



2008 Drug Situation in the Czech Republic

Annual Report Summary

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Main Trends in 2008

■ Drug use among the adult population has increased; cannabis use shows the highest rates, particularly among young males.

■ Within the European context, the Czech Republic ranks among the countries with a high prevalence concerning the use of most of the drugs among the school population. As far as cannabis use is concerned, the Czech Republic's prevalence rates are by far the highest, despite the fact that the level of cannabis use among 16-year-old Czechs has stabilised.

■ The central value of the estimated number of problem opiate and pervitin users has slightly increased on a year-on-year basis. Nevertheless, it is still within the confidence interval recorded in the previous years. The proportion of injectors among problem drug users is still high.

■ The average age of drug users in contact with drug services and in treatment has been rising from the long-term perspective.

■ The incidence of HIV and HCV among injecting drug users remains relatively low, although the number of new cases of HIV among injecting drug users has risen in the past two years.

■ The number of fatal drug overdoses has remained relatively low, but the number of deaths with the presence of drugs (especially pervitin and cannabis) due to other causes (such as accidents, injuries, and suicides) is increasing.

■ The proportion of problem drug users in contact with low-threshold programmes remains high.

■ The number of needles and syringes distributed through low-threshold programmes has recorded a long-term increase.

■ The number of tests for HIV and viral hepatitis performed on drug users is still relatively low.

■ There was an increase in the number of pervitin cooking labs and cannabis plantations detected, and the number of cannabis plants seized. Neither the number of drug-related criminal offences nor drug prices and purity have experienced major changes.

■ The new Penal Code, effective from 1 January 2010, introduces significant changes as far as primary drug-related crime is concerned.

1 INSTITUTIONAL FRAMEWORK OF DRUG POLICY

The year 2008 was the fourth year of the implementation of the National Drug Policy Strategy for the Period 2005 to 2009 (the Strategy) and the second year of the application of the Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007 to 2009 (the Action Plan). The fulfilment of the objectives of the Strategy and the Action Plan will have been evaluated by the end of 2009. The results of the evaluation will also be used as the basis for the development of a new strategy and an action plan for the period starting in 2010. All regions drew up their documents on regional drug policy strategies in 2008. In the first half of 2009,

the Czech Republic held the presidency of the European Union, as well as presiding over the Horizontal Drugs Group (HDG), a working group of the EU Council.

Public expenditure specifically earmarked for drug policy reached a level of CZK 597.3 million (€ 23,947 thousand)¹ in 2008. This amount included CZK 371.9 million (€ 14,912 thousand) provided from the state budget, and the regions and municipalities contributed amounts of CZK 162.9 million (€ 6,530 thousand) and CZK 62.5 million (€ 2,505 thousand), respectively. In comparison to 2007, total expenses showed an increase on all three levels by 7%; on the central level, there was a decrease in expenditure

MAP 1: Drug policy expenditures from the national and local budgets in 2008 (€ per 100 000 inhabitants)

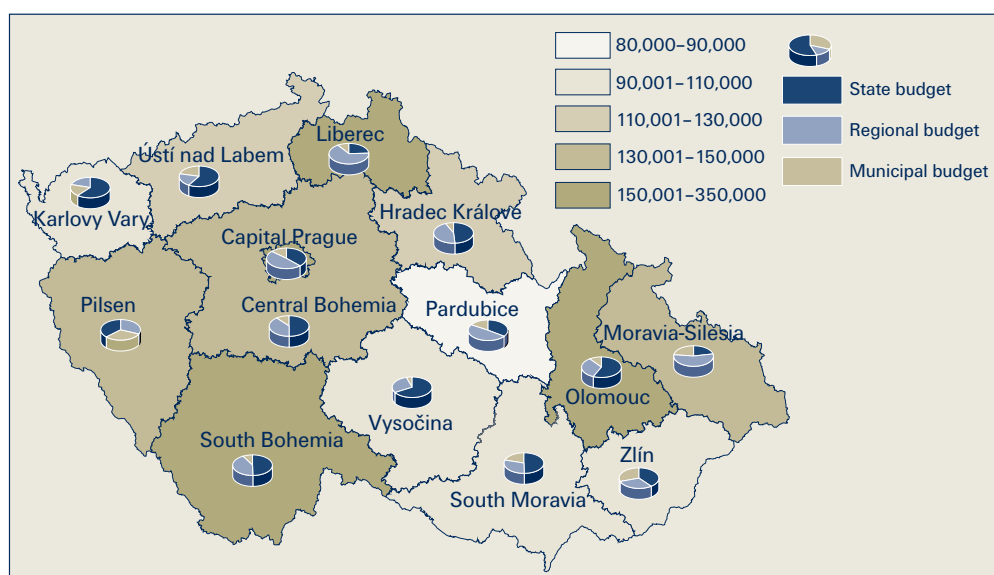


TABLE 1: Drug policy expenditures from the national and local budgets from 2003 to 2008 (€ thousand)

Ministry/Institution	2003	2004	2005	2006	2007	2008
Government Council for Drug Policy Coordination	3,621	3,153	3,547	3,838	3,762	4,008
Ministry of Health	692	829	1,124	635	801	757
Ministry of Education	293	316	315	381	452	499
Ministry of Labour and Social Affairs	1,391	1,323	1,546	1,753	2,054	3,186
General Customs Headquarters	708	292	487	829	963	427
Ministry of Justice	442	427	1,233	1,455	454	296
Ministry of Defence	147	109	133	172	129	212
National Drug Headquarters	3,022	2,711	3,189	3,757	4,601	5,527
State budget in total	9,957	9,161	11,574	12,821	13,217	14,912
Regional budgets in total	1,510	2,558	3,369	3,349	4,624	6,530
Municipal budgets in total	n.a.	1,972	1,699	1,699	2,243	2,505
Grand total	11,467	13,691	16,642	17,869	20,084	23,947

¹ 2008 average exchange rate was used (1€ = CZK 24.942). For previous years, average exchange rates were also used for re-calculation of expenses from CZK to €.

TABLE 2: 2008 drug policy expenditures from Czech state and local budgets by categories (€ thousand)

Category		State budget	Regions	Municipalities	Total	Total (%)
Primary prevention		900	658	782	2,340	9.8
Harm Reduction	Low-threshold centres	2,370	859	564	3,793	15.8
	Outreach programmes	1,322	564	378	2,263	9.5
	Unspecified*	228	69	36	333	1.4
	Total	3,920	1,491	978	6,389	26.7
Treatment	Medical care**	693	482	177	1,352	5.6
	Non-medical outpatient care***	549	280	148	977	4.1
	Therapeutic communities	1,791	555	215	2,561	10.7
	Sobering-up stations	0	2,509	0	2,509	10.5
	Total	3,033	3,826	539	7,399	30.9
Aftercare		571	308	120	999	4.2
Coordination, research, evaluation		338	158	7	504	2.1
Law enforcement		6,100	0	0	6,100	25.5
Others, unspecified		50	88	79	217	0.9
Total		14,912	6,530	2,505	23,947	100.0

NB: * These projects include the activities of both low-threshold facilities and outreach work (streetwork). ** i.e., for example, outpatient and inpatient drug treatment, including substitution therapy, detox, and social services provided as part of institutional health care. *** i.e., for example, outpatient and intensive outpatient non-medical programmes, crisis intervention, social counselling, social rehabilitation, and prison-based programmes delivered by NGOs.

on the part of all the ministries and central agencies under scrutiny, with the exception of the Ministries of Defence and of Labour and Social Affairs and the National Drug Headquarters of the Police of the Czech Republic. On the regional level, there was a nominal increase in aggregate year-on-year expenditure of approximately one third, while a decline in expenditure was reported by the Zlin and Vysocina regions. Out of a total of CZK 597.3 million (€ 23,947 thousand), CZK 152.1 million (€ 6,100 thousand; 25.5%) was spent on law enforcement, CZK 184.5 million (€ 7,399 thousand; 30.9%) on treatment, CZK 159.4 million (€ 6,389 thousand; 26.7%) on harm reduction, CZK 58.4 million (€ 2,340 thousand; 9.8%) on primary prevention, and CZK 24.9 million (€ 999 thousand; 4.2%) on aftercare see Table 2. An overview of public expenditures intended for the implementation of drug policy programmes in the regions is provided in Map 1. 2002-2008 drug policy expenditures from the state budget and regional budgets are summarised in Table 1.

