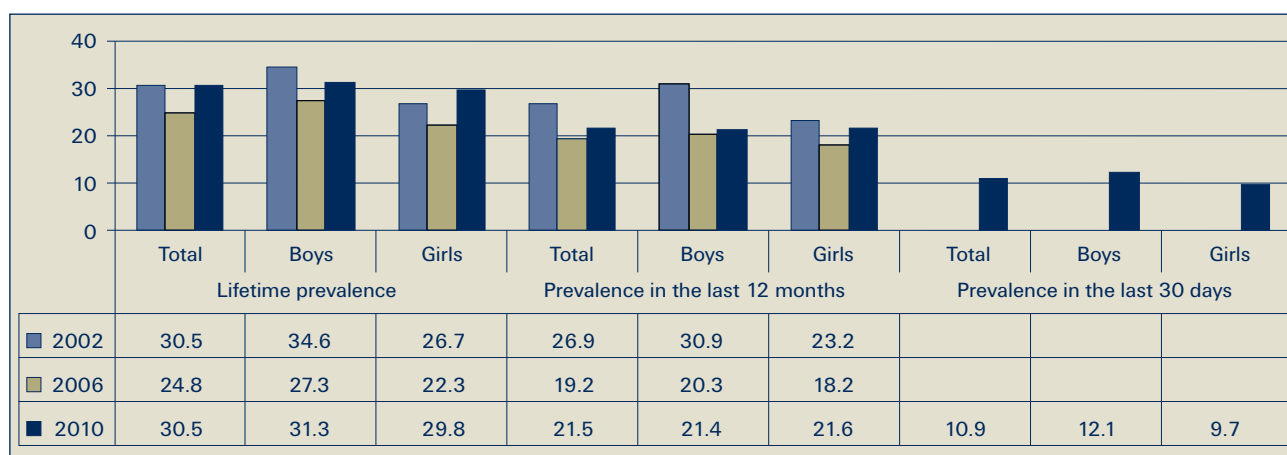
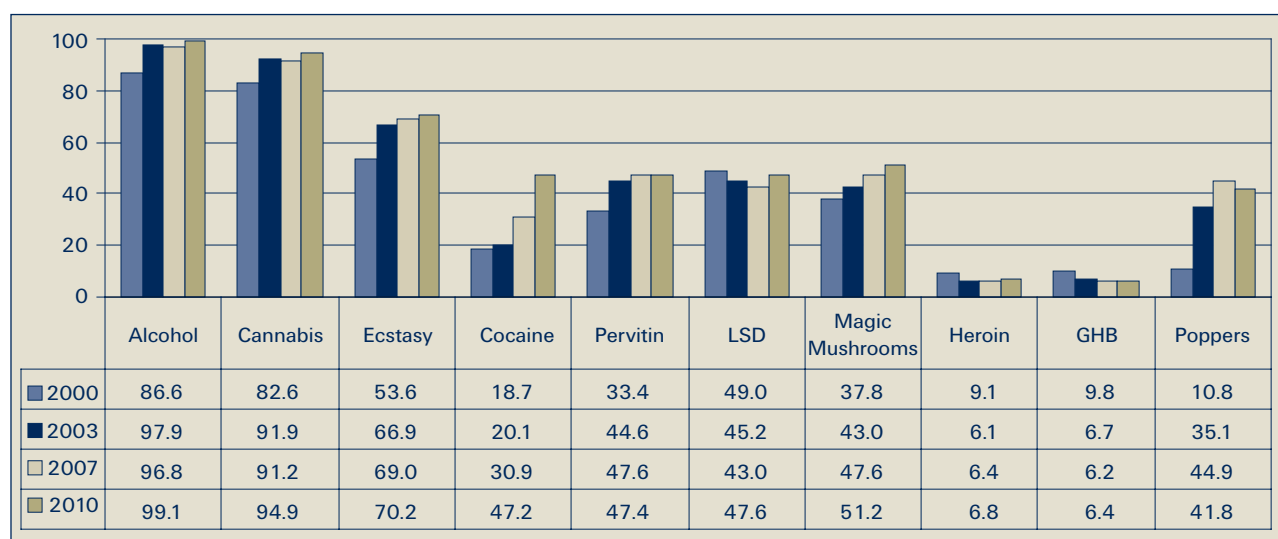


FIGURE 3: Lifetime prevalence of use of selected addictive substances among dance partygoers in 2000, 2003, 2007, and 2010 (%)



that were interviewed reported the use of other illegal drugs (Figure 1). The use of illegal drugs other than cannabis in the past month was reported by less than 1% of the respondents. Young adults aged from 15 to 34 show higher levels of use: approximately one fifth of them had experienced cannabis in the past year.

In the spring of 2011 the National Focal Point, in association with the Median agency, carried out a questionnaire survey of a representative sample of internet users looking into the use of new synthetic drugs, so-called "legal highs", and the market practices associated with them; see the text in the box for more details. According to this study, 4.5% of young adults in the Czech Republic aged 15–34 (6% and 3% of men and women, respectively) have used the new synthetic drugs; a similar result was also generated by the Eurobarometer survey conducted among young Czechs aged 15–24 (4%).

The year 2010 experienced what was already the fifth occasion of the Czech Republic participating in the HBSC survey focusing on health and health behaviours among children aged 11, 13, and 15. The survey also involved items mapping 15-year-old children's experience with the use of alcohol, tobacco, and cannabis. The results indicate that the level of experience with cannabis is rising (Figure 2).

The fourth round of the Dance and Drugs survey, looking into the extent of the use of both legal and illegal drugs in the nightlife setting, was carried out in 2010. In comparison to the previous years, a module examining the use of new synthetic drugs and experience with the purchase of these substances was

newly incorporated into the survey. The most commonly used illegal drug is still marijuana, followed by ecstasy and hallucinogenic mushrooms. A comparison to the previous years confirms the growing prevalence of cocaine use. Other substances with a relatively high level of use include pervitin, LSD, and poppers (Figure 3). Mephedrone has been used at some point by 3.8% of the respondents, while other new synthetic drugs have been tried by a smaller proportion of the sample.

2/2 Problem Drug Use

According to the definition of the European Monitoring Centre for Drugs and Drug Addiction, problem drug use includes injecting drug use and/or the long-term/regular use of opioids and/or amphetamine-type drugs and/or cocaine. The estimates made in the the Czech Republic have not included cocaine use, as its level has long been very low in this country. For similar reasons, as far as the amphetamine group is concerned, the number of pervitin (methamphetamine) users is only estimated. The opioids typically used in the Czech Republic mainly include heroin and Subutex®.

