



2009 Drug Situation in the Czech Republic

Annual Report Summary

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SPECIAL ENGLISH EDITION

Main Trends in 2009

■ In May 2010 the Government approved the new National Drug Policy Strategy for the Period 2010–2018, which defines four key objectives and will be complemented with three action plans, each spanning a period of three years.

■ A new Penal Code, effective from 1 January 2010, includes significant changes in relation to (primary) drug crime.

■ Drug use among the adult population is at high levels. The lifetime prevalence of the use of cannabis, ecstasy, and pervitin among the Czech adult population is 30%, 5–10%, and about 4%, respectively. The prevalence of the last-year use of cannabis, ecstasy, and pervitin among Czech adults reached the respective levels of 11–15%, 3–4%, and about 1.5%. The use of cannabis, ecstasy, and pervitin by young adults (aged 15–34) in the last year showed prevalence rates of 22–28%, 3–8%, and up to 3%, respectively.

■ The mean estimate of the number of problem drug users rose significantly to approximately 37.4 thousand; there was an increase in the number of both pervitin and opiate users. The estimated number of injecting drug users also grew.

■ HIV seroprevalence remains far below 1%. The prevalence of HCV among drug users is estimated to range from 20% to 40%. The number of tests for HIV and viral hepatitis carried out on drug users remains low.

■ Forty-nine cases of fatal overdoses on illicit drugs and inhalants were recorded (five more than in 2008); in particular, the number of fatal opiate overdoses increased.

■ The network of helping agencies experienced no major changes in 2009. Pervitin users predominate among drug users in treatment. Approximately 70% of problem drug users maintained contact with

low-threshold programmes. Almost 5 million hypodermic needles and syringes were distributed.

■ The number of drug-related criminal offences and the prices of drugs and their purity recorded no major changes in 2009. As elsewhere in Europe, new synthetic drugs spread on the Czech drug market, and there was an increase in the number of illegal cannabis plantations detected.

■ Drug users are estimated to be involved in approximately 20% of all the criminal offences that were detected; these were mostly thefts. It is estimated that each year 18% of criminal offences are committed under the influence of alcohol and 2% under the influence of non-alcohol drugs.

■ Estimates indicate that almost 19 tonnes of cannabis, four tonnes of pervitin, a tonne of heroin, a tonne of cocaine, and almost 5 million tablets of ecstasy were consumed in the Czech Republic in 2008.

■ Labelled public expenditure on the drug policy reached a total amount of CZK 607.5 million (€ 22,973 thousand) in 2009. This sum included CZK 375.4 million (€ 14,196 thousand) provided from the state budget (a year-on-year decrease was observed in all the governmental portfolios, with the exception of the Ministry of Labour and Social Affairs and the National Drug Headquarters of the Police of the Czech Republic), and the regions and municipalities contributed CZK 172.6 million (€ 6,528 thousand) (Central Bohemia reported a marked decline in drug policy-related expenditure) and CZK 59.5 million (€ 2,249 thousand), respectively. The drop in public funds earmarked especially for subsidies intended to support prevention, treatment, harm reduction, and social rehabilitation further intensified in 2010; this particularly applies to the budget of the Government Council for Drug Policy Coordination and the Ministry of Health.

1 INSTITUTIONAL FRAMEWORK OF DRUG POLICY

1/1 National Drug Policy Strategy

The development and pursuit of the national drug policy is the responsibility of the Government of the Czech Republic. Its main counselling body for drug-related issues is the Government Council for Drug Policy Coordination (GCDPC), which met three times in 2009. In the first half of 2009, as part of its EU presidency, the Czech Republic led the Horizontal Drugs Group, a working group of the EU Council.

2009 was the last year of the implementation of the National Drug Policy Strategy for the Period 2005–2009 and the respective Action Plan for the period 2007–2009. In addition to other findings, the evaluation of the previous strategy showed that the nature, potential, and level of the implementation of activities pertaining to specific domains of the action plan corresponded with the accomplishment of the respective strategic objectives; for example, the insufficient degree of the definition and implementation of prevention-related activities corresponded with the rising level of drug use in the population. On the other hand, relative successes in the implementation of harm reduction measures correlated with the low prevalence rates of infectious diseases and the low overdose mortality rate. Shortcomings were identified in inter-agency coordination and liaison. The evaluation also concluded that the drug policy had faced a shortage of financial and human resources in the recent past.

In May 2010 the Government approved the new National Drug Policy Strategy for the Period 2010–2018, which defines four key objectives: (I) to reduce the level of experimental and occasional drug use, particularly among young people; (II) to reduce the level of problem and heavy drug use; (III) to reduce potential drug-related risks to individuals and society, and (IV) to reduce drug availability, particularly to young people.

The Strategy will be complemented with three three-year action plans.

1/2 Drug Policy Funding

Total public expenditure on drug policy reached a level of CZK 607.5 million (€ 22,973 thousand) in 2009. This amount included CZK 375.4 million (€ 14,196 thousand) provided from the state budget, and the regions and municipalities contributed CZK 172.6 million (€ 6,528 thousand) and CZK 59.5 million (€ 2,249 thousand), respectively (Table 1). In comparison to 2008, total expenses showed a nominal increase on all three levels by 1.7%; on the central level, there was a decrease in expenditure on the part of all the ministries and central agencies under scrutiny, with the exception of the Ministries of Justice and of Labour and Social Affairs and the National Drug Headquarters of the Police of the Czech Republic. Out of a total amount of CZK 607.5 million (€ 22,973 thousand), CZK 177.2 million (€ 6,699 thousand) was earmarked for treatment, including sobering-up stations, CZK 175.0 million (€ 6,616 thousand) for harm reduction, CZK 154.7 million (€ 5,851 thousand) for law enforcement, CZK 55.0 million (€ 2,078 thousand) for primary prevention, and CZK 31.8 million (€ 1,201 thousand) for aftercare. On the regional level, there was a slight increase in overall year-on-year expenditure; a significant decline was recorded in the region of Central Bohemia, while the region of South Moravia reported a marked increase. Over one third of regional expenditures, however, were earmarked to finance sobering-up stations and the treatment of intoxicated people. The aggregate of funds expended by municipalities also showed a slight decline. The long-term decline in the funds available to

TABLE 1: Drug policy expenditures from the national and local budgets in 2003–2009 by ministries/departments (€ thousand)

Allocation	2003	2004	2005	2006	2007	2008	2009
GCDPC	3,261	3,153	3,547	3,838	3,762	4,008	3,686
Ministry of Education	293	316	315	381	452	499	426
Ministry of Defence	147	109	133	172	129	212	162
Ministry of Labour and Social Affairs	1,391	1,323	1,546	1,753	2,054	3,186	3,282
Ministry of Health	692	829	1,124	635	801	757	569
Ministry of Justice	442	427	1,233	1,455	454	296	409
General Customs Headquarters	708	292	487	829	963	427	120
National Drug Headquarters	3,022	2,711	3,189	3,757	4,601	5,527	5,542
National budget in total	9,957	9,161	11,574	12,821	13,217	14,912	14,196
Regional budgets in total	1,510	2,558	3,369	3,349	4,624	6,53	6,528
Municipal budgets in total	n.a.	1,972	1,699	1,699	2,243	2,505	2,249
Grand total	11,467	13,691	16,642	17,869	20,084	23,947	22,973

Note: Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

the Government Council for Drug Policy Coordination and the Ministry of Health continued in 2010, which led to the providers of drug services publicising the initiative We Have Had Enough of This ("Máme toho dost!"). Its purpose was to bring attention to the problems concerning the provision of subsidies and underfunding in general which endanger the quality and even the very existence of the services.