The most significant changes in the framework of the drug policy in 2008 involved the following developments:

■ The Chamber of Deputies of the Czech Parliament passed the bill for a new Penal Code, effective from 1 January 2010, which introduces significant changes in how to address illegal drugs. In comparison to the previous penal code, a lower punishment range will apply to people who possess cannabis in a quantity greater than small. Another significant change is the new provision concerning the illegal cultivation of plants containing

a narcotic or psychotropic substance: the growing of designated plants or mushrooms for personal use will be covered by less strict sentencing guidelines than was the case under the previous legal regulations and the cultivation of a small quantity of plants or mushrooms for personal use will be punished under the Misdemeanour Act rather than the criminal law.

■ Changes were made to the handling of medicinal products containing pseudoephedrine, which, in recent years, has been used as a precursor in the illegal production of pervitin in the Czech Republic. In relation to the new act on pharmaceuticals (No. 378/2007, Coll.), effective from 1 January 2008, the National Institute for Drug Control has imposed restrictions on the supply of medicinal products containing up to 30 mg of pseudoephedrine per tablet, starting from 1 May 2009. This measure involves a ban on mail order sales, the setting of a maximum monthly dose of 60 tablets per patient, and the control of supply by means of the central database of electronic prescriptions.²

■ By virtue of an amendment to Act No. 96/2004 Coll. on non-medical health professions, the profession of an addictologist (addiction specialist) was formally recognised and the professional competencies required for the performance of this profession were defined.

² In October 2009, however, by a decision of the Office for Personal Data Protection, the operation of this central database of electronic prescriptions was discontinued, which made it practically impossible to adhere to the restrictions applied to the dispensation of medicines containing pseudoephedrine by pharmacies.

2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in the General Population

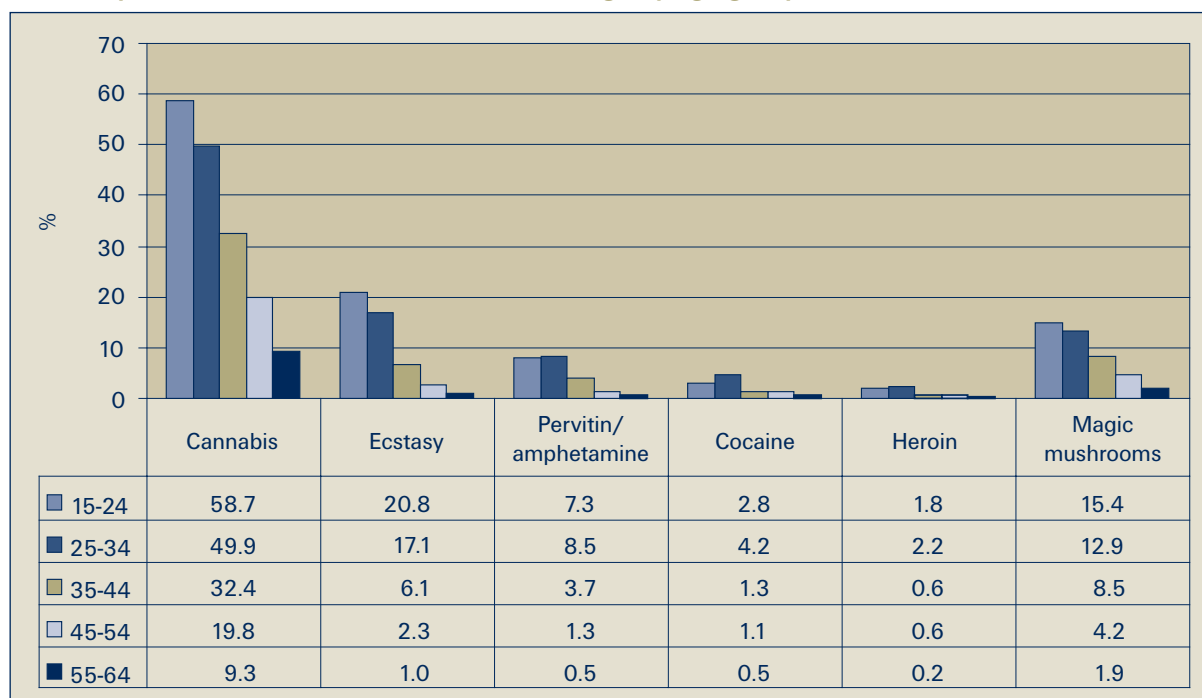
Two surveys covering the population over 15 years of age were conducted in the Czech Republic in 2008: a general population survey on psychotropic substance use (GPS) and the European Core Health Interview Survey (EHIS). Both studies show differences in the methodology used, as well as in the prevalence rates found. According to the GPS 37% of the population have had at least one experience with the use of any of the illicit drugs under study; 34% have used cannabis and 17% of the population have had experience with other drugs than cannabis. In the past year and the past month, cannabis had been used by 15% and 9% of the respondents respectively.

The EHIS survey showed that 15% had used an illicit drug at least once; cannabis had also been used by 15%, while any other drug than cannabis had been used by 4% of the respondents. Both surveys suggest that the proportion of people in the population who have experience of the use of illicit drugs is on the rise, with cannabis use showing the greatest increase. While in 2002 and 2004 at least one experience with cannabis was reported by one fifth of adult respondents, in 2008 positive answers to this question were recorded from one third of those interviewed. A rising trend in cannabis consumption is also supported by surveys studying the population's health in general, although the prevalence rates reported by them are lower.

TABLE 3: Prevalence of substance use among the population aged 15–64 (%)

Drug	Lifetime (%)			12 months (%)			30 days (%)		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Any illicit drug	45.0	27.8	36.5	22.2	11.6	17.0	13.5	5.1	9.3
Any illicit drug other than cannabis	21.3	11.6	16.5	9.8	4.7	7.3	4.1	1.7	2.9
Cannabis (marijuana and hashish)	42.5	26.0	34.3	20.1	10.1	15.2	12.4	4.6	8.5
Ecstasy	11.9	7.3	9.6	4.8	2.6	3.6	1.5	0.9	1.2
Pervitin (or amphetamine)	5.7	3.0	4.3	2.3	1.0	1.7	0.9	0.5	0.7
Cocaine	2.8	1.2	2.0	1.2	0.3	0.7	0.6	0.1	0.4
Heroin	1.7	0.5	1.1	0.7	0.2	0.4	0.3	0.0	0.1
LSD	7.8	3.4	5.6	2.8	1.4	2.1	0.9	0.6	0.7
Magic mushrooms	12.4	5.0	8.7	4.4	1.7	3.1	1.8	0.4	1.1

FIGURE 1: Lifetime prevalence of use of selected illicit drugs by age groups (%)



The results of the GPS show that 37% of the population (45% of men and 28% of women) have had at least one experience with the use of any of the illegal drugs under study; see Table 3. Cannabis was represented to the greatest degree (34%), while other drugs had been used by 17% of the population over 15 years of age. One out of ten Czechs reported the lifetime use of ecstasy; magic mushrooms, LSD, pervitin, cocaine, and heroin had been used by 9%, 6%, 4%, 2%, and 1% of the population respectively. During the past year any one of the illicit drugs under scrutiny had been used by 17% of the respondents (15% accounted for by cannabis, 4% ecstasy). Cannabis was also the most frequently used drug within the past month; 9% of the respondents reported having used the drug.

Out of the respondents who reported having used cannabis in the past month, 9% used the drug daily or almost daily. After extrapolation to the Czech population in the 15-64 age group, the number of daily, or almost daily, cannabis users may be estimated to amount to approximately 57 thousand (0.8% of the population aged 15-64).

The GPS survey also investigated the level of risky cannabis use. Out of the respondents who had used the drug in the past year, 26% and 12% were identified as moderate- and high-risk cannabis users respectively. Men and people aged 25-34 comprise the most vulnerable groups. After extrapolation to the Czech population in its entirety, the number of heavy cannabis users at significant risk may be estimated to amount to 150 thousand, with people in the 15-29 age group accounting for approximately two thirds of them.