In 2010, the estimated number of problem drug users increased slightly. The mean estimate using data on clients of low-threshold programmes reached 39 thousand. The growth mainly involved pervitin users (28.2 thousand), while a decline in the number of opiate users was observed (11 thousand). The estimated number of injecting drug users also increased, to approximately 37.2 thousand (Table 3). The regions with the greatest numbers of problem drug users, as well as the greatest number

New Synthetic Drugs

The year 2010 saw a rise in the emergence of substances referred to as new drugs, new synthetic drugs, designer drugs, and "legal highs" (NSDs). They are synthetic substances with effects similar to traditional drugs such as pervitin, marijuana, ecstasy, and hallucinogens, but were previously not subject to drug control systems, as they were not included in the list of illegal narcotic and psychotropic substances. They are mostly synthetic cannabinoids, cathinones, phenethylamines, piperazines, and herbal extracts with an increased active substance content (e.g. Salvinorin A). New synthetic drugs were purchased and used especially by younger people aged 15–35, predominantly experimenters. The motivation for the purchase was the ready availability, low price, legality, and the consequent notion of the safety of such substances. A questionnaire survey conducted among 151 users of new synthetic drugs showed that a total of one third of the respondents had used mephedrone or another cathinone and approximately 10–15% reported having used herbal preparations containing synthetic cannabinoids. In addition to a wide range of chemical or commercial names for drugs, other respondents reported that they had used drugs referred to as "similar" to traditional drugs. New synthetic drugs were typically sold through e-shops. A total of 21 web-based shops offering NSDs in Czech or with a Czech domain name were identified in May and June 2011. Between the end of 2010 and April 2011, the sale of new synthetic drugs also became widespread through bricks-and-mortar shops, which were often combined with e-shops. The drugs were especially sold in larger cities or towns near the Polish border, where the business activities associated with NSDs were moved after the sale of NSDs became restricted in Poland. The businesses presented new synthetic drugs as collectables or gifts in order to evade the law. The so-called "Amsterdam Shop" network was a typical representative of such retail outlets. It was ascertained that until April 2011 retail outlets offering NSDs were to be found in practically all Czech regions, with the exception of the South Bohemia, Pilsen, and Zlín regions, in a total of 24 towns and cities, especially in the Moravia-Silesia, Pardubice, and Karlovy Vary regions. The total number of such shops reported in the whole of the Czech Republic may have reached up to 40. The substances newly scheduled as illegal in April included the majority of the new synthetic drugs offered by such retailers. In consequence of these statutory changes, the shops generally wound up their activities. A specific inquiry undertaken in August 2011 found that not more than three shops were reported to possibly be offering new synthetic drugs "under the counter" in the Czech Republic.

TABLE 3: Mean values of prevalence estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes in 2002–2010

Year	Problem drug users in total		Problem users of opiates/opioids				Problem users of pervitin		Injecting drug users	
	Number	Per 1,000 inhabitants aged 15–64	Heroin users	Subutex® users	Total	Per 1,000 inhabitants aged 15–64	Number	Per 1,000 people aged 15–64	Number	Per 1,000 inhabitants aged 15–64
2002	35,100	4.89	n.a.	n.a.	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	n.a.	n.a.	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	n.a.	n.a.	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	n.a.	n.a.	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	6,200	4,300	10,500	1.44	19,700	2.69	29,000	3.97
2007	30,900	4.20	5,750	4,250	10,000	1.36	20,900	2.84	29,500	4.01
2008	32,500	4.39	6,400	4,900	11,300	1.52	21,200	2.87	31,200	4.21
2009	37,400	5.04	7,100	5,100	12,100	1.63	25,300	3.40	35,300	4.75
2010	39,200	5.30	6,000	5,000	11,000	1.48	28,200	3.81	37,200	5.03

of opiate users, traditionally include Prague and Ústí nad Labem. Injecting Subutex® is particularly widespread in Prague but is also common in other Bohemian regions. The concurrent use of pervitin and opiates is also common.

2/3 Drug-related Infections and Deaths

The relatively favourable situation concerning the occurrence of infections among (injecting) drug users continued in 2010; HIV seroprevalence remains below 1%. Seven HIV-positive people who may have contracted the virus through injecting drug use were newly identified. A total of 1,522 HIV-positive persons with a permanent place of residence in the Czech Republic were registered as of 31 December 2010; 70 of them were injecting

drug users (IDUs) and 27 fell under the mixed category encompassing injecting drug use and homo-/bisexual intercourse (6.4% altogether). Injecting drug use remains a significantly minor route of HIV infection in the Czech Republic (Table 4). The number of newly reported cases of HCV among injecting drug users has also dropped in recent years, while there was a slight year-on-year increase in the number of HBV infections in 2010. Depending on the characteristics and selection criteria of the sample being studied, the prevalence of HCV among drug users ranges from approximately 20% in low-threshold programmes to 40% in prisons and 70% in substitution treatment. These results, however, should be interpreted with caution, as they may be affected by a sampling error.

The data about testing for infectious diseases among people

Heavy Use of Other Drugs

In 2010 the data on the prevalence of current repeated drug use (use at least once a week in the last month) from the 2008 General Population Survey on the use of psychotropic substances in the Czech Republic were extrapolated to the entire population aged 15–64. The results showed that in 2008 there were approximately 360 thousand regular users of cannabis, 37 thousand users of pervitin, 36 thousand ecstasy users, and 31 thousand users of hallucinogenic mushrooms. Sedative users, probably counting approximately 990 thousand, are the highest in number. A validation study of the Cannabis Abuse Screening Test (CAST) indicated that the use of cannabis-related drugs poses a relatively low risk for 71.2% of users. However, 9.5% of cannabis users (12.2% and 5.0% of men and women, respectively) expose themselves to a significant risk, and, accordingly, it would be appropriate to provide them with professional interventions. When extrapolated to the Czech population as a whole, this proportion corresponds to approximately 1.0–1.5% of the adult population, i.e. 75–110 thousand high-risk cannabis users. It should be noted that the 35–44 age category represents the largest proportion of cannabis users exposed to high risk.

As far as alcohol use is concerned, the estimated number of people aged 18–64 using alcohol in a hazardous or harmful manner in the Czech Republic ranges from 990 thousand to 1.4 million (of whom 800 thousand to 1 million are men and 220–320 thousand women). The number of people with a considerable risk of alcohol dependency or dependent on alcohol is estimated at 50–150 thousand (of whom 40–135 thousand are men and 7–10 thousand women).