1/3 New Penal Code

A new Penal Code became effective on 1 January 2010. It includes significant changes in how to address illegal drugs. In particular, the changes concern drug possession for personal use, where drugs are differentiated according to their social and health risks; a lower punishment range will apply to the possession of cannabis in a quantity greater than small. Drug-related offences previously provided for by the stipulations of Sections 187 to 188a of Act No. 140/1961, Coll., the Penal Code (the old Penal Code) are presently covered, with certain modifications, by Sections 283 to 287 of the new Penal Code.

TABLE 2: Possession of narcotic or psychotropic substances for personal use – greater-than-small quantities of selected narcotic or psychotropic substances according to Government Regulation No. 467/2009, Coll.¹

Type of substance (name in general usage)	International non-proprietary name (INN)	Quantity greater than small
Pervitin	Methamphetamine	more than 2 g
Heroin	Heroin	more than 1.5 g
Cocaine	Cocaine	more than 1 g
Marijuana	Cannabis	more than 15 g of dry matter
Hashish	Cannabis resin	more than 5 g
Ecstasy (MDMA)	3,4-methylen-dioxy-methamphetamine	more than 4 tablets/capsules or more than 0.4 g of powdery or crystalline substance

¹ The table was abridged for better clarity.

TABLE 3: Cultivation of plants and mushrooms containing narcotic or psychotropic substances for personal use – a list and greater-than-small quantities according to Government Regulation No. 455/2009 Coll. No. 455/2009 Coll.

List of plants and mushrooms	Quantity greater than small
Plants of cannabis (<i>Cannabis</i> sp.) containing more than 0.3% of substances comprising the THC group	more than 5
Plants containing DMT	more than 5
Plants containing 5-methoxy-DMT	more than 5
Plants containing mescaline	more than 5
Coca shrub (<i>Erythroxylum coca</i>)	more than 5
Mushrooms containing psilocybin and psilocin	more than 40

A significant change is the new provision of Section 285 concerning the illegal cultivation of plants and mushrooms containing a narcotic or psychotropic substance. This activity will be covered by less strict sentencing guidelines than the production of drugs. In addition, the cultivation of a small quantity of plants or mushrooms for personal use will now be a misdemeanour. The amendment to Act No. 200/1990 Coll. on misdemeanours changed the competence for the handling of misdemeanours under Section 30 (j), i.e. the unauthorised possession of a small quantity of a drug for personal use, and Section 30 (k), i.e. the unauthorised cultivation of a small quantity of plants or mushrooms containing narcotic or psychotropic substances for personal use. Effective from 1 January 2009, the Police of the Czech Republic no longer have that jurisdiction, which instead lies with the local authorities of municipalities with extended competences.

By virtue of two of its regulations, the Government determined drug quantities greater than small, as well as greater-than-small quantities of plants or mushrooms containing narcotic or psychotropic substances (Table 2 and Table 3). These regulations constitute generally binding legal rules which are also followed by courts in their decision making.

2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in the General Population

No school-based study looking into the issue of drugs was conducted in the Czech Republic in 2009. The most recent representative survey of the school population was conducted

TABLE 4: Comparison of prevalence rates of use of specific drugs recorded by two studies – the 2009 Citizen Survey and the 2008 General Population Survey focused on drug use (%)

Prevalence	Drug	2009 Citizen Survey			2008 General Population Survey		
		Age 15–24 (n=275)	Age 15–34 (n=616)	Total Age 15–64 (N=1486)	Age 15–24 (n=827)	Age 15–34 (n=1891)	Total Age 15–64 (N=4500)
Lifetime prevalence	Cannabis	53.8	45.5	27.6	58.7	53.3	34.3
	Ecstasy	8.4	9.3	4.6	20.8	18.4	9.6
	Pervitin or amphetamine	4.4	4.4	2.5	7.2	7.8	4.3
	Cocaine	2.2	1.9	1.5	2.8	3.6	2.0
Last-year prevalence	Cannabis	29.5	21.6	11.1	37.3	28.2	15.2
	Ecstasy	4.0	2.8	1.4	11.2	7.7	3.7
	Pervitin or amphetamine	0.0	0.3	0.2	3.6	3.2	1.7
	Cocaine	0.7	0.5	0.4	1.9	1.6	0.7
Last-month prevalence	Cannabis	11.6	8.6	4.1	22.4	16.7	8.5
	Ecstasy	0.7	0.3	0.1	3.3	2.6	1.2
	Pervitin or amphetamine	0.0	0.0	0.0	1.5	1.4	0.7
	Cocaine	0.0	0.2	0.1	0.8	0.8	0.4

in 2007 as part of the ESPAD project, which the Czech Republic participated in for the fourth time since 1995. Sixteen-year-old Czechs show above-average levels of all the key indicators concerning the use of practically all addictive substances, with the exception of inhalants. In comparison to other European countries, the use of cannabis, in particular, reaches extremely high prevalence rates.

TABLE 5: Proportions of 2009 Safer Party clients who reported experience with selected drugs in their lifetime, in the last 12 months, and the last 30 days, and/or planned to use them at the event where they completed the questionnaire (%)

Drug	Lifetime	12 months	30 days	This event
Cannabis	71.1	47.1	31.8	36.6
Ecstasy	60.3	37.4	14.7	29.2
Pervitin/amphetamine	43.8	21.6	7.7	7.1
LSD	44.7	23.8	7.1	5.0
Magic mushrooms	52.9	21.3	4.2	1.8
Poppers	44.6	15.4	5.3	2.9
Opiates/heroin	10.3	1.3	0.5	0.5
Cocaine	41.6	22.6	8.7	5.3
GHB	13.2	3.9	1.8	0.8
Ketamine	10.8	2.9	0.3	0.3
Syrup (dextromethorphan)	7.7	1.1	0.7	0.4

Taking into account the findings of the studies conducted with the adult population in the years 2008–2009, the lifetime prevalence of the use of cannabis, ecstasy, pervitin, and cocaine among the Czech adult population is approximately 30%, 5–10%, about 4%, and 2%, respectively. The prevalence of the last-year use of cannabis, ecstasy, pervitin, and cocaine among Czech adults reached the respective levels of 11–15%, 3–4%, up to about 1.5%, and about 0.5%. The use of cannabis, ecstasy, pervitin, and cocaine by young adults (aged 15–34) in the last year showed prevalence rates of 22–28%, 3–8%, up to 3%, and about 0.5–1.5%, respectively. Surveys carried out at dance events and in other nightlife settings suggest dramatically higher prevalence rates of illicit drug use among this specific subpopulation of young adults: in addition to cannabis, they tend to use mainly ecstasy, followed by pervitin, cocaine, and hallucinogens (Table 5).

2/2 Problem Drug Use

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines problem drug use as injecting drug use and/or long-term/regular use of opioids/opiates and/or amphetamine-type drugs and/or cocaine. The estimates made in the Czech Republic have not included problem cocaine use, as this is still on a very low level in this country and it is impossible to estimate it by means of standard methods.