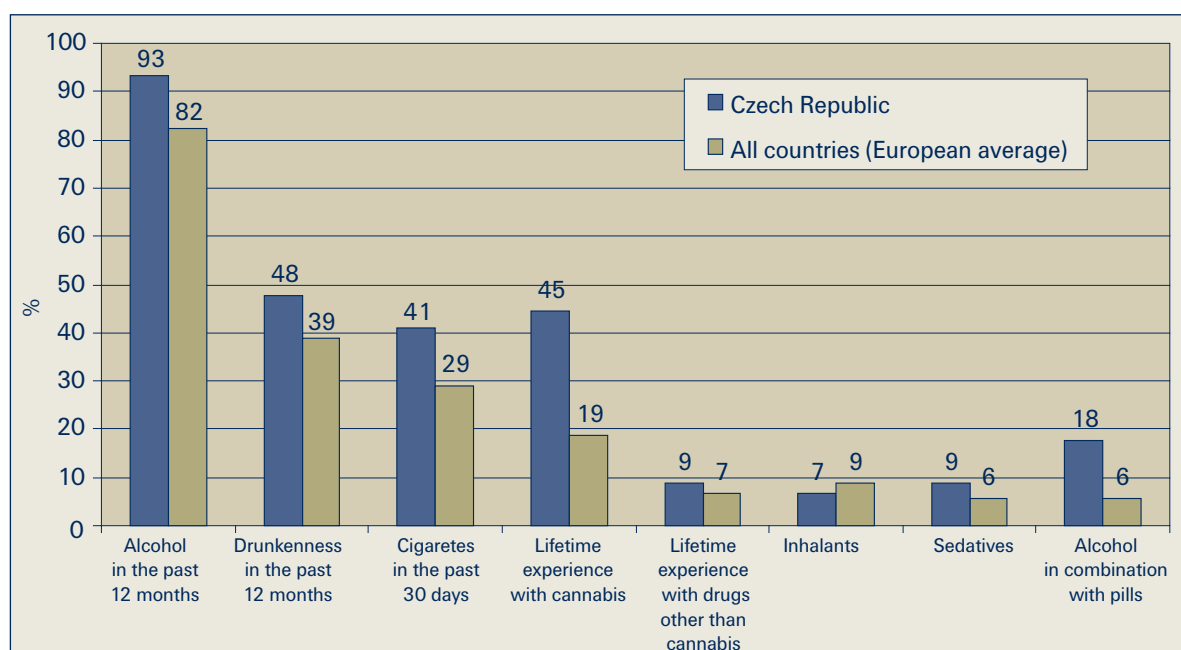
The use of illicit drugs – with the exception of the use of pervitin, cocaine, and heroin – is most common among the youngest age group, 15-24 years old. With increasing age, the proportion of people who have tried illicit drugs decreases;

see Figure 1. In the age group up to 24 years, experience with cannabis, ecstasy, hallucinogenic mushrooms, LSD, and pervitin was reported in the GPS survey by 59%, 21%, 15%, 11%, and 7% of the respondents respectively. The highest lifetime prevalence rates of cocaine, heroin, and pervitin were recorded among the 25-34 age group; experience with pervitin, cocaine, and heroin was reported by 9%, 4%, and 2% of the respondents respectively.

An international report from the European School Survey on Alcohol and Other Drugs (ESPAD), which the Czech Republic participated in for the fourth time in 2007, was published in March 2009. A detailed summary of the results for the Czech Republic was included in the 2007 Annual Report. The data on 3,901 Czech students born in 1991 (i.e. mostly 16 years old) were included in the international comparison. A comparison of the Czech and European levels of the eight key indicators of the 2007 ESPAD is provided in Figure 2.

The Czech Republic ranks among the countries showing the highest proportions of students having experience with most of the substances under study. As far as illicit drugs are concerned, in 2007 the respondents were most likely to report experience with cannabis use (45.1%). Further positions were taken by experience with sedatives (9.1%), the use of hallucinogenic mushrooms (7.4%), and the inhalation of solvents (7.0%). Experience with LSD (5.0%), ecstasy (4.6%), and amphetamines (3.5%) is less frequent, and experience with drugs such as heroin and cocaine is only sporadic among the population of 16-year-olds (2.0% and 1.1% respectively). Within the European context, the Czech Republic scored the highest prevalence rates in relation to the consumption of alcohol, cigarettes, and cannabis. On the other hand, it showed the lowest prevalence of experience with inhalants. While cannabis

FIGURE 2: Comparison of selected indicators for the Czech Republic with 2007 ESPAD European average (%)



use in the Czech Republic remained at the same level when compared to 2003, the proportion of people reporting experience with ecstasy declined.

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. Cocaine use in the Czech Republic remains at a very low level and it is practically impossible to estimate the prevalence of the problem use of this drug. As a result, problem drug use in the Czech Republic is associated primarily with the use of pervitin

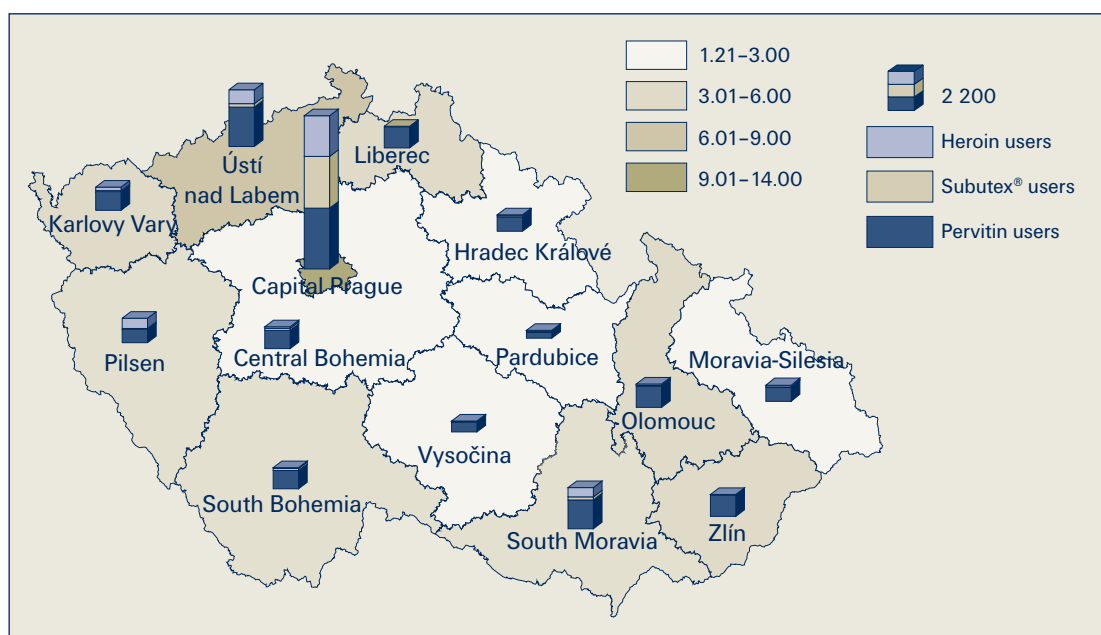
(methamphetamine) and opiates/opioids (heroin and Subutex®, with the seasonal use of opium).

In 2008 the estimated number of problem drug users rose to approximately 32.5 thousand, of which two thirds is comprised of pervitin users (21.2 thousand) and one third opiate users (approximately 11.3 thousand, including 6.4 thousand heroin users and 4.9 thousand Subutex® users). It is estimated that approximately 31.2 thousand persons inject drugs, i.e. the majority of opiate and pervitin users. Compared to 2007, the central estimate of the number of problem users of all types of drugs increased in 2008; given the range of the confidence intervals, however, the differential is not statistically significant. The trend of the estimated number of problem drug users shown over the period 2002–2008 is indicated in Table 4.

TABLE 4: Central values of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold programmes in 2002–2008

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

MAP 2: Number of problem drug users per 1,000 inhabitants aged 15–64 and the number of problem users of opiates and pervitin in regions of the Czech Republic in 2008



The number of estimated problem drug users is highest in Prague (11.5 thousand) and the Usti nad Labem region (4.2 thousand); at the same time, these two regions also have the highest estimated number of problem users of opiates. Prevalence estimates of problem drug use by region are shown in Map 2.

2/3 Characteristics of Drug Users in Treatment

In 2008, the Register of Treatment Demands received data from 223 centres (67 low-threshold centres, 104 outpatient facilities, and 52 inpatient facilities). The most sought-after type of facility has traditionally been the low-threshold centre;