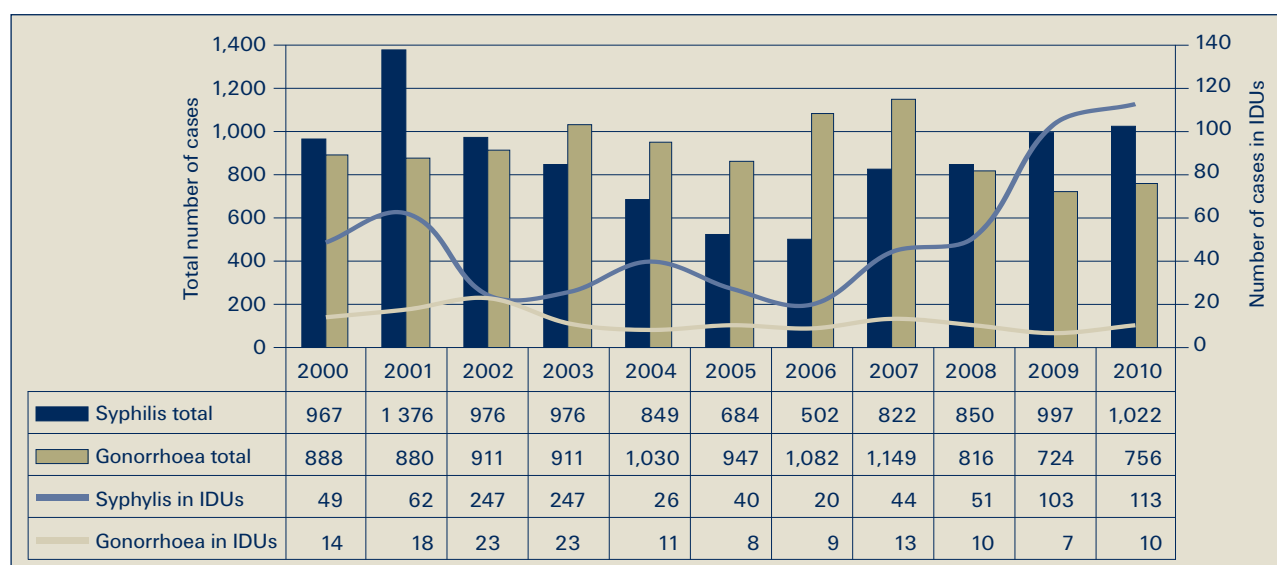
TABLE 4: Number of newly detected HIV cases in the Czech Republic up to 2010 for individual years and according to route of transmission

Route of transmission (risk group)	1985–2004	2005	2006	2007	2008	2009	2010	Total	
								Number	%
Homo-/bisexual intercourse	387	52	54	72	88	103	125	881	57,9
Heterosexual intercourse	239	29	26	28	45	43	37	447	29,4
IDU	33	4	4	12	8	4	5	70	4,6
IDU and homo-/bisexual intercourse	11	1	1	5	4	3	2	27	1,8
Other	37	0	0	0	0	0	0	37	2,4
Not ascertained	29	4	6	4	3	3	11	60	3,9
Total	736	90	91	121	148	156	180	1,522	100,0

TABLE 5: Results of testing for HIV, HAV, HBV, and HCV among IDUs demanding treatment in 2003–2010, self-reported

Year	HIV		HAV		HBV		HCV	
	Total tested	Positive tests %	Total tested	Positive tests %	Total tested	Positive tests %	Total tested	Positive tests %
2003	2,471	0.8	2,132	7.1	2,504	11.2	2,884	31.5
2004	2,483	0.4	2,059	5.5	2,581	9.9	2,913	33.6
2005	2,253	0.2	1,931	4.5	2,332	10.1	2,577	35.0
2006	2,196	0.5	1,997	3.3	2,290	10.0	2,497	32.6
2007	1,905	0.3	1,774	3.3	2,004	8.4	2,168	31.0
2008	2,332	0.6	2,271	8.4	2,463	8.9	2,636	32.0
2009	2,558	0.5	2,307	6.1	2,553	8.3	2,852	29.8
2010	2,865	0.6	2,515	5.8	2,837	8.1	3,189	30.4

FIGURE 4: Reported incidence of syphilis and gonorrhoea among all patients and among injecting drug users in the Czech Republic in 2000–2010