In 2009, the mean value of the estimated number of problem drug users rose significantly, to approximately 37,400. Pervitin users (approx 25,300) accounted for most of the increase. The number of injecting drug users (approx 35,300) also increased. The number of opiate users also increased slightly, to 12,100; an estimated 7,100 of these are heroin users and

TABLE 6: Central values of prevalence estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes in 2002–2009

Year	Total number of problem drug users		Problem users of opiates/opioids				Problem users of pervitin		Injecting drug users	
	Number	Per 1,000 people aged 15–64	Heroin users	Subutex® users	Total	Per 1,000 people aged 15–64	Number	Per 1,000 people aged 15–64	Number	Per 1,000 people 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

TABLE 7: Estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes by region in 2005–2009, mean values

Region	2005	2006	2007	2008	2009
Prague	9,800	8,400	10,000	11,500	10,400
Central Bohemia	2,500	2,450	1,700	1,750	2,400
South Bohemia	1,700	1,750	1,500	1,550	1,500
Pilsen	1,450	1,350	1,300	1,650	2,400
Karlovy Vary	1,450	1,250	900	1,000	1,200
Ústí nad Labem	4,450	4,450	4,100	4,150	5,300
Liberec	750	500	500	1,500	1,300
Hradec Králové	1,150	1,050	1,750	1,100	1,000
Pardubice	600	350	450	450	500
Vysočina	600	350	700	500	600
South Moravia	2,800	3,150	3,400	3,250	3,400
Olomouc	1,900	2,350	1,650	1,600	3,000
Zlín	1,150	1,300	1,850	1,350	2,400
Morava-Silesia	1,500	1,450	1,100	1,150	2,000
Entire Czech Republic	31,800	30,200	30,900	32,500	37,400

5,100 Subutex® users (Table 6). The regions with the greatest numbers of problem drug users, as well as the greatest number of opiate users, include Prague and Ústí nad Labem. Of all the regions, Ústí nad Labem also has the highest estimated number of problem pervitin users. While the number of problem drug users in the capital fell for the first time since 2006, the estimated number of problem users increased in the Ústí nad Labem region (Table 7).

2/3 Characteristics of Drug Users in Treatment

The year 2009 recorded an increase in the number of drug users in treatment across different types of services, including substitution treatment.

There was a rise in the number of referrals to outpatient healthcare facilities in connection with non-alcohol drug use disorders. Among the three largest groups, there was a slight increase among users of opiates (heroin), a slight decline among users of stimulants (pervitin) and a significant increase among polydrug users.

In 2009 there was also an increase in the number of hospitalisations of illegal drug users at inpatient psychiatric facilities.

This growth is on account of patients hospitalised for disorders caused by polydrug use; the number of hospitalised opiate and stimulant users fell.

There was also an increase in the number of drug users in the Register of Treatment Demands of the Public Health Service.

FIGURE 1: Number of all treatment demands according to drug used, 2003–2009

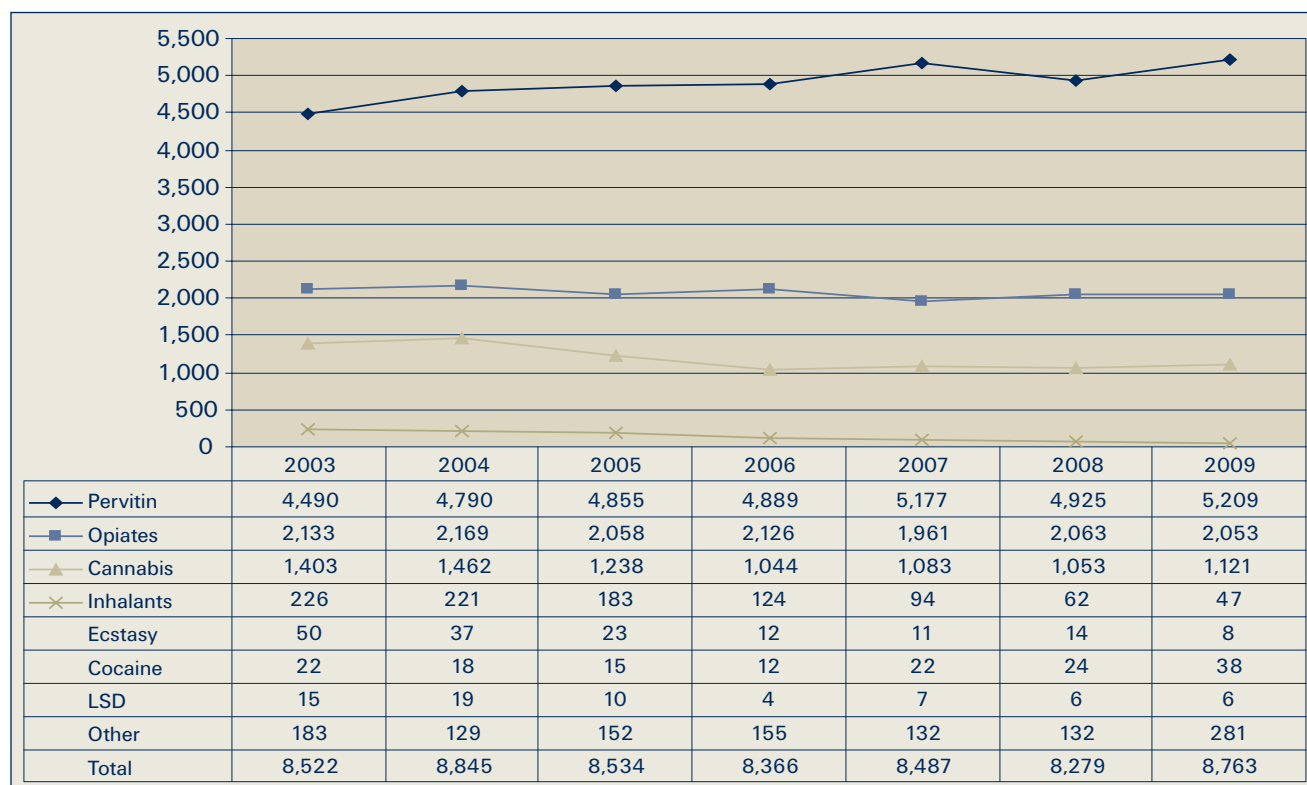
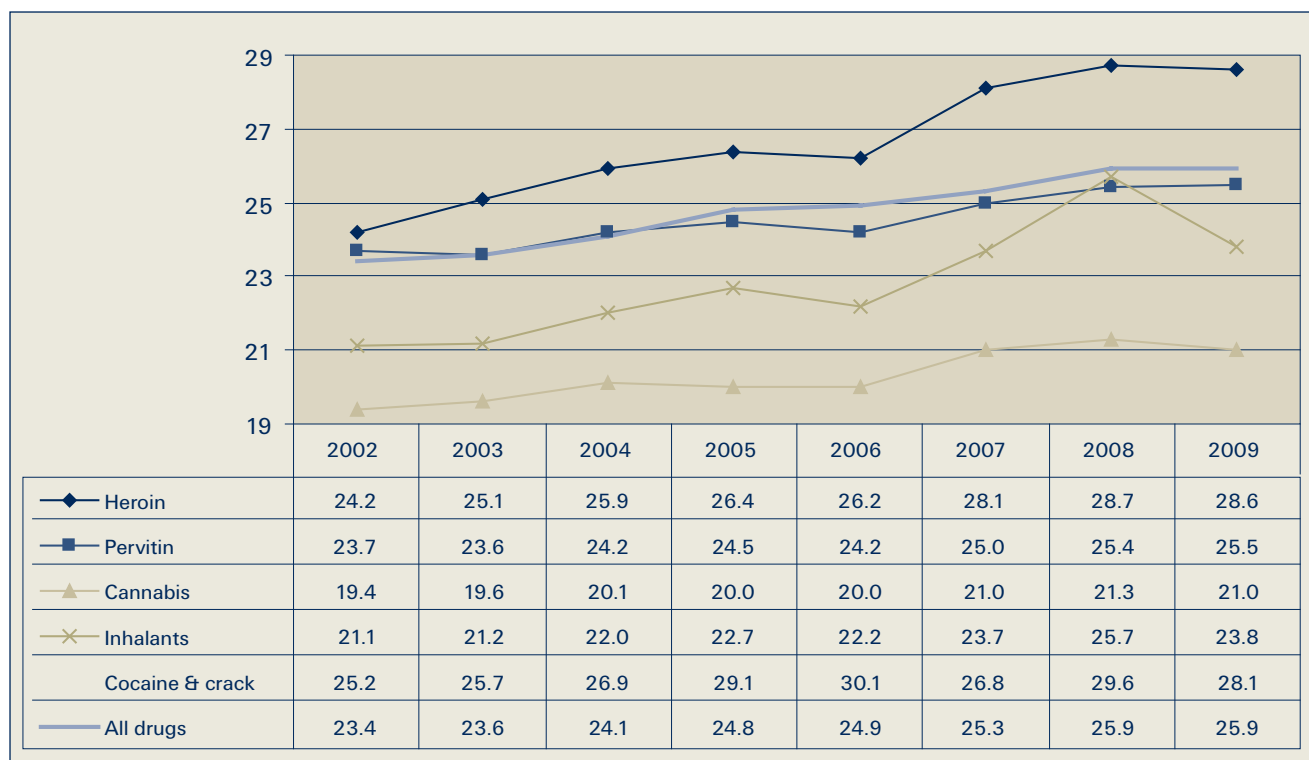