FIGURE 3: First treatment demands by type of drug in 1997–2008

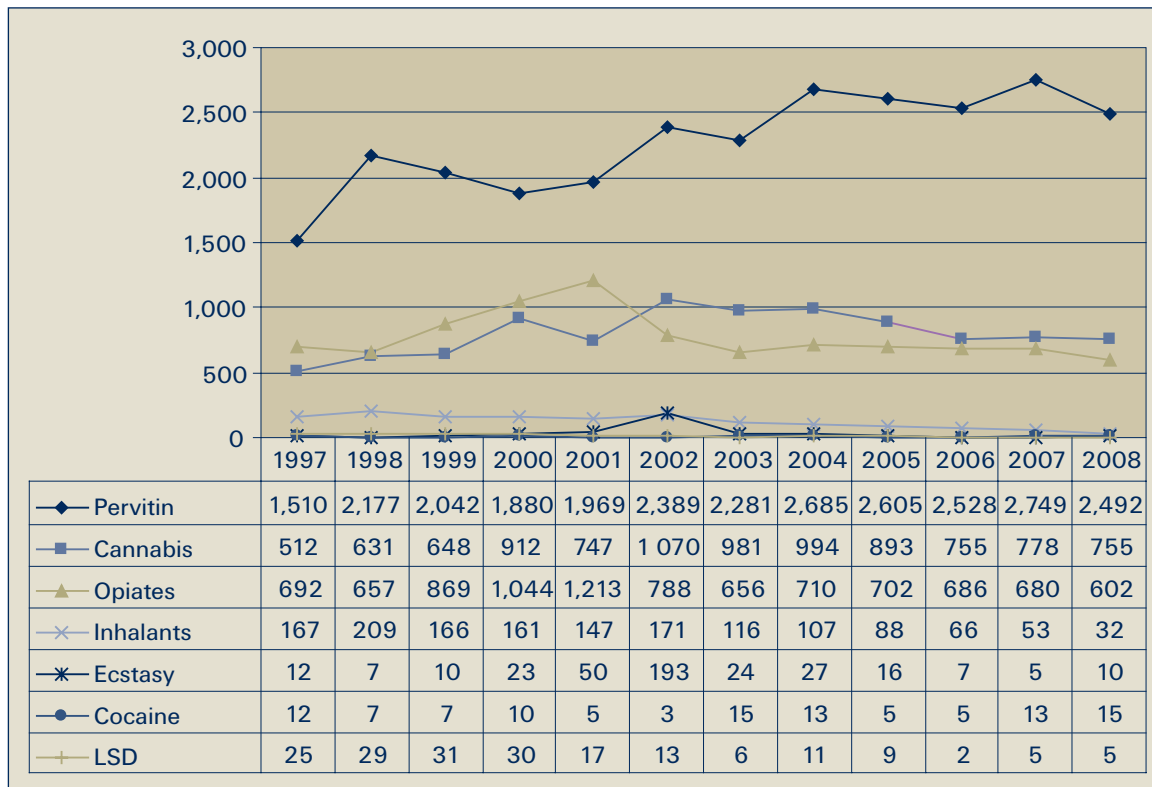
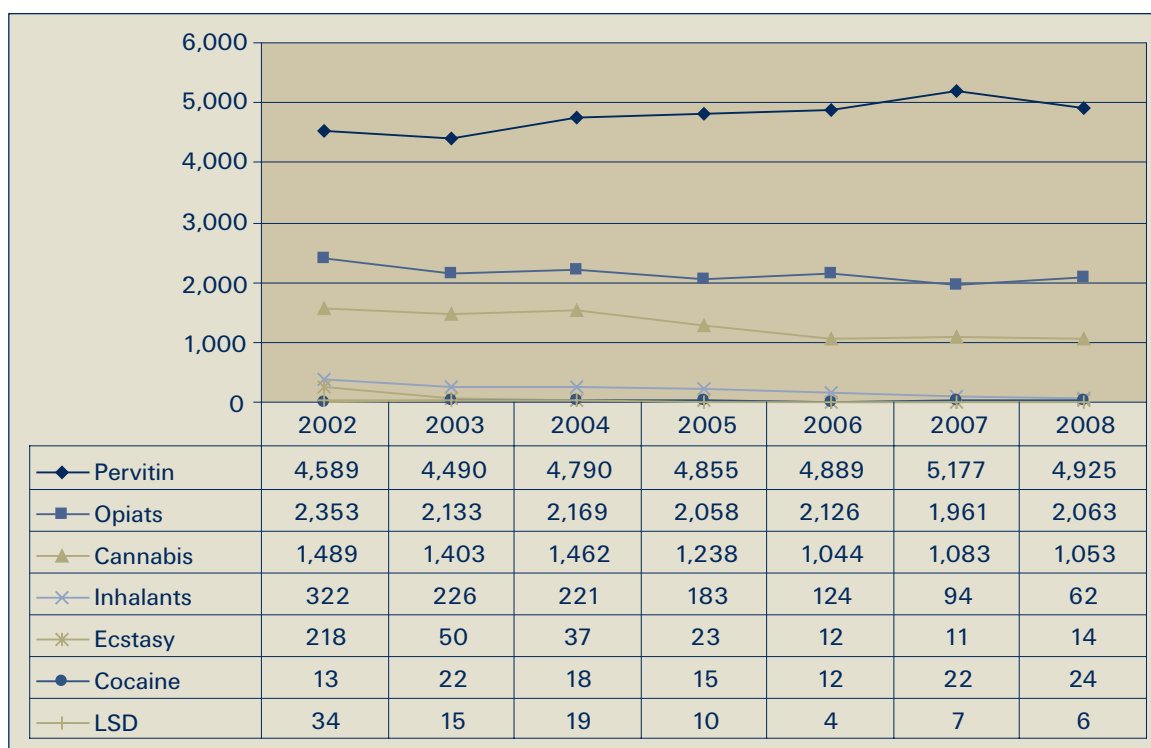


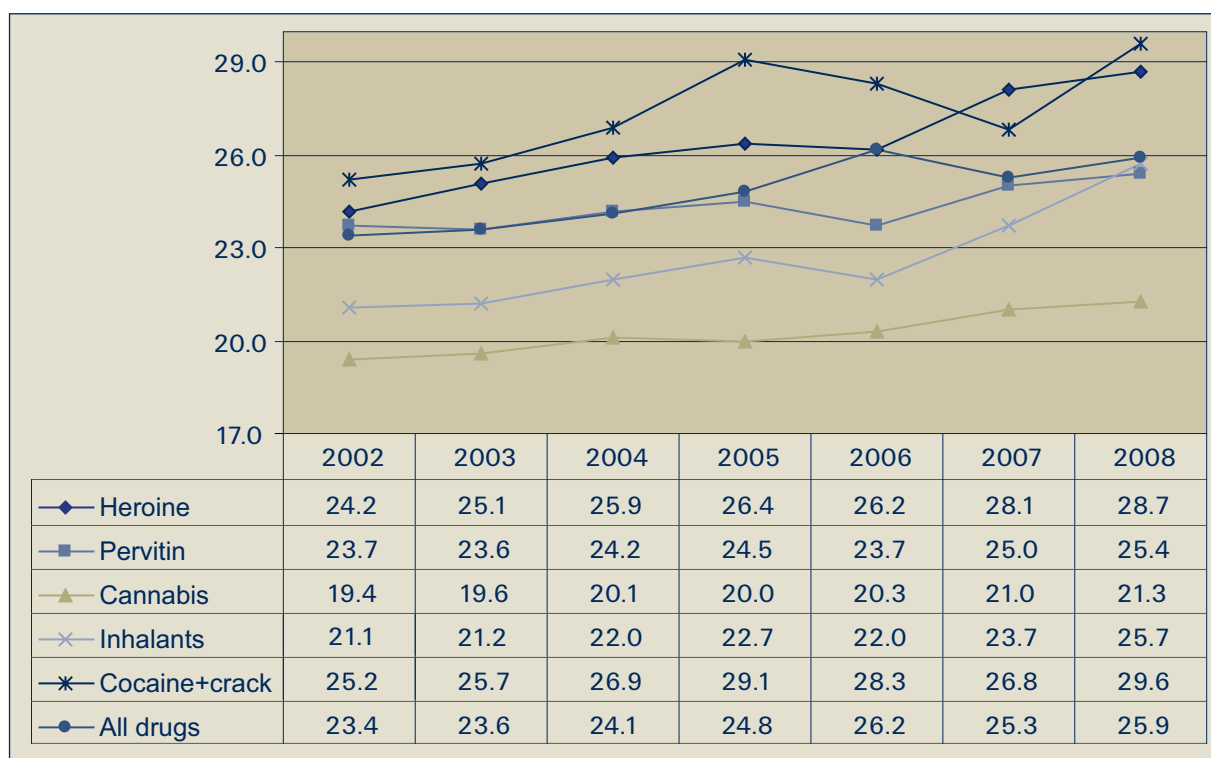
FIGURE 4: All treatment demands by type of drug in 2002–2008