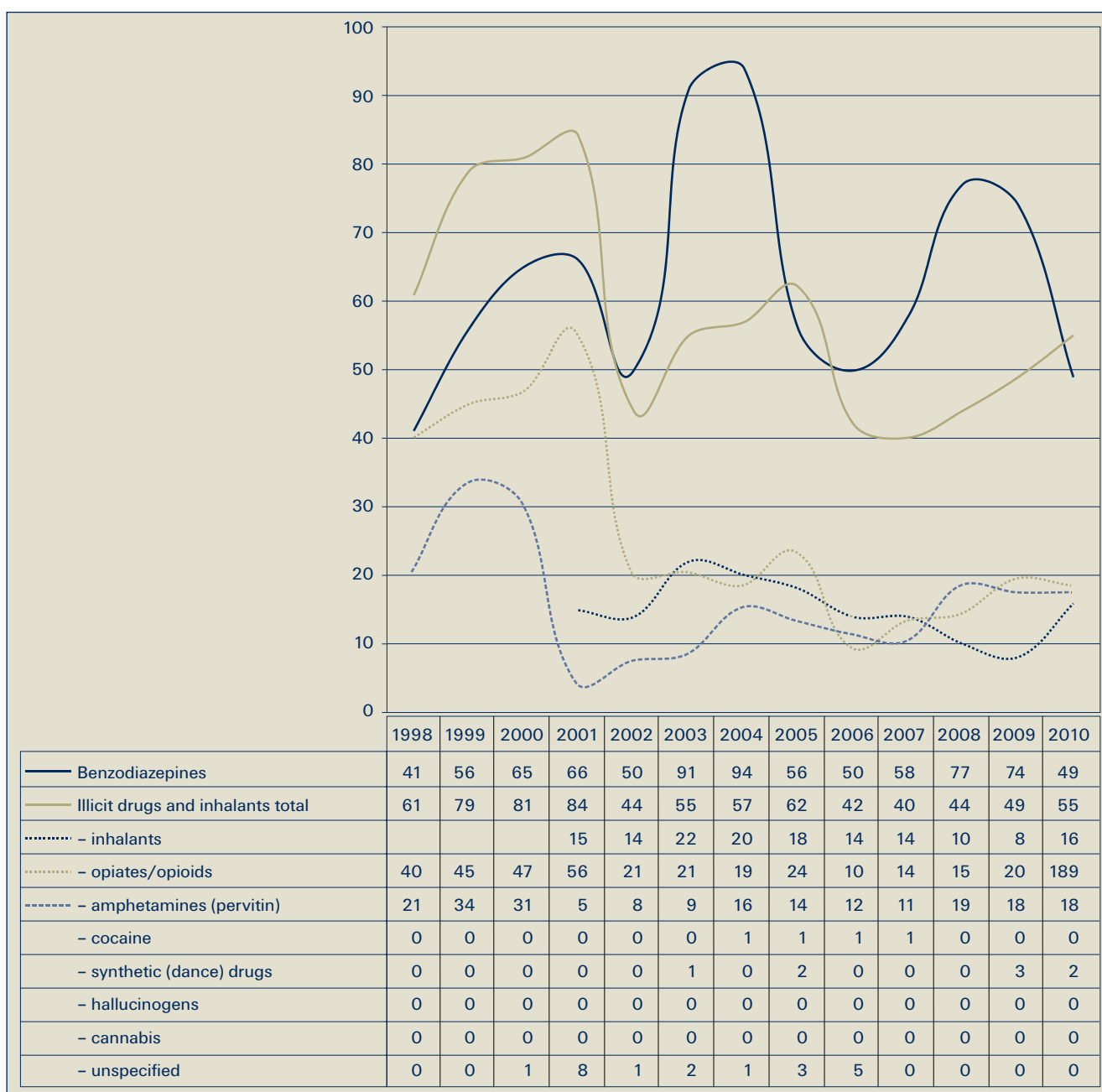
demanding drug treatment indicate a stable and, in recent years, falling prevalence of infections among drug users (Table 5). This information is provided by the clients themselves or is obtained from their files. The increasing incidence of syphilis among injecting drug users continued in 2010. Since 2006 there has been an evident increase in the total number of syphilis cases, as well as those among injecting drug users (Figure 4). Data on the prevalence of high-risk behaviour pertaining to the reported cases of sexually transmitted diseases indicate that concurrent prostitution and injecting drug use is relatively common. In 2000–2010, injecting drug use was found in a total of 20.0% of syphilis cases in commercial sex workers and prostitution was

concurrently found in 17.9% of injecting drug users (mainly females).

151 cases of tuberculosis (TB) among drug users (131 males, 21 females) were registered between 1997 and 2010. Of the total number of TB cases reported in users of (non-alcohol) drugs, 96% were cases of respiratory tuberculosis. While the incidence of TB in the population (including alcohol users) is declining, it shows a slightly upward trend among users of drugs other than alcohol.

The year 2010 witnessed another increase in the number of fatal overdoses on illicit drugs and inhalants; a total of 55 cases were identified by forensic medicine departments. The number of

FIGURE 5: Fatal overdoses from benzodiazepines, illegal drugs, and inhalants as identified by forensic medicine departments, 1998–2010



Note: Inhalants have been monitored independently since 2001. Data from forensic medicine departments have been available in electronic database form since 2001.

fatal overdoses on inhalants, in particular, recorded a dramatic year-on-year rise; 16 cases meant double the previous year's figure. While the numbers of cases of fatal overdoses on opiates/opioids and pervitin remained almost on the same level (19 and 18 cases, respectively, were reported), two fatal overdoses with the presence of the synthetic opioid fentanyl were reported for the very first time in the Czech Republic. One case involved the use of ecstasy (MDMA); the other overdose was caused by 4-MTA, an amphetamine derivative found as an ecstasy substitute. Cocaine was not detected in any cases of fatal overdoses in 2010; see Figure 5. In 2010, there was a further increase in the number of indirect drug-related deaths (i.e. deaths from causes other than overdoses, mainly as a result of accidents and suicides) where pervitin was detected, while there was a decrease in those involving THC.

Comparisons with the number of overdoses reported to the Deaths information system (the Czech Republic's general mortality register) indicate similar long-term trends in the incidence of fatal overdoses – a summary of data based on various selection criteria shows that the number of fatal overdoses on illegal drugs and inhalants was between 30 and 70 cases annually in the Czech Republic in the past 2 years. The rate of fatal overdoses on alcohol (ethanol), according to analogous selection criteria, is approximately tenfold. The traffic police records indicate that in 2010 the number and proportion of accidents caused while under the influence of alcohol, as well as the number of people killed in such accidents, dropped. This positive trend has been confirmed by the data on autopsies of road accident casualties examined at forensic medicine departments. On the other hand, the numbers of accidents caused while under the influence of drugs other than alcohol and of people killed in such accidents are growing; the comparison with the data provided by forensic surgeons suggests, however, that the numbers are underreported by the police.

3 PREVENTION, TREATMENT, AND HARM REDUCTION

3/1 Prevention

In 2010, there was a change in the Ministry of Education grant scheme in terms of deadlines and the overlapping of topics with other departments. The emphasis was placed on balancing the reallocation of funds from the state budget among service providers, the main criterion to consider being the quality of services on the basis of the certification of their professional competency. As far as the allocation of subsidies is concerned, the role of the regions has been strengthened significantly by the establishment of the Committee of Regional School Prevention Coordinators.

A team of certified trainers was built as part of the EU-Dap 2 project. They are involved in the dissemination of the methodology of the Unplugged programme as an effective tool in influencing the rates of smoking, frequent smoking, drunkenness, and cannabis use among sixth-graders. "Prevention-Smart Parents", an online e-learning resource for parents, was launched in 2010. It provides important information and tips pertaining to the issue of substance use and the prevention of such behaviour. The agenda of the seventh annual Conference on the primary prevention of risk behaviour held in 2010 included the presentation of a monograph entitled Primary Prevention of Risk Behaviour within the School System, which outlines the basic concepts of the primary prevention of risk behaviour applied in the Czech Republic.

3/2 Treatment and Social Rehabilitation

The numbers of different types of programmes, including their capacity and occupancy, are summarised in Table 6. The network of treatment facilities saw a significant increase in the number of psychiatric outpatient clinics reporting data on patients treated for addictions (from 298 to 453 facilities). Importantly, this does not only apply to the services specialising in addiction treatment (the so-called AT clinics); the figure reflects all psychiatric outpatient clinics that reported at least one patient in treatment.