FIGURE 2: Average age of all treatment demands according to specific drugs, 2002–2009

In 2009, a total of 8,763 drug users sought treatment services, which is 500 more than in 2008 (Figure 1). People demanding treatment are dominated by users of stimulants, who were the most numerous group among all those demanding treatment (59.5%) and among those demanding treatment for the first time (60.9%); the number of pervitin users also shows the greatest year-on-year increase. The second largest group comprises opiate users (23.4%), but cannabis users are in second place among first treatment demands (18.3%). Women make up one third of treatment demands. In terms of age structure, a slight aging in the population of those demanding treatment can be seen. Although the year-on-year increase in the average age is small, from a medium-term perspective, the increasing trend is clear. In 2009 the average age of people demanding treatment for the first time was 24.2 years old, and it was 25.9 years old for all treatment demands. Over the past decade, the average age of those demanding treatment for the first time has increased by over three years, and for all those demanding treatment the increase in age has been 3.5 years (Figure 2).

The greatest relative prevalence and incidence of treatment demands are reported by the Ústí nad Labem region and the City of Prague.

2/4 Drug-related Infectious Diseases and Deaths

The relatively favourable situation concerning the prevalence of infectious diseases among (injecting) drug users continued in 2009; HIV sero-prevalence remains far below 1%. In 2009 seven

HIV positive people who may have contracted the virus through injecting drug use were newly identified, which is less than in 2007 and 2008. Thus, the reported incidence of HIV returned to the more favourable levels experienced in earlier years (the total incidence rate of HIV in the Czech Republic is on the rise, however, as a result of the spread of infection among gay men). The numbers of newly reported cases of HBV and HCV among injecting drug users have also been declining in recent years; depending on the study sample's characteristics and selection criteria, the prevalence of HCV among injecting drug users ranges from approximately 20% in low-threshold programmes to 40% in prisons. The relatively highest rate of infections was recorded for incarcerated injecting drug users (for example, an HIV prevalence of over 2% was identified in 2009). However, the results need to be interpreted with caution, bearing in mind the possibility of a sampling bias. The self-reported results of testing for HIV, HAV, HBV, and HCV among individuals included in the drug treatment demand register of the Public Health Service between 2003 and 2009 are summarised in Table 8.

This year, for the first time, data from the National Register of Sexually Transmitted Diseases are published in the drug situation Annual Report. Syphilis, gonorrhoea, lymphogranuloma venereum, and chancroid are subject to reporting from all healthcare facilities. Injecting drug use and prostitution have been found to be risk factors. Developments in the number of reported cases overall and among injecting drug users (IDUs) for syphilis and gonorrhoea are shown in Figure 3.

TABLE 8: The results of testing for HIV, HAV, HBV, and HCV among users demanding treatment, self-reported, 2003–2009

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

2009 witnessed a slight year-on-year rise in the number of cases of fatal overdoses on illegal drugs and inhalants to 49, which was particularly due to the increase in the number of fatal opiate overdoses from 15 in 2008 to 20 in 2009; the rates of fatal overdoses on pervitin and inhalants remained basically unchanged. After several years of no records of fatal overdoses on (new) synthetic drugs, three deaths were reported in 2009. Cocaine was present in two deaths classified as pervitin overdoses. The long-term trend is shown in Figure 4.

Drug users in the Czech Republic show a higher mortality rate in comparison to their peers in the general population. The available studies suggest that drug users' relative risk of death is at least 10 times higher than is the case for the comparable general population age group. The most common cause of death of drug users (in 75% of cases) includes external (violent) causes of death and lethal poisoning. In proportion, drug users are exposed to the highest risk of death shortly after the onset of (problem) drug use, i.e. generally on the threshold of adulthood.

FIGURE 3: Reported incidence of syphilis and gonorrhoea among all patients and among injecting drug users in the Czech Republic, 2000–2009