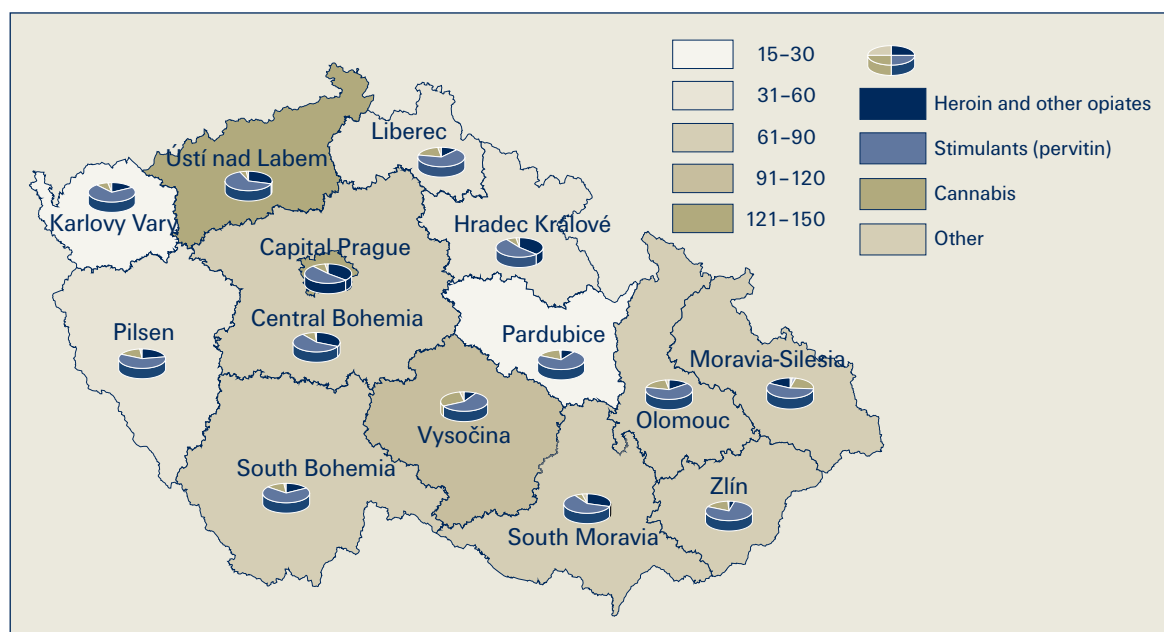
as in the previous years, the clients of these facilities accounted for more than a half of the treatment demands – 48.2% of first treatment demands and 51.8% of all treatment demands. Outpatient facilities were the most widely represented type among the centres; however, their shares of the total volume of the reported incidence and of the prevalence of drug users in treatment were only 25.2% and 25.1%, respectively. The proportions of different types of facilities and their clients

in the register have been stable in recent years. A total of 8,279 drug users sought treatment services in facilities in 2008, i.e. 280 persons fewer than in 2007. Of these, 3,981 individuals sought treatment for the first time, i.e. 365 persons fewer than in 2007. The order of drugs which were the cause of all and first-time treatment demands continued to be the same as in 2007. Users of stimulants were the most commonly represented group among all treatment

FIGURE 5: Average age of all clients demanding treatment by selected drug type in 2002–2008



MAP 3: All treatment demands by type of drug in regions of the Czech Republic in 2008 (per 100 thousand inhabitants)



demands (61.3%) and even among first treatment demands (62.9%); this was especially the case for pervitin (61.0% and 62.6%, respectively), followed by opiate users among all treatment demands (24.9%) and cannabis users among first treatment demands (18.9%). Figure 3 and Figure 4 illustrate the development in the number of both all and first treatment demands by drug type. The most commonly represented age group in 2008 among all treatment demands and among first treatment demands was 20–24-year-olds, who accounted for 28.1% and 32.2%, respectively. The average age of first treatment demands and all treatment demands is 24.3 years and 25.9 years, respectively, and has been increasing; see Figure 5. The rates of treatment demands and the representation of treatment demands by drug type are different in each region. The highest relative prevalence and incidence was recorded in the Usti nad Labem region and in Prague. Stimulant users predominated in 2008 in all regions (from 52.3% in Prague and in Moravia-Silesia to 85% in South Bohemia). Opiate users were more significantly represented in Hradec Kralove (37.6%), Prague (36.7%), Usti nad Labem (29.9%), and South Moravia (29.9%); cannabis users sought treatment most frequently in the Vysocina (29.8%) and Moravia-Silesia (27.6%) regions; see Map 3.

2/4 Drug-Related Deaths

238 fatal overdoses on illicit drugs, inhalants, and psychotropic medicaments were identified in 2008 (213 in 2007). Out of this number, 44 were overdoses on street drugs, i.e. illicit drugs and

inhalants (40 in 2007), and 194 on psychotropic medicaments (173 in 2007). In total, 15 cases were identified of fatal overdoses on (illicit) opiates (in 2007 there were 14 cases), primarily heroin (12 confirmed or very probable cases), out of which the opiate itself was identified in seven cases, in two cases in combination with pervitin, and in six cases in combination with ethanol or psychotropic medicaments (out of which one case involved methadone in combination with ethanol and barbiturates). Pervitin was the cause of the overdose in 19 cases (11 cases in 2007), out of which one case was in combination with THC and three cases in combination with psychotropic medicaments. Ten cases involved an overdose on inhalants (14 cases in 2007), out of which one case may have been associated with the inhalation of lighter gas. In 2008, as has been the case so far, no overdose with the presence of buprenorphine was identified (although a fatality due to other causes with the presence of buprenorphine was reported for the first time ever) and there was no report of any overdoses on cocaine, MDMA, hallucinogens, or (as has been the case so far) THC or another cannabinoid; see Figure 6.

In addition, 209 deaths with the presence of a drug were identified in 2008 (against 163 in 2007), of which eight cases involved an illness (one in 2007), 89 cases involved accidents (74 in 2007), 108 involved suicides (80 in 2007), and four were cases of manslaughter or murder (six in 2006). In particular, the number of indirect drug-related deaths involving the detection of pervitin and THC is increasing in the long term; see Figure 7. For the very first time, buprenorphine was identified in the special register of drug-related deaths (three indirect fatalities).

FIGURE 6: Fatal overdoses on selected drugs in 2001–2008

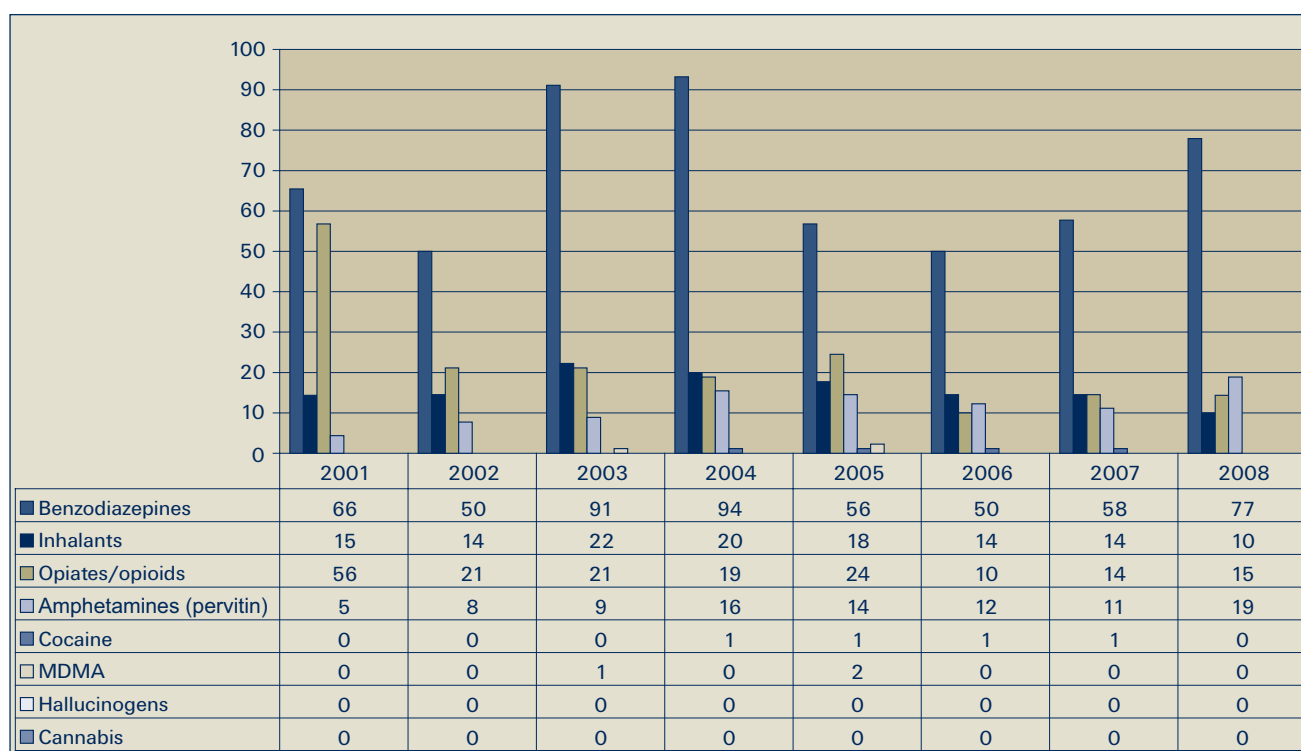
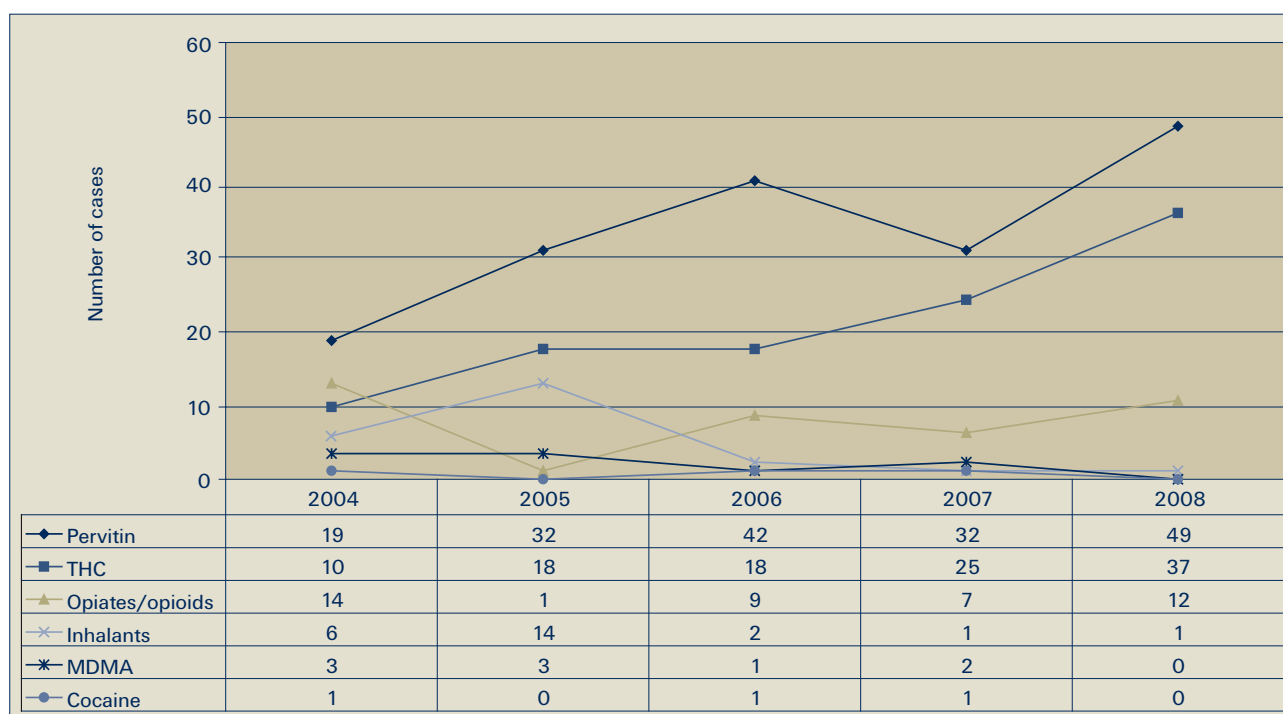