Despite the growing number of reporting outpatient clinics, in 2010 the number of alcohol/drug users in outpatient treatment fell, which was mainly caused by there being fewer patients who were users of illegal drugs (other than alcohol and tobacco); their numbers dropped by 7% year on year. There was also a rise in the number of healthcare facilities registered as providing substitution treatment and the number of patients registered for substitution treatment. This applies to both specialised centres and other medical facilities where physicians prescribe preparations containing buprenorphine (Subutex® and Suboxone®); however, treatment with these preparations has not been fully included in the Substitution Treatment Register. The preparations available for the substitution treatment of opiate addiction in the Czech Republic in 2010 included methadone, Subutex®, and Suboxone®. Two additional products (Buprenorphine Alkaloid® and Ravata®) were launched onto the market in 2011. An innovation in substitution treatment is the decision that Suboxone® 8 mg may be partly covered by health insurance. Nevertheless, the conditions for such reimbursement preclude its practical application. Out of the total of 96 that were registered, 45 facilities reported the data on their patients to the National Register of Users of Medically Indicated Substitution Substances (NRULISL, the Substitution Treatment Register). As indicated by a survey conducted by the National Focal Point, however, only 71% of the physicians providing substitution treatment are registered,

TABLE 6: Treatment programmes providing services to drug users in the Czech Republic in 2010

Type of programme	Total ¹		
	Number of facilities / programmes	Capacity (persons, beds)	Occupancy (number of persons)
Outpatient psychiatric facilities	453	-	40,198 ²
Outpatient (non-healthcare) programmes operated by NGOs	13 ⁵	-	1,813 ⁵
Day care centres	1	10	40
Registered healthcare facilities providing substitution treatment	45	-	2,113
Sobering-up stations	16	157	30,487
Detoxification units in inpatient healthcare facilities	16 ⁶ (28 ⁷)	163	6,650 ²
Psychiatric hospitals for adults	17	9,058 ³ (1,354 ⁴)	10,835 ²
Psychiatric wards in hospitals	31	1,374 ³	4,024 ²
Psychiatric hospitals for children	3	260 ³	33 ²
Other inpatient facilities with psychiatric wards	3	126	469 ²
Therapeutic communities	15–20	160 ⁵	408 ⁵
Specialised departments in residential special education facilities for children at risk of drug addiction	5	68	137
Aftercare programmes	25–30	127 ⁵	987 ⁵
Detoxification units in prisons	5	n.a.	686
Substitution treatment in prisons	8	n.a.	67
Departments for differentiated service of a sentence (voluntary treatment)	7	300	437
Departments for undergoing compulsory substance use treatment in prisons	3	109	128
Drug-free zones in prisons	33 ⁸	2,075	3,443
NGO programmes in prisons	15/32 ⁹	-	707 ¹⁰

Note: ¹In some types of services, the total capacity and total number of users of all addictive substances (including alcohol users) are given. ²This is the number of patients with the primary dg. F10–F19 who were treated in the reporting year. ³Total number of psychiatric beds. ⁴Number of beds in all facilities treating AT patients. ⁵Data from programmes supported by grants from the Government Council for Drug Policy Coordination in 2010 (13 outpatient programmes, 10 therapeutic communities, and a total of 16 aftercare programmes, 13 of which are intensive aftercare programmes that provide sheltered housing). ⁶Number of detoxification units with dedicated beds. ⁷Total number of inpatient facilities providing detoxification to AT patients, including 12 facilities providing detoxification in various wards and departments without dedicated beds. ⁸In principle, drug-free zones are not a treatment programme, but rather a safe, motivating environment for prisoners who are prepared to abstain; that having been said, four drug-free zones have a therapy programme. ⁹Number of programmes/prisons in which these operated. ¹⁰Number of visits to prisons.

and only a third of them actively report on their patients. In 2010 the Substitution Treatment Register included 2,113 as being in treatment, which marks an increase of 37% (565 people) in comparison to the previous year.

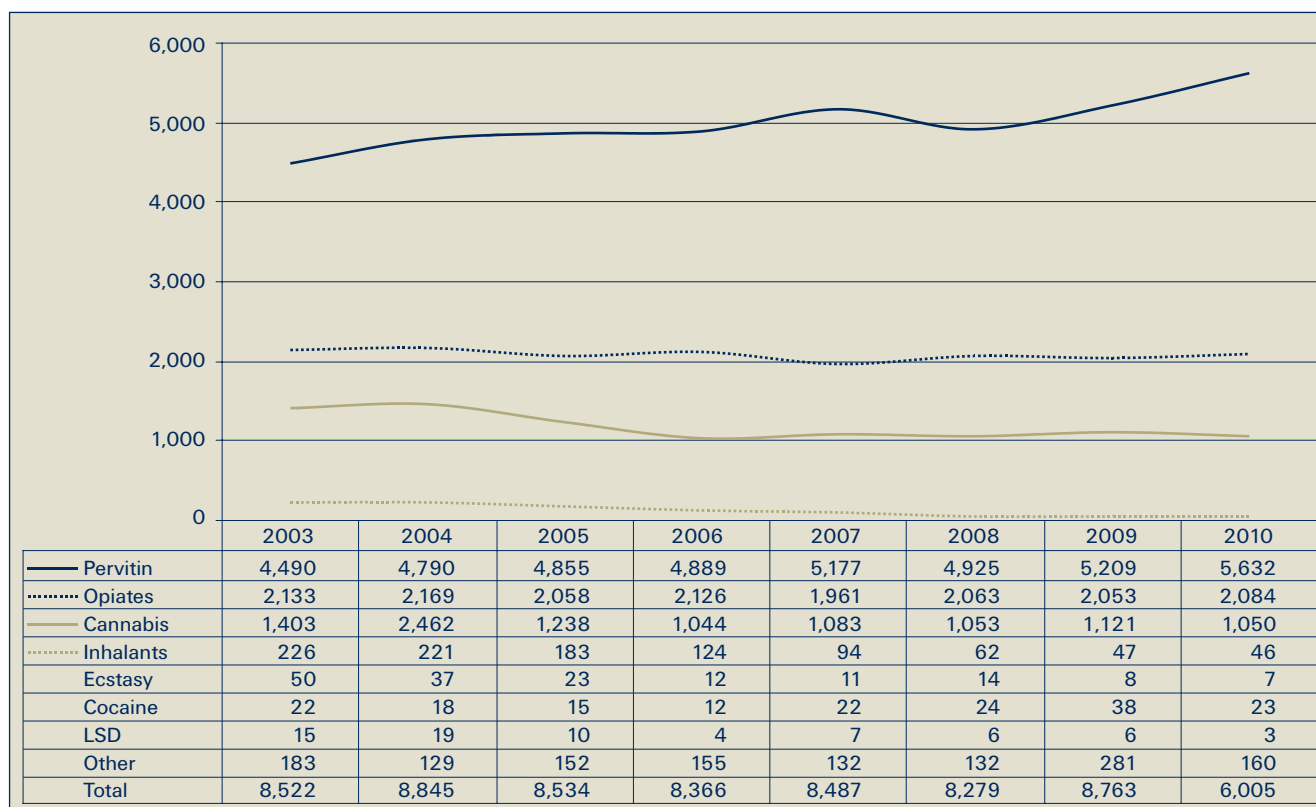
In 2010, for the very first time, data on detoxification in inpatient healthcare facilities were available. A total of 6,650 patients underwent detoxification, with 3,091 and 3,558 of these individuals undergoing detoxification from illegal drugs and alcohol, respectively.