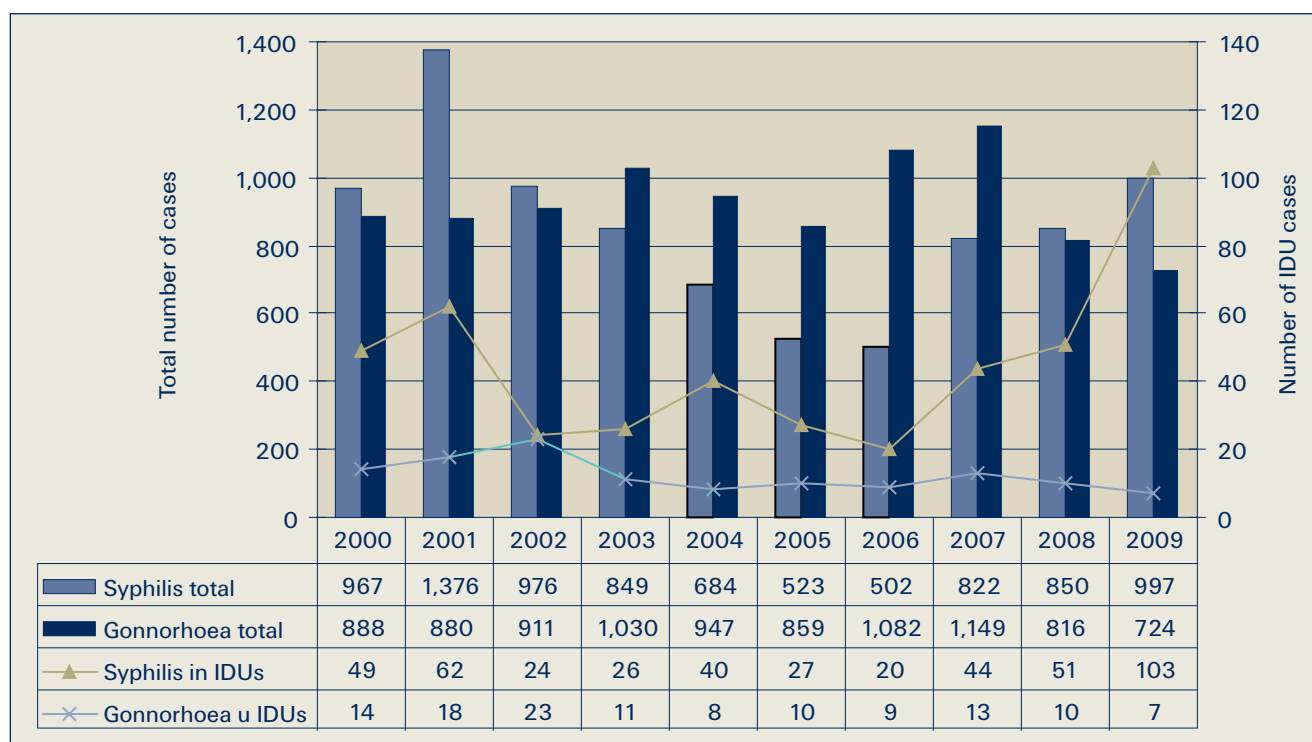
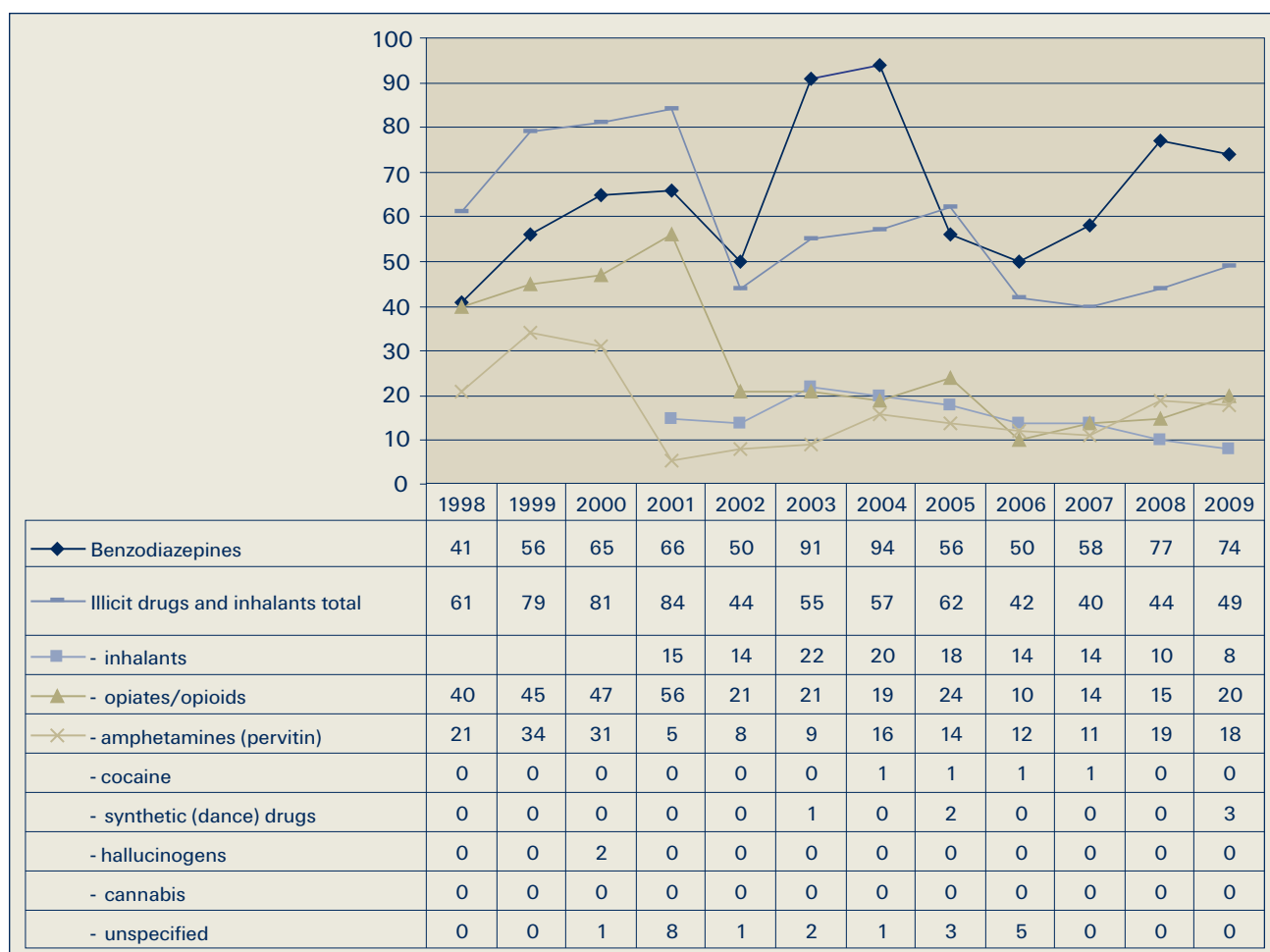


FIGURE 4: Fatal overdoses on benzodiazepines, illicit drugs, and inhalants, 1998–2009

3 PRIMARY PREVENTION, TREATMENT, AND HARM REDUCTION

3/1 Primary Prevention

In the Czech Republic, the co-ordination of primary prevention of high-risk behaviour, including addictive substance use, is in the competence of the Czech Ministry of Education, Youth, and Sports (the Ministry of Education). The main documents in this area are the Strategy for the Prevention of Risk Behaviour among Children and Young People in the Jurisdiction of the Ministry of Education in the Period 2009–2012

and the methodological guidelines of the Ministry of Education concerning the primary prevention of social pathologies in children and students in schools and educational facilities. The Standards of Primary Prevention and the process for certifying primary prevention programmes are the major quality control tools in the field of prevention; the latter was temporarily halted in mid-2009 because of the transformation

Screening and Early Intervention

A screening psychodiagnostic method called the Substance Use Risk Profile Scale (SURPS) has been tested on and adapted to the Czech student population. The SURPS assessment tool is designated for students between 14 and 17 years of age. Individuals who achieve high levels of risk on the SURPS scale are offered PREVenture intervention, a methodology for early diagnosis and intervention using cognitive behavioural techniques, elements of motivational interviewing, and education.

The tested CRAFFT questionnaire is available in the Czech Republic, as is the early intervention methodology in the form of the Drug Prevention Manual for Paediatric Practice. The six-item CRAFFT screening questionnaire is used to identify individuals at increased risk of the use of alcohol and other drugs, and, on the basis of the results of the screening, the physician provides the individual with brief advice or intervention.

of the system. The basic tool of school-based primary prevention is a Minimum Prevention Programme, which is carried out in all primary and secondary schools and whose development and implementation is coordinated by school prevention workers. An evaluation of the international preventive programme Unplugged (part of the EU-Dap 2 project) entered its final phase in the Czech Republic. The programme is focused on preventing the use of addictive substances among pupils in the 6th grade, i.e. children aged 12–14. The research project is being implemented at 70 schools.

Selective prevention programmes are focused on vulnerable population groups with a higher risk of addictive substance use. In cooperation with other providers of drug services, the Chilli.org civic association has implemented the second year of its project 2009 Safer Party Tour, focused on drug prevention and harm reduction interventions at large summer dance and music festivals. A total of 5,507 contacts were recorded at 14 festivals.

3/2 Treatment and Social Rehabilitation

The network of helping agencies experienced no major changes in 2009. A summary of treatment programmes providing services for drug users in 2009 is given below (Table 9). In 2009 a total of 346 outpatient healthcare facilities in

TABLE 10: Number of registered facilities actively reporting clients and number of people in substitution treatment according to the NRULISL (by substitution drug) in 2000–2009

Year	Number of facilities		Number of clients treated		
	Registered	Active	Total	Of this number	
				Methadone	Buprenorphine
2000*	7	7	245	245	–
2001	8	8	533	510	23
2002	8	8	560	511	49
2003	8	8	789	520	269
2004	8	8	866	546	320
2005	9	9	825	571	254
2006	12	12	938	586	352
2007	14	13	1,038	605	433
2008	38	24	1,356	689	667
2009	72	34	1,555	686	869

Note: *Facilities started to report clients to the NRULISL register from May 2000.