FIGURE 7: Deaths with the presence of selected drugs detected by forensic medicine departments in the Czech Republic, 2004–2008



2/5 Drug-Related Infections

The state of affairs in terms of infections among (injecting) drug users remained relatively favourable in 2008 – the HIV prevalence rate was still far below 1% and the prevalence of HCV among clients examined in low-threshold programmes was approximately 12%; such a low prevalence of HCV may partly be explained by the fact that the opportunity for testing is used primarily by new clients with lower levels of infection and the results of monitoring are not available from all low-threshold programmes, particularly from localities with a higher prevalence of HCV (e.g. from Prague, where in 2008 low-threshold programmes did not examine clients for HCV). Thirteen new HIV-positive persons, who may have become infected through injecting drug use, were identified in 2008,

which is less than in 2007. Altogether, 1,190 HIV-positive persons with a permanent place of residence in the Czech Republic were registered as of the end of 2008; 62 of them are injecting drug users and another 21 are in the mixed category including injecting drug users and homo-/bisexuals; see Table 5. In the past three years the number of cases of acute and chronic HCV has shown a slightly declining tendency, among both the general population and injecting drug users; see Figure 8. A negative long-term trend is the decline in the number of tests for infectious diseases (including HIV, HBV, and HCV) performed on IDUs in low-threshold settings, although, for the first time in several years, 2008 recorded a year-on-year increase in this respect; see Table 6.

TABLE 5: Reported incidence of HIV in the Czech Republic in the period 1985–2008 (data as of 31 December 2008)

Route of transmission (risk group)	1985–2003	2004	2005	2006	2007	2008	Total	
							Number	%
Homo-/bisexual intercourse	356	30	52	54	72	88	652	54.8
Heterosexual intercourse	208	31	29	27	30	44	369	31.0
IDU	27	6	4	4	12	9	62	5.2
IDU and homo-/bisexual intercourse	9	1	1	2	4	4	21	1.8
Other	37	0	0	0	0	0	37	3.1
Not ascertained	28	4	4	6	4	3	49	4.1
Total	665	72	90	93	122	148	1,190	100.0

FIGURE 8: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic in 1996–2008

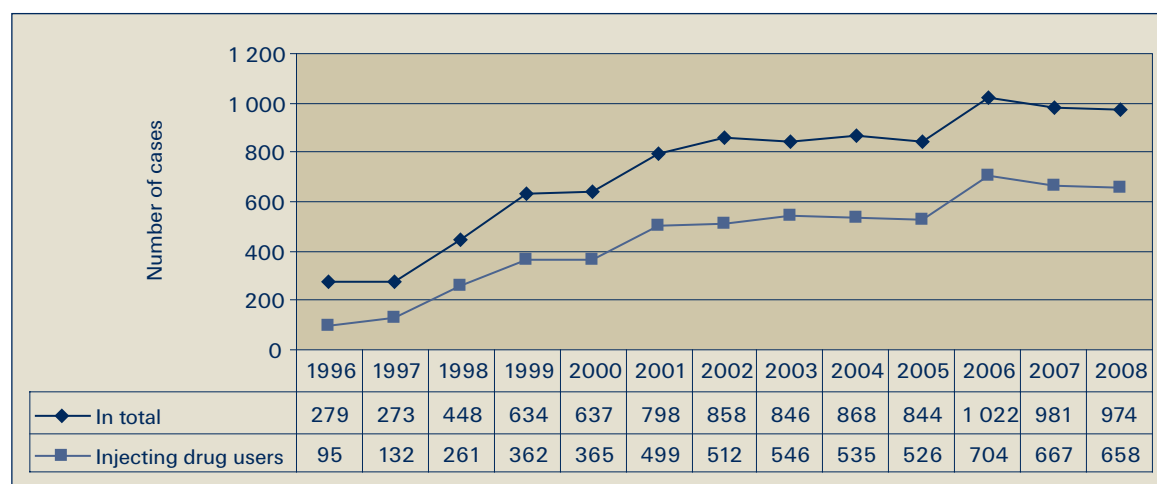


TABLE 6: Number of tests for infections and the number of low-threshold facilities providing tests in 2002–2008

Year	HIV		HBV		HCV		Syphilis	
	Tests	Facilities	Tests	Facilities	Tests	Facilities	Tests	Facilities
2002	1,158	35	515	26	1,202	33	176	2
2003	2,629	64	739	21	2,499	60	209	4
2004	2,178	58	932	25	2,582	53	84	1
2005	2,425	54	1,370	28	2,664	55	54	2
2006	1,253	46	693	56	1,133	62	209	3
2007	609	53	370	19	401	24	62	4
2008	889	34	263	8	687	26	339	8

In late May 2008 an epidemic of HAV broke out in the Czech Republic. In its initial period, in May and June, it was strongly associated with injecting drug use – IDUs accounted for two thirds of cases in this period. In the second half of 2008 the epidemic spread among other risk groups (homeless people, alcoholics) and in the general population. Most cases were reported from Prague (54%), where the epidemic started, and from the Central Bohemia (13%) and Olomouc (9%) regions. Altogether, two persons died, of whom one case was an injecting drug user infected with HBV and HCV at the same time. One of the measures taken to counter the epidemic was the vaccination of drug users against HAV, which was introduced in Prague in July; as part of this campaign, a total of 2,002 drug users and homeless people were vaccinated. A total of 1,649 cases of HAV, including 228 (13.8%) among injecting drug users, were reported in 2008; in 2007 there were 128 cases in total, including five (3.9%) among injecting drug users.

3 PREVENTION, TREATMENT, AND HARM REDUCTION

3/1 Primary prevention

Primary prevention, including the primary prevention of drug use, is co-ordinated by the Ministry of Education. The main goals and activities in the field of prevention are laid down in the Strategy for the Prevention of Risk Behaviour in Children and Young People in Education in the Period 2009–2012. In 2008 the Ministry of Education updated the standards and rules for the certification of professional competency for

providers of primary prevention against the use of addictive substances; a total of 36 providers, mostly NGOs, with 48 programmes had been certified in the Czech Republic by the end of 2008.