For the first time since 2002 there was a decline in the number of admissions to hospital for polydrug use disorders (F19). Another change was observed in relation to the number of hospitalisations resulting from the use of stimulants other than cocaine (F15). While such hospitalisations had dropped in number since 2007, the year 2010 recorded a year-on-year increase in them.

In the Czech Republic, aftercare is provided through outpatient

aftercare programmes, which may include sheltered housing programmes and sheltered work programmes (sheltered workshops, sheltered employment, and supported employment). There are approximately 30 aftercare programmes for drug users in place in the Czech Republic. As of September 2011, a total of 34 aftercare programmes for the target group of persons at risk of addiction or persons with a substance addiction were included in the Register of Social Service Providers, administered by the Ministry of Labour and Social Affairs. In 2010 the register of drug treatment demands, maintained by the Public Health Service, listed a total of 9,005 individuals, which is approximately 300 people more than in 2009. 4,362 individuals sought treatment for the first time, which is almost the same number of first demands as that recorded for the year 2009. In comparison to the previous years, the trend has been reversed, and the slightly growing number of people demanding treatment is returning to its 2004 and 2005 levels. Women

FIGURE 6: Number of all treatment demands by primary drug 2003–2010



continue to account for approximately one third of treatment demands. Users of stimulants predominated among those demanding treatment, as far as both all (62.9%) and first (67.5%) treatment demands were concerned; such demands primarily involved pervitin (62.5% and 67.2%, respectively). The second largest group among all treatment demands was made up of opiate users (23.1%), and cannabis users ranked second among first treatment demands (15.9%). Developments in the numbers of treatment demands according to the drug used are given in Figure 6.

3/3 Harm reduction

The network of drug-related harm reduction services consisted of 96 drop-in centres and outreach programmes in 2010. Their target population includes problem drug users, experimenters, and their families and friends. It is estimated that up to 70% of problem drug users (or even 80% in Prague) are in contact with these facilities and programmes. The number of drug users maintaining contact with low-threshold programmes reached 32.4 thousand in 2010, which represents the greatest year-on-year increase since 2003. Pervitin users comprise the largest

TABLE 7: Clients of Czech low-threshold programmes in the years 2002–2010

Indicator	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of low-threshold programmes	92	93	92	92	90	109	100	95	96
Number of drug users	n.a.	25,200	24,200	27,800	25,900	27,200	28,300	30,000	32,374
– injecting drug users	19,000	16,700	16,200	17,900	18,300	20,900	22,300	23,700	24,500
– pervitin users	12,900	11,300	12,200	12,300	12,100	14,600	14,900	16,000	17,500
– opiate/opioid users	8,000	6,100	6,000	6,800	6,900	7,300	8,300	8,900	8,100
– heroin users	n.a.	n.a.	n.a.	n.a.	4,000	4,100	4,600	4,950	4,200
– Subutex® users	n.a.	n.a.	n.a.	n.a.	2,900	3,200	3,700	3,950	3,900
– cannabis users	3,400	5,500	4,100	3,600	2,700	2,000	1,700	2,200	1,908
– inhalant users	n.a.	705	560	470	450	390	300	250	324
Average age of drug user (years)	22.0	23.2	23.4	25.0	25.3	26.1	26.4	27.4	27.0

TABLE 8: Selected services of low-threshold facilities in the years 2004–2010

Indicator	2004	2005	2006	2007	2008	2009	2010
Needle/syringe exchange	139,800	249,000	191,000	215,800	217,200	237,800	234,900
Food service	94,700	99,500	97,600	94,100	87,800	108,800	107,700
Hygiene service	34,500	40,900	41,100	40,000	34,800	44,300	56,300
Individual counselling	27,300	25,800	21,900	24,100	21,000	27,800	37,600
Medical attendance	13,500	12,500	10,500	9,400	7,700	10,200	9,700
Crisis intervention	3,000	2,500	1,800	1,600	1,100	1,600	2,400
Group therapy	1,800	1,500	1,500	1,000	1,100	1,300	1,300
Contacts in total	317,900	403,900	322,900	338,100	329,500	365,600	396,800

group among them. An overview of the clients of low-threshold harm reduction programmes is provided in Table 7.