TABLE 9: Treatment programmes catering to drug users in 2009

Programme type	Number	Capacity (persons, beds)	Occupancy (number of persons) ¹
Outpatient healthcare facilities – psychiatry	298	n.a.	16,343 ²
Outpatient (non-healthcare) facilities operated by NGOs	11	n.a.	1,533
Day care centres	1	10	46
Registered healthcare facilities providing substitution treatment	34	n.a.	1,555
Sobering-up stations	14	137	27,664
Detoxification units	14	116	n.a.
Psychiatric hospitals for adults	17	9,207 ³ (1,370 ⁴)	3,578
Psychiatric departments in hospitals	31	1,383 ³	1,709
Psychiatric hospitals for children	3	260 ³	21
Therapeutic communities	15–20	160 ⁵	394 ⁵
Specialised departments for children at risk of drug dependency at residential special education facilities	5	74	152
After-care programmes	15–30	134 ⁵	986 ⁵
Detoxification units in prisons	4	n.a.	219
Substitution treatment in prisons	9	n.a.	67
Departments for differentiated serving of prison sentences (voluntary treatment)	7	294	507
Departments for undertaking compulsory drug/alcohol treatment in prisons	3	120	117

Note: ¹ This is the number of illegal drug and inhalant users, except sobering-up stations, where the total number of persons is stated, including alcoholics. ² This is the number of persons in the live case record, i.e. the number of people who have visited the facility at least once per year. ³ Total number of psychiatric beds.

⁴ Number of beds in departments for treating AT (alcohol/drug dependent) patients. ⁵ Data from programmes supported in GCDPC subsidy proceedings in 2009: 10 therapeutic communities, 15 after-care programmes and 13 intensive after-care programmes providing sheltered housing.

psychiatry reported outpatient treatment of users of legal and illegal drugs, which is three less than in 2008. Of these, 298 clinics treated at least one illegal drug user in 2009. Since 2005 there has been a drop in the number of these outpatient facilities. The number of inpatient psychiatric facilities remained practically unaltered.

The number of patients in substitution treatment has been on the rise. This may apply to both specialised centres and other physicians who prescribe products containing buprenorphine. In 2009 the Substitution Treatment Register (NRULISL) listed 1,555 persons in treatment (1,089 men and 466 women) (Table 10). However, the register does not account for all the healthcare establishments that prescribe preparations containing buprenorphine (Subutex® and Suboxone®) and thus neither their total number nor the total number of patients using such preparations are known exactly.

3/3 Harm reduction

There has been a marked increase in the number of clients in contact with low-threshold facilities in recent years (Table 11). It is estimated that approximately 25,000 problem drug users, i.e. a total of 70%, and in Prague even up to 80%, of all the estimated problem drug users maintained contact with such facilities in 2009. The average age of clients in contact with low-threshold facilities (27.4 years in 2009) has been on the rise and there has also been a steady increase in the number of contacts and the quantity of needles, syringes, and other injecting paraphernalia exchanged. A total of nearly 4.9 million needles and syringes were distributed in 2009 as part of 95 exchange programmes (Table 12).

Substitution medication containing buprenorphine: abuse versus treatment

According to a survey conducted among physicians in the Czech Republic in 2007 (for more information see the 2007 Annual Report), the total numbers of psychiatrists and general practitioners of adult medicine who prescribe Subutex® were estimated at 150 and 240 respectively, and the number of patients using preparations containing buprenorphine was estimated at a total of 4,300 persons, with approximately 3,000 of these patients receiving prescriptions from psychiatrists and about 1,400 from general practitioners. It is estimated that approximately 3,500 individuals are treated with Subutex® outside the specialised centres. The 2009 estimates of problem drug users indicate that the mean value of the number of problem users of Subutex® rose to 5,100.

As part of the Multiplier 2010 survey, carried out by the National Monitoring Centre for Drugs and Drug Addiction, which focused on estimating the proportion of problem drug users in contact with low-threshold facilities, the proportion of problem opiate users involved in substitution programmes was also looked into. The data show that 8% of problem drug users and, respectively, 23% of problem opiate users are in substitution treatment, which accounts for approximately 3,000 people. These data suggest that there are approximately 2,000 problem Subutex® users who are not in substitution treatment and thus obtain Subutex® on the black market (only).

TABLE 11: Clients of Czech low-threshold facilities in the years 2002–2009

Indicator	2002	2003	2004	2005	2006	2007	2008	2009
Number of low-threshold facilities/programmes	92	93	92	92	90	109	100	95
Number of drug users	n.a.	25,200	24,200	27,800	25,900	27,200	28,300	30,000
– injecting drug users	19,000	16,700	16,200	17,900	18,300	20,900	22,300	23,700
– pervitin users	12,900	11,300	12,200	12,300	12,100	14,600	14,900	16,000
– opiate/opioid users	8,000	6,100	6,000	6,800	6,900	7,300	8,300	8,900
– heroin users	n.a.	n.a.	n.a.	n.a.	4,000	4,100	4,600	4,950
–Subutex® users	n.a.	n.a.	n.a.	n.a.	2,900	3,200	3,700	3,950
– cannabis users	3,400	5,500	4,100	3,600	2,700	2,000	1,700	2,200
– inhalant users	n.a.	705	560	470	450	390	300	250
Average age of drug user (years)	22.0	23.2	23.4	25.0	25.3	26.1	26.4	27.4
Total number of contacts/visits (in thousands)	290.0	315.0	317.9	403.9	322.9	338.1	329.5	365.6

TABLE 12: Exchange programmes in the Czech Republic in 1998–2009

Year	Number of exchange programmes	Number of needles and syringes exchanged
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	77	1,567,059
2002	88	1,469,224
2003	87	1,777,957
2004	86	2,355,536
2005	88	3,271,624
2006	93	3,868,880
2007	107	4,457,008
2008	98	4,644,314
2009	95	4,859,100

4 LAW ENFORCEMENT DATA

4/1 Primary and Secondary Drug Crime

According to various information sources, there were, in total, 2,340–2,553 people arrested or prosecuted for drug-related offences in 2009. 2,332 individuals, i.e. approximately 90% of those prosecuted, were indicted. The proportions of people indicted and prosecuted in relation to drug-related offences were approximately the same in terms of both the drug type

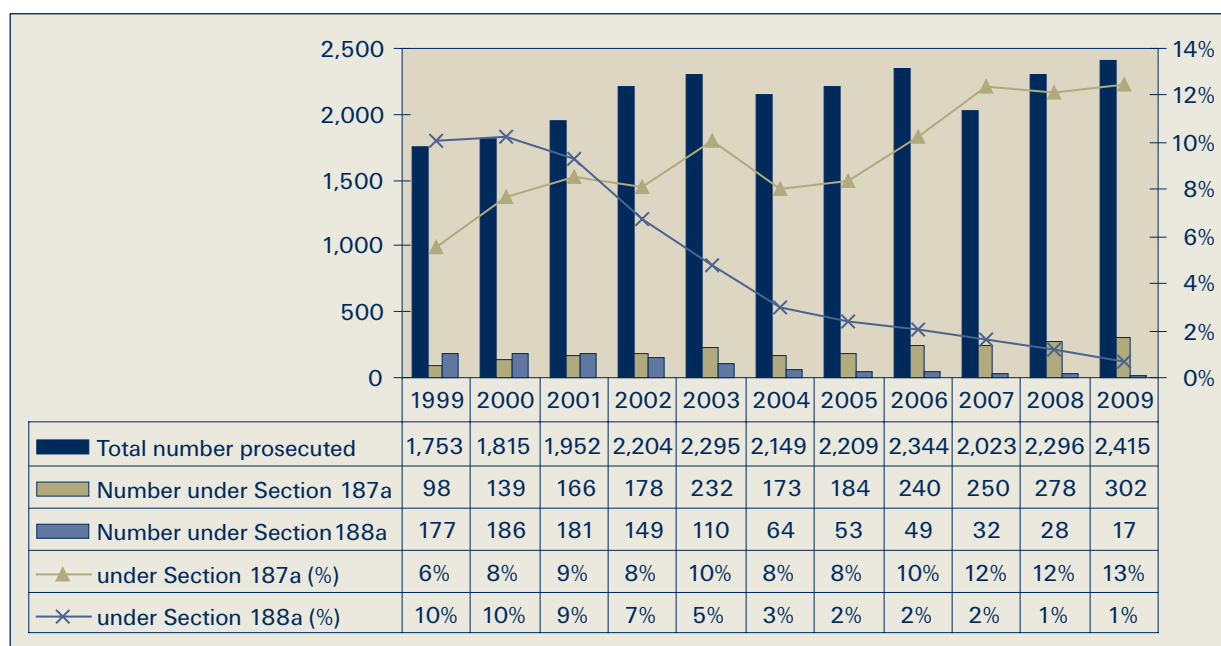
(approximately 60% involve pervitin, 30% cannabis) and the drug-related sections of the Penal Code (75%, 14%, 10%, and 1% involved the violation of Sections 187, 187a, 188, and 188a respectively). Nevertheless, recent years experienced a rise in the number of people both prosecuted for and charged with drug possession (Section 187a), while the number of individuals prosecuted and indicted in relation to the promotion of drug use (Section 188a) has fallen; Figure 5.