The minimum preventive programme is the fundamental tool for school-based primary prevention in the Czech Republic. The programme focuses on promoting healthy lifestyles and preventing all forms of risk behaviour and is implemented in all basic and secondary schools.

Selective and indicated prevention programmes are provided by

non-governmental organisations or other specialist institutions; these programmes are primarily oriented towards working with groups, individuals, and families at risk. The Safer Party Tour 2008, which focused on drug use in night recreational settings, is an example of applied selective prevention.

Besides the „Pay Attention or Pay the Price!“ safe driving campaign, which was targeted at driving under the influence of alcohol and drugs, no other major national campaign focused on drug use was launched in 2008. A number of events labelled as anti-drug events were organised at the regional and local levels, but their effect often remained unproven.

3/2 Treatment and Aftercare

The treatment of drug users and addicts in the Czech Republic takes the form of a network of various services with a relatively broad spectrum and generally good availability; see Table 7.

In terms of the legislation, the treatment of drug users is regulated both by health and social care laws. Since 1993 the goals and measures in the area of treatment have been laid out in national drug strategies and the related action plans. A system of certification of the professional competency of services for drug users was implemented in 2005.

In 2008 there was a slight year-on-year decline in the number of individuals admitted to inpatient psychiatric facilities (4,665 hospitalisations); while the number of admissions to the psychiatric departments of hospitals declined slightly, the number of admissions to psychiatric hospitals rose. As far as the three most common groups of drugs are concerned, in 2008, the number of hospitalisations resulting from disorders

caused by polydrug use recorded a slight year-on-year increase, whereas the number of hospitalisations resulting from disorders caused by stimulant and opioid use declined marginally; the number of hospitalisations for opioid-induced disorders has shown a steady decline since 2000; see Figure 9.

The number of patients in substitution treatment continues to rise both in specialised centres and, apparently, in medical practices prescribing buprenorphine preparations (Subutex® and Suboxone®). However, treatment using products containing buprenorphine is not captured in its full scope

in the substitution register. The substitution register included 40 health care facilities and 1,375 patients in 2008.

There were altogether 35 prisons in the Czech Republic in 2008 reporting a total of 9,390 inmates addicted to both alcohol and non-alcohol drugs. Drug prevention counselling centres operated in all the prisons, and their services were used by 6,892 persons. Detoxification was carried out in the outpatient or inpatient form in four prisons and was undergone by 208 individuals. Thirty-three prisons have drug-free zones available, in which 3,646 inmates were serving their sentences in 2008. Voluntary treatment departments and departments for court-ordered institutional treatment were available to drug users in six and three prisons respectively. Substitution therapy was provided in seven prisons, in which methadone was administered to 76 individuals.

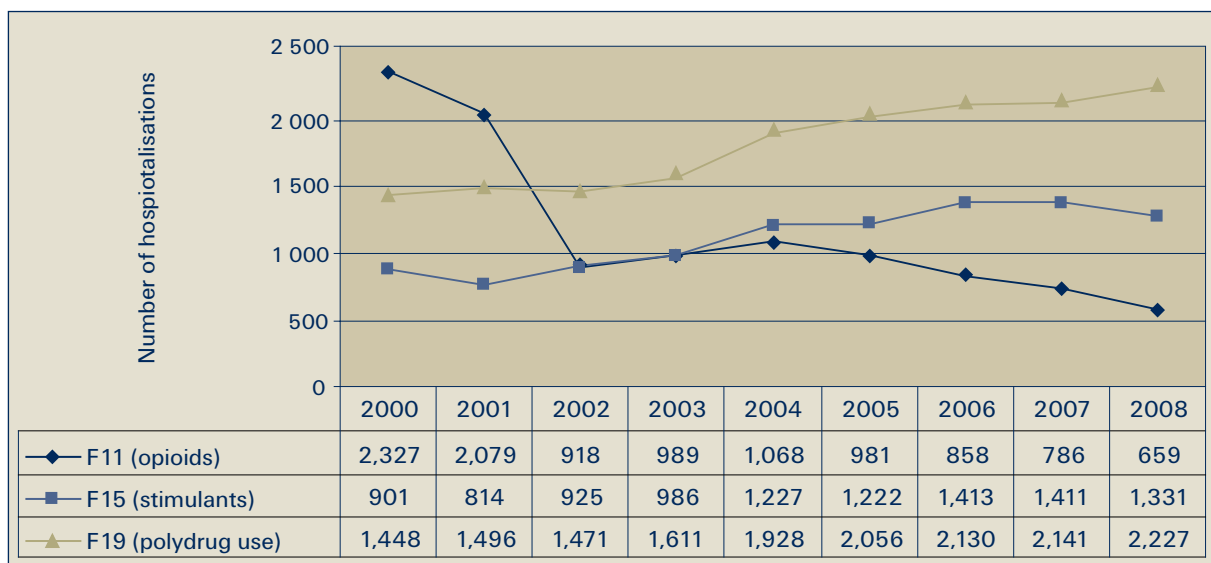
No major change in the number of aftercare services occurred in 2008. However, there was a significant increase in their capacity (which doubled in the case of sheltered housing, for example) and in the number of clients.

TABLE 7: Programmes providing services to drug users in 2008

Programme type	Number	Capacity (places, beds)	Take-up/occupancy (number of persons)
Sobering-up stations	19	n.a.	n.a.
Detoxification units	19	n.a.	n.a.
Outpatient healthcare facilities	357	n.a.	15,711*
Day-care centres	1	10	38
Registered substitution centres	40	n.a.	1,375
Psychiatric hospitals	16	9,240**	3,389
Psychiatric departments in hospitals	32	1,396**	1,247
Psychiatric hospitals for children	3	300**	25
Therapeutic communities	15-20	138***	427***
Aftercare programmes	18	283****	1,041
Detoxification units in prisons	4	n.a.	208
Departments for differentiated serving of sentence (voluntary treatment)	6	262	422
Departments for compulsory drug/alcohol treatment in prisons	3	120	206

NB: * it involves the number of persons in the so-called live files, i.e. persons who have visited the facility at least once in that year, ** total number of psychiatric beds, *** data only from 10 communities, **** data involve the capacity of 15 intensive care programmes with sheltered housing.

FIGURE 9: Number of hospitalisations in inpatient psychiatric facilities in 2000-2008 resulting from disorders caused by the use of opioids and stimulants and by polydrug use



There has been a long-term decline in the number of psychiatric outpatient facilities reporting the provision of care for drug users; the number of their patients in 2008 (17,319) remained approximately the same as in 2007. The numbers and regional availability of AT clinics, i.e. outpatient healthcare facilities specialising in addiction treatment, and their utilisation by drug users are not known accurately. Between July 2008 and April 2009, the National Focal Point carried out a questionnaire survey aimed at treatment programmes available to drug users in the network of outpatient psychiatric facilities; its purpose was to map the outpatient AT treatment services. 274 facilities in total were invited to respond. Out of those who did (161, 58.8%), 124 stated they provided AT treatment (i.e. they treat people dependent on alcohol and/or non-alcohol drugs). Out of the total of 124 respondent centres, 53 were registered as AT outpatient clinics and 71 had a contract for AT treatment services with a health insurer (48 subscribed to both options); 42 were neither registered nor contracted to a health insurer.

TABLE 8: Clients of low-threshold facilities in the years 2002–2008

Indicator	2002	2003	2004	2005	2006	2007	2008
Number of low-threshold facilities/programmes	92	93	92	92	90	109	100
Number of drug users	n.a.	25,200	24,200	27 800	25 900	27 200	28 300
– injecting drug users	19,000	16,700	16,200	17,900	18,300	20,900	22,300
– pervitin users	12,900	11,300	12,200	12,300	12,100	14,600	14,900
– opiate users	8,000	6,100	6,000	6,800	6,900	7,300	8,300
– Subutex® users among opiate users	n.a.	n.a.	n.a.	n.a.	2,900	3,200	3,700
– cannabis users	3,400	5,500	4,100	3,600	2,700	2,000	1,700
– inhalant users	n.a.	705	560	470	450	390	300
Average age of drug user (years)	22,0	23,2	23,4	25,0	25,3	26,1	25,9
Total contacts/visits	290,000	315,000	317,900	403,900	322,900	338,100	329,466

3/3 Harm reduction

The measures targeted at the reduction of drug-related health risks are implemented mainly by low-threshold facilities for drug users. Their availability is stable and the number of clients has been increasing in the past three years. Approximately 70% of problem drug users are estimated to be in contact with these facilities.