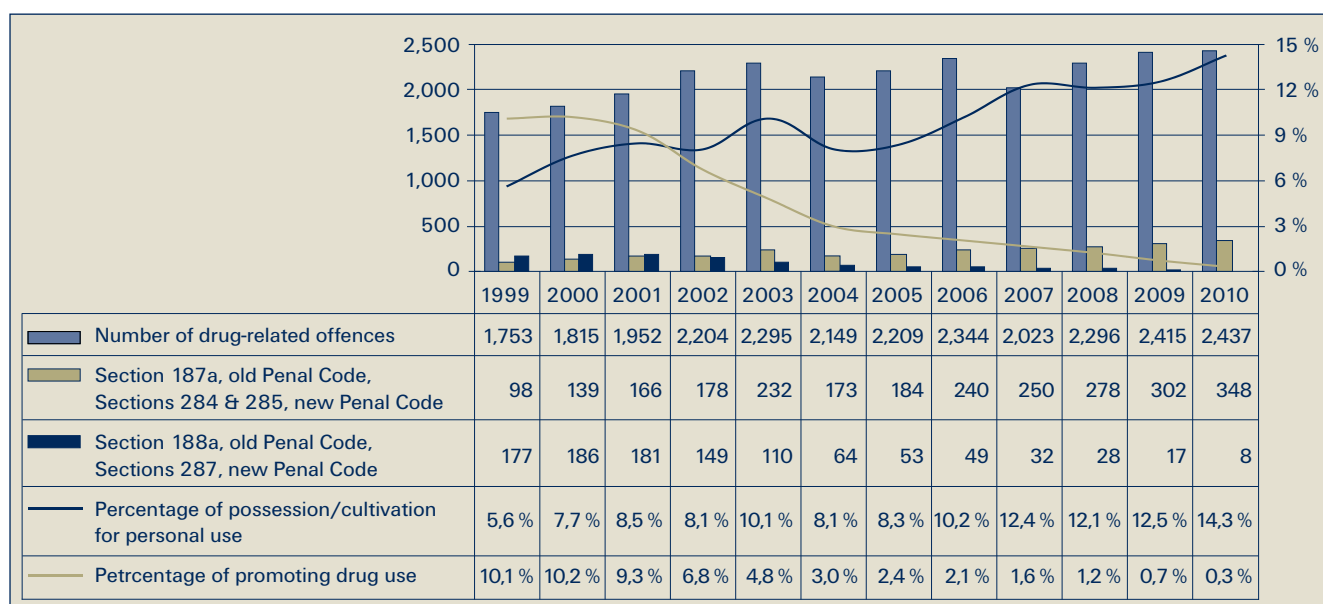
The service most commonly used in low-threshold programmes was the exchange and distribution of needles, syringes, and other injecting paraphernalia. While the number of exchange interventions dropped in the year 2010, the number of syringes and needles exchanged continued to rise. In addition to needles, syringes, and injecting paraphernalia, a total of 30 programmes also distributed gelatine capsules intended for the oral application of the drug as an alternative to injecting. In addition, the past three years recorded an increase in the number of interventions provided as part of hygiene services, individual counselling, and crisis intervention (Table 8). Testing for specific infections is another service that is often used. Both the availability of this service and the number of tests performed rose in the past three years.

4 LAW ENFORCEMENT DATA

4/1 Primary and Secondary Drug Crime

Approximately 2.4 to 2.5 thousand individuals were prosecuted for drug-related criminal offences in 2010, with almost 2.2 thousand people being indicted, which represents a long-term rate of 90% of those prosecuted. Almost 1.7 thousand individuals were sentenced by a court in 2010. In terms of gender, women accounted for 15% of drug offenders. The largest proportion of offences (approximately 80%) was associated with the manufacturing and trafficking of drugs and dealing in them. The most common drug crime involved pervitin (approximately 55–70%, depending on the source of data) and cannabis. In relative terms per 100 thousand inhabitants, the regions reporting the highest rates of drug offending in 2010 included Prague, Central Bohemia, Karlovy Vary, and Ústí nad Labem.

FIGURE 7: Total number of persons prosecuted and the number and percentage of persons prosecuted for drug possession/cultivation for personal use (Section 187a of the old Penal Code/Sections 284 and 285 of the new Penal Code) and for promoting drug use (Section 188a of the old Penal Code/Section 287 of the new Penal Code), 1999–2010



In the long term, there has been an increase in the total number of persons prosecuted for drug-related offences. The year 2010 saw a continued increase in the proportion of persons prosecuted for the possession of drugs, while the percentage of people prosecuted for promoting drug use decreased. In terms of the individual drugs, there has been a long-term rise in the proportion of criminal offences involving the unauthorised handling of pervitin (methamphetamine). On the other hand, the level of drug offending associated with ecstasy and heroin has been decreasing since 2008. The number of cases of the unauthorised handling of cocaine has grown, but still remains relatively low in absolute terms. The trend of number and proportion of persons arrested for selected drug-related offences are summarised in Figure 7.

In 2010 courts imposed suspended prison sentences for drug-related offences on 1,003 individuals (61%). 509 people (31%) received unsuspended prison sentences. The terms of unsuspended imprisonment typically ranged from 1 to 4 years. Offences associated with drug production and trafficking were massively predominant among such convictions.

Compulsory drug treatment was imposed upon a total of 116 individuals in 2010. 48 such orders were issued in relation to drug offenders. Court-ordered alcohol treatment was imposed on 162 people.

In 2010, a total of 19.6 thousand offences committed under the influence of addictive substances were cleared up (16.6% of all the offences cleared up), of which alcohol was involved in 17.3 thousand cases (14.7%) and drugs other than alcohol in 2.3 thousand cases (1.9%). In both groups, the most common offences involved endangerment under the influence of an addictive substance and inebriation. Other offences committed under the influence of alcohol included inebriation, road traffic accidents caused by negligence, voluntary bodily harm, disorderly conduct, damage to property, and assault. The offences committed under the influence of illegal substances most frequently involved inebriation, obstructing justice, various types of thefts or burglaries, and the unauthorised production of narcotic or psychotropic substances.

1,021 cases of misdemeanours involving the possession of a small quantity of drugs or the cultivation of a small quantity of plants containing a narcotic or psychotropic substance for personal use were dealt with by the competent municipal authorities in 2010. Most commonly, they involved drug possession (94%); only a small percentage of the misdemeanours (6%) concerned the growing of plants containing a narcotic or psychotropic substance.

4/2 Drugs in Prison and the Care of Incarcerated Drug Users

The Prison Service of the Czech Republic managed a total of 36 prisons and remand centres in 2010. As of 31 December 2010, it had a total of 21,900 prisoners registered, including

19,449 convicted offenders and 2,443 held on remand. Eight people were placed in detention institutions. Most offenders were serving their sentence in high-security prisons.

The results of a questionnaire survey conducted by the National Focal Point in cooperation with the Prison Service of the Czech Republic indicated that a total of 52.2% of 1,668 respondents had had some experience with an illegal drug in their lifetime. 22.0% and 8.5% of the respondents reported having used an illicit drug in the past 12 months and 30 days, respectively. In comparison to the general population, the prison population shows a significantly higher lifetime prevalence of the use of heroin, pervitin, and cocaine. 26.2% of the respondents reported drug use while in prison. The most common drugs included cannabis (14.5%), alcohol (14.3%), pervitin (12.5%), and sedatives obtained without a prescription (11.6%). A total of 8.4% of the respondents reported injecting drug use while serving a term in prison. 6.6% of the respondents indicated that they had shared needles and/or syringes while in prison. The results of the study suggest that between one tenth and a quarter of the prisoners showed signs of current problem drug use (2–5 thousand people in absolute terms) when starting their prison sentence. The prevalence is thus 20–50 times higher than that of problem drug users in the general population (approximately 0.5%). However, only approximately a quarter of those who can be referred to as problem drug users when starting their prison sentence are placed in specialised or other dedicated wings such as drug-free zones.