1,535 individuals were sentenced for drug-related offences in 2009, the highest figure in the past three years. As far as the persons sentenced are concerned, an increase can also be observed in the proportion and number of offences of drug possession according to Section 187a of the Penal Code. A total of 489 unsuspended sentences and 869 suspended sentences were imposed for drug-related offences in 2009. The situation is stable in terms of the structure of sentences – unsuspended imprisonment sentences have accounted for approx. 30% and suspended sentences for 50% in the past three years. The highest number of sentences was imposed in connection with the production and trafficking of drugs (Section 187) and with pervitin. Institutional or outpatient compulsory treatment was imposed by the courts upon 123 persons in 2009; 68 of the cases involved the outpatient form of treatment and 55 the residential form.

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

There were a total of 36 prisons in the Czech Republic in 2009. As of the end of 2009, the Prison Service of the Czech Republic reported a total of 21,734 prisoners. No results were available in 2009 from any representative studies conducted among

FIGURE 5: Total number of persons prosecuted and the percentage of persons prosecuted under Sections 187a and 188a of the Penal Code in the period 1999–2009



Secondary Drug Crime

Estimates of secondary drug-related crime, i.e. the number of criminal offences committed by drug users, particularly for acquiring the wherewithal to purchase drugs for personal use, were made for the year 2009. According to expert estimates, drug users account for 71–74 thousand offences per year. They most typically involve thefts, especially stealing items from a car. Assuming that approximately 345 thousand offences are reported per year and that drug users commit approximately 73 thousand specific offences yearly on average, the involvement of drug users in general crime can be estimated as approximately 21%; accordingly, a drug user is involved in one in five criminal offences reported in the Czech Republic. According to the police records, a total of 2.3 thousand cleared-up offences were committed under the influence of non-alcohol substances; most frequently these involved endangerment under the influence of addictive substances and various types of thefts and burglaries. Most offences were committed under the influence of pervitin and cannabis. When roughly related to the total number of criminal offences reported (345 thousand per year), the number of offences committed annually under the influence of non-alcohol drugs can be estimated as approximately seven thousand, i.e. 2% of all the offences reported.

Police records show that 22.2 thousand cleared-up offences were committed under the influence of alcohol. These were most frequently represented by the criminal offence of endangerment under the influence of an addictive substance, inebriation, and road traffic accidents caused by negligence. When roughly related to the total number of criminal offences reported, the number of offences committed under the influence of alcohol can be estimated as approximately 62 thousand per year, which is 18% of all such offences.

prisoners which could be used as the basis for the qualified determination of drug use among this population. Various types of services aimed at drug users were available in prisons. They included drug prevention counselling centres, which are operated in all prisons, detoxification services, offered in four prisons, drug-free zones, available in 33 prisons, voluntary treatment departments in seven prisons, and dedicated departments for court-ordered institutional compulsory treatment in three prisons. Methadone substitution therapy was provided in nine prisons in 2009, and this service was used by a total of 67 inmates.

The care for imprisoned drug users was complemented by the services provided by 15 non-governmental organisations in 30 prisons; six of the organisations, which are members of the A.N.O. (Association of Non-Governmental Organisations) Section for Drug Services in Prisons, operated in 19 prisons (Table 13). No NGOs concerned with drug services for prisoners operated in six prisons (Bělušice, Břeclav, České Budějovice, Kynšperk nad Ohří, Liberec, and Oráčov).

4/3 Drug Availability, Consumption, Seizures, Prices, and Purity

Cannabis is the most widely available drug in the Czech Republic. Cannabis is frequently grown in artificial conditions which contribute to a higher THC content (up to 20%); nevertheless, its average potency in 2009 was 8%. It is estimated that almost 19 tonnes of cannabis were consumed in the Czech Republic in 2008. A slight increase in both the average and most frequent prices for cannabis could be observed at the retail level; they ranged from CZK 200 to 250 (€ 7.6 to 9.5) in 2009. The yearly number of marijuana seizures in the four previous years (2005–2008) was between 550 and 600; in 2009 384 seizures were reported. A total of 172 kg of marijuana was seized in 2009. In addition, 33,427 cannabis plants were confiscated, which is the largest quantity since 2006. The number of cannabis plantations detected is also on the rise (84 sites in 2009).

TABLE 13: Drug service providers associated in the A.N.O. Section for Drug Services in Prisons and prisons in which their services were provided in 2009

A.N.O. Section for Drug Services in Prison	Věznice a vazební věznice
SANANIM (Prague)	Prague-Pankrác, Prague-Ruzyně, Vinařice
Semiramis (Nymburk)	Jiřice, Rýnovice, Stráž pod Ralskem
Podané ruce (Brno)	Brno, Kuřim, Opava, Znojmo, Rapotice
Podané ruce (Olomouc)	Olomouc, Mírov
Lexus (Hradec Králové)	Hradec Králové (including the separate department of Hradec Králové – Pouchov), Pardubice, Světlá nad Sázavou, Valdice, Odolov
CPPT (Pilsen)	Pilsen

The number of hashish seizures remained relatively stable in 2006–2009, reaching approximately 30–40 seizures per year. Pervitin remains the second most common drug. A total of 3.6 kg of pervitin was seized in 2009, with amounts under 50 g accounting for 96% of the seizures. The number of cooking labs detected was 342. Pervitin is almost exclusively dealt in at the retail level and in quantities of under 50 g. Its purity and price have been 70% and CZK 1,000 (€ 37.8) per gram, respectively, in the past three years.

From May 2009 pharmacies were restricted by the State Institute for Drug Control in terms of their supply of medicines containing pseudoephedrine, which is used as the main precursor in the production of pervitin. While this measure led to a reduction in the sale of these pharmaceuticals in the Czech Republic, a rise in illicit imports of the products, mainly from Poland, was recorded.

Cocaine has become a well-established stimulant drug, particularly in the nightlife setting. Twenty-six cocaine seizures involving a total quantity of 12.9 kg and a purity of 15–35% were recorded. The differences in the purity and price (CZK 1,500–2,500, i.e. € 57–95 per gram) of cocaine between wholesale and street sales are minimal; the drug is probably cut before entering the territory of the Czech Republic.