The year 2008 recorded a further increase in the number of needles and syringes distributed in exchange programmes, which were provided by 98 out of a total of 100 low-threshold services; see Table 9. The number of drug users who receive the services of the low-threshold programmes has been growing in the past three years. Since 2003, there has been a noticeable increase in the number of problem drug users (injecting drug users, opiate and pervitin users), and a decline in the number of cannabis users in contact with low-threshold services. A decrease has also been observed in the number of clients from among inhalant users; see Table 8. In the long term, the average age of the users increased to 25.9 in 2008.

TABLE 9: Exchange programmes in the Czech Republic in 1998–2008

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

New harm reduction methods in the Czech Republic

An increasing number of low-threshold programmes have begun distributing gelatine capsules in recent years as a means to reduce injecting drug use. A 2009 survey conducted by the National Focal Point shows that capsules as harm reduction material are currently distributed by 17 programmes, and another 20 facilities are considering capsule distribution as an option. The demand for capsules has been on the rise among drug users. The primary target group consists of injecting pervitin users with damaged veins looking for an alternative to injecting drug use. Other target groups include recreational pervitin users who have no injecting experience, and socially stabilised drug users who are afraid of using drugs by injecting under certain circumstances (e.g. at work). Damaged veins and the motivation to reduce the frequency of injecting use are the main reasons specified for the use of the capsules.

In May 2008, the PROGRESSIVE civic association launched the NON STOP 24 project concerning vending machines for harm reduction material. The pilot stage of the project commenced with the installation of two machines in the Prague 5 District. The vending machines provided non-stop access to clean injecting equipment, disinfection, clean water, etc., particularly for hard-to-reach and high-risk drug users. The project was suspended by the Prague 5 District Authority in October 2008, despite the fact that its internal evaluation showed that the vending machines were used and the project met its objectives.

4 LAW ENFORCEMENT DATA

4/1 Drug-Related Crime

The number of persons arrested, prosecuted, charged, and sentenced for drug-related offences has been stable in the Czech Republic in recent years. 70–80% of such individuals are arrested, prosecuted, charged, and sentenced for violating Section 187 (illicit drug production and trafficking) of the Penal Code, most often in connection with pervitin. 2,296–2,322 individuals were arrested or prosecuted for drug-related offences in 2008. The percentage of persons arrested or prosecuted for the possession of drugs for personal use according to Section 187a of the Penal Code, most typically in connection with cannabis and pervitin, remained stable (approximately 12%). The largest numbers of people prosecuted for drug-related offences were reported from the Usti

nad Labem region, both in absolute and in relative terms per 100,000 inhabitants. 2,100 persons were charged and 1,360 persons were sentenced; see Table 10.

The number and composition of the sentences for drug-related offences have been stable in recent years; 450 unsuspended and 688 suspended sentences were imposed in 2008. Institutional or outpatient compulsory (protective) treatment was imposed by the courts upon 162 persons; 91 of the cases involved the outpatient form and 71 the institutional form of treatment. In mid-2008, data were collected in order to estimate the level of secondary drug-related crime for 2007 and the first half of 2008. In this 18-month period, a total of 374,248 selected criminal offences (mostly those against property) under study were committed, with drug users estimated to have participated in 109,038 of those offences (29.1%). The criminal offences

TABLE 10: Number of persons sentenced in 2008, classified by main drug type and drug-related Penal Code section

Drug type	Section 187		Section 187a		Section 188		Section 188a		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Cannabis	176	16	44	29	6	8	5	38	231	17
Pervitin	572	51	31	21	33	46	1	8	637	47
Cocaine	26	2	4	3	0	0	0	0	30	2
Heroin	51	5	15	10	0	0	0	0	66	5
Other drugs	174	15	23	15	21	29	4	31	222	16
Total number of people	1,125	100	150	100	72	100	13	100	1,360	100

involving the highest numbers of drug users included various types of theft, burglary, unauthorised possession of a payment card, and illicit drug production and trafficking according to Section 187 of the Penal Code.

4/2 Drug Availability, Seizures, and Purity

Marijuana was the most widely available drug in the Czech Republic in 2008 and the availability of pervitin was also high. Typically, these two drugs top the statistics for seizures. There was an increasing trend in the domestic production of cannabis with a higher THC content, which is grown in artificial conditions. The volume of marijuana seized more than tripled against the previous years, and the number of growing sites detected and cannabis plants seized also increased considerably. The number and volume of hashish seizures is stable. The volume of

pervitin seized was lower than in previous years, but the number of pervitin cooking labs detected (434 sites) exceeded that reported in the previous six years. There was also an increase in the quantity of the pervitin precursors seized. Since May 2009, when the availability of medicines containing pseudoephedrine in pharmacies was restricted, increased individual imports of such medicines from Germany, Poland, and Slovakia have been observed. Drug seizures in the period 2005–2008 are summarised in Table 11.

The prices of most of the drugs remain stable. The data obtained from the National Drug Headquarters of the Czech Police indicate that the average potency of marijuana increased slightly to 5.5% of THC and 1 g of marijuana sold for about CZK 200 (€ 8) on the black market, the average purity of pervitin was 64% and 1 g of pervitin sold for about CZK 1,000 (€ 40). The purity of the heroin seized increased slightly to 23%.

TABLE 11: Number and quantity of seizures of main drug types in 2005–2008

Drug/Year	2005		2006		2007		2008	
	Number	Quantity	Number	Quantity	Number	Quantity	Number	Quantity
Marijuana (g)	602	103,337	556	108,352	563	122,124	602	392,527
Pervitin (g)	316	5,310	406	5,249	374	5,978	405	3,799
Heroin (g)	107	36,340	86	27,877	96	20,332	105	46,302
Cannabis plants (pcs)	53	1,80	44	2,276	46	6,992	69	25,223
Hashish(g)	123	4,625	42	466	25	387	30	696
Ecstasy (tablets)	41	19,010	29	26,259	30	62,226	18	16,610
Cocaine (g)	16	10,169	11	4,708	38	37,587	24	7,631
LSD (doses)	5	3,067	7	1,748	5	117	5	246

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 2008: Cannabis Markets and Production, Problem Amphetamine and Methamphetamine Use, and Treatment and Care for Older Drug Users.

Table 12: Summary of general information on drug use and its consequences in the Czech Republic in 2008



Indicator	Variable	Trend 2007–2008
Lifetime prevalence of use of any illicit drug among individuals aged 15–64	36.5%	↑
Lifetime prevalence of cannabis use among individuals aged 15–64	34.3%	↑
Lifetime prevalence of cannabis use among individuals aged 15–34	53.7%	↑
Cannabis use in the past 12 months among individuals aged 15–34	28.8%	↑
Estimated number of problem drug users	32,500	↔
Estimated number of injecting drug users	31,200	↔
Estimated number of problem pervitin users	21,200	↔
Estimated number of problem opiate users	11,300	↔
- including problem users of Subutex®	4,900	↔
Number of treatment demands (including new demands)	8,279 (3,981)	↘
Proportion of persons under 19 years of age among first treatment demands	29.8%	↘
Proportion of opiate/opioid users among first treatment demands	15.1%	↘
Proportion of pervitin users among first treatment demands	63%	↔
Proportion of cannabis users among first treatment demands	19%	↔
Proportion of problem users in contact with low-threshold programmes	70%	↔
Number of exchange programmes	98	↔
Number of syringes and needles exchanged	4,644,314	↔
HIV incidence among injecting drug users	< 1%	↔
HCV incidence among tested clients of low-threshold programmes	11.7%	↓
Number of fatal overdoses on illicit drugs and inhalants	44	↔
Number of individuals prosecuted for drug offences (Section 187–188a of the Penal Code)	2,304	↔
- proportion of individuals prosecuted for drug possession (Section 187a of the Penal Code)	16%	↔
Number of individuals charged with drug offences	2,100	↔
Number of individuals sentenced for drug offences	1,360	↔
- proportion of individuals sentenced for heroin-related offences	5%	↘
- proportion of individuals sentenced for pervitin-related offences	47%	↔
- proportion of individuals sentenced for cannabis-related offences	17%	↔

NB: ↑ Increase, ↗ Slight increase, ↔ Almost no changes, ↘ Slight decrease, ↓ Decrease.

Sources of information

This issue was prepared on the basis of the annual report on the 2008 drug situation in the Czech Republic [Mravčík, V., Pešek, R., Škařupová, K., Orliková, B., Škrdlantová, E., Štašná, L., Kiššová, L., Běláčková, V., Gajdošíková, H., Vopravil, J. (2009). Annual Report: The Czech Republic – 2008 Drug Situation. Prague: Office of the Government of the Czech Republic. ISBN 978-80-7440-015-5]. The references to individual sources of information are mentioned in the annual report according to quoting standards

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