The services available to drug users in prison include drug prevention counselling centres (in 36 prisons), detoxification (5), drug-free zones (33), specialised treatment departments (10), substitution treatment (8), and programmes delivered by non-governmental organisations (32). In 2010 drug services in prisons were provided by a total of 15 non-governmental organisations, including 6 entities associated in the A.N.O. Section for Drug Services in Prison, whose activities are of special intensity.

4/3 Drug Availability, Supply, and Consumption

No estimates of drug consumption were made in the Czech Republic for the year 2010. Only the 2008 data were available. They indicated that almost 19 tonnes of cannabis, 4.7 million tablets of ecstasy, and 1 million doses of LSD had been consumed in the Czech Republic. 550 kg of cocaine, with an average purity of 70%, were imported into the Czech Republic, but almost 1 tonne of the drug, with an average purity of 45%, reached the end users. An estimated 4.2 tonnes of pervitin, with an average purity of 80%, were produced. However, its purity for street sale or export is reduced to 70%. The consumption of pervitin in the Czech Republic was estimated at 4.4 tonnes. 330 kg of heroin, with an average purity of 40%, were imported into the Czech Republic but its purity on the market was only

approximately 10%. 1.3 tonnes of the drug were consumed in the Czech Republic.

Most of the marijuana grown in 2010 was intended for the domestic market. There has been an increase in the indoor cultivation of cannabis with a high THC content (8–18%) since 2005. Most of the plantations discovered in 2010 were operated by individuals of Vietnamese descent, and a major part of their production was forwarded to Western European countries. The description of the structure of the marijuana market in the Czech Republic was the aim of the study "Marijuana Markets in the Czech Republic", conducted by the Centre for Addictology of the First Faculty of Medicine, Charles University in Prague, with the support of the National Focal Point. The findings of the study indicate that the average price of 1 gram of marijuana has dropped in the last decade from CZK 250 (€ 10) to CZK 200 (€ 8), as a result of the expansion of large-scale plantations organised by persons of Vietnamese descent and the spread of indoor growing at home, the surplus from which often ends up on the market. According to the respondents, outdoor cultivation involves a danger of theft, and the growers therefore often switch to indoor cultivation. What was reported with the highest frequency was the purchasing of marijuana on a semi-open market, i.e. through an acquaintance. A number of heavy users purchased larger quantities of marijuana and distributed it among their friends and acquaintances with little or no profit. Pervitin is made by domestic producers, especially in low-volume home-based laboratories. The pervitin laboratories tend to be moved from larger cities to more remote areas (e.g. small villages or weekend home areas in the country) in an effort to reduce the risk of detection. The pervitin is mostly bound for

the domestic market; a lesser part of the production is intended for abroad. Pervitin is made almost exclusively from medicines containing pseudoephedrine, but ephedrine is re-emerging as a precursor. As their dispensation is controlled in the Czech Republic, medicines containing pseudoephedrine are primarily imported from Poland, where they are purchased in pharmacies near the border, but also from Germany, Slovakia, and Vietnam. The demand for heroin on the Czech market is satisfied through small shipments of under 10 kg, which are diluted, most typically with paracetamol and caffeine, before sale to the end users. The purity of street-level heroin ranges from 5 to 10%.

Ecstasy is imported, mainly from the Netherlands, Poland, and Slovakia. This most commonly involves individual imports of dozens up to hundreds of tablets. However, the demand for ecstasy tablets has declined in recent years, as the imported tablets contain mostly mCPP rather than MDMA and its derivatives. Compared to the previous year, the price of ecstasy tablets dropped significantly.

The available sources suggest that certain groups of tourists visit the Czech Republic (especially Prague) in search of sex- and drug-related experiences. By its nature, drug tourism is a multidisciplinary topic and is difficult to analyse. The issue of drug tourism is not thoroughly monitored and studied. There is information on the internet that describes the Czech Republic as a place where drugs and sex services are readily available. It may be assumed that individuals belonging to this target group, who come to the Czech Republic for a limited period of time, rarely come into contact with typical drug services. Nevertheless, drug tourism has not been explicitly referred to in any of the official sources available.

Sources of information

This issue was prepared on the basis of the annual report on the 2010 drug situation in the Czech Republic [Mravčík, V., Pešek, R., Horáková, M., Nečas, V., Chomynová, P., K., Šťastná, L., Grolmusová, L., Kiššová, L., Sopko, B., V., Fidesová, H., Nechanská, B., Vopravil J., Preslová, I., Doležalová, P., Koňák, T. (2011). Annual Report: The Czech Republic – 2010 Drug Situation. Prague: Office of the Government of the Czech Republic. ISBN 978-80-7440-057-5]. The references to individual sources of information are mentioned in the Annual Report according to quoting standards.

NATIONAL FOCAL POINT'S ANNOUNCEMENTS AND LINKS OF INTEREST



- Website of the National Monitoring Centre for Drugs and Drug Addiction (English section): <http://www.drogy-info.cz/index.php/english>
- All the publications released by the National Monitoring Centre for Drugs and Drug Addiction, including all the issues of the "Zaostřeno na drogy" bulletin, are downloadable in electronic form from <http://www.drogy-info.cz/index.php/publikace>; publications in English from

- http://www.drogy-info.cz/index.php/english/annual_reports_and_other_main_resources. Any orders for hard copies of the publications should be sent to grygarova.marketa@vlada.cz.
- Website of the European Monitoring Centre for Drugs and Drug Addiction: <http://www.emcdda.europa.eu/>.
- Map of Aid – contacts to drug services in the Czech Republic: <http://www.drogy-info.cz/index.php/mapofaid/>.

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Editor in charge ■ Mgr. Lucie Grolmusová

Written by ■ Mgr. Kateřina Grohmannová, Mgr. Lucie Grolmusová,
Mgr. Pavla Chomynová

Translation ■ Mgr. Jiří Bareš

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Edited by: MUDr. Viktor Mravčík and Mgr. Vlastimil Nečas