Batches of dozens or hundreds of ecstasy tablets are imported mainly from the Netherlands, Poland, and Slovakia. The number of 13 seizures involving a total of 198 tablets was reported in 2009. The prices of ecstasy are stable, ranging from approximately CZK 200 to CZK 250 (€ 7.6 to 9.5) per tablet. The proportion of MDMA as an active psychoactive ingredient in ecstasy tablets is in decline. It is being replaced with other substances, including those posing a higher risk. A typical example is mCPP, an uncontrolled substance in the Czech Republic, whose content in ecstasy tablets by far exceeds that

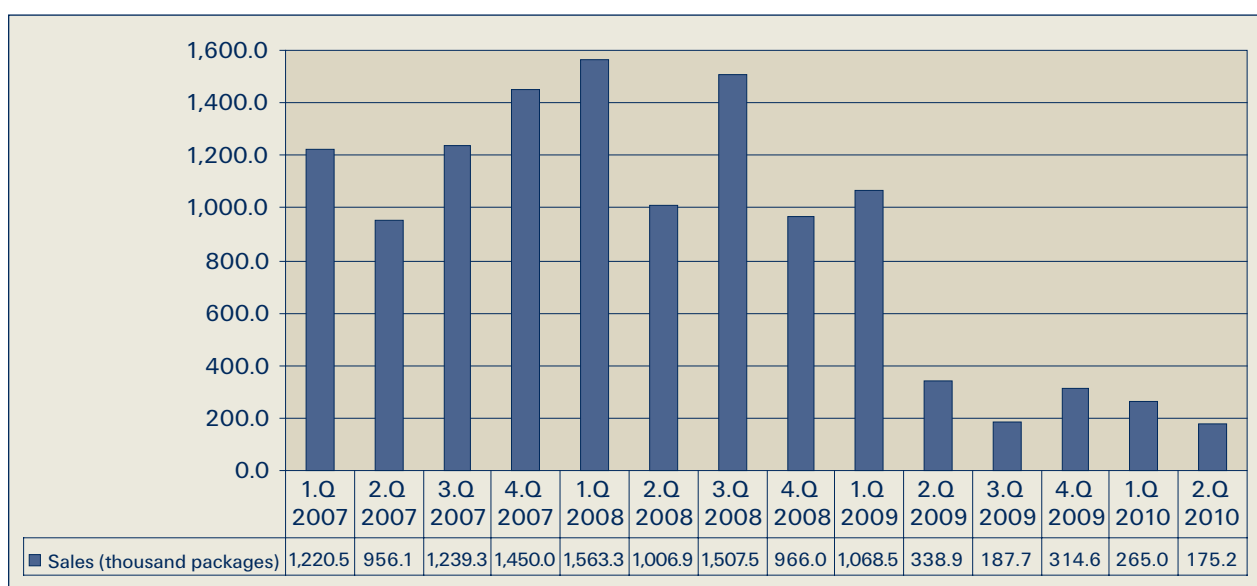
of MDMA. An increase in the level of interest in the stimulant mephedrone was observed, especially on the dance scene. The increased demand for this and other new stimulants can be partially explained by the changes on the drug market across Europe (e.g. with regard to the shortage of ecstasy tablets containing MDMA) and the fact that a number of them are not illegal in many countries, although in the Czech Republic, for example, the handling of mephedrone and other new synthetic drugs can be prosecuted as the offence of promoting drug use according to Section 188a of the old Penal Code or Section 287 of the new Penal Code, respectively.

Heroin mainly enters the Czech Republic via the so-called Balkan Route; its retail purity is reduced by further dilution. Retail-level heroin thus has a purity of 10–15% and is sold

Drug Consumption Estimates

According to the drug market estimates, almost 19 tonnes of cannabis, 4.7 million tablets of ecstasy, and one million doses of LSD were consumed in the Czech Republic in 2008 (the latest data available). 550 kg of cocaine with an average purity of 70% were imported into the Czech Republic, but eventually almost a tonne of the drug with an average purity of 45% reached the end users. According to expert estimates, 4.2 tonnes of pervitin with an average purity of 80% were produced but the purity of the drug for street sale or export is reduced to 70%. A total of 4.4 tonnes of pervitin are estimated to have been consumed in the Czech Republic. 330 kg of heroin with an average purity of 40% were imported to the Czech Republic but its purity on the market was only approximately 10% and 1.3 tonnes of the drug were consumed on the Czech market.

FIGURE 6: Development of the sales of medicines containing pseudoephedrine in the Czech Republic, 2007–2010



at CZK 1,000–1,400 (€ 37.8 to 52.9) per gram, while at the wholesale level the average purity is 20–30% and the price of 1 kg of heroin with a purity of 30% is estimated to be between CZK 200,000 and 800,000 (€ 7,563 and 30,251). The number of heroin seizures and the quantity of the heroin seized remain relatively stable, reaching approximately 100 seizures of 20–40 kg annually.

Selected Issues

Every year, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in association with national focal points, selects the issues to be addressed by special chapters. Three selected issues were prepared for the year 2009: History, Methods, and Implementation of National Treatment Guidelines, Mortality Related to Drug Use, and Cost of Drug-related Treatment.

Table 14: Summary of general information on drug use and its consequences in the Czech Republic in 2009

Indicator	Variable	Trend 2008–2009
Drug policy expenditures from the national budget by ministries/departments (€ thousand)	14,196	↗
Drug policy expenditures from regional budgets (€ thousand)	6,528	↗
Drug policy expenditures from municipal budgets (€ thousand)	2,249	↘
Expenditures earmarked for the provision of prevention, harm reduction, treatment, and aftercare services (€ thousand)	17,122	↗
Law enforcement expenditures (€ thousand)	5,851	↗
Prevalence of cannabis use in the last year among individuals aged 15–34	22–28%	↔
Prevalence of ecstasy use in the last year among individuals aged 15–34	3–8%	↔
Prevalence of pervitin use in the last year among individuals aged 15–34	less than 3%	↔
Prevalence of cocaine use in the last year among individuals aged 15–34	0.5–1.5%	↔
Estimated number of problem drug users	37,400	↑
Estimated number of injecting drug users	35,300	↑
Estimated number of problem pervitin users	25,300	↑
Estimated number of problem opiate users	12,100	↗
– therefrom problem users of Subutex®	5,100	↗
Number of treatment demands (including new demands)	8,763	↗
Number of problem users in contact with low-threshold programmes	25,000	↗
HIV prevalence among injecting drug users	< 1%	↔
HCV prevalence among injecting drug users demanding treatment	29.8%	↘
Reported HIV incidence among injecting drug users	7	↓
Reported HCV incidence among injecting drug users	547	↓
Reported incidence of syphilis among injecting drug users	103	↑
Number of exchange programmes	95	↘
Number of syringes and needles exchanged (pcs)	4.9 million	↗
Number of fatal overdoses on illicit drugs and inhalants	49	↗
Number of individuals prosecuted for drug offences (Section 187–188a of the Penal Code)	2,415	↑
– therefrom those prosecuted for drug possession (Section 187a of the Penal Code)	302	↑
Proportion of drug users' involvement in the total number of offences reported	21%	↔
Proportion of offences committed under the influence of non-alcohol drugs	2%	⚠
Proportion of offences committed under the influence of alcohol	18%	⚠

Note: ↑ Increase, ↗ slight increase, ↔ almost no changes, ↘ slight decrease, ↓ decrease, ⚠ impossible to compare.

Sources of information:

This issue was drawn up on the basis of the annual report on the 2009 drug situation in the Czech Republic [Mravčík, V., Pešek, R., Horáková, M., Nečas, V., Škařupová, K., Šťastná, L., Škrdlantová, E., Kiššová, L., Běláčková, V., Fidesová, H., Nechanská, B., Vopravil, J., Kalina, K., Gabrhelík, R., Zábranský, T. (2010). Annual Report: The Czech Republic – 2009 Drug Situation. Prague: Office of the Government of the Czech Republic. ISBN 978-80-7440-035-3]. The references to individual sources of information are mentioned in the Report according to citation standards.

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